College of Pharmacists of British Columbia

Board Meeting
April 20, 2018
Held at the College of Pharmacists of British Columbia
200-1765 West 8th Avenue, Vancouver, BC

MINUTES

Members Present:
Mona Kwong, Chair, District 1
Arden Barry, Vice-Chair, District 7
Ming Chang, District 2
Tara Oxford, District 3
Christopher Szeman, District 4
Frank Lucarelli, District 5
Anar Dossa, District 6
Sorell Wellon, District 8
Tracey Hagkull, Government Appointee
Justin Thind, Government Appointee
Jeremy Walden, Government Appointee

Regrets:
Ryan Hoag, Government Appointee

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 and Licensure
Christine Paramonczyk, Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement
Jon Chen, Communications Project Officer
Stephanie Kwok, Executive Assistant

Guests:
Michael Coughtrie, Dean, Faculty of Pharmaceutical Sciences, UBC
Alex Assumption, Pharmacy Undergraduate Society President, UBC

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1. **WELCOME & CALL TO ORDER**
   Chair Kwong called the meeting to order at 10:00am on April 20, 2018.

2. CONSENT AGENDA

a) Items for further discussion

Item 2b.xii. *November Board Meeting and CPBC Annual General Meeting Date* was 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 amended.

CARRIED

3. CONFIRMATION OF AGENDA (Appendix 2)

It was moved and seconded that the Board:

Approve the April 20, 2018 Draft Board Meeting Agenda as circulated.

CARRIED

4. COMMITTEE UPDATES

a) Application Committee

Sorell Wellon, Chair of the Application Committee provided an update on the Committee training sessions conducted on March 16 to 18, 2018. The training session included topics such as college governance, a review of committee's Terms of Reference, clarification on the new licensure process, Administrative law and procedural fairness, privacy and decision making.

b) Audit and Finance Committee

Frank Lucarelli, Vice-Chair of the Audit and Finance Committee reported that the Committee met on April 20, 2018 to review the College's financial activities since January 2018.

c) Community Pharmacy Advisory Committee

Tara Oxford, Chair of the Community Pharmacy Advisory Committee reported that since the last Board meeting in February, the Committee has helped with the Legislation Review Committee on reviewing PPP-66 and the Electronic Record Keeping Policy.

d) Discipline Committee

Jeremy Walden, Chair of the Discipline Committee reported that there are two discipline files in progress, both are at the decision phase.

e) Drug Administration Committee

Doreen Leong, staff resource to the committee reported that there have been no updates since the last committee meeting in 2017.

f) Ethics Advisory Committee

Sorell Wellon, Chair of the Ethics Advisory Committee reported that the Committee met on April 4, 2018 via teleconference. The Committee is currently working on amending its Terms of Reference and the Registered Patient Relation document. The Committee revisited amendments that were made and revised wordings based on the learnings of environmental scans. The next meeting is scheduled for May 9, 2018.

g) Governance Committee

Arden Barry, Chair of the Governance Committee reported that the Committee met on March 22 and April 12, 2018 via teleconference to review and select committee membership for Board approval.

h) Hospital Pharmacy Advisory Committee

Arden Barry, Chair of the Hospital Pharmacy Advisory Committee reported that the Committee met on April 4, 2018 and provided recommendations regarding PPP-65 as per a request from the Practice Review Committee.

i) Inquiry Committee

Ming Chang, Chair of the Inquiry Committee reported that from January to February 2018, the Committee disposed of 20 files, met once in person and 5 times via teleconferences. The vast majority of files being reviewed are related to practice deficiencies; the numbers are consistent and comparable to previous years.

j) Jurisprudence Examination Subcommittee

Christopher Szeman, Chair of the Jurisprudence Examination Subcommittee reported that the Committee met on March 20th, 2018 to review the February 27th, 2018 examination results. The committee reviewed questions, comments and statistical data of how well the questions performed and approved the results. The next jurisprudence examination is scheduled for June 4, 2018.

k) Legislation Review Committee

Jeremy Walden, Chair of the Legislation Review Committee, provided an update under item 5a of the regular agenda.

l) Practice Review Committee

Tracey Hagkull, Chair of the Practice Review Committee reported that the Committee met on March 14, 2018 to review and update the risk register. The Committee also looked at the growth in licensing and how that may impact the cycle of the practice reviews.

m) Quality Assurance Committee

Frank Lucarelli, Chair of the Quality Assurance Committee reported that the PDAP mobile application has been launched on both the Apple and Android platform. Next steps will be to have communication go out to registrants, formally introducing them to the app.

n) Registration Committee

Jeremy Walden, Chair of the Registration Committee reported that the Committee has not met since the last Board meeting in February.

o) Residential Care Advisory Committee

Sorell Wellon, Chair of the Residential Care Advisory Committee reported that the Committee has not met since the last Board meeting in February.

5. LEGISLATION REVIEW COMMITTEE (Appendix 3)

Jeremy Walden, Chair of the Legislation Review Committee presented.

a) Committee Update

b) Amending and Repealing Multiple Professional Practice Policies

It was moved and seconded that the Board:

1) Approve amendments to the following Professional Practice Policies (PPP's), as circulated:

- *PPP-3 Pharmacy References*
- *PPP-74 Community Pharmacy Security*

2) Repeal the following PPP's:

- *PPP-26 Pharmacy Distribution of Alternative and Complementary Health Products*
- *PPP-32 Dispensing Multi-Dose Vials*

CARRIED

c) Evaluation of the Community Pharmacy Security Provisions

Professor Martin Andresen, a Professor of Criminology and Director of the Institute for Canadian Urban Research Studies at the Simon Fraser University presented findings from his evaluation of the College's pharmacy security requirements.

Staff Sergeant Stephen Thacker from the Vancouver Police Department shared his experience with the development of the pharmacy security measures.

Tarah Hodgkinson, PhD Candidate assisted Professor Andresen in answering a question regarding statistics.

6. EXCELLENCE CANADA UPDATE (Appendix 4)

Mary O'Callaghan, Chief Operating Officer, presented to the Board, an update on the progress made by the College in its plan for achieving the silver certification with Excellence Canada.

7. ENHANCING PARTNERSHIP AND COLLABORATION WITH THE COLLEGE OF PHARMACISTS OF BC (Appendix 5)

Dr. Evan Wood, Director of the British Columbia Centre on Substance Use presented.

8. ENTRY-TO-PRACTICE DOCTOR OF PHARMACY PROGRAM UPDATES

Dr. Kerry Wilbur, Associate Professor & Executive Director of Entry-to-Practice Education, Faculty of Pharmaceutical Sciences at the University of British Columbia provided an in-depth overview of the Entry-to-Practice Doctor of Pharmacy Program at UBC.

9. STRATEGIC PLAN 2020-2023 TASK GROUPS(Appendix 6)

It was moved and seconded that the Board:

Appoint members to the Strategic Plan 2020-2023 Task Groups as circulated.

CARRIED

10. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA

a) Item 2b.xii. November Board Meeting and CPBC Annual General Meeting Date
Concern about meeting quorum was discussed.

The November Board meeting and Annual General Meeting dates were approved as circulated.

It was moved and seconded that the Board:

1) *Approve that the November Board meeting be held on November 22, 2018 and November 23, 2018.*

2) *Approve that the College of Pharmacists of BC Annual General Meeting be held on November 22, 2018.*

CARRIED

ADJOURNMENT

Chair Kwong adjourned the meeting at 2:54pm.

College of Pharmacists of British Columbia

BOARD MEETING
April 20, 2018

2. Consent Agenda
b) Approval of Consent Items

DECISION REQUIRED

Recommended Board Motion:

Approve the Consent Agenda as circulated, or amended.

i. Chair's Report
ii. Registrar's Update
    a. Compliance Certificate
    b. Risk Register April 2018
    c. Current Strategic Plan Update
    d. Action Items & Business Arising
iii. February 16, 2018 Draft Board Meeting Minutes **[DECISION]**
iv. Committee Updates (Links to Minutes)
v. Committee Annual Reports to the Board
vi. Governance Committee – Committee Member Appointments **[DECISION]**
vii. Audit & Finance Committee – Finance Report – January Financials
viii. Practice Review Committee: Phase 1 and 2 Update
ix. Professional Practice Policy Amendments and Deletions **[DECISION]**
x. HPA Fee and Form Amendments **[DECISION]**
xi. PODSA Fee and Form Amendments **[DECISION]**
xii. November Board Meeting and CPBC Annual General Meeting Date **[DECISION]**
xiii. March 16, 2018 Board Resolution Minutes **[DECISION]**
xiv. February 15, 2018 Committee of the Whole Minutes **[DECISION]**

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BOARD MEETING
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2.b.i. Chair's Report

INFORMATION ONLY

Chair's Report of Activities

Since mid-February 2018 as chair, I have been involved in the following activities as Board Chair:

General Administration

- Communications post February 2018 Board Strategic Planning Session (for planning)
- Attended regular meetings with Registrar, Deputy Registrar, Vice-Chair on general Board related items and on CPBC related items
- Reviewed agendas and minutes

Conference/Meetings/AGM on behalf of CPBC

- Attended the 2018 UBC Faculty of Pharmaceutical Sciences Alumni Agent of Change
- Attended Townhall at UBC Faculty of Pharmaceutical Sciences for discussion of the future of advanced pharmacy education (to give perspective from all different roles held, not just with CPBC)

Committee/Group Involvement

- Governance Committee meetings
- Legislation Review Committee post meeting follow-up
- Registrar Evaluation Task Group and Process

Registrant Engagement and Understanding

- Answered general questions from registrants (phone and in person) about roles of committee members, what are the roles of board members, linked individuals to departmental emails to answer questions

Training

- Attended course on Chair With Intention

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Compliance Certificate

We have reviewed the College's official records and financial reports and we certify that the College has met its legal obligations with respect to the following:

Annual Report - Filed June 27, 2017

Non-profit Tax Return – Filed August 23, 2017

Non-profit Information Return – Filed August 23, 2017

Employee statutory payroll deductions – remitted to Canada Revenue Agency – all remittances are current.

Employee pension plan remittances – all remittances are current.

WorkSafeBC BC assessments – all remittances are current.

Sales Taxes – all remittances are current.

Investments – invested as per policy.

Bank signing authority documents – current as per policy.

Insurance – all insurance policies are up to date.

Business Licence – current.

Signed by:

Registrar

Chief Operating Officer

tel 604.733.2440 800.663.1940 *fax* 604.733.2493 800.377.8129 200 / 1765 WEST 8TH AVE VANCOUVER BC V6J 5C6 BCPHARMACISTS.ORG

BOARD REPORT (DRAFT)

Apr 9, 2018 by Mary O'Callaghan

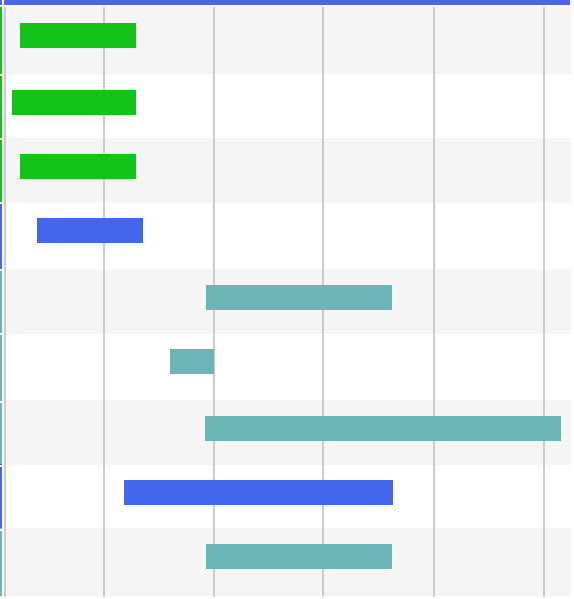
40
ACTION ITEMS

50%
ACTION ITEM COMPLETION

COLLEGE OF BC PHARMACISTS PLAN

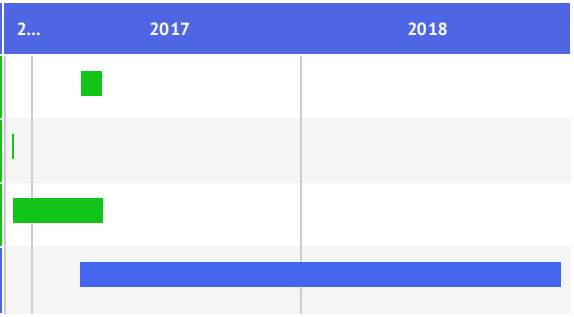
LEGISLATIVE STANDARDS & MODERNIZATION

Action Item	Owner	Current Completion
Implement PODSA ownership changes (Phase 1) by 1st Apr 2018	Director of Registration, Licensure & Pharmanet	100% -
• Implement revised bylaw by 1st Apr 2018	Director of Policy and Legislation	100% -
• Streamline business processes by 1st Apr 2018	Director of Registration, Licensure & Pharmanet	100% -
• Complete communications and engagement activities by 30th Apr 2018	Director of Communications	95% 1% ahead
Implement PODSA Modernization (Phase 2) by 31st Aug 2020	Director of Registration, Licensure & Pharmanet	0% -
• Update and re-scope entire PODSA Phase 2 project by 31st Dec 2018	Director of Registration, Licensure & Pharmanet	0% -
• Implement revised bylaw (POSDA Phase2) by 31st Mar 2022	Director of Policy and Legislation	0% -
• Streamline business processes by 31st Aug 2020	Chief Operating Officer	0% 5% behind
• Complete communications and engagement activities (PODSA 2) by 31st Aug 2020	Director of Communications	0% -



PROFESSIONAL EXCELLENCE

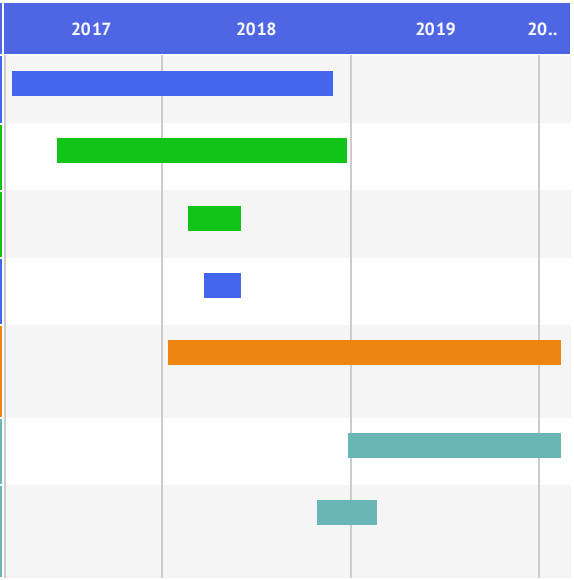
Action Item	Owner	Current Completion
Implement Hospital PRP by 1st Apr 2017	Director PR & QA	100% -
• Develop Hospital PRP program by 26th Nov 2016	Director PR & QA	100% -
• Launch Hospital PRP program by 3rd Apr 2017	Director PR & QA	100% -
Complete Implementation of Methadone Action Plan by 31st Dec 2018	Deputy Registrar	98% 38% ahead



• Provide recommendations to the board based on findings of MMT inspections and undercover operations. by 31st Dec 2018	Deputy Registrar	100% -	
• Complete legal elements by 31st Dec 2018	Director of Policy and Legislation	75% 58% ahead	
• Manage inspections by 31st Dec 2018	Deputy Registrar	100% -	

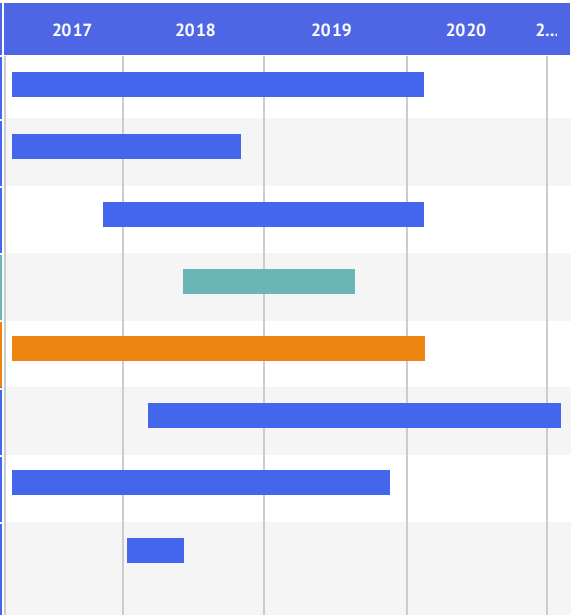
DRUG THERAPY ACCESS & MONITORING

Action Item	Owner	Current Completion
Recommend to the Minister of Health that pharmacists be granted the authority to prescribe by 30th Nov 2018	Director of Registration, Licensure & Pharmanet	90% 4% ahead
• Develop framework/proposal for pharmacist prescribing for submission to the Minister of Health by 31st Dec 2018	Director of Registration, Licensure & Pharmanet	100% -
• Complete communication and engagement activities by 31st May 2018	Director of Communications	100% -
• Submit Proposal for Pharmacist Prescribing to Minister of Health by 31st May 2018	Director of Registration, Licensure & Pharmanet	25% 4% behind
Seek greater access to patient lab values to enhance pharmacists' ability to provide quality, timely service to patients by 29th Feb 2020	Director of Registration, Licensure & Pharmanet	0% 12% behind
• Complete communications and engagement activities by 29th Feb 2020	Director of Communications	0% -
• Develop and submit framework/proposal document outlining a strategy for how to create access to Patient Lab Values by 28th Feb 2019	Director of Registration, Licensure & Pharmanet	0% -

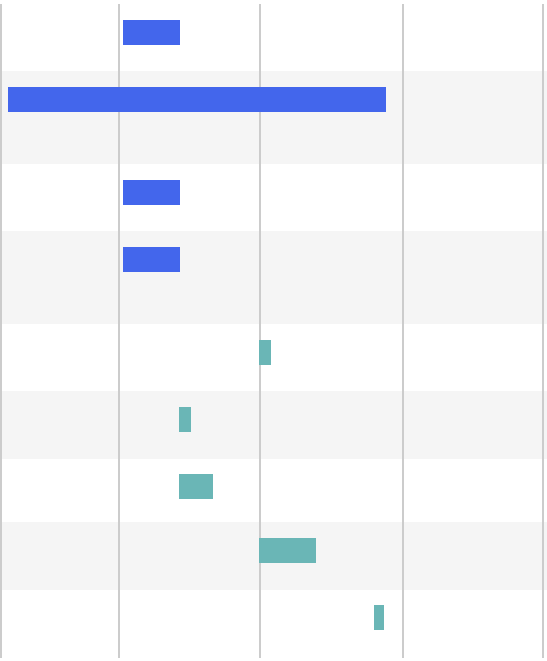


ORGANIZATIONAL EXCELLENCE

Action Item	Owner	Current Completion
Update IT infrastructure by 28th Feb 2020	Chief Operating Officer	32% 5% behind
• Implement IT updates required by PODSA Modernization (Phase 1) by 31st Oct 2018	Chief Operating Officer	80% 14% ahead
• Implement IT Department organization, processes and procecures by 29th Feb 2020	Chief Operating Officer	26% 7% ahead
~ • Provide subject matter expertise to support PRP systems work by 31st Aug 2019	Director PR & QA	0% -
• Implement Enterprise Content Management system by 29th Feb 2020	Chief Operating Officer	20% 17% behind
• Enhance public safety through ensuring Practice Review Program systems needs are addressed by 28th Feb 2021	Chief Operating Officer	3% 1% behind
Enhance organizational best practices to obtain silver certification from Excellence Canada by 29th Nov 2019	Chief Operating Officer	45% 5% ahead
• Develop human resources / wellness policies and procedures (plans or guidelines) required to attain Silver certification by 1st Jun 2018	Chief Operating Officer	65% -



• Develop Governance and Leadership policies and success indicators required to attain Silver certification by 1st Jun 2018	Chief Operating Officer	70% 5% ahead	
• Develop organizational policies and procedures (plans or guidelines) required to attain Silver certification by 29th Nov 2019	Chief Operating Officer	35% 5% behind	
• Define customer segments and develop a customer experience plan, including key partners by 1st Jun 2018	Chief Operating Officer	65% -	
• Develop a methodology for regularly identifying and capturing key processes, including Project Management, Change Management and Procurement by 1st Jun 2018	Chief Operating Officer	60% 5% behind	
• Register with Excellence Canada for official verification by 31st Jan 2019	Chief Operating Officer	0% -	
• Review gap analysis and assign secondary action plan projects to teams by 30th Jun 2018	Chief Operating Officer	100% -	
• Complete secondary projects by 1st Sep 2018	Chief Operating Officer	0% -	
• Facilitate Excellence Canada verification team visits and focus groups by 31st May 2019	Chief Operating Officer	0% -	
• Receive Silver Certification from Excellence Canada by 29th Nov 2019	Chief Operating Officer	0% -	



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BOARD MEETING
April 20, 2018

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

INFORMATION ONLY

MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS UPDATE
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 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	IN PROGRESS
Motion: Direct the Registrar to draft bylaws to adopt the *Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations and the Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations*, to be effective for May 2021, which will officially establish minimum requirements to be applied in compounding sterile preparations.	APR 2017	IN PROGRESS
Motion: Direct the Registrar to develop bylaws and/or practice standards for Medication Reviews and require mandatory training for pharmacists who wish to conduct them. To be prioritized by the Legislation Review Committee for implementation.	JUN 2017	IN PROGRESS
Motion: Direct the Registrar to develop requirements and training tools as it pertains to the role and responsibilities of the Pharmacy Manager. To be prioritized by the Legislation Review Committee for implementation.	JUN 2017	IN PROGRESS
Motion: Direct the Registrar to explore potential alternatives to the College's existing quality management requirements, including mandatory medication error reporting to an independent third party.	NOV 2017	IN PROGRESS
Motion: Direct the Registrar to submit a proposal for pharmacist prescribing in BC to the Minister of Health which would request amendments to the Pharmacists Regulation under the Health Professions Act and include the Framework for Pharmacist Prescribing in BC and the Engagement Report.	NOV 2017	IN PROGRESS
Motion: (1) Direct the Registrar to explore the development of new requirements for the security of information in local pharmacy computer systems;	Feb 2018	IN PROGRESS

MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS UPDATE
(2) If new requirements are deemed necessary, direct the Registrar to propose that the Ministry of Health consider amending their PharmaNet Professional and Software Compliance Standards document to enhance the software security requirements of the local pharmacy computer systems."		
Motion: Direct the Registrar to negotiate a five-year contract for IT Managed Services with the successful company from the competitive bid process	Feb 2018	IN PROGRESS

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BOARD MEETING
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2.b.iii. February 16, 2018 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the February 16, 2018 Draft Board Meeting Minutes as circulated.

Appendix	
1	http://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Meeting_Minutes-20180216.pdf

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BOARD MEETING
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2.b.iv. Committee Updates (Minutes)

INFORMATION ONLY

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

For confidentiality purposes, the Discipline Committee and Inquiry Committee have provided summaries of their meetings, but will not be submitting minutes.

Appendix – available on the Board Portal under 'Committee Minutes'	
1	Discipline Committee Update
2	Inquiry Committee Update
3	Legislation Review Committee Meeting Minutes
4	Practice Review Committee Meeting Minutes
5	Quality Assurance Committee Meeting Minutes

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BOARD MEETING
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2.b.v. Committee Annual Reports to the Board

INFORMATION ONLY

Annual reports of committee activities are submitted.

Appendix	
1	Annual Reports for all College committees

College of Pharmacists of British Columbia

Annual Report to the Board for Audit & Finance Committee

Reporting Period: March 1, 2017 – February 28, 2018

Membership:

George Walton until December 31, 2017	Anar Dossa until November 17, 2017
Ryan Hoag – effective January 18, 2018	Arden Barry – effective January 18, 2018
Mona Kwong	Bob Nakagawa
Norman Embree until December 31, 2017	Mary O'Callaghan
Frank Lucarelli – effective. Jan. 18, 2018	

Chair: George Walton until December 31, 2017
Ryan Hoag – effective January 18, 2018

Vice Chair: Mona Kwong
Frank Lucarelli – effective January 18, 2018

Staff Resource: Bob Nakagawa, Mary O'Callaghan

Mandate: To provide recommendations to the Board relating to the annual audit and financial management of the College.

Responsibilities:

Annual Audit Planning and preparation

- Review with the auditors the scope of the upcoming year's audit, including any areas where the auditors have identified a risk of potential error in the financial condition and/or results of operations.
- Review with College management control weaknesses detected in the prior year's audit, and determine whether practical steps have been taken to overcome them.

Audit results

- Review the auditors' draft report on the financial statements.
- Review auditors' evaluation of internal controls and processes, including internal controls over financial reporting and any material weaknesses or risks of fraud. Assess the steps management has taken to minimize significant risk of exposure. Consider effectiveness of control systems including information technology.

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- Enquire into the condition of the records and the adequacy of resources committed to accounting and control.
- Enquire about changes in finance/auditing/control standards that have occurred during the year and whether there is any impact on the College financial systems.
- Meet with the auditors (without College management) to ascertain whether there are concerns that should be brought to the committee's attention.
- Coordinate with College management: the presentation of the audit findings by the auditors to the Board for Board approval; incorporate the Board approved audit report into the College Annual Report; have the auditors' present the results to the College registrants at the AGM.

Auditors' appointment

- Meet with senior management to ensure that management has no concerns about the conduct of the most recent audit.
- Recommend to the Board the auditors to be appointed for the following year, and in consultation with College management determine the appropriate compensation.
- Approve the selected auditors' engagement letter, receive the independence letter, review and approve any related materials.

Financial oversight

- Review the quarterly financial statements at the committee meetings during the year.
- Annually, review the proposed fiscal budget with College management.
- Annually review the College multi-year (2-5 year) financial plan.
- At least annually, review the College investment policy and ensure that the existing policy is being followed.
- Enquire about changes in professional standards or regulatory requirements.
- Ensure financial planning adequately addresses risks and long term planning e.g. insurance, litigation, joint venture, other contingency funds, capital investments.
- Make recommendations to the Board with regard to the above and any other aspects of the financial management of the College as required.

Relevant Statistical information:

- Number of meetings: 5 (1 email update)

Accomplishments:

- Reviewed annual audit and auditor's recommendations with the auditors.
- Reviewed results of competitive bid for audit services and recommended appointment of BDO as auditors beginning with the 2017/18 audit.
- Recommended a new Reserve Policy.

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- Reviewed results of competitive bid for an IT Managed Services Provider and recommended authorizing the Registrar to contract with the recommended organization after reference checks.
- Reviewed and recommended approval of the 2018/19 annual budget, including a fee increase for late 2018.

Goals for Next Fiscal Year:

- Review the annual audit.
- Monitor the current year financial reports and multi-year estimates.
- Review annual budget.
- Review financial reports.

College of Pharmacists of British Columbia

Annual Report to the Board for Community Pharmacy Advisory Committee

Reporting Period: March 1, 2017– February 28, 2018

Membership: Dana Elliott
Mohinder Jaswal
Aaron Sihota
Elijah Ssemaluulu
Cindy Zhang

Chair: Tara Oxford
Vice Chair: Fady Moussa

Staff Resource: Ashifa Keshavji

Mandate: To provide recommendations to the Board on matters relating to community pharmacy practice.

Responsibilities:

- Review issues related to the practice of pharmacy that have been directed to the committee by the Board, Board committee or College staff.
- Assist in the development of policies, procedures, guidelines and legislation pertaining to pharmacy practice issues and standards.
- Assist in the development of information materials for circulation to practicing registrants.
- Recommend appropriate action to the Board regarding pharmacy practice issues.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to common practice issues.

Relevant Statistical information:

- Number of meetings: 0

Accomplishments:

- Attended engagement sessions on the development of standards of practice relevant to the following projects
    - Certified Pharmacist Prescriber
    - PPP 66 - Opioid Agonist Treatment
    - Electronic Record Keeping

Goals for Next Fiscal Year:

- Continue to work with committee Chairs/Vice Chairs to identify agenda items relevant to current community pharmacy issues
    - For review/discussion and recommendation to the Board as needed
- Continue to review professional practice policies and other standards of practice
- Continue to support the Practice Review Committee on the maintenance of the Practice Review Program

College of Pharmacists of British Columbia

Annual Report to the Board for Discipline Committee

Reporting Period: March 1, 2017 – February 28, 2018

Membership:

Pharmacists and Technicians	Public Members
Heather Baxter	Dianne Cunningham
Rapinder Chahal	Anneke Driessen
Wayne Chen	Nerys Hughes
Jody Croft	Howard Kushner
Baldeep Dhillon	Leza Muir
Christopher Kooner	Jeremy Walden
Peter Lam	Carol Williams
Derek Lee	
Annette Robinson	
Omar Saad	
Sophie Sanfacon	
Gurinder Saran	
Amparo Yen	

Chair: Jeremy Walden
Vice Chair: Heather Baxter

Staff Resource: David Pavan

Mandate: Hear and make a determination of a matter referred to the committee regarding a pharmacist's or pharmacy technician's conduct, competency and/or ability to practice, pursuant to legislation.

Responsibilities:

- Conduct hearings of a matter,
- Determine disposition of the matter,
- Inform respondents, complainants and the public about action taken,
- Inform respondents and complainants about the discipline process as applicable.

Relevant Statistical information:

- Number of hearing days/teleconferences: 13
- Number of files in progress: 2 (Marigold/Sanchez and Sam)
- Number of discipline files heard in court: 0
- Number of pending files: 1 registrant

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Current Discipline Cases:

1. **Isodoro Andres "Rudy" Sanchez / Marigold Compounding and Natural Pharmacy and Marigold Natural Pharmacy Ltd.**

   The Inquiry Committee directed the Registrar of the College to issue a citation against registrant Isodoro Andres "Rudy" Sanchez. Mr. Sanchez had been the owner, manager and director a pharmacy where numerous practice infractions and deficiencies had been identified during an investigation:

   - Manufacturing and selling prescription, over-the-counter and natural health products on site at Marigold Pharmacy without valid licences from Health Canada;
   - Non-compliance with prescribed standards for pharmacy practice and pharmacy management;
   - Making therapeutic and product recommendations to patients outside the scope of pharmacy practice;
   - Handling and preparing placenta for encapsulation without regulatory clearance required for ensuring safety of said biologic materials;
   - Failure to comply with compounding standards.

   Hearings were held on the following dates:

   - October 16 to 18, 2017
   - November 6 to 8, 2017
   - November 14 to 14, 2017

   The hearings are now complete and a decision by the discipline committee is pending.

2. **William Byron Sam**

   The Inquiry Committee directed the Registrar of the College to issue a citation against registrant William Byron Sam. Mr. Sam is the manager and director of Garlane Pharmacy #2 where he failed to cooperate with the College in its operation of Quality Assurance Program and in its investigation pursuant of Part 3 of the *Health Professions Act.*

   Hearings were held on the following dates:

   - May 19, 2017
   - August 22, 2017
   - March 1, 2018

   The hearings are now complete and a decision by the discipline committee is pending.

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Annual Report to the Board for Drug Administration Committee

Reporting Period: Mar 1, 2017 – Feb 28, 2018

Membership:
Omar Alasaly
Elizabeth Brodkin
Jagpaul Deol
Aileen Mira
Mitch Moneo
Chris Salgado
Cameron Zaremba

Chair: Cameron Zaremba
Vice Chair: Omar Alasaly

Staff Resource: Doreen Leong

Mandate: To review, develop and recommend the standards, limits and conditions under which a registrant may administer a drug or substance to patients and to maintain patient safety and public protection with respect to authorized pharmacist's administration of injections or administration of drugs by intranasal route to patients.

Responsibilities:

- Must review, develop and recommend to the Board standards, limits and conditions respecting the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation for the purposes of preventing diseases, disorders and conditions.
- May review the role of practising pharmacists in regard to the performance of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation.
- May make recommendations to the Board, for submission to the Ministry of Health Services, respecting the standards, limits and conditions for practice and any other requirements it considers necessary or appropriate to support the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation for the purposes of treating diseases, disorders and conditions.
- May consult, as it considers necessary or appropriate, with registrants or other individuals who have expertise relevant to drug administration by injection or on any other matter considered by the committee.

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Relevant Statistical information:

Drug Administration Committee

- Number of meetings: 0 (in-person); 0 (tele-conference)

Goals for Next Fiscal Year:

- Not in the College Strategic Plan

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Annual Report to the Board for Ethics Advisory Committee

Reporting Period: March 1, 2017 – February 28, 2018

Membership:

Cristina Alarcon
Shivinder Badyal
Alison Dempsey
Patricia Gerber
Jamie Graham
Tara Lecavalier
Vanessa Lee
Robson Liu
Robyn Miyata
Jing-Yi Ng
Sorell Wellon

Chair: Sorell Wellon
Vice-Chair: Cristina Alarcon

Staff Resource: David Pavan

Mandate: To provide recommendations to the Board and the registrar on matters relating to the code of ethics, conflict of interest standards and any related policies or guidelines.

Responsibilities:

- Provide advice and guidance regarding ethical questions and dilemmas that have been directed to the committee from the Board, Board committees or College staff;
- Review and recommend updates to the code of ethics and conflict of interest standards as necessary;
- Consult on education program proposals relating to ethics issues.

Relevant Statistical Information:

- Number of meetings/teleconferences: 2

Accomplishments:

- The committee amended the terms of reference to include the patient relations program as per HPA legislation (scheduled to be presented to the board)
- The committee is developing documents and procedures to accommodate the new patient relations program under the ethics advisory committee. (currently working on the 2nd draft)
- The committee did not receive any files for advisement

College of Pharmacists of British Columbia

Annual Report to the Board for Governance Committee

Reporting Period: March 1, 2017 – February 28, 2018

Membership:

Norm Embree
Anar Dossa
David Pavan (staff resource)
Mona Kwong
George Walton

Chair: Norm Embree
Vice-Chair: Anar Dossa

Staff Resource: David Pavan

Number of Meetings: 3

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Annual Report to the Board for Hospital Pharmacy Advisory Committee

Reporting Period: March 1, 2017– February 28, 2018

Membership:
Elissa Aeng
Rapinder Chahal
Anca Cvaci
Karen Dahri
Jennifer Dunkin
Ashley Fairfield
Karen LaPointe
Aita Munroe
Fruzsina Pataky
Kristoffer Scott

Chair: Arden Barry
Vice Chair: NA

Staff Resource: Ashifa Keshavji

Mandate: To provide recommendations to the Board on matters relating to hospital pharmacy practice issues.

Responsibilities:

- To review issues related to the practice of hospital pharmacy that have been directed to the committee by the Board, Board committees or College staff.
- To assist in the development of policies, guidelines and legislation pertaining to hospital pharmacy issues and standards.
- Recommend appropriate action to the Board regarding hospital pharmacy issues.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to common practice issues.

Relevant Statistical information:

- Number of meetings: 0

Accomplishments:

- Attended engagement sessions on the development of standards of practice relevant to the following projects
    - Certified Pharmacist Prescriber
    - Electronic Record Keeping

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Goals for Next Fiscal Year:

- Continue to work with committee Chair to identify agenda items relevant to current hospital pharmacy issues
    - For review/discussion and recommendation to the Board as needed
- Continue to review professional practice policies and other standards of practice
- Continue to support the Practice Review Committee on the maintenance of the Practice Review Program

College of Pharmacists of British Columbia

Annual Report to the Board for Inquiry Committee

Reporting Period: March 1, 2017 – February 28, 2018

Membership:

Pharmacists and Technicians	Public Members
Carla Ambrosini	Dorothy Barkley
Sally Chai	Michael Dunbar
Ming Chang	Norman Embree (ended Dec 31, 2017)
Sukhvir Gidda	George Kamensek
John Hope	Patricia Kean
Fatima Ladha	Jim Mercer
Janice Munroe	Alison Rhodes
Alana Ridgeley	Justin Thind (from Jan 1, 2018)
Kristoffer Scott	Ann Wicks
Susan Troesch	
Cynthia Widder	
Joyce Wong	
Marco Yeung	

Chair: Ming Chang (effective May 1, 2017)
John Hope (ended April 30, 2017)

Vice-Chair: John Hope (effective May 1, 2017)
Dorothy Barkley (ended April 30, 2017)

Staff Resource: David Pavan

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

Responsibilities:

- Investigate complaints on its own motion or raised by a complainant as soon as possible,
- Investigate registrants that fail to authorize a criminal records review check as well as registrants presenting a risk of physical or sexual abuse to children as determined by the Registrar of the *Criminal Records Review Act*,
- Determine disposition of items (1) and (2),

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- Inform registrants, complainants and the Health Professions Review Board about the inquiry process and complaint outcomes, as necessary, and
- Report to the Board as applicable.

Relevant Statistical Information:

March 1, 2017 – February 28, 2018	**Total**
Number of calls/tips received	773
Number of *HPA* s. 33 (formal) complaints received	110
Number of registrants involved	176
Number of in-person meetings	9
Number of teleconferences	45
Number of files disposed/reviewed	222
Number of new files disposed	116
Number of reconsiderations*	48
Number of *PODSA* s. 18 reports	58
Number of files referred to Discipline Committee	1
Number of complaints via HPRB	0
Categories of formal complaints received	
Medication related	42
Privacy / Confidential	3
Professional misconduct	35
Competency and practice issues	16
Medication review	1
Fitness to practice	12
Unauthorized practice	14
Unlawful activity	6
Methadone	2
Other	3

*Some files may have been reconsidered more than once.

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Achievements:

1. <u>Methadone Maintenance Treatment: Four Year Action Plan (2015 - 2018)</u>

In response to the numerous concerns and allegations received from members of the public, registrants, and other health care professionals regarding the dispensing of Methadone Maintenance Therapy (MMT) from pharmacies, in June 2015 the College Board approved a four-year MMT action plan ("Methadone Maintenance Treatment: Enforcing Standards") to address the concerns raised and to take action with respect to alleged non-compliance with legislative requirements and practice standards.

Such issues of alleged non-compliance included (but were not limited to):

- The provision of inducements (both monetary and non-monetary) to patients to retain or attract methadone patients;
- Instructing patients to request an increased frequency of medication dispensing (either daily or weekly) from their prescribing physicians, thereby providing the pharmacy with increased dispensing fees;
- Providing unauthorized advances of medications to patients at the patient's request without notifying the prescribing physician;
- Processing prescriptions on PharmaNet even if patients did not attend at the pharmacy to receive their medications;
- Failing to reverse entries on the patient's PharmaNet record for prescribed medications that were not dispensed to patients in accordance with the instructions of the prescribing physician; and
- Failing to maintain accurate local patient records and PharmaNet patient records.

<u>Action Plan Goal: Undercover Investigations</u>

One of the goals in the action plan was for the College, in collaboration with the Ministry of Health, to develop, plan, and implement a minimum of six new undercover investigations. The undercover investigations were to occur over the four-year period of the action plan and would focus on the identification of non-compliance with legislative requirements, practice standards, and ethical standards (such as the practice infractions listed above). Based on the findings of the investigations, the College would take appropriate action, including, if justified, referral to the Inquiry Committee.

<u>Historical Background and Context for Undercover Investigations</u>

The College's past undercover investigations have yielded significant findings. Concerns such as the practice infractions listed above have proved difficult to investigate and substantiate due to the lack of credible witnesses and individuals willing to make formal

written complaints, for fear of retaliation from the pharmacies involved. As well, the staff members of the involved pharmacies appeared careful to keep the alleged practices hidden from College inspectors during routine inspections. Therefore, in 2010, the Ministry of Health and the College jointly determined that undercover operations should be performed at pharmacies that had been the subject of the most serious and frequent allegations with respect to the above practice infractions. Between 2010 and 2012, the College conducted undercover investigations for nine pharmacies. In 2013, the Inquiry Committee reviewed the results of these undercover investigations, and was able to substantiate many practice infractions such as the issues listed above. As a result, the Inquiry Committee was able to obtain consent from a total of 31 registrants for serious sanctions such as suspensions, fines, and reprimands.

Current Undercover Investigations – Status Update

Between 2015 and 2017, in accordance with the MMT action plan, the College conducted undercover investigations for nine pharmacies. College investigators are currently preparing the undercover files for presentation to the Inquiry Committee. The Inquiry Committee is expected to review the undercover files in March 2018. In the interest of confidentiality and security, the College will not be reporting on any investigation results until the matters have been reviewed and disposed by the Inquiry Committee.

Action Plan Goal: Focused Inspections

As part of the action plan, the College set a goal to conduct at least 40 pharmacy inspections that assessed methadone dispensing practices and suitability of pharmacy premises. Deficiencies in these areas were to be remediated and referred to the Inquiry Committee as necessary.

Selection of Pharmacies

Pharmacies were selected for inspection based on the following criteria:

- Volume of methadone dispensing (based on 2015 data)
- Previous complaints or tips related to methadone dispensing
- Geographic distribution

Status Update: Goal Completed

The College conducted 41 focused Methadone Maintenance Treatment inspections between May 2015 and July 2017.

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Volume of methadone dispensing and complaints/tips were used to select pharmacies for inspection. Pharmacies inspected included the top 5 MMT dispensing pharmacies in the province, and 18 of the top 25.

In addition, a number of pharmacies outside the Lower Mainland were selected to assess how methadone dispensing practices varied with geography and population. In total, 22 inspections were conducted outside of the Lower Mainland.

Region	Number of pharmacies inspected
Vancouver	13
Okanagan/Kootenays	10
Fraser Valley/Burnaby	6
Sunshine Coast	5
Northern BC/Peace River	4
Vancouver Island	3

Pharmacists were generally very receptive and cooperative with these unannounced inspections. Many registrants took the opportunity to ask questions about legislation and standards, and to give feedback regarding their own practice experiences.

After the initial inspections, unannounced follow up site visits were conducted at select pharmacies to verify compliance. The majority of pharmacies inspected (35) remediated fully per the College's recommendations.

Five pharmacies inspected in 2015 were referred to the Inquiry Committee for further investigation. The outcomes of these investigations resulted in the registrants involved consenting to undertakings that included suspension, remedial education, and pharmacy equipment improvements. Deficiencies identified in these pharmacies primarily related to cleanliness/suitability of pharmacy premises.

Only one pharmacy inspected after 2015 required referral to the Inquiry Committee for further investigation. The majority of deficiencies found in inspections conducted in 2016-2017 were administrative - e.g. missing reference literature, incomplete staff training forms. Even in these areas, inspectors noted improvements from observations made in early 2016 versus 2017.

Compliance with dispensing and patient care standards was generally very high, particularly in high volume stores. Some challenges remain in rural areas where the lack of prescribers results in patients being unable to be reassessed immediately and geographic distances that necessitate long duration carries.

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2. Standards for Medication Review Services

The Inquiry Committee put forward a motion for the Board to direct the Registrar to develop bylaws and/or practice standards for Medication Reviews and require mandatory training for pharmacists who wish to conduct them at the June 23, 2017 Board meeting. It was highlighted to the Board that the Inquiry Committee has seen an increase in number of files relating to medication review services.

After having reviewed hundreds of Medication Review documents that were subject of complaints, the Inquiry Committee has observed an apparent pattern of the Medication Review service being abused. The College's investigations have identified pharmacists being more concerned with determining whether the patient has the requisite number of medications to meet the eligibility criteria to bill for a Medication Review, rather than whether the patient actually has a clinical need for a Medication Review.

Currently the Inquiry Committee is restricted to enforcing the general language of the Code of Ethics and Section 6(5), 11 and 12 of the *Health Professions Act* Bylaws. While relevant to documentation and patient counselling standards which are elements of a Medication Review service, these pieces of legislation do not speak specifically to practice standards relating to an actual Medication Review. The Committee feels that in order to strengthen our position of enforcing the best standards of practice, there needs to be practice standards set specifically for the conducting of Medication Reviews that is in the best interests of the patient.

3. Pharmacy Manager's Requirement and Training

The Inquiry Committee put forward a motion for the Board to direct the Registrar to develop requirements and training tools as it pertains to the role and responsibilities of the pharmacy manager at the June 23, 2017 Board meeting. It was highlighted to the Board that the Inquiry Committee has seen an increase in number of files related to pharmacy managers not fully understanding the responsibilities and obligations that come with the role.

In the process of reviewing files, the Inquiry Committee has come across situations where it is obvious that many pharmacy managers do not understand their responsibilities and the implications that can ensue when they are not monitoring policies and procedures or understanding all of their obligations to comply with the legislation. The Committee has noticed that many registrants who hold this position do not fully understand all of their responsibilities or the legislative requirements involved when running the operations of a pharmacy. This results in many complaints that could be avoided if the registrants understood the scope and responsibilities of the role.

A pharmacy manager's role holds significant responsibilities and cannot be taken lightly. Without a pharmacy manager, a pharmacy cannot operate and that registrant must personally manage and be responsible for the operation of the pharmacy. A more stringent eligibility process and a more rigorous training requirement will greatly improve the overall operation of the pharmacies in the province and ensure safe and effective pharmacy practices for the public user.

4. Pharmacy Software Requirement

The Inquiry Committee put forward a motion for the Board to direct the Registrar to explore developing new requirements regarding the security of information in the local pharmacy computer systems and to propose that the Ministry of Health consider amending their PharmaNet Professional and Software Compliance Standards document to enhance the software security requirements of the local pharmacy computer systems at the February 16, 2018 Board meeting.

Through the review of recent complaint files, it has become apparent to the Inquiry Committee that there is a lack of security requirements for the local computer systems and software[1] of pharmacies, and the Committee finds this to be problematic. In particular, the Committee has noted that certain software options lack appropriate security controls, making local system records vulnerable to user manipulation. In addition, potential manipulations of the system are not recorded; meaning, that it is not possible to track who may have manipulated a record. This lack of tracking limits the College's ability to investigate such cases of record manipulation, which ultimately limits the College's ability to protect the public.

Notable Cases:

1. Self-Prescribing

Tyler Drapeau

The Inquiry Committee reached an agreement with Mr. Tyler Joshua Drapeau to suspend his registration as a pharmacist for a period of six months.

Mr. Drapeau admitted that he prescribed medication to himself over 30 times without a prescription from a physician and inappropriately dispensed medications to himself on various other occasions. He prescribed and dispensed antibiotics and anti-malarials to others 29 times without a valid prescription. In addition, Mr. Drapeau listed the wrong prescriber on a prescription and conducted improper adaptations

[1] The local computer system and software refers to the hardware and software a pharmacy uses to maintain patient records and interface with the PharmaNet system.

and emergency refills, each not in compliance with the Professional Practice Policies.

The Inquiry Committee considered that Mr. Drapeau engaged in professional misconduct and unethical conduct in relation to the unauthorized prescribing and dispensing practices, and ordered him to successfully pass the College's Jurisprudence Exam, pay a $5,000 fine, and accept both a verbal and written reprimand, among other orders.

2. Unauthorized PharmaNet Access

Patrizia Berra

The Inquiry Committee reached an agreement by consent with Ms. Patrizia Berra to suspend her registration as a pharmacist for a period of one month from January 22, 2018 to February 21, 2018.

A member of the public obtained a printout of her PharmaNet record and discovered that Ms. Berra accessed her PharmaNet record. Ms. Berra admitted that she did not dispense a medication, provide patient counselling or evaluate a patient's drug usage when she accessed the patient's PharmaNet record, and that the access was without consent.

In addition to a suspension, Ms. Berra also consented to submit a fine of $1,000, a letter of reprimand on the College register, and to appear before a panel of the Inquiry Committee for a verbal reprimand.

3. Professional Misconduct

Chadwick Robertson

On a series of occasions during 2015, Chadwick Robertson made comments to LC, an individual posing as an athlete, about the use of banned drugs and their suitability for the purpose. Mr. Robertson provided LC a training protocol that was never put into operation. Unbeknownst to Mr. Robertson, LC was part of an "undercover" investigation and Mr. Robertson's meetings and other dealings with LC were being videotaped. An edited version of the footage was ultimately broadcast over the Internet. Mr. Robertson conceded that this conduct reflected negatively on him and the profession of pharmacy in British Columbia, and that it constituted professional misconduct.

For the above conduct, the Inquiry Committee reached an agreement by consent with Mr. Robertson for the following terms and undertakings:

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- That his registration as a Full Pharmacist be suspended for a period of six (6) months, to commence on November 22, 2017;
- That he pay a $10,000.00 fine to the College no later than November 22, 2018;
- That a letter of reprimand be placed permanently on the College's register;
- That he appear before a panel of the Inquiry Committee for a verbal reprimand;
- That he successfully complete the ProBE Program on Professional/Problem-Based Ethics for healthcare professionals no later than November 22, 2018; and
- That he thoroughly review relevant legislation and complete the College's Code of Ethics Educational Tutorial and sign declarations acknowledging his understanding and compliance with legislative and ethical requirements.

4. Extraordinary Order

Miguel Lam

The Inquiry Committee, pursuant to section 35(1)(a) of the *Health Professions Act*, R.S.B.C. 1996, c. 183, for the purposes of public protection, imposed limits and conditions on the practice of registrant Miguel Angel Lam, pending completion of an investigation of his pharmacy practice. The following limits and conditions were imposed by the Inquiry Committee on Mr. Lam's practice:

1. Effective May 23, 2017, he was restricted from acting as a manager of any pharmacy.
2. Effective May 9, 2017, he was restricted from doing the following in relation to narcotic and controlled drugs and substances:
    a. Placing and receiving orders; and
    b. Signing wholesaler/manufacturer invoices confirming receipt of orders, or have any sort of signing authority relating to such orders.

As the pharmacy manager of a pharmacy, Mr. Lam was not fulfilling his responsibilities to operate a pharmacy that meets legislative and practice standards. He had not kept accurate records regarding all purchases and sales of narcotic and controlled drugs. He had not established and/or enforced policies and procedures for inventory management and security and storage of narcotic and controlled drugs, enabling a large quantity of narcotic and controlled drugs at the pharmacy to be unaccounted for, causing potential harm to the public.

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5. Multiple Contraventions of Pharmacy Practice Standards

Alnazir Asaria

The Inquiry Committee reached an agreement by consent with Mr. Alnazir Asaria to suspend his registration as a pharmacist until he successfully completes and passes the College Jurisprudence Exam.

Following an investigation, the Inquiry Committee determined that between January 1, 2011 and December 31, 2012, Mr. Asaria, while pharmacy manager and owner of a pharmacy, practiced in contravention of the Bylaws to the *Health Professions Act*, Schedule F Part 1 Community Pharmacy Standards of Practice and the Bylaws to the *Pharmacy Operations and Drug Scheduling Act*.

Specifically, Mr. Asaria engaged in deficient practice relating to:

- Prescriptions filled in excess of authorized quantity;
- Prescriptions filled after the expiry date;
- Incomplete prescriptions missing quantity, dose or directions;
- Prescriptions filled under the wrong prescriber;
- Methadone prescriptions released to patients without complete and signed part-fill or witnessed ingestion logs;
- Methadone given as carries without prescriber authorization;
- Methadone prescriptions without adequate documentation including lack of Controlled Prescription Program (“CPP”) hardcopy prescription, CPP prescriptions without patient signature;
- Methadone dispensed under incorrect DIN;
- Prescription adaptation without adequate rationale or documentation;

Prior to reinstatement of his registration, Mr. Asaria consented to:

- Thoroughly review the relevant legislation and sign a Declaration acknowledging his understanding of and rigid compliance with those legislative requirements;
- Successfully complete and pass the College Jurisprudence Exam;

Mr. Asaria also consented to a Letter of Reprimand being placed on College Register.

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Annual Report to the Board for Jurisprudence Subcommittee

Reporting Period: March 1, 2017 – February 28, 2018

Membership:
Angel Cao
Melanie Johnson
Kent Ling
Ali Meghji
Anthony Seet
Christopher Szeman
Asal Taheri
Roberta Walker
David Wang

Chair: Christopher Szeman
Vice Chair: Roberta Walker

Staff Resource: Doreen Leong

Mandate: To ensure that the Jurisprudence Examination remains a valid and reliable assessment instrument.

Responsibilities:

- Develop, update and maintain Jurisprudence Examination blueprint and content.
- Establish and validate the assessment, the processes, and the standards.
- Develop recommendations and policies for review and approval by the Registration Committee.
- Review correspondence and appeals pertaining to the examination questions and acceptable answers, and recommend outcomes for the Registration Committee's approval.

Jurisprudence Subcommittee

- Number of meetings: 3 (in-person).

Accomplishments:

- Key policies, processes, exam results and item statistical data reviewed and approved.

Goals for Next Fiscal Year:

- Annual review of all Jurisprudence Exam policies and Jurisprudence Exam Information Guide.
- Develop timeline and plan for reviewing Jurisprudence Exam blueprint, item writing, item review
- Source out new item bank and scanner

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Annual Report to the Board for Legislation Review Committee

Reporting Period: March 1, 2017 – February 28, 2018

Membership: Mona Kwong
Christopher Szeman
Jeremy Walden
Sorell Wellon

Chair: Jeremy Walden

Staff Resource: Christine Paramonczyk

Mandate: To provide recommendations to the Board and the Registrar on matters relating to pharmacy legislation and policy review.

Responsibilities:

- Provide advice and guidance regarding proposed legislation/policy changes that have been directed to the committee from the Board, Board committees or College staff.
- Identify priorities for change within legislation review planning cycle.
- Determine if broader external stakeholder consultation is required.
- Chair of Committee presents priorities to the Board for approval.
- Approve final draft of proposed legislation/policy prior to presentation to Board.
- The Chair, with support by the Director of Policy and Legislation, presents revised documents to Board for approval.
- Review public posting comments as necessary.

Relevant Statistical information:

- Number of meetings: 6

Accomplishments:

- Over the past year, the Legislation Review Committee recommended the following changes to policy, bylaws, fees, and Standards of Practice:

Legislation	Amendments
Health Professions Act Bylaws	**April 2017** • Approval to file bylaw amendments with the Minster of Health to establish an Application Committee. • Direction to the Registrar to draft bylaws to adopt the Model *Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations* and

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Legislation	Amendments
	the *Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations* to be effective for May 2021 (also expected to require amendments to the Pharmacy Operations and Drug Schedules Act Bylaws). • Approval of fee changes for filing with the Minister of Health. **<u>June 2017</u>** • Approval of amendments regarding elected Board member terms of office for public posting. **<u>September 2017</u>** • Approval of filing a new telepharmacy standards of practice with the Minister of Health. **<u>November 2017</u>** • Filing amendments regarding elected Board member terms of office with the Minister of Health. **<u>February 2018</u>** • Approval of publicly posting bylaws regarding electronic record keeping. • Filing amendments with the Minister of Health relating to the standards of practice for dispensing drugs for the purposes of medical assistance in dying. • Filing amendments with the Minister of Health regarding telepharmacy bylaw references.
Pharmacy Operations and Drug Scheduling Act Bylaws	**<u>April 2017</u>** • Approval of fee and form changes for public posting. • Amendments of amendments related to telepharmacy for public posting. **<u>June 2017</u>** • Approval of changes to operationalize recent amendments made to the *Pharmacy Operations and Drug Scheduling Act* for public posting. **<u>September 2017</u>** • Filing of fee and form changes for with the Minister of Health. • Filing amendments regarding telepharmacies with the Minister of Health.

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Legislation	Amendments
	<u>November 2017</u> • Filing bylaw amendments with the Minister of Health made to operationalize recent changes made to the *Pharmacy Operations and Drug Scheduling Act*. • Filing consequential amendments regarding telepharmacies with the Minister of Health. **<u>February 2018</u>** • Approval of publicly posting bylaws regarding electronic record keeping.
Professional Practice Policies (PPP) et al	**<u>November 2017</u>** • Development of a new PPP: PPP – 76 *Criminal Record History Vendor.* • Amendments to the following PPPs: – *PPP-3 Pharmacy References* – *PPP-12 Prescription Hard Copy File Coding System* – *PPP-46 Temporary Pharmacy Closures* – *PPP-54 Identifying Patients for PharmaNet Purposes* – *PPP-59 Pharmacy Equipment* – *PPP-65 Narcotic Counts and Reconciliations* – *PPP-73 Validate Identification and College Registration Status for New Pharmacy Hires* – *PPP-74 Community Pharmacy Security* • Amendments to PPP- 66 *Methadone Maintenance Treatment* to incorporate slow release oral morphine and buprenorphine/naloxone maintenance treatments. • Two new policy guides were developed, which outline requirements with respect to slow release oral morphine maintenance treatment and buprenorphine/naloxone maintenance treatment.

Key Goals for Next Fiscal Year:

- Conduct research, analysis and begin bylaw amendment drafting as part of a comprehensive review and reform of legislative requirements under PODSA as well as related Professional Practice Policies.
- Assist with the development of an implementation recommendation regarding NAPRA's Model Standards for Non-Sterile Compounding.
- Conduct research, analysis and potentially begin bylaw amendment with respect to requirements for medication management processes and procedures.
- Potentially initiate scoping a comprehensive review and reform of legislative requirements under the Health Professions Act.

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Annual Report to the Board for Practice Review Committee

Reporting Period: March 1, 2017– February 28, 2018

Membership:
Marilyn Chadwick
Patrick Chai
Kate Cockerill
Aleisha (Thornhill) Enemark
Joanne Konnert
Fady Moussa
Alison Rhodes
Helen Singh (Resigned December 2017)

Chair: Kris Gustavson (ended February 16, 2018)
Tracey Hagkull (effective February 16, 2018)

Vice Chair: Michael Ortynsky

Staff Resource: Ashifa Keshavji

Mandate: To monitor and enforce standards of practice to enhance the quality of pharmacy care for British Columbians.

Responsibilities:

- Develop and update the Practice Review Program (PRP) processes and policies for approval by the Board as required including but not limited to processes and policies that:
    - outline the Pharmacy Review component;
    - outline the Pharmacy Professionals' Review component;
    - outline follow-up and remediation.
- On a yearly basis review the statistics and outcomes and feedback of the PRP, determine recommendations for improvement and report to the Board as applicable.
- Liaise with the Hospital Pharmacy Advisory Committee, Community Pharmacy Advisory Committee and Residential Care Advisory Committee to make recommendations on current and outstanding issues pertaining to the PRP.
- Liaise with Health Authorities, owners and directors and other stakeholders to address current and outstanding issues pertaining to the PRP.

Relevant Statistical information:

- Number of meetings: 5

Accomplishments:

Phase 1: Community Practice

- Enhanced Pharmacy Professionals Reviews for Pharmacy Technicians
    - New focus areas approved by the Board at the June 2017 meeting
    - Implemented in December 2017

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- Forecasted program cycle
    - Increased yearly targets
- Developed and delivered first Community Pharmacy Practice Review Results Summary Report to the Board (Fiscal Year 2015/16)
- Developed and delivered yearly Community Pharmacy Practice Review Feedback Survey Report to the Board (Fiscal Year 2016/17)

Phase 2: Hospital Practice

- Launched in April 2017
- Monitoring registrant feedback and Risk Register

Goals for Next Fiscal Year:

Phase 1: Community Practice

- Approve and implement the Review form for Residential Care services
    - Approved by the Residential Care Advisory Committee at their February 2018 meeting- implementation pending
- Develop Release 2: central fill, packaging, compounding, telepharmacy and other ancillary forms (contingent on resources)
- Develop and deliver yearly Community Pharmacy Practice Review Results Summary Reports to the Board (Fiscal Year 2016/17 & Fiscal Year 2017/18)
- Develop and deliver yearly Community Pharmacy Practice Review Feedback Survey Report to the Board (Fiscal Year 2017/18)

Phase 2: Hospital Practice

- Continue to monitor (gather, review and respond) to registrant feedback
- Continue to monitor Risk Register to identify and track issues
- Develop and deliver first Hospital Pharmacy Practice Review Results Summary Report to the Board (Fiscal Year 2017/18)
- Develop and deliver first Hospital Pharmacy Practice Review Feedback Survey Report to the Board (Fiscal Year 2017/18)

College of Pharmacists of British Columbia

Annual Report to the Board for Quality Assurance Committee

Reporting Period: March 1, 2017– February 28, 2018

Membership:
Hani Al-Tabbaa
Tessa Cheng
Baldeep Dhillon
Norman Embree
Sukhvir Gidda
Rebecca Siah
Dorothy Zahn
Tracey Hagkull (effective February 16, 2018)

Chair: Frank Lucarelli
Vice Chair: Gary Jung

Staff Resource: Ashifa Keshavji

Mandate: To ensure that registrants are competent to practice and to promote high practice standards amongst registrants.

Responsibilities:

- Monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants.
- Establish and maintain a quality assurance program to promote high practice standards among registrants and continuous learning and professional development.
- Recommend standards of practice for continuing competency for the Board's approval.
- Develop practice guidelines and / or advisory statements when required.
- Establish and maintain a quality assurance program in accordance with current testing standards and assessment practices.
- Set, administer and maintain policies on all matters related to assessment competencies, standards, principles, selection or design and processes.
- Establish sub-committees and ad hoc working groups for Board appointment, to develop, administer and maintain assessments for the purposes of the quality assurance program.

Relevant Statistical information:

- Number of meetings: 4

College of Pharmacists
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Accomplishments:

- PDAP Mobile application
    - Published on Google Play store and on the Apple Store
- CE Audits
    - Defined process and structure, initiated development of module with CE portal provider
- Decided to not conduct a registrant learning needs survey at this time. This will be re-visited on a yearly basis to evaluate if the needs of the College change based on Board direction.
- Amended policies regarding CE Deferrals/Exemptions

Goals for Next Fiscal Year:

- Develop a Communication Launch Plan for PDAP Mobile
- Review and update program policies
- Conduct CE Audits; review and monitor results
- Determine if a registrant learning needs survey is required based on Board direction

College of Pharmacists of British Columbia

Annual Report to the Board for Registration Committee

Reporting Period: March 1, 2017 – February 28, 2018

Membership:
Laura Bickerton
Carolyn Cheung
Ashley Foreman
Yonette Harrod
Thuy Phuong Hoang
Raymond Jang
Derek Lee
Vanessa Lee
Leonard Ma
Charles Park
Nathan Roeters
Joy Sisson
Jeremy Walden

Chair: Jeremy Walden
Vice Chair: Thuy Phuong Hoang

Staff Resource: Doreen Leong

Mandate: To ensure that registrants are qualified to practice.

Responsibilities:

- Review all matters relating to applicants for registration and determine applicants' eligibility for registration including establishing the conditions and requirements for registration.
- Grant registration, including reinstatement and registration renewal, to all individuals who satisfy the Registration Committee that they are qualified to be a registrant, including payment of required fees.
- Develop policies and requirements with respect to the registration of new, renewing and reinstating registrants.
- Set, administer and maintain policies on all matters related to assessment competencies, standards, principles, selection or design and processes.
- Establish sub-committees and ad hoc working groups for Board appointment, to develop, administer and maintain assessments for the purposes of the registration processes.
- Inform registrants, other stakeholders and the Health Professions Review Board, as required about the registration process and outcomes.

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Relevant Statistical information:

Registration Committee

- Number of meetings: 2 (in-person); 9 (tele-conference)

Registrant Data:

Total number of new Full Pharmacists – 374

- By pre-registration category:
  - UBC Students – 195
  - Pharmacists from other provinces (AIT) – 112
  - International Pharmacy Graduates - 50
  - New graduates from other provinces – 16
  - US Pharmacists – 1
  - New graduates from the US – 0

Total number of new Pharmacy Technicians - 121

- By pre-registration category:
  - New technician graduates - 102
  - Technicians from other provinces – 19

Total reinstated Full Pharmacists – 45

- By reinstatement category:
  - Reinstatement less than 6 years as a FMR/NP Pharmacists – 27
  - Reinstatement through the AIT – 18

Total reinstated Pharmacy Technicians – 10

- By reinstatement category:
  - Reinstatement less than 6 years as a FMR/NP Technicians – 9
  - Reinstatement through the AIT – 1

Accomplishments:

- Key policies, processes and exam results reviewed and approved including the Exam Appeal Policy, English Language Proficiency Policy and Jurisprudence Exam results.
- Launched the Online Pre-registration for UBC students
- Updated all webpages and content for pre-registration and registration categories
- Launched online tracking for phone queries to update web content and FAQs

College of Pharmacists of British Columbia

- Applications reviewed whereby applicant had issues related to the statutory declaration:
  - Pharmacist Reinstatement Application, less than 6 years in Non-practising or former pharmacist register (N=2)
  - Pharmacist Pre-registration - International Pharmacy Graduate application (N=2)
  - Pharmacy Technician Pre-registration Application (N=2)
  - Pharmacy Technician Pre-registration Application to extend December 31, 2015 deadline (N=4)
  - Pharmacy Technician Reinstatement Application, less than 6 years in Non-practising or former pharmacy technician register (N=1)
- Other application reviewed:
  - Pharmacy Technician Jurisprudence Exam – Exam accommodation (N=1)
  - Pharmacy Technician Jurisprudence Exam – Additional sitting (N=3)
- Developed the intranasal drug administration educational module and integrated with registration re-certification process

Goals for Next Fiscal Year:

- Annual review of all registration policies
- Review and recommend bylaw changes related to pre-registration and registration requirements, and number of assessment attempts
- Launch online pre-registration process for all other registration categories
- Develop tracking system for all Registration Committee decisions

College of Pharmacists of British Columbia

Annual Report to the Board for Residential Care Advisory Committee

Reporting Period: March 1, 2017– February 28, 2018

Membership:
Ming Chang
Alvin Singh (Resigned November 2017)
Aaron Tejani
Lanai Vek
Ivana Vojvodic

Chair: Sorell Wellon
Vice Chair: NA

Staff Resource: Ashifa Keshavji

Mandate: To provide recommendations to the Board on matters relating to residential care pharmacy practice issues.

Responsibilities:

- To review issues related to the practice of pharmacy for residential care facilities and homes that have been directed to the attention of the committee by the Board, Board committees or College staff.
- To assist in the development of policies, guidelines and legislation pertaining to residential care pharmacy practice and standards.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to common practice issues.

Relevant Statistical information:

- Number of meetings: 1

Accomplishments:

- Reviewed and recommended the Review form for Residential Care services to the Practice Review Committee for implementation
- Attended engagement sessions on the development of standards of practice relevant to the following projects
    - Certified Pharmacist Prescriber
    - PPP 66 - Opioid Agonist Treatment
    - Electronic Record Keeping

Next Steps:

- Continue to work with committee Chair to identify agenda items relevant to current residential care pharmacy issues for review/discussion and recommendation to the Board as needed
- Continue to review professional practice policies and other standards of practice
- Continue to support the Practice Review Committee on the maintenance of the Practice Review Program

College of Pharmacists of British Columbia

BOARD MEETING
April 20, 2018

2.b.vi. Governance Committee - Committee Member Appointments

DECISION REQUIRED

Recommended Board Motion:

Approve College committee member appointments for terms beginning May 1, 2018, as circulated.

Purpose

To propose the appointment of new members and the re-appointment of existing members to certain College committees.

Background

The College committees are a vital resource to the Board that provide essential advice, expertise, and recommendations that ultimately help inform Board decisions.

Every year, two main processes are undertaken to fill anticipated vacancies on College committees:

- Current eligible Committee members are asked if they would like to be considered for re-appointment; and,
- The College issues a call for applications from pharmacists, pharmacy technicians and the public.

Discussion

This year, to be considered for a placement on a College committee, interested candidates were required to submit a current resume in addition to completing a standard application. Applications and resumes were reviewed by College staff and a slate was recommended for consideration by the Governance Committee.

In determining the slate for Governance Committee consideration, the following factors were considered:

- Composition requirements from the College Committee's terms of reference
- Type of practice (community/hospital/others)
- Previous/type of volunteer experience
- Geographic area of practice
- Specialty areas of practice
- Relevant education
- Technician and pharmacist balance
- Continuing and new member balance

Recommendation

The Governance Committee has recently completed its review of the recommended slate of College committee members. It recommends that the Board approve the College committee member appointments outlined in Appendix 1. All recommended appointments are for terms beginning May 1, 2018.

Appendix	
1	2018 Recommended College Committee Appointments

2018 RECOMMENDED COLLEGE COMMITTEE APPOINTMENTS

COMMUNITY PHARMACY ADVISORY COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Thao Do	Pharmacist	May 1, 2018 – April 30, 2021	3	NEW

DISCIPLINE COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Jeremy Walden	Chair/Public Board	May 1, 2018 – April 30, 2019	1	Re-appointment
Wayne Chen	Pharmacist	May 1, 2018 – April 30, 2019	1	Re-appointment
Jody Croft	Pharmacist	May 1, 2018 – April 30, 2019	1	Re-appointment
Carol Williams	Public	May 1, 2018 – April 30, 2019	1	Re-appointment
Pablo Tchen	Pharmacist	May 1, 2018 – April 30, 2021	3	NEW
Dominique Marcotte	Public	May 1, 2018 – April 30, 2021	3	NEW
Edwin “Ed” Kry	Public	May 1, 2018 – April 30, 2021	3	NEW

DRUG ADMINISTRATION COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Mitch Moneo	Public	May 1, 2018 – April 30, 2021	3	Re-appointment
Wilson Tsui	Pharmacist	May 1, 2018 – April 30, 2021	3	NEW
Bing Wang	Pharmacist	May 1, 2018 – April 30, 2021	3	NEW
Julia Zhu	Pharmacist	May 1, 2018 – April 30, 2021	3	NEW
Dr. Rashmi Chadha	Public	May 1, 2018 – April 30, 2021	3	NEW
Jenny Misar	Public	May 1, 2018 – April 30, 2021	3	NEW

ETHICS ADVISORY COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Dr. Alan Low	Pharmacist	May 1, 2018 – April 30, 2021	3	NEW
Audra Spielman	Pharmacy Technician	May 1, 2018 – April 30, 2021	3	NEW

INQUIRY COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Joy Bhimji	Pharmacist	May 1, 2018 – April 30, 2021	3	NEW
Michelle Harrison	Pharmacist	May 1, 2018 – April 30, 2021	3	NEW
Kelsey Scyner	Pharmacy Technician	May 1, 2018 – April 30, 2021	3	NEW
Janice Butler	Public	May 1, 2018 – April 30, 2021	3	NEW
Meribeth Deen	Public	May 1, 2018 – April 30, 2021	3	NEW
Debbie Johannesen	Public	May 1, 2018 – April 30, 2021	3	NEW

JURISPRUDENCE EXAM SUBCOMMITTEE

Name	Type	Term	Term Length (Yrs)	
Brian Daehyun Kim	Pharmacist	May 1, 2018 – April 30, 2021	3	NEW

PRACTICE REVIEW COMMITEE

Name	Type	Term	Term Length (Yrs)	
Yonette Harrod	Pharmacy Technician	May 1, 2018 – April 30, 2021	3	NEW

QUALITY ASSURANCE COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Man Fung “Allen” Wu	Pharmacist	May 1, 2018 – April 30, 2021	3	NEW

REGISTRATION COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Sukhjiven “Suki” Gill	Pharmacy Technician	May 1, 2018 – April 30, 2021	3	NEW
Dr. Mikolaj Piekarski	Pharmacist	May 1, 2018 – April 30, 2021	3	NEW
Dr. Maen Obeidat	Public	May 1, 2018 – April 30, 2021	3	NEW
Lorraine Unruh	Public	May 1, 2018 – April 30, 2021	3	NEW
Avena Guppy	Public	May 1, 2018 – April 30, 2021	3	NEW

RESIDENTIAL CARE ADVISORY

Name	Type	Term	Term Length (Yrs)	
James Davis	Pharmacist	May 1, 2018 – April 30, 2021	3	NEW

College of Pharmacists of British Columbia

BOARD MEETING
April 20, 2018

2.b.vii. Audit and Finance Committee – Finance Report – January Financials

INFORMATION ONLY

Purpose

To report on the highlights of the January 2018 financial reports.

Background

The January 2018 financial reports reflect **eleven 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's cash position is well funded to meet payables with a balance of over $650,000. Investments at the end of January totalled more than $5.6 million.

Revenue

Licensure revenues continue to be under budget, but only 2% under budget in total. *Other revenues* (PharmaNet, administrative fees, etc.) reflect a drop in PharmaNet revenues due to some technical difficulties at the Ministry of Health which slowed down processing of PharmaNet profiles. The issue was resolved in late May. As the contract is now completed this will remain under budget. Grant revenue is under budget as the main contracted grant project has been delayed – so the funds remain in deferred revenue. In total, revenues are under budget by just over $260,000.

Expenses

Total Year to Date Actual expenditures are under budget by just over $550,000. As revenues will be under budget, we have be monitoring expenditures to ensure that they also remain under budget. See the variance analysis which follows for details.

Variance analysis by department:

Department	Budget	Actual	Comment
Board & Registrar's Office	723,732	746,365	Unbudgeted Board consulting projects. Mostly offset by gapping.
Finance and Administration	3,007,776	2,955,166	IT project priorities changed due to PODSA ownership requirements.
Grant distribution	177,482	77,462	Waiting for progress report for a grant. Will be next year.
Registration & Licensure	846,648	725,825	See also "Projects" re PODSA ownership process changes.
Quality Assurance	47,005	47,606	
Practice Review	1,304,806	1,211,595	Salaries and travel are under budget.
Complaints Resolution	1,428,094	1,178,333	Salaries due to gapping and legal fees due to timing.
Policy and Legislation	370,621	332,806	See also "Projects" re PODSA ownership process changes.
Public Engagement	360,227	320,361	Timing of activities.
Projects (PODSA Ownership)	137,500	277,799	Legal and Project Management. To be re-allocated at year-end.
Amortization	366,679	346,273	Timing – re IT development projects.
Total Expenses	8,770,570	8,219,592	

Appendix	
1	Statement of Financial Position
2	Statement of Revenue and Expenditures
3	Statement of Revenue
4	Statement of Expenses

Statement of Financial Position

As at January 31, 2018

ASSETS	
Cash and Cash Equivalents	654,242.98
Investments	5,640,931.74
Receivables	25,815.65
Prepaid Expense and Deposits	146,592.13
Current Assets	6,467,582.50
Investments in College Place Joint Venture	1,575,680.73
Development Costs	516,926.18
Property & Equipment	650,039.54
Non-current Assets	2,742,646.45
Total Assets	**9,210,228.95**

LIABILITIES AND NET ASSETS	
Payables and Accruals	519,364.23
Capital Lease Obligations (Current)	0.00
Deferred Revenue	3,668,470.92
Deferred Contributions	180,948.34
Total Current Liabilities	4,368,783.49
Capital Lease Obligations (Non-current)	26,548.30
Total Liabilities	4,395,331.79
Total Net Assets	4,814,897.16
Total Liabilites and Net Assets	**9,210,228.95**

College of Pharmacists of BC
Statement of Revenue and Expenses
For the 11 months ended January 31, 2018

	Budget YTD Jan 2018	Actual YTD Jan 2018	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Licensure revenue	6,288,744	6,190,394	(98,350)	(2%)
Non-licensure revenue	1,279,988	1,114,391	(165,597)	(13%)
Transfer from Balance Sheet	1,237,955	1,237,955	-	0%
Total Revenue	**8,806,686**	**8,542,740**	**(263,947)**	(3%)
Total Expenses Before Amortization	8,403,891	7,873,319	530,572	6%
Amortization	366,679	346,273	20,406	6%
Total Expenses Including Amortization	**8,770,570**	**8,219,592**	**550,978**	6%
Net Surplus of revenue over expenses after amortization	**36,116**	**323,148**	**287,031**	

College of Pharmacists of BC

Statement of Revenue

For the 11 months ended January 31, 2018

	Budget YTD Jan 2018	Actual YTD Jan 2018	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Licensure revenue				
Pharmacy fees	2,274,888	2,316,344	41,456	2%
Pharmacists fees	3,360,020	3,303,998	(56,022)	(2%)
Technician fees	653,836	570,052	(83,784)	(13%)
	6,288,744	6,190,394	(98,350)	(2%)
Non-licensure revenue				
Other revenue	862,675	757,729	(104,946)	(12%)
Grant Revenue	103,100	11,250	(91,850)	(89%)
Investment income	85,046	125,413	40,366	47%
College Place joint venture income	229,167	220,000	(9,167)	(4%)
	1,279,988	1,114,391	(165,597)	(13%)
Transfer from Balance Sheet	1,237,955	1,237,955	-	0%
Total Revenue	**8,806,686**	**8,542,740**	**(263,947)**	(3%)

College of Pharmacists of BC

Statement of Expenses

For the 11 months ended January 31, 2018

	Budget YTD Jan 2018	Actual YTD Jan 2018	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Expenses				
Board and Registrar's Office	723,732	746,365	(22,633)	(3%)
Finance and Administration	3,007,776	2,955,166	52,609	2%
Grant Distribution	177,482	77,462	100,019	56%
Registration, Licensure and Pharmanet	846,648	725,825	120,823	14%
Quality Assurance	47,005	47,606	(601)	(1%)
Practice Reviews	1,304,806	1,211,595	93,211	7%
Complaints and Investigations	1,428,094	1,178,909	249,185	17%
Policy and Legislation	370,621	332,230	38,390	10%
Communications and Engagement	360,227	320,361	39,866	11%
Projects	137,500	277,799	(140,299)	(102%)
Total Expenses Before Amortization	8,403,891	7,873,319	530,572	6%
Amortization	366,679	346,273	20,406	6%
Total Expenses Including Amortization	**8,770,570**	**8,219,592**	**550,978**	6%

College of Pharmacists of British Columbia

BOARD MEETING
April 20, 2018

2.b.viii.Practice Review Committee
Phase 1 and 2 Update

INFORMATION ONLY

Purpose

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

Business Stream:

Update	Next Steps

General
• Hired new coordinator to start April 3, 2018
• Updated the Risk Register which includes risks identified for both Phase 1 and Phase 2
	General
	• Train new coordinator
	• Draft 2017/18 Fiscal Year Reports
	  ○ Review Data
	  ○ Registrant Feedback Survey
	• Monitor Risk Register to identify and track issues

Phase 1 – Community Practice
• Conducted March and April reviews
• Scheduled May reviews
• Approved for implementation, the review form for Residential Care services
  ○ Reviewed and recommended by the Residential Care Advisory Committee at their February 2018 meeting
	Phase 1 – Community Practice
	• Schedule pharmacies for June reviews
	• Implement review form for Residential Care services
	  ○ Waiting for IT fix Question Bank module
	• Develop Release 2 of Phase 1: central fill, packaging, compounding, telepharmacy and other ancillary forms (contingent on resources)

Phase 2 – Hospital Practice • Conducted March and April reviews ○ First review of a registrant who only works night shifts • Scheduled May and June reviews	Phase 2 – Hospital Practice • Schedule pharmacies for July reviews • Continue to monitor and adjust policies and processes as needed

College of Pharmacists of British Columbia

BOARD MEETING
April 20, 2018

Communications / Stakeholder Stream:

Update	Next Steps
Phase 1 – Community Practice • Drafted new PRP Insights articles	Phase 1 – Community Practice • Continue to draft and post PRP Insights articles based on findings from reviews
Phase 2 – Hospital Practice	Phase 2 – Hospital Practice • Begin drafting PRP Insights articles

Legislation Stream:

Update	Next Steps
General • Provided feedback on legislation based on findings from reviews	General • Continue to provide feedback on legislation based on findings from reviews

Enforcement Stream:

Update	Next Steps
General • Prioritizing pharmacies/registrants for reviews as per requests from the Complaints and Investigations department • Working with the Complaints and Investigations department to review selected pharmacies (to prevent overlap) • Sharing PRP Information as needed	General • Continue to work with the Complaints and Investigations department • Continue to share PRP information as needed

College of Pharmacists of British Columbia

BOARD MEETING
April 20, 2018

IT Stream:

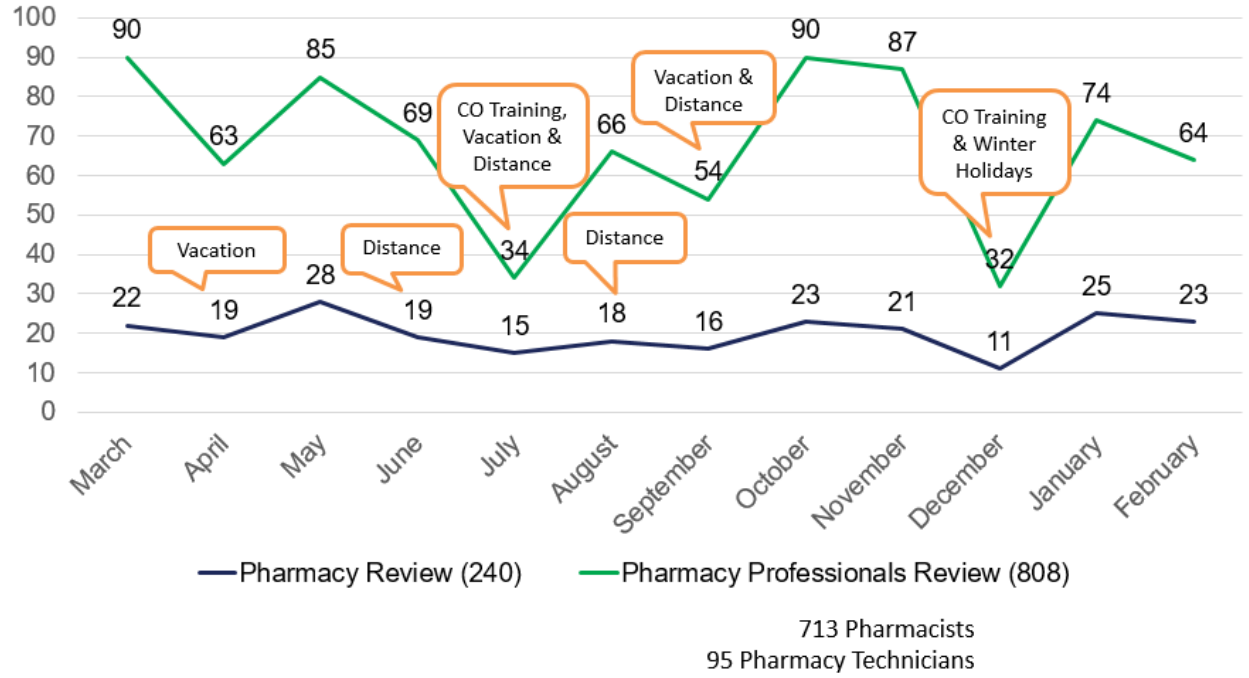
Update	Next Steps
Phase 1 – Community Practice • Fixing Question Bank module in PRP Application ○ Currently unable to update review questions • Building Reports Module to extract review data and reports	Phase 1 – Community Practice • Fix Question Bank module • User acceptance testing of Reports Module
Phase 2 – Hospital Practice • Provide support as needed	Phase 2 – Hospital Practice • Provide support as needed

Appendix	
1	Phase 1 – Community Practice Operational Statistics
2	Phase 2 – Hospital Practice Operational Statistics

Appendix 1

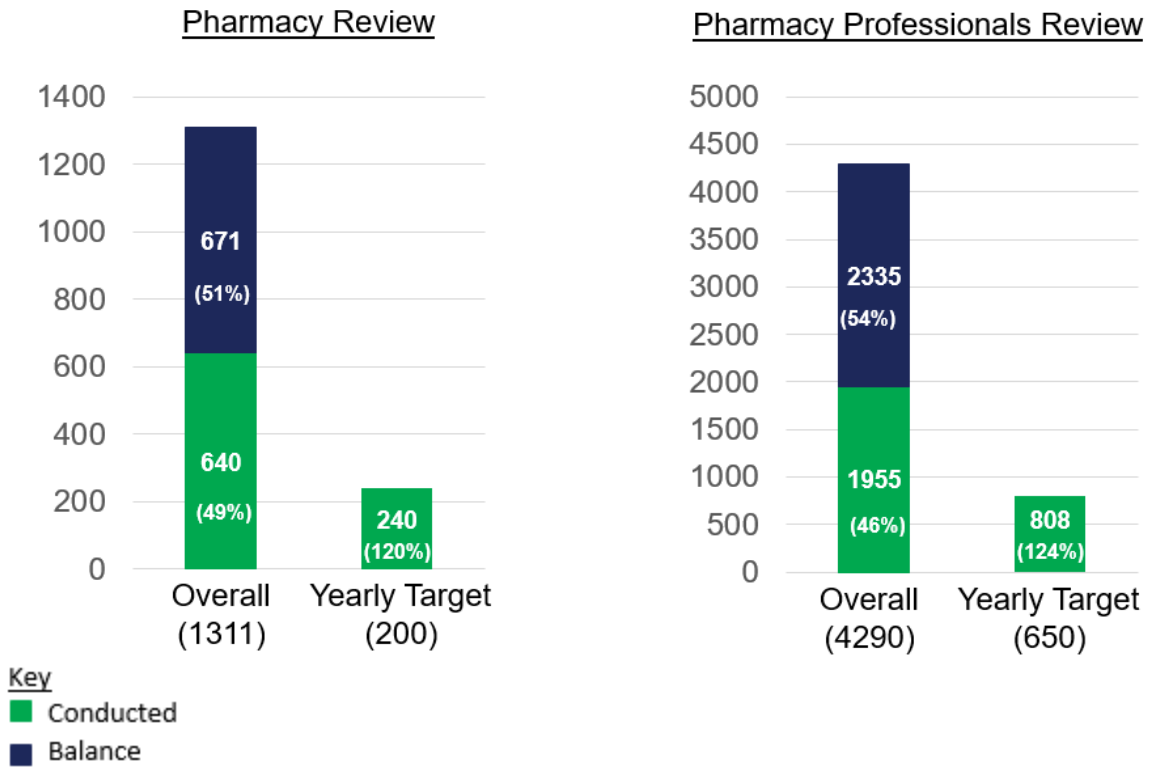
PRP Phase 1: Community Practice Operational Statistics
2017-18 Fiscal Year: March 1st, 2017 – February 28th, 2018

Fiscal Year:



713 Pharmacists
95 Pharmacy Technicians

Overall and Fiscal Year:

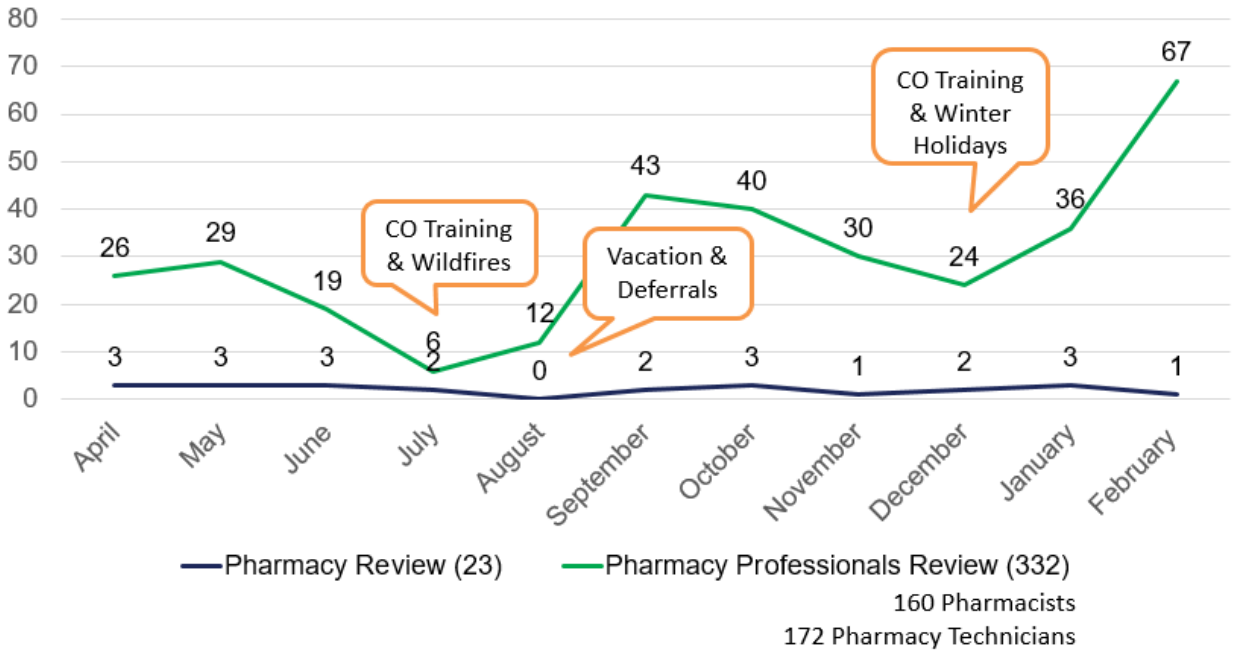


Appendix 2

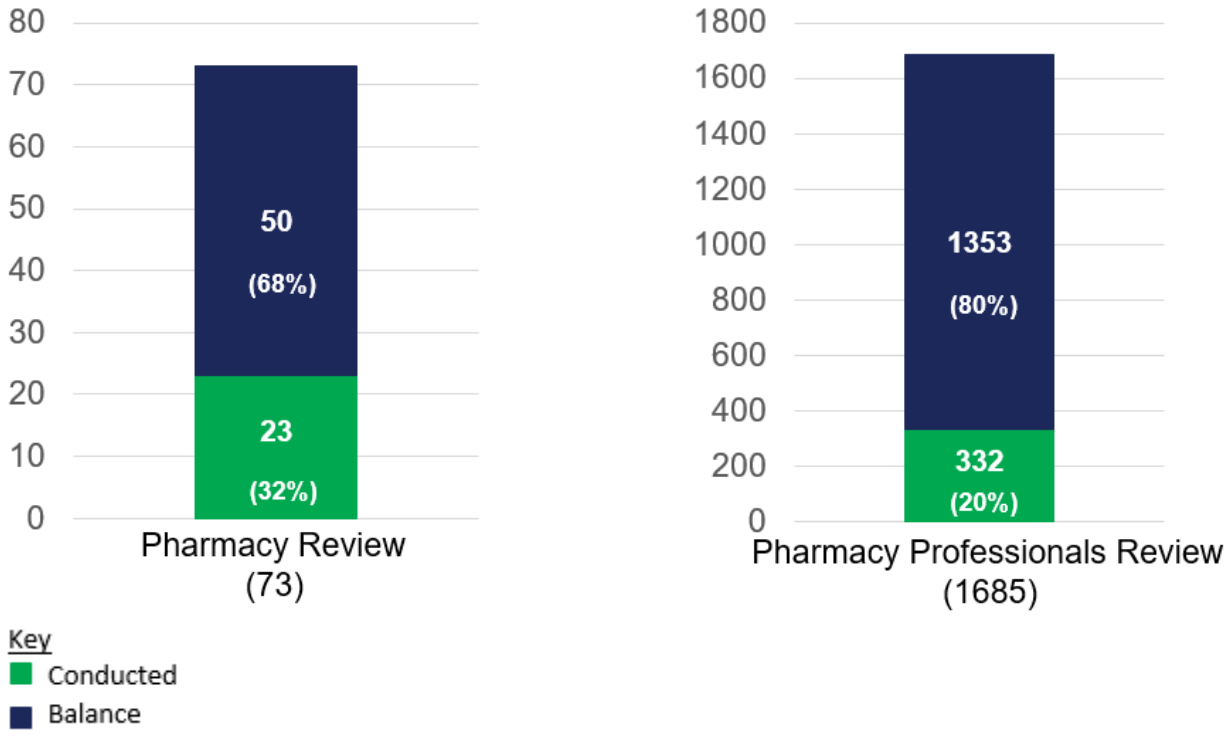
PRP Phase 2: Hospital Practice Operational Statistics
2017-18 Fiscal Year: March 1st, 2017 – February 28th, 2018

Fiscal Year Progress:

*Launched in April 2017



Overall Progress:



College of Pharmacists of British Columbia

BOARD MEETING
April 20, 2018

2.b.ix. Legislation Review Committee
Professional Practice Policy Amendments and Deletions

DECISION REQUIRED

Recommended Board Motion:

1) Approve amendments to Professional Practice Policy (PPP) 66- Opioid Agonist Treatment.

2) Approve amendments to the following PPP 66 Policy Guides:

- *PPP-66 Policy Guide – Slow Release Oral Morphine Maintenance Treatment (2018)*
- *PPP-66 Policy Guide – Buprenorphine/Naloxone Maintenance Treatment (2018)*
- *PPP-66Policy Guide – Methadone Maintenance Treatment (2013)*

Purpose

To approve the following minor housekeeping amendments to the following policies:

- PPP-66 Opioid Agonist Treatment
- PPP-66 Policy Guide – Slow Release Oral Morphine Maintenance Treatment (2018)
- PPP-66 Policy Guide – Buprenorphine/Naloxone Maintenance Treatment (2018)
- PPP-66 Policy Guide – Methadone Maintenance Treatment (2013)

Background

At their November 2017 meeting, the Board approved amendments to PPP-66 to include two new opioid agonist treatment (OAT) drugs – slow release oral morphine and buprenorphine/naloxone, and renaming of the policy from Methadone Maintenance Treatment to Opioid Agonist Treatment. The Board also approved two new policy guides with minimum requirements for safe dispensing of both new OAT drugs (see Appendix 1 for the November 2017 Board Meeting Note). These policy documents have been effective since January 1, 2018.

Discussion

Since these policy documents have been in effect, some minor changes have been requested by stakeholders and registrants. These changes are very minor in nature. They consist of either

minor editorial changes or are corrections to outdated references. For example, one of the main proposed amendments is to update references to the College of Physicians and Surgeons of BC's Methadone Maintenance Handbook as it been replaced by the BC Centre on Substance Use's "*A Guideline for the Clinical Management of Opioid Use Disorder*". The table below provides a summary of the changes made to each policy document.

Policy Document	Summary of Proposed Changes
PPP- 66 Opioid Agonist Treatment	• The term "pharmacists" was added after staff for clarity. This change was made to all three policy statements (i.e., Buprenorphine/Naloxone, Methadone Maintenance and Slow Release Oral Morphine). • An outdated reference in the Methadone Maintenance policy statements was updated from the "College of Physicians and Surgeons of BC's (CPSBC) Methadone Maintenance Handbook" to the BCCSU's "*A Guideline for the Clinical Management of Opioid Use Disorder*".
PPP- 66 Policy Guide: Buprenorphine/Naloxone Maintenance Treatment (2018)	• In the opening paragraph of the policy guide, the term "pharmacists" was added after staff for clarity. • Principle 5.1.3 was amended to remove the brackets stating "unless a specified number of missed doses has been indicated by the prescriber" to avoid confusion regarding the importance of notification to the prescriber of any missed doses.
PPP- 66 Policy Guide: Slow Release Oral Morphine (SROM) Maintenance Treatment (2018)	• In the opening paragraph of the policy guide, the term "pharmacists" was added after staff for clarity. • Principle 5.1.3 was amended to remove the brackets stating "unless a specified number of missed doses has been indicated by the prescriber" to avoid confusion regarding the importance of notification to the prescriber. • The guideline section of Principle 5.1.4 was revised to correct the reference to the Appendix of the BCCSU's "A Guideline for the Clinical Management of Opioid Use Disorder".
PPP- 66 Policy Guide: Methadone Maintenance Treatment (2013)	• All references in this policy guide to "PPP-66 Methadone Maintenance Treatment" were updated to "PPP-66 Opioid Agonist Treatment". • The term "pharmacists" was added after staff for clarity on page 4 of the policy guide. • An outdated reference in Principle 1.3.1 was updated from PPP-5 Pharmacy Security (which was repealed and replaced with PPP-74 Pharmacy Security in 2017) to PPP-74 Pharmacy Security. Also, the guideline section of this principle was removed as PPP-74 Pharmacy Security and related bylaws address the requirements for ensuring pharmacy security. • Appendix 1 of the policy guide was revised to replace the term "PPP-66 Methadone Maintenance Treatment" with the updated term "PPP-66 Opioid Agonist Treatment".

Next Steps

- Communicate amendments to policy documents.
- Update College website with revised policy documents.

Recommendation

The Legislation Review Committee recommends that the Board approve minor amendments to PPP-66 (Appendix 2) and accompanying policy guides, PPP-66 Policy Guide – Slow Release Oral Morphine Maintenance Treatment (2018), PPP-66 Policy Guide – Buprenorphine/Naloxone Maintenance Treatment (2018) and PPP-66 Policy Guide – Methadone Maintenance Treatment (2013) (Appendix 3, 4 and 5).

Appendix	
1	November 2017 Board Meeting Note (not including appendices)
2	Amendments to PPP-66 Opioid Agonist Treatment (track changes)
3	Amendments to PPP-66 Policy Guide – Slow Release Oral Morphine Maintenance Treatment (2018) (track changes)
4	Amendments to PPP-66 Policy Guide – Buprenorphine/Naloxone Maintenance Treatment (2018) (track changes)
5	Amendments to PPP-66 Policy Guide – Methadone Maintenance Treatment (2013) (track changes)

College of Pharmacists of British Columbia

BOARD MEETING
November 17, 2017

8. Legislation Review Committee
e) Policies on Buprenorphine/Naloxone and Slow Release Oral Morphine (Amendments to PPP-66)

DECISION REQUIRED

Recommended Board Motions:

(1) Approve amendments to Professional Practice Policy (PPP) 66 Methadone Maintenance Treatment, to be effective on January 1, 2018.

(2) Approve the following two new PPP 66 Policy Guides, to be effective on January 1, 2018:

- PPP 66 Policy Guide – Slow Release Oral Morphine Maintenance Treatment (2018)
- PPP 66 Policy Guide – Buprenorphine/Naloxone Maintenance Treatment (2018)

Purpose

To approve the following policy changes to be effective on January 1, 2018:

- Amendments to PPP-66 Methadone Maintenance Treatment
- PPP-66 Policy Guide Buprenorphine/Naloxone Maintenance Treatment (2018)
- PPP-66 Policy Guide Slow Release Oral Morphine Treatment (2018)

Background

The BC Centre on Substance Use (BCCSU) is a new provincially networked organization with a mandate to develop, implement and evaluate evidence-based approaches to substance use and addiction. As of June 5, 2017, the BCCSU is responsible for the educational and clinical care guidance activities for all health care professionals who are prescribing medications to treat opioid addiction (e.g., methadone, buprenorphine/naloxone, slow release oral morphine).

In June 2017, the BCCSU released, *"A Guideline for the Clinical Management of Opioid Use Disorder"*[1] (the 2017 BCCSU Guideline), which is the new provincial clinical practice guideline for all clinicians who wish to prescribe oral opioid agonist treatments (OAT) (i.e., methadone,

[1] BCCSU guideline, http://www.bccsu.ca/wp-content/uploads/2017/06/BC-OUD-Guidelines_June2017.pdf

buprenorphine/naloxone, slow release oral morphine) for treatment of patients with opioid use disorder. This guideline replaces the previous provincial guideline released by the College of Physicians and Surgeons of BC, *"Methadone and Buprenorphine: Clinical Practice Guideline for Opioid Use Disorder".*

The new guideline aims to help address the provincial opiate drug overdose crisis.

Discussion

The College has requirements in place for methadone when used as an OAT drug. However, with the release of the BCCSU guidelines, a gap in policy exists in which there are no specific requirements regarding the two other OAT drugs – slow release oral morphine (SROM) and buprenorphine/naloxone (commonly known as Suboxone). These OAT medications are currently being prescribed and dispensed. And, the absence of requirements for safe dispensing of these drugs can lead to patient safety concerns. Therefore, staff have been establishing minimum requirements for dispensing SROM and buprenorphine/naloxone to complement the existing methadone requirements.

It is important to note that methadone requirements were not revised as part of the development of the new SROM and buprenorphine/naloxone requirements. Updating the methadone policy is on the College's current operational plan, and more time is required before these polices can be revised.

In establishing the minimum requirements for safe dispensing of SROM and buprenorphine/naloxone, College staff reviewed the existing policy and policy guide for methadone. The goal was to identify which existing methadone requirements should apply to SROM and buprenorphine/naloxone. Staff also reviewed the 2017 BCCSU Guideline. Stemming from this review, an initial draft of SROM and buprenorphine/naloxone requirements was produced.

The College also contracted a subject matter expert, Dr. Ahmad Ghahary, to support the development of the new requirements regarding SROM and buprenorphine/naloxone. Dr. Ghahary provided advice on what the new practice requirements should include, reviewed the initial draft to identify any gaps, and recommended additional requirements (See Appendix 1 for Dr. Ahmad's biography).

The draft policies included many requirements from the methadone policy requirements with the following noted differences:

- Duplicative requirements from existing legislation were not included (e.g. privacy and confidentiality requirements which are already requirements in the *Health Professions Act Bylaws, Schedule F-Standards of Practice, Part 1- Community Pharmacy*);

- The regular Controlled Prescription Form will be required, and not the Methadone Controlled Prescription Form (which is specific to methadone);
- Faxed Controlled Prescription forms are not accepted with SROM and buprenorphine/naloxone, in accordance with the Controlled Prescription Program; and,
- Alterations to the Controlled Prescription forms are not accepted with SROM and buprenorphine/naloxone, in accordance with the Controlled Prescription Program.

Consultations

After Dr. Ghahary's review, the following groups reviewed and provided input on them:

- BCCSU;
- The College's Community Pharmacy Advisory Committee (CPAC); and
- The BC Pharmacy Association.

During the consultations, positive feedback was received on the requirements from all three groups along with feedback requesting minor changes.

SROM

During the consultations, a few concerns were raised by the BCCSU regarding existing requirements of the Controlled Prescription Program (CPP). The first concern was related to *Health Professions Act Bylaws, Schedule F-Standards of Practice, Part 1- Community Pharmacy* bylaws[2] which states that faxed CPP prescriptions cannot be accepted. The second concern was related to the CPP requirement, which states that all CPP prescriptions are "void after 5 days" [3]. This means that the prescription cannot be honoured after midnight of the fifth day following the date of issue. Therefore, a prescription written on January 10th can be accepted for filling or logging on until midnight January 15th.

Staff advised the BCCSU that a steering committee for the CPP has recently been established, consisting of all CPP participants (i.e., relevant Colleges). Both of the BCCSU's concerns will be taken to the next steering committee meeting for discussion. This committee may find it appropriate to review the CPP faxing prohibition and "void after 5 days" requirement, in the future.

Buprenorphine/Naloxone

Some changes were also proposed to the requirements for buprenorphine/naloxone during the consultations. For example, it was initially determined that daily witness ingestion of buprenorphine/naloxone would be required; however, through the feedback received during

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[2] Section 7(3) of the *Health Professions Act Bylaws, Schedule F-Standards of Practice, Part 1- Community Pharmacy*: A registrant must not dispense a prescription authorization received by facsimile transmission for a drug referred to on the Controlled Prescription Drug List.

[3] CPP, http://library.bcpharmacists.org/6_Resources/6-4_Drug_Distribution/5015-ControlledPrescriptionProgram.pdf

consultations, this requirement was amended to require daily dispensing unless otherwise determined by the prescriber. The reasoning for this is due to the relatively low risk for misuse and adverse events associated with buprenorphine/naloxone. The 2017 BCCSU Guideline recommends daily witnessed ingestion of buprenorphine/naloxone; however, it also states that data of improved outcomes associated with daily witnessed ingestion of buprenorphine/naloxone is lacking and some data suggests that more flexible take-home dosing improved adherence and retention[4]. During the consultation with the BCCSU, they supported daily dispensing of this drug instead of daily witnessed ingestion. As a result, buprenorphine/naloxone prescriptions will not be required to be daily witnessed. If a prescriber orders daily witnessed ingestion, then the pharmacist must directly observe the patient placing the medication under his/her tongue. As a guideline, pharmacists should give patients instructions on how to take the dose (e.g., instruct the patient to place and hold the tablet under their tongue until it fully dissolves, advising them that this may take up to 10 minutes). The patient can leave the pharmacy once the pharmacist has directly observed the patient placing the medication under his/her tongue.

Policy vs Bylaw

Given the public safety risk associated with SROM and buprenorphine/naloxone being dispensed in the absence of specific requirements for safe dispensing of these drugs, the College felt it important to develop a position on this issue as soon as possible. As such, the existing PPP-66 Methadone Maintenance Treatment has been amended to include both the two new OAT drugs and the policy has been renamed to Opioid Agonist Treatment (see Appendix 2).

The final requirements for both drugs are in the form of two policy guides – Professional Practice Policy # 66 Policy Guide: Slow Release Oral Morphine Maintenance Treatment (2018) and Professional Practice Policy # 66 Policy Guide: Buprenorphine/Naloxone Maintenance Treatment (2018) (see Appendix 3 and 4). Both these policy guides are referenced in the revised PPP-66.

The policy and policy guides will be transitioned to bylaws as per the College's Operational Plan.

Next Steps

- Communicate and implement new policy requirements for January 1, 2018.
- Revise the Methadone Maintenance Treatment additional resources webpage on the internet with the Communications Department. [5]
- Transitioning the OAT requirements to bylaws.

[4] Page 54 of BCCSU guideline, http://www.bccsu.ca/wp-content/uploads/2017/06/BC-OUD-Guidelines_June2017.pdf

[5] Methadone Maintenance Treatment Webpage, http://www.bcpharmacists.org/methadone-maintenance-treatment-mmt

Recommendation

The Legislation Review Committee recommends that the Board approve the amendments to PPP-66 and approve two new accompanying policy guides, PPP # 66 Policy Guide – Slow Release Oral Morphine Maintenance Treatment (2018) and PPP # 66 Policy Guide – Buprenorphine/Naloxone Maintenance Treatment (2018), all to be effective on January 1, 2018.

Appendix	
1	Dr. Ahmad Ghahary's Biography
2	Amended PPP-66 Opioid Agonist Treatment (track changes and clean)
3	New PPP # 66 Policy Guide – Slow Release Oral Morphine Maintenance Treatment (2018)
4	New PPP # 66 Policy Guide – Buprenorphine/Naloxone Maintenance Treatment (2018)

1. BUPRENORPHINE/NALOXONE POLICY STATEMENTS:

Effective January 1, 2018:

1. Buprenorphine/Naloxone maintenance treatment must only be dispensed as an approved, commercially available formulation.
2. The College of Pharmacists of British Columbia (CPBC) Buprenorphine/Naloxone Maintenance Treatment Policy Guide (2018) is in force.
3. All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provide pharmacy services related to buprenorphine/naloxone maintenance treatment must:

    a) know and apply the principles and guidelines outlined in the CPBC Buprenorphine Maintenance Treatment Policy Guide (2018) and all subsequent revisions,
    b) be familiar with the information included in the most recent version of British Columbia Centre on Substance Use (BCCSU) "*A Guideline for the Clinical Management of Opioid Use Disorder"*,
    c) be familiar with the information included in the product monographs of approved, commercially available formulations.

2. METHADONE MAINTENANCE POLICY STATEMENTS:

Effective February 1, 2014:

1. Methadone maintenance treatment (MMT) must only be dispensed as the commercially available 10mg/ml methadone oral preparation. ***Note: Refer to the transition period requirements.***

2. The CPBC Methadone Maintenance Treatment Policy Guide (2013) is in force.

3. All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provide pharmacy services related to methadone maintenance treatment must:

    a) know and apply the principles and guidelines outlined in the CPBC Methadone Maintenance Treatment Policy Guide (2013) and all subsequent revisions,
    b) be familiar with the information included in the most recent version of ~~College of Physicians and Surgeons of BC's (CPSBC) Methadone Maintenance Handbook~~BCCSU's "*A Guideline for the Clinical Management of Opioid Use Disorder"*,
    c) be familiar with the information included in the commercially available 10mg/ml methadone oral preparation product monographs
    d) successfully complete the mandatory CPBC MMT training program (2013),
    e) record self-declaration of training completion in eServices prior to dispensing the 10mg/ml preparation.

4. Upon completion of the mandatory CPBC MMT training program pharmacy managers must educate all non-pharmacist staff regarding their role in the provision of community pharmacy services related to methadone maintenance treatment. (Note: documentation forms that confirm the education of individual non-pharmacist staff members must be signed and dated by the community pharmacy manager and the non-pharmacist staff member and retained in the pharmacy files).

Implementation Timeline
Effective February 1, 2014:
All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to MMT must:

- have successfully completed the mandatory CPBC MMT training program, and
- have implemented all necessary practice requirements identified in the CPBC Methadone Maintenance Treatment Policy Guide (2013).

Transition Period
February 1, 2014 – February 28, 2014:
During this period, pharmacists must:

- transition their patients from 1mg/ml to the commercially available 10mg/ml methadone oral preparation, obtain new MMT prescriptions from physicians,
- educate patients about safety concerns (eg.10 times concentration),
- educate patients about appropriate security and storage (eg. does not require refrigeration and must be stored securely because of increased strength), and
- manage inventory, create a plan and document appropriate methadone powder return. Documentation must be available for review by College inspectors.

Effective March 1, 2014

- All methadone maintenance treatment prescriptions must be dispensed with the commercially available 10mg/ml methadone oral preparation.

The Methadone Maintenance Policy Statements must be read in conjunction with PPP-71 Delivery of Methadone Maintenance Treatment.

Required References

In addition to the currently required pharmacy reference materials (PPP-3), pharmacies providing methadone maintenance treatment services must also maintain as required references the following:

- CPBC Methadone Maintenance Treatment Policy Guide (2013) and subsequent revisions
- The most recent version of the BCCSU's "*A Guideline for the Clinical Management of Opioid Use Disorder*"~~CPSBC Methadone Maintenance Handbook~~

- Most current edition of Methadone Maintenance: A Pharmacist's Guide to Treatment, Centre for Addiction and Mental Health
- Product monographs for the commercially available 10mg/ml methadone oral preparations

3. SLOW RELEASE ORAL MORPHINE POLICY STATEMENTS:

Effective January 1, 2018:

1. Slow release oral morphine maintenance treatment must only be dispensed in approved, commercially available strengths.
2. The College of Pharmacists of British Columbia (CPBC) Slow Release Oral Morphine Maintenance Treatment Policy Guide (2018) is in force.
3. All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provide pharmacy services related to slow release oral morphine maintenance treatment must:

    a) know and apply the principles and guidelines outlined in the CPBC Slow Release Oral Morphine Maintenance Treatment Policy Guide (2018) and all subsequent revisions,
    b) be familiar with the information included in the most recent version of ~~British Columbia Centre on Substance Use (~~BCCSU's~~)~~ "*A Guideline for the Clinical Management of Opioid Use Disorder*",
    c) be familiar with the information included in the product monographs of approved, commercially available strengths.

College of Pharmacists
of British Columbia

Professional Practice Policy #66

Policy Guide

Slow Release Oral Morphine (SROM) Maintenance Treatment (2018)

Slow Release Oral Morphine (SROM) Maintenance Treatment Policy Guide

All pharmacy managers, staff pharmacists, ~~and~~ relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to SROM maintenance treatment must know and apply the principles and guidelines outlined here in the College of Pharmacists of BC's (CPBC) SROM Maintenance Treatment Policy Guide (2018) and all subsequent revisions.

1.0 Administration

1.1 Pharmacy Operating Hours

Principle 1.1.1 The pharmacy hours of service must be consistent with the dosing requirements of your patient.

Guideline: When a pharmacy accepts a patient who requires daily witness ingestion or daily dispense (i.e. 7 days per week) the pharmacy hours of service need to accommodate this dosing requirement. A pharmacist does not have the independent authority to adapt a prescription for SROM maintenance treatment from 'daily witness' to a 'take-home' dose.

1.2 General Guidance for Pharmacy Professionals

Principle 1.2.1 Provide patient education on how to properly take SROM. SROM pellets must be swallowed whole. Crushing, chewing, or dissolving slow-release oral morphine capsules or pellets can cause rapid release and absorption of a potentially fatal dose of morphine sulfate.

See Principle 4.1.4 for detailed administration requirements.

Principle 1.2.2 Advise patients to talk to their prescriber and pharmacist about any continuing withdrawal symptoms, craving, and/or non-medical opioid use.

Principle 1.2.3 Refer colleagues, prescribers, and clinical staff who are unfamiliar with the new guideline to the BCCSU website. Recommend completion of online training through the Provincial Opioid Addiction Treatment Support Program (https://ubccpd.ca/course/provincial-opioid-addiction-treatment-support-program).

2.0 Receiving SROM Prescriptions

2.1 Controlled Prescription Program Forms – Overview

Principle 2.1.1 SROM prescriptions can only be accepted when written using an original Controlled Prescription Program form. When accepting SROM prescriptions, the pharmacist must ensure that the Controlled Prescription Program Form is completed by the prescriber as outlined in the Controlled Prescription Program.

3.0 Processing (Dispensing) SROM Prescriptions

3.1 Accepting a Prescription

Principle 3.1.1 SROM for maintenance must be dispensed in approved, commercially available strengths. Capsule contents cannot be split.

Guideline: Only the once-daily, 24-hour formulation of SROM has been studied in clinical trials for the treatment of opioid use disorder. Other formulations of oral morphine, such as twice-daily, 12-hour sustained- or extended-release formulations, have not been empirically studied in this context and are not recommended.

Principle 3.1.2 Pharmacists and pharmacy technicians (working within their scope) must review the prescription to ensure that the specific needs of the patient can be accommodated by the pharmacy.

Guideline: Each prescription should be reviewed in detail in consultation with the patient, to ensure that the patient's specific needs can be accommodated. For example:

- Evaluate the end date of the prescription to ensure that the authorization for dispensing does not end on a day when the patient will not be able to see a prescriber for a new prescription (e.g. weekends and holidays).
- Review the prescription directions to determine the dosing schedule (daily witnessed ingestion, take-home doses), including the specific days of the week for each witnessed dose or take-home doses, to confirm that the pharmacy operating hours match the dosing schedule.

3.2 Assessment of a Prescription

Principle 3.2.1 Pharmacists and pharmacy technicians must correctly identify the product as prescribed for "pain" or "Opioid Agonist Treatment (OAT)" by using the appropriate Product Identification Number (PIN) to ensure patient safety and accurate PharmaNet patient records.

Guideline: Effective June 5, 2017, PharmaCare established new PINs for the use of Kadian® SROM as OAT. These PINs are to be used when submitting claims for the various dosing strengths through PharmaNet. Similar to methadone, the current Drug Identification Numbers (DINs) will be used by pharmacists exclusively for claims for analgesia, and the new PINs will be used for claims for OAT.

Prescriptions for Kadian® should specify whether it is designated for analgesia or OAT (i.e., "for OAT" or "for opioid agonist treatment" is to be indicated on the prescription). If there is a question as to whether the prescription is for OAT (i.e., indicated by the dose strength, directions to "open and sprinkle" capsules for daily witnessed ingestion, or other elements of the prescription), but the prescription lacks the explicit indication "for OAT", the pharmacist should contact the prescriber to

confirm the intended use prior to dispensing the medication and properly document any alteration of the prescription.
The claim entered into PharmaNet should match the prescription written by the prescriber. If a claim marked "for OAT" has been entered under the DIN rather than under the new PIN for Kadian® for OAT, it must be reversed, following the full standard procedure for reversing a claim entered under the wrong DIN or PIN. Only after a claim has been reversed can it then be re-entered with the correct PIN.

Principle 3.2.2 As with all medications a pharmacist must review each individual PharmaNet patient record, as stated in HPA Bylaws (Schedule F Part 1), and resolve any drug-related problems prior to dispensing any SROM prescription. This step is particularly critical for SROM for OAT prescriptions as the automated drug usage evaluation (DUE) built into the PharmaNet system **does not include SROM for OAT**.

Pharmacists providing SROM for OAT maintenance treatment must therefore ensure they maintain their knowledge with respect to potential drug interactions related to SROM.

Guideline: A PharmaNet patient record review should be completed for all prescriptions, including those patients obtaining their prescription on a daily basis or those long-term patients whom the pharmacist may know well.

Principle 3.2.3 Should a patient present a prescription for a mood altering drug, including benzodiazepines and opioids, or if the pharmacist discovers that a mood altering drug is also being prescribed to the patient in their review of the PharmaNet patient record, they must contact both the prescriber of SROM and, if different, the prescriber of the mood altering drug, prior to dispensing the medication. The pharmacist must document the outcome of the consultation(s) with the prescriber(s) and include it with the original prescription. The purpose of the consultation is to ensure the prescriber(s) are aware that the patient is currently on the SROM maintenance program.

Guideline: Mood altering drugs, including benzodiazepines and opioids, should not be prescribed to patients on the SROM maintenance program. Co-ingestion of SROM with alcohol or benzodiazepines is contraindicated, as combined effects can potentially result in fatal respiratory depression.

4.0 Releasing SROM for OAT Prescriptions

4.1 Releasing a Prescription

Principle 4.1.1 A pharmacist must be present to release the SROM prescription to a patient. This function cannot be delegated to a pharmacy technician or any other pharmacy support staff.

Principle 4.1.2 Prior to releasing a SROM prescription the pharmacist must assess the patient to ensure that the patient is not intoxicated, including by centrally-acting sedatives and/or stimulants or in any other acute clinical condition that would increase the risk of an adverse event. If the pharmacist believes that it is not safe for the patient to receive their prescription they must consult with the prescriber and document the outcome of the dialogue and include it with the original prescription.

Guideline: Assess patients for symptoms such as slurred speech, ataxia, drowsiness, alcohol smell or unusual behaviour. It is important for the pharmacist to be familiar with each patient's usual behaviour in order to be able to detect significant deviations.

Principle 4.1.3 Prior to releasing a SROM prescription, the patient and pharmacist must acknowledge receipt by signing a patient/prescription-specific log. Every part-fill dispensed must be accounted for. The patient/prescription specific log must be included with the original Controlled Prescription Program form. Once complete, it must be filed sequentially by the first prescription or transaction number assigned to the prescription. The pharmacist must be able to review every part-fill dispensed as a complete history on one document.

Guideline: The sample *SROM Part-Fill Accountability Log* (Appendix 1) can be used for this purpose.

Neither the pharmacist nor the patient is permitted to pre-sign for future doses or backdate signing.

Principle 4.1.4 With respect to witnessed ingestion doses, the pharmacist must directly observe the patient ingesting the medication and be assured that the entire dose has been swallowed.

Guideline: SROM has a high risk of diversion, even when administered as witnessed doses (e.g., intact capsules can be 'cheeked' or 'palmed').

To reduce the risk of diversion, daily witnessed ingestion doses should be prepared by opening the capsule(s) and sprinkling the enclosed pellets for immediate ingestion. The patient should be instructed that pellets must not be chewed or crushed.

Pellets may be sprinkled into a 30 mL medicine cup or small cup followed by at least 30 mL of water to ensure that all pellets have been swallowed.

Immediately following observing the patient's ingestion of the medication, the pharmacist should ensure that the entire dose has been swallowed. This may include: engaging the patient in short conversation, asking the patient if there are pellets remaining in their teeth or gums, offering additional water for rinsing, or inspecting the inside of the patient's mouth.

Important Safety Notice: SROM pellets must be swallowed whole. Crushing, chewing, or dissolving slow-release oral morphine capsules or pellets can cause rapid release and absorption of a potentially fatal dose of morphine sulphate.

Principle 4.1.5 If take home doses (carries) are prescribed, the first dose must be a witnessed ingestion. The subsequent take-home doses must be dispensed in child-resistant containers with an explicit warning label indicating that the amount of drug in the container could cause serious harm or toxicity if taken by someone other than the patient. If a pharmacist determines that due to a specific patient circumstance a non-child-resistant container will be used for take-home doses, it must be documented on the patient record.

Guideline: The decision to authorize take-home doses can only be made by the prescriber. However, should a pharmacist believe that a patient is or is

not ready to manage take-home doses they should discuss their recommendations or concerns with the prescriber.
Note that the majority of prescriptions for slow-release oral morphine will be for daily witnessed ingestion (DWI). In exceptional cases, patients may be transitioned to take-home dosing schedules. If a patient's prescription indicates transition to a take-home dosing schedule for SROM, it is best practice to call and confirm with the prescriber.

Compliance packaging (e.g. blister packaging, pouch packs) may be ordered by the prescriber to discourage diversion and allow for better monitoring during medication call-backs. In these cases, the pharmacy still needs to ensure that the medications are provided in child-resistant packaging.

Patients should be reminded that SROM should be stored out of the reach of children, preferably in a locked cupboard or small lock box.

5.0 Responding to SROM Dosing Issues

5.1 Missed Doses

Principle 5.1.1 Any SROM prescription that has been processed and prepared but is not consumed or picked up by the patient on the prescribed day is considered cancelled and must be reversed on PharmaNet **before the end of the business day**.

Guideline: It is imperative that the PharmaNet patient record reflects accurate and current information in terms of consumed and picked-up SROM doses as other healthcare practitioners rely on this information in making treatment decisions.

Principle 5.1.2 If a patient misses a dose, they cannot receive the missed dose at a later date.

Principle 5.1.3 The pharmacist must notify the prescriber of any missed doses ~~(unless a specified number of missed doses has been indicated by the prescriber)~~ before the next witnessed ingestion. The notification document must be retained and filed with the prescription consistent with filing retention requirements.

Guideline: The *Pharmacist-Prescriber Communication Form* (Appendix 2) can be used for this purpose.

Principle 5.1.4 If a patient misses 2 or more consecutive doses, the prescription must be cancelled.

Guideline: The pharmacist should advise the patient to see the prescriber for a new prescription, as dose adjustment and re-stabilization may be required.

For more information, refer to 'Appendix ~~2~~3: Induction and dosing guidelines for Slow Release Oral Morphine' of the BCCSU's 'A Guideline for the Clinical Management of Opioid Use Disorder'.

5.2 Partial Consumption of Doses

Principle 5.2.1 If a patient declines or is unable to consume their full dose, the pharmacist must respect the patient's choice. The unconsumed portion cannot be given as a take-home dose. The patient's partial consumption of a dose and their reason(s) for it must be documented and reported to the prescriber. All patient documentation including the patient-prescription specific log and PharmaNet record must accurately reflect the actual dose consumed by the patient.

Guideline: The Pharmacist-Prescriber Communication Form (Appendix 2) can be used for the documentation and communication.

The SROM Part-Fill Accountability Log (Appendix 1) can be used for the Part-Fill Accountability Log.

5.3 Vomited Doses

Principle 5.3.1 If a patient reports that they vomited their dose, a replacement dose cannot be provided. The pharmacist must notify the prescriber and provide them with information about the incident (time the dose was taken, time of vomiting, and other relevant points). If the prescriber chooses to authorize a replacement dose, a new original Controlled Prescription Program form must be received by the pharmacy.

5.4 Lost or Stolen Doses

Principle 5.4.1 If a patient reports that their take-home dose(s) have been lost, stolen or misplaced, a replacement dose(s) cannot be provided. The pharmacist must notify and consult with the prescriber. If the prescriber chooses to authorize a replacement dose, a new original Controlled Prescription Program form must be received by the pharmacy.

5.5 Tapering

Principle 5.5.1 If a patient has decided to initiate a self-tapering regimen by decreasing their daily dose consumption, the pharmacist must record the dose consumed on the patient/ prescription specific log (refer to Principle 4.1.3), record the actual dose consumed on the patient's PharmaNet record and notify the prescriber.

Guideline: The *Pharmacist-Prescriber Communication form* (Appendix 2) can be used for the purpose of notifying the prescriber.

Appendix 1

SROM Part-Fill Accountability Log

Patient Name: _____

Date Dispensed	Prescription or Transaction Number	Quantity				Pharmacist's Initials	Patient's Signature
		Witnessed	Take Home	Total			

Patient Name: _____

Date Dispensed	Prescription or Transaction Number	Quantity				Pharmacist's Initials	Patient's Signature
		Witnessed	Take Home	Total			

Appendix 2

Pharmacist – Prescriber Communication

Date:_____ Patient Name:_____

To (Prescriber):_____ Patient PHN:_____

Fax: _____ Prescription Form Folio Number:_____

From (Pharmacy):_____ Pharmacy Fax:_____

Pharmacist:_____ Pharmacy Telephone:_____

For Prescriber's Information and Patient Records

- ❑ This patient missed their slow release oral morphine dose on _____(date).
- ❑ This patient did not take their full daily dose today _____ (date) and consumed only ____ mg of the ____ mg prescribed dose.
- ❑ This patient's dose has been held due to _____ (reason and date).
- ❑ This patient lost or had their dose(s) stolen _____(dates).
- ❑ This patient's prescription has been cancelled due to _____(number of missed doses).

Additional Information

You May Attach Controlled Prescription Program Form.

College of Pharmacists
of British Columbia

Professional Practice Policy #66

Policy Guide

Buprenorphine/Naloxone Maintenance Treatment (2018)

Buprenorphine/Naloxone Maintenance Treatment Policy Guide

All pharmacy managers, staff pharmacists, ~~and~~ relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to Buprenorphine/Naloxone maintenance treatment (BMT) must know and apply the principles and guidelines outlined here in the College of Pharmacists of BC's (CPBC) Buprenorphine/Naloxone Maintenance Treatment Policy Guide (2018) and all subsequent revisions.

1.0 Administration

1.1 Pharmacy Operating Hours

Principle 1.1.1 The pharmacy hours of service must be consistent with the dosing requirements of your patient.

Guideline: When a pharmacy accepts a patient who requires daily dispense (i.e. 7 days per week) the pharmacy hours of service need to accommodate this dosing requirement. A pharmacist does not have the independent authority to adapt a prescription for Buprenorphine/Naloxone maintenance treatment from 'daily dispense' to a 'take-home' dose.

1.2 General Guidance for Pharmacy Professionals

Principle 1.2.1 Provide patient education on how to properly take Buprenorphine/Naloxone tablets.

Guideline: For example you may instruct the patient to place and hold the tablet(s) under their tongue until it fully dissolves, this may take up to 10 minutes. Avoid swallowing, talking, eating, drinking, and smoking.

Principle 1.2.2 Advise patients to talk to their prescriber and pharmacist about any continuing withdrawal symptoms, cravings, and/or non-medical opioid use. Educate on risks of precipitated withdrawal during Buprenorphine/Naloxone induction. Educate patients on the inclusion of naloxone in Buprenorphine/Naloxone formulations and its purpose to deter use in a manner not intended as prescribed.

Principle 1.2.3 Refer colleagues, prescribers, and clinical staff who are unfamiliar with the new guideline to the BCCSU website. Recommend completion of online training through the Provincial Opioid Addiction Treatment Support Program (https://ubccpd.ca/course/provincial-opioid-addiction-treatment-support-program).

2.0 Receiving Buprenorphine/Naloxone Prescriptions

2.1 Controlled Prescription Program Forms - Overview

Principle 2.1.1 Buprenorphine/Naloxone prescriptions can only be accepted when written using an original Controlled Prescription Program form. When accepting Buprenorphine/Naloxone prescriptions, the pharmacist must ensure that the Controlled Prescription Program Form is completed by the prescriber as outlined in the Controlled Prescription Program.

3.0 Processing (Dispensing) Buprenorphine/Naloxone Prescriptions

3.1 Accepting a Prescription

Principle 3.1.1 Buprenorphine/Naloxone for maintenance must be dispensed to patients as an approved, commercially available formulation.

Guideline: Buprenorphine/Naloxone is currently available in multiple strengths of sublingual formulations. Tablets can be halved and/or combined to achieve target doses.

Principle 3.1.2 Pharmacists and pharmacy technicians (working within their scope) must review the prescription to ensure that the specific needs of the patient can be accommodated by the pharmacy.

Guideline: Each prescription should be reviewed in detail in consultation with the patient to ensure that the patient's specific needs can be accommodated. For example:

- Evaluate the end date of the prescription to ensure that the authorization for dispensing does not end on a day when the patient will not be able to see a prescriber for a new prescription (e.g. weekends and holidays).
- Review the prescription directions to determine the dosing schedule (daily dispense, take-home doses), including the specific days of the week for each dose or take-home doses, to confirm that the pharmacy operating hours match the dosing schedule.

3.2 Assessment of a Prescription

Principle 3.2.1 Should a patient present a prescription for a mood altering drug, including benzodiazepines and opioids, or if the pharmacist discovers that a mood altering drug is also being prescribed to the patient in their review of the PharmaNet patient record, they must contact both the prescriber of Buprenorphine/Naloxone and, if different, the prescriber of the mood altering drug, prior to dispensing the medication. The pharmacist must document the outcome of the consultation(s) with the prescriber(s) and include it with the original prescription. The purpose of the consultation is to ensure the prescriber(s) are aware that the patient is currently on the Buprenorphine/Naloxone maintenance program.

Guideline: Mood altering drugs, including benzodiazepines and opioids, should not be prescribed to patients on the Buprenorphine/Naloxone maintenance program. Co-ingestion of Buprenorphine/Naloxone with alcohol or benzodiazepines is contraindicated, as combined effects can potentially result in fatal respiratory depression.

4.0 Releasing Buprenorphine/Naloxone Prescriptions

4.1 Releasing a Prescription

Principle 4.1.1 A pharmacist must be present to release the Buprenorphine/Naloxone prescription to a patient. This function cannot be delegated to a pharmacy technician or any other pharmacy support staff.

Principle 4.1.2 Prior to releasing a Buprenorphine/Naloxone prescription the pharmacist must assess the patient to ensure that the patient is not intoxicated, including by centrally-acting sedatives and/or stimulants or in any other acute clinical condition that would increase the risk of an adverse event. If the pharmacist believes that it is not safe for the patient to receive their prescription they must consult with the prescriber and document the outcome of the dialogue and include it with the original prescription.

Guideline: Assess patients for symptoms such as slurred speech, ataxia, drowsiness, alcohol smell or unusual behaviour. It is important for the pharmacist to be familiar with each patient's usual behaviour in order to be able to detect significant deviations.

Principle 4.1.3 Prior to releasing a Buprenorphine/Naloxone prescription, the patient and pharmacist must acknowledge receipt by signing a patient/prescription-specific log. Every part-fill dispensed must be accounted for. The patient/prescription specific log must be included with the original Controlled Prescription Program form. Once complete, it must be filed sequentially by the first prescription or transaction number assigned to the prescription. The pharmacist must be able to review every part-fill dispensed as a complete history on one document.

Guideline: The sample *Buprenorphine/Naloxone Part-Fill Accountability Log* (Appendix 1) can be used for this purpose.

Neither the pharmacist nor the patient is permitted to pre-sign for future doses or backdate signing.

Principle 4.1.4 If a prescriber orders the Buprenorphine/Naloxone for daily dispense, the pharmacist is not required to observe the patient ingesting the dose. If the prescriber's intentions regarding witnessing are unclear, the pharmacist must consult with the prescriber to clarify, and the outcome of this consultation must be documented and included with the original prescription.

Guideline: If the prescription states daily dispense, the patient may ingest the dose without pharmacist observation.

Patients should be given instructions on how to take the dose. For example you may instruct the patient to place and hold the tablet(s) under their tongue until it fully dissolves, this may take up to 10 minutes. Avoid swallowing, talking, eating, drinking, and smoking.

Principle 4.1.5 If a prescriber orders the Buprenorphine/Naloxone to be dispensed as a "Daily Witnessed Ingestion" or "DWI", the pharmacist must directly observe the patient placing the medication under the tongue. If the prescriber's intentions regarding witnessing are unclear, the pharmacist must consult with the prescriber to clarify, and the outcome of this consultation must be documented and included with the original prescription.

Guideline: Patients should be given instructions on how to take the dose. For example you may instruct the patient to place and hold the tablet(s) under their tongue until it fully dissolves - this may take up to 10 minutes. Avoid swallowing, talking, eating, drinking, and smoking.

The patient is not required to remain in the pharmacy once the pharmacist has directly observed the patient placing the medication under the tongue.

Principle 4.1.6 If take home doses (carries) are prescribed, the first dose does not need to be witnessed, unless ordered by the prescriber. The subsequent take-home doses must be dispensed in child-resistant containers with an explicit warning label indicating that the amount of drug in the container could cause serious harm or toxicity if taken by someone other than the patient. If a pharmacist determines that due to a specific patient circumstance a non-child-resistant container will be used for take-home doses, it must be documented on the patient record.

Guideline: The decision to authorize take-home doses can only be made by the prescriber. However, should a pharmacist believe that a patient is or is not ready to manage take-home doses they should discuss their recommendations or concerns with the prescriber.

Compliance packaging (e.g. blister packaging, pouch packs) may be ordered by the prescriber to discourage diversion and allow for better monitoring during medication call-backs. In these cases, the pharmacy must still ensure that the medications are provided in child-resistant packaging.

Patients should be reminded that Buprenorphine/Naloxone should be stored out of the reach of children, preferably in a locked cupboard or small lock box.

5.0 Responding to Buprenorphine/Naloxone Dosing Issues

5.1 Missed Doses

Principle 5.1.1 Any Buprenorphine/Naloxone prescription that has been processed and prepared but is not consumed or picked up by the patient on the prescribed day is considered cancelled and must be reversed on PharmaNet **before the end of the business day**.

Guideline: It is imperative that the PharmaNet patient record reflects accurate and current information in terms of consumed and picked-up Buprenorphine/Naloxone doses as other healthcare practitioners rely on this information in making treatment decisions.

Principle 5.1.2 If a patient misses a dose, they cannot receive the missed dose at a later date.

Principle 5.1.3 The pharmacist must notify the prescriber of any missed doses ~~(unless a specified number of missed doses has been indicated by the prescriber)~~ before the next witnessed ingestion. The notification document must be retained and filed with the prescription consistent with filing retention requirements.

Guideline: The Pharmacist-Prescriber Communication Form (Appendix 2) can be used for this purpose.

Principle 5.1.4 If a patient misses 6 or more consecutive days, the prescription must be canceled.

Guideline: The pharmacist should advise the patient to see the prescriber for a new prescription, as dose adjustment and re-stabilization may be required.

For more information, refer to 'Appendix 2: Induction and dosing guidelines for Buprenorphine/Naloxone' of the BCCSU's 'A Guideline for the Clinical Management of Opioid Use Disorder'.

5.2 Partial Consumption of Doses

Principle 5.2.1 If a patient declines or is unable to consume their full dose, the pharmacist must respect the patient's choice. The unconsumed portion cannot be given as a take-home dose. The patient's partial consumption of a dose and their reason(s) for it must be documented and reported to the prescriber. All patient documentation including the patient-prescription specific log and PharmaNet record must accurately reflect the actual dose consumed by the patient.

Guideline: The Pharmacist-Prescriber Communication Form (Appendix 2) can be used for the documentation and communication.

The Buprenorphine/Naloxone Part-Fill Accountability Log (Appendix 1) can be used for the Part-Fill Accountability Log.

5.3 Lost or Stolen Doses

Principle 5.3.1 If a patient reports that their take-home dose(s) have been lost, stolen or misplaced, a replacement dose(s) cannot be provided. The pharmacist must notify and consult with the prescriber. If the prescriber chooses to authorize a replacement dose, a new original Controlled Prescription Program form must be received by the pharmacy.

5.4 Tapering

Principle 5.4.1 If a patient has decided to initiate a self-tapering regimen by decreasing their daily dose consumption, the pharmacist must record the dose consumed on the patient/ prescription specific log (refer to Principle 4.1.3), record the actual dose consumed on the patient's PharmaNet record and notify the prescriber.

Guideline: The Pharmacist-Prescriber Communication form (Appendix 2) can be used for the purpose of notifying the prescriber.

Appendix 1

Buprenorphine/Naloxone Part-Fill Accountability Log

Patient Name: _____

Date Dispensed	Prescription or Transaction Number	Quantity				Pharmacist's Initials	Patient's Signature
		Witnessed	Take Home	Total			

Patient Name: _____

Date Dispensed	Prescription or Transaction Number	Quantity				Pharmacist's Initials	Patient's Signature
		Witnessed	Take Home	Total			

Appendix 2

Pharmacist – Prescriber Communication

Date:_____ Patient Name:_____

To (Prescriber):_____ Patient PHN:_____

Fax: _____ Prescription Form Folio Number:_____

From (Pharmacy):_____ Pharmacy Fax:_____

Pharmacist:_____ Pharmacy Telephone:_____

For Prescriber's Information and Patient Records

- ❑ This patient missed their buprenorphine/naloxone dose on _____(date).
- ❑ This patient did not take their full daily dose today _____ (date) and consumed only ____ mg of the ____ mg prescribed dose.
- ❑ This patient's dose has been held due to _____ (reason and date).
- ❑ This patient lost or had their dose(s) stolen _____(dates).
- ❑ This patient's prescription has been cancelled due to _____(number of missed doses).

Additional Information

You May Attach Controlled Prescription Program Form.

College of Pharmacists of British Columbia

COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA
Safe and Effective Pharmacy Care

Professional Practice Policy #66

Policy Guide

Methadone Maintenance Treatment (2013)



Forward

Opioid dependence is a health concern with implications for the individual patient as well as the public. Methadone maintenance treatment is recognized internationally as among the most effective treatments for opioid dependency. Addiction treatment experts recommend that methadone treatment for opioid dependence be delivered with a maintenance-oriented, rather than abstinence-oriented, philosophy. This approach acknowledges opioid dependence as a chronic disease.

Many studies, conducted over several decades in different countries, have clearly demonstrated that the effective delivery of methadone maintenance treatment reduces non-medical opioid use, other problematic substance use, criminal activity, mortality, injection-related risks and transmission of blood-borne disease. Additional positive results are improvement in physical and mental health, social functioning, quality of living and pregnancy outcomes.

Methadone, a long-acting, orally effective opioid, is used as a substitute for heroin or other narcotics when treating opioid dependence. Methadone eliminates withdrawal from and reduces cravings for, opioids. Methadone does not produce euphoria, and it blocks the euphoric effects of other opioids. When used in the treatment of opioid dependence, a single oral dose of methadone is effective for at least 24 hours. Eventual withdrawal from methadone is not necessarily the goal of the program, although some individuals may work with their physician and pharmacist to decrease their dose and eventually stop using methadone.

Methadone prescribing is controlled by both federal and provincial legislation, as well as administrative procedures and guidelines.

Physicians are required to obtain a special exemption to prescribe methadone for opioid dependence. In BC, the College of Physicians and Surgeons of BC (CPSBC) administers the exemption process to enable specific physicians to prescribe methadone for maintenance treatment. To obtain an exemption to prescribe methadone, physicians must complete a one-day training program and mentor with another methadone-prescribing physician. Methadone maintenance treatment exemption is separate from the exemption to prescribe methadone for pain. Some physicians are exempted to prescribe methadone for both indications.

Registered pharmacists are permitted to purchase and dispense methadone without federal exemption. However, the College of Pharmacists of BC's (CPBC) *Professional Practice Policy (PPP-66) – Opioid Agonist Treatment* requires that the pharmacy manager and all staff pharmacists employed in a community pharmacy that provides services related to methadone maintenance treatment complete the CPBC's training program and any subsequent updates. You must log into eServices to complete the "Declaration of Completion and Understanding" prior to providing methadone maintenance treatment services.

How to Use This Guide

Note:

This document is not intended to cover all possible practice scenarios.

This Policy Guide (the Guide) is a companion to *Professional Practice Policy (PPP-66) –Opioid Agonist Treatment* (Appendix 1) and supports the 'live' and 'online' training. The intention of the *Guide* is to provide pharmacists with further detail and clarity (including practical examples) to assist in the implementation of the policy into practice to ensure consistency in the safe and effective delivery of methadone maintenance treatment services.

As always the expectation is that pharmacists will practice in compliance with their legislative requirements, including the principles outlined in this *Guide*. It is understood however that pharmacy practice is not always 'black and white' and when navigating the 'grey' pharmacists must use sound professional judgment, ensuring that their decisions are made in the best interest of the patient and with appropriate collaboration, notification and most importantly, documentation.

The *Guide* is to be read in conjunction with completion of the mandatory training session. Information regarding the mandatory sessions can be found on the CPBC website at **www.bcpharmacists.org.**

Declaration

After completing the mandatory 'live' or 'online' training session, and subsequently reading this *Guide*, pharmacists must log into eServices to complete the '*Declaration of Completion and Understanding*'.

Acknowledgement

The development of this *Guide* involved a collaborative and consultative process with input and feedback gathered from a volunteer group of dedicated community pharmacists currently engaged, in varying capacities, in the delivery of methadone maintenance treatment services.

The group was comprised of both frontline pharmacists and pharmacy managers and represented a cross-section of practice types (independent to large chain retailers) and practice settings including pharmacies located in Vancouver's Downtown Eastside whose primary focus is on the provision of methadone maintenance treatment.

Feedback was also solicited from other stakeholder groups including; the Ministry of Health Services, the College of Physicians and Surgeons of BC, the BC Pharmacy Association, the City of Vancouver, patient advocacy groups Vancouver Area Network of Drug Users (VANDU), and the BC Association for People on Methadone (BCAPOM).

The College of Pharmacists of BC would like to sincerely thank each of these individuals and organizations for their invaluable feedback in the creation of this significant resource for pharmacists.

Feedback

Questions and comments about this *Guide* are welcome and can be sent to:

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Vancouver, BC V6J 5C6

Telephone: 604-733-2440 or 800-663-1940
Facsimile: 604-733-2493 or 800-377-8129
E-mail: practicesupport@bcpharmacists.org
Web site: www.bcpharmacists.org

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Methadone Maintenance Treatment Policy Guide

In accordance with *Professional Practice Policy (PPP-66) – Opioid Agonist Treatment* (Appendix 1), all pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to methadone maintenance treatment must know and apply the principles and guidelines outlined here in the College of Pharmacists of BC's (CPBC) Methadone Maintenance Treatment Policy Guide (2013) and all subsequent revisions. The responsibility of pharmacy technicians in the dispensing of MMT is consistent with their scope of practice outlined in the *Health Professions Act* (HPA) Bylaws Schedule F Part 1 section 4.

Administration

1.1 Pharmacy Operating Hours

Principle 1.1.1

Patients must attend the pharmacy unless exceptional circumstances are provided for under *Professional Practice Policy (PPP-71) – Delivery of Methadone Maintenance Treatment*. The pharmacy hours of service must be consistent with the supervised dosing requirements of your patient.

Guideline: When a pharmacy accepts a patient who requires daily witness ingestion (ie; 7 days per week) the pharmacy hours of service must accommodate this dosing requirement. A pharmacist does not have the independent authority to adapt a prescription for methadone maintenance treatment from 'daily witness' to a 'take-home' dose.

1.2 Privacy and Confidentiality – Premise

Principle 1.2.1

All pharmacies offering methadone maintenance treatment must be in compliance with all relevant legislation pertaining to the structure of the licensed premise with particular attention given to ensuring there is sufficient space to accommodate patients waiting for witnessed ingestion and/or take home methadone doses while simultaneously maintaining privacy for pharmacist-patient consultation.

Guideline: It may be appropriate to establish a staggered schedule for regular patients requiring witnessed ingestion to ensure that there is adequate space within the pharmacy to accommodate patients who are waiting and ensure privacy of pharmacist-patient consultation.

1.3 Security – Premise

Principle 1.3.1

All pharmacies offering methadone maintenance treatment must ensure that their pharmacy is in compliance with all relevant legislation pertaining to pharmacy security requirements including those outlined in *Professional Practice Policy (PPP-74) – Community Pharmacy Security.*

2.0

Receiving Methadone Prescriptions

2.1 Methadone Maintenance Controlled Prescription Forms – Overview

Principle 2.1.1

Methadone maintenance prescriptions can **only** be accepted when written using an original Methadone Maintenance Controlled Prescription form.

Guideline: When accepting a methadone maintenance prescription a pharmacist must ensure that the Methadone Maintenance Controlled Prescription form is completed by the prescriber as outlined in the *Methadone Maintenance Controlled Prescription Form Guidelines* (Appendix 3).

Principle 2.1.2

The pharmacist must ensure that the patient, as well as themselves, sign the form, in the space indicated on the bottom of the form.

Principle 2.1.3

Faxed Methadone Maintenance Controlled Prescription forms are not acceptable unless under extenuating circumstances where the prescriber has determined, following consultation with the pharmacist, that the urgency of the situation warrants it.

Note:

The Emergency Fax Controlled Prescription Program Form Documentation (Appendix 4) can be used for this purpose.

Guideline: In such cases the pharmacy, prior to dispensing the medication, must receive, in addition to a fax of the Methadone Maintenance Controlled Prescription form, written confirmation (fax acceptable) signed by the prescriber that briefly describes the emergency situation and guarantees the delivery of the original Methadone Maintenance Controlled Prescription form to the pharmacy the next business day or as soon as possible when the physician is not available.

The faxed Methadone Maintenance Controlled Prescription form and related documentation, as described in Appendix 4, must be attached to the original Methadone Maintenance Controlled Prescription form once received.

Principle 2.1.4

In an effort to maximize the effectiveness of the methadone maintenance treatment program, the pharmacist may find it beneficial to engage in a specific dialogue with the patient, either when they initiate treatment or at various times throughout treatment, that clearly outlines the expectations of both the patient and the pharmacist.

Guideline: The *Methadone Maintenance Treatment Expectation Form* (Appendix 5) can be used for this purpose.

Principle 2.1.5

In the rare circumstance (disruptive or threatening behavior or verbal or physical abuse) where a pharmacist finds that they must terminate the pharmacist-patient relationship, reasonable notice must be provided to the patient to ensure their continuity of care.

Guideline: It is important to remember that the decision to terminate a pharmacist-patient relationship is a serious one and must be made with due consideration and based on appropriate rationale. It is unethical for a pharmacist to terminate the pharmacist-patient relationship or refuse to treat a patient on morally irrelevant grounds. The pharmacist's decision should be documented and retained in the patient record.

2.2 Methadone Maintenance Controlled Prescription Forms – Alterations

Principle 2.2.1

Alterations to the Methadone Maintenance Controlled Prescription form are the exception to the rule and should not be normal practice as they increase the likelihood of errors and drug diversion and put the public at risk.

In the rare circumstance when an alteration is necessary to ensure the continuity of care pharmacists must always use due diligence to ensure authenticity and accuracy of the prescription.

Note:

The Pharmacist-Prescriber Communication Form (Appendix 6) can be used for this purpose.

Guideline:

Alterations completed at the prescriber's office:

Alterations are only permitted on the sections of the form that the prescriber completes provided that the prescriber has initialed the alteration.

Alterations are not permitted to the pre-printed sections of the form.

Alterations completed at the pharmacy:

Pharmacists do not have independent authority to make any alterations or changes to a Methadone Maintenance Controlled Prescription form. Any required or requested change(s) must be patient-specific and authorized by the patient's prescriber through direct consultation with the pharmacist. Any prescriber-authorized changes must be confirmed in writing, signed by the prescriber, received by the pharmacy (fax is acceptable) prior to dispensing the medication whenever possible and attached and filed with the original prescription.

2.3 Out-of-Province Prescriptions

Principle 2.3.1

Pharmacists are permitted to dispense methadone prescriptions from prescribers in provinces other than BC.

Note:

It's important to realize that not all provinces are required to use Controlled Prescription Program Forms.

Guideline: If there are any doubts regarding the authenticity of the out-of-province prescription, the pharmacist must contact the out-of-province prescriber to confirm the legitimacy of the prescription (including the prescriber's exemption to prescribe methadone). When satisfied that the prescription is authentic, the pharmacist can dispense and process the prescription in the same manner as other prescriptions from out-of-province prescribers.

3.0

Processing (Dispensing) Methadone Prescriptions

3.1 Accepting a Prescription

Principle 3.1.1 Methadone for maintenance must be dispensed to patients in a concentration of 10 mg/ml.

Guideline: Only commercially available 10 mg/ml oral preparations are permitted for use.

Principle 3.1.2 Positive identification is required for all patients presenting a prescription for the first time, and reasonable steps to positively identify the patient must be taken prior to dispensing any subsequent prescriptions.

Guideline: The CPBC's *Professional Practice Policy (PPP-54) – Identifying Patients for PharmaNet Purposes* requires the pharmacist to view one piece of "primary identification" or two pieces of "secondary identification" as verification of a positive identification. If a patient cannot provide the required identification, the prescriber may be contacted to assist with verifying the patient's identity.

Principle 3.1.3 Pharmacists and pharmacy technicians must review the prescription to ensure that it is completed by the prescriber as outlined in the *Methadone Maintenance Controlled Prescription Form Guidelines* (Appendix 3) and that the directions for use appropriately meet the specific needs of the patient and can be accommodated by the pharmacy.

Guideline: Each prescription must be reviewed in detail in consultation with, and consideration given to the specific needs of, the patient. The following list is a sample only:

- Evaluate the end date of the prescription to ensure that the authorization for dispensing does not end on a weekend when the patient will not be able to see a physician for a new prescription.
- Review the prescription directions to determine the dosing schedule (daily witnessed ingestion, divided dose, take-home doses), including the specific days of the week for each witnessed dose or take-home doses, to confirm that the pharmacy operating hours match the dosing schedule.
- Confirm that stamped or preprinted sticker directions do not conflict with written directions.

Any ambiguous or conflicting information identified must be clarified with the prescriber. Should an alteration or change to the prescription be required, it must be done in compliance with the Principles and Guidelines outlined in section 2.2.

3.2 Assessment of a Prescription

Principle 3.2.1

Pharmacists and pharmacy technicians must correctly identify the product as prescribed for 'pain' or 'maintenance' by using the appropriate DIN to ensure patient safety and accurate PharmaNet patient records.

Guideline: If the prescriber is not authorized to prescribe methadone for the purpose indicated on the prescription PharmaNet will reject the prescription and send a message (*#174 – Transaction not processed – prescriber not authorized*) to the pharmacy. Should this occur the pharmacist should check that the correct CPSBC ID number (not the Medical Services Plan billing number) and the correct methadone DIN has been entered.

In rare instances, the most recent daily data load from the CPSBC may not include a newly authorized prescriber's information. To confirm a prescriber's status, contact the CPSBC BC Methadone Program at (604) 733-7758 x2628. The PharmaNet Helpdesk cannot change a physician's methadone status on PharmaNet, this change can only be made by the CPSBC.

Principle 3.2.2

As with all medications a pharmacist **must** review each individual PharmaNet patient record, as stated in HPA Bylaws (Schedule F Part 1), and resolve any drug-related problems prior to dispensing any methadone prescription.

This step is particularly critical for methadone prescriptions as the automated drug usage evaluation (DUE) built into the PharmaNet system does not include methadone. Pharmacists providing methadone maintenance treatment must therefore ensure they maintain their knowledge with respect to potential drug interactions related to methadone. General information in this regard can be found in Appendix 7.

Guideline: A PharmaNet patient record review must be completed for all prescriptions, including those patients obtaining their prescription on a daily basis or those long-term patients whom the pharmacist may know well.

Principle 3.2.3

Mood altering drugs, including benzodiazepines and narcotics, are not generally prescribed to patients on the methadone maintenance program. Should a patient present a prescription for a mood altering drug or if the pharmacist discovers that a mood altering drug is also being prescribed to the patient in their review of the PharmaNet patient record, they must contact both the prescriber of methadone and, if different, the prescriber of the mood altering drug, prior to dispensing the medication. The purpose of the consultation is to ensure the prescriber(s) are aware that the patient is currently on the methadone maintenance program.

Guideline: The pharmacist should document the outcome of the consultation(s) with the prescriber(s) and attach it to the original prescription.

Principle 3.2.4

The 'sig field' on the prescription label must include the start and end dates of the original current prescription.

Principle 3.2.5

As required by HPA Bylaws Schedule F Part 1 the 'dispensing date' on the prescription label must accurately reflect the actual date dispensed on the PharmaNet system.

3.3 Preparing Methadone Prescriptions

Principle 3.3.1

Methadone doses must be accurately measured in a calibrated device that minimizes the error rate to no greater than 0.1 ml.

Guideline: All devices used to measure the methadone 10 mg/ml solutions should be distinctive and recognizable and must be used only to measure methadone solutions. Devices must be labeled with a "methadone only" label and a "poison" auxiliary label with the international symbol of the skull and cross bones.

Principle 3.3.2

Reconciliation procedures must be conducted in accordance with *Professional Practice Policy (PPP-65) – Narcotic Counts and Reconciliations*.

Guideline: As per *PPP-65,* the pharmacy manager must ensure that narcotic counts and reconciliations, which include methadone, are completed:

- At a minimum of every 3 months, and
- After a change of manager, and
- After a break-in or robbery.

Reconciliation means the quantity of methadone on hand must equal the quantity received minus the quantity dispensed over a specific period of time.

3.4 Loss or Theft and Disposal of Methadone

Principle 3.4.1

The Narcotic Control Regulations require that pharmacists report the loss or theft of controlled drugs and substances to the Office of Controlled Substances, Health Canada within 10 days of the discovery of the loss or theft.

In the event of a loss or theft the pharmacy should also notify the CPBC as soon as possible.

Guideline: The form for reporting loss or theft of narcotics can be found on the CPBC website **www.bcpharmcists.org** under *Resources.*

Principle 3.4.2

Methadone, like any other narcotic or controlled drug, can only be disposed of with authorization from Health Canada and after being rendered unusable.

Guideline: To receive authorization to dispose of methadone the pharmacist must submit a written *Authorization to Destroy for Expired Narcotic and Controlled Drugs* to the Office of Controlled Substances, Health Canada.

An acceptable method of rendering methadone unusable is to place the product in a leak-proof container or plastic bag and add kitty litter until the mixture is almost solid.

Once the required authorization is received from Health Canada the pharmacist must record the amount of product to be disposed of, having a second healthcare professional sign for the disposal, and place the now rendered unusable product in the pharmacy's medication return container.

3.5 Methadone in Tablet Form for Air Travel

Principle 3.5.1

Hand luggage restrictions governing the transportation of fluids in air travel may be problematic for patients and in certain circumstances may necessitate the prescription of methadone in tablet form. Only commercially available methadone in tablet form may be dispensed. Pharmacists need to be aware that the prescription of methadone in tablet form may result in increased risk for both patients and the public.

Note: dispensing of methadone powder by way of sachet, capsule, or other format is never acceptable due to the increased potential for diversion and misuse.

Guideline: Long-term methadone maintenance treatment clearly limits patients' ability to travel because of the need for regular follow-up as well as the restrictions associated with the dispensing of methadone. If patients receiving MMT wish to travel for a period of time that exceeds their regular carry period, the usual standard of care should not be compromised, particularly if the patient is not stable and still requires daily supervised ingestion.

Patients are significantly limited in their ability to transport methadone across international borders but it is possible to arrange for methadone dispensing in some jurisdictions. The CPSBC advises physicians to research each case to ensure decisions do not compromise patient safety. In some cases, patients may require documentation for the purpose of crossing international borders or to assist in accessing temporary care from a methadone program at their destination. The physician is responsible to provide the required travel documentation.

4.0

Releasing Methadone Prescriptions

4.1 Releasing a Prescription

Principle 4.1.1

A pharmacist must be present and witness the release of a methadone prescription to a patient. This function cannot be delegated to a pharmacy technician or any other pharmacy support staff.

Principle 4.1.2

Prior to releasing a methadone prescription the pharmacist must assess the competence of the patient (i.e. ensure that the patient is not currently intoxicated or otherwise mentally impaired) to ensure that it is safe to release the medication to them.

Guidelines: Pharmacists must assess patients for symptoms such as slurred speech, ataxia, drowsiness, alcohol smell or unusual behaviour. It is important for the pharmacist to be familiar with each patient's 'normal' behaviour in order to be able to detect significant deviations from normal.

If the pharmacist believes that it is not safe for the patient to receive their prescription they must consult with the prescriber and document the outcome of the dialogue and attach it to the original prescription.

Principle 4.1.3

Prior to releasing a methadone prescription the patient and pharmacist must acknowledge receipt by signing a patient/prescription-specific log (the sample *Methadone Part-Fill Accountability Log* (Appendix 9) can be used for this purpose).

Guidelines: Every part-fill dispensed must be accounted for. The pharmacist must be able to review every part-fill dispensed as a complete history on one document.

The pharmacist releasing and the patient receiving the part-fill of the prescription must sign for each witnessed ingestion dose and each take-home dose. **Neither the pharmacist nor the patient is permitted to pre-sign for future doses or backdate signing.**

The patient/prescription specific log (the sample *Methadone Part-Fill Accountability Log* (Appendix 9) can be used for this purpose) must be attached to the original Controlled Prescription Program form and once complete filed sequentially by the first prescription or transaction number assigned to the prescription.

Principle 4.1.4

As with all prescriptions, prior to releasing a methadone prescription, the pharmacist must counsel the patient on the risks (including common side effects) and benefits of taking their medication. As per HPA Bylaws Schedule F Part 1 section 12.

Guidelines: The most common adverse reactions with methadone include; sweating, constipation, sexual dysfunction, change in menstruation, drowsiness, sleep disturbances, muscle and bone aches, weight changes (usually gain), skin rash, gastrointestinal upset, headaches and edema. Patients will benefit from information about the non-drug approaches, nonprescription products and prescription items that can provide relief from these side effects.

Principle 4.1.5

With respect to witnessed ingestion doses, the pharmacist must directly observe the patient ingesting the medication and be assured that the entire dose has been swallowed.

Guidelines: Given the concentrated solution of 10mg/ml, it may be helpful to provide a glass of water to the patient to enable rinsing out of the dispensing container to ensure full dose administration.

Immediately following observing the patient's ingestion of the medication the pharmacist should engage the patient in a short conversation to ensure that the entire dose has been swallowed.

Principle 4.1.6

With respect to take-home doses the first dose (whether it is stated on the prescription or not) must be a witnessed ingestion with all subsequent take-home doses dispensed in child-resistant containers with an explicit warning label indicating that the amount of drug in the container could cause serious harm or toxicity if taken by someone other than the patient.

Note:

The decision to authorize take-home doses can only be made by the prescriber. However, should a pharmacist believe that a patient is or is not ready to manage take-home doses they should discuss their recommendations or concerns with the prescriber.

Guidelines: Each dose must be dispensed in an individual, appropriately sized, child-resistant container.

Each container must be individually labeled.

If a pharmacist determines that due to a specific patient circumstance a non-child-resistant container will be used for take-home doses it must be documented on the patient record.

Patients should be reminded that methadone should be stored out of the reach of children, preferably in a locked cupboard or small lock box if stored in the refrigerator.

Principle 4.1.7

In extraordinary situations, when a patient cannot attend the pharmacy, the patient's representative may pick up and sign for their authorized take-home dose(s) if confirmed in writing by the prescriber.

Note:

Patient representative is defined in HPA Bylaws.

Guidelines: This authorization must be date specific, and the representative and circumstances must be clearly defined. The written and signed authorization from the prescriber (fax acceptable) must be attached to the original Methadone Maintenance Controlled Prescription form.

Principle 4.1.8

Delivery of methadone is **prohibited** under federal legislation except as provided for in extraordinary circumstances according to *Professional Practice Policy (PPP-71) – Delivery of Methadone Maintenance Treatment.*

Guidelines: The pharmacist must read and understand *Professional Practice Policy (PPP-71) – Delivery of Methadone Maintenance Treatment.*

Responding to Methadone Dosing Issues

5.1 Divided (Split) Doses

Principle 5.1.1 Only the prescriber, by stating this on the original Methadone Maintenance Controlled Prescription form, can authorize a divided (split) dose of a prescription. Unless otherwise specified by the prescriber, the first portion of the daily dose must be by witnessed ingestion.

Guideline: The decision to authorize a divided dose can only be made by the prescriber however, should a pharmacist believe that a patient would benefit from this they should discuss this option with the prescriber.

5.2 Missed Doses

Principle 5.2.1 Any methadone prescription that has been processed and prepared but is not consumed or picked up by the patient on the prescribed day is considered cancelled and must be reversed on PharmaNet before the end of the business day.

Guideline: It is imperative that the PharmaNet patient record reflects accurate and current information in terms of consumed and picked-up methadone doses as other healthcare practitioners rely on this information in making treatment decisions.

Principle 5.2.2 If a patient misses a dose, they cannot receive the missed dose at a later date.

Principle 5.2.3 The pharmacist must notify the prescriber of any missed doses (unless a specified number of missed doses has been indicated by the prescriber) before the next witnessed ingestion.

Guideline: The notification document must be retained and filed with the prescription consistent with filing retention requirements. The *Pharmacist-Prescriber Communication Form* (Appendix 6) can be used for this purpose.

5.3 Partial Consumption of Doses

Principle 5.3.1 If a patient refuses to consume their full dose, the pharmacist must not insist that they ingest the total amount. The unconsumed portion however cannot be given as a take-home dose.

Guideline: The patient's partial consumption of a dose and their reason(s) for it must be documented and reported to the prescriber. *The Pharmacist-Prescriber Communication Form* (Appendix 6) can be used for this purpose.

All patient documentation including the *Methadone Part-Fill Accountability Log* (Appendix 9) and PharmaNet record must accurately reflect the actual dose consumed by the patient.

5.4 Vomited Doses

Principle 5.4.1

If a patient reports that they vomited their dose, a replacement dose cannot be provided without authorization from the patient's prescriber.

Guideline: The pharmacist must contact the prescriber and provide them with information about the incident (time the dose was taken, time of vomiting, and other relevant points). Should the prescriber authorize a replacement dose, it must be confirmed in writing, signed by the prescriber, received by the pharmacy (fax is acceptable) prior to dispensing the medication and attached and filed with the original prescription.

5.5 Lost or Stolen Doses

Principle 5.5.1

If a patient reports that their take-home dose(s) have been lost, stolen or misplaced, a replacement dose(s) cannot be provided without authorization from the patient's prescriber.

Guideline: The pharmacist must contact the prescriber and discuss the situation with them. Should the prescriber determine that the situation warrants it they may authorize the acceptance of a new Methadone Maintenance Controlled Prescription form by fax (refer to Principle 2.1.3) or the prescriber may advise the pharmacy that they must wait until the patient presents a new original Methadone Maintenance Controlled Prescription form.

5.6 Tapering

Principle 5.6.1

If a patient has decided to initiate a self-tapering regimen by decreasing their daily dose consumption, the pharmacist must record the dose consumed on the patient/prescription specific log (refer to Principle 4.1.3), record the actual dose consumed on the patient's PharmaNet record and notify the prescriber.

Guideline: The *Pharmacist-Prescriber Communication form* (Appendix 6) can be used for the purpose of notifying the prescriber.

5.7 Emergency Dosing

Principle 5.7.1

Emergency dosing is not recommended. If however a pharmacist feels in their professional judgement that an emergency dose is required to ensure continuity of patient treatment the pharmacist may provide an emergency dose. The pharmacist must counsel the patient to obtain a new prescription as soon as possible. This practice is the exception to the rule and not the normal practice, refer to *Professional Practice Policy (PPP-31) – Emergency Prescription Refills*.

Guideline: Pharmacists need to document, as per *PPP-31*, the attempt to reach the prescriber with information about the situation. The prolonged half-life of methadone ensures that a patient maintains a single dose for at least 36 hours. Although the patient may feel uncomfortable an emergency dose may not be necessary. Emergency doses may hinder treatment success and health outcomes. It is a patient's responsibility to make sure they have a valid prescription.

Continuity of Care

6.1 Transfer of Pharmacy

Principle 6.1.1

When a patient chooses to move from one pharmacy to another to receive their methadone prescription it is the responsibility of the new pharmacy to contact the previous pharmacy and prescriber (if applicable) to discuss the exact transfer date and any other pertinent concerns. The previous pharmacy must cooperate fully with the request from the new pharmacy.

Guideline: Communication between the previous and new pharmacy is critical to ensure the patient's continuity of care and to avoid duplicate or missed methadone doses. A review of the patient's PharmaNet patient record can be of assistance in determining the previous pharmacy and prescriber.

6.2 Hospitalization or Incarceration

Principle 6.2.1

When a patient is discharged or released to the community from a hospital or correctional facility it is the responsibility of the community pharmacist receiving the patient to verify the date and amount of the last dose administered.

Guideline: Effective communication sharing among those who provide the patient's methadone maintenance treatment (hospital or correctional facility and pharmacy) is essential to ensure the patient's continuity of care and to avoid duplicate or missed methadone doses.

6.3 Compounding in Exceptional Circumstances

Principle 6.3.1

The only situation that would constitute consideration of exceptional circumstances is when a commercially available 10 mg/ml oral preparation is not available.

Principle 6.3.2

Methadone for maintenance must be at the strength of 10 mg/ml to ensure minimization of errors.

Principle 6.3.3

A compounding log must be established to record when methadone solutions are prepared, how much was prepared, and who prepared the product. The *Compounding Log* (Appendix 8) can be used for this purpose.

Guideline: The compounding log must incorporate the following elements:

- Preparation date,
- Methadone powder and/or liquid concentrate manufacturer's lot number and expiry date,
- Methadone powder and/or liquid concentrate quantity used and quantity prepared,
- Batch number and use-by date assigned by the pharmacy,
- Preparer's and pharmacist's identification.

A separate compounding log must be maintained for each strength of stock solution.

Principle 6.3.4

All concentrated solution containers must be clearly labeled with the drug name, strength, use-by date and appropriate warning labels.

Guideline: If different concentrations are prepared for pain management, they must be easily identifiable with clear labeling. A best practice would be to use different styles of storage container for each concentration or use food grade dyes to differentiate between the different concentrations prepared.

In order to help ensure liquid methadone preparations remain stable for up to 30 days from the date of pharmacy dispensing and to minimize the growth of bacteria, mold and fungus the *American Association for the Treatment of Opioid Dependence (2004)* recommends that pharmacists should:

- Use distilled water for the dilution of methadone products,
- Use new, clean, light-resistant containers for dispensing,
- Refrigerate take-home containers as soon as possible and keep refrigerated until used.

Principle 6.3.5

Methadone for maintenance solutions must be made with full-strength Tang™ or similar full-strength beverage crystals with daily doses (witnessed ingestion or take-home). Plain water is never an acceptable vehicle for dispensing to patients in the methadone maintenance treatment program.

Guideline: The beverage crystals are full-strength when made according to the manufacturer's directions found on the product's packaging.

Dispensing as a standard volume (e.g. all doses dispensed as a volume of 100 mL) is not acceptable.

References

Centre for Addiction and Mental Health. Methadone Maintenance: A Pharmacist's Guide to Treatment (2000)

Centre for Addiction and Mental Health. Methadone Maintenance Treatment: A Community Planning Guide (2009)

Centre for Addiction and Mental Health. Methadone Maintenance Treatment: Recommendations for Enhancing Pharmacy Services (2009)

Centre for Addictions Research of BC (CARBC): Methadone Maintenance Treatment in British Columbia, 1996 – 2008 Analysis and Recommendations (May 2010 Report)

Health Canada. Best Practices: Methadone Maintenance Treatment (2002)

Health Canada. Literature Review: Methadone Maintenance Treatment (2002)

Health Canada. Methadone Maintenance Treatment (2002)

Health Canada. The Use of Opioids in the Management of Opioid Dependence (1992)

British Columbia Centre on Substance Use. A Guideline for the Clinical Management of Opioid Use Disorder

Recommendations for the Use of Methadone for Pain. College of Physicians and Surgeons of BC (2010)

Stockley's Drug Interactions. Pharmaceutical Press (2010)

CPBC Professional Practice Policy 66 – Opioid Agonist Treatment

1. BUPRENORPHINE/NALOXONE POLICY STATEMENTS:

Effective January 1, 2018:

1. Buprenorphine/Naloxone maintenance treatment must only be dispensed as an approved, commercially available formulation.
2. The College of Pharmacists of British Columbia (CPBC) Buprenorphine/Naloxone Maintenance Treatment Policy Guide (2018) is in force.
3. All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provide pharmacy services related to buprenorphine/naloxone maintenance treatment must:
    a) know and apply the principles and guidelines outlined in the CPBC Buprenorphine Maintenance Treatment Policy Guide (2018) and all subsequent revisions,
    b) be familiar with the information included in the most recent version of British Columbia Centre on Substance Use (BCCSU) "*A Guideline for the Clinical Management of Opioid Use Disorder*",
    c) be familiar with the information included in the product monographs of approved, commercially available formulations.

2. METHADONE POLICY STATEMENT:

Effective February 1, 2018:

1. Methadone maintenance treatment (MMT) must only be dispensed as the commercially available 10mg/ml methadone oral preparation. ***Note: Refer to the transition period requirements***.
2. The CPBC Methadone Maintenance Treatment Policy Guide (2013) is in force.
3. All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provide pharmacy services related to methadone maintenance treatment must:
    a) know and apply the principles and guidelines outlined in the CPBC Methadone Maintenance Treatment Policy Guide (2013) and all subsequent revisions,
    b) be familiar with the information included in the most recent version of British Columbia Centre on Substance Use (BCCSU) "*A Guideline for the Clinical Management of Opioid Use Disorder*",
    c) be familiar with the information included in the commercially available 10mg/ml methadone oral preparation product monographs
    d) successfully complete the mandatory CPBC MMT training program (2013),

e) record self-declaration of training completion in eServices prior to dispensing the 10mg/ml preparation. methadone oral preparation product monographs

4. Upon completion of the mandatory CPBC MMT training program pharmacy managers must educate all non-pharmacist staff regarding their role in the provision of community pharmacy services related to methadone maintenance treatment. (Note: documentation forms that confirm the education of individual non-pharmacist staff members must be signed and dated by the community pharmacy manager and the non-pharmacist staff member and retained in the pharmacy files).

Implementation Timeline

Effective February 1, 2014:

All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to MMT must:

- have successfully completed the mandatory CPBC MMT training program, and
- have implemented all necessary practice requirements identified in the CPBC Methadone Maintenance Treatment Policy Guide (2013).

Transition Period

February 1, 2014 – February 28, 2014 :

During this period, pharmacists must:

- transition their patients from 1mg/ml to the commercially available 10mg/ml methadone oral preparation, obtain new MMT prescriptions from physicians,
- educate patients about safety concerns (eg.10 times concentration),
- educate patients about appropriate security and storage (eg. does not require refrigeration and must be stored securely because of increased strength), and
- manage inventory, create a plan and document appropriate methadone powder return. Documentation must be available for review by College inspectors.

Effective March 1, 2014

- All methadone maintenance treatment prescriptions must be dispensed with the commercially available 10mg/ml methadone oral preparation.

The Methadone Maintenance Policy Statements must be read in conjunction with PPP-71 Delivery of Methadone Maintenance Treatment.

Required References

In addition to the currently required pharmacy reference materials (PPP-3), pharmacies providing methadone maintenance treatment services must also maintain as required references the following:

- CPBC Methadone Maintenance Treatment Policy Guide (2013) and subsequent revisions
- The most recent version of the BCCSU's "*A Guideline for the Clinical Management of Opioid Use Disorder*"
- Most current edition of Methadone Maintenance: A Pharmacist's Guide to Treatment,

Centre for Addiction and Mental Health

- Product monographs for the commercially available 10mg/ml methadone oral preparations

3. SLOW RELEASE ORAL MORPHINE POLICY STATEMENTS:

Effective January 1, 2018:

1. Slow release oral morphine maintenance treatment must only be dispensed in approved, commercially available strengths.
2. The College of Pharmacists of British Columbia (CPBC) Slow Release Oral Morphine Maintenance Treatment Policy Guide (2018) is in force.
3. All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provide pharmacy services related to slow release oral morphine maintenance treatment must:
    a) know and apply the principles and guidelines outlined in the CPBC Slow Release Oral Morphine Maintenance Treatment Policy Guide (2018) and all subsequent revisions,
    b) be familiar with the information included in the most recent version of British Columbia Centre on Substance Use (BCCSU) "*A Guideline for the Clinical Management of Opioid Use Disorder*",
    c) be familiar with the information included in the product monographs of approved, commercially available strengths.

CPBC Professional Practice Policy 71 – Delivery of Methadone Maintenance Treatment

Policy Statement

Under extraordinary circumstances, if the patient has severe restrictions in mobility and if the prescribing physician has provided written authorization on the prescription by signing the declaration, pharmacists may provide home delivery of Methadone Maintenance Treatment (MMT). This practice is the exception to the rule and not normal practice.

Neither the pharmacy manager nor the staff pharmacist may authorize the provision of home delivery for MMT in the absence of the prescriber's authorization on the prescription.

Delivery Standards:

1. **Prescribing Physician Authorization of Home Delivery**

    a. Should the prescribing physician determine that, due to the patient's immobility, delivery is required; the physician may authorize delivery by signing the declaration on the MMT CPP form.

        i. If the pharmacist or pharmacy technician has concerns regarding the authenticity of the prescriber's signature they must contact the prescriber for verification.

        ii. Physicians will not authorize delivery unless patient safety is assured and severe restrictions in mobility have been identified.

        iii. Distance between patient home and pharmacy does not qualify as a severe restriction in mobility.

2. **Home Delivery Schedule and Location**

    If delivery is authorized as noted in section 1 above, the pharmacist must be present to do the delivery and meet the following requirements:

    a. The pharmacist must determine whether home delivery is feasible within the services and resources the pharmacy provides. If the pharmacy does not provide delivery service – it may be appropriate to refer the patient to a pharmacy that can provide the delivery.

    b. If the pharmacy is able to provide home delivery the pharmacist must work with the patient to make appropriate arrangements for delivery. Arrangements must include:

        i. Address for delivery - MMT may only be delivered to a patient's home with a valid street address; delivery to a public location is not permitted.

        ii. Time for delivery

        iii. Procedure if patient not available at address to receive methadone delivery including communication of appropriate alternate arrangements for the

patient to obtain their prescription.

Note: it is not acceptable for the pharmacist to deliver the methadone to an alternate person or location or to leave the methadone unattended.

3. **Secure Transportation and Storage**

   a. The dispensing pharmacist is responsible for securely transporting and appropriately storing methadone.

   b. Methadone must be transported directly from the dispensing pharmacy to the patient's home address; methadone may not be stored outside of the pharmacy under any circumstances.

4. **Release of Methadone for Maintenance**

   The pharmacist must be present to:

   a. Confirm the identity of the patient.

   b. Assess the competence of the patient.

   c. Witness the release and ingestion of methadone to the patient, this responsibility cannot be delegated to a pharmacy technician or any other pharmacy support staff.

   d. Provide appropriate patient counseling.

   e. If carries are provided, the pharmacist must always witness first dose of the take-home prescription; all subsequent doses must be dispensed in child-resistant containers with explicit warning label(s).

5. **Documentation**

   The pharmacist must:

   a. At the time of release of a methadone prescription the patient and pharmacist must acknowledge receipt by signing a patient/prescription-specific part-fill accountability log. Neither party may 'pre-sign' for future doses.

   b. Document any and all home deliveries of MMT in the patient's record.

   c. Log the home delivery with the address where the delivery was made on the methadone part-fill accountability log.

   d. Document any appropriate follow-up plan in the patient's record.

   e. File the methadone part-fill accountability log with original methadone prescription form.

Background:

Legislation

Federal legislation does not support delivery of narcotics. The Controlled Drugs and Substances Act (CDSA) defines the transport or delivery of narcotics as trafficking, the Narcotic Control Regulations (NCR) limit the transport of narcotics to licensed dealers only.

Controlled Drugs and Substances Act

"Section 2 - Interpretation, Definitions[1]

"traffic" means, in respect of a substance included in any of Schedules I to IV,

(a) to sell, administer, give, transfer, ***transport***, send or ***deliver*** the substance"

Narcotic Control Regulations

"Section 2 - Interpretation, Definitions [2]

"licensed dealer" means the holder of a licence issued under section 9.2.

Dealers' Licenses and Licensed Dealers [3]

8. *(1) Subject to these Regulations, no person* ***except a licensed dealer*** *shall produce, make, assemble, import, export, sell, provide,* ***transport, send or deliver a narcotic.****"*

Pharmacists are required to adhere to the CDSA and its regulations as well as the *Health Professions Act*, *Pharmacy Operations and Drug Scheduling Act* and their *Bylaws*. The College of Pharmacists and the College of Physicians and Surgeons recognize that there are extraordinary circumstances where due to temporary or permanent severe restrictions in mobility patients would require delivery of their methadone for maintenance treatment to ensure best patient health outcomes and continuity of care.

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1 http://laws-lois.justice.gc.ca/eng/acts/C-38.8/page-1.html#h-2

2 http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/page-1.html#docCont

3 http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/page-3.html#docCont

Appendix

3

Methadone for Maintenance Controlled Prescription Form Guidelines

Methadone prescriptions can only be accepted when written using an original Methadone Maintenance Controlled Prescription form. When accepting a Methadone Maintenance Controlled Prescription form a pharmacist must ensure that the form is completed by the prescriber as outlined in these guidelines.

Methadone Maintenance Controlled Prescription Form (Example; Figure 1):

These duplicate copy prescriptions are pre-printed with the following information; drug name and strength, prescriber's name, address (optional), College ID number and prescription folio number. These prescription forms are used only for prescribing methadone for maintenance.

Top Section of Form:

Note:

If no 'start day' is indicated in the 'Directions for Use' section of the form the 'prescribing date' becomes the 'start day'.

The prescriber must complete in full, the patient information including; personal health number (PHN), name, address and date of birth. The 'prescribing date' indicates the date that the prescriber saw the patient. The 'Drug Name and Strength' section is preprinted and the prescriber must complete the 'Quantity' section by stating the total quantity of the prescription in numeric and alpha forms.

Under extraordinary circumstances, if the patient has severe restrictions in mobility and if the prescribing physician has provided written authorization on the prescription by signing the declaration, pharmacists may provide home delivery of Methadone Maintenance Treatment (MMT). This practice is the exception to the rule and not normal practice. Refer to *Professional Practice Policy (PPP-71) – Delivery of Methadone Maintenance Treatment.*

Middle Section of Form:

Note:

"DWI except when pharmacy closed" is not an acceptable prescription instruction.

The prescriber must complete the 'Directions for Use' section as follows:

- State the daily dose:
    - the daily dose multiplied by the number of days must equal the total quantity indicated on the prescription, if there is a discrepancy the pharmacist should seek clarification from the prescriber
- Indicate the 'start day' and 'last day':
    - if no 'start day' is indicated, the 'prescribing date' becomes the 'start day'
    - should the 'start day' overlap with, or leave gaps from, an existing prescription the pharmacist should seek clarification from the prescribe
- Indicate any special instructions:
    - may be used to provide special instructions to the pharmacist for example split doses, or special situations for carries.

- Indicate either DWI or CARRIES, if carries are indicated the prescriber must indicate both in numeric and alpha the required number of days per week of witnessed ingestion:
    - if neither of these options are circled the pharmacist is to assume that all doses are DWI
    - if CARRIES has been circled but the specific witnessed ingestion days (ex; Monday and Thursday) have not been noted by the prescriber the pharmacist can determine the days in consultation with the patient. However, the first dose of the prescription and the dose before any carries must be witnessed ingestion. Additionally, the witnessed ingestion doses must be spread evenly throughout the week
    - if CARRIES has been circled but the number of days per week of witnessed ingestion has been left blank the pharmacist must seek clarification from the prescriber
- Authorize the prescription by signing their name in the 'prescriber's signature' box

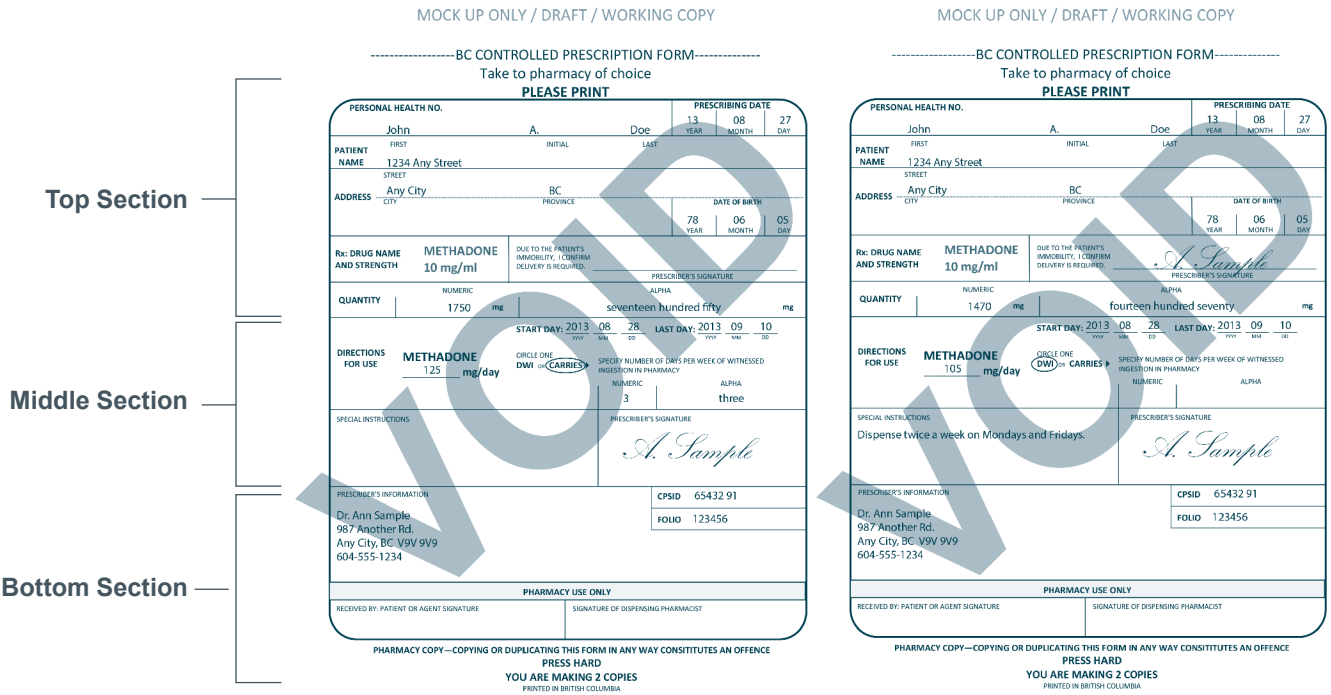
Bottom Section of Form:

Note:

A patient's representative signature is only acceptable with prior written authorization from the prescriber.

As a minimum the prescriber's name, College ID number and prescription folio number will be pre-printed on the form. If the prescribers address is not pre-printed it must be completed by the pharmacist prior to dispensing the prescription. Both the patient and the pharmacist must sign the prescription in the appropriate box.

Figure 1: Methadone Maintenance Controlled Prescription Form



Emergency Fax Methadone Maintenance Controlled Prescription Form Documentation

This form is for the use only in the event of an emergency that requires a faxed Methadone Maintenance Controlled Prescription form which has been initiated following direct consultation between the patient's pharmacist and prescriber.

It is understood that the pharmacist must obtain written documentation from the prescriber prior to dispensing any medication and as such is requesting that the prescriber complete this form and fax back to the pharmacy along with a fax of the Methadone Maintenance Controlled Prescription form as soon as possible.

Prescriber: _____ Patient Name: _____

Pharmacy: _____ Fax Number: _____

Pharmacist: _____ Date: _____

As the prescriber, I request that the above-named pharmacy accept a faxed transmission of the Methadone Maintenance Controlled Prescription form for the above-named patient. I understand that the Methadone Maintenance Controlled Prescription form must be faxed to and received by the pharmacy prior to the pharmacy dispensing methadone. I guarantee that the original Methadone Maintenance Controlled Prescription form will be sent to the pharmacy by the next business day.

Brief description of the emergency situation:

_____

_____

_____

Prescriber's Name: _____

CPSID: _____

Prescriber's Signature: _____

Signature Date: _____

Affix Methadone Maintenance Controlled Prescription form here

Methadone Maintenance Treatment Expectation Form

As your pharmacists, we believe in the principles of the methadone maintenance treatment program, and the valuable role it can play in improving people's lives and their health. We are committed to being an active member of your healthcare team and understand that the success of the program is dependent on ongoing collaboration and communication between yourself, ourselves and your prescriber.

To help you succeed in the program it is important that we both clearly understand the commitment and expectations of each other.

As your pharmacists, you can expect that we will:

- Treat you professionally and respectfully at all times.
- Make ourselves available to discuss any questions or concerns that you may have regarding the program.
- Provide methadone to you exactly as your prescriber has prescribed it and will ensure that they are made aware of any of the following:
    - Missed dose(s) for any reason (ie; failure to pick up, vomited, lost or stolen)
    - Less than full dose consumed (ie; tolerance, self-initiated tapering)
    - Presenting at the pharmacy while intoxicated
    - Prescribing of contraindicated medications (ie; mood-altering drugs)
- Not dispense your methadone (unless directed by your prescriber) to anyone other than you.
- Respect your choice (unless directed by your prescriber) of the pharmacy you wish to have dispense your medication.

As our patient, we can expect that you will:

- Treat all pharmacy staff and other patients respectfully at all times.
- Do your utmost to adhere to the methadone maintenance treatment program as prescribed to you.
- Discuss any concerns you may have regarding your methadone maintenance treatment with us or your prescriber prior to making any adjustments to treatment independently.
- Ensure that any take-home doses of methadone are stored safely and securely.
- Respect the pharmacy's greater community by refraining from loitering or littering.

Pharmacist – Prescriber Communication

Date: _____ Patient Name: _____

To (Prescriber): _____ Patient PHN: _____

Fax: _____ Prescription Form Folio Number: _____

From (Pharmacy): _____ Pharmacy Fax: _____

Pharmacist: _____ Pharmacy Telephone: _____

For Prescriber's Information and Patient Records

☐ This patient missed their methadone dose _____ (dates).

☐ This patient did not take their full daily dose _____ (date) and consumed only ____ mg of the ____ mg prescribed dose.

For Prescriber's Signature and Return of Form to Pharmacy

☐ We require clarity regarding the 'prescribing date' and/or 'start day' for the attached Methadone Maintenance Controlled Prescription form. Please indicate the actual 'prescribing date' (actual date the prescription was written) and dispensing 'start date' or range.

Prescribing Date: _____

Dispensing Start Date or Range: _____

☐ We require clarification and/or a change to the 'Directions for Use' section of the attached Methadone Maintenance Controlled Prescription form.

Description of authorized changes: _____

_____

_____

_____

_____

Prescriber's Name: _____

CPSID: _____

Prescriber's Signature: _____

Signature Date: _____

Affix Methadone Maintenance Controlled Prescription form here

Drug Interactions – General Information

Methadone is extensively metabolized by cytochrome CYP3A4 in liver microsomes. Most drug interactions with methadone are associated with drugs that either induce or inhibit these enzymes.

The sequence of administration of the drugs is the key to evaluating the significance of the interaction. When a patient is stabilized on a drug that affects liver metabolism and methadone is introduced, the interaction may not be observed unless the first drug is discontinued. It is only if a patient is stabilized on methadone and an interacting drug is initiated or discontinued that an interaction may occur.

Drugs that may lower plasma levels (ie; increase the metabolism) of methadone include rifampin, barbiturates, phenytoin and carbamazepine. Drugs that may increase plasma levels (ie; decrease the metabolism) of methadone include ciprofloxacin and fluvoxamine.

Medications that might precipitate a withdrawal syndrome for patients on methadone must be avoided. These are mainly opioid antagonists such as pentazocine, butorphanol, nalbuphine, and naltrexone.

Pharmacists should not rely on PharmaNet to warn of a drug interactions for methadone. The use of PharmaNet is not intended as a substitute for professional judgment. Information on PharmaNet is not exhaustive and cannot be relied upon as complete. The absence of a warning about a drug or drug combination is not an indication that the drug or drug combination is safe, appropriate or effective in any given patient. Health care professionals should confirm information obtained from PharmaNet, and ensure no additional relevant information exists, before making patient care decisions.

Compounding Log

10 mg/ml Stock Solution

Preparation Date	Manufac-turer's Lot Number (Powder)	Manufac-turer's Expiry Date (Powder)	Quantity Used (Powder)	Quantity Prepared (Solution)	Use-By Date (Solution)	Batch Number (Assigned by pharmacy)	Preparer's ID (Initials)	Pharmacist's ID (Initials)

Appendix

9

Methadone Part-Fill Accountability Log

Patient Name: _____

Date Dispensed	Prescription or Transaction Number	Quantity			Delivery Address if Applicable	Pharmacist's Initials	Patient's Signature
		Witnessed	Take Home	Total			

Patient Name: _____

Date Dispensed	Prescription or Transaction Number	Quantity			Delivery Address if Applicable	Pharmacist's Initials	Patient's Signature
		Witnessed	Take Home	Total			

Methadone Information For Patients

What is methadone?

Methadone is a long-acting narcotic medication. Since the mid-1960s methadone has been used as an effective and legal substitute for heroin and other opiates. Methadone maintenance programs help opiate-dependent individuals stabilize their lives and reduce the harm associated with drug use.

How is methadone taken?

Methadone is prepared in a liquid. Doses are usually taken once a day as the effects of a single dose last for about one day. Your physician will write a prescription specifying your dose and how often you need to come to the pharmacy. Initially methadone is prescribed as a daily witnessed dose. As your treatment progresses you may be eligible for take-home doses.

How does methadone work?

Methadone is part of a long-term maintenance program for opiate or heroin dependent people. Drug cravings are reduced without producing a “high.” The goal is to find the dose that will prevent physical withdrawal. The right dose will decrease your drug cravings, and help you to reduce or eliminate heroin use.

How long do I have to stay on methadone?

You should stay on methadone for as long as you experience benefits. Everyone responds differently and methadone can safely be taken for years. If you decide you want to stop taking methadone, you should discuss this with your physician.

Does methadone have side effects?

Methadone is usually tolerated well once the dose is stabilized. Most people experience few, if any, side effects. Please let your pharmacist or physician know if any of these symptoms are bothering you:

- Sweating – This can be due to the methadone itself, or a dose that is too high or too low.
- Constipation – Increasing exercise, fluids and fiber in your diet may decrease this problem.
- Sexual difficulties – This can be either a reduction or an increase in desire.
- Sleepiness or drowsiness – This may be caused by too much methadone. If this occurs consult your doctor to have your dose adjusted. Do not drive a car or participate in activities that require you to be alert when you are drowsy.
- Weight change – An increase in body weight may be due to better health and an improved appetite.

Can methadone interact with other drugs?

Yes. Alcohol and drugs, including prescription, nonprescription, herbal and street drugs, may interfere with the action of methadone in your body. Discuss all medications you are taking with your pharmacist or physician.

Is methadone dangerous?

Methadone is safe to use when it is prescribed and monitored by a physician. It can be very dangerous if used inappropriately. Methadone should never be taken by anybody except the person for whom it is prescribed as overdose and death can occur if the person is not dependent on opiates. Children are especially at risk for overdose and death if they swallow methadone accidentally.

What is my responsibility?

Your responsibility is to drink your methadone dose every day. If you have carries, you must make sure that they are stored safely to prevent possible ingestion by anyone else. If you store your carries in the fridge ensure that they are not accessible. Methadone can be very dangerous if used inappropriately so you must not give or sell your dose to anyone.

Will methadone cure me?

The methadone maintenance program can help you to make positive lifestyle changes. The goal of treatment is to stabilize your body physically and to provide an environment that supports you.

Recommended Reading

Methadone Maintenance Treatment

Provides a general overview of methadone maintenance treatment programs and describes the impact of opioid dependence, methadone pharmacology and benefits. This 16-page document is available at:

http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/methadone-treatment-traitement/index_e.html

Literature Review – Methadone Maintenance Treatment

Examines the forty years of accumulated research knowledge and treatment literature about methadone maintenance and reviews the evidence of effectiveness, including cost-effectiveness, the factors that define successful programs, and the program policies associated with the highest success rates. This 86-page document is available at:

http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/methadone/index_e.html

Best Practices – Methadone Maintenance Treatment

Provides information on evidence-based best practices in methadone maintenance treatment. It also includes “Insight from the Field” which summarizes comments from experts in the area of methadone maintenance treatment. This 94-page document is available at:

http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/methadone-bp-mp/index_e.html

Methadone for Pain Guidelines

http://www.cpso.on.ca/uploadedFiles/policies/guidelines/methadone/Methadone_or_PainGUIDE.pdf

Contact Information

Alberta Health Services Opioid Dependency Program

W: www.albertahealthservices.ca
T: 780-422-1302
F: 780-427-0777

All patients planning to transfer to Alberta should contact the Opioid Dependency Program.

Alcohol & Drug Information and Referral Service

T: 604-660-9382 (24/7)

British Columbia Pharmacy Association

W: www.bcpharmacy.ca
T: 604-261-2092 or 800-663-2840
F: 604-261-2097
E: info@bcpharmacy.ca

British Columbia Centre on Substance Use (BCCSU)

W: www.bccsu.ca
T: 604-806-9142
F: 604-806-9044
E: bccsu@cfenet.ubc.ca

Med Effect Canada (report adverse drug reactions)

Canada Vigilance Regional Office
W: www.healthcanada.gc.ca/medeffect
T: 866-234-2345
F: 866-678-6789
E: CanadaVigilance_BC@hc-sc.gc.ca

College of Pharmacists of British Columbia

W: www.bcpharmacists.org
T: 604-733-2440 or 800-663-1940
F: 604-733-2493 or
E: practicesupport@bcpharmacists.org

College of Physicians and Surgeons of British Columbia

W: www.cpsbc.ca
T: 604-733-7758 or 800-461-3008
BC Methadone Program – ext 2628
F: 604-733-1267
E: drmcnestry@CPSBC.CA

Office of Controlled Substances

T: 613-946-5139 or 866-358-0453 (methadone)
T: 613-954-1541 (thefts or losses)
T: 613-952-2177 (general)
F: 613-957-0110 (thefts or losses)
E: OCS-BSC@hc-sc.gc.ca

Health Protection Branch

Drug diversion of narcotics and controlled drugs

T: 604-666-3350

Non-Insured Health Benefits Program

ESI Canada

W: www.provider.esicanada.ca
W: www.healthcanada.gc.ca/nihb
T: 888-511-4666 (provider claims processing centre)

PharmaCare Help Desk (includes PharmaNet)

www.healthservices.gov.bc.ca/pharme/newsletter/index.html (newsletter)

For Pharmacists

T: 604-682-7120 Lower Mainland
T: 800-554-0250 Elsewhere

For the Public

T: 604-683-7151 Lower Mainland
T: 800-663-7100 Elsewhere

COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA

Safe and Effective Pharmacy Care

College of Pharmacists of BC
200–1765 West 8th Avenue
Vancouver, BC V6J 5C6

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College of Pharmacists of British Columbia

BOARD MEETING
April 20, 2018

2.b.x.Legislation Review Committee
HPA Fee and Form Amendments

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution:

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

Purpose

To approve amendments to the *Health Professions Act* (HPA) Bylaws Schedule D – Fee Schedule in accordance with the College's 2018/2019 budget, as set out in the attached schedule to the resolution (Appendix 1).

Background

The Board may make bylaws as per section 19(1)(p) of the HPA to establish fees payable to the College by registrants. These fees must be consistent with the duties and objectives of the College. Section 19(2.1) of the HPA also provides authority to the Board to establish forms and further allows for the Registrar to establish these forms.

Section 19(6.2) of the HPA exempts the establishment of HPA fees (amongst other bylaw making authorities) from the 90 day public posting period. Accordingly, if approved by the Board, these bylaws will be sent to the Ministry of Health for filing.

This package includes proposed bylaw amendments to actualize HPA fee increases previously approved as part of the College's 2018/2019 budget. At their February 2018 meeting, the Board approved the 2018/2019 budget, which included fee increases in order to meet the needs of the College. See Appendix 2 for the February 2018 Board briefing note outlining both discussion and details of the budget.

In addition to the amended fee schedule (Appendix 3), corresponding revised forms have also been approved by the Registrar (Appendix 4). College staff recommend that these forms also be sent to the Ministry of Health for filing.

Next Steps

Upon approval by the Board, the amended fee schedule and forms will be held until after the September 2018 Board meeting, at which time staff anticipate that PODSA bylaws and forms will be presented to the Board for filing approval. After which, both sets of bylaw and form changes will then be sent to the Ministry of Health for filing.

Recommendation

The Legislation Review Committee recommends that the Board approve the HPA Bylaws Schedule D – Fee Schedule for filing with the Ministry of Health, by approving the schedule to the resolution in Appendix 1.

Appendix	
1	Schedule to the Resolution
2	February 2018 Board Briefing Note – Budget 2018-19
3	Amended Fee Schedule (track changes)
4	Forms (track changes) - for information only

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended by repealing and replacing Schedule D- Fee Schedule.

College of Pharmacists of B.C.		
FEE SCHEDULE		
HPA Bylaw "Schedule D"		
REGISTRATION FEES		
Pharmacist		
Application for Pre-registration	Valid for up to three years.	$ 399.00
Application for Re-instatement	Valid for up to three years.	$ 399.00
Full Pharmacist - registration	For a term of one year.	$ 724.00
Full Pharmacist - registration renewal	For a term of one year.	$ 724.00
Non-practising Pharmacist - registration	For a term of one year.	$ 724.00
Non-practising Pharmacist - registration renewal	For a term of one year.	$ 724.00
Limited Pharmacist - registration	For a term of one year. Maximum three one-year terms.	$ 724.00
Limited Pharmacist - renewal	Maximum two one-year renewal terms	$ 724.00
Temporary Pharmacist	Valid for up to 90 days; during an emergency situation only.	$ 0.00
Late registration renewal fee (≤90 days from renewal date).		$ 125.00
Student Pharmacist		
New Student Pharmacist (UBC)	Valid for one year.	$ 100.00
New Student Pharmacist (Non UBC)	Valid for one year.	$ 100.00
Registration Renewal (UBC)	Valid for one year.	$ 0.00
Application for Re-instatement (UBC)	For re-instatment after 90 days of registration expiry; valid for one year.	$ 0.00
Pharmacy Technician		
Application for Pre-registration	Valid for up to three years.	$ 266.00
Application for Re-instatement	Valid for up to three years.	$ 266.00
Pharmacy Technician - registration	For a term of one year.	$ 482.00
Pharmacy Technician - registration renewal	For a term of one year.	$ 482.00
Non-practising Pharmacy Technician - registration	For a term of one year.	$ 482.00
Non-practising Pharmacy Technician - registration renewal	For a term of one year.	$ 482.00
Temporary Pharmacy Technician	Valid for up to 90 days; during an emergency situation only.	$ 0.00
Late registration renewal fee (≤90 days from renewal date).		$ 125.00
Structured Practical Training Program	Valid for 6 months from application date.	$ 375.00
CERTIFICATION FOR INJECTION DRUG ADMINISTRATION		
Application for certification		$ 100.00
ADMINISTRATION FEES		
Replacement of registration certificate		$ 125.00
Certificate of standing		$ 125.00
Processing of non-sufficient funds (NSF) cheque		$ 125.00
Criminal Record Check (CRC)	See Criminal Record Check Fee Regulation BCReg238/2002 as amended	-
Jurisprudence Examination (JE)		$ 249.00
Pharmacy Practice Manual (available free on website)		$ 275.00
NOTES:		
1) Fees are non-refundable.		
2) All fees except Criminal Record Check are subject to GST.		
3) Annual registration renewal notices are sent at least thirty (30) days prior to expiry date.		
4) Completion of registration forms may be required for items with $0.00 fee amounts.		

College of Pharmacists of British Columbia

BOARD MEETING
February 16, 2018

11. Audit and Finance Committee
b) Budget 2018/19

DECISION REQUIRED

Recommended Motion:

Approve the 2018/19 budget totaling $10,204,958 with a transfer from reserves in the amount of $1,105,417 as presented.

Synopsis

The proposed 2018/19 budget covers the first year without any PharmaNet contract income. The last two fiscal years prepared for this with fee increases to off-set this loss of revenue. This budget continues to fund strategic plan activities while proposing only nominal fee increases. The proposed budget does continue to draw upon reserve funds as proposed in the Multiyear budget presented last year.

Background

The budget planning process began in November with Directors and Managers meeting with Finance to review their 2017/18 budget and projected actuals. At the December management planning retreat, the Strategic Plan was carefully reviewed and we discussed resources required to achieve the goals and objectives identified for next year.

Finance met with Directors and Managers to review all of these factors and document the changes. Where budgets were projected to be underspent in the current year, the reasons why were researched and factored into the new budget. Revenues and registrant / licensure statistics and trends were also researched.

Discussion

During last year's budget discussions, the Board approved using Reserve funds to permit a more gradual approach to accommodating the loss of revenue from the PharmaNet contract. This was necessary due to the fact that any fee increase can take up to two years to be fully recognized as revenue. (It can take up to one year for all registrants to renew their registration and then another year for that fee to be fully recognized with accrual accounting.)

The proposed budget will use $1,105,417 of Reserve funds to offset the revenue loss.

Major Initiatives in 2018/19

- Implementation of PODSA Ownership licensure process.
- PODSA Modernization bylaw review and process review.
- Draft of Excellence Canada's Silver Certification application completed.
- Records Management processes implemented and staff trained.
- Privacy Management processes reviewed and staff trained.
- IT department processes reviewed, Policies and Procedures updated and staff trained.
- Continued improvement made on IT Roadmap projects.
- Quality Assurance project – auditing CE credits.
- Submit the Pharmacist Prescriber framework to the Ministry of Health.
- First full year of Hospital practice reviews.
- Planning for the next Strategic Plan development.

What is included in the draft budget

- Consulting support for next Strategic Plan development (including Engagement activities).
- New IT managed services provider contract.
- Continued IT development support for iMIS (the College's CRM) database.
- Continued IT development support for electronic records management.
- Consulting services to support the development of policies and procedures and related staff training. This is a big part of our Excellence Canada project as well as our Strategic Plan goal of Organizational Excellence.
- Funding for the new Applications Committee.
- Project Management and legal support for the PODSA Modernization bylaw review (the next step after PODSA Ownership is finalized).
- Staffing – consideration has been given to (where possible) ensuring that we have staff cross trained to back up co-workers in the event of workload issues and vacation coverage:
    - FOI / Recordkeeping officer – to support staff as records management / privacy management is enhanced.
    - IT Support Technician – for in-house tech support. Salary and benefits are off-set by the reduction in the managed services provider contract.
    - A "term" Licensure administration support staff – to support the PODSA licensure changes during the first year.
    - Complaints Resolution administration support staff – to support Investigators and prepare documents for Inquiry Committee.

- Hospital / Community Compliance Officer – This cross-trained officer will provide back-up for both areas when needed (vacation and sick relief) and can be an additional resource for both reviews and practice support coverage.

The Executive Team reviewed this budget and recommended it to the Audit and Finance Committee at the February 2, 2018 meeting. The Audit and Finance Committee reviewed the budget and is recommending that the Board approve it.

Recommendation

Approve the 2018/19 budget in the amount of $10,204,958 with a transfer from reserves in the amount of $1,105,417.

Appendix	
1	Budget 2018/19 Multi Year Plan as per proposed fee increases
2	Budget 2018/19 Statement of Revenue & Expenses as per proposed fee increases
3	Multi Year chart showing projected impact on Reserves

College of Pharmacists of BC
Budget 2018/19 - Proposed Multi-Year Plan
***** Based on proposed fee increases*****

	CURRENT			YR 1	MULTI-YEAR PLAN			
	2017-18			2018-19	2019-20	2020-21	2021-22	2022-23
	BUDGET	LATEST EST.	9-MO ACTUAL	BUDGET (DRAFT)	PROJECTED			
Revenue deferred	6,539,955	6,431,045	4,710,866	8,006,702	8,840,391	9,280,998	9,656,215	10,043,391
Revenue licensure other	485,594	480,062	273,766	433,410	453,895	463,004	472,113	481,322
Revenue other	1,218,522	1,106,726	995,179	659,428	741,177	693,161	684,932	686,969
Revenue	8,244,070	8,017,832	5,979,811	9,099,540	10,035,463	10,437,163	10,813,260	11,211,682
Expenditures	9,594,567	9,025,653	6,852,674	10,204,958	10,275,302	10,416,704	10,606,884	10,795,677
(Deficiency) Excess of Revenue over Expenditures	**(1,350,497)**	**(1,007,821)**	**(872,863)**	**(1,105,417)**	**(239,839)**	**20,459**	**206,376**	**416,005**

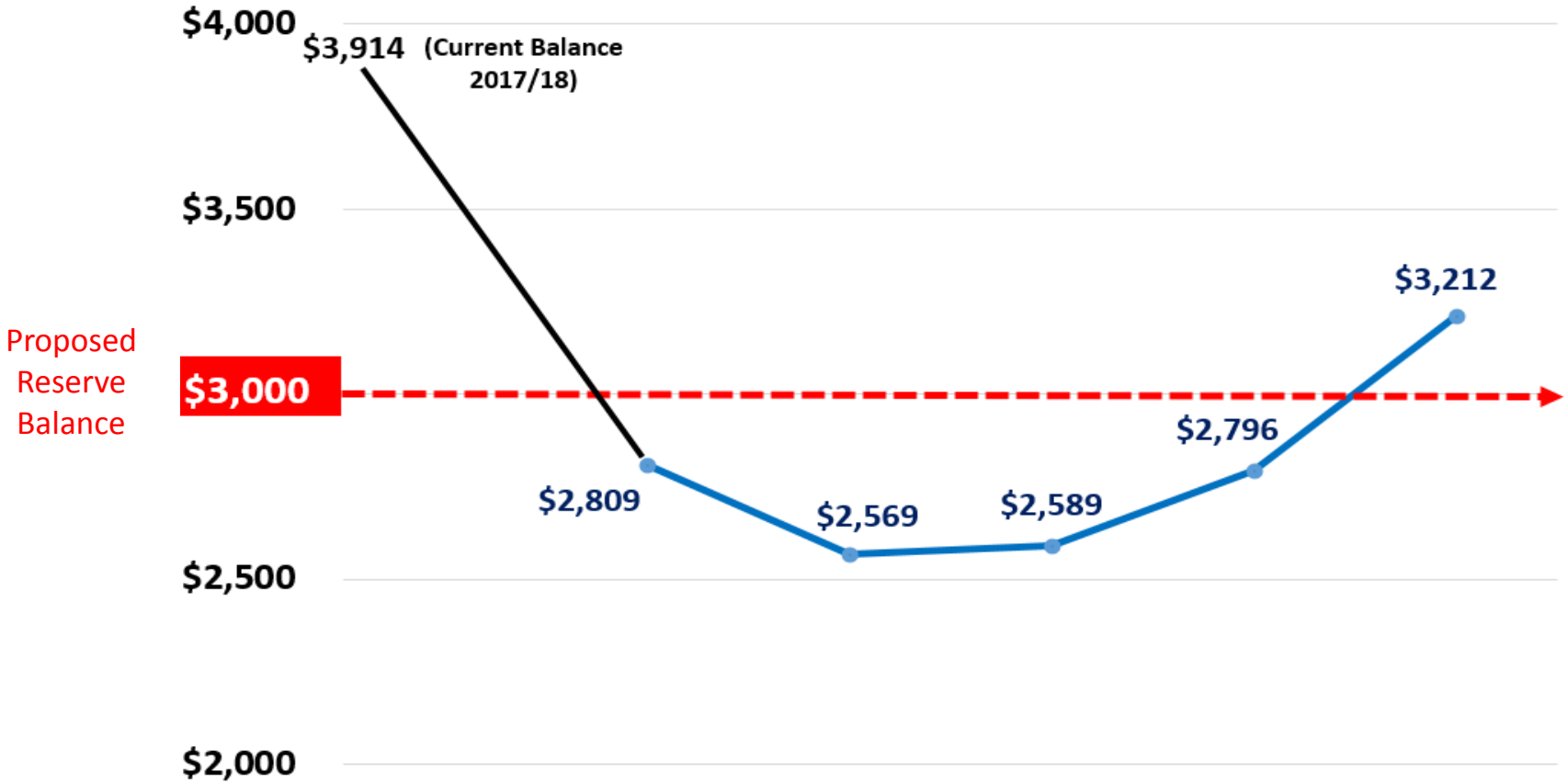
	CURRENT			YR 1	YR 2	YR 3	YR 4	YR 5
	2017-18			2018-19	2019-20	2020-21	2021-22	2022-23
	BUDGET	LATEST EST.	9-MO ACTUAL	BUDGET (DRAFT)	PROJECTED			
Reserves, Opening Balance	4,975,505	4,921,887	4,921,887	3,914,066	2,808,650	2,568,811	2,589,270	2,795,646
***Add** : Replenishments*						20,459	206,376	416,005
***Less** : Funding*	(1,350,497)	(1,007,821)	(872,863)	(1,105,417)	(239,839)			
Reserves, Closing Balance	3,625,008	3,914,066	4,049,024	2,808,650	2,568,811	2,589,270	2,795,646	3,211,651
Target Balance (per Senior Management)	3,500,000	3,500,000	3,500,000	2,700,000	2,500,000	2,500,000	2,500,000	3,000,000
Excess of Reserves Closing Balance over Targeted Balance	125,008	414,066	549,024	108,650	68,811	89,270	295,646	211,651

FEE TYPE	CURRENT 2017-18	YR 1 2018-19 BUDGET (DRAFT)	YR 2 2019-20	YR 3 2020-21	YR 4 2021-22	YR 5 2022-23
			PROJECTED			
Pharmacy *(licensure renewal)*	***$2,250.*** *Increased from* ***$2,001*** *effective Dec 1, 2017*	**$2,299 effective Dec 1, 2018 ($49 incr. or 2.2%)**	**$2,345 ($46 incr. or 2%)**	**$2,392 ($47 incr. or 2%)**	**$2,440 ($48 incr. or 2%)**	**$2,489 ($49 incr. or 2%)**
Pharmacist *(full renewal)*	***$699.*** *Increased from* ***$580*** *effective Nov 1, 2017*	**$724 effective Nov 1, 2018 ($25 incr. or 3.7%)**	**$739 ($15 incr. or 2%)**	**$754 ($15 incr. or 2%)**	**$769 ($15 incr. or 2%)**	**$784 ($15 incr. or 2%)**
Pharmacy Technician *(full renewal)*	***$465.*** *Increased from* ***$386*** *effective Nov 1, 2017*	**$482 effective Nov 1, 2018 ($17 incr. or 3.7%)**	**$492 ($10 incr. or 2%)**	**$502 ($10 incr. or 2%)**	**$512 ($10 incr. or 2%)**	**$522 ($10 incr. or 2%)**

College of Pharmacists of BC
Statement of Revenue and Expenses
Draft Budget 2018/19
Based on proposed fee increases*

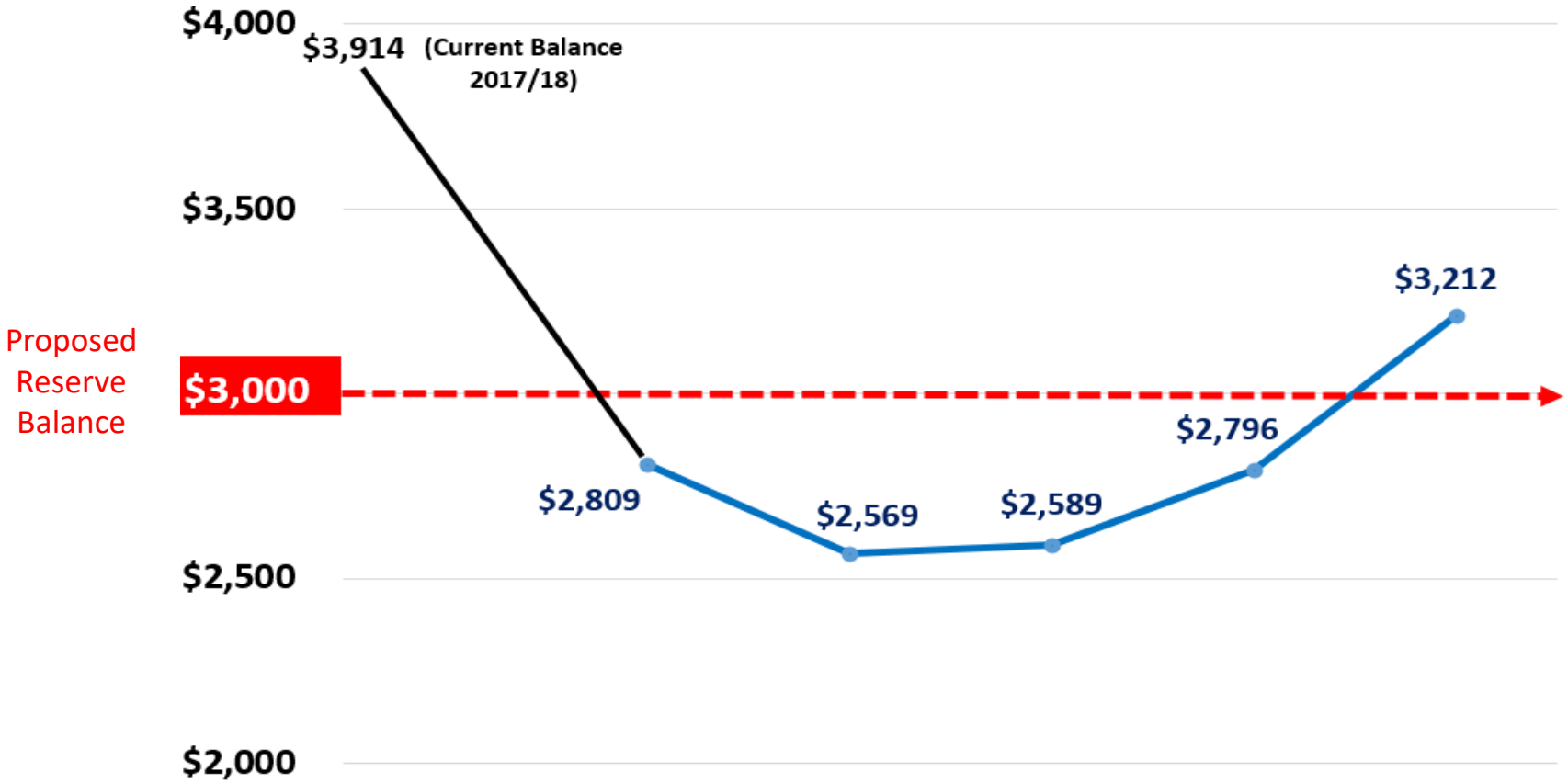
	Budget 2017/18	Latest Estimates 2017/18	Budget 2018/19
Revenue			
Licensure revenue			
Pharmacy fees	2,508,280	2,523,420	3,322,727
Pharmacists fees	3,682,229	3,590,673	4,314,669
Technician fees	719,451	666,176	802,716
	6,909,960	6,780,269	8,440,112
Non-licensure revenue			
Other revenue	879,882	778,337	114,188
Grant Revenue	111,450	71,490	175,240
Investment income	92,778	137,736	105,000
College Place joint venture income	250,000	250,000	265,000
	1,334,110	1,237,563	659,428
Transfer from Balance sheet	1,350,496	1,007,821	1,105,417
Total Revenue	**9,594,566**	**9,025,653**	**10,204,958**
Expenses			
Board and Registrar's Office	803,200	780,956	781,190
Finance, Administration and Human Resources	1,458,029	1,507,246	1,694,235
Information Technology	1,800,030	1,676,458	1,937,614
Grant Distribution	188,240	94,202	148,240
Registration, Licensure and Pharmanet	923,616	787,461	870,455
Quality Assurance	59,150	51,659	61,715
Practice Reviews	1,423,425	1,329,771	1,596,360
Complaints Resolution	1,591,574	1,394,262	1,628,843
Policy and Legislation	404,314	357,523	468,766
Public Engagement	392,975	362,312	446,951
Projects	150,000	316,975	174,401
Total Operating Expenses	9,194,552	8,658,825	9,808,770
Amortization	400,014	366,829	396,188
Total Expenses	**9,594,566**	**9,025,653**	**10,204,958**
Excess / (Deficiency) of revenue over expenses	**0**	**0**	**(0)**

Projected Impact on Reserves (in Thousands)



		2018/19	2019/20	2020/21	2021/22	2022/23
2018/19 Proposed Fees	Pharmacy	$ 2,299	$ 2,345	$ 2,392	$ 2,440	$ 2,489
	Pharmacist	$ 724	$ 739	$ 754	$ 769	$ 784
	Pharmacy Technician	$ 482	$ 492	$ 502	$ 512	$ 522

Projected Impact on Reserves (in Thousands)



		2018/19	2019/20	2020/21	2021/22	2022/23
2018/19 Proposed Fees	Pharmacy	$ 2,299	$ 2,345	$ 2,392	$ 2,440	$ 2,489
	Pharmacist	$ 724	$ 739	$ 754	$ 769	$ 784
	Pharmacy Technician	$ 482	$ 492	$ 502	$ 512	$ 522

College of Pharmacists of B.C.
FEE SCHEDULE
HPA Bylaw "Schedule D"

REGISTRATION FEES

Pharmacist			
Application for Pre-registration	Valid for up to three years.	$ 399.00	
Application for Re-instatement	Valid for up to three years.	$ 399.00	
Full Pharmacist - registration	For a term of one year.	~~$ 699.00~~	$ 724.00
Full Pharmacist - registration renewal	For a term of one year.	~~$ 699.00~~	$ 724.00
Non-practising Pharmacist - registration	For a term of one year.	~~$ 699.00~~	$ 724.00
Non-practising Pharmacist - registration renewal	For a term of one year.	~~$ 699.00~~	$ 724.00
Limited Pharmacist - registration	For a term of one year. Maximum three one-year terms.	~~$ 580.00~~	$ 724.00
Limited Pharmacist - renewal	Maximum two one-year renewal terms	~~$ 580.00~~	$ 724.00
Temporary Pharmacist	Valid for up to 90 days; during an emergency situation only.	$ 0.00	
Late registration renewal fee (≤90 days from renewal date).		$ 125.00	
Student Pharmacist			
New Student Pharmacist (UBC)	Valid for one year.	$ 100.00	
New Student Pharmacist (Non UBC)	Valid for one year.	$ 100.00	
Registration Renewal (UBC)	Valid for one year.	$ 0.00	
Application for Re-instatement (UBC)	For re-instatment after 90 days of registration expiry; valid for one year.	$ 0.00	
Pharmacy Technician			
Application for Pre-registration	Valid for up to three years.	$ 266.00	
Application for Re-instatement	Valid for up to three years.	$ 266.00	
Pharmacy Technician - registration	For a term of one year.	~~$ 465.00~~	$ 482.00
Pharmacy Technician - registration renewal	For a term of one year.	~~$ 465.00~~	$ 482.00
Non-practising Pharmacy Technician - registration	For a term of one year.	~~$ 465.00~~	$ 482.00
Non-practising Pharmacy Technician - registration renewal	For a term of one year.	~~$ 465.00~~	$ 482.00
Temporary Pharmacy Technician	Valid for up to 90 days; during an emergency situation only.	$ 0.00	
Late registration renewal fee (≤90 days from renewal date).		$ 125.00	
Structured Practical Training Program	Valid for 6 months from application date.	$ 375.00	

CERTIFICATION FOR INJECTION DRUG ADMINISTRATION

Application for certification		$ 100.00

ADMINISTRATION FEES

Replacement of registration certificate		$ 125.00
Certificate of standing		$ 125.00
Processing of non-sufficient funds (NSF) cheque		$ 125.00
Criminal Record Check (CRC)	See Criminal Record Check Fee Regulation BCReg238/2002 as amended	-
Jurisprudence Examination (JE)		$ 249.00
Pharmacy Practice Manual (available free on website)		$ 275.00

NOTES:

1) Fees are non-refundable.

2) All fees except Criminal Record Check are subject to GST.

3) Annual registration renewal notices are sent at least thirty (30) days prior to expiry date.

4) Completion of registration forms may be required for items with $0.00 fee amounts.

College of Pharmacists of British Columbia

APPLICATION FOR

FULL PHARMACIST REGISTRATION

APPLICANT INFORMATION

☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Dr

Legal Name _____
Last name (Surname) *First name* *Middle name*

Address _____ Tel *(home)* _____

_____ Tel *(work)* _____

_____ Email _____

City *Province*

_____ eServices ID _____

Postal code *Country*

Pursuant to s. 54(2) of the *Health Professions Act Bylaws*, a registrant **must** notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and address of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

Registrants can update their contact information using the eServices section of our website.

I attest that I am in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

I have professional liability insurance that meets the following criteria*:*

- Provides a minimum of $2 million coverage.
- Provides occurrence based coverage or claims made with extended reporting period of at least 3 years.
- If not in the pharmacist's name, the group policy covers the pharmacist as an individual.

_____ Date

_____ Applicant signature

The College collects the personal information on this application form to process the application and administer the College's related activities. The collection is authorized by the *Pharmacy Operations and Drug Scheduling Act*, *Health Professions Act*, and *Freedom of Information and Protection of Privacy Act*. Should you have any questions about the collection, please contact the College's Privacy Officer at 604-733-2440 or 1-800-663-1940 or privacy@bcpharmacists.org

College of Pharmacists of British Columbia

APPLICATION FOR

FULL PHARMACIST REGISTRATION

Statutory Declaration (Form 5)

PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF
AN APPLICATION FOR REGISTRATION
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

I, _____ , declare that *(check the appropriate boxes)*:

☐ 1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.

☐ 2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.

☐ 3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.

☐ 4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make my registration contrary to the public interest.

☐ 5. I am a person of good character.

☐ 6. I am aware of and will practice at all times in compliance with the Health Professions Act and the Pharmacy operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

☐ 7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC:

- *a charge relating to an offense under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offense;*
- *a finding of guilt in relation to an offense under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offense;*
- *a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;*
- *a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.*

On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:

a. *Criminal offence/Disciplinary action/Investigation*
b. *Date when offence was committed/Applicable health profession/Applicable jurisdiction*
c. *Disposition of charge including details of penalty-imposed*
d. *Extenuating circumstances you wish taken into account for your application.*

I declare the facts set out herein to be true.

_____ _____

Date Applicant Signature

College of Pharmacists of British Columbia

APPLICATION FOR

FULL PHARMACIST REGISTRATION

Pharmacist Confidentiality Undertaking

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

☐ I will not access or use any clinical or patient information in the PharmaNet database or the in-pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.

☐ I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.

☐ I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.

☐ I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.

☐ I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

_____ Date

_____ Applicant signature

Note:

1. *Attach original with application for registration.*
2. *Make a copy for the pharmacy manager - to be retained in the pharmacy files.*

College of Pharmacists of British Columbia

APPLICATION FOR

FULL PHARMACIST REGISTRATION

Criminal Record Check Authorization

APPLICANT INFORMATION

Legal name _____
Last name (Surname) *First name* *Middle name*

Mailing address _____
Street *Province/State* *Postal Code*

_____ Contact phone _____
Country *Area code*

Gender ☐ Male ☐ Female B.C. Driver's Licence # _____

Birthdate _____ Birthplace _____
YYYY-MM-DD *City/town* *Province/State* *Country*

Other names used or have used *(e.g. maiden name, birth name, previous married name)*

1. _____
Surname *First name* *Middle name*

2. _____
Surname *First name* *Middle name*

3. _____
Surname *First name* *Middle name*

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care and Assisted Living Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

Pursuant to the B.C. Criminal Records Review Act

Consent information can be found at:

http://www.bcpharmacists.org/library/3_Registration_Licensure/5144-CRC_Consent_Release_Information_Acknowledgement.pdf

Contact the College office if you cannot access the consent information.

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis at least once every five years. I understand that I may withdraw this consent for future criminal record checks.

_____ _____
Date Applicant signature

College of Pharmacists of British Columbia

APPLICATION FOR

FULL PHARMACIST REGISTRATION

PAYMENT OPTION

Applicant Name _____

Last name (Surname) *First name* *Middle name*

☐ Bank Draft/Money order
(payable to College of Pharmacists of BC)

☐ VISA ☐ MasterCard

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Application fee	~~699.00~~ 724.00
Criminal Record Check fee	28.00
GST	~~34.95~~ 36.20
Total	**$~~761.95~~ 788.20**
	GST # R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Reg initials: _____

Date to Finance: _____

College of Pharmacists of British Columbia

APPLICATION FOR

LIMITED PHARMACIST REGISTRATION

APPLICANT INFORMATION

☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Dr

Legal Name _____
Last name (Surname) *First name* *Middle name*

Address _____ Tel *(home)* _____

_____ Tel *(work)* _____

_____ Email _____

City *Province*

_____ eServices ID _____

Postal code *Country*

Pursuant to s. 54(2) of the *Health Professions Act Bylaws*, a registrant **must** notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and address of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

Registrants can update their contact information using the eServices section of our website.

I attest that I am in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

I have professional liability insurance that meets the following criteria*:*

- Provides a minimum of $2 million coverage.
- Provides occurrence based coverage or claims made with extended reporting period of at least 3 years.
- If not in the pharmacist's name, the group policy covers the pharmacist as an individual.

_____ _____
Date Applicant signature

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College of Pharmacists of British Columbia

APPLICATION FOR

LIMITED PHARMACIST REGISTRATION

Statutory Declaration (Form 5)

PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF
AN APPLICATION FOR REGISTRATION
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

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☐ 5. I am a person of good character.

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c. Disposition of charge including details of penalty-imposed
d. Extenuating circumstances you wish taken into account for your application.

I declare the facts set out herein to be true.

_____ _____

Date Applicant Signature

College of Pharmacists of British Columbia

APPLICATION FOR

LIMITED PHARMACIST REGISTRATION

Pharmacist Confidentiality Undertaking

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

☐ I will not access or use any clinical or patient information in the PharmaNet database or the in-pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.

☐ I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.

☐ I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.

☐ I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.

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_____ Date

_____ Applicant signature

Note:

1. *Attach original with application for registration.*
2. *Make a copy for the pharmacy manager - to be retained in the pharmacy files.*

College of Pharmacists of British Columbia

APPLICATION FOR

LIMITED PHARMACIST REGISTRATION

Criminal Record Check Authorization

APPLICANT INFORMATION

Legal name _____
Last name (Surname) *First name* *Middle name*

Mailing address _____
Street *Province/State* *Postal Code*

_____ Contact phone _____
Country *Area code*

Gender ☐ Male ☐ Female B.C. Driver's Licence # _____

Birthdate _____ Birthplace _____
YYYY-MM-DD *City/town* *Province/State* *Country*

Other names used or have used *(e.g. maiden name, birth name, previous married name)*

1. _____
Surname *First name* *Middle name*

2. _____
Surname *First name* *Middle name*

3. _____
Surname *First name* *Middle name*

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CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

Pursuant to the B.C. Criminal Records Review Act

Consent information can be found at:

http://www.bcpharmacists.org/library/3_Registration_Licensure/5144-CRC_Consent_Release_Information_Acknowledgement.pdf

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- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis at least once every five years. I understand that I may withdraw this consent for future criminal record checks.

_____ _____
Date Applicant signature

College of Pharmacists of British Columbia

APPLICATION FOR

LIMITED PHARMACIST REGISTRATION

PAYMENT OPTION

Applicant Name _____

Last name (Surname) *First name* *Middle name*

☐ Bank Draft/Money order
(payable to College of Pharmacists of BC)

☐ VISA ☐ MasterCard

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Application fee	~~580.00~~ 724.00
Criminal Record Check fee	28.00
GST	~~29.00~~ 36.20
Total	**~~$637.00~~ 788.20**

GST # R106953920

For office use ONLY

iMIS ID: Finance stamp:

Reg initials:

Date to Finance:

College of Pharmacists of British Columbia

APPLICATION FOR

PHARMACY TECHNICIAN REGISTRATION

APPLICANT INFORMATION

☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Dr

Legal Name _____
Last name (Surname) *First name* *Middle name*

Address _____ Tel *(home)* _____

_____ Tel *(work)* _____

Email

_____ _____
City *Province*

_____ eServices ID _____
Postal code *Country*

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Registrants can update their contact information using the eServices section of our website.

I attest that I am in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

I have professional liability insurance that meets the following criteria*:*

- Provides a minimum of $2 million coverage.
- Provides occurrence based coverage or claims made with extended reporting period of at least 3 years.
- If not in the pharmacy technician's name, the group policy covers the pharmacy technician as an individual.

_____ _____
Date Applicant signature

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APPLICATION FOR

PHARMACY TECHNICIAN REGISTRATION

Statutory Declaration (Form 5)

PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF
AN APPLICATION FOR REGISTRATION
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

I, _____ , declare that *(check the appropriate boxes)*:

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☐ 3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.

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☐ 5. I am a person of good character.

☐ 6. I am aware of and will practice at all times in compliance with the Health Professions Act and the Pharmacy operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

☐ 7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC:

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- *a finding of guilt in relation to an offense under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offense;*
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On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:

a. Criminal offence/Disciplinary action/Investigation
b. Date when offence was committed/Applicable health profession/Applicable jurisdiction
c. Disposition of charge including details of penalty-imposed
d. Extenuating circumstances you wish taken into account for your application.

I declare the facts set out herein to be true.

_____ _____

Date Applicant Signature

APPLICATION FOR

PHARMACY TECHNICIAN REGISTRATION

Pharmacy Technician Confidentiality Undertaking

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

☐ I will not access or use any clinical or patient information in the PharmaNet database or the in-pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.

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☐ I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.

☐ I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

_____ _____

Date Applicant signature

Note:

1. *Attach original with application for registration.*
2. *Make a copy for the pharmacy manager - to be retained in the pharmacy files.*

APPLICATION FOR

PHARMACY TECHNICIAN REGISTRATION

Criminal Record Check Authorization

APPLICANT INFORMATION

Legal name _____
Last name (Surname) *First name* *Middle name*

Mailing address _____
Street *Province/State* *Postal Code*

_____ Contact phone _____
Country *Area code*

Gender ☐ Male ☐ Female B.C. Driver's Licence # _____

Birthdate _____ Birthplace _____
YYYY-MM-DD *City/town* *Province/State* *Country*

Other names used or have used *(e.g. maiden name, birth name, previous married name)*

1. _____
Surname *First name* *Middle name*
2. _____
Surname *First name* *Middle name*
3. _____
Surname *First name* *Middle name*

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- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis at least once every five years. I understand that I may withdraw this consent for future criminal record checks.

_____ _____

APPLICATION FOR

PHARMACY TECHNICIAN REGISTRATION

PAYMENT OPTION

Applicant Name _____
Last name (Surname) *First name* *Middle name*

☐ Bank Draft/Money order
(payable to College of Pharmacists of BC)

☐ VISA ☐ MasterCard

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Application fee	~~465.00~~ 482.00
Criminal Record Check fee	28.00
GST	~~23.25~~ 24.10
Total	**$~~516.25~~ 534.10**

GST # R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Reg initials: _____

Date to Finance: _____

College of Pharmacists of British Columbia

APPLICATION FOR

NON-PRACTISING PHARMACIST REGISTRATION

APPLICANT INFORMATION

☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Dr

Legal Name _____

Last name (Surname) *First name* *Middle name*

Address _____ Tel *(home)* _____

_____ Tel *(work)* _____

_____ Email _____

City *Province*

_____ Reg # _____

Postal code *Country*

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I attest that I am in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

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College of Pharmacists of British Columbia

APPLICATION FOR

NON-PRACTISING PHARMACIST REGISTRATION

Statutory Declaration (Form 5)

PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF
AN APPLICATION FOR REGISTRATION
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Date Applicant Signature

College of Pharmacists of British Columbia

APPLICATION FOR

NON-PRACTISING PHARMACIST REGISTRATION

Criminal Record Check Authorization

APPLICANT INFORMATION

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Gender ☐ Male ☐ Female B.C. Driver's Licence # _____

Birthdate _____ Birthplace _____
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1. _____
Surname *First name* *Middle name*

2. _____
Surname *First name* *Middle name*

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Surname *First name* *Middle name*

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Date Applicant signature

College of Pharmacists of British Columbia

APPLICATION FOR

NON-PRACTISING PHARMACIST REGISTRATION

PAYMENT OPTION

Applicant Name _____
Last name (Surname) *First name* *Middle name*

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Application fee	~~699.00~~ 724.00
Criminal Record Check fee	28.00
GST	~~34.95~~ 36.20
Total	**$~~761.95~~ 788.20**
	GST # R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Reg initials: _____

Date to Finance: _____

College of Pharmacists of British Columbia

APPLICATION FOR

NON-PRACTISING PHARMACY TECHNICIAN REGISTRATION

Application Form

APPLICANT INFORMATION

☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Dr

Legal Name _____

Last name (Surname) *First name* *Middle name*

Address _____ Tel *(home)* _____

_____ Tel *(work)* _____

_____ Email _____

City *Province*

_____ Reg # _____

Postal code *Country*

Pursuant to s. 54(2) of *the Health Professions Act Bylaws*, a registrant **must** notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and address of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

Registrants can update their contact information using the eServices section of our website.

I attest that I am in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

_____ _____

Date Applicant signature

The College collects the personal information on this application form to process the application and administer the College's related activities. The collection is authorized by the *Pharmacy Operations and Drug Scheduling Act*, *Health Professions Act*, and *Freedom of Information and Protection of Privacy Act*. Should you have any questions about the collection, please contact the College's Privacy Officer at 604-733-2440 or 1-800-663-1940 or privacy@bcpharmacists.org

College of Pharmacists of British Columbia

APPLICATION FOR

NON-PRACTISING PHARMACY TECHNICIAN REGISTRATION

Statutory Declaration (Form 5)

PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF
AN APPLICATION FOR REGISTRATION
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

I, _____ , declare that *(check the appropriate boxes)*:

☐ 1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.

☐ 2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.

☐ 3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.

☐ 4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make my registration contrary to the public interest.

☐ 5. I am a person of good character.

☐ 6. I am aware of and will practice at all times in compliance with the Health Professions Act and the Pharmacy operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

☐ 7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC:

- *a charge relating to an offense under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offense;*
- *a finding of guilt in relation to an offense under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offense;*
- *a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;*
- *a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.*

On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:

a. Criminal offence/Disciplinary action/Investigation
b. Date when offence was committed/Applicable health profession/Applicable jurisdiction
c. Disposition of charge including details of penalty-imposed
d. Extenuating circumstances you wish taken into account for your application.

I declare the facts set out herein to be true.

_____ Date

_____ Applicant Signature

College of Pharmacists of British Columbia

APPLICATION FOR

NON-PRACTISING PHARMACY TECHNICIAN REGISTRATION

Criminal Record Check Authorization

APPLICANT INFORMATION

Legal name _____
Last name (Surname) *First name* *Middle name*

Mailing address _____
Street *Province/State* *Postal Code*

_____ Contact phone _____
Country *Area code*

Gender ☐ Male ☐ Female B.C. Driver's Licence # _____

Birthdate _____ Birthplace _____
YYYY-MM-DD *City/town* *Province/State* *Country*

Other names used or have used *(e.g. maiden name, birth name, previous married name)*

1. _____
Surname *First name* *Middle name*

2. _____
Surname *First name* *Middle name*

3. _____
Surname *First name* *Middle name*

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care and Assisted Living Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

Pursuant to the B.C. Criminal Records Review Act

Consent information can be found at:

http://www.bcpharmacists.org/library/3_Registration_Licensure/5144-CRC_Consent_Release_Information_Acknowledgement.pdf

Contact the College office if you cannot access the consent information.

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis at least once every five years. I understand that I may withdraw this consent for future criminal record checks.

_____ _____
Date Applicant signature

College of Pharmacists of British Columbia

APPLICATION FOR

NON-PRACTISING PHARMACY TECHNICIAN REGISTRATION

PAYMENT OPTION

Applicant Name _____

Last name (Surname) *First name* *Middle name*

☐ Bank Draft/Money order
(payable to College of Pharmacists of BC)

☐ VISA ☐ MasterCard

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Application fee	~~465.00~~ 482.00
Criminal Record Check fee	28.00
GST	~~23.25~~ 24.10
Total	**$~~516.25~~ 534.10**
	GST # R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Reg initials: _____

Date to Finance: _____

College of Pharmacists of British Columbia

PHARMACIST REGISTRATION RENEWAL

Reg # expires

eServices ID

REGISTRATION OPTION FOR NEXT YEAR

Registration option *(select **one** option)*

	FEE	GST	TOTAL
☐ Full pharmacist	$~~699.00~~ 724.00	+ ~~$34.95~~ 36.20	= ~~**$761.95**~~ **760.20**
☐ Non-practising pharmacist	$~~699.00~~ 724.00	+ ~~$34.95~~ 36.20	= ~~**$761.95**~~ **760.20**
☐ Former pharmacist	$ 0.00		

Criminal Record Check

☐ Criminal Record Check *(if applicable)*	$ 28.00	+ $0.00	= **$ 28.00**

Date

Registrant signature

The College collects the personal information on this application form to process the application and administer the College's related activities. The collection is authorized by the *Pharmacy Operations and Drug Scheduling Act*, *Health Professions Act*, and *Freedom of Information and Protection of Privacy Act*. Should you have any questions about the collection, please contact the College's Privacy Officer at 604-733-2440 or 1-800-663-1940 or privacy@bcpharmacists.org

PHARMACIST REGISTRATION RENEWAL

Profile Update

Reg # expires

Pursuant to s. 54(2) of the Health Professions Act Bylaws, a registrant must notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and address of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

Registrants can update their contact information using the eServices section of our website.

CONTACT INFORMATION

	CURRENT INFORMATION	UPDATE IF NECESSARY
Send mail to my *	☐**home** address ☐**work** address	☐**home** address ☐**work** address
Mailing address *		Address 1 Address 2 City Province Postal code Country
Email *		
Tel (Home) *		
Tel (Work)		

* denotes required information

EDUCATION

Basic education in pharmacy

☐Diploma ☐Baccalaureate ☐Masters ☐PharmD

University

Graduation year

Province/State Country

Highest post-basic education in pharmacy

☐Baccalaureate ☐Masters ☐PharmD ☐Doctorate

☐Accredited residency - Hospital ☐Accredited residency - Community

University

Graduation year

Province/State Country

If changes are made in this section, you must submit supporting documents (e.g. copy of degree or completion certificate).

PHARMACIST REGISTRATION RENEWAL

Profile Update

eServices ID

EMPLOYMENT

EMPLOYMENT STATUS:

- ☐ A. Employed in the profession of pharmacy ***(provide details below)***
- ☐ B. Employed in other than the profession of pharmacy, seeking employment in the profession of pharmacy
- ☐ C. Employed in other than the profession of pharmacy, not seeking employment in the profession of pharmacy
- ☐ D. Unemployed and seeking employment in the profession of pharmacy
- ☐ E. Unemployed and not seeking employment in the profession of pharmacy

Primary	Secondary	Third
Pharmacare #	*Pharmacare #*	*Pharmacare #*
Employer name	Employer name	Employer name
Prov / Postal code	Prov / Postal code	Prov / Postal code
Country	Country	Country
CATEGORY: ☐ Permanent employee ☐ Casual employee ☐ Temporary employee ☐ Self employed	**CATEGORY:** ☐ Permanent employee ☐ Casual employee ☐ Temporary employee ☐ Self employed	**CATEGORY:** ☐ Permanent employee ☐ Casual employee ☐ Temporary employee ☐ Self employed
POSITION: ☐ Director of Pharmacy ☐ Pharmacy Owner/Manager ☐ Pharmacy Manager ☐ Researcher ☐ Staff Pharmacist ☐ Pharmacist Consultant ☐ Educator ☐ Industrial Pharmacist ☐ Institutional Leader/Coordinator ☐ Other	**POSITION:** ☐ Director of Pharmacy ☐ Pharmacy Owner/Manager ☐ Pharmacy Manager ☐ Researcher ☐ Staff Pharmacist ☐ Pharmacist Consultant ☐ Educator ☐ Industrial Pharmacist ☐ Institutional Leader/Coordinator ☐ Other	**POSITION:** ☐ Director of Pharmacy ☐ Pharmacy Owner/Manager ☐ Pharmacy Manager ☐ Researcher ☐ Staff Pharmacist ☐ Pharmacist Consultant ☐ Educator ☐ Industrial Pharmacist ☐ Institutional Leader/Coordinator ☐ Other
WEEKLY PRACTICE HOURS: ☐ 40 and above ☐ 15 - 29 ☐ 30 - 39 ☐ 14 or less	**WEEKLY PRACTICE HOURS:** ☐ 40 and above ☐ 15 - 29 ☐ 30 - 39 ☐ 14 or less	**WEEKLY PRACTICE HOURS:** ☐ 40 and above ☐ 15 - 29 ☐ 30 - 39 ☐ 14 or less
PLACE OF EMPLOYMENT: ☐ Hospital and other health care facilities ☐ Community pharmacy ☐ Other pharmacy ☐ Group professional practice/clinic ☐ Community health centre ☐ Other community-based pharmacist practice ☐ Post-secondary educational institution ☐ Association/government/para-governmental ☐ Health-related industry/manufacturing/commercial ☐ Community pharmacy corporate office ☐ Other	**PLACE OF EMPLOYMENT:** ☐ Hospital and other health care facilities ☐ Community pharmacy ☐ Other pharmacy ☐ Group professional practice/clinic ☐ Community health centre ☐ Other community-based pharmacist practice ☐ Post-secondary educational institution ☐ Association/government/para-governmental ☐ Health-related industry/manufacturing/commercial ☐ Community pharmacy corporate office ☐ Other	**PLACE OF EMPLOYMENT:** ☐ Hospital and other health care facilities ☐ Community pharmacy ☐ Other pharmacy ☐ Group professional practice/clinic ☐ Community health centre ☐ Other community-based pharmacist practice ☐ Post-secondary educational institution ☐ Association/government/para-governmental ☐ Health-related industry/manufacturing/commercial ☐ Community pharmacy corporate office ☐ Other

PHARMACIST REGISTRATION RENEWAL

Criminal Record Check Authorization

eServices ID

APPLICANT INFORMATION

Legal name _____
Last name (Surname) *First name* *Middle name*

Home address _____
Street *City/town* *Province/State* *Postal Code*

_____ Home phone _____
Country *Area code*

Gender ☐ Male ☐ Female B.C. Driver's Licence # _____

Birth date _____ Birthplace _____
YYYY-MM-DD *City/town* *Province/State* *Country*

Other names used or have used *(e.g. maiden name, birth name, previous married name)*

1. _____
Surname *First name* *Middle name*
2. _____
Surname *First name* *Middle name*
3. _____
Surname *First name* *Middle name*

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

Pursuant to the B.C. Criminal Records Review Act

Consent information can be found at:

http://www.bcpharmacists.org/library/3_Registration_Licensure/5144-CRC_Consent_Release_Information_Acknowledgement.pdf

Contact the College office if you cannot access the consent information.

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis at least once every five years. I understand that I may withdraw this consent for future criminal record checks.

_____ _____
Date Applicant signature

PHARMACIST REGISTRATION RENEWAL

Statutory, Insurance, Drug Administration Recertification Declaration

eServices ID

STATUTORY DECLARATION (FORM 5)

PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF AN APPLICATION FOR REGISTRATION WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

I, _____ declare that *(check the appropriate boxes)*:

☐ 1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.

☐ 2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.

☐ 3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.

☐ 4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.

☐ 5. I am a person of good character.

☐ 6. I am aware of and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

☐ 7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.

- *a charge relating to an offense under any Act regulating the practice of pharmacy or relating to the sale of drugs, or relating to any criminal offense;*
- *a finding of guilt in relation to an offense under any Act regulating the practice of pharmacy or relating to the sale of drugs or in relation to any criminal offense;*
- *a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;*
- *a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.*

On a separate sheet of paper, provide details if any of the above are not true (i.e. if any of the above boxes are not checked off). Details to include:

a. Criminal offence/Disciplinary action/Investigation
b. Date when offence was committed/Applicable health profession/Applicable jurisdiction
c. Disposition of charge including details of penalty-imposed
d. Extenuating circumstances you wish taken into account for your application.

PROFESSIONAL LIABILITY INSURANCE

☐ I have professional liability insurance that meets the following criteria:

- Provides a minimum of $2 million coverage.
- Provides occurrence based coverage or claims made with extended reporting period of at least 3 years.
- If not in the pharmacists' name, the group policy covers the pharmacist as an individual.

☐ Not applicable to me (I am transferring to Non-Practising pharmacist category or Former status).

DRUG ADMINISTRATION RECERTIFICATION

☐ I declare, I am eligible to renew my drug administration certification as stated in HPA Bylaw s.43(4) because in the preceding three years:

- I have administered a drug via injection or successfully completed a continuing education program in drug administration specified in Schedule C *and*
- I have administered a drug via intranasal route or completed the intranasal immunization drug administration online module as specified in Schedule C, *and*
- I have maintained valid First Aid and CPR certification throughout my drug administration certification as specified in Schedule C

or

☐ I declare, that I am not eligible to renew my drug administration certification because I do not meet the above three criteria for drug administration renewal as specified in HPA Bylaw s.43(4).

I declare the facts set out herein to be true.

_____ _____

Date Applicant signature

PHARMACIST REGISTRATION RENEWAL

Registration and Payment Option

eServices ID

REGISTRATION OPTION FOR NEXT YEAR

Registration option *(select **one** option)*

	FEE	GST	TOTAL
☐ Full pharmacist	$~~699.00~~ 724.00	+ $~~34.95~~ 36.20	= **~~$761.95~~ 760.20**
☐ Non-practising pharmacist	$~~699.00~~ 724.00	+ $~~34.95~~ 36.20	= **~~$761.95~~ 760.20**
☐ Former pharmacist	$ 0.00		

Criminal Record Check

☐ Criminal Record Check *(if applicable)* $ 28.00 + $0.00 = **$ 28.00**

$ _____

TOTAL $

GST # R106953920

PAYMENT OPTION

Registrant Name _____

Last name (Surname) *First name* *Middle name*

☐ Bank Draft/Money order
(payable to College of Pharmacists of BC)

☐ VISA ☐ MasterCard

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

GST # R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Reg initials: _____

Date to Finance: _____

College of Pharmacists of British Columbia

LIMITED PHARMACIST REGISTRATION RENEWAL

Reg #	expires

eServices ID

REGISTRATION OPTION FOR NEXT YEAR

Registration option	FEE	GST	TOTAL
☐ Limited pharmacist	$~~580.00~~ 724.00	+ ~~$29.00~~ 36.20	= **~~$609.00~~ 760.20**
Criminal Record Check			
☐ Criminal Record Check *(if applicable)*	$ 28.00	+ $0.00	= **$ 28.00**

Date

Registrant signature

The College collects the personal information on this application form to process the application and administer the College's related activities. The collection is authorized by the *Pharmacy Operations and Drug Scheduling Act*, *Health Professions Act*, and *Freedom of Information and Protection of Privacy Act*. Should you have any questions about the collection, please contact the College's Privacy Officer at 604-733-2440 or 1-800-663-1940 or privacy@bcpharmacists.org

LIMITED PHARMACIST REGISTRATION RENEWAL

Profile Update

Reg # expires

Pursuant to s. 54(2) of the Health Professions Act Bylaws, a registrant must notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and address of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

Registrants can update their contact information using the eServices section of our website.

CONTACT INFORMATION

	CURRENT INFORMATION	UPDATE IF NECESSARY
Send mail to my *	☐**home** address ☐**work** address	☐**home** address ☐**work** address
Mailing address *		Address 1 Address 2 City Province Postal code Country
Email *		
Tel (Home) *		
Tel (Work)		

* denotes required information

EDUCATION

Basic education in pharmacy

☐Diploma ☐ Baccalaureate ☐Masters ☐PharmD

University

Graduation year

Province/State *Country*

Highest post-basic education in pharmacy

☐Baccalaureate ☐Masters ☐PharmD ☐Doctorate

☐Accredited residency - Hospital ☐Accredited residency - Community

University

Graduation year

Province/State *Country*

If changes are made in this section, you must submit supporting documents (e.g. copy of degree or completion certificate).

LIMITED PHARMACIST REGISTRATION RENEWAL

Profile Update

eServices ID

EMPLOYMENT

EMPLOYMENT STATUS:

- ☐ A. Employed in the profession of pharmacy ***(provide details below)***
- ☐ B. Employed in other than the profession of pharmacy, seeking employment in the profession of pharmacy
- ☐ C. Employed in other than the profession of pharmacy, not seeking employment in the profession of pharmacy
- ☐ D. Unemployed and seeking employment in the profession of pharmacy
- ☐ E. Unemployed and not seeking employment in the profession of pharmacy

Primary	Secondary	Third
Pharmacare # Employer name Prov Postal code Country	*Pharmacare #* Employer name Prov Postal code Country	*Pharmacare #* Employer name Prov Postal code Country
CATEGORY: ☐ Permanent employee ☐ Casual employee ☐ Temporary employee ☐ Self employed	**CATEGORY:** ☐ Permanent employee ☐ Casual employee ☐ Temporary employee ☐ Self employed	**CATEGORY:** ☐ Permanent employee ☐ Casual employee ☐ Temporary employee ☐ Self employed
POSITION: ☐ Director of Pharmacy ☐ Pharmacy Owner/Manager ☐ Pharmacy Manager ☐ Researcher ☐ Staff Pharmacist ☐ Pharmacist Consultant ☐ Educator ☐ Industrial Pharmacist ☐ Institutional Leader/Coordinator ☐ Other	**POSITION:** ☐ Director of Pharmacy ☐ Pharmacy Owner/Manager ☐ Pharmacy Manager ☐ Researcher ☐ Staff Pharmacist ☐ Pharmacist Consultant ☐ Educator ☐ Industrial Pharmacist ☐ Institutional Leader/Coordinator ☐ Other	**POSITION:** ☐ Director of Pharmacy ☐ Pharmacy Owner/Manager ☐ Pharmacy Manager ☐ Researcher ☐ Staff Pharmacist ☐ Pharmacist Consultant ☐ Educator ☐ Industrial Pharmacist ☐ Institutional Leader/Coordinator ☐ Other
WEEKLY PRACTICE HOURS: ☐ 40 and above ☐ 15 - 29 ☐ 30 - 39 ☐ 14 or less	**WEEKLY PRACTICE HOURS:** ☐ 40 and above ☐ 15 - 29 ☐ 30 - 39 ☐ 14 or less	**WEEKLY PRACTICE HOURS:** ☐ 40 and above ☐ 15 - 29 ☐ 30 - 39 ☐ 14 or less
PLACE OF EMPLOYMENT: ☐ Hospital and other health care facilities ☐ Community pharmacy ☐ Other pharmacy ☐ Group professional practice/clinic ☐ Community health centre ☐ Other community-based pharmacist practice ☐ Post-secondary educational institution ☐ Association/government/para-governmental ☐ Health-related industry/manufacturing/commercial ☐ Community pharmacy corporate office ☐ Other	**PLACE OF EMPLOYMENT:** ☐ Hospital and other health care facilities ☐ Community pharmacy ☐ Other pharmacy ☐ Group professional practice/clinic ☐ Community health centre ☐ Other community-based pharmacist practice ☐ Post-secondary educational institution ☐ Association/government/para-governmental ☐ Health-related industry/manufacturing/commercial ☐ Community pharmacy corporate office ☐ Other	**PLACE OF EMPLOYMENT:** ☐ Hospital and other health care facilities ☐ Community pharmacy ☐ Other pharmacy ☐ Group professional practice/clinic ☐ Community health centre ☐ Other community-based pharmacist practice ☐ Post-secondary educational institution ☐ Association/government/para-governmental ☐ Health-related industry/manufacturing/commercial ☐ Community pharmacy corporate office ☐ Other

LIMITED PHARMACIST REGISTRATION RENEWAL

Criminal Record Check Authorization

eServices ID

APPLICANT INFORMATION

Legal name _____
Last name (Surname) *First name* *Middle name*

Home address _____
Street *City/town* *Province/State* *Postal Code*

_____ Home phone _____
Country *Area code*

Gender ☐ Male ☐ Female B.C. Driver's Licence # _____

Birth date _____ Birthplace _____
YYYY-MM-DD *City/town* *Province/State* *Country*

Other names used or have used *(e.g. maiden name, birth name, previous married name)*

1. _____
Surname *First name* *Middle name*
2. _____
Surname *First name* *Middle name*
3. _____
Surname *First name* *Middle name*

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

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CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

Pursuant to the B.C. Criminal Records Review Act

Consent information can be found at:

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Contact the College office if you cannot access the consent information.

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis at least once every five years. I understand that I may withdraw this consent for future criminal record checks.

_____ _____
Date Applicant signature

LIMITED PHARMACIST REGISTRATION RENEWAL

Statutory, Insurance, Drug Administration Recertification Declaration

eServices ID

STATUTORY DECLARATION (FORM 5)

PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF AN APPLICATION FOR REGISTRATION WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

I, _____ declare that *(check the appropriate boxes)*:

☐ 1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.

☐ 2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.

☐ 3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.

☐ 4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.

☐ 5. I am a person of good character.

☐ 6. I am aware of and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

☐ 7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.

- *a charge relating to an offense under any Act regulating the practice of pharmacy or relating to the sale of drugs, or relating to any criminal offense;*
- *a finding of guilt in relation to an offense under any Act regulating the practice of pharmacy or relating to the sale of drugs or in relation to any criminal offense;*
- *a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;*
- *a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.*

On a separate sheet of paper, provide details if any of the above are not true (i.e. if any of the above boxes are not checked off). Details to include:

a. Criminal offence/Disciplinary action/Investigation
b. Date when offence was committed/Applicable health profession/Applicable jurisdiction c. Disposition of charge including details of penalty-imposed
d. Extenuating circumstances you wish taken into account for your application.

PROFESSIONAL LIABILITY INSURANCE

☐ I have professional liability insurance that meets the following criteria:

- Provides a minimum of $2 million coverage.
- Provides occurrence based coverage or claims made with extended reporting period of at least 3 years.
- If not in the pharmacists' name, the group policy covers the pharmacist as an individual.

☐ Not applicable to me (I am not renewing my Limited Pharmacist registration).

DRUG ADMINISTRATION RECERTIFICATION

☐ I declare, I am eligible to renew my drug administration certification as stated in HPA Bylaw s.43(4) because in the preceding three years:

- I have administered a drug via injection or successfully completed a continuing education program in drug administration specified in Schedule C *and*
- I have administered a drug via intranasal route or completed the intranasal immunization drug administration online module as specified in Schedule C, *and*
- I have maintained valid First Aid and CPR certification throughout my drug administration certification as specified in Schedule C

or

☐ I declare, that I am not eligible to renew my drug administration certification because I do not meet the above three criteria for drug administration renewal as specified in HPA Bylaw s.43(4).

I declare the facts set out herein to be true.

_____ _____

Date Applicant signature

LIMITED PHARMACIST REGISTRATION RENEWAL

Registration and Payment Option

eServices ID

REGISTRATION OPTION FOR NEXT YEAR

Registration option *(select **one** option)*

	FEE	GST	TOTAL
☐ Limited pharmacist	~~$580.00~~ 724.00	+ ~~$29.00~~ 36.20	= ~~**$609.00**~~ **760.20**

Criminal Record Check

☐ Criminal Record Check *(if applicable)* $ 28.00 + $0.00 = **$ 28.00**

$ _____

TOTAL $

GST # R106953920

PAYMENT OPTION

Registrant Name _____

Last name (Surname) *First name* *Middle name*

☐ Bank Draft/Money order
(payable to College of Pharmacists of BC)

☐ VISA ☐ MasterCard

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

GST # R106953920

For office use ONLY

iMIS ID: Finance stamp:

Reg initials:

Date to Finance:

College of Pharmacists of British Columbia

NON-PRACTISING PHARMACIST REGISTRATION RENEWAL

Reg #	expires

eServices ID

REGISTRATION OPTION FOR NEXT YEAR

Registration option *(select **one** option)*

	FEE	GST	TOTAL
☐ Non-practising pharmacist	~~$699.00~~ 724.00	+ ~~$34.95~~ 36.20	= ~~$761.95~~ **760.20**
☐ Former pharmacist	$ 0.00		

Criminal Record Check

☐ Criminal Record Check *(if applicable)*	$ 28.00	+ $0.00	= **$ 28.00**

Date

Registrant signature

The College collects the personal information on this application form to process the application and administer the College's related activities. The collection is authorized by the *Pharmacy Operations and Drug Scheduling Act*, *Health Professions Act*, and *Freedom of Information and Protection of Privacy Act*. Should you have any questions about the collection, please contact the College's Privacy Officer at 604-733-2440 or 1-800-663-1940 or privacy@bcpharmacists.org

NON-PRACTISING PHARMACIST REGISTRATION RENEWAL

Profile Update

Reg # expires

Pursuant to s. 54(2) of the Health Professions Act Bylaws, a registrant must notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and address of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

Registrants can update their contact information using the eServices section of our website.

CONTACT INFORMATION

	CURRENT INFORMATION	UPDATE IF NECESSARY
Send mail to my *	☐ **home** address ☐ **work** address	☐ **home** address ☐ **work** address
Mailing address *		Address 1 Address 2 City / Province Postal code / Country
Email *		
Tel (Home) *		
Tel (Work)		

* denotes required information

EDUCATION

Basic education in pharmacy

☐ Diploma ☐ Baccalaureate ☐ Masters ☐ PharmD

University

Graduation year

Province/State Country

Highest post-basic education in pharmacy

☐ Baccalaureate ☐ Masters ☐ PharmD ☐ Doctorate

☐ Accredited residency - Hospital ☐ Accredited residency - Community

University

Graduation year

Province/State Country

If changes are made in this section, you must submit supporting documents (e.g. copy of degree or completion certificate).

NON-PRACTISING PHARMACIST REGISTRATION RENEWAL

Profile Update

eServices ID

EMPLOYMENT

EMPLOYMENT STATUS:

- ☐ A. Employed in the profession of pharmacy ***(provide details below)***
- ☐ B. Employed in other than the profession of pharmacy, seeking employment in the profession of pharmacy
- ☐ C. Employed in other than the profession of pharmacy, not seeking employment in the profession of pharmacy
- ☐ D. Unemployed and seeking employment in the profession of pharmacy
- ☐ E. Unemployed and not seeking employment in the profession of pharmacy

Primary	Secondary	Third
Pharmacare #	*Pharmacare #*	*Pharmacare #*
Employer name	Employer name	Employer name
Prov / Postal code	Prov / Postal code	Prov / Postal code
Country	Country	Country
CATEGORY: ☐ Permanent employee ☐ Casual employee ☐ Temporary employee ☐ Self employed	**CATEGORY:** ☐ Permanent employee ☐ Casual employee ☐ Temporary employee ☐ Self employed	**CATEGORY:** ☐ Permanent employee ☐ Casual employee ☐ Temporary employee ☐ Self employed
POSITION: ☐ Director of Pharmacy ☐ Pharmacy Owner/Manager ☐ Pharmacy Manager ☐ Researcher ☐ Staff Pharmacist ☐ Pharmacist Consultant ☐ Educator ☐ Industrial Pharmacist ☐ Institutional Leader/Coordinator ☐ Other	**POSITION:** ☐ Director of Pharmacy ☐ Pharmacy Owner/Manager ☐ Pharmacy Manager ☐ Researcher ☐ Staff Pharmacist ☐ Pharmacist Consultant ☐ Educator ☐ Industrial Pharmacist ☐ Institutional Leader/Coordinator ☐ Other	**POSITION:** ☐ Director of Pharmacy ☐ Pharmacy Owner/Manager ☐ Pharmacy Manager ☐ Researcher ☐ Staff Pharmacist ☐ Pharmacist Consultant ☐ Educator ☐ Industrial Pharmacist ☐ Institutional Leader/Coordinator ☐ Other
WEEKLY PRACTICE HOURS: ☐ 40 and above ☐ 15 - 29 ☐ 30 - 39 ☐ 14 or less	**WEEKLY PRACTICE HOURS:** ☐ 40 and above ☐ 15 - 29 ☐ 30 - 39 ☐ 14 or less	**WEEKLY PRACTICE HOURS:** ☐ 40 and above ☐ 15 - 29 ☐ 30 - 39 ☐ 14 or less
PLACE OF EMPLOYMENT: ☐ Hospital and other health care facilities ☐ Community pharmacy ☐ Other pharmacy ☐ Group professional practice/clinic ☐ Community health centre ☐ Other community-based pharmacist practice ☐ Post-secondary educational institution ☐ Association/government/para-governmental ☐ Health-related industry/manufacturing/commercial ☐ Community pharmacy corporate office ☐ Other	**PLACE OF EMPLOYMENT:** ☐ Hospital and other health care facilities ☐ Community pharmacy ☐ Other pharmacy ☐ Group professional practice/clinic ☐ Community health centre ☐ Other community-based pharmacist practice ☐ Post-secondary educational institution ☐ Association/government/para-governmental ☐ Health-related industry/manufacturing/commercial ☐ Community pharmacy corporate office ☐ Other	**PLACE OF EMPLOYMENT:** ☐ Hospital and other health care facilities ☐ Community pharmacy ☐ Other pharmacy ☐ Group professional practice/clinic ☐ Community health centre ☐ Other community-based pharmacist practice ☐ Post-secondary educational institution ☐ Association/government/para-governmental ☐ Health-related industry/manufacturing/commercial ☐ Community pharmacy corporate office ☐ Other

NON-PRACTISING PHARMACIST REGISTRATION RENEWAL

Criminal Record Check Authorization

eServices ID

APPLICANT INFORMATION

Legal name _____
Last name (Surname) *First name* *Middle name*

Home address _____
Street *City/town* *Province/State* *Postal Code*

_____ Home phone _____
Country *Area code*

Gender ☐ Male ☐ Female B.C. Driver's Licence # _____

Birth date _____ Birthplace _____
YYYY-MM-DD *City/town* *Province/State* *Country*

Other names used or have used *(e.g. maiden name, birth name, previous married name)*

1. _____
Surname *First name* *Middle name*
2. _____
Surname *First name* *Middle name*
3. _____
Surname *First name* *Middle name*

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

Pursuant to the B.C. Criminal Records Review Act

Consent information can be found at:

http://www.bcpharmacists.org/library/3_Registration_Licensure/5144-CRC_Consent_Release_Information_Acknowledgement.pdf

Contact the College office if you cannot access the consent information.

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis at least once every five years. I understand that I may withdraw this consent for future criminal record checks.

_____ _____
Date Applicant signature

NON-PRACTISING PHARMACIST REGISTRATION RENEWAL

Statutory and Insurance Declaration

eServices ID

STATUTORY DECLARATION (FORM 5)

PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF AN APPLICATION FOR REGISTRATION WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

I, _____ declare that *(check the appropriate boxes)*:

☐ 1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.

☐ 2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.

☐ 3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.

☐ 4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.

☐ 5. I am a person of good character.

☐ 6. I am aware of and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

☐ 7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.

- *a charge relating to an offense under any Act regulating the practice of pharmacy or relating to the sale of drugs, or relating to any criminal offense;*
- *a finding of guilt in relation to an offense under any Act regulating the practice of pharmacy or relating to the sale of drugs or in relation to any criminal offense;*
- *a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;*
- *a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.*

On a separate sheet of paper, provide details if any of the above are not true (i.e. if any of the above boxes are not checked off). Details to include:

a. Criminal offence/Disciplinary action/Investigation
b. Date when offence was committed/Applicable health profession/Applicable jurisdiction
c. Disposition of charge including details of penalty-imposed
d. Extenuating circumstances you wish taken into account for your application.

PROFESSIONAL LIABILITY INSURANCE

☐ Not applicable to me (Liability insurance is not required for Non-Practising registrants pursuant to HPA Bylaw s.81).

I declare the facts set out herein to be true.

_____ Date

_____ Applicant signature

NON-PRACTISING PHARMACIST REGISTRATION RENEWAL

Registration and Payment Option

eServices ID

REGISTRATION OPTION FOR NEXT YEAR

Registration option *(select **one** option)*

	FEE	GST	TOTAL
☐ Non-practising pharmacist	~~$699.00~~ 724.00	+ ~~$34.95~~ 36.20	= ~~$761.95~~ **760.20**
☐ Former pharmacist	$ 0.00		

Criminal Record Check

☐ Criminal Record Check *(if applicable)* $ 28.00 + $0.00 = **$ 28.00**

$ _____

TOTAL $

GST # R106953920

PAYMENT OPTION

Registrant Name _____

Last name (Surname) *First name* *Middle name*

☐ Bank Draft/Money order
(payable to College of Pharmacists of BC)

☐ VISA ☐ MasterCard

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

GST # R106953920

For office use ONLY

iMIS ID: Finance stamp:

Reg initials:

Date to Finance:

College of Pharmacists of British Columbia

PHARMACY TECHNICIAN REGISTRATION RENEWAL

Reg #	expires

eServices ID

REGISTRATION OPTION FOR NEXT YEAR

Registration option *(select **one** option)*

	FEE	GST	TOTAL
☐ Full pharmacy technician	~~$465.00~~ 482.00	+ ~~$23.25~~ 24.10	= **~~$516.25~~ 506.10**
☐ Non-practising pharmacy technician	~~$465.00~~ 482.00	+ ~~$23.25~~ 24.10	= **~~$516.25~~ 506.10**
☐ Former pharmacy technician	$ 0.00		

Criminal Record Check

☐ Criminal Record Check *(if applicable)*	$ 28.00	+ $ 0.00	= **$ 28.00**

Date

Registrant signature

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PHARMACY TECHNICIAN REGISTRATION RENEWAL

Profile Update

Reg # expires

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Registrants can update their contact information using the eServices section of our website.

CONTACT INFORMATION

	CURRENT INFORMATION	UPDATE IF NECESSARY
Send mail to my *	☐ **home** address ☐ **work** address	☐ **home** address ☐ **work** address
Mailing address *		Address 1 Address 2 City Province Postal code Country
Email *		
Tel (Home) *		
Tel (Work)		

* denotes required information

EDUCATION

Basic education in pharmacy

☐ Diploma ☐ Baccalaureate ☐ Masters ☐ PharmD

University

Graduation year

Province/State Country

Highest post-basic education in pharmacy

☐ Baccalaureate ☐ Masters ☐ PharmD ☐ Doctorate

☐ Accredited residency - Hospital ☐ Accredited residency - Community

University

Graduation year

Province/State Country

If changes are made in this section, you must submit supporting documents (e.g. copy of degree or completion certificate).

PHARMACY TECHNICIAN REGISTRATION RENEWAL

Profile Update

eServices ID

EMPLOYMENT

EMPLOYMENT STATUS:

- ☐ A. Employed in the profession of pharmacy ***(provide details below)***
- ☐ B. Employed in other than the profession of pharmacy, seeking employment in the profession of pharmacy
- ☐ C. Employed in other than the profession of pharmacy, not seeking employment in the profession of pharmacy
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- ☐ E. Unemployed and not seeking employment in the profession of pharmacy

Primary	Secondary	Third
Pharmacare #	*Pharmacare #*	*Pharmacare #*
Employer name	Employer name	Employer name
Prov / Postal code	Prov / Postal code	Prov / Postal code
Country	Country	Country
CATEGORY: ☐ Permanent employee ☐ Casual employee ☐ Temporary employee ☐ Self employed	**CATEGORY:** ☐ Permanent employee ☐ Casual employee ☐ Temporary employee ☐ Self employed	**CATEGORY:** ☐ Permanent employee ☐ Casual employee ☐ Temporary employee ☐ Self employed
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PHARMACY TECHNICIAN REGISTRATION RENEWAL

Criminal Record Check Authorization

eServices ID

APPLICANT INFORMATION

Legal name _____
Last name (Surname) *First name* *Middle name*

Home address _____
Street *City/town* *Province/State* *Postal Code*

_____ Home phone _____
Country *Area code*

Gender ☐ Male ☐ Female B.C. Driver's Licence # _____

Birth date _____ Birthplace _____
YYYY-MM-DD *City/town* *Province/State* *Country*

Other names used or have used *(e.g. maiden name, birth name, previous married name)*

1. _____
Surname *First name* *Middle name*
2. _____
Surname *First name* *Middle name*
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Surname *First name* *Middle name*

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

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_____ _____
Date Applicant signature

PHARMACY TECHNICIAN REGISTRATION RENEWAL

Statutory and Insurance Declaration

eServices ID

STATUTORY DECLARATION (FORM 5)

PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF AN APPLICATION FOR REGISTRATION WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

I, _____ declare that *(check the appropriate boxes)*:

☐ 1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.

☐ 2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.

☐ 3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.

☐ 4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.

☐ 5. I am a person of good character.

☐ 6. I am aware of and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

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- *a finding of guilt in relation to an offense under any Act regulating the practice of pharmacy or relating to the sale of drugs or in relation to any criminal offense;*
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a. Criminal offence/Disciplinary action/Investigation
b. Date when offence was committed/Applicable health profession/Applicable jurisdiction
c. Disposition of charge including details of penalty-imposed
d. Extenuating circumstances you wish taken into account for your application.

PROFESSIONAL LIABILITY INSURANCE

☐ I have professional liability insurance that meets the following criteria:

- Provides a minimum of $2 million coverage.
- Provides occurrence based coverage or claims made with extended reporting period of at least 3 years.
- If not in the pharmacists' name, the group policy covers the pharmacy technician as an individual.

☐ Not applicable to me (I am transferring to Non-Practising pharmacy technician category or Former status).

I declare the facts set out herein to be true.

_____ _____

Date Applicant signature

PHARMACY TECHNICIAN REGISTRATION RENEWAL

Registration and Payment Option

eServices ID

REGISTRATION OPTION FOR NEXT YEAR

Registration option *(select **one** option)*

	FEE	GST	TOTAL
☐ Full pharmacy technician	~~$465.00~~ 482.00	+ ~~$23.25~~ 24.10	= **~~$516.25~~ 506.10**
☐ Non-practising pharmacy technician	~~$465.00~~ 482.00	+ ~~$23.25~~ 24.10	= **~~$516.25~~ 506.10**
☐ Former pharmacy technician	$ 0.00		

Criminal Record Check

☐ Criminal Record Check *(if applicable)* $ 28.00 + $ 0.00 = **$ 28.00**

$ _____

TOTAL $

GST # R106953920

PAYMENT OPTION

Registrant Name _____

Last name (Surname) *First name* *Middle name*

☐ Bank Draft/Money order
(payable to College of Pharmacists of BC)

☐ VISA ☐ MasterCard

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

GST # R106953920

For office use ONLY

iMIS ID: Finance stamp:

Reg initials: _____

Date to Finance: _____

College of Pharmacists of British Columbia

NON-PRACTISING PHARMACY TECHNICIAN REGISTRATION RENEWAL

Reg #	expires

eServices ID

REGISTRATION OPTION FOR NEXT YEAR

Registration option *(select **one** option)*

	FEE	GST	TOTAL
☐ Non-practising pharmacy technician	~~$465.00~~ 482.00	+ ~~$23.25~~ 24.10	= ~~$516.25~~ **506.10**
☐ Former pharmacy technician	$ 0.00		

Criminal Record Check

☐ Criminal Record Check *(if applicable)*	$ 28.00	+ $0.00	= **$ 28.00**

Date

Registrant signature

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NON-PRACTISING PHARMACY TECHNICIAN REGISTRATION RENEWAL

Profile Update

Reg # expires

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Registrants can update their contact information using the eServices section of our website.

CONTACT INFORMATION

	CURRENT INFORMATION	UPDATE IF NECESSARY
Send mail to my *	☐ **home** address ☐ **work** address	☐ **home** address ☐ **work** address
Mailing address *		Address 1 Address 2 City Province Postal code Country
Email *		
Tel (Home) *		
Tel (Work)		

* denotes required information

EDUCATION

Basic education in pharmacy

☐ Diploma ☐ Baccalaureate ☐ Masters ☐ PharmD

University

Graduation year

Province/State Country

Highest post-basic education in pharmacy

☐ Baccalaureate ☐ Masters ☐ PharmD ☐ Doctorate

☐ Accredited residency - Hospital ☐ Accredited residency - Community

University

Graduation year

Province/State Country

If changes are made in this section, you must submit supporting documents (e.g. copy of degree or completion certificate).

NON-PRACTISING PHARMACY TECHNICIAN REGISTRATION RENEWAL

Profile Update

eServices ID

EMPLOYMENT

EMPLOYMENT STATUS:

- ☐ A. Employed in the profession of pharmacy ***(provide details below)***
- ☐ B. Employed in other than the profession of pharmacy, seeking employment in the profession of pharmacy
- ☐ C. Employed in other than the profession of pharmacy, not seeking employment in the profession of pharmacy
- ☐ D. Unemployed and seeking employment in the profession of pharmacy
- ☐ E. Unemployed and not seeking employment in the profession of pharmacy

Primary	Secondary	Third
Pharmacare #	*Pharmacare #*	*Pharmacare #*
Employer name	Employer name	Employer name
Prov / Postal code	Prov / Postal code	Prov / Postal code
Country	Country	Country
CATEGORY: ☐ Permanent employee ☐ Casual employee ☐ Temporary employee ☐ Self employed	**CATEGORY:** ☐ Permanent employee ☐ Casual employee ☐ Temporary employee ☐ Self employed	**CATEGORY:** ☐ Permanent employee ☐ Casual employee ☐ Temporary employee ☐ Self employed
POSITION: ☐ Director of Pharmacy ☐ Pharmacy Owner/Manager ☐ Pharmacy Manager ☐ Researcher ☐ Staff Pharmacist ☐ Pharmacist Consultant ☐ Educator ☐ Industrial Pharmacist ☐ Institutional Leader/Coordinator ☐ Other	**POSITION:** ☐ Director of Pharmacy ☐ Pharmacy Owner/Manager ☐ Pharmacy Manager ☐ Researcher ☐ Staff Pharmacist ☐ Pharmacist Consultant ☐ Educator ☐ Industrial Pharmacist ☐ Institutional Leader/Coordinator ☐ Other	**POSITION:** ☐ Director of Pharmacy ☐ Pharmacy Owner/Manager ☐ Pharmacy Manager ☐ Researcher ☐ Staff Pharmacist ☐ Pharmacist Consultant ☐ Educator ☐ Industrial Pharmacist ☐ Institutional Leader/Coordinator ☐ Other
WEEKLY PRACTICE HOURS: ☐ 40 and above ☐ 15 - 29 ☐ 30 - 39 ☐ 14 or less	**WEEKLY PRACTICE HOURS:** ☐ 40 and above ☐ 15 - 29 ☐ 30 - 39 ☐ 14 or less	**WEEKLY PRACTICE HOURS:** ☐ 40 and above ☐ 15 - 29 ☐ 30 - 39 ☐ 14 or less
PLACE OF EMPLOYMENT: ☐ Hospital and other health care facilities ☐ Community pharmacy ☐ Other pharmacy ☐ Group professional practice/clinic ☐ Community health centre ☐ Other community-based pharmacist practice ☐ Post-secondary educational institution ☐ Association/government/para-governmental ☐ Health-related industry/manufacturing/commercial ☐ Community pharmacy corporate office ☐ Other	**PLACE OF EMPLOYMENT:** ☐ Hospital and other health care facilities ☐ Community pharmacy ☐ Other pharmacy ☐ Group professional practice/clinic ☐ Community health centre ☐ Other community-based pharmacist practice ☐ Post-secondary educational institution ☐ Association/government/para-governmental ☐ Health-related industry/manufacturing/commercial ☐ Community pharmacy corporate office ☐ Other	**PLACE OF EMPLOYMENT:** ☐ Hospital and other health care facilities ☐ Community pharmacy ☐ Other pharmacy ☐ Group professional practice/clinic ☐ Community health centre ☐ Other community-based pharmacist practice ☐ Post-secondary educational institution ☐ Association/government/para-governmental ☐ Health-related industry/manufacturing/commercial ☐ Community pharmacy corporate office ☐ Other

NON-PRACTISING PHARMACY TECHNICIAN REGISTRATION RENEWAL

Criminal Record Check Authorization

eServices ID

APPLICANT INFORMATION

Legal name _____
Last name (Surname) *First name* *Middle name*

Home address _____
Street *City/town* *Province/State* *Postal Code*

_____ Home phone _____
Country *Area code*

Gender ☐ Male ☐ Female B.C. Driver's Licence # _____

Birth date _____ Birthplace _____
YYYY-MM-DD *City/town* *Province/State* *Country*

Other names used or have used *(e.g. maiden name, birth name, previous married name)*

1. _____
Surname *First name* *Middle name*
2. _____
Surname *First name* *Middle name*
3. _____
Surname *First name* *Middle name*

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

Pursuant to the B.C. Criminal Records Review Act

Consent information can be found at:

http://www.bcpharmacists.org/library/3_Registration_Licensure/5144-CRC_Consent_Release_Information_Acknowledgement.pdf

Contact the College office if you cannot access the consent information.

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis at least once every five years. I understand that I may withdraw this consent for future criminal record checks.

_____ _____
Date Applicant signature

NON-PRACTISING PHARMACY TECHNICIAN REGISTRATION RENEWAL

Statutory and Insurance Declaration

eServices ID

STATUTORY DECLARATION (FORM 5)

PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF
AN APPLICATION FOR REGISTRATION
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

I, _____ declare that *(check the appropriate boxes)*:

☐ 1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.

☐ 2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.

☐ 3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.

☐ 4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.

☐ 5. I am a person of good character.

☐ 6. I am aware of and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

☐ 7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.

- *a charge relating to an offense under any Act regulating the practice of pharmacy or relating to the sale of drugs, or relating to any criminal offense;*
- *a finding of guilt in relation to an offense under any Act regulating the practice of pharmacy or relating to the sale of drugs or in relation to any criminal offense;*
- *a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;*
- *a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.*

On a separate sheet of paper, provide details if any of the above are not true (i.e. if any of the above boxes are not checked off). Details to include:

a. Criminal offence/Disciplinary action/Investigation
b. Date when offence was committed/Applicable health profession/Applicable jurisdiction
c. Disposition of charge including details of penalty-imposed
d. Extenuating circumstances you wish taken into account for your application.

PROFESSIONAL LIABILITY INSURANCE

☐ Not applicable to me (Liability insurance is not required for Non-Practising registrants pursuant to HPA Bylaw s.81).

I declare the facts set out herein to be true.

_____ _____

Date Applicant signature

NON-PRACTISING PHARMACY TECHNICIAN REGISTRATION RENEWAL

Registration and Payment Option

eServices ID

REGISTRATION OPTION FOR NEXT YEAR

Registration option *(select **one** option)*

	FEE	GST	TOTAL
☐ Non-practising pharmacist	~~$465.00~~ 482.00	+ ~~$23.25~~ 24.10	= ~~**$516.25**~~ **506.10**
☐ Former pharmacist	$ 0.00		

Criminal Record Check

☐ Criminal Record Check *(if applicable)* $ 28.00 + $0.00 = **$ 28.00**

$ _____

TOTAL $

GST # R106953920

PAYMENT OPTION

Registrant Name _____

Last name (Surname) *First name* *Middle name*

☐ Bank Draft/Money order
(payable to College of Pharmacists of BC)

☐ VISA ☐ MasterCard

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

GST # R106953920

For office use ONLY

iMIS ID: Finance stamp:

Reg initials:

Date to Finance:

College of Pharmacists of British Columbia

BOARD MEETING
April 20, 2018

2.b.xi.Legislation Review Committee
PODSA Fee and Form Amendments

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution:

RESOLVED THAT, in accordance with the authority established in section 21(8) of the Pharmacy Operations and Drug Scheduling Act, the Board approve the proposed draft bylaws of the College of Pharmacists of British Columbia, and related forms for public posting, as circulated.

Purpose

To approve amendments to the *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws Schedule A – Fee Schedule and related forms in accordance with the College's 2018/2019 budget, as circulated (Appendix 1).

Background

The Board may make bylaws as per section 21(1)(d) of PODSA to determine requirements for the licensing and operation of a pharmacy – including fees and forms. Unlike the *Health Professions Act* (HPA), PODSA does not exempt particular bylaws (e.g. fee schedules) from the 90 day public posting period requirement. Additionally, in contrast to the HPA, PODSA does not authorize the Registrar to establish forms.

This package includes proposed bylaw amendments to actualize PODSA fee increases previously approved as part of the College's 2018/2019 budget. At their February 2018 meeting, the Board approved the 2018/2019 budget which included fee increases in order to meet the needs of the College. See Appendix 2 for the February 2018 Board briefing note outlining both discussion and details of the budget.

The related form changes (Appendix 3) recommended under PODSA are:

- Form 1A Application for New Pharmacy Licence (Community)
- Form 1C Application for New Pharmacy Licence (Hospital)
- Form 2 Application for New Telepharmacy Licence (Community)
- Form 2A Application for Pharmacy Licence Renewal (Community)
- Form 2C Application for Pharmacy Licence Renewal (Hospital)
- Form 3A Application for Pharmacy Licence Reinstatement (Community)
- Form 3C Application for Pharmacy Licence Reinstatement (Hospital)
- Form 8A Application for Change of Direct Owner
- Form 12 Application for Telepharmacy Licence Renewal (Community)

Next Steps

Once the 90 public posting period is completed, pending review of any feedback received, both the bylaws and forms will be brought to the Board at their September 2018 meeting for filing approval.

Recommendation

The Legislation Review Committee recommends that the Board approve the PODSA Bylaws Schedule A – Fee Schedule and related forms for public posting as circulated.

Appendix	
1	Amended Fee Schedule (track changes)
2	February 2018 Board Briefing Note – Budget 2018-19
3	Forms (track changes)

College of Pharmacists of B.C.
FEE SCHEDULE
PODSA Bylaw "Schedule A"

PHARMACY

LICENSURE FEES

Community Pharmacy	Annual licensce fee.	~~$ 2,250.00~~	$2,299.00
Hospital Pharmacy	Annual licensce fee.	~~$ 2,250.00~~	$2,299.00
Pharmacy Education Site	Annual licensce fee.	$ 550.00	
Telepharmacy	Annual licensce fee.	~~$ 2,250.00~~	$2,299.00
Hospital Pharmacy Satellite	Annual fee for each satellite site, to be charged to Hospital Pharmacy.	$ 300.00	
Application for New Pharmacy Licensure	Application valid for up to three years. Includes change of ownership.	$ 550.00	

INSPECTION FEE

Follow-up site review(s)	Where 3 or more site reviews are required to address deficiencies. From visit 3 onwards, this fee applies for each additional visit.	$ 1,000.00

NOTES:

1) Fees are non-refundable.

2) Fees are subject to GST.

3) Annual renewal notices of pharmacy licensure are sent at least ~~thirty (30)~~ sixty (60) days prior to the expiry date.

College of Pharmacists of British Columbia

BOARD MEETING
February 16, 2018

11. Audit and Finance Committee
b) Budget 2018/19

DECISION REQUIRED

Recommended Motion:

Approve the 2018/19 budget totaling $10,204,958 with a transfer from reserves in the amount of $1,105,417 as presented.

Synopsis

The proposed 2018/19 budget covers the first year without any PharmaNet contract income. The last two fiscal years prepared for this with fee increases to off-set this loss of revenue. This budget continues to fund strategic plan activities while proposing only nominal fee increases. The proposed budget does continue to draw upon reserve funds as proposed in the Multiyear budget presented last year.

Background

The budget planning process began in November with Directors and Managers meeting with Finance to review their 2017/18 budget and projected actuals. At the December management planning retreat, the Strategic Plan was carefully reviewed and we discussed resources required to achieve the goals and objectives identified for next year.

Finance met with Directors and Managers to review all of these factors and document the changes. Where budgets were projected to be underspent in the current year, the reasons why were researched and factored into the new budget. Revenues and registrant / licensure statistics and trends were also researched.

Discussion

During last year's budget discussions, the Board approved using Reserve funds to permit a more gradual approach to accommodating the loss of revenue from the PharmaNet contract. This was necessary due to the fact that any fee increase can take up to two years to be fully recognized as revenue. (It can take up to one year for all registrants to renew their registration and then another year for that fee to be fully recognized with accrual accounting.)

The proposed budget will use $1,105,417 of Reserve funds to offset the revenue loss.

Major Initiatives in 2018/19

- Implementation of PODSA Ownership licensure process.
- PODSA Modernization bylaw review and process review.
- Draft of Excellence Canada's Silver Certification application completed.
- Records Management processes implemented and staff trained.
- Privacy Management processes reviewed and staff trained.
- IT department processes reviewed, Policies and Procedures updated and staff trained.
- Continued improvement made on IT Roadmap projects.
- Quality Assurance project – auditing CE credits.
- Submit the Pharmacist Prescriber framework to the Ministry of Health.
- First full year of Hospital practice reviews.
- Planning for the next Strategic Plan development.

What is included in the draft budget

- Consulting support for next Strategic Plan development (including Engagement activities).
- New IT managed services provider contract.
- Continued IT development support for iMIS (the College's CRM) database.
- Continued IT development support for electronic records management.
- Consulting services to support the development of policies and procedures and related staff training. This is a big part of our Excellence Canada project as well as our Strategic Plan goal of Organizational Excellence.
- Funding for the new Applications Committee.
- Project Management and legal support for the PODSA Modernization bylaw review (the next step after PODSA Ownership is finalized).
- Staffing – consideration has been given to (where possible) ensuring that we have staff cross trained to back up co-workers in the event of workload issues and vacation coverage:
    - FOI / Recordkeeping officer – to support staff as records management / privacy management is enhanced.
    - IT Support Technician – for in-house tech support. Salary and benefits are off-set by the reduction in the managed services provider contract.
    - A "term" Licensure administration support staff – to support the PODSA licensure changes during the first year.
    - Complaints Resolution administration support staff – to support Investigators and prepare documents for Inquiry Committee.

- Hospital / Community Compliance Officer – This cross-trained officer will provide back-up for both areas when needed (vacation and sick relief) and can be an additional resource for both reviews and practice support coverage.

The Executive Team reviewed this budget and recommended it to the Audit and Finance Committee at the February 2, 2018 meeting. The Audit and Finance Committee reviewed the budget and is recommending that the Board approve it.

Recommendation

Approve the 2018/19 budget in the amount of $10,204,958 with a transfer from reserves in the amount of $1,105,417.

Appendix	
1	Budget 2018/19 Multi Year Plan as per proposed fee increases
2	Budget 2018/19 Statement of Revenue & Expenses as per proposed fee increases
3	Multi Year chart showing projected impact on Reserves

College of Pharmacists of BC
Budget 2018/19 - Proposed Multi-Year Plan
***** Based on proposed fee increases*****

	CURRENT			YR 1	MULTI-YEAR PLAN			
	2017-18			2018-19	2019-20	2020-21	2021-22	2022-23
	BUDGET	LATEST EST.	9-MO ACTUAL	BUDGET (DRAFT)	PROJECTED			
Revenue deferred	6,539,955	6,431,045	4,710,866	8,006,702	8,840,391	9,280,998	9,656,215	10,043,391
Revenue licensure other	485,594	480,062	273,766	433,410	453,895	463,004	472,113	481,322
Revenue other	1,218,522	1,106,726	995,179	659,428	741,177	693,161	684,932	686,969
Revenue	8,244,070	8,017,832	5,979,811	9,099,540	10,035,463	10,437,163	10,813,260	11,211,682
Expenditures	9,594,567	9,025,653	6,852,674	10,204,958	10,275,302	10,416,704	10,606,884	10,795,677
(Deficiency) Excess of Revenue over Expenditures	**(1,350,497)**	**(1,007,821)**	**(872,863)**	**(1,105,417)**	**(239,839)**	**20,459**	**206,376**	**416,005**

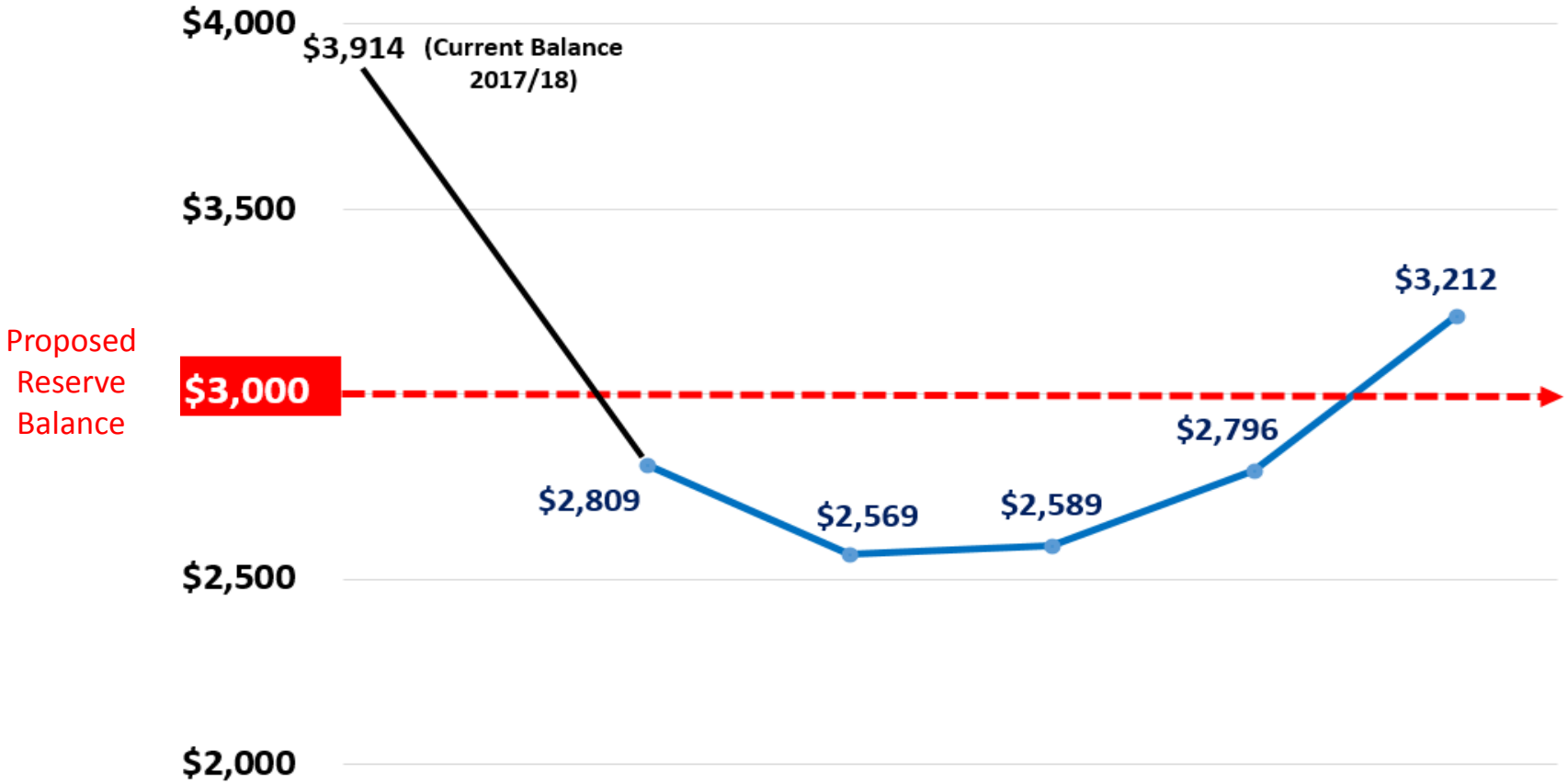
	CURRENT			YR 1	YR 2	YR 3	YR 4	YR 5
	2017-18			2018-19	2019-20	2020-21	2021-22	2022-23
	BUDGET	LATEST EST.	9-MO ACTUAL	BUDGET (DRAFT)	PROJECTED			
Reserves, Opening Balance	4,975,505	4,921,887	4,921,887	3,914,066	2,808,650	2,568,811	2,589,270	2,795,646
***Add** : Replenishments*						20,459	206,376	416,005
***Less** : Funding*	(1,350,497)	(1,007,821)	(872,863)	(1,105,417)	(239,839)			
Reserves, Closing Balance	3,625,008	3,914,066	4,049,024	2,808,650	2,568,811	2,589,270	2,795,646	3,211,651
Target Balance (per Senior Management)	3,500,000	3,500,000	3,500,000	2,700,000	2,500,000	2,500,000	2,500,000	3,000,000
Excess of Reserves Closing Balance over Targeted Balance	125,008	414,066	549,024	108,650	68,811	89,270	295,646	211,651

FEE TYPE	CURRENT 2017-18	YR 1 2018-19 BUDGET (DRAFT)	YR 2 2019-20	YR 3 2020-21	YR 4 2021-22	YR 5 2022-23
			PROJECTED			
Pharmacy *(licensure renewal)*	***$2,250.*** *Increased from* ***$2,001*** *effective Dec 1, 2017*	**$2,299 effective Dec 1, 2018 ($49 incr. or 2.2%)**	**$2,345 ($46 incr. or 2%)**	**$2,392 ($47 incr. or 2%)**	**$2,440 ($48 incr. or 2%)**	**$2,489 ($49 incr. or 2%)**
Pharmacist *(full renewal)*	***$699.*** *Increased from* ***$580*** *effective Nov 1, 2017*	**$724 effective Nov 1, 2018 ($25 incr. or 3.7%)**	**$739 ($15 incr. or 2%)**	**$754 ($15 incr. or 2%)**	**$769 ($15 incr. or 2%)**	**$784 ($15 incr. or 2%)**
Pharmacy Technician *(full renewal)*	***$465.*** *Increased from* ***$386*** *effective Nov 1, 2017*	**$482 effective Nov 1, 2018 ($17 incr. or 3.7%)**	**$492 ($10 incr. or 2%)**	**$502 ($10 incr. or 2%)**	**$512 ($10 incr. or 2%)**	**$522 ($10 incr. or 2%)**

College of Pharmacists of BC
Statement of Revenue and Expenses
Draft Budget 2018/19
Based on proposed fee increases*

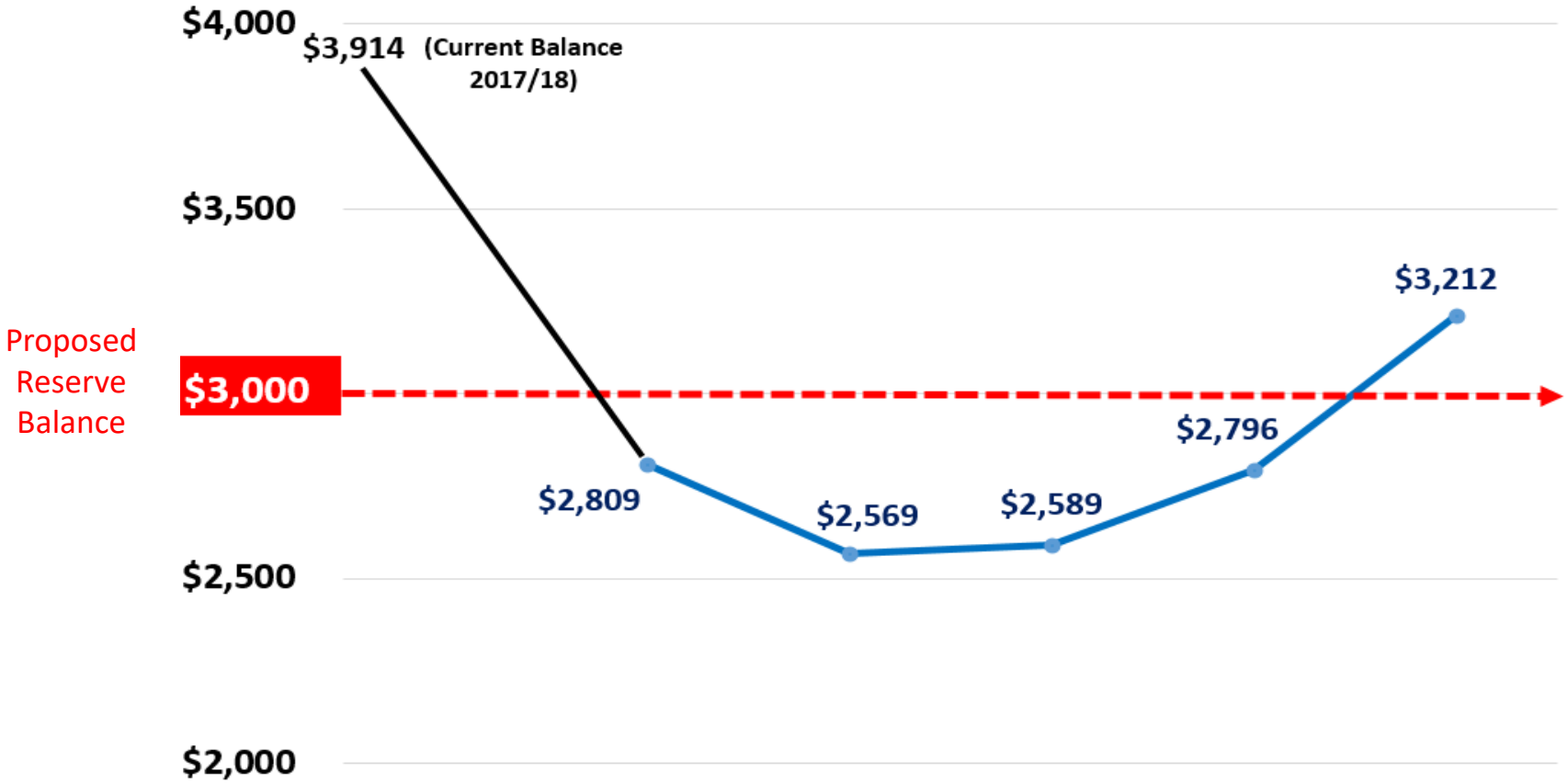
	Budget 2017/18	Latest Estimates 2017/18	Budget 2018/19
Revenue			
Licensure revenue			
Pharmacy fees	2,508,280	2,523,420	3,322,727
Pharmacists fees	3,682,229	3,590,673	4,314,669
Technician fees	719,451	666,176	802,716
	6,909,960	6,780,269	8,440,112
Non-licensure revenue			
Other revenue	879,882	778,337	114,188
Grant Revenue	111,450	71,490	175,240
Investment income	92,778	137,736	105,000
College Place joint venture income	250,000	250,000	265,000
	1,334,110	1,237,563	659,428
Transfer from Balance sheet	1,350,496	1,007,821	1,105,417
Total Revenue	**9,594,566**	**9,025,653**	**10,204,958**
Expenses			
Board and Registrar's Office	803,200	780,956	781,190
Finance, Administration and Human Resources	1,458,029	1,507,246	1,694,235
Information Technology	1,800,030	1,676,458	1,937,614
Grant Distribution	188,240	94,202	148,240
Registration, Licensure and Pharmanet	923,616	787,461	870,455
Quality Assurance	59,150	51,659	61,715
Practice Reviews	1,423,425	1,329,771	1,596,360
Complaints Resolution	1,591,574	1,394,262	1,628,843
Policy and Legislation	404,314	357,523	468,766
Public Engagement	392,975	362,312	446,951
Projects	150,000	316,975	174,401
Total Operating Expenses	9,194,552	8,658,825	9,808,770
Amortization	400,014	366,829	396,188
Total Expenses	**9,594,566**	**9,025,653**	**10,204,958**
Excess / (Deficiency) of revenue over expenses	**0**	**0**	**(0)**

Projected Impact on Reserves (in Thousands)



		2018/19	2019/20	2020/21	2021/22	2022/23
2018/19 Proposed Fees	Pharmacy	$ 2,299	$ 2,345	$ 2,392	$ 2,440	$ 2,489
	Pharmacist	$ 724	$ 739	$ 754	$ 769	$ 784
	Pharmacy Technician	$ 482	$ 492	$ 502	$ 512	$ 522

Projected Impact on Reserves (in Thousands)



		2018/19	2019/20	2020/21	2021/22	2022/23
2018/19 Proposed Fees	Pharmacy	$ 2,299	$ 2,345	$ 2,392	$ 2,440	$ 2,489
	Pharmacist	$ 724	$ 739	$ 754	$ 769	$ 784
	Pharmacy Technician	$ 482	$ 492	$ 502	$ 512	$ 522

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY LICENCE
Community

Form 1A

1. PHARMACY INFORMATION

Proposed Operating Name	**Store #/Identifier (if applicable)**	**Proposed Licensure Date** MMM | DD | YYYY	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Mailing Address (if different from above)	**City**	**Province**	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Website		**Software Vendor (for dispensing)**	
Manager Name		**Registration Number (BC)**	

2. OWNERSHIP INFORMATION

Type of Ownership

☐ *Sole Proprietorship (Single pharmacist, unincorporated)* –

a) Pharmacist's legal name: (First name) _____ (Last name) _____ Registration number (BC): _____

b) Registered business name (if applicable): _____

☐ *Partnership of Pharmacists (≥2 pharmacists, unincorporated*) – Total number of partners: _____

a) Each pharmacist's full legal name and registration number (BC): _____

_____

b) Registered business name (if applicable): _____

☐ *Corporation* – BC Incorporation Number: _____ Incorporation Date: _____

"Name of Company" on *Notice of Articles/BC Company Summary*: _____

a) Is your corporation publicly traded or not? Select one below:

☐ Publicly Traded – Total number of: ☐ Directors: _____ ☐ Officers: _____

☐ Not Publicly Traded – Total number of: ☐ Directors: _____ ☐ Officers: _____ ☐ Shareholders: _____

b) Is the corporation named above a **subsidiary corporation**? ☐ Yes – complete (c) below ☐ No – go to section 3

c) Is the parent corporation **publicly traded?** ☐ Yes – go to section 3 ☐ No – complete (d) below

d) Parent corporation - Incorporation Number: _____ Incorporation Date: _____

Name of company/corporation as provided in incorporation document(s): _____

Total number of: ☐ Directors: _____ ☐ Officers: _____ ☐ Shareholders: _____

☐ *Health Authority/Organization* – Select one: ☐ FHA ☐ IHA ☐ NHA ☐ VCH ☐ VIHA ☐ PHSA ☐ FNHA ☐ PHC

☐ *Other* – Specify: _____

tel 604.733.2440 800.663.1940 *fax* 604.733.2493 800.377.8129 200 / 1765 WEST 8TH AVE VANCOUVER BC V6J 5C6 BCPHARMACISTS.ORG

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY LICENCE
Community

Form 1A

3. PRIMARY CONTACT PERSON

Name	**Position/Title**	
Email Address	**Phone Number**	**Fax Number**

4. APPLICANT (DIRECT OWNER) INFORMATION

Mailing Address of Direct Owner ☐ Check this box if lawyer/accountant's address	**City**	**Province**	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Name of Authorized Representative	**Position/Title of Authorized Representative**		
Signature	**Sign Date** MMM | DD | YYYY		

The College collects the personal information on this application form to process the application and administer the College's related activities. The collection is authorized by the Pharmacy Operations and Drug Scheduling Act, Health Professions Act, and Freedom of Information and Protection of Privacy Act. Should you have any questions about the collection, please contact the College's Privacy Officer at 604-733-2440 or 1-800-663-1940 or privacy@bcpharmacists.org

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College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY LICENCE
Community

Form 1A

5. PAYMENT INFORMATION

Proposed Operating Name and Store #/Identifier (if applicable)
(Auto-populate)

Method of Payment: ☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card Number	**Expiry Date (MM/YY)**
Cardholder Name	
Cardholder Signature	

Application fee	$550.00
Initial licence fee	~~$2,250.00~~ 2299.00
GST	~~$140.00~~ 142.45
Total	**~~$2,940.00~~ 2991.45**
GST #	R106953920

For office use ONLY

iMIS ID: Finance stamp:

Lic initials:

Date to Finance:

tel 604.733.2440 800.663.1940 *fax* 604.733.2493 800.377.8129 200 / 1765 WEST 8TH AVE VANCOUVER BC V6J 5C6 BCPHARMACISTS.ORG

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY LICENCE
Hospital

Form 1C

1. PHARMACY INFORMATION

Proposed Operating Name		**Proposed Licensure Date** MMM | DD | YYYY	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Mailing Address (if different from above)	**City**	**Province**	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	

Software Vendor (for PharmaNet connection)

PharmaNet Connection Required

☐ Inpatient (Read-only access to patient records with ability to update clinical information and adverse reactions)

☐ Outpatient (PharmaCare adjudication of prescriptions and update of patient records)

☐ Inpatient & Outpatient (Inpatient and outpatient dispensing using the same software)

Manager Name	**Registration Number (BC)**

2. PRIMARY CONTACT PERSON

Name	**Position/Title**	
Email Address	**Phone Number**	**Fax Number**

3. APPLICANT (DIRECT OWNER) INFORMATION

Hospital Name

Hospital Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	

Health Organization

☐ Fraser Health ☐ Interior Health ☐ Island Health ☐ Northern Health ☐ Vancouver Coastal Health

☐ Provincial Health Services Authority ☐ First Nations Health Authority ☐ Providence Healthcare ☐ Other: _____

Name of Authorized Representative	**Position/Title of Authorized Representative**
Signature	**Sign Date** MMM | DD | YYYY

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tel 604.733.2440 800.663.1940 *fax* 604.733.2493 800.377.8129 200 / 1765 WEST 8TH AVE VANCOUVER BC V6J 5C6 BCPHARMACISTS.ORG

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY LICENCE
Hospital

Form 1C

4. PAYMENT INFORMATION

Proposed Operating Name
(Auto-populate)

Method of Payment: ☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card Number	**Expiry Date (MM/YY)**
Cardholder Name	
Cardholder Signature	

Application fee	$550.00
Initial licence fee	~~$2,250.00~~ 2299.00
GST	~~$140.00~~ 142.45
Total	**~~$2,940.00~~ 2991.45**
GST #	R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____

tel 604.733.2440 800.663.1940 *fax* 604.733.2493 800.377.8129 200 / 1765 WEST 8TH AVE VANCOUVER BC V6J 5C6 BCPHARMACISTS.ORG

College of Pharmacists of British Columbia

APPLICATION FOR NEW TELEPHARMACY LICENCE

Community

Form 2

1. TELEPHARMACY INFORMATION

Proposed Operating Name		**Proposed Opening Date** MMM | DD | YYYY	
Telepharmacy Address	**City**	**Province** BC	**Postal Code**
Mailing Address (if different from above)	**City**	**Province**	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Website		**Software Vendor (for dispensing)**	
Pharmacy Technician Name		**Registration Number (BC)**	
OWNER'S INFORMATION			
Name of Company on Notice of Articles/BC Company Summary		**BC Incorporation Number**	
NEXT CLOSEST COMMUNITY PHARMACY/TELEPHARMACY			
Pharmacy Name		**City**	
Approximate Distance from Proposed Telepharmacy Location (KM):			

2. CENTRAL PHARMACY INFORMATION

Operating Name		**PharmaCare Code**	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Manager Name		**Registration Number (BC)**	
OWNER'S INFORMATION			
Name of Company on Notice of Articles/BC Company Summary		**BC Incorporation Number**	

3. PRIMARY CONTACT PERSON

Name	**Position/Title**	
Email Address	**Phone Number**	**Fax Number**

College of Pharmacists of British Columbia

4. APPLICANT INFORMATION

Name of Authorized Representative	**Position/Title of Authorized Representative**
Signature	**Date** MMM | DD | YYYY

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College of Pharmacists of British Columbia

APPLICATION FOR NEW TELEPHARMACY LICENCE
Community

Form 2

5. PAYMENT INFORMATION

Telepharmacy (Remote Site) Proposed Operating Name	**Central Pharmacy Operating Name**

Method of Payment: ☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card Number	**Expiry Date (MM/YY)**
Cardholder Name	
Cardholder Signature	

Application fee	$550.00
Initial licence fee	~~$2,250.00~~ 2299.00
GST	~~$140.00~~ 142.45
Total	**~~$2,940.00~~ 2991.45**
GST #	R106953920

For office use ONLY

iMIS ID: Finance stamp:

Lic initials:

Date to Finance:

College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE RENEWAL
Community

Form 2A

1. PHARMACY INFORMATION

Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Website		**Software Vendor (for dispensing)**	
Manager Name		**Registration Number (BC)**	

2. OWNERSHIP INFORMATION

Type of Ownership

☐ *Sole Proprietorship (Single pharmacist, unincorporated)* –

a) Pharmacist's legal name: (First name) _____ (Last name) _____ Registration number (BC): _____

b) Registered business name (if applicable): _____

☐ *Partnership of Pharmacists (≥2 pharmacists, unincorporated)* – Total number of partners: _____

a) Each pharmacist's full legal name and registration number (BC): _____

_____

b) Registered business name (if applicable): _____

☐ *Corporation* – BC Incorporation Number: _____ Incorporation Date: _____

"Name of Company" on *Notice of Articles/BC Company Summary*: _____

a) Is your corporation publicly traded or not? Select one below:

☐ Publicly Traded – Total number of: ☐ Directors: _____ ☐ Officers: _____

☐ Not Publicly Traded – Total number of: ☐ Directors: _____ ☐ Officers: _____ ☐ Shareholders: _____

b) Is the corporation named above a **subsidiary corporation**? ☐ Yes – complete (c) below ☐ No – go to section 3

c) Is the parent corporation **publicly traded?** ☐ Yes – go to section 3 ☐ No – complete (d) below

d) Parent corporation - Incorporation Number: _____ Incorporation Date: _____

Name of company/corporation as provided in incorporation document(s): _____

Total number of: ☐ Directors: _____ ☐ Officers: _____ ☐ Shareholders: _____

☐ *Health Authority/Organization* – Select one: ☐ FHA ☐ IHA ☐ NHA ☐ VCH ☐ VIHA ☐ PHSA ☐ FNHA ☐ PHC

☐ *Other* – Specify: _____

3. ADDITIONAL INFORMATION

Do you have other community pharmacies that are 1) owned by the same direct owner above and 2) due for pharmacy licence renewal this month? ☐ Yes – Also complete **Form 9** ☐ No

College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE RENEWAL
Community

Form 2A

4. APPLICANT (DIRECT OWNER) INFORMATION

Mailing Address of Direct Owner ☐ Check this box if lawyer/accountant's address	**City**	**Province**	**Postal Code**

Email Address	**Phone Number**	**Fax Number**

☐ I have reviewed the hours of operation and the roster for this pharmacy on eServices and confirmed that the information is correct and up- to-date.

Name of Authorized Representative	**Position/Title of Authorized Representative**

Signature	**Sign Date**
	MMM | DD | YYYY

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College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE RENEWAL
Community

Form 2A

5. PAYMENT INFORMATION

Operating Name and Store #/Identifier (if applicable)
(Auto-populate)

Method of Payment: ☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card Number	**Expiry Date (MM/YY)**
Cardholder Name	
Cardholder Signature	

Licence fee	~~$2,250.00~~ 2299.00
GST	~~$112.50~~ 114.95
Total	**~~$2,362.50~~ 2413.95**
GST #	R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____

College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE RENEWAL

Hospital

Form 2C

1. PHARMACY INFORMATION

Operating Name		**Pharmacy Licence Number**	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Manager Name		**Registration Number (BC)**	

2. APPLICANT (DIRECT OWNER) INFORMATION

Hospital Name			
Hospital Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	

Health Organization

☐ Fraser Health ☐ Interior Health ☐ Island Health ☐ Northern Health ☐ Vancouver Coastal Health

☐ Provincial Health Services Authority ☐ First Nations Health Authority ☐ Providence Healthcare ☐ Other: _____

☐ I have reviewed the hours of operation and the roster for this pharmacy on eServices and confirmed that the information is correct and up- to-date.

Name of Authorized Representative	**Position/Title of Authorized Representative**
Signature	**Sign Date** MMM | DD | YYYY

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College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE RENEWAL
Hospital

Form 2C

3. PAYMENT INFORMATION

Operating Name
(Auto-populate)

Method of Payment: ☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card Number	**Expiry Date (MM/YY)**
Cardholder Name	
Cardholder Signature	

Licence fee	~~$2,250.00~~ 2299.00
GST	~~$112.50~~ 114.95
Total	**~~$2,362.50~~ 2413.95**
GST #	R106953920

For office use ONLY

iMIS ID: Finance stamp:

Lic initials:

Date to Finance:

College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE REINSTATEMENT
Community

Form 3A

1. PHARMACY INFORMATION

Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Website		**Software Vendor (for dispensing)**	
Manager Name		**Registration Number (BC)**	

2. OWNERSHIP INFORMATION

Type of Ownership

☐ *Sole Proprietorship (Single pharmacist, unincorporated)* –

a) Pharmacist's legal name: (First name) _____ (Last name) _____ Registration number (BC): _____

b) Registered business name (if applicable): _____

☐ *Partnership of Pharmacists (≥2 pharmacists, unincorporated)* – Total number of partners: _____

a) Each pharmacist's full legal name and registration number (BC): _____

_____

b) Registered business name (if applicable): _____

☐ *Corporation* – BC Incorporation Number: _____ Incorporation Date: _____

"Name of Company" on *Notice of Articles/BC Company Summary*: _____

a) Is your corporation publicly traded or not? Select one below:

☐ Publicly Traded – Total number of: ☐ Directors: _____ ☐ Officers: _____

☐ Not Publicly Traded – Total number of: ☐ Directors: _____ ☐ Officers: _____ ☐ Shareholders: _____

b) Is the corporation named above a **subsidiary corporation**? ☐ Yes – complete (c) below ☐ No – go to section 3

c) Is the parent corporation **publicly traded?** ☐ Yes – go to section 3 ☐ No – complete (d) below

d) Parent corporation - Incorporation Number: _____ Incorporation Date: _____

Name of company/corporation as provided in incorporation document(s): _____

Total number of: ☐ Directors: _____ ☐ Officers: _____ ☐ Shareholders: _____

☐ *Health Authority/Organization* – Select one: ☐ FHA ☐ IHA ☐ NHA ☐ VCH ☐ VIHA ☐ PHSA ☐ FNHA ☐ PHC

☐ *Other* – Specify: _____

College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE REINSTATEMENT
Community

Form 3A

3. APPLICANT (DIRECT OWNER) INFORMATION

Mailing Address of Direct Owner ☐ Check this box if lawyer/accountant's address	**City**	**Province**	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	

☐ I have reviewed the hours of operation and the roster for this pharmacy on eServices and confirmed that the information is correct and up- to-date.

Name of Authorized Representative	**Position/Title of Authorized Representative**
Signature	**Sign Date** MMM | DD | YYYY

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College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE REINSTATEMENT

Community

Form 3A

4. PAYMENT INFORMATION

Operating Name and Store #/Identifier (if applicable)
(Auto-populate)

Method of Payment: ☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card Number	**Expiry Date (MM/YY)**
Cardholder Name	
Cardholder Signature	

Reinstatement fee	$0.00
Licence fee	~~$2,250.00~~ 2299.00
GST	~~$112.50~~ 114.95
Total	**~~$2,362.50~~ 2413.95**
GST #	R106953920

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iMIS ID: Finance stamp:

Lic initials:

Date to Finance:

College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE REINSTATEMENT

Hospital

Form 3C

1. PHARMACY INFORMATION

Operating Name		**Pharmacy Licence Number**	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Manager Name		**Registration Number (BC)**	

2. APPLICANT (DIRECT OWNER) INFORMATION

Hospital Name			
Hospital Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	

Health Organization

☐ Fraser Health ☐ Interior Health ☐ Island Health ☐ Northern Health ☐ Vancouver Coastal Health

☐ Provincial Health Services Authority ☐ First Nations Health Authority ☐ Providence Healthcare ☐ Other: _____

☐ I have reviewed the hours of operation and the roster for this pharmacy on eServices and confirmed that the information is correct and up- to-date.

Name of Authorized Representative	**Position/Title of Authorized Representative**
Signature	**Sign Date** MMM | DD | YYYY

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College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE REINSTATEMENT

Hospital

Form 3C

3. PAYMENT INFORMATION

Operating Name
(Auto-populate)

Method of Payment: ☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card Number	**Expiry Date (MM/YY)**
Cardholder Name	
Cardholder Signature	

Reinstatement fee	$0.00
Licence fee	~~$2,250.00~~ 2299.00
GST	~~$112.50~~ 114.95
Total	~~**$2,362.50**~~ **2413.95**
GST #	R106953920

For office use ONLY

iMIS ID: Finance stamp:

Lic initials:

Date to Finance:

College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF DIRECT OWNER

Form 8A

1. CURRENT PHARMACY INFORMATION

Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Manager Name		**Registration Number (BC)**	

2. NEW OWNERSHIP INFORMATION

Effective Date of Change (MMM-DD-YYYY)

Type of Ownership

☐ *Sole Proprietorship (Single pharmacist, unincorporated)* –

a) Pharmacist's legal name: (First name) _____ (Last name) _____ Registration number (BC): _____

b) Registered business name (if applicable): _____

☐ *Partnership of Pharmacists (≥2 pharmacists, unincorporated)* – Total number of partners: _____

a) Each pharmacist's full legal name and registration number (BC): _____

_____

b) Registered business name (if applicable): _____

☐ *Corporation* – BC Incorporation Number: _____ Incorporation Date: _____

"Name of Company" on *Notice of Articles/BC Company Summary*: _____

a) Is your corporation publicly traded or not? Select one below:

☐ Publicly Traded – Total number of: ☐ Directors: _____ ☐ Officers: _____

☐ Not Publicly Traded – Total number of: ☐ Directors: _____ ☐ Officers: _____ ☐ Shareholders: _____

b) Is the corporation named above a **subsidiary corporation**? ☐ Yes – complete (c) below ☐ No – go to section 3

c) Is the parent corporation **publicly traded?** ☐ Yes – go to section 3 ☐ No – complete (d) below

d) Parent corporation - Incorporation Number: _____ Incorporation Date: _____

Name of company/corporation as provided in incorporation document(s): _____

Total number of: ☐ Directors: _____ ☐ Officers: _____ ☐ Shareholders: _____

☐ *Health Authority/Organization* – Select one: ☐ FHA ☐ IHA ☐ NHA ☐ VCH ☐ VIHA ☐ PHSA ☐ FNHA ☐ PHC

☐ *Other* – Specify: _____

3. PRIMARY CONTACT PERSON

Name	**Position/Title**	
Email Address	**Phone Number**	**Fax Number**

College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF DIRECT OWNER

Form 8A

4. ADDITIONAL INFORMATION

As a result of this change (direct owner):

a)	Will the **manager** also be changed at the same time?	☐ Yes – Also complete **Form 8C**	☐ No
b)	Will the **pharmacy operating name** also be changed at the same time?	☐ Yes – Also complete **Form 8E**	☐ No
c)	Will the **pharmacy layout** also be changed at the same time?	☐ Yes – Also complete **Form 8G**	☐ No
d)	Will **other pharmacies** be affected by the same change?	☐ Yes – Also complete **Form 9** (optional⌘)	☐ No

⌘You may fill this form for each pharmacy being affected by this change, or fill this form only once for one of the pharmacies plus Form 9 to include other pharmacies.

5. APPLICANT (DIRECT OWNER) INFORMATION

Mailing Address of Direct Owner ☐ Check this box if lawyer/accountant's address	**City**	**Province**	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Name of Authorized Representative	**Position/Title of Authorized Representative**		
Signature	**Sign Date** MMM | DD | YYYY		

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College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF DIRECT OWNER

Form 8A

6. PAYMENT INFORMATION

Operating Name and Store #/Identifier (if applicable)
(Auto-populate)

Method of Payment: ☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card Number	**Expiry Date (MM/YY)**
Cardholder Name	
Cardholder Signature	

Application fee	$550.00
Initial licence fee	~~$2,250.00~~ 2299.00
GST	~~$140.00~~ 142.45
Total	**~~$2,940.00~~ 2991.45**
GST #	R106953920

For office use ONLY

iMIS ID: Finance stamp:

Lic initials:

Date to Finance:

College of Pharmacists of British Columbia

APPLICATION FOR TELEPHARMACY LICENCE RENEWAL
Community

Form 12

1. TELEPHARMACY INFORMATION

Operating Name		**PharmaCare Code**	
Telepharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Website		**Software Vendor (for dispensing)**	
Pharmacy Technician Name		**Registration Number (BC)**	
OWNER'S INFORMATION			
Name of Company on Notice of Articles/BC Company Summary		**BC Incorporation Number**	
NEXT CLOSEST COMMUNITY PHARMACY/TELEPHARMACY			
Pharmacy/Telepharmacy Name		**City**	
Approximate Distance from Proposed Telepharmacy Location (KM):			

2. CENTRAL PHARMACY INFORMATION

Operating Name		**PharmaCare Code**	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Manager Name		**Registration Number (BC)**	
OWNER'S INFORMATION			
Name of Company on Notice of Articles/BC Company Summary		**BC Incorporation Number**	

3. APPLICANT INFORMATION

Name of Authorized Representative	**Position/Title of Authorized Representative**
Signature	**Date** MMM | DD | YYYY

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College of Pharmacists of British Columbia

APPLICATION FOR TELEPHARMACY LICENCE RENEWAL

Community

Form 12

4. PAYMENT INFORMATION

Telepharmacy (Remote Site) Operating Name (Auto-populate)	**Central Pharmacy Operating Name** (Auto-populate)

Method of Payment: ☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card Number	**Expiry Date (MM/YY)**
Cardholder Name	
Cardholder Signature	

Licence fee	~~$2,250.00~~ 2299.00
GST	~~$112.50~~ 114.95
Total	**~~$2,362.50~~ 2413.95**
GST #	R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____

College of Pharmacists of British Columbia

BOARD MEETING
April 20, 2018

2.b.xii. November Board Meeting and CPBC Annual General Meeting Date

DECISION REQUIRED

Recommended Board Motions:

1) *Approve that the November Board meeting be held on November 22, 2018 and November 23, 2018.*

2) *Approve that the College of Pharmacists of BC Annual General Meeting be held on November 22, 2018.*

Background

At the November 17, 2017 Board meeting, the Board approved the 2018 Board Meeting Schedule (Appendix 1). The schedule indicated that the dates of the November Board meeting and the College Annual General meeting (AGM) would be subject to consideration at a future Board meeting.

In the past, the College has held its AGM in conjunction with the annual meeting of the BC Pharmacy Association (BCPhA) and the Canadian Society of Hospital Pharmacists – BC Branch (CSHPBC). Through this arrangement, the College benefited from increased attendance. However, it also required the College to ensure its AGM date coincided the date picked by the associations. In 2013, the BCPhA withdrew from this arrangement when it established its own independent annual conference and AGM. The College has since continued to host its AGM in conjunction with CSHPBC.

Discussion

While holding the College's AGM as a part CSHPBC's AGM helps increase attendance, moving forward the College may be better served by hosting its AGM separately.

Since the CSHPBC AGM event focuses specifically on pharmacists in hospital practice, there is a potential for underrepresentation of community pharmacists and pharmacy technicians. (Note: the College does not currently track practice specific attendance of its AGM.)

Hosting the College's AGM at CSHPBC's AGM event also has increased cost considerations for the College. The College already contributes conference sponsorships for each of the pharmacy associations in BC. When the events are joined, the College commits to contributing towards some of the costs of hosting the day (typically breakfast and AV services) since the College is also using these services for its AGM.

Holding the College's AGM at CSHPBC's AGM event also provides less flexibility on selecting a date. In 2017, the CSHPBC AGM was held a week later than the board meetings, making it more challenging for College Board members to attend. CSHPBC often needs to confirm its AGM dates further in advance than the College in order to facilitate booking conference facilities. They also have other needs to consider in setting a date, such as the timing other local or national hospital pharmacy events (such as the national CSHP conference).

For 2018, the College is proposing to host its AGM immediately following the November Board meeting. This would mean the AGM would be held separately from the CSHPBC AGM event. The College's AGM would be intended to be convenient for College Board members, College staff, and registrants of all pharmacy practice types to attend. All registrants would also be invited to attend the AGM, as per the College's legislative requirements.

As the final date of the November Board meeting and AGM still need to be confirmed, it is proposed that the November Board meeting be held on November 22 and 23, 2018. The College AGM is proposed to be held on the evening of November 22, 2018.

(Note: November 22 and 23, 2018 were one of the two options originally proposed in the 2018 Board Meeting Schedule. However, the AGM date does differ from the proposed dates.)

Recommendation

It is recommended that the Board approve the motions to hold the November Board meeting on November 22, 2018 and November 23, 2018 and the College of Pharmacists of BC AGM on November 22, 2018.

Appendix	
1	November 17, 2017 – 2018 Board Meeting Schedule Briefing Note

College of Pharmacists of British Columbia

BOARD MEETING
November 17, 2017

5.b.vi. 2018 Board Meeting Schedule

DECISION REQUIRED

Recommended Board Motion:

Approve the 2018 Board Meeting Schedule as circulated.

The Board Meeting Schedule for 2018 is:

Thursday, February 15, 2018
Friday, February 16, 2018

Thursday, April 19, 2018
Friday, April 20, 2018

Thursday, June 14, 2018
Friday, June 15, 2018

Thursday, September 13, 2018
Friday, September 14, 2018

Thursday, November 15, 2018
Friday, November 16, 2018
OR
Thursday, November 22, 2018
Friday, November 23, 2018

CPBC Annual General Meeting
Saturday, November 17, 2018
OR
Saturday, November 24, 2018
Please reserve the two dates, subject to consideration at a future Board meeting

College of Pharmacists
of British Columbia

Board Resolution
Sent via email March 12, 2018
By Board Chair, Mona Kwong

MINUTES

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

Mona Kwong, Chair & District 1 Board Member
Arden Barry, Vice-Chair & District 7 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
Anar Dossa, District 6 Board Member
Sorell Wellon, District 8 Board Member
Tracey Hagkull, Public Board Member
Ryan Hoag, Public Board Member
Justin Thind, Public Board Member
Jeremy Walden, Public Board Member

Be it resolved that the Board appoints Justin Thind as a Board public member and Arden Barry and Tara Oxford as Board members to the Governance Committee with a three year term ending April 2021.

Appendix	
1	Signed Board Resolution
2	Board Resolution Briefing Notes

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

Be it resolved that the Board appoints Justin Thind as a Board public member and Arden Barry and Tara Oxford as Board members to the Governance Committee with a 3 year term ending April 2021.

Mona Kwong, Chair, District 1	March 12, 2018 Date
Arden Barry, Vice-Chair, District 7	March 13, 2018 Date
Ming Chang, District 2	March 12, 2018 Date
Tara Oxford, District 3	March 13, 2018 Date
Christopher Szeman, District 4	March 13, 2018 Date
Frank Lucarelli, District 5	March 14, 2018 Date

Anar Dossa, District 6	March 16, 2018 Date
Sorell Wellon, District 8	March 13, 2018 Date
Tracey Hagkull, Government Appointee	March 13, 2018 Date
Ryan Hoag, Government Appointee	March 15, 2018 Date
Justin Thind, Government Appointee	March 12, 2018 Date
Jeremy Walden, Government Appointee	March 12, 2018 Date

College of Pharmacists of British Columbia

BOARD DECISION
March 12, 2018

Membership Appointment – Governance Committee

Recommended Board Resolution:

Be it resolved that the Board appoints Justin Thind as a Board public member and Arden Barry and Tara Oxford as Board members to the Governance Committee with a three year term ending April 2021.

Purpose

The Governance Committee is currently not properly constituted in accordance with the committee's Terms of Reference.

Background

The Governance Committee's Terms of Reference requires at least 3 but no more than 5 Board members appointed by the Board, and one appointee be a Board public representative.

In order for the committee to be properly constituted, it is recommended that Justin Thind be appointed as the Board public member. Arden Barry and Tara Oxford be appointed as the Board members.

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

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

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

Recommendation

The Board appoints Justin Thind as a Board public member and Arden Barry and Tara Oxford as Board members to the Governance Committee with a 3 year term ending April 2021 by signing the attached Resolution.

Appendix	
1	Arden Barry biography
2	Justin Thind biography
3	Tara Oxford biography

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

Be it resolved that the Board appoints Justin Thind as a Board public member and Arden Barry and Tara Oxford as Board members to the Governance Committee with a 3 year term ending April 2021.

_____	_____
Mona Kwong, Chair, District 1	Date
_____	_____
Arden Barry, Vice-Chair, District 7	Date
_____	_____
Ming Chang, District 2	Date
_____	_____
Tara Oxford, District 3	Date
_____	_____
Christopher Szeman, District 4	Date
_____	_____
Frank Lucarelli, District 5	Date

Anar Dossa, District 6	Date
Sorell Wellon, District 8	Date
Tracey Hagkull, Government Appointee	Date
Ryan Hoag, Government Appointee	Date
Justin Thind, Government Appointee	Date
Jeremy Walden, Government Appointee	Date

Arden Barry, RPh
Vice-Chair, District 7 - Community Hospitals

Arden Barry is a clinical pharmacy and research specialist who practices in two ambulatory clinics at Chilliwack General Hospital. He has over 14 years of community and hospital pharmacy experience, and is an Assistant Professor (Partner) with the UBC Faculty of Pharmaceutical Sciences, and an Associate Member of the Department of Family Medicine with the UBC Faculty of Medicine. From 2012-15, he served as a presidential officer of the Alberta Branch of the Canadian Society of Hospital Pharmacists.

Justin Thind
Government Appointee

Justin Singh Thind is currently a managing partner for Singh Thind & Associates. Previously, he was an associate lawyer for Singh Abrahams and SAJ Lawyer. Prior to that venture, he was a special assistant to the Speaker of the Senate of Canada. Active in his community, Mr. Thind is a director for the Professor Mohan Singh Memorial Foundation. He holds his Bachelor of Arts in Psychology (Honors) from the University of Regina and his Bachelor of Laws from the University of Saskatchewan.

Tara Oxford, RPh
District 3 - Vancouver Island / Coastal

Tara Oxford is the pharmacy manager of a community pharmacy on Vancouver Island. She has over 15 years of pharmacy experience, including clinical and management roles, after becoming registered in the United Kingdom. She is a certified injection pharmacist, anticoagulation pharmacist and diabetes instructor.

College of Pharmacists of British Columbia

Board Meeting
February 15, 2018
Held at the College of Pharmacists of British Columbia
200-1765 West 8th Avenue, Vancouver, BC

MINUTES

Members Present:
Mona Kwong, Chair, District 1
Arden Barry, Vice-Chair, District 7
Ming Chang, District 2
Tara Oxford, District 3
Christopher Szeman, District 4
Frank Lucarelli, District 5
Anar Dossa, District 6
Sorell Wellon, District 8
Tracey Hagkull, Public
Ryan Hoag, Public
Justin Thind, Public
Jeremy Walden, 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 and Licensure
Christine Paramonczyk, Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement

Facilitator
Karen Graham, Panacea Canada

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1. **INTRODUCTION TO THE DAY BY CHAIR KWONG**

2. **INTRODUCTION OF THE PARTICIPANTS BY CHAIR KWONG (ROUND THE TABLE INTROS)**

3. **REVIEW THE CURRENT PLAN & ITS HISTORY AND PROPOSED CHANGES BY MARY O'CALLAGHAN (APPENDIX 1)**

4. **INTRODUCTION TO RIGHT TOUCH LEGISLATION BY BOB NAKAGAWA (APPENDIX 2)**

5. SUCCESSES THIS FAR

Goal	Objectives	Lead
1.	PODSA Bylaws	Christine Paramonczyk
2.	PODSA processes	Doreen Leong

PODSA Bylaws – Christine Paramonczyk explained to the Board the legislated process, pertaining to the amendments made to existing PODSA Bylaws. This included drafting of the amendments for Board approval, requirement of a 90 day public posting period, reviewing, analyzing and making any changes based on the feedback received, finalizing as well as filing the Bylaws with the Ministry of Health with Board approval.

PODSA Processes – Doreen Leong identified the specific amendments made to the PODSA Bylaws. This included changes in pharmacy ownership provisions, specifically permitting the College to know the identity of all pharmacy owners (including non-registrants), distinguishing between direct owners and indirect owners, and requirement for direct and indirect owners and managers to provide a Criminal Record History.

6. SUCCESSES THIS FAR (CONTINUED):

Goal	Objectives	Lead
2.	Hospital PRP	Ashifa Keshavji
	Complaints and Investigations	David Pavan
3.	Pharmacist Prescriber	Gillian Vrooman
4.	Governance Training	Bob Nakagawa
	Excellence Canada	Mary O'Callaghan
	Information Technology	Mary O'Callaghan

- **Hospital PRP** – Ashifa Keshavji provided an overview of the launch of the PRP program, first with the Community Practice and more recently with Hospital. The Community feedback survey results were highlighted. Ashifa reported on the current implementation of the Hospital PRP program which includes a trial to schedule 3 Professionals reviews a day. Updates regarding PRP Phase 1 and Phase 2 are to be included in the Board briefing packages at every Board meeting.

- **Complaints and Investigations** – David Pavan provided an overview of the Complaints Investigation process and associated legislated timelines. He reported on the completion of the Methadone Maintenance Treatment Action Plan.

- **Pharmacist Prescriber** – Gillian Vrooman reported on the amendments to the Certified Pharmacist Prescriber Draft Framework which included narrowing the scope of pharmacist prescribing to be within collaborative practice settings. In 2017, feedback was sought on the new Framework for Pharmacist Prescribing in BC. A report was completed, consolidating all the feedback received through various public engagements.

- **Governance Training** is underway with Laura Edgar from the Institute on Governance. Bob Nakagawa reported on two Board Governance Session and Board Development session that took place during the September and November 2017 Board meetings.

- **Excellence Canada** – Mary O'Callaghan reported on when the College first adopted Excellence Canada and provided an overview of the College's progress and different projects staff at all levels are currently engaging in.

- **Information Technology** – Mary O'Callaghan outlined the IT Department's priorities, specifically regarding PODSA Phase 1 and iMIS implementation.

7. DISCUSSION BY CHAIR KWONG

Action Items:

Send out link of "Right Touch" to Board members	Stephanie Kwok
Invitation of guest speakers to Board meetings	ALL
Work with Chair and Vice-Chair to confirm dates for Committee for the Whole (via teleconference for 2018)	Stephanie Kwok
Discussion re Mission statement to include "Direct and Indirect" owners	ALL

College of Pharmacists of British Columbia

BOARD MEETING
April 20, 2018

3. Confirmation of Agenda

DECISION REQUIRED

Recommended Board Motion:

Approve the April 20, 2018 Draft Board Meeting Agenda as circulated, or amended.

Appendix	
1	April 20, 2018 Draft Board Meeting Agenda

College of Pharmacists of British Columbia

Board Meeting
Friday, April 20, 2018
CPBC Office, 200-1765 West 8th Avenue, Vancouver

AGENDA

10:00am - 10:05am	5	**1.**	Welcome & Call to Order *Land Acknowledgement*	Chair Kwong
		2.	Consent Agenda a) Items for Further Discussion b) Approval of Consent Items **[DECISION]**	Chair Kwong
		3	Confirmation of Agenda **[DECISION]**	Chair Kwong
10:05am - 10:45am	40	**4.**	Committee Updates: a) Application Committee b) Audit and Finance Committee c) Community Pharmacy Advisory Committee d) Discipline Committee e) Drug Administration Committee f) Ethics Advisory Committee g) Governance Committee h) Hospital Pharmacy Advisory Committee i) Inquiry Committee j) Jurisprudence Examination Subcommittee k) Legislation Review Committee (update provided in item 5) l) Practice Review Committee m) Quality Assurance Committee n) Registration Committee o) Residential Care Advisory Committee	Committee Chairs: Sorell Wellon Frank Lucarelli Tara Oxford Jeremy Walden Doreen Leong Sorell Wellon Arden Barry Arden Barry Ming Chang Christopher Szeman Jeremy Walden Tracey Hagkull Frank Lucarelli Jeremy Walden Sorell Wellon
10:45am - 12:00pm	75	**5.**	Legislation Review Committee: a) Committee Update b) Amending and Repealing Multiple Professional Practice Policies **[DECISION]** c) Evaluation of the Community Pharmacy Security Provisions	Jeremy Walden
12:00pm - 12:15pm	15	**6.**	Excellence Canada Update	Mary O'Callaghan
12:15pm - 1:00pm	45		***LUNCH***	
1:00pm - 1:45pm	45	**7.**	Enhancing Partnership and Collaboration with the College of Pharmacists of BC	Dr. Evan Wood
1:45pm - 2:00pm	15		***BREAK***	
2:00pm - 3:00pm	60	**8.**	Entry-to-Practice Doctor of Pharmacy Program Updates	Kerry Wilbur
3:00pm - 3:10pm	10	**9.**	Strategic Plan 2020-2023 Task Groups **[DECISION]**	Chair Kwong
3:10pm - 3:15pm	5	**10**	Items Brought Forward from Consent Agenda	Chair Kwong
			CLOSING COMMENTS AND ADJOURNMENT	

College of Pharmacists of British Columbia

BOARD MEETING
April 20, 2018

5. Legislation Review Committee
a) Committee Update

INFORMATION ONLY

Purpose

For the Committee Chair to provide an update on the Legislation Review Committee.

College of Pharmacists of British Columbia

BOARD MEETING
April 20, 2018

5. Legislation Review Committee
b) Amending and Repealing Multiple Professional Practice Policies

DECISION REQUIRED

Recommended Board Motions:

1) Approve amendments to the following Professional Practice Policies (PPP's), as circulated:

- *PPP-3 Pharmacy References*
- *PPP-74 Community Pharmacy Security*

2) Repeal the following PPP's:

- *PPP-26 Pharmacy Distribution of Alternative and Complementary Health Products*
- *PPP-32 Dispensing Multi-Dose Vials*

Purpose

To approve of the following policy changes to be effective immediately:

- Amendments to PPP-3 Pharmacy References and PPP-74 Community Pharmacy Security.
- Repealing PPP-26 Pharmacy Distribution of Alternative and Complementary Health Products as well as PPP-32 Dispensing Multi-Dose Vials.

Background

At the February 2017 Board meeting, an update on the work of the College's Policy and Legislation Department's projects was provided. One of the key projects highlighted was a review of the existing suite of PPPs and recommended changes to them. This work follows from a staff and legal counsel review of the existing PPPs to identify which ones should:

- Be transitioned to bylaw or standards of practice, to strengthen them;
- Be rescinded or transitioned to a guideline; and
- Remain as policies and reviewed to identify if slight revisions (e.g., formatting, etc.) are needed.

Following from this work, this briefing note includes recommended amendments to two PPP's and recommendations to repeal two PPP's for the Board's approval.

Discussion

Proposed Amendments to Professional Practice Policies

The proposed amendments to PPP-3 Pharmacy References and PPP-74 Community Pharmacy Security are summarized below.

PPP-3 Pharmacy References

This policy sets out the references (e.g., medical dictionaries, etc.) that pharmacies must have.

Over the past few years, the College has received requests to update the references included in this policy as many of them are outdated. College staff have reviewed the references and are proposing amendments to the PPP (see Appendix 1). The primary amendments to this policy are updating outdated references. Other key minor changes include:

- Formatting and general wording changes for ease of reference and clarity;
- Removing duplication (e.g., removing the section on "residential care homes and facilities references" as they are licensed as community or hospital pharmacies and meet the required references accordingly); and,
- Removing the section on "suppliers/sources" as there are many suppliers and sources available to access the references, and listing each of them would not be feasible.

PPP-74 Community Pharmacy Security

This policy provides guidance to community pharmacies for complying with the community pharmacy security requirements in the *Pharmacy Operations and Drug Schedules Act* ("PODSA") Bylaws.

At the September 2017 Board meeting, amendments to telepharmacy bylaws were approved. These amendments included revisions to PODSA bylaws regarding community pharmacy security to include telepharmacies. As a result, minor amendments to PPP-74 are being proposed (e.g., renaming it: "PPP-74 Community and Telepharmacy Security") (see Appendix 2).

Proposed Repeal of Professional Practice Policies

A proposed repeal of PPP-26 Pharmacy Distribution of Alternative and Complementary Health Products and PPP-32 Dispensing Multi-Dose Vials is summarized below.

PPP-26 Pharmacy Distribution of Alternative and Complementary Health Products

This policy references requirements for pharmacists (e.g., understanding the indications and contraindications, etc.) when selling alterative and complementary health products (e.g., herbal products, etc.).

The requirements in this policy are all duplicative of existing legislation (see table in Appendix 3). Therefore, it is recommended that PPP-26 be repealed (see Appendix 4).

PPP-32 Dispensing Multi-Dose Vials

This policy states requirements about returning multi-dose vials and the handling of these types of prescriptions. However, the requirements all pertain to physicians whom are not registrants of the College. Further, the PODSA Bylaws already specify requirements regarding the return and reuse of any drug previously dispensed. It is thereby recommended that PPP-32 be repealed (see Appendix 5).

Next Steps

- Update the amended PPP's on the College's website;
- Remove the repealed PPP's off of the College's website; and
- Communicate the policy changes.

Recommendation

The Legislation Review Committee recommends that the Board approve the amendments to PPP-3 Pharmacy References and PPP-74 Community Pharmacy Security as well as approve the repealing of PPP-26 Pharmacy Distribution of Alternative and Complementary Health Products and PPP-32 Dispensing Multi-Dose Vials.

Appendix	
1	Amendments to PPP-3 Pharmacy References (track changes and clean)
2	Amendments to PPP-74 Community Pharmacy Security (track changes)
3	PPP-26 Review of Policy Statements
4	Repeal PPP-26 Pharmacy Distribution of Alternative and Complementary Health Products
5	Repeal PPP-32 Dispensing Multi-Dose Vials

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY-3**
POLICY FOCUS: **Pharmacy References**

This policy provides guidance to pharmacies for complying with reference material requirements as required under the *Pharmacy Operations and Drug Scheduling Act ("PODSA")* Bylaws section 18(2)(w).

POLICY STATEMENT – HOSPITAL AND HOSPITAL PHARMACY SATELLITES:

1. All hospital pharmacies and hospital pharmacy satellites must be equipped with, current references relevant to the services provided (examples including but not limited to: Pediatrics, Psychiatric, Geriatric, Oncology and Compounding)

POLICY STATEMENTS – COMMUNITY PHARMACY AND TELEPHARMACY:

1. All community pharmacies and telepharmacies are required to have access to the most current versions of the BC Pharmacy Practice Manual. The CPBC ReadLinks is an exception, as only the most recent three years must be readily accessible.

   To obtain printed copies of the BC Pharmacy Practice Manual, please order through eServices. To access CPBC ReadLinks, please visit our website at www.bcpharmacists.org.

   Electronic formatted files and electronic database† references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive and current as the printed version, as well as readily accessible within the dispensary.

   † Subscription may be required

2. All community pharmacies and telepharmacies at a minimum must have **one** of the following authorized library references in each of the categories listed in the table (unless otherwise noted).

   In addition to the list in the table, pharmacies must be equipped with current references relevant to the services provided (examples including but not limited to: Opioid Agonist Treatment, Veterinary, Psychiatric, Geriatric and Compounding)

CATEGORY	VERSION	REFERENCE (* items marked with an asterisk are available electronically only)
COMPENDIUM	Current year	• ***Compendium of Pharmaceuticals and Specialties*** (Canadian Pharmacists Association)
COMPLEMENTARY / ALTERNATIVE	Within the last 4 years	• ***Stockley's Herbal Medicines Interactions*** • ****Facts & Comparisons® eAnswers*** at online.factsandcomparisons.com • ****iPharmacist*** (mobile app by Apotex) • ****Lexicomp Online*** at online.lexi.com OR ***Lexicomp*** (mobile app by Lexi-comp or Wolters Kluwer) • ****MedicinesComplete*** at www.MedicinesComplete.com • ****Micromedex Pharmaceutical Knowledge*** at www.Micromedex.com • ****Natural Medicines Comprehensive Database*** at www.naturaldatabase.com OR mobile app by Therapeutic Research Center • ****Natural Medicines*** at www.naturalmedicines.com
DISPENSATORY	Within the last 9 years	• ***Martindale - The Complete Drug Reference*** (Published every 3 years) • ****iPharmacist*** (mobile app by Apotex) • ****Lexicomp Online*** (Lexi-Drugs) at online.lexi.com OR ***Lexicomp*** (mobile app by Lexi-comp or Wolters Kluwer) • ****MedicinesComplete*** at www.MedicinesComplete.com • ****Micromedex Pharmaceutical Knowledge*** at *www.Micromedex.com* OR ***Micromedex Drug Info – Mobile*** (mobile app by Truven)
DRUG INTERACTIONS	In its entirety every 2 years, or continual updates	• ***Stockley's Drug Interactions*** • ***Drug Interactions Analysis and Management*** (Hansten & Horn) *Loose leaf version must have continual updates* • ***Drug Interaction Facts: The Authority on Drug Interactions*** (Tatro) • ****Facts & Comparisons® eAnswers*** at online.factsandcomparisons.com • ****iPharmacist*** (mobile app by Apotex) • ****Lexicomp Online*** (Lexi-Interact) at online.lexi.com OR ***Lexicomp*** (mobile app by Lexi-comp/Wolters Kluwer) • ****MedicinesComplete*** at www.MedicinesComplete.com • ****Micromedex Pharmaceutical Knowledge*** at www.Micromedex.com OR ***Micromedex Drug Interactions*** (mobile app by Truven) • ****RxTx Option 2*** OR ***RxTx Option 3*** at www.pharmacists.ca
MEDICAL DICTIONARY *** Those listed or any equivalent professional medical dictionary**	Within the last 15 years	• ***Dorland's Illustrated Medical Dictionary*** • ***Dorland's Pocket Medical Dictionary*** • ***Stedman's Medical Dictionary*** • ***Stedman's Medical Dictionary-Health Professions and Nursing*** • ***Taber's Medical Dictionary*** • ****iPharmacist*** (mobile app by Apotex) • ****Lexicomp*** (*mobile app* by Lexi-comp/Wolters Kluwer) • ****MedicinesComplete*** at www.MedicinesComplete.com • ****The Free Dictionary by Farlex*** at http://medical-dictionary.thefreedictionary.com/
NONPRESCRIPTION MEDICATION ***<u>BOTH</u>* references required**	Most current version	• ***Compendium of Therapeutics for Minor Ailments*** [formerly called *Therapeutic Choices For Minor Ailments* or *Patient Self-Care*] (Canadian Pharmacists Association) • ***Compendium of Products for Minor Ailments*** [formerly called *Products for Minor Ailments* or *Compendium of Self-Care Products*] (Canadian Pharmacists Association)

CATEGORY	VERSION	REFERENCE (* items marked with an asterisk are available electronically only)
PREGNANCY AND LACTATION	Within the last 3 years	• ***Drugs in Pregnancy and Lactation: A Reference Guide to Fetal and Neonatal Risk*** (Briggs) • ***Drugs during Pregnancy and Lactation: Treatment Options and Risk Assessment*** (Schaefer et al) • ***Medications and Mother's Milk*** (Hale) • ****Facts & Comparisons® eAnswers*** at online.factsandcomparisons.com • ****iPharmacist*** (mobile app by Apotex) • ****Lexicomp Online*** (Lexi-Pregnancy and Lactation) at online.lexi.com OR ***Lexicomp*** (mobile app by Lexi-comp/Wolters Kluwer) • ****Medications and Mother's Milk*** at www.medsmilk.com • ****MedicinesComplete*** at www.Medicinescomplete.com
PEDIATRICS	Within the last 4 years	• ***Pediatric & Neonatal Dosage Handbook*** (Taketomo/Lexicomp) • ***Pediatric Drug Dosage Guidelines*** (British Columbia's Children's Hospital) • ****BC Children's and Women's Hospital (C&W) Online Formulary*** at http://www.pedmed.org/DrugApp/index.html • ****iPharmacist*** (mobile app by Apotex) • ****Lexicomp Online*** (Pediatric & Neonatal Lexi-Drugs) at online.lexi.com OR ***Lexicomp*** (mobile app by Lexi-comp/Wolters Kluwer) • ****Micromedex Pharmaceutical Knowledge*** at *www.Micromedex.com* OR ***Micromedex Pediatrics Essentials*** (mobile app by Truven)
PROFESSIONAL / LEGISLATION ***BOTH* required**	BC Pharmacy Practice Manual: Current version CPBC ReadLinks: Recent 3 years	• ***BC Pharmacy Practice Manual*** (www.bcpharmacists.org) • ***CPBC ReadLinks*** (www.bcpharmacists.org)
THERAPEUTICS	Within the last 4 years	• ***Compendium of Therapeutic Choices*** [formerly called *Therapeutic Choices*] (Canadian Pharmacists Association)

First approved: 02 May 1997
Revised: 11 Oct 2000 / 2 Nov 2001 / 22 Nov 2002 / 20 Jun 2003 / 09 Feb 2007 / 27 Mar 2009 / 18 Jun 2010 / 15 Apr 2011 / 15 Feb 2013 / 21 Feb 2014
Reaffirmed: 18 Jun 2010

PPP-3

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY-3**
POLICY FOCUS: **Pharmacy References**

This policy provides guidance to pharmacies for complying with reference material requirements as required under the *Pharmacy Operations and Drug Scheduling Act ("PODSA")* Bylaws section 18(2)(w).

POLICY STATEMENT – HOSPITAL AND HOSPITAL PHARMACY SATELLITES:

1. All hospital pharmacies and hospital pharmacy satellites must be equipped with, current references relevant to the services provided (examples including but not limited to: Pediatrics, Psychiatric, Geriatric, Oncology and Compounding)

POLICY STATEMENT{S – COMMUNITY PHARMACY AND TELEPHARMACY}:

1. All community pharmacies and telepharmacies are required to have access to the most current versions of the BC Pharmacy Practice Manual. ~~-~~The CPBC ReadLinks is an exception, as only the most recent three years must be ~~retained~~readily accessible.

~~Please ensure that all documents are current and readily accessible within the dispensary.~~

To obtain printed copies of the BC Pharmacy Practice Manual, please order through eServices. ~~and To~~ To access CPBC ReadLinks, please ~~contact the College office for an order form or access~~visit our website at www.bcpharmacists.org.

~~Electronic Formatted Files and Electronic Database‡ References~~

Electronic formatted files and electronic database‡ references are acceptable for any of the ~~a~~authorized choices within any of the required categories, provided that they are as comprehensive and current as the printed version, ~~and meet the same updating requirements~~ as well as readily accessible within the dispensary.

‡ Subscription may be required

~~Residential Care Homes and Facilities References~~

~~Pharmacies providing service to licensed residential care facilities and homes must obtain a minimum of one reference applicable to geriatric residents or to psychiatric care residents, as appropriate to the pharmacy's service area.~~

~~Suppliers / Sources~~

~~Pharmacy reference texts can be obtained from several sources~~online vendors such as Amazon and Indigo, as well as . The College is aware any of the following suppliers: of the required references:

~~**BC Drug & Poison Information Centre (DPIC)**~~
~~Tel: 604.682.2344 Ext. 62126~~

~~**BC Pharmacy Association**~~
~~Tel: 604.261.2092~~
~~Toll Free: 800.663.2840~~
~~Website: www.bcpharmacy.ca~~

~~**Canadian Pharmacists Association**~~
~~Toll Free: 800.917.9489~~
~~Website: www.pharmacists.ca~~

~~**Harcourt Canada**~~
~~Tel & Fax: 416.255.4491~~
~~Toll Free: 800.387.7278~~
~~Website: www.harcourt.com~~

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~~**Login Bros. Canada**~~
~~Tel: 403.246.1963~~
~~Toll Free: 800.665.1148~~
~~Website: www.lb.ca~~

~~**Pharma Systems Inc.**~~
~~Toll Free: 888.475.2500~~
~~Website: www.pharmasystems.com~~

~~**Therapeutic Research Facility**~~
~~Tel: 209.472.2240~~
~~Website: www.naturaldatabase.com~~

~~**UBC Health Sciences Bookshop**~~
~~Tel: 604.875822.55882665~~
~~Toll Free: 800.665661.71193889~~
~~Website: bookstore.ubc.ca~~
www.hsb.bookstore.ubc.ca

Field Code Changed

2. All community pharmacies and telepharmacies at a minimum must have **one** of the following authorized library references in each of the categories listed in the table (unless otherwise noted) ~~as per PODSA Bylaw 3(2)(w)~~.

   In addition to the list in the table, pharmacies must be equipped with current references relevant to the services provided (examples including but not limited to: Opioid Agonist Treatment, Veterinary, Psychiatric, Geriatric and ~~,~~ Compounding)

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POLICY CATEGORY: PROFESSIONAL PRACTICE POLICY-
POLICY FOCUS: Pharmacy Reference

In addition to the list below, pharmacies must be equipped with references relevant to the services provided (e.g. Methadone Maintenance Treatment, Veterinary, Psychiatric, Geriatric, Specialty Compounding).

CATEGORY	VERSION	REFERENCE (*items marked with an asterisk are available electronically only) TEXT (PRINTED COPY/ELECTRONIC FORMATTED FILE) ELECTRONIC DATABASE FORMATS
RELEVANT REFERENCES		In addition to the list below, ***pharmacies must be equipped with current references relevant to the services provided*** (examples including but not limited to: Methadone Maintenance Treatment, Veterinary, Psychiatric, Geriatric, Specialty Compounding)
COMPENDIUM	Current year	• ***Compendium of Pharmaceuticals and Specialties*** (Canadian Pharmacists Association) 1. • ***www.pharmacists.ca e-Therapeutics+ RxTx Option 1*** OR ***e-Therapeutics+ COMPLETE, RxTx Option 3*** (e-CPS) at www.e-therapeutics.ca OR ***RxTx*** (mobile app by CPhA) OR ***RxTx*** (mobile app by CPhA) – e-CPS
COMPLEMENTARY / ALTERNATIVE	Within the last 4 years	• ***Stockley's Herbal Medicines Interactions*** • ***Facts & Comparisons® eAnswers*** at online.factsandcomparisons.com • ***iPharmacist*** (mobile app by Apotex) • ***Lexicomp Online*** at online.lexi.com OR ***Lexicomp*** (mobile app by Lexi-comp or Wolters Kluwer) • ***MedicinesComplete*** at www.MedicinesComplete.com • ***Micromedex Pharmaceutical Knowledge*** at www.Micromedex.com • ***Natural Medicines Comprehensive Database*** at www.naturaldatabase.com OR mobile app by Therapeutic Research Center • ***Natural Medicines*** at www.naturalmedicines.com • Natural Medicines Comprehensive Database Herbal Medicines – (Pharmaceutical Press) - MedicinesComplete.com 1. MedicinesComplete at www.MedicinesComplete.com Natural Medicines Comprehensive Database at www.naturaldatabase.com OR mobile app by Therapeutic Research Center 2. Lexicomp Online (Lexi-Drugs) at online.lexi.com OR Lexicomp (mobile app by Lexi-comp or Wolters Kluwer) 3. www.lexi.com – Lexi-Naturals 4. iPharmacist (mobile app by Apotex) www.ipharmacist.com Micromedex Pharmaceutical Knowledge at www.Micromedex.com – (AltMedDex) 5. Facts & Comparisons® eAnswers at online.factsandcomparisons.com
DISPENSATORY	Within the last 9 years	• ***Martindale - The Complete Drug Reference*** (Published every 3 years) • ***iPharmacist*** (mobile app by Apotex) • ***Lexicomp Online*** (Lexi-Drugs) at online.lexi.com OR ***Lexicomp*** (mobile app by Lexi-comp or Wolters Kluwer) • ***MedicinesComplete*** at www.MedicinesComplete.com 1. ***Micromedex Pharmaceutical Knowledge*** at www.Micromedex.com OR ***Micromedex Drug Info – Mobile*** (mobile app by Truven) • MedicinesComplete at www.MedicinesComplete.com Lexicomp Online (Lexi-Drugs) at online.lexi.com OR Lexicomp (mobile app by Lexi-comp or Wolters Kluwer) Micromedex Pharmaceutical Knowledge at www.Micromedex.com OR

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CATEGORY	VERSION	REFERENCE (*items marked with an asterisk are available electronically only) TEXT (PRINTED COPY/ELECTRONIC FORMATTED FILE) ELECTRONIC DATABASE FORMATS
		www.lexi.com Lexi-drugs Micromedex Drug Reference Essentials (mobile app by Truven) 2. iPharmacist (mobile app by Apotex) 3. www.ipharmacist.com
DRUG INTERACTIONS	In its entirety every 2 years, or continual updates	• ***Stockley's Drug Interactions*** • Hansten and Horn's ***Drug Interactions Analysis and Management*** (Hansten & Horn) *Loose leaf version must have continual updates*. St. Louis: Facts and Comparisons; continual updates • ***Drug Interaction Facts**: The Authority on Drug Interactions* (Tatro). St. Louis: Facts and Comparisons • ****Facts & Comparisons® eAnswers*** at online.factsandcomparisons.com • ****iPharmacist*** (mobile app by Apotex) • ****Lexicomp Online*** (Lexi-Interact) at online.lexi.com OR ***Lexicomp*** (mobile app by Lexi-comp/Wolters Kluwer) • ****MedicinesComplete*** at www.MedicinesComplete.com • ****Micromedex Pharmaceutical Knowledge*** at www.Micromedex.com OR ***Micromedex Drug Interactions*** (mobile app by Truven) ****RxTx Option 2*** OR ***RxTx Option 3*** at www.pharmacists.ca 1. *MedicinesComplete* at www.MedicinesComplete.com Facts & Comparisons® eAnswers at online.factsandcomparisons.com 2. www.factsandcomparisons.com 3. Lexicomp Online (Lexi-Interact) at online.lexi.com OR Lexicomp (mobile app by Lexi-comp/Wolters Kluwer)www.lexi.com - Lexi-Interact 4. iPharmacist (mobile app by Apotex) www.ipharmacist.com Micromedex Pharmaceutical Knowledge at www.Micromedex.com – D(Drug-Reax) OR Micromedex Drug Interactions OR Micromedex Drug Essentials (mobile apps by Truven) 5. • RxTx Option 1 OR RxTx Option 3 (e-CPS) at www.e-therapeutics.ca e-Therapeutics+ or e-Therapeutics+ COMPLETE (Drug Interactions) at www.e-therapeutics.ca OR RxTx (mobile app by CPhA)
PROFESSIONAL / LEGISLATION *BOTH* required	BC Pharmacy Practice Manual#1: Current version CPBC ReadLinks#2: Recent 3 years	***BC Pharmacy Practice Manual*** (www.bcpharmacists.org) ***CPBC ReadLinks*** (www.bcpharmacists.org) • ***CPBC*** at www.bcpharmacists.org
MEDICAL DICTIONARY * Those listed or any equivalent professional medical dictionary	Within the last 15 years	• ***Dorland's Illustrated Medical Dictionary*** • ***Dorland's Pocket Medical Dictionary*** • ***Stedman's Medical Dictionary*** • ***Stedman's Medical Dictionary-Health Professions and Nursing*** • ***Tabor's Taber's Medical Dictionary*** • ****iPharmacist*** (mobile app by Apotex) • ****Lexicomp*** (*mobile app* by Lexi-comp/Wolters Kluwer) • ****MedicinesComplete*** at www.MedicinesComplete.com • ****The Free Dictionary by Farlex*** at http://medical-dictionary.thefreedictionary.com/ *Dorland's* at www.dorlands.com OR mobile app by Mobile Systems Stedman's at stedmansonline.com OR mobile app by Mobile Systems

CATEGORY	VERSION	REFERENCE (*items marked with an asterisk are available electronically only) TEXT (PRINTED COPY/ELECTRONIC FORMATTED FILE) ELECTRONIC DATABASE FORMATS
		1. Taber's at www.tabers.com OR mobile app by Unbound Medicine MedicinesComplete at www.MedicinesComplete.com iPharmacist (mobile app by Apotex) 2. Lexicomp (mobile app by Lexi-comp/Wolters Kluwer) www.ipharmacist.com • The Free Dictionary by Farlex at http://medical-dictionary.thefreedictionary.com/
NONPRESCRIPTION MEDICATION * Both BOTH* references required	Most current issue version	• *Compendium of Therapeutics for Minor Ailments* [formerly called *Therapeutic Choices For Minor Ailments* or *Patient Self-Care*] (Canadian Pharmacists Association) 1. *Compendium of Products for Minor Ailments* [formerly called *Products for Minor Ailments* or *Compendium of Self-Care Products*] (Canadian Pharmacists Association) Therapeutic Choices For Minor Ailments (formerly called Patient Self-Care) 1. Products For Minor Ailments • (formerly called Compendium of Self-Care Products) 1. • *www.pharmacists.ca - e-Therapeutics (suite) e-Therapeutics+ COMPLETE RxTx 2* OR *RxTx 3 Option 3* (Minor Ailments AND Products for Minor Ailments) at www.e-therapeutics.ca OR *RxTx* (mobile app by CPhA)
PREGNANCY AND LACTATION	Within the last 3 years	• ***Drugs in Pregnancy and Lactation**: A Reference Guide to Fetal and Neonatal Risk* by (Briggs) • ***Drugs during Pregnancy and Lactation**: Treatment Options and Risk Assessment* (by Christ of Schaefer et al) • ***Medications and Mother's Milk*** by Thomas (Hale) • ***Facts & Comparisons® eAnswers*** at online.factsandcomparisons.com • ***iPharmacist*** (mobile app by Apotex) • ***Lexicomp Online*** (Lexi-Pregnancy and Lactation) at online.lexi.com OR ***Lexicomp*** (mobile app by Lexi-comp/Wolters Kluwer) • ***Medications and Mother's Milk*** at www.medsmilk.com 1. ***MedicinesComplete*** at www.Medicinescomplete.com • ***Lexicomp Online*** (Lexi-Pregnancy and Lactation) at online.lexi.com OR ***Lexicomp*** (mobile app by Lexi-comp/Wolters Kluwer) MedicinesComplete at www.Medicinescomplete.com iPharmacist (mobile app by Apotex) Medications and Mother's Milk at www.medsmilk.com 2. Facts & Comparisons® eAnswers at online.factsandcomparisons.com www.lexi.com - Lexi-Pregnancy 3. and Lactation www.ipharmacist.com
PEDIATRICS	Within the last 4 years	• ***Pediatric & Neonatal Dosage Handbook*** (Taketomo/Lexicomp) Hudson: Lexi-Comp Inc.) • ***British Columbia's Children's Hospital Pediatric Drug Dosage Guidelines*** (British Columbia's Children's Hospital Vancouver) • ***BC Children's and Women's Hospital (C&W) Online Formulary*** at http://www.pedmed.org/DrugApp/index.html • ***iPharmacist*** (mobile app by Apotex) • ***Lexicomp Online*** (Pediatric & Neonatal Lexi-Drugs) at online.lexi.com OR ***Lexicomp*** (mobile app by Lexi-comp/Wolters Kluwer) • ***Micromedex Pharmaceutical Knowledge*** at www.Micromedex.com OR ***Micromedex Pediatrics Essentials*** (mobile app by Truven) ***Lexicomp Online*** (Pediatric & Neonatal Lexi-Drugs) at online.lexi.com OR ***Lexicomp*** (mobile app by Lexi-comp/Wolters Kluwer) ***Micromedex Pharmaceutical Knowledge*** at www.Micromedex.com OR ***Micromedex Drug Reference Essentials*** (mobile app by Truven) ***iPharmacist*** (mobile app by Apotex) 1. ***BC Children's and Women's Hospital (C&W) Online Formulary*** at http://www.pedmed.org/DrugApp/index.html www.lexi.com - Lexi-Pediatric Drugs

CATEGORY	VERSION	REFERENCE (*items marked with an asterisk are available electronically only) ~~TEXT (PRINTED COPY/ELECTRONIC FORMATTED FILE)~~ ELECTRONIC DATABASE ~~FORMATS~~
		~~http://edreg.cw.bc.ca/BookStore/pu~~ ~~2. blic/bookstore/~~ ~~3. www.ipharmacist.com~~
PROFESSIONAL / LEGISLATION ***BOTH* required**	BC Pharmacy Practice Manual: Current version CPBC ReadLinks: Recent 3 years	• ***BC Pharmacy Practice Manual*** (www.bcpharmacists.org) • ***CPBC ReadLinks*** (www.bcpharmacists.org)
THERAPEUTICS	Within the last 4 years	***Compendium of Therapeutic Choices*** [formerly called *Therapeutic Choices*] (Canadian Pharmacists Association)~~Therapeutic Choices. Ottawa: Canadian~~ • ~~Pharmacists Association~~ ~~1. *RxTx 21e Therapeutics+*, OR *e-Therapeutics+ COMPLETERxTx 3* (Therapeutic Choices): www.e-therapeutics.ca OR *RxTx* (mobile app by CPhA)OR *RxTx* (mobile app by CPhA)www.pharmacists.ca – e-Therapeutics~~
~~**DISCLAIMER**~~	~~In addition to the above list, pharmacies must be equipped with references relevant to their practices. (e.g. Methaahdone Maintenance Treatment, Veterinary, Psychiatric, Geriatric, Specialty Compounding.)~~	

~~All hospital pharmacies and hospital pharmacy satellites must be equipped with a reference library of current references relevant to the services provided including but not limited to: medication compounding, dispensing and/or preparation of medication orders, and current patient-oriented references for the provision of patient-oriented pharmacy services.~~

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First approved: 02 May 1997
Revised: 11 Oct 2000 / 2 Nov 2001 / 22 Nov 2002 / 20 Jun 2003 / 09 Feb 2007 / 27 Mar 2009 / 18 Jun 2010 / 15 Apr 2011 / 15 Feb 2013 / 21 Feb 2014
Reaffirmed: 18 Jun 2010

PPP-3

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY- 74**
POLICY FOCUS: **Community Pharmacy and Telepharmacy Security**

This policy provides guidance to community pharmacies for complying with community pharmacy and telepharmacy security requirements. *Pharmacy Operations and Drug Scheduling Act ("PODSA")* Bylaws section 1, section 18(2)(q), section 18(2)(r), section 18(2)(s), section 18(2)(bb), section 18(8) and section 26 address community pharmacy and telepharmacy 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, direct and indirect owner(s) of the 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 18(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 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 direct and indirect owners(s) of 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 26). 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 direct and indirect owner(s) of the pharmacy ~~owner(s) and director(s)~~ with community pharmacy security bylaws and/or this policy as required in PODSA bylaws section 18(2)(bb). This notification should be provided to the~~The~~ CPBC Complaints ~~Resolution~~ and Investigations Department via the complaints line or email (~~778-330-0967~~**1-877-330-0967 or complaints@bcpharmacists.org)** ~~should be used for this notification~~.

4. Pharmacy Security Equipment

Safe

The safe must be an actual metal safe, a "narcotics cabinet" is not sufficient. The safe must be securely anchored in place, preferably to the floor. The safe should only be open when items are being placed into or removed from the safe. ***It is never appropriate for the safe to be left open; this would defeat the purpose of the time-delay lock security measure.***

Security Camera System

It is important to ensure that images captured by the security camera system are sufficient to enable law enforcement to identify the criminals. In order to identify a person, specific individual features must be distinguishable.

Experts advise that camera systems are rated on frame rates per second and resolution. The higher the frame rate and resolution the better for detection and identification.

Under the *Personal Information Protection Act* (PIPA) pharmacies are required to post visible and clear signage informing customers that the premise is monitored by cameras. Guidance on the use of cameras, including security arrangements and policies can be found on the Office of Information Privacy Commissioner's site.

Motion Sensors

Security experts recommend that 360 degree motion detectors be installed on the ceiling as wall mounted motion detectors are vulnerable to blind spots.

Monitored Alarms Systems

Independent alarms for the dispensary **are optional**, when a full pharmacist is present **at all times and the premise is accessible by non-registrants.**

Physical Barriers

Physical barriers provide an additional layer of security and deter:

1. Unauthorized access to drugs, including but not limited to:
    - All Schedule I, and II and, controlled drug substances and personal health information.

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 or telepharmacy. 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 26(2.1), existing community pharmacies and telepharmacies have ~~3 years (from the date that the bylaws are in force)~~until April 21, 2020 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**. For telepharmacies, a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy.

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 Schedule 1~~I~~A 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 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 and Telepharmacy Security**

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 26 (1)(a) and 26 (3) of the *Pharmacy Operations and Drug Scheduling Act* Bylaws, a safe will be installed and signage will be displayed.

_____ _____

Date (MM/DD/YYYY) Signature

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Appendix 4: Review of Policy Statements

PPP 26- Pharmacy Distribution of Alternative and Complementary Health Products

Policy Statements	Comments	Existing Legislation
1. Pharmacists who elect to sell or distribute natural, herbal, homeopathic and other alternative or complementary products must understand the indications, contraindications, risks and expected outcomes of the products offered to the public.	• True for all products. • Duplicative of existing legislation.	***Health Professions Act*- Bylaws, Code of Ethics** Standard 1: Registrants Protect and Promote the Health and Well-Being of Patients
2. Pharmacists shall advise purchasers to inform their physicians of decisions to add to or replace current therapies.	• Duplicative of existing legislation.	***Health Professions Act*- Bylaws, Schedule F, Part 1 – Community Pharmacy Standards of Practice** S. 6(5)(d) A full pharmacist must consult with practitioners with respect to a patient's drug therapy unless s. 25.92(2) of the Act applies
3. Pharmacists shall have the necessary competence to recognize the need for intervention and/or referral to a physician.	• Duplicative of existing legislation.	***Health Professions Act*- Bylaws, Code of Ethics** Standard 2: Registrants Act in the Best Interests of their Patients In Achieving their Chosen Health Outcome

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY-26**
POLICY FOCUS: **Pharmacist Distribution of Alternative and Complementary Health Products**

POLICY STATEMENT(S):

1. Pharmacists who elect to sell or distribute natural, herbal, homeopathic and other alternative or complementary products must understand the indications, contraindications, risks and expected outcomes of the products offered to the public.

2. Pharmacists shall advise purchasers to inform their physicians of decisions to add to or replace current therapies.

3. Pharmacists shall have the necessary competence to recognize the need for intervention and/or referral to a physician.

First approved: 12 Jun 1998
Revised: 2 Nov 2001 / 20 Jun 2003
Reaffirmed: 27 Mar 2009

REPEAL

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY-32**
POLICY FOCUS: **Dispensing Multidose Vials**

POLICY STATEMENT(S):

1. Multidose injectables must remain in the physician's office and never be returned to the pharmacy once they have been distributed to the physician's office.

2. The preferred method of handling the prescription is to sell the multidose vial to the physician's office. The physician's office can then charge each patient for an individual injection.

First approved: 29 Jan 1999
Revised: 20 Jun 2003
Reaffirmed: 27 Mar 2009

REPEAL

College of Pharmacists of British Columbia

BOARD MEETING
April 20, 2018

5. Legislation Review Committee
c) Evaluation of the Community Pharmacy Security Provisions

INFORMATION ONLY

Purpose

The Chair of the Legislation Review Committee, Jeremy Walden, will be providing the Board with a chronology of the community pharmacy security measures implemented by the College. After which, Professor Martin Andresen will be presenting his findings on the evaluation of the pharmacy security provisions.

Appendix	
1	Dr. Martin Andresen's Biography
2	Feb 2017 Board Briefing Package (Briefing Note and Appendix 1 – History of the Pharmacy Security Measures Only)
3	Dr. Martin Andresen's Evaluation of the Pharmacy Security Provisions

Dr. Martin Andresen's Biography

Dr. Martin Andresen is a Professor of Criminology and Director of the Institute for Canadian Urban Research Studies at Simon Fraser University. He has a background in economics (BA and MA) and geography (PhD) and expertise in spatial-temporal analysis, geography of crime, applied spatial statistics and geographical information analysis, and evaluation. His recent research has appeared in journals in the fields of criminology, sociology, geography, economics, and public health.

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

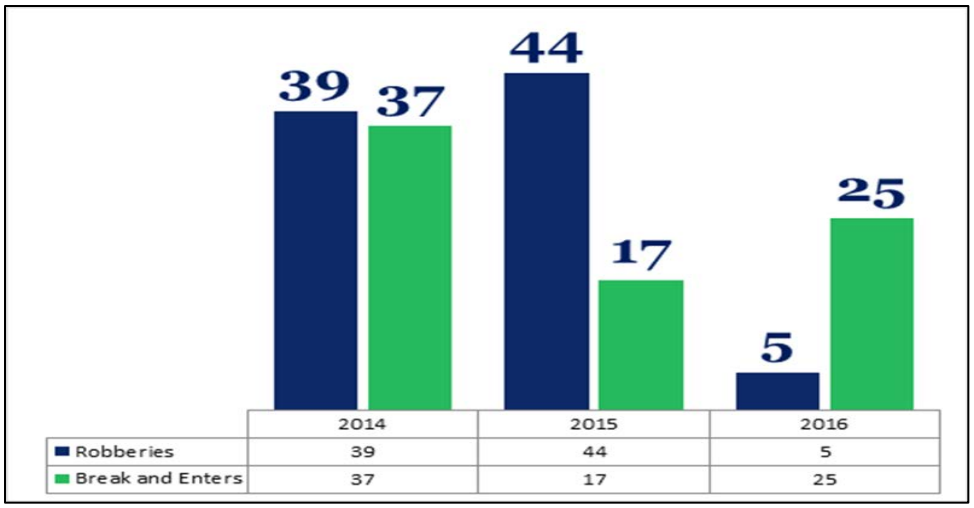
The draft bylaws require physical barriers when no full pharmacist is present and the premise is accessible to non-registrants, which in most cases is when the pharmacy is closed. The purpose of these physical barriers is to prevent unauthorized access to certain drugs (Schedule I, II and controlled 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[1], as evidence[2]. 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

[1] 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.
[2] 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 completely 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.

Appendix	
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, *Physical Security Standards for Pharmacy Areas in Retail Drug Stores*
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/Loblaw.

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

An evaluation of bylaw and policy changes on pharmacy robberies in British Columbia

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Executive Summary

On 15 September 2015, the College of Pharmacists of British Columbia implemented a set of by-law and security policy changes in an effort to reduce robberies and burglaries in BC pharmacies. These changes were put forth in the *Pharmacy Operations and Drug Scheduling Act* – BYLAWS and the Professional Practice Policy – 74. Prior to these by-law and security policy changes, pharmacy robberies had been increasing for approximately five years. Subsequent to the implementation of these by-law and security policy changes, these robberies decreased significantly. In this Report, we evaluate the potential impact of the by-law and security policy changes on pharmacy robberies in four regions within British Columbia. The by-law and security policy changes are reviewed, along with reviews of the relevant crime prevention literature, theoretical and empirical. We find strong evidence supporting that the reduction in pharmacy robberies is a result of the by-law and security policy changes. Specifically, there was an immediate and substantial drop in pharmacy robberies within Vancouver, with a change in trend (now decreasing instead of increasing) for the Lower Mainland less Vancouver and the Interior. These results should be considered strong evidence for the maintained implementation of these by-laws and security policy changes here in British Columbia as well as their adaptation in other areas of Canada.

Introduction

As a response to a recent increase in robberies and burglaries in pharmacies across British Columbia, the College of Pharmacists of BC implemented by-law and security policy changes to reduce these robberies and burglaries in BC pharmacies. These changes came into effect 15 September 2015. In this report, we evaluate the impact of these by-law and policy changes on pharmacy robberies across British Columbia; due to police data availability, we focus on pharmacy robberies, and not pharmacy burglaries—identifying pharmacy-related burglaries across the Province was not practical given the nature of the records management system used by the police in British Columbia.

We consider pharmacy robberies in four regions across British Columbia: Vancouver, Lower Mainland less Vancouver (to avoid double counting), Vancouver Island, and Interior. The relatively large regions of Vancouver Island and Interior were necessary for analysis because of the low frequency of pharmacy robberies in these regions and the corresponding appropriate statistical methods. Overall, we find that the by-law and policy changes may be considered as responsible for the significant drop of pharmacy robberies in Vancouver and a change in the trend of pharmacy robberies in the Lower Mainland less Vancouver and the Interior. No significant impact was found for Vancouver Island.

The remainder of this report briefly reviews the changes that occurred to the pharmacy bylaws and policies, the theoretical background for why such changes are expected to lead to a decrease in pharmacy robberies, and an empirical review of the literature that supports the theory. This is followed by a discussion of the data and statistical methods used for this evaluation, the results, and a conclusion with future policy suggestions.

Changing Pharmacy Bylaws and Policies

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) are discussed below with statements on how they 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 for the storage of narcotics and controlled drugs,
- 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,
- signage that states the presence of a video surveillance system, limited targeted drugs are on site, and thatnarcotics are stored in a time-delay lock safe, and

- 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 when a full pharmacist is ***NOT*** present at all times and the location is accessible to non-registrants—in most cases this is 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 CPTED and situational crime prevention.

CPTED has three principles: surveillance, access control, territorial reinforcement, and image and maintenance—the first three are most relevant to the current context. In the current context, surveillance would include building design that allows clear sightlines within the community pharmacy allowing for the natural surveillance of the pharmacy, as well as security cameras and security patrols that act as "mechanical" forms of surveillance. 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 (Cozens et al., 2005).[1]

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).[2]

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 numerous studies that support security measures, like those listed under situational crime prevention, are an evidence based form of crime prevention. Specifically in the context of pharmacies, and further reviewed below, 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.

An important component of CPTED and, specifically, situational crime prevention, is the need for crime prevention activities to be situational, or localized. In other words, context is important and specific security measures should address specific crime problems. 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.

[1] See also CPTED Ontario for further discussion of these principles: http://cptedontario.ca/mission/what-is-cpted/.
[2] See the Center for Problem-Oriented Policing for further discussion of these techniques: http://www.popcenter.org/25techniques/.

Theoretical expectations and empirical evidence for crime prevention

Crime Prevention through Environmental Design (CPTED)

When C. Ray Jeffery developed Crime Prevention through Environmental Design (CPTED), he assumed that there was a complex human-environment interaction and that this interaction produced probabilistic effects (Jeffery, 1971). Though this harks back to the attempts of crime prevention that assumed a deterministic process, C. Ray Jeffery did not believe that there was a deterministic process, only a relationship. However, that relationship was strong enough to justify the implementation of changes in the environment to prevent criminal events. C. Ray Jeffery's CPTED environment is a complex idea: people interact with and adapt to their environment. Some environments make criminal events easier to commit than other environments, as evidenced by the nature of spatial crime patterns— criminal events are most often quite clustered in particular areas. As such, we should be able to modify existing environments to make non-criminal behavior the fittest adaptation. This simply means that potential offenders will undertake non-criminal activities if particular environments are developed and, hence, prevent criminal events; in other words, the environment can be made such that potential criminals never realize their criminal potential. In the current context, the environment is the pharmacy and the behaviour is that of potential individuals who will consider robbing or burgling those pharmacies. A salient component of crime prevention that falls under the umbrella of CPTED is situational crime prevention.

Situational Crime Prevention

The study of crime prevention is an area of study within criminology that is grounded on several "dispositional" and "situational" theories (Clarke, 1983). Theories that are classified as "dispositional" involve examining the biological, psychological, or sociological characteristics of individuals (Clarke, 1980). "Situational" theories, however, provide an examination of the environmental factors that are external to the individual. Such theories place a larger emphasis on the setting of the crime, rather than the motivations of the offender committing the crime (Clarke, 1997). In 1980, Ronald Clarke posited a situational approach to crime prevention. that has since evolved into a multifaceted approach that is a common approach in the crime prevention literature and research today. While situational crime prevention originated in the UK, it has been influenced by other policy research within the study of environmental criminology in the United States, namely "defensible space" (Newman, 1972), and "crime prevention through environmental design" (Jeffrey, 1971). Clarke defines the situational crime prevention in the following manner:

> [Situational crime prevention contains] opportunity-reducing measures that are (1) directed at highly specific forms of crime (2) that involve the management, design, or manipulation of the immediate environment in as systematic and permanent a way as possible (3) so as to increase the effort and risks of crime and reduce the rewards as perceived by a wide range of offenders (Clarke, 1983; 1997).

Situational crime prevention emerged in a period where most criminological theories focused on motivation of offenders or the socio-structural causes of crime (Clarke, 1983). It differed in that it drew focus to the context of a criminal event, i.e. the situational factors that either allow for, or detract from, the commission of a crime.

Situational crime prevention advocates an approach that focuses on specific crime types and includes a greater emphasis on situational factors that are held to be more susceptible to manipulation in a way that may reduce the occurrence of crime (Hayward, 2007, p. 235). Clarke (1980, 136) argues that crime prevention must be based on a thorough understanding of the causes of crime, addressing the mistrust directed at the use of physical measures to reduce crime, and the favourtism among academics and researchers toward a "dispositional" approach,. in response to the alleged lack of concern of criminological theories for the situational determinants or "root causes" of crime. Clarke merely argues for an alternative emphasis on the choices and decisions made by offenders, which leads to a more realistic approach in the study of criminality.

In his subsequent research, Clarke further discusses situational crime prevention as an approach that: (a) is best directed at specific forms of crime; (b) involves the design, management, or manipulation of the environment; and (c) reduces the opportunity for crime and increases its risks to a large range of potential offenders (Clarke, 1983, p. 225; Clarke, 1997, p. 4). As such, Clarke proposes that any theory of criminal events should be comprised of two components: a description of the nature and distribution of criminal opportunities, and an account of how offenders' decisions are affected by personal history, upbringing, and the circumstances and situation in which they are found (1983, p. 231).

In short, the perspective of situational crime prevention has paved the way for a practical application in the study of environmental criminology and crime prevention through safe urban design (Hayward, 2007, p. 236). Situational crime prevention is by definition an approach that is tailored to specific crimes, the environment, and the reduction of opportunity for the commission of crime (Lersch & Hart, 2011, p. 176). As will

be discussed in greater detail later, the manipulation of situational factors of crime is reflected by the attention given to the built environment in urban planning and design such that crime can be reduced and prevented.

Situational crime prevention techniques

Clarke (1997) introduces sixteen opportunity-reducing techniques for situational crime prevention in *Situational Crime Prevention: Successful Case Studies 2nd Ed.* Drawing in part from prior influential literature on crime prevention through environmental design (CPTED), rational choice theory, and routine activity theory, Clarke (1997) provides a list of strategies used to manipulate the built environment in order to reduce the opportunity for crime to occur (Figure 1.0). While not all of the techniques are organized in mutually exclusive categories, this list of techniques was the first attempt to strike a balance between maintaining the definitional clarity of situational crime prevention, while avoiding overextending the reach of the theory and thus complicating the definition (Clarke, 1997). These techniques are organized into four broad categories that include increasing perceived effort, increasing perceived risks, reducing anticipated rewards, and removing excuses (Clarke, 1997, p. 18).

Richard Wortley (2001) proposed sixteen complementary techniques for reducing the precipitators of crime in response to Clarke's (1997) initial list of sixteen situational techniques. Wortley stressed the importance of drawing a distinction between precipitators and opportunities, as focusing heavily on opportunity reduction strategies may only lead to the displacement of criminals to more conducive targets (Wortley, 2001). While opportunity implies that only certain situational factors will allow individuals to

carry out a certain course of action, precipitators include the conditions that precipitate the behaviour. Precipitators may be defined as the circumstances and conditions upon which the decision to commit a crime is contingent. In the paper, *A classification of techniques for controlling situational precipitators of crime,* Wortley (2001) enumerates four categories of techniques aimed at reducing precipitators of crime, with four specific strategies in each category. These four techniques for controlling precipitators of crime include controlling prompts, controlling pressures, reducing permissibility, and reducing provocations (Wortley, 2001, p. 6). One of the stark differences between Wortley's proposed sixteen techniques for reducing situational precipitators of crime is the addition of the social policy considerations. While Clarke's sixteen opportunity-reducing techniques focused largely on modifying the built environment to reduce opportunity, Wortley's techniques for controlling precipitators addresses real-world precipitators that may precede the commission of crime (Figure 3.0).

In response to Wortley's (2001) introduction of sixteen complementary ways in which precipitators of crime may be controlled, Cornish and Clarke (2003) released a critique of his approach, and acknowledge common ground between the two approaches of situationally reducing crime. *Opportunities, Precipitators and Criminal Decisions: A Reply to Wortley's Critique of Situational Crime Prevention* (2003) addresses both the similarities between Clarke's aforementioned sixteen techniques, and Wortley's proposed techniques for controlling precipitators. Cornish and Clarke 2003) proposed a pragmatic merging of the two perspectives, as there existed much overlap between the two lists of techniques. In amending the current list of techniques, Cornish and Clarke merge "reducing permissibility" under a new category labelled "remove excuses", and include many of

Wortley's (2001) strategies for controlling prompts, pressures, and reducing provocations in a new category titled "reduce provocations" (Figure 3.0) (Cornish & Clarke, 2003, pp. 88-89).

In their publication *Crime Analysis for Problem Solvers in 60 Small Steps,* Clarke and Eck (2005) enumerate twenty-five techniques for situational crime prevention (Figure 2.0). These methods have been often cited in more recent research on situational crime prevention, as these techniques have drawn on aggregate results from decades of criminological research (Clarke, 2005, p. 46; Clarke, 2008, p. 184). Combining Wortley's (2001) techniques for controlling precipitators, this list of twenty-five techniques encompass the entirety of situational crime prevention These twenty-five steps are the current standard for situational crime prevention, as it has undergone much evolution and revision in the decades since its formulation (Figure 2.0). Using these twenty-five steps, situational crime prevention has been implemented and used as a tool for crime prevention by addressing space-based strategies to reduce precipitators and opportunities for the commission of crime (Eck, Madensen, Payne, Wilcox, Fisher & Scherer, 2009). While situational crime prevention may be applied for many types of crime, Clarke & Eck (2005) postulate that rapid and sustained crime reduction can only come as result of addressing situational causes of crime that brings an immediate solution to the problem at hand (p. 89).

As mentioned, situational crime prevention is a practical tool for implementing strategies with real-world implications. Eck et al. (2009) conducted a study on the implementation of SCP on place-based crime prevention and found that place-based crime policies were most effective in locations with high-crime, rather than those with average

levels of crime and disorder (p. 117). Eck et al. also concluded from their findings that place-based crime prevention strategies should be adjustable based on the context of the place, and the strategies that account for economic and political contexts are most effective (Eck et al., 2009, p. 119). Given the dynamic nature of many environments where SCP may be applied, Eck et al. (2009) emphasizes the importance of a situational crime prevention strategy that accounts for varying circumstances and environments.

As this theory is still in its infancy, more research is needed on the effectiveness of SCP as a long-term crime reduction strategy. However, much literature tangentially related to SCP, exists within the realm of (CPTED), which has been adopted worldwide by law enforcement agencies, policy makers, city planners, and stakeholders on both a micro and macro level scale (Cozens & Love, 2015; Amandus, Hunter, James, & Hendricks, 1995; Casteel & Peek-Asa, 2000; Jongejan & Woldendorp, 2013). CPTED influenced much of the early development of SCP, and the two perspectives share many similarities as both criminological theories and practical tools for crime prevention (Clarke, 1997). The inclusion of rational choice theory within the framework of SCP lends itself to create a framework whereby its crime reduction strategies are grounded within a much larger and popularized theory with a larger body of empirical support.

Rational choice theory

Many criminological theories rely on the basis that crime is not random, and that crimes are committed primarily through conscious and rational decision. This train of thought forms the basis of the rational choice theory, which is a widely popularized theory within criminology (Clarke & Cornish, 1985; Felson, 1986). This theory, which is used to examine

the decision-making process of offenders, also underpins the situational crime prevention approach, which is based on the assumption of rational offenders (Pease, 2001).

Economist and sociologist Herbert A. Simon quantified a concept of rational choice in *A Behavioral Model of Rational Choice,* through several mathematical models that illustrate an "economic man", which is the idealistic "rational human being" (Simon, 1955, p. 114). This "economic man" is one who is assumed to have relative knowledge of the relevant aspects of his environment, a well-organized system of preferences, an ability to calculate alternative courses of action that are available to him, and which of these courses will allow him to reach the highest goal of his preferred outcomes (Simon, 1955, p. 99). Simon states that the purpose of the construction of these mathematical models was to, "provide some materials for the construction of a theory of the behaviour of a human individual or of groups of individuals who are making decisions in an organizational context" (Simon, 1955, p. 114).

Becker (1968) built on the works of Simon and other economic theorists on the rational choice perspective by drawing from the principle of expected utility, whereby individuals analyze the cost of crime compared to the potential rewards (p. 176). Becker states that some individuals become criminals not because their basic motivations differ from that of other persons, but rather because their perceived benefits and costs differ (Becker, 1968, p. 176). With this rational choice model of analyzing criminal behaviour, Becker contends that the classical theories are no much less suited than a rational choice perspective. In his own words Becker states, "a useful theory of criminal behaviour can dispense with special theories of anomie, psychological inadequacies, or inheritance of

special traits and simply extend the economist's usual analysis of choice" (Becker, 1968, p. 170).

This cost-benefit analysis is also the foundation for the rational choice models popularized by Clarke and Cornish (1985) in their paper titled *Modeling Offenders' Decisions: A Framework for Research and Policy* (p. 149). In this piece, Cornish and Clarke criticize current theoretical models of criminal behaviour and postulate that these models tend to ignore the offender's decision-making process and the conscious thought processes (Clarke & Cornish, 1985, p. 147). In their summary of contemporary economic theories, they state current economic models of criminal decision are useful in the analysis of financially motivated crimes, yet lacking in theoretical application for individual criminal analysis. They summarize contemporary economic models as follows (Clarke & Cornish, 1985):

1. Contemporary economic models of criminal decision making "demystify and routinize criminal activity".
2. These economic models extend their analysis beyond financially motivated crimes. Attempts have been made to find room for non-financial gains as a part of the expected utility principle.
3. Economic models imply that criminals are deterrable and suggest a range of factors beyond traditional deterrence theory's "severity of punishment" that may be manipulated for the interests of crime control (p. 156).

Cornish and Clarke note the efficacy of economic theory contributions to criminological theorizing and the evaluation of policy, however they argue that a variety of economic

models generate little empirically based micro-level analysis of individual criminal behaviour (Clarke & Cornish, 1985, p. 147).

Their contribution to the rational choice theory is based on the assumption of a rational offender who carefully weighs the risks and potential rewards of criminal behaviour (Clarke & Cornish, 1985; Cornish & Clarke, 1986). These decisions are a result of the offender's expected effort and reward compared with the likelihood of punishment and other costs of the crime (Johnson & Payne, 1986). The rational choice approach makes the assumptions of human action that considers, a) the bounded rationality of human action; b) its interactional, transactional, and adaptive nature; c) the need to study offenders' perceptions, decision-making activities, and choices; d) the need for a crime-specific approach noting the nature of different person-situation criminal events; e) the need for separate accounts of the reflected differences in variables, decision sequences, and time scales (Cornish, 1993, p. 364).

Limited rationality

Cornish and Clarke (1985) also note the important fact that individuals do not always make the most "rational" decision based on the circumstances and the information available (p. 160). This limited decision-making based on information processing constraints is a concept known as "bounded rationality", which has many practical implications in a real-world analysis of criminal behaviour (Simon, 1972, p. 162).

Herbert A. Simon's (1955) theory of predictable rationality faces the issue of reliability in a real-world setting, as the model of a theoretical "economic man" does not necessarily possess attributes that are an accurate representation of characteristics of

individual humans. The problem of this untestable "economic man" vanishes when he is substituted for an organism with "limited knowledge and ability" (Simon, 1955, p. 114). As Simon (1955) writes, "the organism's simplifications of the real world for purposes of choice introduce discrepancies between the simplified model and the reality; and these discrepancies, in turn, serve to explain many of the phenomena of organizational behaviour" (p. 114). Bounded rationality addresses the ways in which human rationality are limited by cognitive ability, access to information, and a predisposition to process information in a certain manner (Clarke & Cornish, 1985, p. 161). Proponents of this concept argue that even when an individual has complete information, the complexity of a situation may be such that maximizing is not feasible, and an individual may choose an option that may be considered "good enough" (Goldthorpe, 1998, p. 171). As individuals may greatly differ in their ability to process information, and cognitively process information, the concept of bounded rationality assists in the analysis of individuals in a real-world setting.

Theory integration

Early iterations of situational crime prevention have been accused of being atheoretical in nature, until elements of rational choice theory were adopted (Marongiu & Newman, 1997, p. 117). Today, situational crime prevention contains elements of rational choice theory, which provide its guiding framework (Pease, 2001). There exists much overlap between the two theories, and both may be used to explain crime as an event involving the intersection of multiple variables within time and space.

Both theories involve the presumption of a rational decision-maker, and as such, both theories are strengthened by the notion that situations may be changed or controlled in order to reduce opportunity or remove precipitators, and prevent crime from occurring. This may be accomplished through the manipulation of situational factors, which will in turn manipulate the decision-making process of potential offenders. Notwithstanding the notion of bounded rationality, rational decision-makers are by virtue predictable, and the removal or addition of particular stimuli within the environment may preclude the commission of a crime.

Most criminological theories are best suited to study particular types of crime. Certain dispositional theories are best suited to study the motivations of offenders, as these theories focus on the psychological, biological, and sociological antecedents of criminal behaviour (Clarke, 1980). Situational theories are particularly appropriate for the study of crime prevention measures for commercial businesses, as situational crime prevention measures may be applied with a broad scope on the macro level, while utilizing crime-specific measures on a micro scale (Exum, Kuhns, Koch, & Johnson, 2010).

Pharmacy crime prevention

Within the criminological literature there exists a large gap in crime prevention research pertaining to pharmacies, and more specifically – the robbery and burglary of pharmacies. Past studies have examined crime prevention strategies for convenience stores (Amandus, Hunter, James, & Hendricks, 1995; Exum, Kuhns, Koch, & Johnson, 2010) and liquor stores (Casteel, Peek-Asa, Howard, & Kraus, 2004), though a gap exists within the academic

literature specific to empirical studies on the efficacy pharmacy crime prevention strategies.

Rational choice theory suggests that rationally motivated individuals will implement a subjective cost-benefit analysis when deciding to commit a crime such as a robbery or burglary (Feeney, 1986; Clarke, 1997). Though pharmacies experience crime much like any other commercial establishment, little research has been conducted on the proximal and distal characteristics specifically related to pharmacy crimes. While pharmacies may be similar to other commercial businesses, they also have differing and arguably unique business practices given the sale of prescription drugs. Over the past decades, many pharmacies throughout North America have introduced modern security features that reduce the suitability of pharmacies as ideal targets for robbery or burglary (La Vigne & Wartell, 2015) . Some features include CCTV, time-locked safes, physical barriers, and reinforced locks on doors and windows (La Vigne & Wartell, 2015).

Robbery and burglary statistics

While robberies and break and enters have been declining steadily in Canada since the 1990s until 2015, breaking and entering has increased within the province of British Columbia by 7 percent between 2014 and 2015 (Allen, 2015). Within the United States, the DEA reported an increase in the total number of robberies of pharmacies of 82 percent from 2006 to 2011 (La Vigne & Wartell, 2015). In Australia, the Australia Institute of Criminology published a report in 2003 that provided statistics on the rising rate of pharmacy crime between 1993 and 2000 (Taylor, 2003). This report states that pharmacies experienced an increase of 65% in recorded robberies between 1993 and

2000, with the majority of robberies being armed robbery (Taylor, 2003, pp. 2-3). While the accessibility of pharmacy crime statistics is limited, the online web tool "RxPATROL" contains a database of reported crime within pharmacies in the United States, including incidents of burglary and robbery (Smith, Graham, Haddox, & Steffey, 2007). In a descriptive, nonexperimental study published in the *Journal of the American Pharmacists Association*, it was found that between 2005 and 2006, robbery represented 16.6 percent of all reported incidents and burglary represented 11.2 percent (Smith, Graham, Haddox, & Steffey, 2007, p. 601). The statistics for robbery and burglary within pharmacies are indicative of a need for further empirical research in order to find effective solutions for preventing incidents of crime.

Crime prevention measures

Situational crime prevention, crime prevention through environmental design, and rational choice theory help to explain the phenomena of robbery and break and enter, particularly as it pertains to commercial businesses such as pharmacies. As there exists a lack of empirical research on crime prevention measures specific to pharmacies, literature on crime prevention methods used in comparable commercial businesses may be used to determine "what works" within the context of these environments. Previous studies have examined risk factors of convenience stores, and the degree by which they are at risk for robberies, based on principles of situational crime prevention (Amandus, Hunter, James, & Hendricks, 1995; Hendricks, Landsittel, Amandus, Malcan, & Bell, 1999). While not a direct comparison, situational crime prevention strategies have been utilized within liquor stores,

fast-food restaurants, and convenience stores resulting in lower crime rates (Exum, Kuhns, Koch, & Johnson, 2010; Casteel, Peek-Asa, Howard, & Kraus, 2004).

Casteel, Peek-Asa, Howard, and Kraus (2004) conducted a study on the effectiveness of CPTED in reducing criminal activity within liquor stores. An intervention program was developed based on CPTED concepts from a previous study by the Western Behavioral Sciences Institute, which had previously been successful in reducing robberies by nearly 20% during an 8-month period for 60 convenience stores in Southern California (Casteel et al., 2004, p. 451). Some of the implementations within the intervention program included target hardening features, improved cash handling policies, alarms, improved locks on doors, and improved lighting (Casteel et al., 2004). Furthermore, the intervention program was individualized for each liquor store in order to meet specific needs of each store. Using Poisson regression models, this study concluded that the largest statistically significant reductions in crime over the intervention period were for robbery and shoplifting with these crime rates reduced by 82.2% and 87.1% respectively (Casteel et al., 2004, p. 454).

In addition to SCP being successfully implemented within convenience stores in the United States, SCP has also been used as a crime prevention method for convenience stores and fast-food restaurants. Exum, Kuhns, Koch, and Johnson (2010) conducted a study on the efficacy of situational crime prevention within North Carolina in order to determine whether typical crime control strategies were as effective at reducing robbery within fast-food restaurants as they were within convenience stores (Exum et al., 2010). It was noted that fast-food restaurants and convenience stores are quite different in their design, operation, and business practices, and as such, the techniques that may prevent crime in one type of business may not be as effective in another. Using logistic regression, this study

found that the most statistically significant predictor of future robbery in the multivariate model was whether or not the establishments were robbed in the previous year (Exum et al., 2004, p. 286). Despite the lack of statistically significant results among the variables in this study, this was the first study conducted comparing robbery of fast-food restaurants to convenience stores. Based on three other statistically significant variables in this study, SCP recommendations were also given: the level of guardianship could be increased by adding an ATM to retain more patrons within convenience stores, a drop-safe sign should be displayed in convenience stores that contain drop-safes, and public transportation stops should be no closer than "200 yards" from each establishment (Exum et al., 2004, p. 288). Given the results of this study, Exum et al. conclude that fast-food restaurants and convenience stores should both plan for future safety measures based on past victimization or experiences with criminal activity.

The Center for Problem-Oriented Policing Services (COPS) published a report in 2015 providing an overview of pharmacy robberies in the United States, with specific crime prevention measures based on situational crime prevention techniques (La Vigne & Wartell, 2015). Congruent with situational crime prevention, COPS suggests four categories of measures that may be taken to reduce pharmacy robbery: increasing the risk of detection, increasing the effort to commit a robbery, and decreasing the susceptibility to robberies. The recommended steps taken to increase the risk of detection include (1) informing pharmacy employees about robbery trends, (2) providing prevention guidelines to pharmacy employees, (3) managing risk factors, (4) installing a panic alarm, (5) using video surveillance, (6) tracking the stolen drugs or offender, and (7) using deterring signage (La Vigne & Martell, 2015, p. 20-21). These techniques both modify the built

environment as to reduce criminal opportunity, and allow for more informed employees who are aware of the risks relating to pharmacy robberies. Furthermore, the article lists measures to increase the effort required, which include employing security measures such as increased lighting, locking up narcotics, installing physical barriers, and insuring that front windows are clear (La Vigne & Wartell, 2015). While not all of these recommendations proposed by COPS have been evaluated for their implementation within pharmacies, several techniques have shown to be successful in reducing robberies within convenience stores (La Vigne & Wartell, 2015, p. 23). Finally, the report recommends two measures to be taken that will decrease the susceptibility to robberies, which include limiting the drugs available and limiting drug information available over the telephone (La Vigne & Wartell, 2015). All of the techniques recommended by COPS fall within the scope of the twenty-five techniques proposed by Cornish and Clarke (2003), and are supported within the situational crime prevention literature.

Data and methods

Police data

The data used in the analyses below were provided by the Vancouver Police Department. These data include all robberies that occurred in British Columbia organized into Vancouver, Lower Mainland less Vancouver, Vancouver Island, and Interior. For the City of Vancouver, we were provided with the exact location of the pharmacy robbery, potentially allowing for a spatial analysis within the City of Vancouver, but there were so few incidents after 15 September 2015 that these few locations cannot be analyzed to obtain useful information.

The variables provided by the Vancouver Police Department were the monthly counts of pharmacy robbery, organized in to the various regions in the Province. For the City of Vancouver, data began in January 2001, whereas the remaining regions (Lower Mainland less Vancouver, Vancouver Island, and Interior) data began January 2006. All regions have their robbery counts until April 2017.

Statistical methods

The analysis of the impact of the by-law and policy changes regarding security to reduce pharmacy robberies is done using regression analysis considering a structural break test. In an evaluation, structural break tests may be used to test whether the independent variables have had different impacts on subgroups of the population. For example, Piehl et al. (2003) demonstrate the value of a structural break test in their evaluation of a youth homicide reduction program in Boston, MA (USA). In the Piehl et al. (2003) evaluation, the researchers were faced with some difficult challenges. Specifically, similar to our current evaluation, there were no control (or comparison) groups and the precise date that the

intervention was implemented was unknown—we know the precise date of the intervention, however. By using a structural break test, the Piehl et al. (2003) were able to identify a statistically significant reduction of youth homicide shortly after the estimated intervention date. By controlling for a variety of variables, Piehl et al. (2003) were able to claim, with reasonable confidence, that the reduction was due to a program effect rather than an unrelated change in the outcome measure. We employ a similar statistical method here.

The nature of the regression analysis is to identify, statistically, any changes in the trend/trajectory of crime in pharmacy robberies resulting from by-law and policy changes regarding security in British Columbia. Therefore, a number of variables are included to control for changes over time. First, an overall trend variable is included. It is well-known that reported crime has been declining for the past two decades and a variable representing this decline (or incline) is included (LaFree, 1999; Levitt, 2004; Farrell et al., 2011); we also include a trend-squared variable that allows for the longer-term trend in pharmacy robberies to be non-linear/curved. Also, both property and violent crime have been found to increase in the summer months (Harries et al., 1984). There are a number of explanations for this that are often based on there being more people outside during the summer months, routine activity theory (Cohen and Felson, 1979). We include month and month-squared to capture this seasonal effect in the data. The last control variable we include is the number of days in each month because more days increases the probability of a pharmacy robbery. Two variables of interest are included to represent the time period of the intervention, by-law and policy changes. As stated above, the timing of the by-law and policy changes is 15 September 2015 to the present. The first variable is a

dichotomous (dummy) variable that takes on a value of one when the date is 15 September 2015, and zero otherwise; the second variable is a trend variable for the same time period that takes on consecutive values (1, 2, 3, …) from 15 September 2015 forward, and zero otherwise.[3] This will allow for the identification of an immediate and sustained change in the number of pharmacy robberies (the dichotomous variable) as well as continued changes over time (bylaw trend variable) because the by-law and policy changes may only change the trend of pharmacy robberies, not having an immediate effect.

The purpose of all these variables is to attempt to identify the independent effect of the by-law and policy changes regarding security. For example, it may be the case that crime is trending down British Columbia, in general, and a particular crime classification decreases in the summer months. Therefore, if the only variables in the analysis are related to the intervention one may attribute the decrease in crime from the intervention when it is simply a seasonal effect. Including these other variables allows for the identification of the effect from the by-law and policy changes regarding security with all the other time trends in criminal activity accounted for.

Because of the "rare events" nature of criminal behaviour, including pharmacy robberies, count data models have been becoming increasingly popular in the criminological literature—both Poisson and negative binomial regression (Gardner et al., 1995; Groff & Lockwood, 2014; MacDonald & Lattimore, 2010; Osgood 2000). Poisson models assume that the variance and the mean of the dependent variable's distribution are

[3] Because the by-law and policy changes began in the middle of September 2015, the bylaw trend variable takes the value of 0.5 that first month, then sequentially starts from 1.

equal; negative binomial models have no such assumption such that the variance may be greater than the mean (over-dispersion in the data). In the analyses below, we considered Poisson formulations for all models and applied a dispersion test with the null hypothesis of equidispersion against the alternative of over-dispersion (Cameron & Trivedi, 1990). In all cases, the null hypothesis was rejected and we estimated negative binomial regression models. In either case, negative binomial regression models will generate the same results of a Poisson regression model if the assumption of equidispersion is not rejected. As such, negative binomial regression models are, most often, the best option.

The output from a negative binomial regression model does include a parameter than may be interpreted through its sign: positive or negative, representing positive and negative relationships between the predictor variables (bylaw, for example) and the number of expected events. However, the strict interpretation of the estimated parameters in a negative binomial regression is as follows: with a one-unit change in the predictor variable, the difference in the log of expected counts for the outcome variable is expected to change by the value of the estimated parameter. Aside from identifying positive and negative relationships, interpretations of these estimated parameters is not intuitive. Rather, we use the relative risk ratio (RRR). The RRR is the exponentiated value of the estimated parameter: exp(estimate). This transformation of the estimated parameter makes it much simpler to interpret. This new number can be used to interpret the percentage change in the counts from a one-unit change in the predictor variable. For example, consider the bylaw variable. If the RRR for bylaw was 0.80, then that would represent a 20 percent decrease in the count of pharmacy robberies: 0.80 - 1 = -0.20, 20 percent decrease. If the RRR for bylaw was 1.20, then that would represent a 20 percent

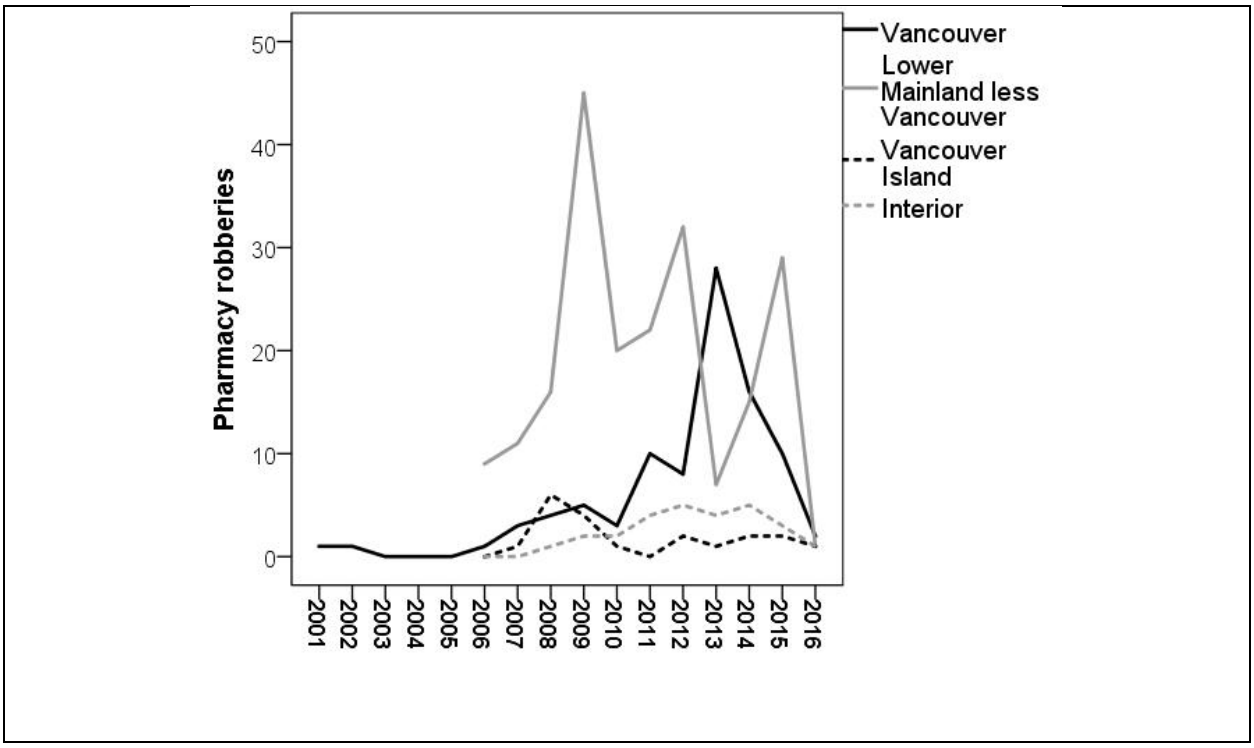
increase in the count of pharmacy robberies: 1.20 - 1 = 0.20, 20 percent increase. As such, a RRR of 1 (unity) represents no change: think of multiplying the count of pharmacy robberies by 1. If the RRR value is greater than one, there is a positive relationship, and if the value is less than 1, there is a negative relationship.

We include two sets of output for each area. First, the full model that retains all of the variables discussed above, whether they are statistically significant or not. And second, a final model that only includes the variables that remain after removing statistically insignificant variables. These variables are removed one-by-one using a general-to-specific testing methodology: the variable with the largest p-value that is greater than 0.10 is removed and the negative binomial regression model is estimated again without this variable. Joint significance tests (Likelihood Ratio Tests) are also undertaken to ensure that variables are not incorrectly removed because of multicollinearity.

Results and discussion

The annual counts of pharmacy robberies are shown in Figure 1: from 2001 for Vancouver and from 2006 for the other three regions. The results for Vancouver show a very low and flat trend in Vancouver from 2001 to 2006, followed by a steady increase, with a spike in 2013, until 2014. Though it does appear as though the decline in pharmacy robberies began in 2014, a year too soon for the by-law and policy changes regarding security to have had an impact on the change in pharmacy robbery counts, this is not necessarily the case. In 2013, Vancouver had an aberrant two months of pharmacy robberies (April and July), such that if these two months had the expected value of pharmacy robberies the spike effectively disappears. This is one of the difficulties in analyzing rare events. Also clear for Vancouver is that the count of pharmacy robberies decreased steadily until 2016.

Figure 1. Pharmacy robbery counts, 2001 – 2016



Lower Mainland, less Vancouver, has a much more volatile trajectory over time. There appears to be a general decreasing trend (with a lot of volatility) beginning in 2009 with pharmacy robberies most definitely at their lowest point in 2016. Vancouver Island, aside from an increase in 2008 and 2009 has a relatively flat trend over the entire study period. And Interior has a steady increase in pharmacy robberies from 2006 until 2014, with a small decrease in 2015 and a subsequent decrease in 2016. Overall, these patterns most certainly appear to be consistent with the by-law and policy changes regarding security for Vancouver and the Interior, but possibly not for Lower Mainland less Vancouver and Vancouver Island. Such inferences much be taken with caution, however, because the monthly counts are not plotted here (they are too volatile to discern any patterns) these plots do not control for the other seasonal and temporal factors, discussed above.

The results of the negative binomial regression analyses are shown in Table 1 to 4. Table 1, the results for Vancouver corroborate the trend shown in Figure 1. In the full model that includes all statistically significant variables, whether they are statistically significant or not, shows that the dichotomous variable (bylaw) is statistically significant and negative. Moreover, this estimated parameter is of a large magnitude with the RRR being 0.167, stating that the by-law and policy changes regarding security led to an 83 percent decrease in pharmacy robberies. As such, this not only represents a statistically significant decrease in pharmacy robberies, but a large magnitude decrease as well. In the final model that only included the remaining statistically significant variables, the bylaw variable remained negative and statistically significant, but its absolute value magnitude

has increase: the new by-law and policy changes regarding security led to a 94 percent decrease in pharmacy robberies.

Table 1. Negative binomial results, full and final models, Vancouver

	Full model			
	Estimate	Std. Error	RRR	Pr(>|z|)
Bylaw	-1.781	0.729	**0.168**	0.015
Bylaw trend	-0.112	0.081	0.894	0.170
Month	-0.082	0.153	0.921	0.591
Month-squared	0.002	0.012	1.002	0.867
Number of days	0.262	0.151	**1.300**	0.083
Trend	0.037	0.024	1.038	0.117
Trend-squared	0.000	0.000	1.000	0.597
	Final model			
	Estimate	Std. Error	RRR	Pr(>|z|)
Bylaw	-2.829	0.613	**0.059**	< 0.01
Trend	0.026	0.003	**1.026**	< 0.01

Turning to the results for the Lower Mainland less Vancouver, Table 2, none of the variables in the full model were statistically significant at the 10 percent level (p-value <= 0.10), a common threshold for statistical significance. However, when the general-to-specific testing methodology is employed, the bylaw trend variable becomes statistically

significant, representing a monthly decrease in pharmacy robberies of approximately 20 percent. Over time, this will clearly lead to a notable drop in pharmacy robberies in the Lower Mainland.

Table 2. Negative binomial results, full and final models, Lower Mainland, less Vancouver

	Full model			
	Estimate	Std. Error	RRR	Pr(>|z|)
Bylaw	-0.633	0.658	0.531	0.336
Bylaw trend	-0.125	0.108	0.882	0.247
Month	-0.048	0.145	0.953	0.74
Month-squared	0.004	0.01	1.004	0.708
Number of days	-0.091	0.121	0.913	0.451
Trend	0.029	0.018	1.030	0.106
Trend-squared	-0.001	0.001	0.999	0.246
	Final model			
	Estimate	Std. Error	RRR	Pr(>|z|)
Bylaw trend	-0.228	0.087	**0.796**	< 0.01

The results for Vancouver Island, Table 3, are essentially the same for the full model as Lower Mainland less Vancouver: all estimated parameters are statistically insignificant. Once the removal of statistically insignificant variables was undertaken, neither of the by-

law and policy changes regarding security variables remained statistically significant; only trend and trend-squared remained statistically significant in the final model.

Table 3. Negative binomial results, full and final models, Vancouver Island

	Full model			
	Estimate	Std. Error	RRR	Pr(>|z|)
Bylaw	0.089	1.688	1.094	0.958
Bylaw trend	-0.088	0.071	0.916	0.218
Month	-0.525	0.433	0.591	0.225
Month-squared	0.041	0.033	1.042	0.208
Number of days	-0.101	0.364	0.904	0.782
Trend	0.028	0.027	1.029	0.296
Trend-squared	-0.001	0.001	0.999	0.428
	Final model			
	Estimate	Std. Error	RRR	Pr(>|z|)
Trend	0.036	0.022	**1.036**	0.099
Trend-squared	-0.001	0.001	**0.999**	0.063

The results for the Interior, Table 4, show the result expected from Figure 1. In the full model, bylaw trend, as well as trend and trend-squared, are statistically significant. With regard to bylaw trend, every month there is a 20 percent decrease in pharmacy robberies. After the removal of statistically insignificant variables, bylaw trend remained

statistically significant representing a 19 percent decrease in pharmacy robberies each month attributable to the by-law and policy changes regarding security.

Table 4. Negative binomial results, full and final models, Interior

	Full model			
	Estimate	Std. Error	RRR	Pr(>|z|)
Bylaw	0.039	1.279	1.041	0.975
Bylaw trend	-0.226	0.121	**0.798**	0.062
Month	-0.331	0.227	0.718	0.145
Month-squared	0.021	0.018	1.021	0.258
Number of days	-0.092	0.264	0.912	0.726
Trend	0.109	0.039	**1.115**	0.006
Trend-squared	-0.001	0.001	**0.999**	0.025
	Final model			
	Estimate	Std. Error	RRR	Pr(>|z|)
Bylaw trend	-0.211	0.128	**0.810**	0.099
Month	-0.079	0.046	**0.924**	0.086
Trend	0.109	0.036	**1.116**	0.002
Trend-squared	-0.001	0.001	**0.999**	0.001

Conclusion

In response to rapid increases in the volume of pharmacy robberies and burglaries, the College of Pharmacists of British Columbia implemented new by-law and policy changes regarding security. These by-law and policy changes included a safe, security systems, motion sensors, a monitored alarm, physical barriers, and signage to deter would-be offenders. The report evaluated the impact of the by-law and policy changes regarding security using police data on pharmacy robbery—pharmacy burglary data were not made available.

In this evaluation, monthly counts of pharmacy robbery in four police regions in British Columbia were analyzed. The results indicate that there was an immediate drop in pharmacy robberies in Vancouver that corresponded to the by-law and policy changes, and a change in trend in the Lower Mainland less Vancouver and the Interior that decreased the trajectory of pharmacy robberies that corresponded to the by-law and policy changes. Although more certainty cannot be claim because this was not an experimental design with control and treatment groups (some pharmacies implemented changes to their premises based on the by-law and policy changes and other (similar) pharmacies did not), the timing of the changes in the trends of pharmacy robberies coincides with the changes in the by-law and policy changes. Speaking with police on this issue, there have not been any confounding police activity changes that could account for the drop in pharmacy robberies and the lack of an impact on Vancouver Island is likely just because of the low counts of events—this makes it more difficult to find statistical evidence for such a change.

In conclusion, it appears that the by-law and policy changes had their intended effect in reducing pharmacy robberies either through an immediate drop (Vancouver) or a

decreasing trend (Lower Mainland less Vancouver and the Interior). With these results, drastic in the context of Vancouver, the evidence presented here in support of the by-law and policy changes implemented by the College of Pharmacists of BC has implications for the rest of Canada. These by-law and policy changes were implemented in response to an increase in pharmacy robberies and burglaries, but should be considered in other contexts as well. The implementation of similar by-law and policy changes in other areas of Canada could be used to reduce levels of pharmacy robberies and burglaries, generally speaking.

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5. Legislation Review Committee

Jeremy Walden

Chair, Legislation Review Committee

College of Pharmacists of British Columbia

5 a) Committee Update

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Committee Update

March 20, 2018 Meeting

Consent Agenda Items:

- Legislation Review Committee Annual Report
- Professional Practice Policy Amendments and Deletions
- PODSA and HPA Fee and Form Amendments

Regular Agenda Items:

- Amending and Repealing Multiple Professional Practice Policies
- Evaluation of the Community Pharmacy Security Provisions (presentation only)

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Committee Update, continued

Key Upcoming Committee Work

- Options for requirements regarding the role and responsibilities of pharmacy managers.
- Potential recommendation for Board approval at their June 2018 meeting.

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5 b) Amending and Repealing Multiple Professional Practice Policies

College of Pharmacists of British Columbia

Background

- At the February 2017 Board meeting, an update was provided on the work of the College's Policy and Legislation Department's projects. One of these projects was a review of Professional Practice Policies (PPPs).
- Staff and legal counsel reviewed the existing PPPs to identify which ones should:
  - Be transitioned to bylaw or standards of practice, to strengthen them;
  - Be rescinded or transitioned to a guideline; and
  - Remain as policies and reviewed to identify if slight revisions (e.g., formatting, etc.) are needed.

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Current Status

- Most of the PPP amendments will be addressed during the PODSA and HPA Modernization initiatives.
- Work has been completed regarding proposed amendments to two PPPs, and the repeal of two other PPPs.

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Proposed Amendments

PPP	Brief Description	Recommendations

PPP-3 Pharmacy References	Sets out the references (e.g., medical dictionaries, etc.) that pharmacies must have.	• Primary amendments are to update outdated references.
		• Other key minor changes include:
		  ○ Formatting and general wording changes for ease of reference and clarity;
		  ○ Removing duplication; and
		  ○ Removing the section on “Suppliers/Sources”.

PPP-74 Community Pharmacy Security	Provides guidance to community pharmacies for complying with the community pharmacy security requirements in the PODSA-Bylaws.	• Amendments to clarify that the policy also applies to telepharmacies.
		• Other key minor changes include:
		  ○ Updating wording to reflect recent PODSA amendments.
		  ○ Correcting the name and contact information of a College department.

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Proposed Repeals

PPP	Brief Description	Recommendations
PPP-26 Pharmacist Distribution of Alternative and Complementary Health Products	Sets out requirements for pharmacists when selling alterative and complementary health products.	• Repeal the PPP since it is duplicative of existing legislation.
PPP-32 Dispensing Multi-Dose Vials	Sets out requirements about returning multi-dose vials and the handling of these types of prescriptions.	• Repeal the PPP since: ○ The stated requirements largely pertain to physicians; and ○ The PODSA-Bylaws already specify requirements regarding the return and reuse of any drug previously dispensed.

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5 b) Amending and Repealing Multiple Professional Practice Policies

Motion 1:

Approve amendments to the following Professional Practice Policies (PPPs), as circulated:

- PPP-3 Pharmacy References
- PPP-74 Community Pharmacy Security

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5 b) Amending and Repealing Multiple Professional Practice Policies

Motion 2:

Repeal the following Professional Practice Policies (PPPs):

- PPP-26 Pharmacist Distribution of Alternative and Complementary Health Products
- PPP-32 Dispensing Multi-Dose Vials

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5 c) Evaluation of the Community Pharmacy Security Provisions

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Pharmacy Security Measures

Security Measure	Description
Time-Delay Safe	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.
Signage	A community pharmacy must clearly display at all external entrances and at the dispensary, signage provided by the College that identifies the premises as a pharmacy.
Security Camera System	Install and maintain a security camera system that: • has date/time stamped images that are archived and available for no less than 30 days • is checked daily for proper operation.
Monitored Alarm System	When a full pharmacist is not present and the pharmacy is accessible by non-registrants, the dispensary must be secured by a monitored alarm.
Motion Sensors	Install and maintain motion sensors in the dispensary.
Physical Barriers	When a full pharmacist is not present and the pharmacy is accessible by non-registrants, Schedule I and II drugs, controlled drug substances and personal health information must be secured by physical barriers.

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History of Pharmacy Security Measures

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

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History of Pharmacy Security Measures

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History of Pharmacy Security Measures

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

Jun 18, 2015
- Accompanying Resource Guide approved by Board

Sep 15, 2015
- Board directed Registrar to transition pharmacy security requirements from policy to bylaws
- The Drug Safe BC Campaign was launched

2016

2017

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History of Pharmacy Security Measures

TIME IS UP
FOR DRUG THIEVES

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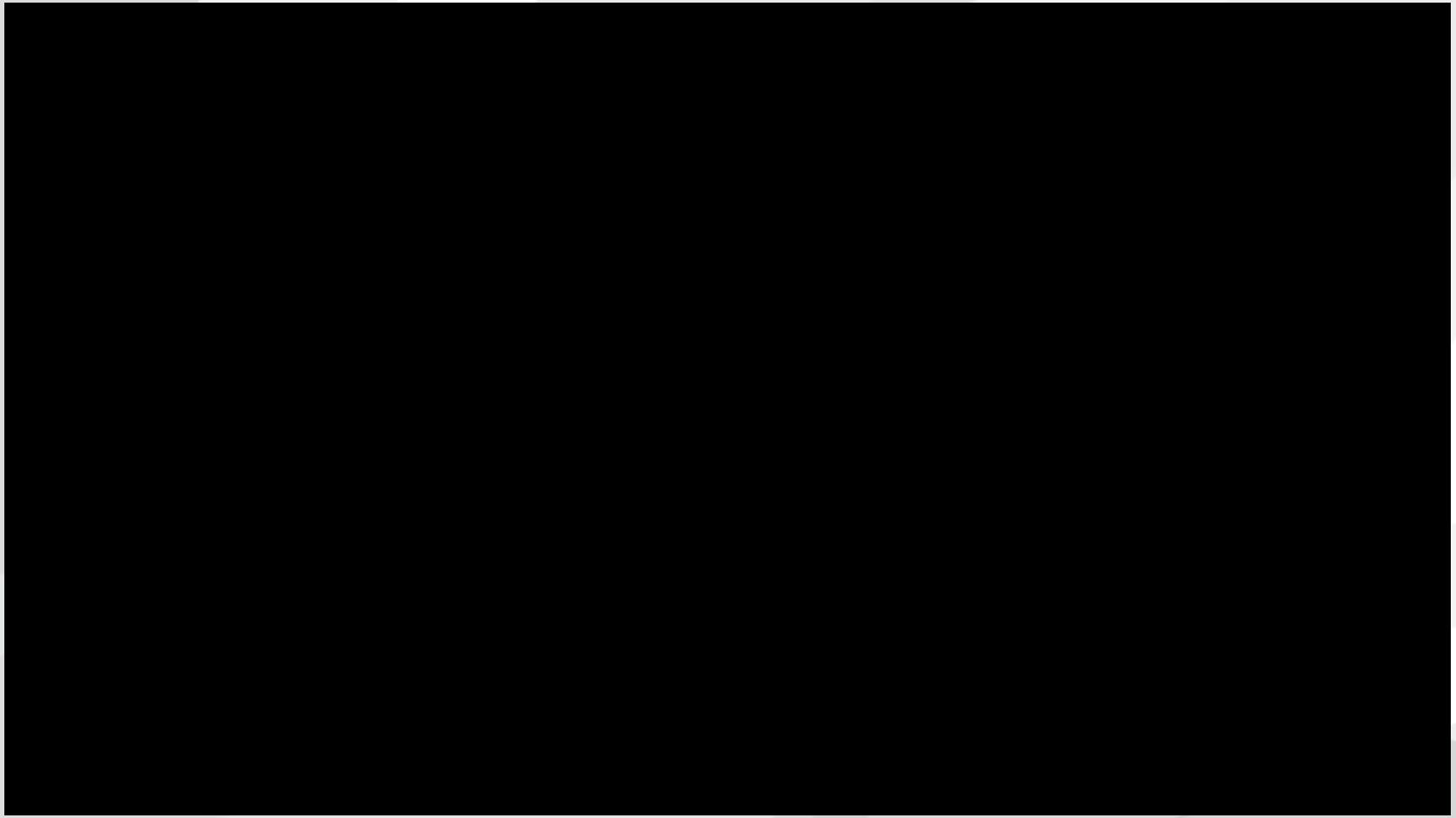
History of Pharmacy Security Measures



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History of Pharmacy Security Measures

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2016

Apr 14, 2016

- Board approved publicly posting the bylaws

Sep 16, 2016

- Board approved a second public posting of the bylaws

2017

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History of Pharmacy Security Measures

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2016

Apr 14, 2016

- Board approved publicly posting the bylaws

Sep 16, 2016

- Board approved a second public posting of the bylaws

2017

Feb 17, 2017

- Board approved filing of bylaws with the MoH.
- Bylaws were effective as of April 21, 2017.
- Existing pharmacies have three years to implement the physical barriers requirement.

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Pharmacy Security Evaluation

SFU

Research team:

Martin Andresen, PhD
Elliott Mann, MA
Tarah Hodgkinson, PhD Candidate

VANCOUVER POLICE

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A Criminological Perspective: Crime Prevention Through Environmental Design (CPTED)

- CPTED
  - Manipulation of the built environment
  - Reduce crime, fear of crime, and improve quality of life
- C. Ray Jeffrey (1971)
- Other relevant work: Jane Jacobs (1961) and Oscar Newman (1972)
- Supported by several criminological theories

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CPTED Grounded in Theory

- **Rational Choice and Routine Activity Theory**
  - Crime is not random; rational decision-making process
  - Bounded rationality
  - Suitable targets and guardianship

- **Situational Crime Prevention**
  - Changes offenders' mentality about the suitability of target
  - More difficult -> Less rewarding
  - *Principle of Least Effort*

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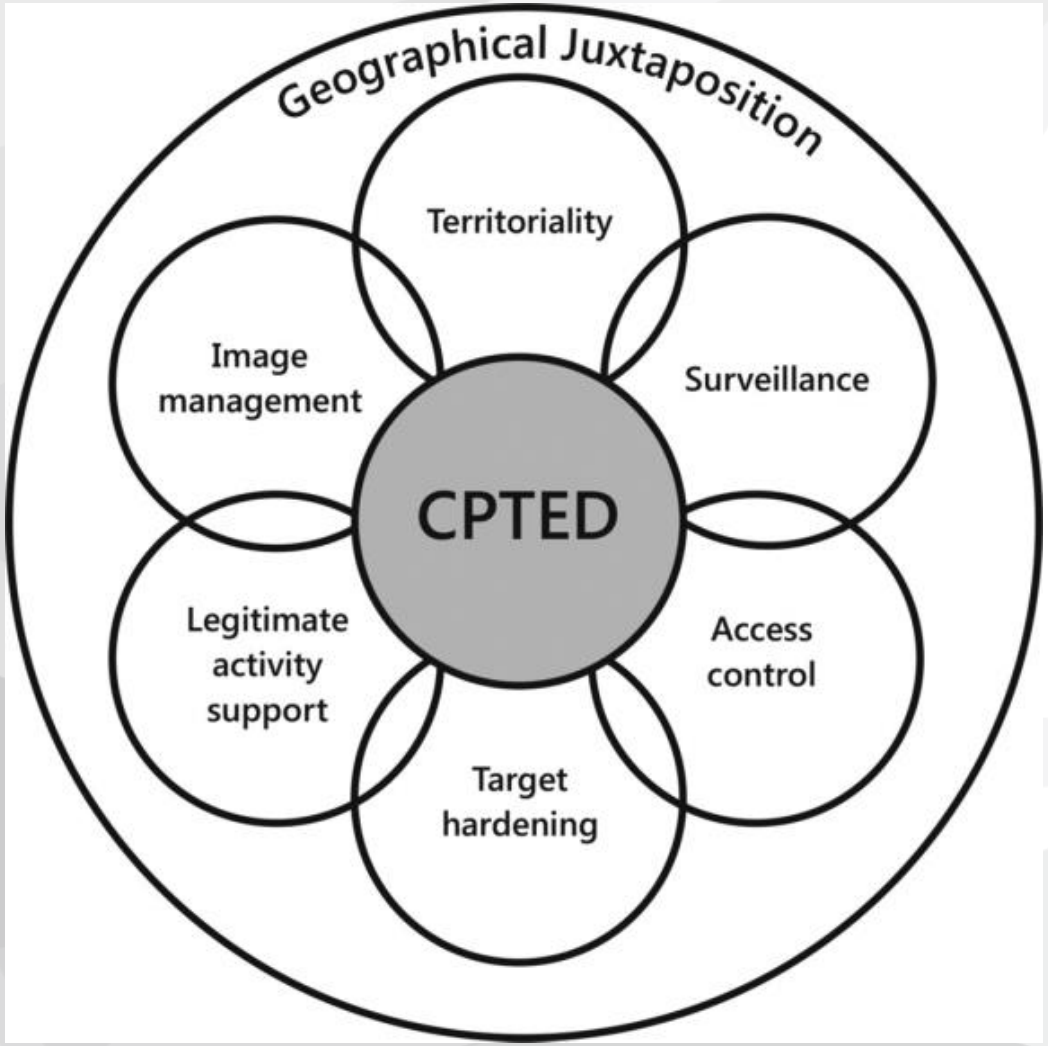
What is CPTED?

Pharmacies:

- Target hardening
- Access Control
- Surveillance



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Target Hardening

- Increases effort that offenders must exert for the commission of a crime
- Presence of target hardening features further reduces the opportunity for crime
- Target hardening often considered access control on a micro scale

E.g. Time-delayed safe, locked cabinets for certain drugs

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Access Control

- Includes target hardening features: doors, locks, gates, and barriers
- Limits access to only the intended users of a space
- Target hardening and access control can reduce the suitability of a target for potential offenders

E.g. Gates when pharmacist isn't present

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Surveillance

- Increases the risk of detection and apprehension

- Important for their to be signage so potential offenders know

E.g. Monitored alarms, signage, and motion sensors

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Reducing Pharmacy Crime

La Vigne & Wartell (2015)

- Office of Community Oriented Policing Services
- Recommended Security Measures:
  - Increased pharmacy lighting
  - Locking up drugs
  - Installing physical barriers
  - Ensuring front windows are clear

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Reducing Pharmacy Crime

- Checklist from the US National Association of Drug Diversion Investigators
  - Alarms
  - Physical design and barriers
  - Locks
  - CCTV
  - Restricted access
- Physical barriers include steel curtains, interior safe, and low barriers to restrict access

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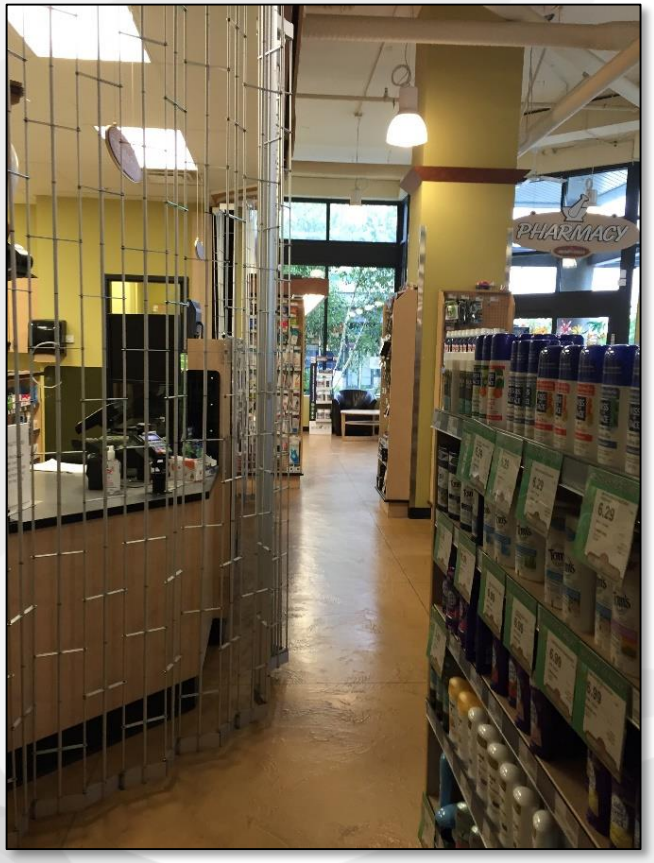
Reducing Crime using Physical Barriers

- Improved access control through target hardening features
  - Access to private or semi-private spaces by illegitimate users will be limited
- Increase territoriality by indicating ownership of the space
- Further level of security to make pharmacies a less ideal target

E.g. Locking off pharmacy when pharmacist is not present, and Schedule I and II drugs, controlled drug substances and personal health information being locked away



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Evaluation of Pharmacy Security Measures

- **In evaluating the effectiveness of the pharmacy security measures of the College, data from VPD was used.**
- **The following regions were observed for trends:**
  - Vancouver: January 2001 – April 2017
  - Lower Mainland (less Vancouver), Vancouver Island, and Interior: January 2006 – April 2017
- **September 15, 2015 was the date of interest for determining:**
  - Immediate effect
  - Change in trend

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Statistical Analyses of Data

- Structural break test

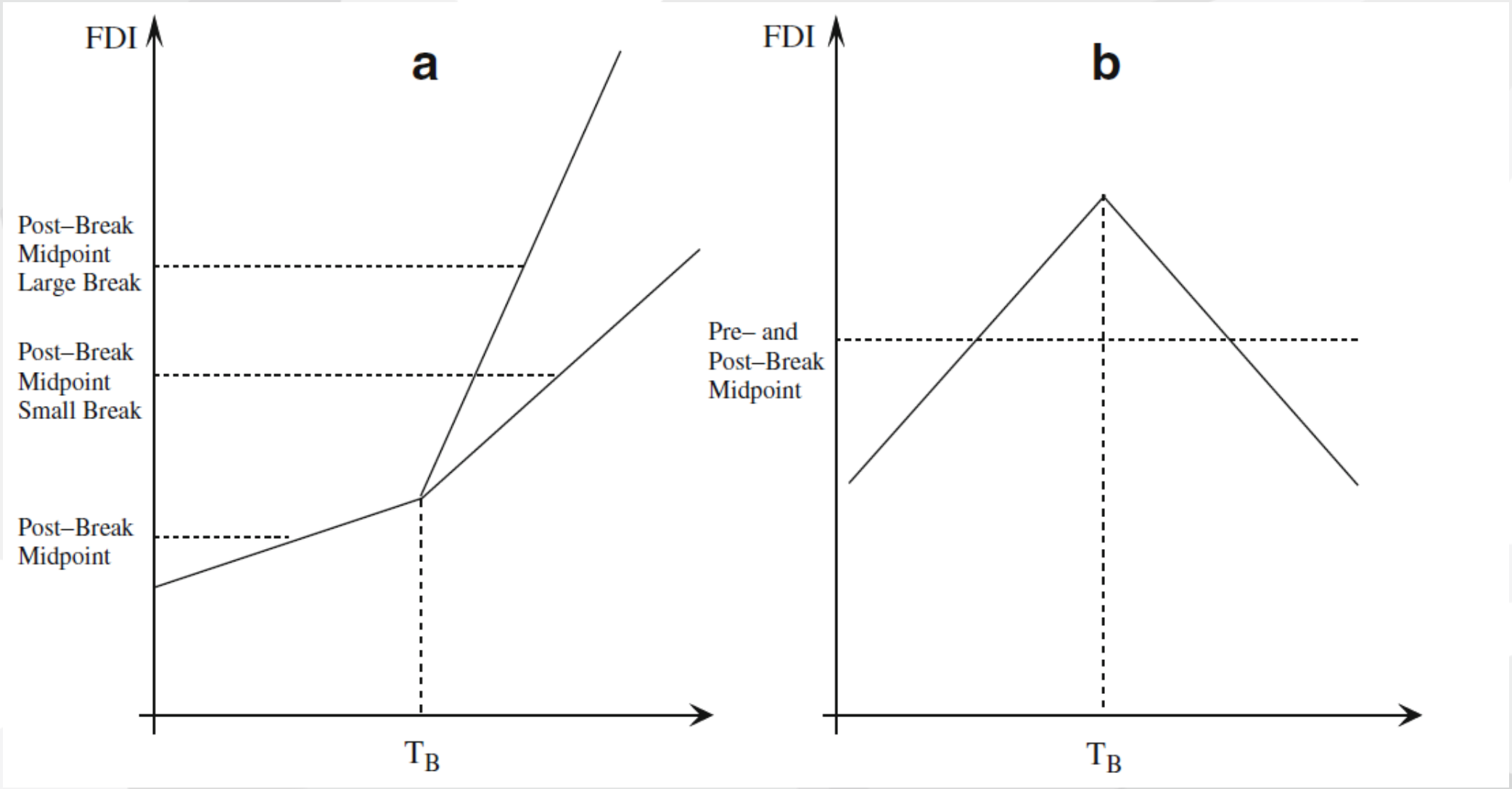
  Results:

  - Identifies any change in levels or trends at intervention date
    - 15 September 2015
  - Common in pre-post study designs
  - Used in criminology and economics

- Count-based regression model

  Results:

  - Robust standard errors
  - Controlled for: seasonality, number of days each month, overall trend


FDI
a
Post–Break
Midpoint
Large Break
Post–Break
Midpoint
Small Break
Post–Break
Midpoint
T_B
FDI
b
Pre– and
Post–Break
Midpoint
T_B

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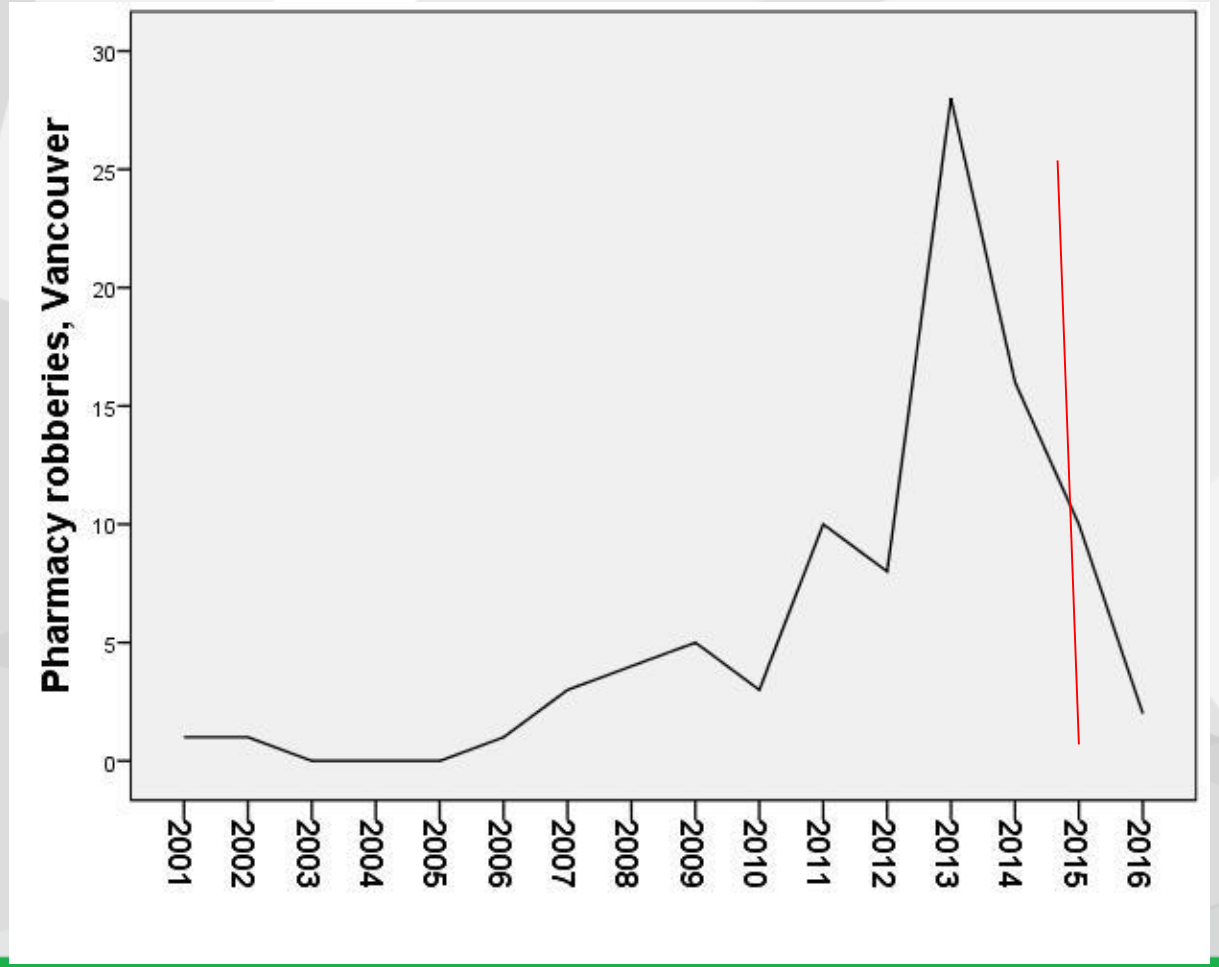
Pharmacy Robberies in Vancouver 2001-2016



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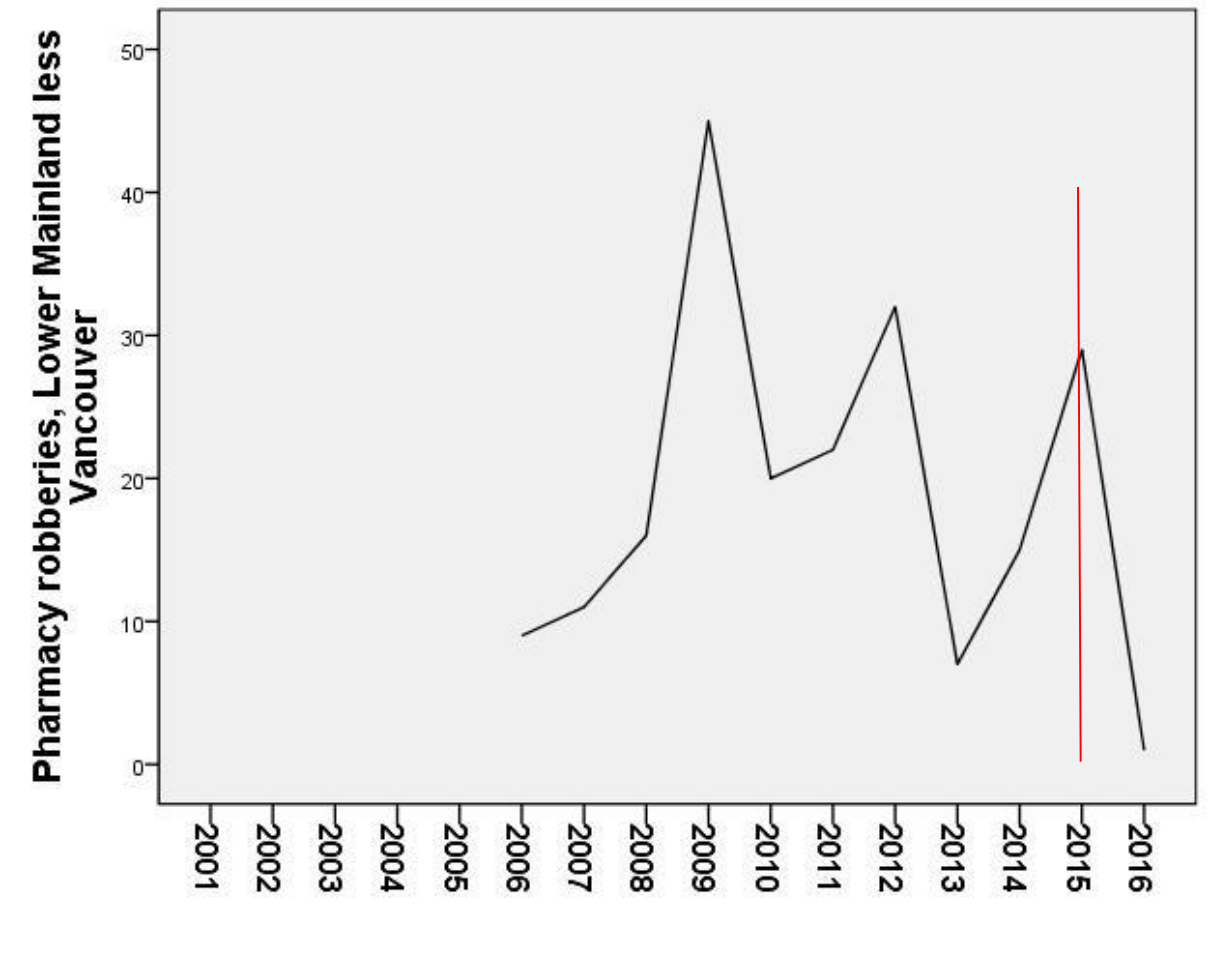
Pharmacy Robberies in Lower Mainland (Less Vancouver) 2001-2016



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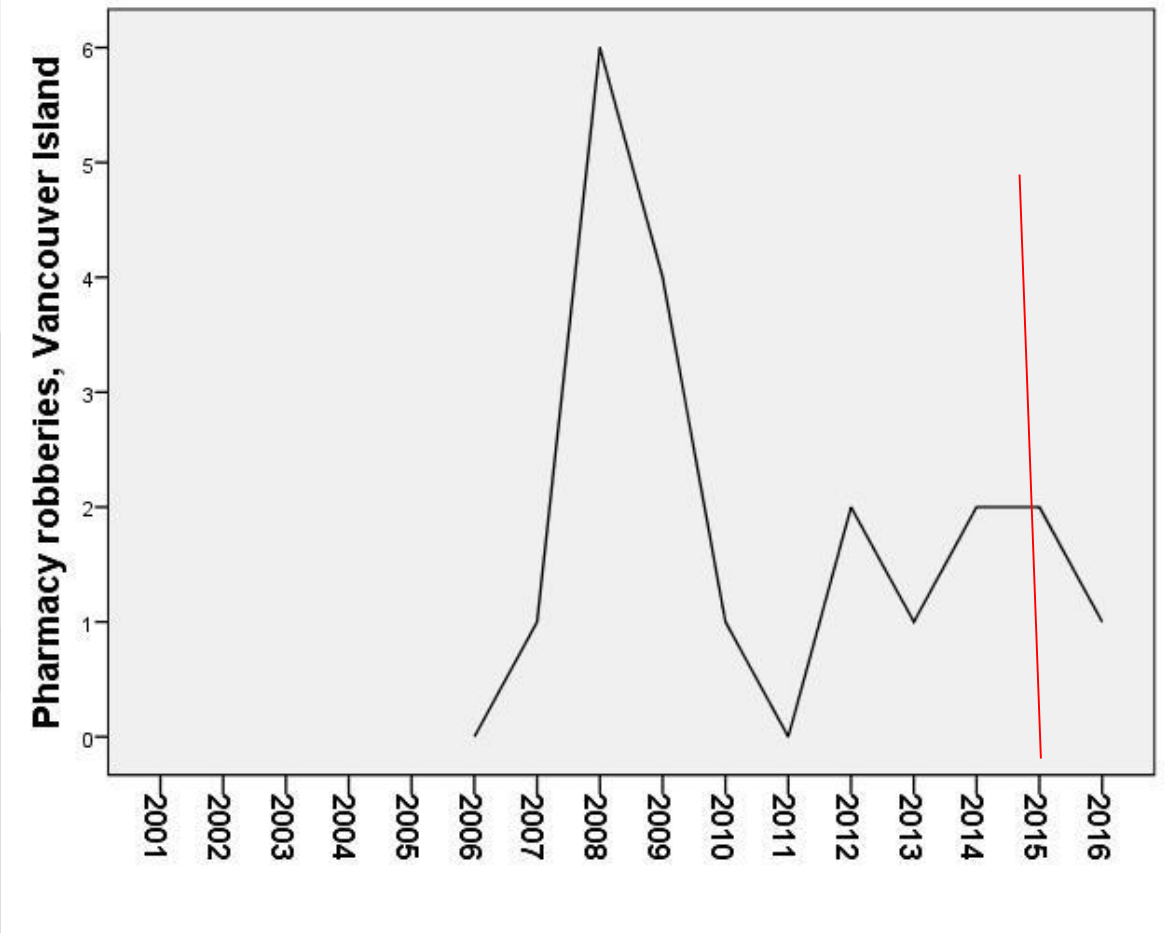
Pharmacy Robberies Vancouver Island 2001-2016



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Pharmacy Robberies Interior 2001-2016

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Summary of Statistical Results

Vancouver

- Immediate drop: 85 – 95 %
- No change in trend

Lower Mainland, less Vancouver

- 10 – 20 % decrease in trend

Vancouver Island

- No significant effects

Interior

- 20 % decrease in trend

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Summary of Overall Findings

- The effects of pharmacy security measures varies by region.
- Strong evidence for by-law and policy changes having their intended effect.
- Largest effect in Vancouver:
  - But this is where most of the robberies were
- Notable results in Lower Mainland and Interior.
- Similar by-law and policy changes in other areas of Canada could be used to reduce levels of pharmacy robberies and, potentially, burglaries.

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Experiences from the Vancouver Police Department

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Questions

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Appendices

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Table 1. Negative binomial results, full and final models, Vancouver

	Full model			
	Estimate	Std. Error	RRR	Pr(>|z|)
Bylaw	-1.781	0.729	**0.168**	0.015
Bylaw trend	-0.112	0.081	0.894	0.170
Month	-0.082	0.153	0.921	0.591
Month-squared	0.002	0.012	1.002	0.867
Number of days	0.262	0.151	**1.300**	0.083
Trend	0.037	0.024	1.038	0.117
Trend-squared	0.000	0.000	1.000	0.597
	Final model			
	Estimate	Std. Error	RRR	Pr(>|z|)
Bylaw	-2.829	0.613	**0.059**	< 0.01
Trend	0.026	0.003	**1.026**	< 0.01

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Table 2. Negative binomial results, full and final models, Lower Mainland, less Vancouver

	Full model			
	Estimate	Std. Error	RRR	Pr(>|z|)
Bylaw	-0.633	0.658	0.531	0.336
Bylaw trend	-0.125	0.108	0.882	0.247
Month	-0.048	0.145	0.953	0.74
Month-squared	0.004	0.01	1.004	0.708
Number of days	-0.091	0.121	0.913	0.451
Trend	0.029	0.018	1.030	0.106
Trend-squared	-0.001	0.001	0.999	0.246
	Final model			
	Estimate	Std. Error	RRR	Pr(>|z|)
Bylaw trend	-0.228	0.087	**0.796**	< 0.01

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Table 3. Negative binomial results, full and final models, Vancouver Island

	Full model			
	Estimate	Std. Error	RRR	Pr(>|z|)
Bylaw	0.089	1.688	1.094	0.958
Bylaw trend	-0.088	0.071	0.916	0.218
Month	-0.525	0.433	0.591	0.225
Month-squared	0.041	0.033	1.042	0.208
Number of days	-0.101	0.364	0.904	0.782
Trend	0.028	0.027	1.029	0.296
Trend-squared	-0.001	0.001	0.999	0.428
	Final model			
	Estimate	Std. Error	RRR	Pr(>|z|)
Trend	0.036	0.022	**1.036**	0.099
Trend-squared	-0.001	0.001	**0.999**	0.063

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Table 4. Negative binomial results, full and final models, Interior

	Full model			
	Estimate	Std. Error	RRR	Pr(>|z|)
Bylaw	0.039	1.279	1.041	0.975
Bylaw trend	-0.226	0.121	**0.798**	0.062
Month	-0.331	0.227	0.718	0.145
Month-squared	0.021	0.018	1.021	0.258
Number of days	-0.092	0.264	0.912	0.726
Trend	0.109	0.039	**1.115**	0.006
Trend-squared	-0.001	0.001	**0.999**	0.025
	Final model			
	Estimate	Std. Error	RRR	Pr(>|z|)
Bylaw trend	-0.211	0.128	**0.810**	0.099
Month	-0.079	0.046	**0.924**	0.086
Trend	0.109	0.036	**1.116**	0.002
Trend-squared	-0.001	0.001	**0.999**	0.001

College of Pharmacists of British Columbia

BOARD MEETING
April 20, 2018

6. Excellence Canada Update

INFORMATION ONLY

Purpose

To update the Board on the progress made on the College's plans for achieving Silver Certification with Excellence Canada.

Background

The College partnered with Excellence Canada in December 2016.

Excellence Canada is a non-profit organization that is dedicated to developing standards, certifying and recognizing organizational excellence across all sectors in Canada. The College selected their Excellence, Innovation and Wellness (EIW) Standard, one of the most progressive standards in the world. It benchmarks favourably against the Baldridge, EFQM, Deming Awards and ISO 9000 standards.

The EIW Standard sets expectations for five Drivers:

- 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.
- 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.
- 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.
- 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.

- 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 a 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.

There are four milestones – Bronze, Silver, Gold and Platinum. After initial analysis, our Excellence Canada coach recommended that we aim for Silver certification. We set a goal of achieving this certification in November 2019.

Discussion

A gap analysis was conducted in March 2017. After reviewing the results, several Action Teams were assigned to projects to develop the missing policies, plans, guidelines, etc. The Action Teams are made up with volunteer staff from all departments, all levels of staff throughout the College.

Our timeline for the next several months is:

June 1st	All current Action Plan projects should be completed Review gap analysis and assign secondary Action Plan projects to teams
September 1st	All secondary projects to be completed
Sept. to Nov.	Complete Submission Document with links to policies, procedures, plans, etc. Confirm with Catherine dates for Verification Dry Run Focus on internal communications and training re new policies, procedures, processes, etc.
December	Catherine performs Verification Dry Run. Revisions, if necessary, completed.
January 2019	Register with Excellence Canada for official Verification.
January to May	Excellence Canada Verification team visits and reviews our submission and conducts focus groups to ascertain that staff are familiar with the policies, processes, etc.
November 2019	**Silver Certification Awarded!**

BRITISH COLUMBIA CENTRE ON SUBSTANCE USE

Networking researchers, educators & care providers

Enhancing Partnership and Collaboration with the College of Pharmacists of BC

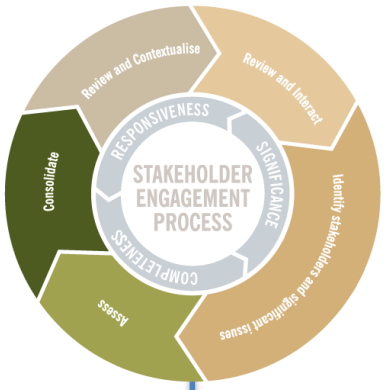
Evan Wood & Cheyenne Johnson

BC Centre on Substance Use

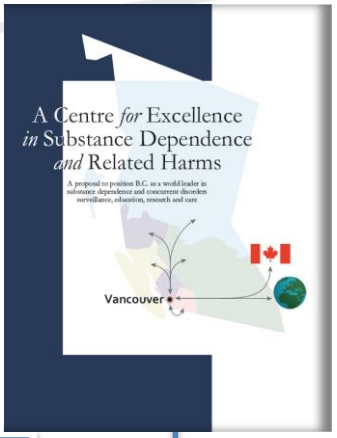
Today's Presentation

- System gaps and background about the BCCSU
- Description of POATSP and areas of care critical to the College of Pharmacists of BC

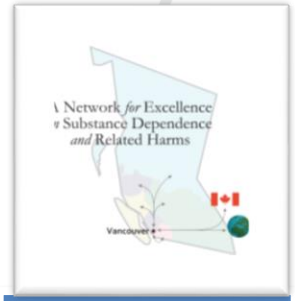
History



Task Force



Consultants and Provincial Discussion



Board Meetings

BRITISH COLUMBIA CENTRE ON SUBSTANCE USE
Networking researchers, educators & care providers

2011 2012 2013 2014 2015 2016

CBC INVESTIGATES | 'Outdated' restrictions on Suboxone making B.C.'s overdose crisis worse: report

Researchers urge widespread access to drug that cut overdose deaths by 80% in France

By Natalie Clancy, CBC News Posted: Jun 02, 2016 5:00 AM PT | Last Updated: Jun 02, 2016 10:40 AM PT

A collage of recent fentanyl overdose victims in B.C. (CBC)

Trends and sex differences in prescription opioid deaths in British Columbia, Canada

Emilie J Gladstone, Kate Smolina, Steven G Morgan

School of Population and Public Health, University of British Columbia, Vancouver, British Columbia, Canada

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Received 10 March 2015
Revised 1 June 2015
Accepted 12 June 2015

ABSTRACT

Increasing rates of prescription opioid-related death are well documented in Ontario (ON) but little is known about prescription opioid-related harms in other Canadian provinces. Using administrative mortality data from 2004 to 2013, we found that rates of prescription opioid-related death in British Columbia (BC) were higher but more stable than published rates for ON over the same period. Methadone was involved in approximately 25% of the prescription opioid-related deaths in BC. The majority of prescription opioid-related deaths among men and women were unintentional. Men had higher overall rates of prescription opioid-related deaths in BC; women had lower rates of prescription opioid-related deaths but a larger proportion of them were suicides. Efforts to reduce prescription opioid-related deaths must consider sex differences in patterns of prescription opioid use and associated harms.

INTRODUCTION

The recent increase in the rate of prescription opioid overdose death in the USA has been labelled a public health crisis.[1 2] Dramatic increases in rates of prescription opioid-related deaths are also documented in Australia.[3] However, little is known about the nature of prescription opioid deaths in

approval of relevant data stewards and the University of British Columbia's Behavioral Research Ethics Board.[9] Data were unavailable for individuals whose prescription drug coverage fell under federal jurisdiction (military veterans, registered First Nations people and Inuit and federal penitentiary inmates, comprising approximately 4% of the BC population).

Deaths were classified by BC Vital Statistics Agency using the *International Classification of Diseases, Tenth Revision* (ICD-10) codes. The ICD is a standardised coding system used by WHO member states to report mortality data and facilitate regional comparisons. The study cohort included individuals with a cause of death equal to poisoning, including X40–X49 (unintentional), X60–X69 (suicide), X85–X90 (homicide) and Y10–Y19 (undetermined intent). Deaths were further classified using specific codes for drug poisonings recorded in contributing causes of death (ICD-10 codes): drug poisoning (T36.0 to T50.9), non-methadone prescription opioids (T40.2, T40.4), methadone (T40.3), heroin (T40.1); benzodiazepines (T42.4).

Mortality data from ON is reproduced from published literature[10] and draws on data from Coroner's records. Owing to differences in coding and informa-

Trends and sex differences in prescription opioid deaths in British Columbia, Canada

Emilie J Gladstone, Kate Smolina, Steven G Morgan

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Steven G Morgan, Centre for Health Services and Policy Research, University of British Columbia, 201-2206 East Mall, Vancouver, British Columbia, Canada V6T1Z3; steve.morgan@ubc.ca

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Methadone was involved in approximately 25% of the prescription opioid-related deaths in BC.

INTRODUCTION

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Mortality data from ON is reproduced from published literature[10] and draws on data from Coroner's records. Owing to differences in coding and informa-

Addiction Poorly Understood by Clinicians

Experts Say Attitudes, Lack of Knowledge Hinder Treatment

Brian Vastag

BAL HARBOUR, FLA—A patient with high blood pressure arrives at his annual checkup after another sedentary year. His physician, who has sketchy knowledge about hypertension, sees that the patient has gained 12 lbs and that his blood pressure remains high. She lectures the patient about the importance of willpower in overcoming his life-threatening shortcomings. Without a thought about prescribing one of the several effective antihypertensives, she dismisses the patient, shakes her head, and murmurs to herself about the seemingly hopeless plight of "those hypertensives."

Such a scenario seems absurd—but insert "drug addiction" in place of "hypertension," and an all-too-common picture emerges, said scientists, clinicians, and other treatment specialists at the College for the Problems of Drug Dependency annual meeting held here in June.

For all the lip service paid to the concept of addiction as a medical disease, the idea has yet to gain traction with a large proportion of physicians. They, like many others in society, often regard abuse of alcohol or drugs as a moral or behavioral problem, said several speakers.

"Addiction is a brain disease," said Charles O'Brien, MD, PhD, a noted addiction specialist, during a keynote address at the meeting. "But when you say that to [an audience], people get very lated a story indicative of the problem. After delivering a presentation on addiction at a local hospital, several physicians approached him and said, "I wish someone [had] told me about this in medical school."

COMMON MYTHS

According to *Dispelling Myths About Addiction*, a 1997 report from the Institute of Medicine, just 1% of the typical medical school curriculum is devoted to the subject. Surveys of physicians also consistently show that most fail to screen for alcohol or drug addiction; many believe that medical interventions are inappropriate and ineffective.

Those who do see addiction as a medical problem tend to treat it as an acute, instead of chronic, disorder. And the idea that addiction is simply a consequence of willfulness still permeates the profession. O'Brien, a professor of psychiatry at the University of Pennsylvania School of Medicine, Philadelphia, and colleagues made these points in a review article three years ago (*JAMA*. 2000;284:1689-1695).

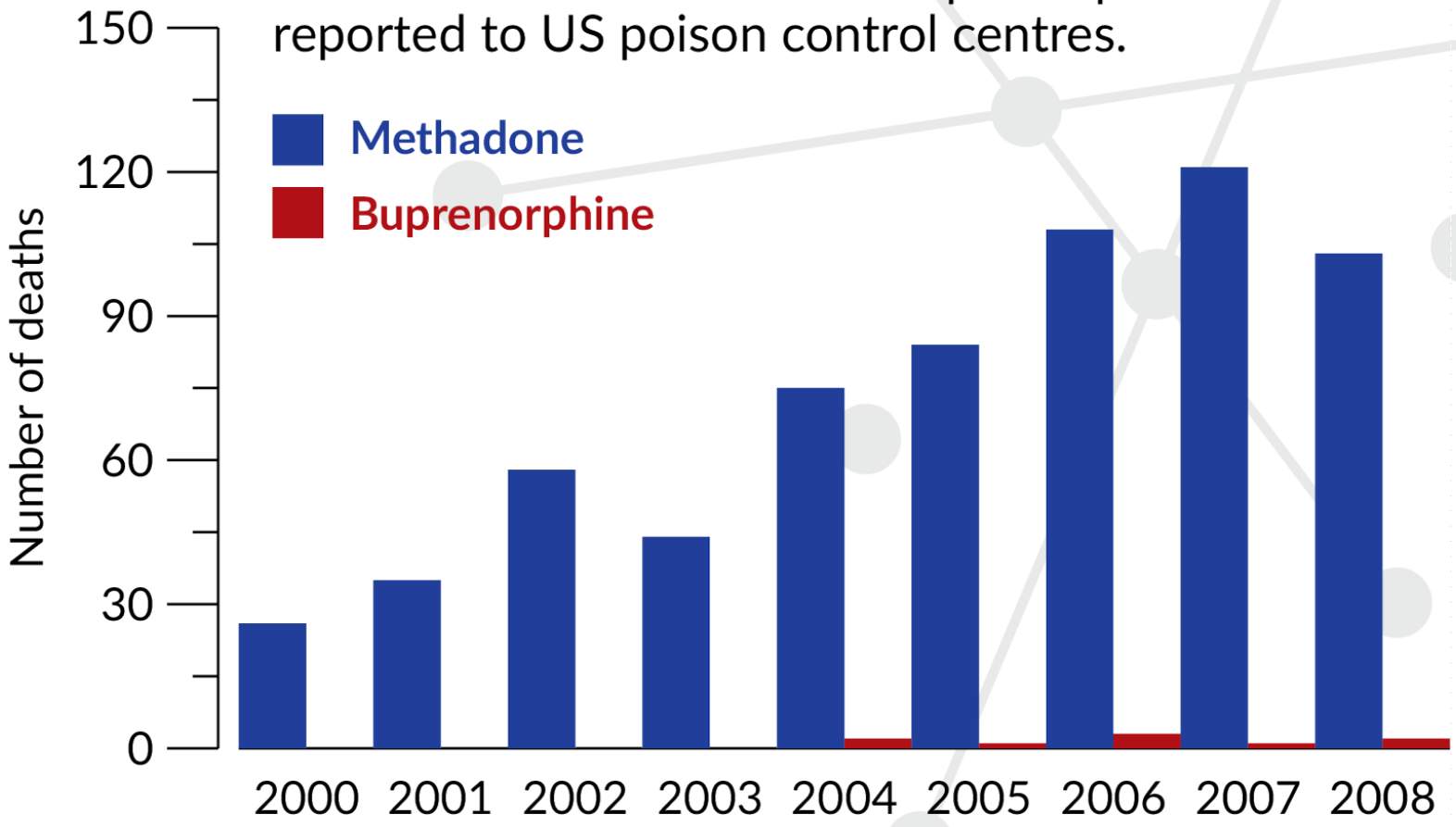
"There is such prejudice in the community of doctors, severe prejudice," said National Institute on Drug Abuse Director Nora Volkow, MD, PhD, at an addiction studies program for journalists sponsored by Wake Forest University School of Medicine, Winston-Salem, NC, and held concurrently with the College for the Problems of Drug Dependency meeting.

"How do we change this?" she asked. Addiction experts not only have to emphasize that addiction is a disease, but they also have to emphasize that addiction leads to other medical problems—it basically permeates medicine, Volkow explained. "We can prevent a lot of other problems by addressing addiction, but somehow we have failed to communicate that," she said.

According to the National Institute on Drug Abuse, some $133 billion is spent each year treating the short- and long-term medical complications of addiction. Cocaine abusers die from sudden cardiac arrest; heroin and other intravenous drug users contract hepatitis C and human immunodeficiency

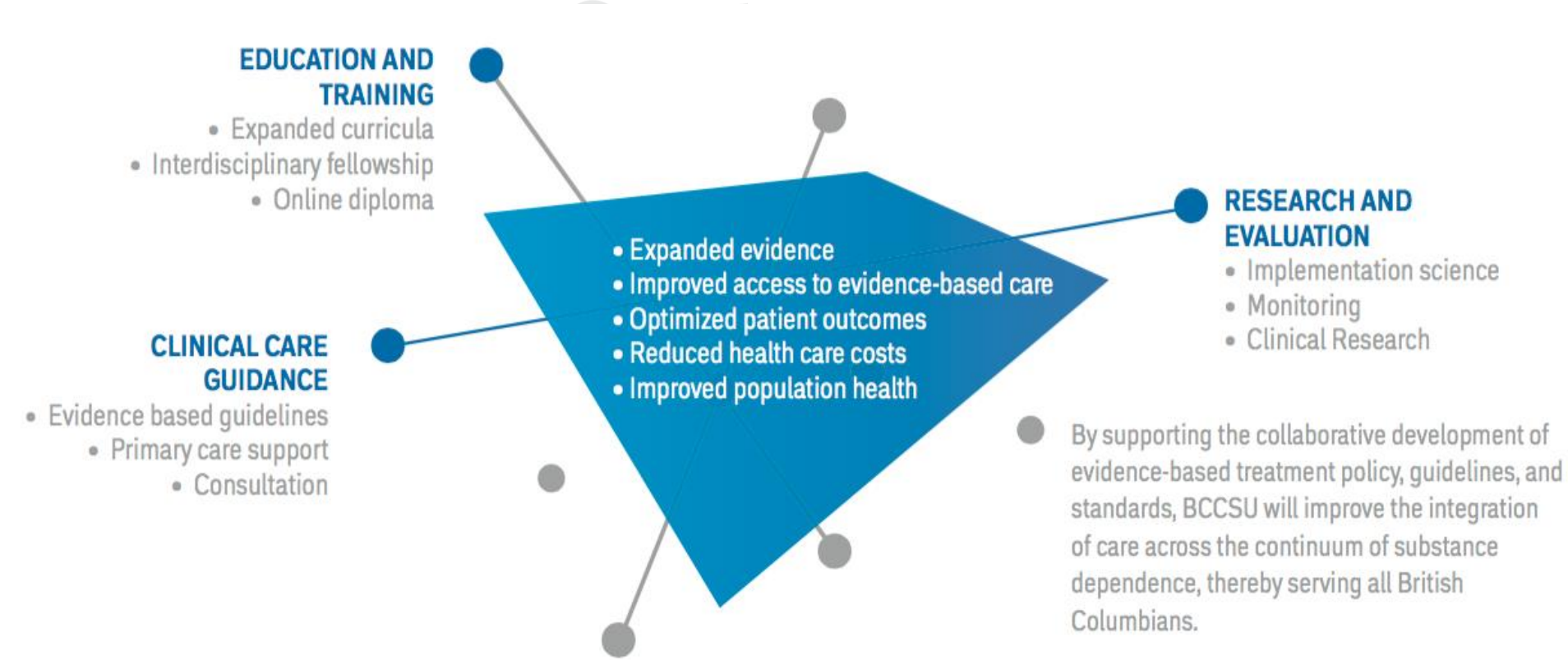
Addiction experts say that the widely held view of drug

Number of methadone and buprenorphine deaths reported to US poison control centres.

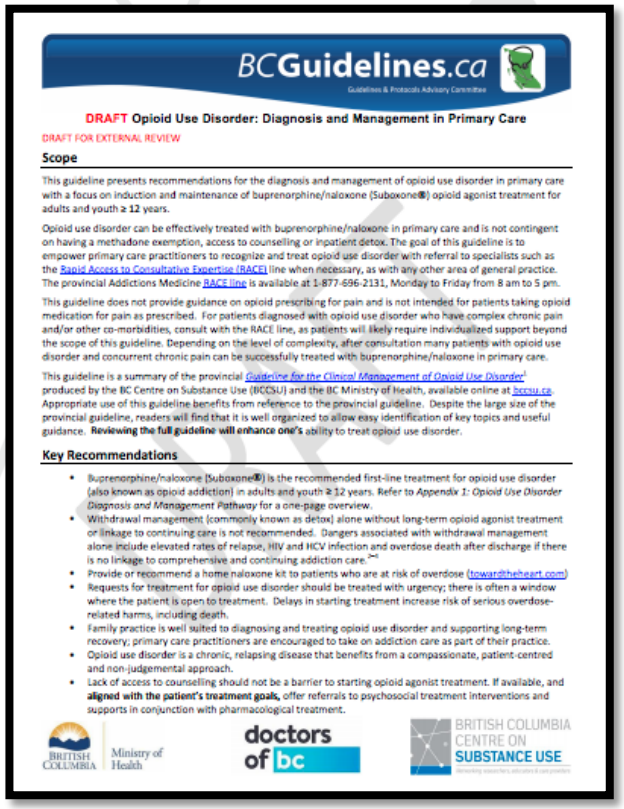


	2000	2001	2002	2003	2004	2005	2006	2007	2008
Methadone	26	35	58	44	75	84	108	121	103
Buprenorphine	0	0	0	0	2	1	3	1	2

Core Functions



OUD Guidance


BCGuidelines.ca

DRAFT Opioid Use Disorder: Diagnosis and Management in Primary Care

DRAFT FOR EXTERNAL REVIEW

Scope

This guideline presents recommendations for the diagnosis and management of opioid use disorder in primary care with a focus on induction and maintenance of buprenorphine/naloxone (Suboxone®) opioid agonist treatment for adults and youth ≥ 12 years.

Opioid use disorder can be effectively treated with buprenorphine/naloxone in primary care and is not contingent on having a methadone exemption, access to counselling or inpatient detox. The goal of this guideline is to empower primary care practitioners to recognize and treat opioid use disorder with referral to specialists such as the Rapid Access to Consultative Expertise (RACE) line when necessary, as with any other area of general practice. The provincial Addictions Medicine RACE line is available at 1-877-696-2131, Monday to Friday from 8 am to 5 pm.

This guideline does not provide guidance on opioid prescribing for pain and is not intended for patients taking opioid medication for pain as prescribed. For patients diagnosed with opioid use disorder who have complex chronic pain and/or other co-morbidities, consult with the RACE line, as patients will likely require individualized support beyond the scope of this guideline. Depending on the level of complexity, after consultation many patients with opioid use disorder and concurrent chronic pain can be successfully treated with buprenorphine/naloxone in primary care.

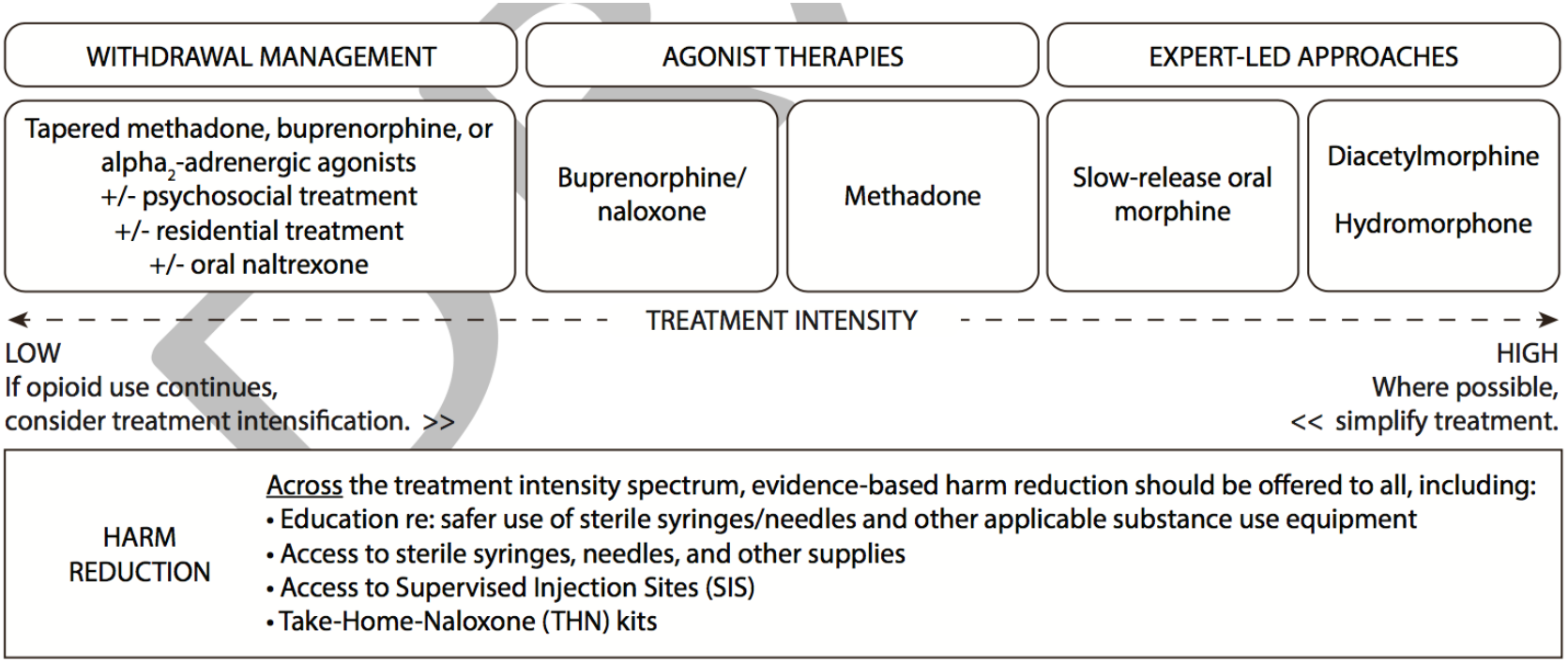
This guideline is a summary of the provincial *Guideline for the Clinical Management of Opioid Use Disorder*[1] produced by the BC Centre on Substance Use (BCCSU) and the BC Ministry of Health, available online at bccsu.ca. Appropriate use of this guideline benefits from reference to the provincial guideline. Despite the large size of the provincial guideline, readers will find that it is well organized to allow easy identification of key topics and useful guidance. **Reviewing the full guideline will enhance one's** ability to treat opioid use disorder.

Key Recommendations

- Buprenorphine/naloxone (Suboxone®) is the recommended first-line treatment for opioid use disorder (also known as opioid addiction) in adults and youth ≥ 12 years. Refer to *Appendix 1: Opioid Use Disorder Diagnosis and Management Pathway* for a one-page overview.
- Withdrawal management (commonly known as detox) alone without long-term opioid agonist treatment or linkage to continuing care is not recommended. Dangers associated with withdrawal management alone include elevated rates of relapse, HIV and HCV infection and overdose death after discharge if there is no linkage to comprehensive and continuing addiction care.[2–6]
- Provide or recommend a home naloxone kit to patients who are at risk of overdose (towardtheheart.com)
- Requests for treatment for opioid use disorder should be treated with urgency; there is often a window where the patient is open to treatment. Delays in starting treatment increase risk of serious overdose-related harms, including death.
- Family practice is well suited to diagnosing and treating opioid use disorder and supporting long-term recovery; primary care practitioners are encouraged to take on addiction care as part of their practice.
- Opioid use disorder is a chronic, relapsing disease that benefits from a compassionate, patient-centred and non-judgemental approach.
- Lack of access to counselling should not be a barrier to starting opioid agonist treatment. If available, and **aligned with the patient's treatment goals,** offer referrals to psychosocial treatment interventions and supports in conjunction with pharmacological treatment.

BRITISH COLUMBIA Ministry of Health | doctors of bc | BRITISH COLUMBIA CENTRE ON SUBSTANCE USE

Continuum of Care for OUD



B.C. College of Physicians and Surgeons lifts 'outdated' restriction on Suboxone to help overdose crisis

Change is expected to expand access to drug that cut overdose deaths by 80% in France

CBC News Posted: Jul 05, 2016 1:29 PM PT | Last Updated: Jul 06, 2016 6:57 PM PT

Suboxone is considered 6 times safer than methadone and stops opiate withdrawal symptoms and heroin cravings. (Getty Images)

B.C. centre releases new guidelines to treat opioid addiction

Almost $8M in additional funding announced for the B.C. Centre on Substance Use

The Canadian Press Posted: Feb 07, 2017 9:53 AM PT | Last Updated: Feb 07, 2017 2:21 PM PT

British Columbia Health Minister Terry Lake addresses the Canadian Medical Association's General Council 2016, in Vancouver, B.C., on Monday, August 22, 2016. On Tuesday, Lake announced almost $8 million in additional funding for the B.C. Centre on Substance Use. (Darryl Dyck/Canadian Press)

B.C. Centre on Substance Use recommends Suboxone over methadone

Health experts sharing key findings of new provincial opioid guidelines ahead of the papers' publish date

By Brady Strachan, CBC News Posted: Dec 09, 2016 2:56 PM PT | Last Updated: Dec 09, 2016 2:56 PM PT

The gravity of the opioid crisis has led the B.C. Centre on Substance Use to share its unpublished findings with front-line health-care workers. Its full report won't be made public until January. (CBC)

Listen

B.C. Centre on Substance Use recommends Suboxone over methadone 6:37

In the face of the growing fentanyl crisis in B.C., opioid researchers are sharing the key findings of the provincial opioid addiction guidelines with front-line health care workers, a month before they're due to be published.

Cheyenne Johnson, the research leader with the B.C. Centre on Substance Use, was in Kelowna on Thursday to present the best

Weather

Severe weather warnings or watches in effect for:

Valemount McBride Whistler Vancouver Gulf Islands (Southern) Pemberton Malahat Gonzales Point Pitt Meadows

BC PharmaCare Newsletter

June 5, 2017 Edition 17-006

Published by the Medical Beneficiary and Pharmaceutical Services Division to provide information for British Columbia's health care providers

QuickLinks

SLOW-RELEASE ORAL MORPHINE FOR OPIOID AGONIST TREATMENT

As of June 5, 2017, the BC Centre on Substance Use (BCCSU) recommends Kadian® 24-hour slow-release oral morphine as an alternative opioid agonist treatment (OAT) under certain circumstances. Kadian is a regular benefit under Fair PharmaCare and PharmaCare plans P, F, C and B for analgesic use. As of June 5, 2017, Kadian is covered under Fair PharmaCare and Plans P, C, B and G for OAT use.

PharmaCare has established PINs for Kadian for OAT, in order to differentiate this use. Prescriptions filled for Kadian must specify if it is being prescribed for OAT.

For both OAT and analgesic use, PharmaCare covers only the drug cost and a dispensing fee, up to the PharmaCare maximums.

Use the following PINs when entering Kadian for OAT prescriptions:

Kadian 10 mg capsule	22123349
Kadian 20 mg capsule	22123346
Kadian 50 mg capsule	22123347
Kadian 100 mg capsule	22123348

When entering Kadian claims for analgesia, continue to use the product DIN.

Please note: When dispensing Kadian for OAT using the appropriate PINs, the drug will not be subject to the usual PharmaNet Drug Use Evaluation check. Pharmacists are reminded that use of PharmaNet is not intended as a substitute for professional judgement.

Appendices in the guideline:

1. Induction and dosing guidelines for buprenorphine/naloxone
2. Induction and dosing guidelines for methadone and SROM
3. Dosing recommendations for slow-release oral morphine
4. Take-home Dosing Recommendations and Strategies to Reduce Diversion for Oral Agonist Therapy (OAT)

Take-home Dosing Recommendations and Strategies to Reduce Diversion for OAT

- Buprenorphine/naloxone: take-home dosing
  - One to two weeks' medication can be provided at a time
  - Pharmacies to ideally provide blister packs (to help assess diversion)
  - Prescribers request patients to present mediation packs regularly or random call backs for pill counts (at pharmacies?)


Source: Dmiels / www.sxc.hu

Take-home Dosing Recommendations and Strategies to Reduce Diversion for OAT

- Methadone and SROM
  - Daily witnessed ingestion
  - Ongoing role of pharmacists and pharmacy staff critically important

PHOTO: THE CANADIAN PRESS/JONATHAN HAYWARD

Vancouver metro

News / Vancouver

Province approves guidelines for injectable drug addictions treatment

Guidelines created by the British Columbia Centre on Substance Use sets out the use of injectable prescription heroin and other drugs to treat addiction.

New: Provincial System for Injectable OAT

- Severe forms of OUD: on-going challenges
  - Long-term retention
  - Relapse prevention
- Expanding iOAT: pharmacy-based model
  - For patients stabilized in primary care
  - Treatment dispensation and monitoring transitioned to pharmacy
  - Self-administration of medication under supervision at pharmacies
  - iOAT guidelines

iOAT pharmacy-based model

- Leverages existing infrastructure
- iOAT expansion economically feasible
- Requirements of participating pharmacies
  - Provide dedicated, clean injecting spaces within their facility
  - iOAT-specific training
  - Pre- and post-intake evaluations
  - Assessment of diversion
  - Overdose response

Medical profiteering: the economics of methadone dispensation

Bohdan Nosyk MA, Aslam H. Anis PhD

On Sept. 9, 2008, reports in Canadian print and television media revealed that certain pharmacies in Vancouver's Downtown Eastside were paying patients up to $10 a day to pick up methadone prescriptions at their pharmacy. A media outlet enlisted the help of a patient with a hidden camera to break the story, as Vancouver physicians prescribing methadone had long complained that their patients were being manipulated by some pharmacies.[1]

In a neighbourhood with a high density of people addicted to opioids, methadone dispensation has become highly competitive. A pharmacy may be viewed as a competitive firm whose objective is to maximize profits, and, in the case of methadone, the profit motive is particularly strong. In Canada, community pharmacies dispense methadone daily to those in treatment who ingest the drug under pharmacist supervision (daily witnessed ingestion).

Although the same product is dispensed everywhere, competition occurs in several ways. Some treatment providers differentiate their product by offering additional psychosocial care, most often in the context of a specialized treatment clinic, sometimes charging an additional monthly fee. Alternatively, some compete in terms of price by sharing with the patient the $16.60 they receive in dispensing fees through the provincial government. Although the proximity of pharmacies increases competition, even a methadone-dispensing pharmacy with no natural competitors may find that offering monetary incentives increases its revenue.

This market-driven behaviour has both positive and negative consequences. On the positive side, the financial incentive to the client may improve retention in methadone-

Key points

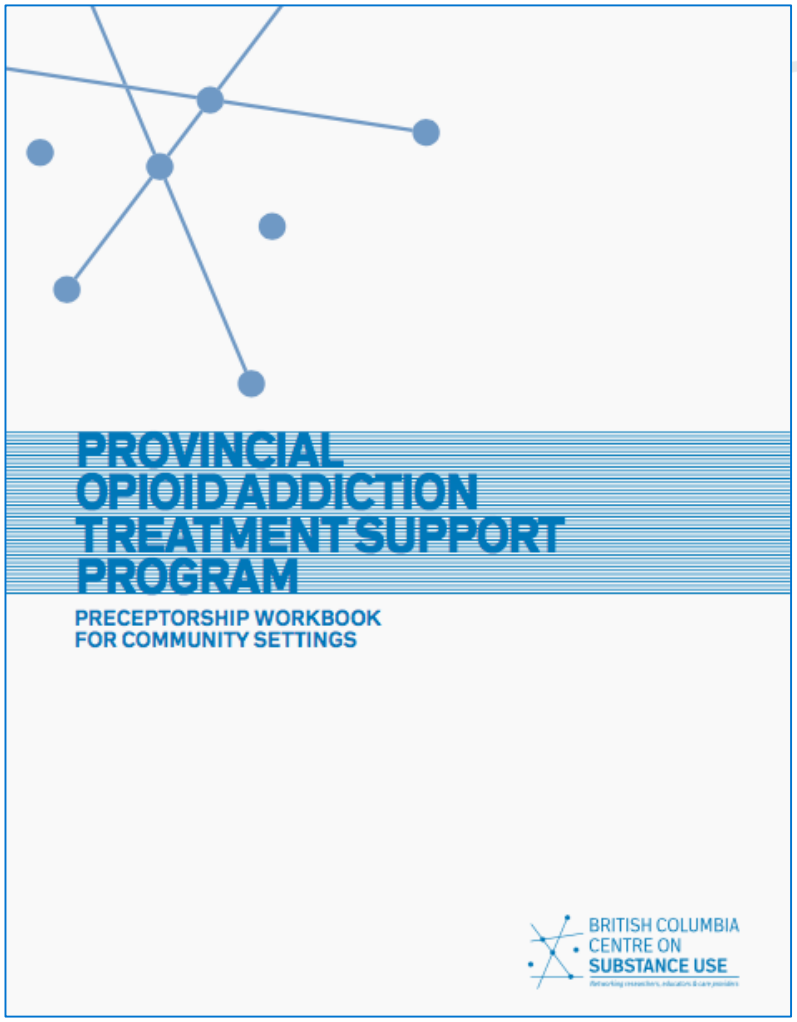
- Recent media reports have exposed pharmacists who are providing kickbacks to methadone customers.
- Price competition among methadone-dispensing pharmacies is a natural behaviour of profit-maximizing firms operating in a competitive market.
- The net effect of payments to methadone customers need not be negative because there is potential for improved adherence to treatment.
- Given the societal benefits resulting from increased access to treatment, policy changes that limit or decrease access to methadone maintenance treatment should be discouraged.

being). Although illicit drug use is harmful in the long run, consuming an illicit drug can bring about positive utility in the short term, in the form of euphoria and avoidance of withdrawal symptoms. One empirical study[7] found high rates of time preference (a measure of how present-oriented an individual is in their decision-making) among active illicit drug users, suggesting that the long-term harms can be outweighed by the immediate benefit of drug consumption. Therefore, people dependent on multiple drugs who are unmotivated for treatment may adopt a strategy of managing their opioid withdrawal with methadone and effectively substituting the desired euphoric effects of heroin with crack cocaine. The income freed by eliminating the need to purchase illicit heroin can be used for crack or other illicit drugs. Therefore, financial incentives offered by pharmacies may add to the amount of income available for the purchase of il-

Provincial Opioid Addiction Treatment Support Program

- Methadone, buprenorphine/naloxone, and SROM training included
- Optional iOAT module now LIVE!
  - 2 hour online course + ½ day clinical preceptorship
  - Collaborative Prescriber Agreement (CPA) for hydromorphone 50 mg/mL
- Full course is 24 modules – 8 hours
- All online (hosted by UBC CPD), CME accredited and free

Workbooks



Case studies that allow prescribers to get real life experience with clinical decisions and prescribing

Regulations Amending the Narcotic Control Regulations and the New Classes of Practitioners Regulations (Diacetylmorphine (Heroin) and Methadone): SOR/2018-37

Canada to ease restrictions on methadone, prescription heroin in response to opioid crisis

Last month's federal budget earmarked $231 million to improve access to treatment, address stigma and gather data on the opioid crisis.

POATSP by the Numbers…

- 73 NEW exemptions since July 2017
  - Historically, CPSBC averaged 43 per year
- 466% increase in registration via new online platform
- Network of 70 provincial preceptors across the province

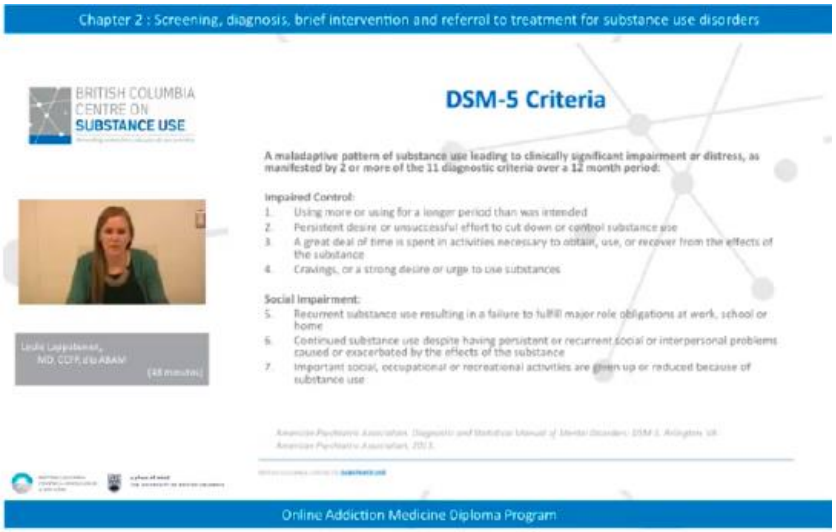
POATSP

Registrants by Profession (n=792, 687 from BC)	
Family Physician	27%
Specialist	5
Registered Nurse	10
Pharmacist	28
Nurse Practitioner	8
Other Allied Health	4
Other	17

Responses for Other: FP Resident, LPN, Resident, Medical Student, Student Nurse, MOA, Pharmacy Tech, Reg Psychiatric Nurse, Support/Social Worker, Addiction Counsellor, Addiction Medicine Fellow, Reg Pharm Tech

Registrants by Health Authority	
First Nations Health	3%
Fraser Health	14
Interior Health	13
Island Health	7
Northern Health	4
Providence Health Care	5
Provincial Health Services	5
Vancouver Coastal Health	21
N/A	28

Online Addiction Medicine Diploma Program

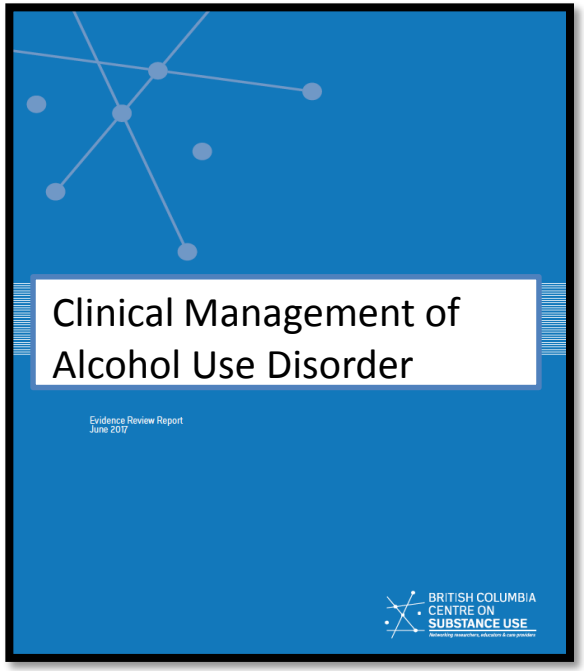


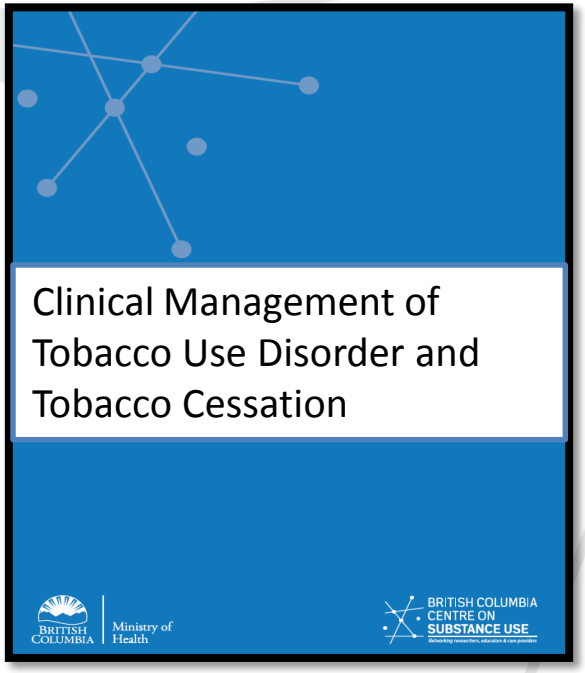
All Registrants by Profession (n=6616)

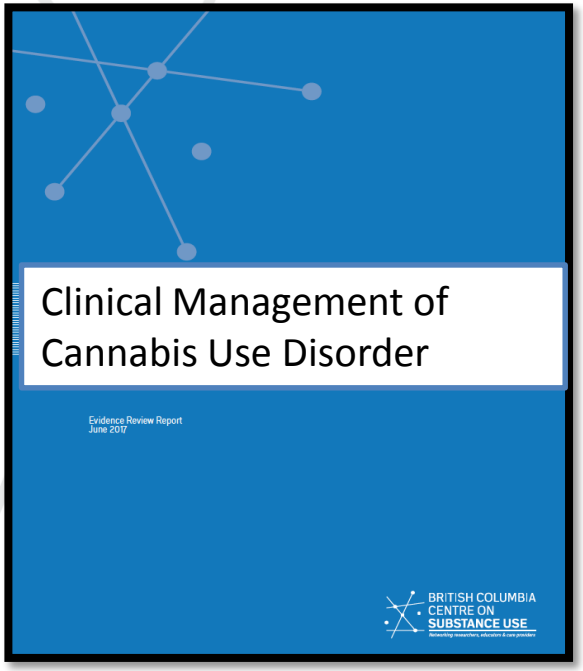
Family Physician	7%
Specialist	4
Resident/Student	6
Registered Nurse	23
Licensed Practical Nurse	7
Registered Psychiatric Nurse	5
Pharmacist	4
Nurse Practitioner	3
Counsellor	4
Social Worker	5
Other	32

265 Pharmacists across Canada

2018/2019 Clinical Guidelines







Discussion

- Opportunities for continued collaboration
  - Professional practice policies
  - ReadLinks blog posts
  - POATSP committee membership
  - OAT Medication shortages
  - Oral OUD Guideline update Feb 2019
  - OAT prescription pad
  - Partnering on additional health professions education
  - Upcoming guideline reviews
- Others?

Thank you!

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College of Pharmacists of British Columbia

BOARD MEETING
April 20, 2018

9. Strategic Plan 2020-2023 Task Groups

DECISION REQUIRED

Recommended Board Motion:

Appoint members to the Strategic Plan 2020-2023 Task Groups as circulated.

Purpose

To provide an update on planning for the Strategic Plan for the years 2020 to 2023 and to appoint members to the task groups for each goal theme.

Background

At the Board's Strategic Planning day, February 17, 2018, the Board reviewed background information about themes in pharmacy. Four strategic areas were identified and the Board members and College executive and Directors were divided into groups to do some initial planning around exploring those areas in depth.

Discussion

The four goal themes being explored and their members are:

- Practice Trends
  - Board Lead – Frank Lucarelli
  - Board - Ryan Hoag, Frank Lucarelli, Anar Dossa
  - Staff - Doreen Leong, David Pavan

- Professionalism in Pharmacy
  - Board Lead - Ming Chang
  - Board - Justin Thind
  - Staff - Bob Nakagawa, Mary O'Callaghan

- Best Pharmacy Practice
    - Board Lead - Christopher Szeman
    - Board- Arden Barry, Christopher Szeman, Jeremy Walden, Sorell Wellon
    - Staff - Gillian Vrooman

- HPA Modernization
    - Board Lead - Tara Oxford
    - Board - Mona Kwong, Tracey Hagkull
    - Staff - Ashifa Keshavji, Christine Paramonczyk

The scope being considered is included in the Next Steps document (Appendix 1).

The Task Groups will meet prior to each Board meeting to work on their specific area and then there will be an opportunity for all groups to come together to update the entire group on progress each time.

The goals and possible actions will be sufficiently defined in order to be ready to conduct a thorough engagement program beginning fall 2018.

Recommendation

To approve the task group membership as circulated.

Appendix	
1	Strategic Plan 2020-2023 Next Steps Summary

PANACEA
CANADA INC.

College of Pharmacists of British Columbia

Strategic Planning Brainstorm Retreat

February 17, 2018

Revised Report

Karen Graham

February 22, 2018

Contents

Participants

Board of Directors

Arden Barry
Ming Chang
Anar Dossa
Tracey Hagkull
Ryan Hoag
Mona Kwong
Frank Lucarelli
Tara Oxford
Christopher Szeman
Justin Thind
Jeremy Walden
Sorell Wellon

College Management Staff

Ashifa Keshavji
Doreen Leong
Bob Nakagawa
Mary O'Callaghan
Christine Paramonszyk
David Pavan
Gillian Vrooman

Introduction

On February 17, 2018, the CPBC Board of Directors and Senior Staff participated in a brainstorm meeting designed to accomplish the following objectives:

1. Begin to create the next strategic plan for CPBC, 2020/21 - 2022/23.
2. Agree on several high-level themes for further development, consultation and review.
3. Come to consensus on:
   - How best to structure the ensuing work, perhaps as Theme Working Groups
   - How the work in subsequent stages will be completed, with Board member leads for each Theme Working Group.

As a starting discussion, participants enumerated some of the things they most value about The College, including:

- The staff, from a Board Member perspective
- Dedication and passion
- Focus on public safety
- Privilege to self-govern
- Culture of doing the right thing
- Cohesiveness across College, Board and Committees; ability to collaborate
- Respect that The College has earned from registrants, stakeholders, public
- Sense of duty to advocate for public protection
- Effects change, gets results, e.g. MAiD, Methadone
- Communication tools and methods
- Business moves quickly, College is responsive to issues, nimble
- Right Touch approach to regulation
- Noble cause/Altruism

Strategic Themes

Broad List

Participants reflected on the Background Reading Document (Appendix A); a Consolidated List of Themes (Appendix B); a list of international initiatives gleaned from *Federation Internationale des Pharmaciens* (FIP) (Appendix C); and proposed the following strategic themes for consideration, in no particular order:

Strategic Theme	Possible Scope
Culturally Safe Care	Consider including Substance Use Disorder Broader than LGBTQ population
Branding	Include College name change, Awareness of Registered Technician integration and Assistants' roles
Primary Care Services	Access to Health Care Minor Ailments Pharmacist Role in Injections Technician integration and expanded role to enhance role of pharmacist; i.e. enhanced scopes of practice Pharmacy as a health care centre Wellness counselling Access to lab data
Practice Trends	Interjurisdictional practice Central fill
HPA Modernization	
Promote Evidence-Based Practice	Link to scope of practice /emerging models Link to standards and pharmacist prescribing Consider Substance Use Disorders
Medical Use of Cannabis	
Hospital Practice	
Inter/intra Professional Collaboration	Intra/inter professional collaboration Connecting across the HC continuum to bridge gaps in patient experience from hospital →community → residential care Discharge prescriptions Professional partnerships
Technology/Service Delivery Trends	
Best Practice	Internal pharmacy facing: Standards HPA Modernization External, patient-facing: Culturally safe care Code of ethics

Ranked List of Themes

The initial list of strategic themes was refined and ranked using a multivote exercise with the following results.

Strategic Theme	Possible Scope
1. Practice Trends (16 Votes)	▸ Interjurisdictional practice ▸ Central fill technology ▸ Point of care testing ▸ Integration of roles ▸ New and emerging models of service delivery
2. Professionalism in Pharmacy (10 Votes)	▸ Business versus profession ▸ E.g. tobacco, quotas, incentives, ▸ Privilege of being a professional is earned ▸ Professionalism extends 24/7
3. Pharmacy Care Optimization/ Optimized Roles of Registrants (1 vote) *Note: subsequent discussion came to consensus on the need to address this theme*	▸ Best clinical practice ▸ Evidence based care ▸ Best choice of drug for individual patients, including their informed consent ▸ Links to CPBC Vision: *Better Health through Pharmacy Excellence* ▸ Links to *Practice Trends Theme* ▸ Technician practice to full scope to enable pharmacist to practice to full scope ▸ Assistants' roles: may revisit previous work on this ▸ Uptake, use of full scopes; dependent on business and workflow
4. HPA Modernization (6 votes)	▸ Could consider this a tool but links to all other themes ▸ Links to Goal One in current Strategic Plan ▸ Standalone because large piece of work ▸ Foundational – not just a support for contemporary or current practice ▸ Consider impact of PODSA and HPA together
5. Primary Care (3 Votes)	▸ Pharmacy as health centre ▸ Minor ailments ▸ Injections ▸ Wellness ▸ Could be addressed under *Practice Trends Theme*
6. Professional Partnerships (2 votes)	▸ Inter/intra professional collaboration ▸ Address care gaps across continuum of care ▸ Links to *Professionalism Theme*
6. Culturally Safe Care (2 votes)	▸ LGBTQ, Indigenous, and other vulnerable populations ▸ Could link to *Professionalism Theme*
7. Substance Use Disorders (1 Vote)	▸ May link to *Practice Trends Theme*
Building Awareness of College Mandate (0 votes)	▸ Name change ▸ Registration ▸ Technician integration, Assistants' roles ▸ This was considered tactical/underway
Medical Use of Cannabis (0 votes)	

Theme Development

Participants selected the themes on which they preferred to work and broke into the resultant working groups. Following are descriptions of the draft work plans and approaches that were developed for each theme.

	1. Practice Trends	2. Professionalism in Pharmacy	3. Optimized Roles of Registrants	4. HPA Modernization
Working Group	Board Lead: TBD Board: Ryan, Frank, Staff: Doreen, David	Board Lead: Ming Board: Justin Staff: Bob, Mary	Board Lead: Chris Board: Arden, Sorell, Jeremy, Anar Staff: Gillian	Board Lead: Tara Board: Mona, Tracey Staff: Ashifa, Christine
Possible Scope of Theme	Interjurisdictional practice Central fill technology Point of care testing Integration of roles New and emerging models of service delivery	Business versus profession E.g. tobacco, quotas, incentives, Privilege of being a professional is earned Professionalism extends 24/7	Best clinical practice Evidence based care Best choice of drug for individual patients, including their informed consent Links to CPBC Vision: *Better Health through Pharmacy Excellence* Links to *Practice Trends Theme* Technician practice to full scope to enable pharmacist to practice to full scope Assistants' roles: may revisit previous work on this Uptake, use of full scopes; dependent on business and workflow	Links to all other themes Standalone because large piece of work Foundational – not just a support for contemporary or current practice Impact of PODSA and HPA together
Possible Scope of Engagement	Site Visits: McKesson, Safeway. Save-on Foods, London Drugs	Pharmacist, Technicians Academics Owners/head offices BCPhA CSHP BC Branch Pharmacy Technicians association of BC Patient groups: Seniors, First Nations	Pharmacists, Technicians, Hospital/Community Associations Other Health Care Professionals Other Board members Staff	Engage advisory committees including community, hospital, residential care Consider joint advisory committee

	1. Practice Trends	2. Professionalism in Pharmacy	3. Optimized Roles of Registrants	4. HPA Modernization
Work Plan	Monthly Teleconference possibly on Wednesdays Doreen/David – Staff Support	Teleconferences PRN – biweekly – monthly SharePoint portal	Teleconferences as needed Shared on line space to build /share material	In person Meetings: at/around Board Meetings Teleconferences in between Board Meetings April Board Meeting: initial discussion June Board Meeting: Go through collated information and initial themes Upload information to SharePoint September Board Meeting present to the board: what, who, how - *consulting*
Possible Approach	Environment Scan on emerging service delivery Focus groups/advisory committees Site Visits: McKesson, Safeway. Save-on Foods, London Drugs	April NS conference – members to attend conference Also, relevant work by Saskatchewan College of Pharmacy Professionals Review notes from previous discussions	Solidify theme Determine questions to ask Determine who to ask Identify research/resources	Historical and new information Linking data – enforcement, PRP
Next Steps	Agree to meeting schedule Staff resources to plan approach	First meeting 1st or 2nd week in March – when Ming is back Define and determine scope/draft TOR Conference Attendance – Nova Scotia and Saskatchewan	Expand working group to enhance capacity: include breadth of experience, practice sites invite guests: Board Members, staff, other	In person at April Board Meeting: initial discussion Internal staff to collate information initially

Concerns that Arose During Theme Working Group Discussions

Two broad concerns were expressed and discussed:

Concern One:
Composition of Group Three does not yet include:
(a) adequate numbers and
(b) needed backgrounds and practice experiences

Possible solutions:

- Combine with other groups
- Involve other staff, board members

Concern Two:
Working groups' efforts may be wasted if not aligned with overall Board direction

Possible Solutions:

- Another session to discuss themes in more detail
- Provide opportunity to comment on other groups' work
- Have two groups with two themes each
- Come back together as a board to prevent wasted work

General Next Steps

Participants reflected on the initial working group discussions and proposed the following general approaches for the working groups:

Activities

- Define theme scope
- Develop Terms of Reference
- Develop key questions and target groups to submit for an eight-week online engagement in October and November
- After eight-week engagement, feedback to be shared with working groups

Membership

- Working Groups can open to other people to supplement discussions e.g. guests: board, staff
- Consider committee overload

Board Reporting

- Carve time at board meetings to review progress
- Chair and Vice Chair to provide updates to Board
- Build in 1-page updates at board meetings

Appendix A: Background Reading

CPBC Strategic Planning Project
Brainstorm Session February 2018

Revised Background Reading

Karen Graham
January 29, 2018

Introduction

The College of Pharmacists of British Columbia (CPBC) is initiating its next strategic planning cycle and is holding a Board Retreat in February 2018 to launch the planning process. The planning retreat will be preceded by a status review and introductory session and will include Board Members, CPBC Executives and Directors.

Panacea Canada has been engaged to facilitate an Introduction to Strategic Planning session and a Strategic Planning Brainstorm Retreat, that engage the CPBC Board of Directors and set the stage for a successful strategic planning cycle.

The Introduction to Strategic Planning session will build on the Board's understanding of good governance and will position strategic planning as a key Board product and responsibility. It will clarify the strategic planning model, educate participants in the various elements of the plan and set the stage and tone for the strategic planning brainstorm retreat.

The objective of the subsequent one-day strategic planning retreat is to begin to create the next strategic plan for CPBC, 2020/21 - 2022/23. College Executives anticipate working within the framework provided by the College's existing Mission, Vision and Mandate. The retreat, designed to be a brainstorming session, and not a critical analysis nor a debate, will generate several high-level themes for further development, consultation and review. Examples of themes might include Health Promotion and Opioid Safety

As planning evolves over the coming months, The CPBC Board may also identify an over-riding theme or catchphrase that connotes the high-level intent of the strategic plan. For example, the 2017/18 - 2019/20 over-riding theme is *Organizational Excellence.*

Once themes are identified, participants will come to consensus on how best to structure the ensuing work, perhaps as Theme Committees. Participants will also come to agreement on how the work in subsequent stages will be completed, with Board members leading the Theme Committees.

Background Input from CPBC Board and Management

To gather background opinion as a starting point for the February Brainstorm Session, the following question was posed to CPBC Board members and Management staff:

What, in your view, are the top 2-3 strategic areas for The College to consider in focusing its resources in the coming five years or so?

> Strategic areas are broad in nature, and consider trends, initiatives and opportunities in the College's internal and external environments. Strategic Areas describe where the College might choose to allocate resources to accomplish goals and objectives. Two example strategic areas: health promotion; opioid safety.

Board Member Responses

Following are strategic areas suggested by CPBC Board members as possible priorities for discussion at the brainstorming retreat, presented below in no particular order.

Health Promotion

Strengthening Legislative/Regulatory Standards

Cannabis for Medical Use Regulations

Public Understanding/Awareness

- The College should focus on public safety by ensuring that the public understands what the role of the pharmacist and pharmacy technician is, and they should be asking for those services every time they see the pharmacist
- Opioid safety as it relates to public understanding/awareness

Organizational Health

- Financial, People, Culture
- Build internal culture

Safety and Enforcement around Pharmacy Services for Substance Users

- Consider the broad Opioid discussion and how pharmacists will work collaboratively with other health and social services to deal with the current concerns while at the same time building partnerships that will prepare us to effectively manage future social issues / crisis that impact the role of Pharmacists. i.e.: this year it is Opioids, next marijuana?
- Mainly, but not exclusively Methadone and the Downtown Eastside
- Opioid Safety
- Marijuana safety
- For the future: MDMA/Psilocybin

Integration of Pharmacy Technicians into Pharmacy Services

- to provide safer, more effective and efficient patient care.

Modernization of Pharmacy

- including electronic record retention and electronic prescribing

Medical Marijuana

- how community pharmacies handle it once approved by the federal government

Pharmacist Prescribing

- Pharmacist prescribing initiative: paramount to the pharmacy profession and also Public Safety
- Includes at the very least minor ailments
- Pharmacy is lagging behind the other provinces; surely the public safety argument is flawed if other provinces have it and there have been no major issues of pharmacist prescribed errors reported
- Pharmacists Collaborative Prescribing/Autonomous Prescribing: proposal already submitted but this should be on the mind still.
- Greater access to patient lab values for pharmacists

Promoting Evidence-Based or Best Practice

- To ensure patients are receiving care that is safe and effective, and is based on the medical literature and/or practice guidelines
- Current standards of practice are almost exclusively distribution-focused

- Consider global trends and best practices related to health care and services provided by Pharmacists.

Culturally Safe Care

- Pursue a declaration that supports the provision culturally safe care for LGTBQ patients.

Review Bylaws and Policies

- To ensure they are up to date and relevant to today's Pharmacy Practice.

Information technology in Pharmacy Practice

- IT infrastructure requirements - scanning prescriptions; autonomic process in initialing each step of the prescription, electronic prescribing,
- Software upgrades for EMR within pharmacy software to address collaborative prescribing

CPBC Branding

- What the College is about and what it is not, to future registrants, public, patients, colleagues.
- Registrants still think the Board/Council or the registrar can change a decision like in the past.
  not enough knowledge from the younger generation about what a College does - this was addressed in the last strategic planning session.
- College name change: It was moved in Sept. 2016 that the College of Pharmacist of BC change its name to The College of Pharmacy of BC.

Engagement: public, stakeholders, current, new and future registrants

- Build "brand" to ensure public confidence and trust, and respect from advocacy bodies and other regulators.
- Build relationships with key stakeholders.
- As pharmacy professionals retire, there may be a gap in leadership necessitating engagement from the younger and future registrants.

CPBC Management Responses

Following are strategic areas suggested by CPBC Management Staff as possible priorities for discussion at the brainstorming retreat, presented below in no particular order.

Impact of Technology on Profession of Pharmacy and the Challenges for Regulation

- Virtual prescribing,
- POC,
- Pharmacogenomics,
- Centralization of Pharmacy Services

Expanded Scope of Practice for Pharmacists

Opioid Crisis

Regulating New and Emerging Models of Community Pharmacy Service Delivery

- Such as interjurisdictional practice

On Line Engagement: Evolving Expectations for Online Customer Service from Patients and Registrants

- Need the ability to interact with organizations through social media and messaging functionality, evidenced by increased inquiries to the College by registrants and the public through social media comments and mentions (especially through Facebook) as well as through direct messages through Facebook messenger.
- Mobile accessibility of all information and resources will also be expected. Currently 50% or greater of the College's web content is accessed through mobile.
- Registrants and patients will expect the College to be able to connect with them and respond to inquiries easily through their favorite social media and messaging networks.
- The College will need to be prepared to meet these expectations through increasing capacity and improving processes for responding to inquiries through social media and messaging. This may involve greater integration between the College's Communications Department and social media tools and other departments, to respond to inquiries online and in time periods acceptable for customer service.
- Finding ways to engage with better and stay relevant to our registrants while working on the above

On Line Engagement - Patient Safety

- Expectations for connecting and engaging with patients.
- Resources both for patients as well as for registrants.
- Patient safety campaigns such as What Matters to You Day, Change Day and Canadian Patient Safety Week among others are asking for regulators and health professionals to build stronger connections and engage more with patients. The College will need to be prepared to meet these
- This will also help the College build more patient awareness of our role in protecting patient safety.
- With the increased accessibility of campaign tools, the College should also expect to see more grass roots campaigns from individual patients around issues like medication safety/errors and drug affordability challenges
- How patient safety ties into stigma and discrimination will also be important, such as through cultural safety and humility for First Nations, intercultural awareness, mental health and harm re-education. The education and communication efforts around other areas where stigma and discrimination are impacting patient care.

Continue with Current Strategic Plan Goals

- PODSA modernization,
- HPA modernization, and ensuring the College infrastructure, especially IT, is addressed.

Intra-Professional/ Inter-Professional Collaboration

- University is incorporating this in their curriculum and practical training, so it might be a timely topic.
- Opportunities for collaboration - within our profession (other Pharmacy Regulatory Authorities) and between professions (other provincial health regulators)

Regulatory Excellence

- This applies directly to our mandate - how do we do what is already within our scope well or better -
- Include a review and update as needed of all our current standards (policies, etc.) including gaps (central fill, compliance packaging) and upcoming ones like point of care testing, prescribing, e-health

Organizational Excellence

- This is internally facing - it applies to having the infrastructure, capacity and internal support (IT, HR etc.) to enable the College to meet its mandate
- Go for “gold certification” with Excellence Canada
- Continue with improving IT software and processes
- Improve business processes / workflow throughout the College

Major Social Media Themes from 2017

The following themes from CPBC's social media were mapped by CPBC's Gillian Vrooman, Jonathon Kwok and Jon Chen

Opioid Overdose Crisis

- Fentanyl Testing
- Naloxone
- Where to find it
- How to use it
- Not a replacement for giving breaths and calling 911
- SAVEME Protocols
- New Provincial Guidelines for Opioid Use Disorder
- Chronic Pain patients are concerned about access to pain medication
- How to help patients / friends and family members with opioid use disorder
- Stigma challenges
- Complaints around availability and funding for Naloxone before more funding for other treatments / drugs such as epi pens and other expensive meds
- Lack of understanding/ compassion / empathy for those with opioid use disorder

Cannabis

- Interest in upcoming Federal and Provincial changes
- Difference in position between NAPRA (Regulators) and pharmacy corporations and associations on involvement of pharmacists in dispensing medical cannabis

Organizational Awareness (who we are)

- Frequently mistaken for a college or university
- Many complaints / concerns / comments directed at us related to drug costs
- False expectations that we will advocate for pharmacy professionals

Access to Healthcare / Pharmacy Services

- Access issues related to Mifegymiso drug (recently brought into Canadian market)
- Concerns about affordability of drugs, cases of prohibitively expensive treatments not being covered in BC getting viral pickup online
- Concerns about access to pharmacy services in rural / remote areas and previous uncertainty re telepharmacies

Incentives

- Many members of the public continue to express disagreement with our prohibition on incentives for prescription and/or pharmacy services (http://www.bcpharmacists.org/prohibition-provision-incentives)

Medication Errors and Reporting

- Online Campaigns to improve medication error reporting (https://www.facebook.com/AndrewsAllies)

Workplace Pressures

- Increased concerns shared by registrants re workplace / workload pressures and their potential
- Hours
- Lack of breaks
- Pressure to complete # of dispenses
- Example of comments / sentiment: https://www.reddit.com/r/vancouver/comments/69z1lw/can_anyone_explain_the_legality_of_pharmacies_not/
- Requests from pharmacy professionals for the College do more to address workplace / workload pressures
- Concerns about adding any new services – lack of capacity to complete them safely
- Concerns / comments from patients about pharmacies being too busy, lack of consistency with same pharmacist at same pharmacy which impacts trust / relationship building

EPrescribing and Electronic Records

- Patients and registrants asking when prescribing will be available
- Patient expectations around access to their health information are increasing
- Patient concerns about the privacy and security of their health information is increasing

Labs

- Pharmacists highlight their need to access and order laboratory tests
- Pharmacists expressing concern about moving forward with pharmacist prescribing without the ability to access and order laboratory tests as part of follow up and ordering requirements

Pharmacist Prescribing

- Pharmacists and patients mentioning pharmacist prescribing as a way to address access to care challenges

College Registration and Licensing

- Increased questions from outside Canada on process for licensing in BC (IPG)
- Ongoing interest around the new Pharmacy Ownership Requirements
- Increased number of registrants reaching out through Facebook comments or Direct messages re issues with registration

Themes Identified from NAPRA and Pharmacy Regulatory Authority Websites

information below has been gleaned from available Annual Reports for NAPRA and the following PRAs. In some cases, the most recently available Annual Reports were from 2016. High-level descriptors for specific initiatives are found in the following pages.

	NAPRA	AB	MB	NB	NL	NS	ON	PE	SK
Opioid Crisis including Methadone, naloxone	✓	✓	✓	✓	✓	✓	✓	✓	✓
Scopes of Practice	✓	✓	✓		✓		✓	✓	✓
Pharmacy Compounding	✓		✓	✓		✓	✓	✓	✓
Medical Assistance in Dying (MAiD)		✓		✓	✓	✓	✓	✓	✓
Infection Control		✓							
Pharmacist Prescribing (Links to Scope of Practice)		✓							✓
Access to Mifegymiso			✓						
Immunization		✓	✓				✓	✓	✓
Access to lab results and/or point of care testing		✓	✓						
Registration of Technicians				✓					✓
Code of Ethics to guide Pharmacy Practice				✓		✓	✓	✓	
Medical Marihuana				✓					
Medication Incident Reporting							✓	✓	
Prevent Sexual Abuse by Health Care Professionals (HCPs)							✓		
Transparency							✓	✓	
Enhanced Inter-Professional Collaboration							✓		✓
Integrated Health Record						✓			
Rewards and Inducements for Prescriptions									✓
Nutritional and Dietary Products									✓
On-Line Pharmacies	✓								
Pharmacy Workforce Planning	✓								
Registered Wholesalers				✓					
Services for Newcomers, e.g. refugees						✓			
International Pharmacy Graduates (IPGs)	✓								

Notes:
Quebec's website is not available in English - consultant is not bilingue, malheureusement.
Territory websites did not make reference to ongoing areas of focus, specific initiatives

High Level Themes

Excerpted from NAPRA's Annual Report 2017

- Opioid Crisis
  - Naloxone hydrochloride injection and nasal spray were added to schedule II of the National Drug Schedules
  - Multi-organizational Joint Action Statement to Address the Opioid Crisis
- Scopes of Practice
  - Pharmacists Scope of Practice in Canadian Jurisdictions
  - National Pharmacy Technician Bridging Education Program
  - Pharmacy Technician Scope of Practice
- Pharmacists' Gateway Canada (International Pharmacy Graduates)
- Pharmacy Compounding
  - Model Standards for Sterile, Non-Sterile, Hazardous and Non-Hazardous compounding
- On-Line Pharmacies
  - Collaboration to identify online pharmacies and pharmacy-related websites as safe and legitimate
- Pharmacy Workforce Planning

Excerpted from Alberta College of Pharmacists Annual Report 2016-17

- Decriminalization of Medical Assistance in Dying (MAiD)
- Distribution of Alberta's Take-Home Naloxone kits in the wake of the opioid crisis
- Provision of pharmacy services for those displaced by the Fort McMurray wildfire.
- Standards for Sterile and Non-Sterile Compounding
- Guidelines to support infection control
- Point of Care Testing in pharmacy
- Expanded Scopes of Practice
  - begun modernizing the role statements for pharmacists and pharmacy technicians: a stepping stone to clarifying the expectations of individuals, health professionals, community agencies, and stakeholders who use, partner with, or are impacted by pharmacy services.
- Immunization program advocacy
- Pharmacist Prescribing

Excerpted from Manitoba College of Pharmacists Newsletters and Annual Report 2016

- Opioid Safety
- Compounding Sterile Preparations
- Mifegymiso
- Expanded Scopes of Practice
- Injections and Immunization
- Implement pharmacist test ordering authority in community practice.

Excerpted from New Brunswick College of Pharmacists Annual Report 2016

- Registration of Technicians
- Code of Ethics to guide Pharmacist decision making
- MAID
- Medical Marijuana
- Naloxone
- Compounding
- Methadone
- Roster of Registered Wholesalers

Excerpted from Newfoundland and Labrador Pharmacy Board Annual Report 2016

- MAID
- Opioid safety
- Scopes of Practice

Excerpted from Nova Scotia Annual Report 2016

- MAID
- Opioid OD
- Methadone
- Ethical Practice
- Compounding
- Integrated Health Care - medical record
- Challenges providing care to newcomers from other cultures g. Syrian Refugees)

Excerpted from Ontario College of Pharmacists Annual Report 2016

- Opioid use,
- mandatory medication error reporting,
- optimizing the role of pharmacy professionals to practice to scope, expanding scope,
- medical assistance in dying,
- seek out ways to prevent the sexual abuse of patients by healthcare professionals.
- encouraging increased inter-professional relationships
- Code of ethics for RPH and RT
- Increasing transparency
- Compounding
- vaccines

Excerpted from PEI Annual Report 2017

- Transparency
- MAID
- Naloxone
- Compounding
- Medication Incident reporting
- Opioid use and mis-use
- Scope of practice
- Ethics

Ordre de Pharmaciens du Quebec

Seulement en français

Excerpted from Saskatchewan College of Pharmacy Professionals Annual Report 2016

- Regulated/licensed pharmacy technicians: independent and defined scope of practice with title protection.
- Pharmacists' ability to administer drugs by injection and other routes
- Pharmacists to order, access and use medical laboratory tests, and conduct point-of-care testing.
- Preventing prescription drug abuse: the non-prescription availability of naloxone
- Banning rewards and inducements on the purchase of prescriptions
- Include patient self-care within the prescriptive authority for minor ailments category
- MAID
- Position statement with Saskatchewan Dieticians Association (SDA) respecting nutritional and dietary products
- Approved in principle, the NAPRA model compounding standards; implementation strategy to follow
- Primary Care initiatives e.g.:
    - strategies to incorporate pharmacists in Chronic Disease Management Quality Improvement Project (CDM-QIP)
    - Models of teamwork

Appendix B: Consolidated List of Strategic Areas

Consolidated List of Strategic Areas *(in no particular order)*

1. **Cannabis for Medical Use Regulations**
2. **CPBC Branding:** Name Change; Public Understanding/Awareness of College Role; Engagement of: public, stakeholders, current, new and future registrants
3. **Pharmacy Services for Substance Users** - Safety and Enforcement - Opioids, Marijuana, MDMA, Psilocybin
4. **Integration of Pharmacy Technicians** into Pharmacy Services
5. **New and Emerging Models of Pharmacy Service Delivery**: electronic health records and electronic/virtual prescribing; Pharmacogenomics; centralization of pharmacy services; interjurisdictional practice
6. **Promoting Evidence-Based or Best Practice**
7. **Culturally Safe Care** - LGBTQ patients
8. **On line engagement re: customer service** for patients and registrants
9. **On line engagement re: patient safety**
10. **Intra-Professional/ Inter-Professional Collaboration**
11. **Access to Healthcare / Pharmacy Services:** Mifegymiso drug; affordability of drugs, access to pharmacy services in rural / remote areas, previous uncertainty re telepharmacies
12. **Health Promotion** (not clear what's included)

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Strategic Areas Excluded

Already Being Addressed

1. **Pharmacist Prescribing**
2. **Expanded Scope of Practice** for Pharmacists
3. **Access to Lab data** and ability to order lab tests/Point of Care testing
4. **Regulatory Excellence** - Strengthening Legislative/Regulatory Standards: Review Bylaws and Policies: PODSA modernization, HPA modernization; address College infrastructure, especially IT
5. **Organizational Health / Excellence**: having the needed culture, infrastructure, capacity and internal support (IT, HR etc.); go for "gold certification" with Excellence Canada; Improve business processes / workflow throughout the College
6. **Medication Errors and Reporting**: Online Campaigns to improve medication error reporting
7. **Incentives**: public disagreement with prohibition on incentives
8. **On line inquiries** about College Registration and Licensing: IPG Inquiries; new Pharmacy Ownership Requirements; issues with registration
9. **Pharmacy Compounding**
10. **Medical Assistance in Dying**
11. **Immunization**
12. **Code of Ethics** to Guide Pharmacy Practice
13. **Prevent Sexual Abuse** by Health Care professionals
14. **Transparency**

Excluded from PRA/NAPRA Strategic Areas

- Nutritional and Dietary Products (Reflects unique SK Academic Structure)
- Services for Newcomers (Syria Refugees - only a focus in NS)
- Registered Wholesalers (Only a focus in NB)
- Pharmacy Workforce Planning (National Focus - NAPRA)
- Infection Control (Only focus is in AB)

Outside of CPBC Scope

- Workplace Pressures: lack of capacity, safety issues

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Appendix C: List of Themes Gleaned from *Federation Internationale des Pharmaciens* (FIP)

Strategic Areas to Consider from FIP

(Bob's Discussion Luc Besançon, former chief executive of the *Federation Internationale des Pharmaciens -FIP*)

1. Minor Ailments:
   - Primary Care in a Capitation Model (UK) (Patients register with pharmacy of their choice to receive services)
   - MD/Pharmacist collaboration (Switzerland and UK)
2. Regulating opening hours across communities
3. Focus on health promotion/disease prevention (UK)
   - Ross Tsuyuki example: early identification of patients with Chronic Kidney Disease
   - Public Heath Campaigns
   - Pharmacist availability to provide advice to patients who are healthy to stay healthy
4. Pharmacogenomics: drug dosing services
5. Focus on pharmacist management for specific diseases:
   - Asthma, Anticoagulant dosing, Hypertension, Diabetes clinics
6. Sports Medicine
7. Point of Care testing:
   - HIV/AIDs, Electrolytes, Lipids
8. Cancer Chemotherapy infusion via RN in Community Pharmacy
   - Products compounded in hospitals
   - Pharmacy as easily accessible health centre
9. Colon Cancer Screening
10. Home delivery with discussion/consultation (Italy)
    - in home or by phone
11. Adherence protocols (Finland)
12. Antimicrobial stewardship,
    - e.g. Do bugs need drugs?
13. HIV/AIDS involvement (Spain)
14. Substance use disorder services: (Portugal)
    - e.g. needle exchanges
15. Monitoring Wholesale distribution of narcotics
    - versus volumes prescribed to identify signal leaks
16. Evidence based prescribing (Australia)
    - pharmacy based academic detailers

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