College of Pharmacists of British Columbia

Board Meeting
June 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, 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
Jenah Alibhai, Pharmacy Undergraduate Society Academics, Vice-President

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1. **WELCOME & CALL TO ORDER**
   Chair Kwong called the meeting to order at 9:04am on June 15, 2018.

2. CONSENT AGENDA

a) Items for further discussion

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

b) Approval of Consent Items (Appendix 1)

It was moved and seconded that the Board:

Approve the Consent Agenda as circulated.

CARRIED

3. CONFIRMATION OF AGENDA (Appendix 2)

It was moved and seconded that the Board:

Approve the June 15, 2018 Draft Board Meeting Agenda as circulated.

CARRIED

4. AUDITOR'S REPORT

Kristine Simpson, Auditor from BDO Canada reported on the results of the financial statement audit for fiscal year 2017/18.

It was moved and seconded that the Board:

Approve the audited financial statements for fiscal year 2017/18 as presented.

5. COMMITTEE UPDATES

a) Governance Committee

Arden Barry, Chair of the Governance Committee reported that the Committee met on June 12, 2018 to review and provide feedback on the revised Board Reference and Policy document which will be brought for approval at the next Board meeting.

b) Hospital Pharmacy Advisory Committee

Arden Barry, Chair of the Hospital Pharmacy Advisory Committee reported that the Committee has not met since the last Board meeting in April 2018.

c) Inquiry Committee

Ming Chang, Chair of the Inquiry Committee reported that from March to April 2018, the Committee met once in person and 7 times via teleconferences. The Committee reviewed and disposed a total of 43 files. These numbers are all comparable to previous years.

d) Practice Review Committee

Tracey Hagkull, Chair of the Practice Review Committee reported that the Committee met on May 15, 2018 via teleconference to discuss about how the Committee will be presenting data from this past year to the Board in September. The Committee also made a minor change to the Practice Review Committee Risk Register to keep it consistent with the College's Risk Register. The Committee accepted the Hospital Pharmacy Advisory Committee's recommendation on Professional Practice Policy 65 Narcotic Counts and Reconciliations.

e) Audit and Finance Committee

Frank Lucarelli, Vice-Chair of the Audit and Finance Committee, provided an update under item 13a of the regular agenda.

f) Quality Assurance Committee

Frank Lucarelli, Chair of the Quality Assurance Committee, provided an update under item 13a of the regular agenda.

g) Community Pharmacy Advisory Committee

Tara Oxford, Chair of the Community Pharmacy Advisory Committee reported that the Committee has not met since the last Board meeting in April 2018.

h) Jurisprudence Examination Subcommittee

Christopher Szeman, Chair of the Jurisprudence Examination Subcommittee reported that the Committee has not met since the last Board meeting in April 2018 but will meet the following week to review the June 4, 2018 examination results.

i) Discipline Committee

Jeremy Walden, Chair of the Discipline Committee, provided an update under item 6a of the regular agenda.

j) Legislation Review Committee

Jeremy Walden, Chair of the Legislation Review Committee, provided an update under item 6a of the regular agenda.

k) Registration Committee

Jeremy Walden, Chair of the Registration Committee, provided an update under item 6a of the regular agenda.

l) Application Committee

Sorell Wellon, Chair of the Application Committee, reported a panel has been set up for an upcoming meeting. She will be providing an update at the next Board meeting.

m) Ethics Advisory Committee

Sorell Wellon, Chair of the Ethics Advisory Committee reported that the Committee met on May 9, 2018 via teleconference and welcomed two new members Dr. Alan Low and Audra Spielman. The Committee approved the Patient Relationship Document and have sent the document to the College's Policy and Legislation Department for review and to prepare for filing. The document will be brought to the Board at the September Board meeting for approval.

n) Residential Care Advisory Committee

Sorell Wellon, Residential Care Advisory Committee reported that the Committee has not met since the last Board meeting in April 2018.

o) Drug Administration Committee

Doreen Leong, staff resource to the committee reported that the Committee has not met since the last Board meeting in April 2018. Through the consent agenda of this Board meeting, the Board approved and appointed a Chair for the Committee. The Committee will meet in the summer and subsequently in early fall to review the standards, limits and conditions and make recommendations to the Board to allow Pharmacists to expand their scope to administer non-vaccine medications via injection.

6. LEGISLATION REVIEW COMMITTEE (Appendix 3)

Jeremy Walden, Chair of the Legislation Review Committee presented.

a) Committee Update

Discipline Committee

Jeremy Walden, Chair of the Discipline Committee, reported that there are two ongoing Discipline files being reviewed by the Committee.

Registration Committee

Jeremy Walden, Chair of the Registration Committee, reported that the Committee has not met since the last Board meeting in April 2018. Next in-person meeting has been scheduled for July 25, 2018.

Legislation Review Committee

Jeremy Walden, Chair of the Legislation Review Committee, reported that the Committee met on May 16, 2018.

b) Drug Schedules Regulation – Amendments

It was moved and seconded that the Board:

Approve the following resolution to improve alignment of the drug scheduling in the Drug Schedules Regulation with the National Drug Schedules, the Prescription Drug List made under the Food and Drugs Act, and the Schedules to the Controlled Drugs and Substances Act (Canada).

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

CARRIED

c) Policy on Injectable Opioid Agonist Treatment (PPP-67)

It was moved and seconded that the Board:

Motion 1:

Approve Professional Practice Policy (PPP) 67 Injectable Opioid Agonist Treatment, to be effective on September 1, 2018.

Motion 2:

Approve the following new PPP 67 Policy Guide, to be effective on September 1, 2018:

- *PPP 67 Policy Guide – Injectable Hydromorphone Maintenance Treatment (2018)*

CARRIED

IN CAMERA – LEGAL ADVICE
Chair Kwong excused all staff present from the meeting for a Board in camera discussion.

7. PHARMACY MANAGER EDUCATION (Appendix 4)

Jeremy Walden, Chair of the Legislation Review Committee presented.

It was moved and seconded that the Board:

Approve the following resolution:

"RESOLVED THAT the Board of the College of Pharmacists of BC approves Professional Practice Policy 69 - Pharmacy Manager Education, as circulated, to be effective September 1, 2018."

CARRIED

8. PEOPLE WHO USE DRUGS ARE REAL PEOPLE: TACKLING STIGMA THROUGH SOCIAL MARKETING (Appendix 5)

Regan Hansen, Director of the Partnerships and Engagement Branch, Ministry of Mental Health and Addictions presented on the Stop Overdose Campaign, a campaign aimed at destigmatizing people who use drugs and empowering people to influence and reach out to those who are at risk.

9. LEARN HOW TO SAVE A LIFE WITH NALOXONE (Appendix 6)

Gillian Vrooman, Director of Communications & Engagement presented on the College's response to the opioid crisis through the launch of the Naloxone Campaign, an ongoing campaign aimed at building awareness on how to use Naloxone to save a life.

10. PRIME PROJECT UPDATE (Appendix 7)

Heidi Giesbrecht, Project Director with the Strategic Projects Branch of the Health Sector Information Management/Information Technology Division of the BC Ministry of Health and Nelson Lah, Business Consultant with the Pharmaceutical Services Division of the BC Ministry of Health presented an update on the PharmaNet Revisions for Information Management Enhancements. They've outlined in their presentation the new requirements for how access to PharmaNet is granted and managed, the key drivers and benefits to the project and how College members are impacted through this implementation.

11. PHARMACEUTICAL SERVICES DIVISION STRATEGIC & OPERATIONAL PLAN 2018/19 – 2020/21 (Appendix 8)

Mitch Moneo, Assistant Deputy Minister of Health provided an overview of the Pharmaceutical Services Division's strategic and operational framework, goals, objectives and strategies.

12. INTEGRATING PHARMACISTS INTO THE BC MINISTRY OF HEALTH PATIENT MEDICAL HOME MODEL (Appendix 9)

Peter Zed, Professor, Associate Dean, Practice Innovation, Faculty of Pharmaceutical Sciences, Associate Member, Department of Emergency Medicine, Faculty of Medicine provided an overview of the BC Ministry of Health Primary Care initiative, which include the addition of 50 new clinical Pharmacists as part of the new primacy care network teams around the province.

13. AUDIT AND FINANCE COMMITTEE AND QUALITY ASSURANCE COMMITTEE

a) Committee Update

Audit and Finance Committee

Frank Lucarelli, Vice-Chair of the Audit and Finance Committee, reported that the Committee met before the Board meeting with Kristine Simpson, auditor from BDO Canada to discuss about the audit results. It is reported that there are no discrepancies, the College is on track with its budget and running on an intended deficit.

Quality Assurance Committee

Frank Lucarelli, Chair of the Quality Assurance Committee, reported on the soft launch of the PDAP Mobile application on the Apple and Android platforms. It is reported that there were a few downloads and the next steps for the Committee is to conduct a targeted launch.

b) PDAP Mobile Launch (Appendix 10)

Frank Lucarelli, Chair of the Quality Assurance Committee presented a walk through on how to use the PDAP Mobile application to allow Registrants to upload their continuing education via their mobile phones.

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14. LAUNCH OF NEW COLLEGE STRATEGIC PLAN SITE (Appendix 11)

Gillian Vrooman, Director of Communications & Engagement presented on the upcoming launch of the College's new website for posting information regarding the College's Strategic Plan. The website will be more mobile friendly and will include the College's vision and mission and strategic goals.

15. COLLEGE 2017/18 ANNUAL REPORT (Appendix 12)

Gillian Vrooman, Director of Communications & Engagement presented on the College's new annual report website which will include highlights from the past fiscal year and provide information on where a project is currently at.

16. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA

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

ADJOURNMENT

Chair Kwong adjourned the meeting at 3:27pm on June 15, 2018.

College of Pharmacists of British Columbia

BOARD MEETING
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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 June 2018
    c. Current Strategic Plan Update
    d. Action Items & Business Arising
iii. April 20, 2018 Draft Board Meeting Minutes **[DECISION]**
iv. Committee Updates (Links to Minutes)
v. Audit & Finance Committee – Finance Report – February Financials
vi. Practice Review Committee: Phase 1 and 2 Update
vii. May 3, 2018 Board Resolution Minutes **[DECISION]**
viii. Membership Appointment – Governance Committee **[DECISION]**
ix. Appointment of Chair – Drug Administration Committee **[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 the previous Board Meeting (April 2018) as chair, I have been involved in the following activities as Board Chair:

General Administration

- Communications for 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

- NAPRA Annual Meeting of Members – attended one day (new approach to include and connect all provincial regulatory board chairs/presidents to share knowledge and common regulatory issues)
- May trip
    - Attended World Health Professions Regulation Conference
    - Met with Pharmacy Colleagues at ANF (Associacao Nacional das Farmacias) to understand pharmacy services for substance use disorders
    - Presented (with Registrar) at ANF on publicly and privately pharmacy services in Canada, naloxone deregulation, opioid crisis, ownership requirements, DrugSafeBC, Pharmacist Prescribing, Practice Reviews and Cultural Safety and Humility
    - Met with Director of SICAD in Portugal (General Directorate for Intervention on Addictive Behaviours and Dependencies) to understand context of regulatory and public health approach for reduction of use of psychoactive substances, prevention of addictive behaviour and the decreasing of dependencies
    - Field visit to a SICAD mobile unit truck post for methadone, Tb testing, bloodwork, medication management services, needle exchange/safe injection practices
    - Field visit to community pharmacy to understand their role in substance use disorders
- Attended CPhA conference
    - Met with CPhA and PharmaPOD to understand approach for Mandatory Error Reporting in Ontario

Committee/Group Involvement

- Governance Committee
- Legislation Review Committee
- Registrar Evaluation Task Group and Process Rollout

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

College of Pharmacists
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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)

May 18, 2018 by Mary O'Callaghan

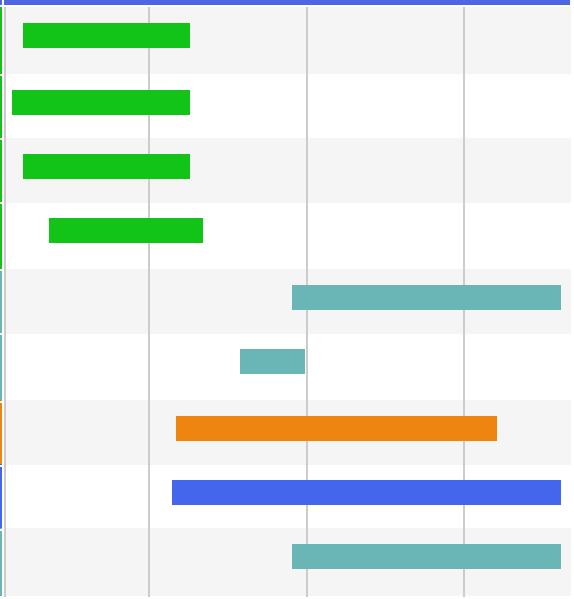
39
ACTION ITEMS

53%
ACTION ITEM COMPLETION

COLLEGE OF BC PHARMACISTS PLAN

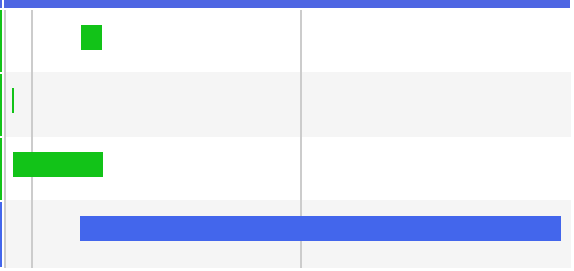
LEGISLATIVE STANDARDS & MODERNIZATION

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	100% -
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 2020	Director of Policy and Legislation	0% 10% behind
• Streamline business processes by 31st Aug 2020	Chief Operating Officer	0% 9% behind
• Complete communications and engagement activities (PODSA 2) by 31st Aug 2020	Director of Communications	0% -



PROFESSIONAL EXCELLENCE

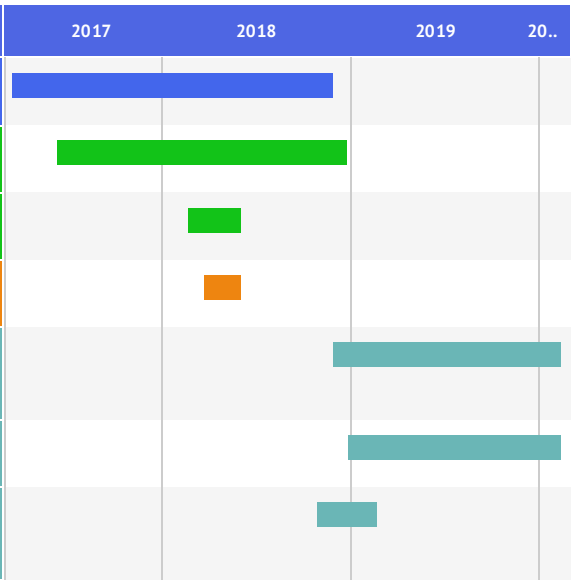
Action Item	Owner	Current Completion
Implement Hospital PRP by 1st Apr 2017	Director PR & QA	100% -
• Develop Hospital PRP program by 26th Nov 2016	Director PR & QA	100% -
• Launch Hospital PRP program by 3rd Apr 2017	Director PR & QA	100% -
Complete Implementation of Methadone Action Plan by 31st Dec 2018	Deputy Registrar	98% 32% 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% 46% ahead	
• Manage inspections by 31st Dec 2018	Deputy Registrar	100% -	

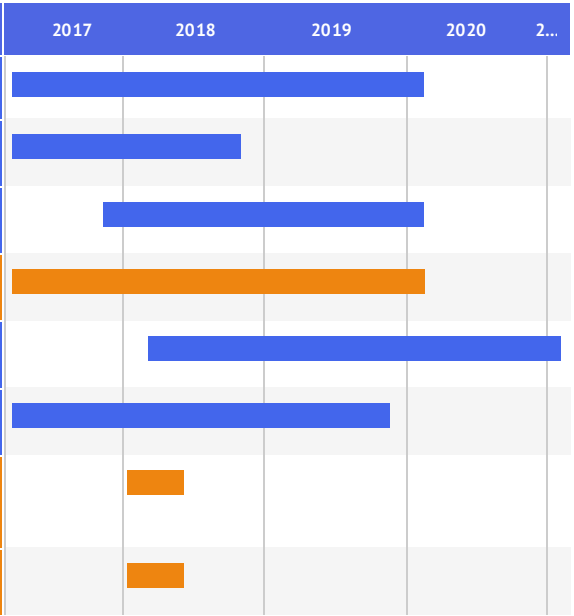
DRUG THERAPY ACCESS & MONITORING

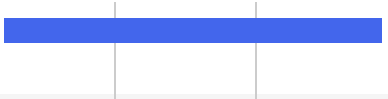
Action Item	Owner	Current Completion
Recommend to the Minister of Health that pharmacists be granted the authority to prescribe by 30th Nov 2018	Director of Registration, Licensure & Pharmanet	90% 1% ahead
• Develop framework/proposal for pharmacist prescribing for submission to the Minister of Health 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	30% 52% 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% -
• 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	35% 5% behind
• Implement IT updates required by PODSA Modernization (Phase 1) by 31st Oct 2018	Chief Operating Officer	85% 12% ahead
• Implement IT Department organization, processes and procedures by 29th Feb 2020	Chief Operating Officer	26% 3% ahead
• Implement Enterprise Content Management system by 29th Feb 2020	Chief Operating Officer	20% 20% behind
• Enhance public safety through ensuring Practice Review Program systems needs are addressed by 28th Feb 2021	Chief Operating Officer	10% 3% ahead
Enhance organizational best practices to obtain silver certification from Excellence Canada by 29th Nov 2019	Chief Operating Officer	60% 16% ahead
• Develop human resources / wellness policies and procedures (plans or guidelines) required to attain Silver certification by 1st Jun 2018	Chief Operating Officer	80% 11% behind
• Develop Governance and Leadership policies and success indicators required to attain Silver certification by 1st Jun 2018	Chief Operating Officer	75% 16% behind



• Develop organizational policies and procedures (plans or guidelines) required to attain Silver certification by 29th Nov 2019	Chief Operating Officer	35% 9% behind	
• Define customer segments and develop a customer experience plan, including key partners by 1st Jun 2018	Chief Operating Officer	80% 11% behind	
• Develop a methodology for regularly identifying and capturing key processes, including Project Management, Change Management and Procurement by 1st Jun 2018	Chief Operating Officer	70% 21% 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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2.b.ii. Registrar's Update
d) Action Items & Business Arising

INFORMATION ONLY

	MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS UPDATE
1.	Motion: Pursue officially changing the name of the College of Pharmacists of British Columbia to the College of Pharmacy of British Columbia. **Status: Awaiting meeting with the Ministry of Health.**	09-2016	IN PROGRESS
2.	Motion: Direct the Registrar to develop a proposal for pharmacist prescribing within collaborative practice settings – based on the amended Draft Framework and results of the stakeholder engagement – to be brought to the Board for approval to submit to the Minister of Health for consideration. **Status: Please refer to action item #7**	11-2016	COMPLETED
3.	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. **Status: Recommended implementation plan has been communicated to registrants. College staff will bring forward a proposed motion for the Board's consideration, to officially adopt the Standards, closer to the May 2021 effective date.**	04-2017	IN PROGRESS
4.	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. **Status: Research and analysis will begin in summer 2018, in accordance with the College's Legislation Operational Plan.**	06-2017	IN PROGRESS

	MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS UPDATE
5.	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. **Status: Community Pharmacy Managers Training program to be brought to the June 2018 Board meeting.**	06-2017	IN PROGRESS
6.	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. **Status: Research and analysis will begin in summer 2018; briefing note and decision to be brought to the November 2018 Board meeting.**	11-2017	IN PROGRESS
7.	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. **Status: Awaiting meeting with the Ministry of Health.**	11-2017	IN PROGRESS
8.	Motion: (1) Direct the Registrar to explore the development of new requirements for the security of information in local pharmacy computer systems; (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." **Status: The Ministry of Health is currently working on the PharmaNet Professional and Software Conformance Standards and will communicate with the Deputy Registrar as the project progresses. CPBC E-record keeping bylaws will create a baseline for software requirements at community pharmacies.**	02-2018	IN PROGRESS
9.	Motion: Direct the Registrar to negotiate a five-year contract for IT Managed Services with the successful company from the competitive bid process. **Status: Contract negotiated with Tecnet and the switch from Xyfon to Tecnet should "go-live" on June 1, 2018**	02-2018	COMPLETE

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2.b.iii. April 20, 2018 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

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

Appendix	
1	http://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Meeting_Minutes-20180420.pdf

College of Pharmacists of British Columbia

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	Audit and Finance Committee Meeting Minutes
2	Discipline Committee Update
3	Ethics Advisory Committee Meeting Minutes
4	Inquiry Committee Update
5	Practice Review Committee Meeting Minutes

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2.b.v. Audit and Finance Committee – Finance Report – February Financials

INFORMATION ONLY

Purpose

To report on the highlights of the February 2018 financial reports (unaudited).

Background

The February 2018 financial reports reflect **twelve 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. At the time of writing, the auditors were reviewing the College's financial records and did not anticipate any significant changes.

Statement of Financial Position

The College's cash position is well funded to meet payables with a balance of over $1,352,000. Investments at the end of January totalled more than $5.6 million. Payables and accruals amount to the usual $622,000, so are well-funded by the cash balance.

Revenue

Licensure revenues remained 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 $550,000.

Expenses

Total Year to Date Actual expenditures are under budget by just over $550,000. As revenues are under budget, we have been 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	803,200	840,849	Unbudgeted Board consulting projects. Mostly offset by gapping, lower committee travel costs.
Finance and Administration	3,258,059	3,282,441	IT project priorities changed due to PODSA ownership requirements. Added a contractor to assist with completing project.
Grant distribution	188,240	144,700	Waiting for progress report for a grant. Received in May 2018.
Registration & Licensure	1,003,616	995,225	Higher consulting costs offset by lower payroll costs.
Quality Assurance	59,150	49,760	Committee expenses lower than anticipated.
Practice Review	1,423,425	1,325,934	Salaries and travel are under budget.
Complaints Resolution	1,591,574	1,269,938	Salaries due to gapping and legal / consulting fees due to timing.
Policy and Legislation	474,314	410,366	Salaries under budget
Public Engagement	392,975	364,992	Some planned activities delayed due to changing priorities.
Amortization	400,014	359,894	Timing – re IT development projects.
Total Expenses	9,594,566	9,044,098	

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 February 28, 2018

ASSETS	
Cash and Cash Equivalents	1,352,336
Investments	5,650,247
Receivables	63,000
Prepaid Expense and Deposits	143,266
Current Assets	7,208,849
Investments in College Place Joint Venture	1,572,837
Development Costs	484,343
Property & Equipment	624,274
Non-current Assets	2,681,454
Total Assets	**9,890,303**

LIABILITIES AND NET ASSETS	
Payables and Accruals	622,062
Capital Lease Obligations (Current)	26,548
Deferred Revenue	4,371,926
Deferred Contributions	170,711
Total Liabilities	5,191,248
Total Net Assets	4,699,055
Total Liabilites and Net Assets	**9,890,303**

College of Pharmacists of BC
Statement of Revenue and Expenses
For the 12 months ended February 28, 2018

	Budget 2017/18	Actual 2017/18	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Licensure revenue	6,909,960	6,802,866	(107,094)	(2%)
Non-licensure revenue	1,334,110	1,210,584	(123,527)	(9%)
Transfer from Balance Sheet	1,350,496	1,030,648	(319,847)	(24%)
Total Revenue	**9,594,566**	**9,044,098**	**(550,468)**	(6%)
Total Expenses Before Amortization	9,194,552	8,684,204	510,348	6%
Amortization	400,014	359,894	40,120	10%
Total Expenses Including Amortization	**9,594,566**	**9,044,098**	**550,468**	6%
Net Surplus of revenue over expenses after amortization	-	-	-	

College of Pharmacists of BC
Statement of Revenue
For the 12 months ended February 28, 2018

	Budget 2017/18	Actual 2017/18	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Licensure revenue				
Pharmacy fees	2,508,280	2,563,578	55,298	2%
Pharmacists fees	3,682,229	3,612,656	(69,573)	(2%)
Technician fees	719,451	626,632	(92,819)	(13%)
	6,909,960	6,802,866	(107,094)	(2%)
Non-licensure revenue				
Other revenue	879,882	764,196	(115,687)	(13%)
Grant Revenue	111,450	71,487	(39,963)	(36%)
Investment income	92,778	134,901	42,123	45%
College Place joint venture income	250,000	240,000	(10,000)	(4%)
	1,334,110	1,210,584	(123,527)	(9%)
Transfer from Balance Sheet	1,350,496	1,030,648	(319,847)	(24%)
Total Revenue	**9,594,566**	**9,044,098**	**(550,468)**	(6%)

College of Pharmacists of BC
Statement of Expenses
For the 12 months ended February 28, 2018

	Budget 2017/18	Actual 2017/18	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Expenses				
Board and Registrar's Office	803,200	840,849	(37,649)	(5%)
Finance and Administration	3,258,059	3,282,441	(24,382)	(1%)
Grant Distribution	188,240	144,700	43,540	23%
Registration, Licensure and Pharmanet	1,003,616	995,225	8,391	1%
Quality Assurance	59,150	49,760	9,390	16%
Practice Reviews	1,423,425	1,325,934	97,491	7%
Complaints Resolution	1,591,574	1,269,938	321,636	20%
Policy and Legislation	474,314	410,366	63,947	13%
Public Engagement	392,975	364,992	27,983	7%
Total Expenses Before Amortization	9,194,552	8,684,204	510,348	6%
Amortization	400,014	359,894	40,120	10%
Total Expenses Including Amortization	**9,594,566**	**9,044,098**	**550,468**	6%

College of Pharmacists of British Columbia

BOARD MEETING
June 15, 2018

2.b.vi. 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
• Completed coordinator training
• Drafting fiscal year reports:
  ○ Data Report
  ○ Registrant Feedback Report
• Initial stages of determining impact of the new Pharmacy Operations and Drug Scheduling Act (PODSA) on PRP
• Monitoring the Risk Register and updating as needed
	General
	• Finalize 2017/18 Fiscal Year Reports for presentation to the Board at the September 2018 meeting
	  ○ Review Data
	  ○ Registrant Feedback Survey
	• PODSA impact on PRP
	  ○ Scope requirements, resources, and timelines
	  ○ Develop business case for IT
	• Continue to monitor the Risk Register and make updates as needed

Phase 1 – Community Practice • Conducted April and May reviews • Scheduled June and July reviews • Updated prioritization of reviews policy to include newly opened pharmacies • Incorporated new yearly targets (Appendix 1) • Implement review form for Residential Care services ○ IT fixing Question Bank module to enable addition of review services	Phase 1 – Community Practice • Schedule pharmacies for August reviews • Implement review form for Residential Care services once IT fix of Question Bank module is complete • Develop Release 2 of Phase 1: telepharmacy, central fill, packaging, compounding and other ancillary forms based on Board direction and resources
Phase 2 – Hospital Practice • Conducted April and May reviews • Scheduled June reviews • Selected pharmacies for July to October reviews • Incorporated yearly target based on first year's stats (Appendix 2)	Phase 2 – Hospital Practice • Schedule pharmacies for July to October reviews • Continue to monitor and adjust policies and processes as needed

College of Pharmacists of British Columbia

BOARD MEETING
June 15, 2018

Communications / Stakeholder Stream:

Update	Next Steps
Phase 1 – Community Practice • Released new PRP Insights article (Appendix 3)	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 prioritize pharmacies/ registrants for reviews as per requests from the Complaints and Investigations department • Continue to work with Complaints and Investigations Department to review selected pharmacies (to prevent overlap) • Continue to share PRP information as needed

IT Stream:

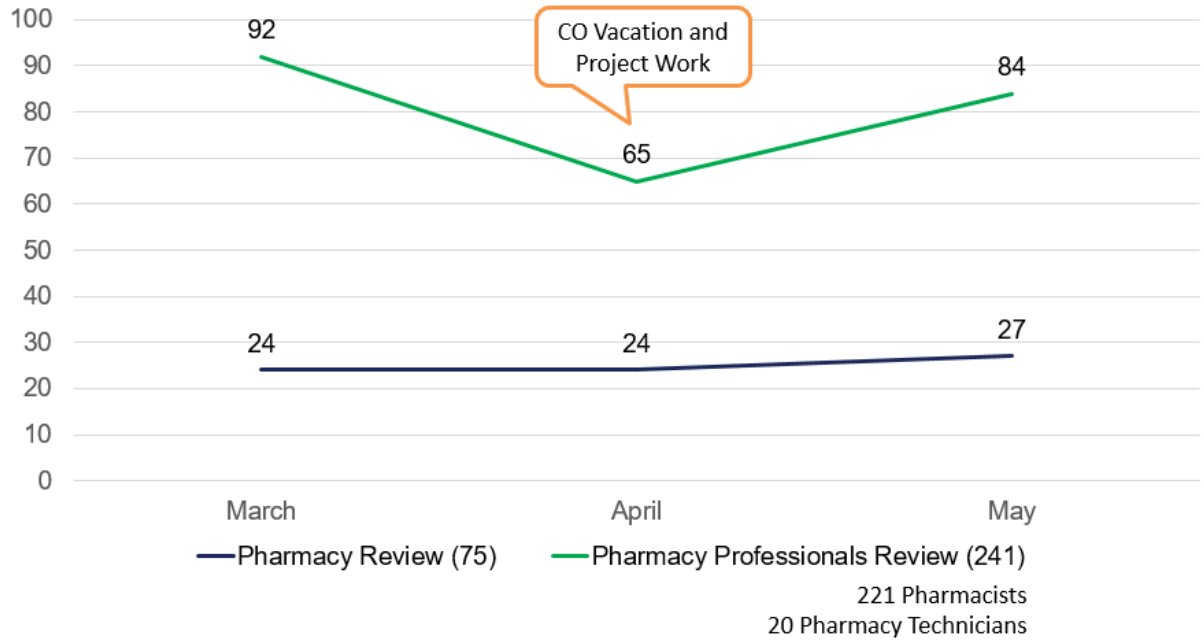
Update	Next Steps
Phase 1 – Community Practice • Fixing Question Bank module in PRP Application ○ Enable addition of review services • Building Reports Module to extract review data and reports	Phase 1 – Community Practice • Monitor Question Bank module • User acceptance testing of Reports Module
Phase 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
3	Phase 1 – Insights Articles for ReadLinks

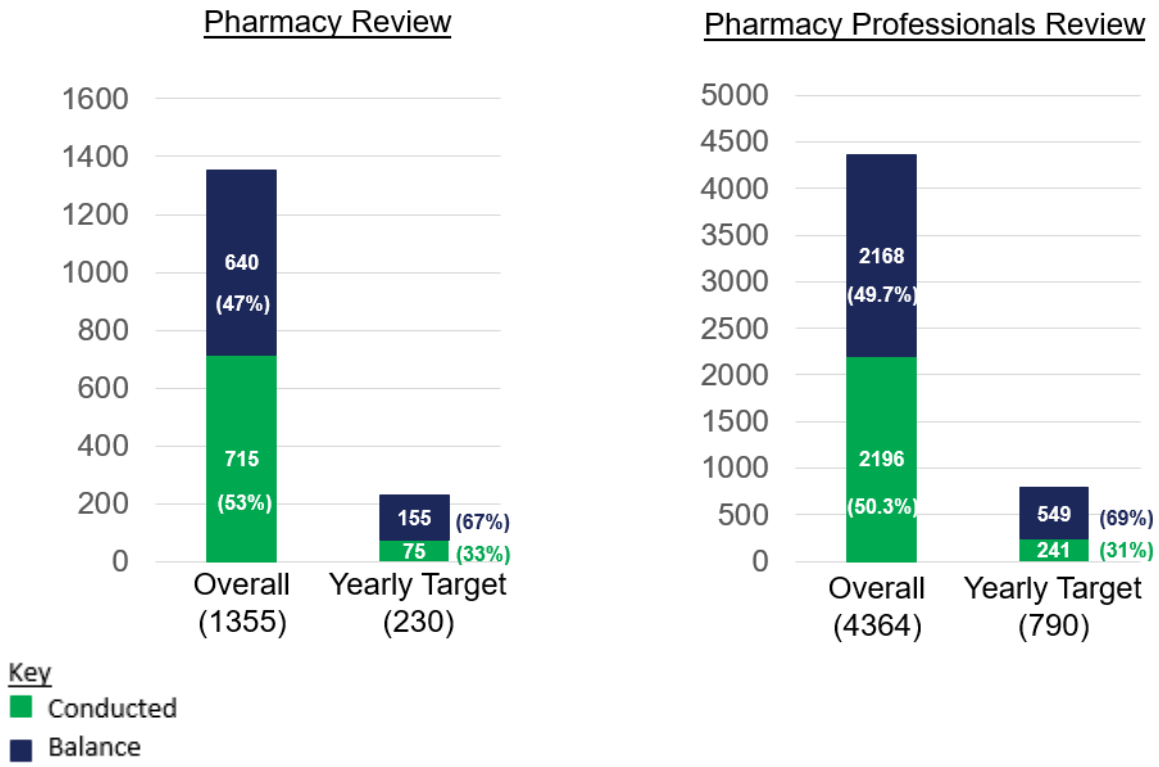
Appendix 1

PRP Phase 1: Community Practice Operational Statistics
2018-19 Fiscal Year Progress: March 1st, 2018 – May 31st, 2018

Fiscal Year Progress:



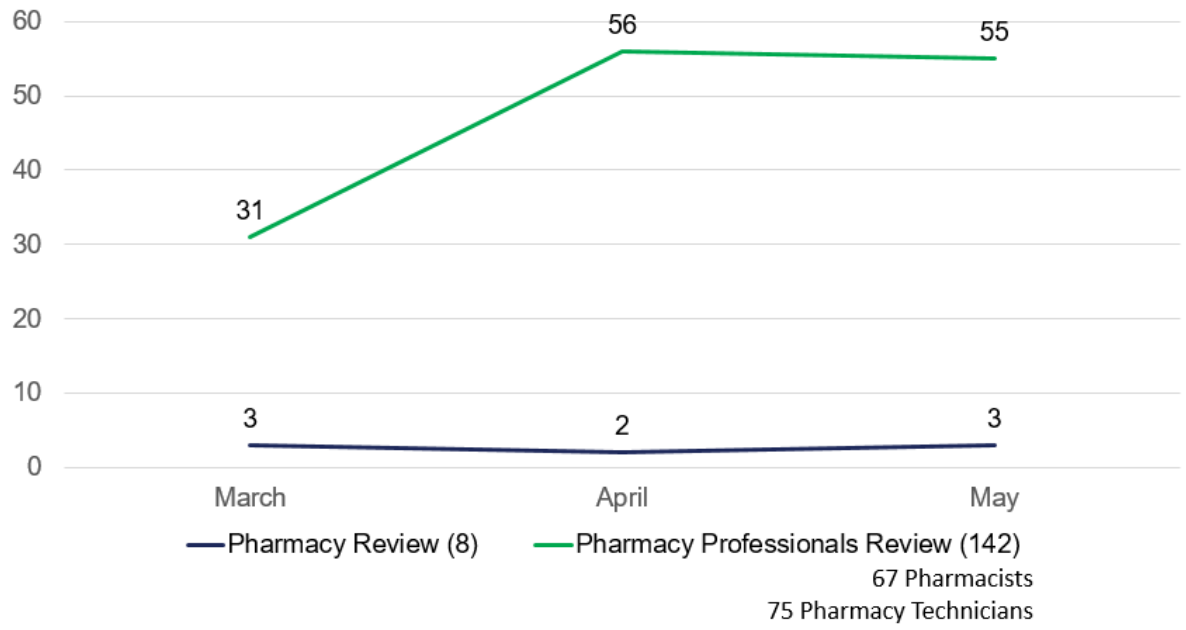
Overall and Fiscal Year Progress:



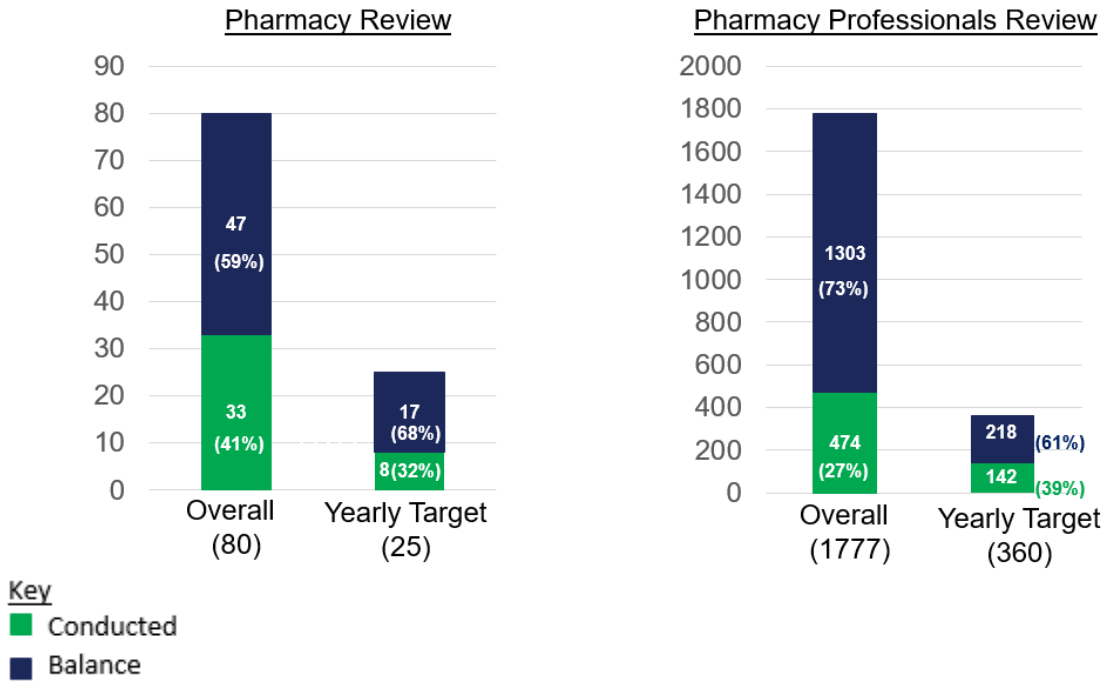
Appendix 2

PRP Phase 2: Hospital Practice Operational Statistics
2018-19 Fiscal Year Progress: March 1st, 2018 – May 31st, 2018

Fiscal Year Progress:



Overall and Fiscal Year Progress:



PRP Phase 1: Community Practice Insights Articles

May 2018 Article: Scheduling and Preparing for your Practice Review in Community Pharmacies

SCHEDULING AND PREPARING FOR YOUR PRACTICE REVIEW IN COMMUNITY PHARMACIES

Did you know the College has conducted over 650 pharmacy reviews and 2100 Pharmacy Professionals Reviews in community practice since the Practice Review Program launched? As Compliance Officers continue to conduct practice reviews at community pharmacies, the College has received numerous questions regarding how to best prepare.

In this article, we've compiled answers to the most frequently asked questions about preparing for practice reviews in community pharmacies.

HOW SHOULD I PREPARE FOR MY PHARMACY PROFESSIONALS REVIEW?

Review forms and support tools are available for registrants to review prior to their Pharmacy Professionals Review. The forms outline the four focus areas that Compliance Officers use to assess a registrant's practice during the Pharmacy Professionals Review, and the support tools provide detailed summaries of the specific requirements within each of the four focus areas.

Registrants not scheduled for a Pharmacy Professionals Review are still encouraged to utilize these resources to self-evaluate and improve their practice.

PHARMACY PROFESSIONALS REVIEW FORMS

- Community Pharmacist Review Form
- Community Pharmacy Technician Review Form

SUPPORT TOOLS FOR PHARMACISTS

(Additional Support Tools for Pharmacy Technicians are currently under development)

- Patient Identification
- Profile Check
- Counselling
- Documentation

You can read more about the Practice Review Program here.

SHOULD I ARRANGE FOR ADDITIONAL STAFFING DURING THE PRACTICE REVIEW?

Pharmacy Professionals Reviews are most effective and beneficial when registrants can be observed practising in their usual manner. Compliance Officers make every effort to conduct reviews in the least disruptive manner possible, enabling pharmacies to maintain their standard workflow. Additional staffing, beyond what would be considered *normal*, **Is not** required for the purposes of the Practice Review.

WHAT CONSIDERATIONS SHOULD PHARMACY MANAGERS MAKE WHEN SCHEDULING FOR THE PHARMACY AND PHARMACY PROFESSIONALS REVIEWS?

PHARMACY REVIEW

The duration of a community pharmacy's practice review will depend on the number of registrants scheduled for review. One day is allotted for the Pharmacy Review and an additional day for every 2-3 registrants scheduled.

PHARMACY PROFESSIONALS REVIEW

Once a pharmacy's review dates have been confirmed, we ask that the pharmacy manager make the following considerations when preparing their schedule:

1. Ensure that the pharmacy manager is on-site during the Pharmacy Review, which is usually conducted on the first day.
2. Ensure that the registrants up for review are scheduled consecutively, and are available for at least 2-3 hours for observation and discussion of their results.

In order to minimize disruption to a pharmacy's standard workflow, Compliance Officers can conduct up to 3 Pharmacy Professionals Reviews per day if a pharmacy's normal scheduling and workflow volume supports it. This can be discussed and confirmed with the Practice Review Program Staff during the scheduling process.

To learn more about the Practice Review Program, visit bcpharmacists.org/prp.

PRP INSIGHTS READLINKS SERIES

Take a look at our PRP Insights Article Series for information on practice issues that have been identified during practice reviews by our Compliance Officers.

Previous Articles:

December 2017 Articles: Patient ID in Community Pharmacy , Profile Check in Community Pharmacy , Counseling in Community Pharmacy, Documentation in Community Pharmacy

November 2017: New PRP Focus Areas

July 2017: New PRP Focus Areas for Pharmacy Technicians in Community Practice Coming Soon

May 2017: Prepare for Your Next Practice Review with the New PRP Support Tools!

April 2017: Advice from our Compliance Officers on your next review

March 2017: Compliance Officers offer individual perspectives on practice reviews

February 2017: Meet our Compliance Officers

January 2017: Managing Return-to-Stock Medications

October 2016: When Are CPP Forms Required for Residential Care Facilities, Hospices and Hospitals

June 2016: Privacy, Confidentiality and Security of Patient Health Information

March 2016: Expiry Dates of Compounding Materials and Products

November 2015: Signing Narcotic Records

August 2015: Policy and Procedure Manual

June 2015: Retaining Prescriptions

March 2015: Drug Product Distribution Requirements

College of Pharmacists of British Columbia

Board Resolution
Sent via email May 2, 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 Helen Jennens and Paul Tier as public members to the Inquiry Committee with three year terms ending April 30, 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 Helen Jennens and Paul Tier as public members to the Inquiry Committee with three year terms ending April 30, 2021.

Mona Kwong, Chair, District 1	May 2, 2018 Date
Arden Barry, Vice-Chair, District 7	May 3, 2018 Date
Ming Chang, District 2	May 3, 2018 Date
Tara Oxford, District 3	May 2, 2018 Date
Christopher Szeman, District 4	May 3, 2018 Date
Frank Lucarelli, District 5	May 3, 2018 Date

Anar Dossa, District 6	May 3, 2018 Date
Sorell Wellon, District 8	May 3, 2018 Date
Tracey Hagkull, Government Appointee	May 3, 2018 Date
Ryan Hoag, Government Appointee	May 3, 2018 Date
Justin Thind, Government Appointee	May 3, 2018 Date
Jeremy Walden, Government Appointee	May 2, 2018 Date

College of Pharmacists of British Columbia

BOARD DECISION
May 2, 2018

Membership Appointment – Inquiry Committee

Recommended Board Resolution:

Be it resolved that the Board appoints Helen Jennens and Paul Tier as public members to the Inquiry Committee with three year terms ending April 30, 2021.

Purpose

The Inquiry Committee is currently not properly constituted in accordance with the committee's Terms of Reference.

Background

Public committee member, Michael Dunbar has submitted his resignation to the Inquiry Committee, effective May 2, 2018.

The Inquiry Committee's Terms of Reference requires at least 1/3 of its members to be public representatives.

In order for the committee to be properly constituted, it is recommended that Helen Jennens and Paul Tier be appointed as public 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 Helen Jennens and Paul Tier as public members to the Inquiry Committee with three year terms ending April 30, 2021 by signing the attached Resolution.

Appendix	
1	Helen Jennens application form and curriculum vitae
2	Paul Tier application form and curriculum vitae

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 Helen Jennens and Paul Tier as public members to the Inquiry Committee with three year terms ending April 30, 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

COMMITTEE MEMBER VOLUNTEER APPLICATION FORM

Thank you for your interest in becoming a committee member with the College of Pharmacists of BC. Please complete this application form and provide an up-to-date resume in PDF format and email it to volunteers@bcpharmacists.org. Should you have questions, contact the College by phone: 604.733.2440 or 800.663.1940 or email: volunteers@bcpharmacists.org.

Applicant Information

☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Dr

Name	Jennens	Helen	Margaret
	Last Name (Surname)	*First Name*	*Other name(s)*

Address	101-539 Sutherland Ave	Registration #	
		Tel *(home)*	250-763-9354
	Kelowna / BC	Tel *(work)*	250-681-2662
	City / *Province*		
	V1Y5X3 / Canada	Email	helen_jennens@hotmail.com
	Postal Code / *Country*		

Which committee(s) would you like to become a member of?

☐ Application	☐ Drug Administration	☑ Inquiry	☐ Quality Assurance
☐ Community Pharmacy Advisory	☑ Ethics Advisory	☐ Jurisprudence Examination	☐ Registration
☑ Discipline	☐ Hospital Pharmacy Advisory	☐ Practice Review	☐ Residential Care Advisory

For more information about committees and about serving on them as a volunteer, visit the College website at http://www.bcpharmacists.org/committees

Tell us about yourself and why you think you would be a good committee member.

I am referred to as a," Mother with lived experience." I have lost two sons to overdose. Rian in 2011 to a prescription drug overdose after a MVA and Tyler in January 2016 to a fentanyl poisoning.
After Rian died, I requested his pharmanet records and initiated a complaint with both the College of Physicians and Surgeons and The College of BC Pharmacists. This process took about 2 years from start to completion.
Again after Tyler died I requested his pharmanet records and initiated a complaint with The College of Physicians and Surgeons.
I was concerned in both cases that the prescribing was somewhat reckless and there was poor use of pharmanet.
After Tyler died I became a member of Moms Stop The Harm. MSTH is a network of Canadian families that have all lost loved ones to drug misuse. We advocate for drug policy reform and promote harm reduction. We support other grieving families and families with a loved one in active addiction.
I have become a very active advocate in our community. I was a member of the CYMHSU collaborative which was instrumental in the creation of Foundry, a child a youth mental health and substance use clinic. I worked with KGH on the Foundry", Not Alone" campaign.
I am a member of the Kelowna Community Action Team which works to address the opioid crisis. I am also working with Interior Health on the Photo Voice project, again to address the opioid crisis.
I work with Dr. Silvina Mema and Interior Health with the Overdose Innovations.
I am often asked to speak at functions and spoke last year at Whistler at the CAEP conference.
I created the first International Overdose Awareness day here in Kelowna. I was fortunate to get the support of the Association Of BC Pharmacists. They sent us Naloxone kits and pharmacists to train at the event. We gave out 140 kits of

COMMITTEE MEMBER VOLUNTEER APPLICATION FORM

The College considers a number of factors including expertise, experience, practice setting, demographic representation, and other special skills or attributes when selecting volunteers. Unfortunately, we are not always able to match the number of interested volunteers to the number of available vacancies.

1. Have you ever been subject to an investigation or a referral to a disciplinary hearing by the Inquiry Committee of the College of Pharmacists of British Columbia?

   Yes
   No

2. Have you ever been subject to an investigation or disciplinary action by another college established under the *Health Professions Act* or a body in another province or a foreign jurisdiction that regulates a health profession in that province or foreign jurisdiction?

   Yes
   No

Applicant Signature _____ Date _____

Please email this form and provide an up-to-date resume in PDF format to:
College of Pharmacists of BC
Email: volunteers@bcpharmacists.org

Stephanie Kwok

From: Stuart Jennens <stujennens@gmail.com>
Sent: Friday, March 16, 2018 10:24 AM
To: CPBC Volunteers; Helen
Subject: Application and resume
Attachments: 9047-Committee_Member_Volunteer_App_Form (1)2 3.pdf; Helen Jennens res 13.doc

Please find attached my volunteer application and resume. Accept this as my signature.
Regards,
Helen Jennens

PERSONAL RESUME
Helen Jennens

Address: 101-539 Sutherland Ave.
Kelowna BC V1Y 5X3

E mail: Helen_jennens@hotmail.com

Telephone 250 763 9354

Mobile: 250 681-2661

PERSONAL GOALS:

After the death of my son Rian Leinweber in 2011, I retired from the financial industry. I was the executive assistant to the producing branch manager for 17 years. I am passionate about helping others and would like to use my life experiences to do this.

PERSONAL QUALIFICATIONS:

- Excellent communication skills, both written and verbal
- Specialized in client relationships for 17 years
- Sound understanding of the application of compliance, maintaining records and ensuring that the regulatory body requirements were met
- Excellent skills with problem solving and crisis management
- Worked well under pressure and thrived in the multi-tasking environment
- Capable of meeting all deadlines
- Experience handling cash transactions
- Head liaison for corporate events, including key sponsorship and organization of the Bill Clinton lecture series held in Kelowna
- Worked well as a team leader
- Co-ordinated, organized and prioritized the day-to-day roles and responsibilities of the head of the organization
- Involvement at a senior level in the organization of corporate charitable fund-raisers
- Strong contacts at the corporate community level in the city of Kelowna
- Retail sales and management experience
- Catering co-ordinator for large corporate hotel
- Advocacy work as a member of Moms Stop The Harm
- Member of CAT, Community Action Team Kelowna BC'
- Member Overdose Innovations, Interior Health, Kelowna BC
- Member CYMHSU Collaborative, Kelowna BC

EDUCATION AND SPECIAL TRAINING:

- Matriculation from Mount Baker High School, Cranbrook BC
- Custom computer program applications' training
- Public speaking

PERSONAL INTERESTS:

- Travel
- Golf
- Tennis
- Reading

BUSINESS AND CHARACTER REFERENCES:

Rick McIntyre, Manulife Financial: 250 868 1080
Jorin Wolfe, Jorin Wolfe Interior Design: 250 717 1066
Brock Aynsley, Producing Manager, CIBC Wood Gundy: 250 717 2600
Neil McGill, Dockside Marine: 250 717 3089

COMMITTEE PUBLIC MEMBER VOLUNTEER APPLICATION FORM

A number of committees and subcommittees assist the College to meet its legislated mandate to protect the public by ensuring practitioners have the knowledge, skills and abilities to provide safe and effective pharmacy care. The College committees are primarily made up of pharmacists and pharmacy technicians, however, public representation is required, and also valued, to ensure transparency and to bring a wider range of knowledge and skills to enhance the effectiveness of each committee.

Thank you for your interest in becoming a committee member with the College of Pharmacists of BC. Please complete this application form and provide an up-to-date resume in PDF format and email it to volunteers@bcpharmacists.org. Should you have questions, contact the College by phone: 604.733.2440 or 800.663.1940 or email: volunteers@bcpharmacists.org.

Applicant Information

☐ Ms ☐ Mrs ☐ Miss ■ Mr ☐ Dr

Name	Tier	Paul	
	Last Name (Surname)	*First Name*	*Other name(s)*
Address	401 - 1025 Sutlej Street	Tel *(home)*	778-426-1700
	Victoria	BC	Tel *(work)*	250-658-6408
	City	*Province*	
	V8V 2V9	Can	Email	Paul.Tier@HaroGroup.com
	Postal Code	*Country*	

Which committee(s) would you like to become a public member of?

☐ Application	☐ Drug Administration	☑ Inquiry	☐ Quality Assurance
☑ Community Pharmacy Advisory	☐ Ethics Advisory	☐ Jurisprudence Examination	☑ Registration
☑ Discipline	☐ Hospital Pharmacy Advisory	☑ Practice Review	☐ Residential Care Advisory

For more information about each committee and about serving on them as a volunteer, visit the College website at http://www.bcpharmacists.org/committees

Please tell us about yourself and describe why you think you would be a good committee member. Specifically, please share how your areas of expertise, skills and/or interests are a good fit as it relates to the specific committee you are interesting in joining.

I have over 20 years of experience in working with the College, as part of my duties on the PharmaNet project, and subsequent consulting assignments.

I have a deep understanding of the role of pharmacists as members of my health care team, and as members of the health care system overall.

I have a passionate interest in ensuring that professional standards are maintained and enhanced for all Pharmacists and Pharmacy Technicians.

COMMITTEE PUBLIC MEMBER VOLUNTEER APPLICATION FORM

The College considers a number of factors including educational and professional background, length of experience in your field, demographic representation, previous board or committee experience, or other special skills or attributes when selecting volunteers. Unfortunately, we are not always able to match the number of interested volunteers to the number of available vacancies.

T. Tan Tier
Applicant Signature

March 14, 2018
Date

Please email this form and provide an up-to-date resume in PDF format to:
College of Pharmacists of BC
Email: volunteers@bcpharmacists.org

Paul Tier

1609 Barkley Place
Victoria , BC, V8L 5E6
(250) 686-2710
paul.tier@harogroup.com
http://www.harogroup.com/

BUSINESS OWNER / SENIOR MANAGEMENT CONSULTANT

☑ Results-Oriented Executive and Team Builder

Executive Summary

- *Vision, Strategy & Action Planning*
- *Multi-department business management*
- *Project Lifecycle Management*
- *Application Development & Support*
- *Best-Practice Process Engineering*
- *Data Privacy & Security*
- *Policy & Standards Development*
- *Legislation & Regulatory Compliance*

- **Seasoned executive** collaborating with internal executives, professional regulators, and industry/public interest groups.
- **30+ years' progressive leadership** including 20-year+ success record in health sector, with mission-critical, multi-organizational projects.
- **Builder of high performance** teams including technical, financial and business operations personnel.
- **Able to detect emerging risks,** and proactively mitigate them; unstoppable in pursuit of project goals.
- **Strong innovator** delivering breakthrough, replicable models of success.
- **Unrivaled ability to gain consensus** across diverse stakeholders, leveraging expert communication and negotiating skills to foster collaboration and inspire exceptional performance towards a common vision.

Career Highlights

Business Owner / Senior Management Consultant, Haro Group **1988 - 2016**

Founded and managed highly successful consulting firm, employing/sub-contracting up to 22 full time professional staff, and completing many high profile innovative projects for both public and private sector :

☑ Project managed the development and implementation of new Practice Review Program for the College of Pharmacists of BC, providing mentoring to College staff in project management, and supporting Board Committees.

☑ Project managed the PHCC Feasibility Project for the South Island Division of Family Practice, developing strategy and business plan for creation of a group of local, physician-driven Primary Health Care Centres.

☑ Senior consultant to the CEO, for Victoria-based clothing retailer, providing small business recovery / restructuring and business and strategic planning.

☑ Project Director, contracted to major IT Systems Integrator, winning the competition for eHealth Ontario's Medication Management Solution (est. >$100M), with an integrated vendor project team from offices across Canada.

☑ Project Manager, contracted to Alberta Health Services, providing strategy and planning for integration of First Nations immunization management systems into provincial public health systems.

☑ As eHealth Subject Matter Expert for IBM Middle East, led the strategy development for eHealth Strategic Plan and 5 Year Roadmap for Kingdom of Saudi Arabia, Ministry of Health, a 5-10 year, $10B+ strategic plan sequencing over 70 separate projects to align to the MOH's business plan, covering over 350 hospitals and 3,000 primary health care centres.

☑ As Project Director, eDrug Project for the BC Ministry of Health, led turnaround of stalled project and provided strategic advice to Ministry Executive securing executive buy-in/federal funding for the integrated management of 6 separate electronic health records (Awarded $4+ million extra funding from federal investor).

☑ As contracted Director Drug Program Investments for Canada Health Infoway, managed investment pool of over $170M, via 8 project managers. Reviewed/approved products from major vendors for investment potential, and initiated development of national/international standards for drug information exchange.

☑ As Senior Consultant to Alberta Health & Wellness, implemented province-wide health strategic planning and governance structure with Ministry, health regions, health professions and public representatives.

☑ As Project Director, PharmaNet, managed all aspects of $22 million PharmaNet project, a landmark system providing real-time, 24/7 on-line claims and clinical processing, securing endorsement and participation from 3,800 pharmacists and 9,000 physicians. Primary interface with health professions, health authorities, privacy advocates and public. Supervised 70+ direct reports and 75+ multi-disciplinary staff in major vendors and agencies.

☑ As Project Manager, and subsequently contracted Manager of Development Services for the BC Motor Vehicles Branch, delivered several multi-million-dollar projects with challenging fixed delivery deadlines. Directed teams of 20+ multi-disciplinary direct reports and 25+ indirect-reporting technical staff from major vendors and government agencies while implementing licensing systems and cross-organizational fines collection system, which enabled timely collection of over $100M in traffic fines.

Director, Petroman Division, Thorne Riddell (KPMG), Calgary, Alberta **1983 – 1986**

The Petroman Division provided a comprehensive on-line integrated oil & gas information system, providing joint venture accounting, land management and production accounting to small to mid-sized Canadian oil and gas companies.

☑ founded operational division under direction of Thorne Riddell Partners, and managed all aspect of software development, turn-key system installation and on-line data centre time-share services. Managed staff of 50+ professionals in four separate departments.

Manager Computer and Support Services, NuWest Development, Calgary, Alberta **1981-1983**

Nu West at that time was Canada's largest residential land developer and home builder, with operations from BC through to Ontario, and with operations in two cities in the USA.

☑ Managed computer operations for a network of 5 Canadian and 2 USA data centres, providing on-line accounting and specialized construction management systems. Provided standardized software distribution and remote data administration, and related support services including corporate training services.

Owner, Consultant, PDS Professional Data Services, Calgary Alberta **1975-1983**

Founded and managed consulting firm providing systems development and project management services to Alberta oil & gas and home building industries.

☑ Managed sales, delivery and project oversight to professional staff of 10+ IT developers on contract to various resource industry and land development companies in Calgary and Edmonton.

Consultant, Branch Manager, Bonaventure Design & Programming, Montreal/ Calgary Alberta **1975-1983**

Performed programming, project management for variety of major clients in the banking, manufacturing and resource industries, in Montreal, and then in Calgary where was charged with opening first Western Canadian branch for national consulting company

☑ Managed sales, delivery, project oversight and all aspects of branch administration and H.R. for professional staff of 15+ IT developers on contract to various resource industry clients.

Industry & Community Leadership

☑ Volunteer Trainer for United Way's Volunteer Leadership Development Program;
☑ Co-founder of Victoria-based charity The RAK Foundation, guiding approval of charity with Canada Revenue Agency, and establishing operational processes for administration of charitable donations and disbursements;
☑ Past Director IT Committee at Vancouver Island Advanced Technology Centre.

College of Pharmacists of British Columbia

BOARD MEETING
June 15, 2018

2.b.ix. Appointment of Chair – Drug Administration Committee

DECISION REQUIRED

Recommended Board Motion:

Appoint Wilson Tsui as Chair of the Drug Administration Committee, for a one year term ending on April 30, 2019.

Purpose

To appoint a Chair to the Drug Administration Committee.

Background

Currently, the Drug Administration Committee does not have a Chair.

As per the Committee's Terms of Reference, the Board appoints a Chair from amongst the Committee's current membership.

Recommendation

It is recommended that the Board appoint Wilson Tsui as the Chair of the Drug Administration Committee, for a one year term ending on April 30, 2019.

Appendix	
1	Wilson Tsui Committee Volunteer Application Form and Resume

COMMITTEE MEMBER VOLUNTEER APPLICATION FORM

Thank you for your interest in becoming a committee member with the College of Pharmacists of BC. Please complete this application form and provide an up-to-date resume in PDF format and email it to volunteers@bcpharmacists.org. Should you have questions, contact the College by phone: 604.733.2440 or 800.663.1940 or email: volunteers@bcpharmacists.org.

Applicant Information

☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Dr

Name	Tsui	Wilson	
	Last Name (Surname)	*First Name*	*Other name(s)*
Address	3136 East 47th ave	Registration #	09852
		Tel *(home)*	
	Vancouver	BC	Tel *(work)* 7783848062
	City	*Province*	
	v5s1c6	Canada	Email wilson.tsui@gmail.com
	Postal Code	*Country*	

Which committee(s) would you like to become a member of?

☐ Application	☐ Drug Administration	☐ Inquiry	☐ Quality Assurance
☐ Community Pharmacy Advisory	☐ Ethics Advisory	☐ Jurisprudence Examination	☑ Registration
☐ Discipline	☐ Hospital Pharmacy Advisory	☐ Practice Review	☑ Residential Care Advisory

For more information about committees and about serving on them as a volunteer, visit the College website at http://www.bcpharmacists.org/committees

Tell us about yourself and why you think you would be a good committee member.

My name is Wilson Tsui and I have been a practicing pharmacist since graduation from UBC in 2006. I have been fortunate enough to work extensively in community retail, compounding and long term care pharmacies in various capacities (pharmacist, pharmacy manager, owner). Currently, I am a Pharmacy District Manger with Sobeys National Pharmacy Group where I oversee day-to-day operations of 19 Safeway Pharmacies across the province.

I feel I am at a point in my career where I can contribute more to my profession; I want to assist to further the mandate of promoting the profession by focusing on the 2017-2020 strategic plan outline by the College of Pharmacist of BC.

I am fully cognizant of the financial challenges our profession has endured with Pan-Canadian pricing, an ultra-competitive retail landscape, and overall dwindling healthcare dollars applied to an ever growing population requiring more and more services; however, I view the challenges ahead with cautious optimism. I look at how our profession has changed from "lick,stick, pour", to today's Injection and paid services, and look forward to a future of pharmacists with prescribing abilities and more. I know the College of Pharmacists of BC will be at the center of this change and hope to offer positive contributions.

I am passionate about taking a collaborative, pragmatic approach to solving the issues at hand and am eager to tackle the current problems facing our profession with like-minded professionals. I feel I would be a good committee member because my career arc has taught me to truly value the thoughts and opinions of my peers and that honest, transparent, authentic communication will always further the team along to achieving its objectives. I would take these learned experiences with me and apply them to the committee setting; combined with hard work and passion to further advance the profession, I know the objectives can be achieved.

COMMITTEE MEMBER VOLUNTEER APPLICATION FORM

The College considers a number of factors including expertise, experience, practice setting, demographic representation, and other special skills or attributes when selecting volunteers. Unfortunately, we are not always able to match the number of interested volunteers to the number of available vacancies.

1. Have you ever been subject to an investigation or a referral to a disciplinary hearing by the Inquiry Committee of the College of Pharmacists of British Columbia?

   Yes
   No

2. Have you ever been subject to an investigation or disciplinary action by another college established under the *Health Professions Act* or a body in another province or a foreign jurisdiction that regulates a health profession in that province or foreign jurisdiction?

   Yes
   No

Applicant Signature _____ Date _____

Please email this form and provide an up-to-date resume in PDF format to:
College of Pharmacists of BC
Email: volunteers@bcpharmacists.org

Wilson Tsui

3136 East 47th ave Vancouver, B.C. V5S1C6
Cell: 778-384-8062 **o** Email: Wilson.tsui@gmail.com

Position

Pharmacist with 11 years of pharmacy management experience in retail and long term care settings seeking to contribute to development of profession.

Highlight of Qualifications

- Proven and successful leadership abilities in dispensary, retail and business settings
- Experienced Compounding Pharmacist
- Managed Long Term Care Contracts totalling 5500+ beds
- Experience with Palliative Care Home and Respite Care Home contracts
- Extensive background in training and mentoring pharmacists/technicians
- Fluent in English and Chinese

Professional Experience

Sobeys National Pharmacy Group **January 2018 – Present**
Pharmacy District Manager (BC Region)

- Responsible for execution of operational priorities at 19 Safeway Pharmacy departments throughout the province.
- Work with Pharmacy Mangers to ensure stores within district achieve and maintain planned budgets, script count, sales, controllable expense and net income
- Ensure all pharmacy staff are patient oriented and provide exceptional customer service
- Responsible for pharmacy recruitment, training, and development

Medical Pharmacies #48 – Burnaby, B.C. **March 2015 – October 2017**
Assistant Pharmacy Manager/ Pharmacist

- Managed the day-to-day operations of high volume pharmacy servicing over 5500 long term care beds and processing ~2,000,000 prescriptions per year
- Responsible for pharmacy staff of approximately 60 (including 9 Pharmacists, 9 Regulated Pharmacy Technicians, and 40+ assistants)
- Liaison with Directors of Care at long term care facilities to maintain contracts
- Developed store resources and new hires in all areas of pharmacy operations (data entry, e-Mar trouble shoot, pacmed operations, pacvision validation, workflow optimization, deliveries)
- Investigated all medication incidents and implemented appropriate workflow measures to achieve 99.99% accuracy across daily pharmacy operations

Shoppers Drug Mart 2276 – Vancouver, B.C. **July 2011 – March 2015**
Pharmacy Manager/ Pharmacist

- Part of team that opened brand new dispensary and store
- Helped build dispensary script count from zero to currently ~170/day
- Built business to ~100 blister pack patients including clients in the Integrated Medication Management Program with a multidisciplinary team run through Fraser Health
- Fully proficient in Medication Reviews, Adaptations, and Injection Certified

Shoppers Drug Mart 2221 – Vancouver, B.C. **Sept 2008 – June 2011**
Associate-Owner/ Pharmacist

- Responsible for dispensary staff of 10 people and store staff of 50 people
- Fully equipped compounding pharmacy with sterile room and laminar flowhood
- Managed the only corporate sponsored compounding pharmacy at the time; received, process and delivered compound prescriptions for all Shoppers Dr
- Accountable for total top line store sales of $10+million
- Trained new management (Front Store Managers, Pharmacy Managers, Cosmetic Managers)

Shoppers Drug Mart 216 – Dawson Creek, B.C. **July 2006 – August 2008**
Associate-Owner/ Pharmacist

- Responsible for dispensary staff of 12 people and store staff of 30 people
- Managed busy pharmacy with prescription count of ~280/day
- Part of multi-disciplinary team that cared for LTC home *Rotary Manor* (~50 beds)
- Cared for LTC home *Peace River Haven* (~20 beds)
- Accountable for total top line store sales of $6.7million

Shoppers Drug Mart 2237 – Richmond, B.C. **August 2005- July 2006**
Pharmacist and Pharmacy Technician

- Contributed to 6 PILLARS of pharmacy through commitment to Callbacks and Lets Talk
- Refined skills and talents in the dispensary as both a Pharmacist and a Technician.
- Served patients from different cultural backgrounds and attended to their health needs

Solvay Pharmaceuticals Inc. – Markham, Ont. **May 2005- August 2005**
Medical Information/Sales and Marketing

-During 4 months of contract work, I spearheaded a large project involving integration of intelligence in segmented company departments with an overall aim to increase sales and drug market share for Solvay chemicals such as Pantoloc, Pennsaid, and Androgel. -Created and formalized sales and marketing materials for National sales team

Shoppers Drug Mart 218 – Burnaby, B.C. **April 2003- October 2004**
Pharmacy Technician/ Cashier/ Merchandiser

-Completed Shoppers Drug Mart Accredited Pharmacy Assistant program
-Contributed to customer based business environment in role as front store cashier and helped implement merchandising standards as merchandiser

Education

University of British Columbia **Sept 2002- April 2006**
Faculty of Pharmaceutical Science
Bachelor of Science (Pharmacy)

University of British Columbia **Sept 2000-April 2001**
Faculty of Cell Biology and Genetics
Co-operative studies

References

Available upon request

College of Pharmacists of British Columbia

BOARD MEETING
June 15, 2018

3. Confirmation of Agenda

DECISION REQUIRED

Recommended Board Motion:

Approve the June 15, 2018 Draft Board Meeting Agenda as circulated, or amended.

Appendix	
1	June 15, 2018 Draft Board Meeting Agenda

College of Pharmacists of British Columbia

Board Meeting
Friday, June 15, 2018
CPBC Office, 200-1765 West 8th Avenue, Vancouver

AGENDA

9:00am - 9:05am	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
9:05am - 9:20am	15	**4.**	Auditor's Report **[DECISION]**	Eddy Adra / Ryan Hoag
9:20am - 9:45am	25	**5.**	Committee Updates: a) Governance Committee b) Hospital Pharmacy Advisory Committee c) Inquiry Committee d) Practice Review Committee e) Audit and Finance Committee f) Quality Assurance Committee g) Community Pharmacy Advisory Committee h) Jurisprudence Examination Subcomittee i) Discipline Committee j) Legislation Review Committee (update provided in item 6) k) Registration Committeee l) Application Committee m) Ethics Advisory Committee n) Residential Care Advisory Committee o) Drug Administration Committee	Committee Chairs: Arden Barry Arden Barry Ming Chang Tracey Hagkull Ryan Hoag Frank Lucarelli Tara Oxford Christopher Szeman Jeremy Walden Jeremy Walden Jeremy Walden Sorell Wellon Sorell Wellon Sorell Wellon Doreen Leong
9:45am - 10:30am	45	**6.**	Legislation Review Committee: a) Committee Update b) Drug Schedules Regulation - Amendments **[DECISION]** c) Policy on Injectable Opioid Agonist Treatment (PPP-67) **[DECISION]**	Jeremy Walden
10:30am - 11:00am	30		In Camera - Legal Advice	
11:00am - 11:15am	15	**7.**	Pharmacy Manager Education **[DECISION]**	Jeremy Walden
11:15am - 11:45am	30	**8.**	People Who Use Drugs are Real People: Tackling Stigma through Social Marketing	Regan Hansen
11:45am - 12:00pm	15	**9.**	Learn How to Save a Life with Naloxone	Gillian Vrooman
12:00pm - 1:00pm	60		***LUNCH***	
1:00pm - 1:45pm	45	**10.**	PRIME Project Update	Heidi Giesbrecht Nelson Lah John Wightman
1:45pm - 2:30pm	45	**11.**	Pharmaceutical Services Division Strategic & Operational Plan 2018/19 – 2020/21	Mitch Moneo
2:30pm - 2:45pm	15		***BREAK***	
2:45pm - 3:15pm	30	**12.**	Primary Care Announcement	Peter Zed
3:15pm - 3:30pm	15	**13.**	PDAP Mobile Launch	Frank Lucarelli
3:30pm - 3:45pm	15	**14.**	Launch of New College Strategic Plan Site	Gillian Vrooman
3:45pm - 4:05pm	20	**15.**	College 2017/18 Annual Report	Gillian Vrooman
4:05pm - 4:10pm	5	**16.**	Items Brought Forward from Consent Agenda	Chair Kwong
			CLOSING COMMENTS AND ADJOURNMENT	

College of Pharmacists of British Columbia

BOARD MEETING
June 15, 2018

6b. Drug Schedules Regulation – Amendments

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution to improve alignment of the drug scheduling in the Drug Schedules Regulation with the National Drug Schedules, the Prescription Drug List made under the *Food and Drugs Act*, and the Schedules to the *Controlled Drugs and Substances Act* (Canada).

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

Purpose

To seek Board approval to amend the Drug Schedules Regulation (DSR) under the *Pharmacy Operations and Drug Scheduling Act* (PODSA) in order to improve alignment with the National Drug Schedules, the Prescription Drug List made under the *Food and Drugs Act* (Canada), and the Schedules to the Controlled Drugs and Substances Act.

Background

Subject to the federal *Food and Drugs Act* (FDA), Health Canada determines whether a drug must be sold by prescription only or can be sold over the counter (non-prescription status). Provincial regulatory authorities can further restrict the conditions of sale of non-prescription products, however they cannot be less stringent. For example, a federally non-prescription product could be assigned prescription status by a province or territory. However, a product that is regulated under the FDA with a prescription-only status cannot be given non-prescription status by a province or territory. Prescription drugs are classified as Schedule 1 on the DSR.

Typically, for those drugs determined by Health Canada to be non-prescription, most provincial regulatory authorities schedule by reference to recommendations made by National Association of Pharmacy Regulatory Authorities (NAPRA) in the National Drug Schedules. However, BC is one of the few provinces in Canada that maintains its own list of scheduled

drugs in the DSR[1], which results in a longer process for amendments to be brought into force. Nevertheless, most amendments to BC's DSR are based on recommendations from NAPRA.

NAPRA created the National Drug Scheduling Advisory Committee (NDSAC) to recommend appropriate placement of non-prescription drugs within a three schedule national model[2] in the National Drug Schedules. "NDSAC members are chosen for their knowledge and expertise in such areas as pharmacotherapy, drug utilization, drug interactions and toxicology, pharmacy practice, academic research, the drug industry and pharmaceutical regulatory affairs at federal and provincial levels".[3] Their recommendations include an examination of the scientific evidence to support their rationale, along with allowing for public input through a public posting period.

Legislative Authority

The legislative authority for the Board to amend the DSR is outlined in section 22 of the PODSA. The *Act* states:

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

BC's process requires the College to complete an internal review of NDSAC's recommendations in order to assess any modifications for the context of BC's health sector. Next, the College submits the proposed amendments to the Ministry of Health, Professional Regulation & Oversight branch. The Ministry completes their review and if satisfied, forwards the request to Legislative Counsel for a legal review. If no issues are identified, Legislative Counsel provides the College with a tagged schedule of amendments. The tagged scheduled of amendments is then presented to the College's Board for approval.

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[1] In B.C., drugs are scheduled in the DSR as Schedule I, IA, II, III, and IV. The schedules are differentiated as follows:

- Schedule I (Prescription)
- Schedule IA (Prescription - Triplicate/Duplicate Prescription Program)
- Schedule II (Non-Prescription – Retained within the Professional Service Area)
- Schedule III (Non-Prescription – Available for self-selection in the Professional Products Area)
- Schedule IV (Prescription by Pharmacist)

[2] The National Drug Schedules categorize drugs as Schedule I, II, or III.

[3] http://napra.ca/committee-membership

Discussion

As amendments are continually being made to the Prescription Drug List, NAPRA's National Drug Schedules, and the *Controlled Drugs and Substances Act* (Canada), over time, drug scheduling in the DSR has become misaligned with those sources.

Beginning in 2017, College staff, together with an external pharmacist consultant, reviewed the DSR for the purpose of identifying misalignments with NAPRA's National Drug Schedules. The focus of the review was on identifying misaligned Schedule II and III drugs. The review did not focus on Schedule I (prescription) drugs, as Health Canada determines whether a drug must be sold by prescription and maintains lists of prescription drugs in the Prescription Drug list and in the Schedules to the *Controlled Drugs and Substances Act* (Canada), both of which are readily available for reference.

A number of misalignments were identified during the review. As there was no compelling reason to deviate from NAPRA's National Drug Schedules, amendments to Schedule II and III drugs on the DSR are being proposed to align with NAPRA's National Drug Schedules.

Although Schedule I drugs were not the focus of the review, several amendments to Schedule I drugs are being proposed: (1) to improve alignment with the Prescription Drug List and NAPRA's National Drug Schedules; and, (2) in response to a request from the College of Registered Nurses of British Columbia to add specific drugs to the DSR.

Under the Nurses (Registered) and Nurse Practitioners Regulation made under the *Health Professions Act* (British Columbia), registered nurses and nurse practitioners may, under certain circumstances, prescribe drugs that are categorized as Schedule I, IA and II on the DSR. If a drug is not scheduled on the DSR, the Ministry of Health has taken the position that registered nurses and nurse practitioners are not authorized to prescribe the drug (even if it is listed on the Prescription Drug List or on a Schedule to the *Controlled Drugs and Substances Act* (Canada)). The additions requested are prescription drugs that are currently listed on the Prescription Drug List or on a Schedule to the *Controlled Drugs and Substances Act* (Canada).

Please refer Appendix 1 for the tagged schedule of the DSR amendments. In addition, please refer to Appendix 2 for a chart setting out the current DSR entries, the proposed amendments and the reasons for the amendments. None of the proposed changes are expected to have a significant impact on pharmacy practice.

Next Steps

Once approved by the Board, the Board resolution will require a final approval by the Ministry of Health. After receiving final approval from the Ministry, the College will deposit the tagged schedule with the Registrar of Regulations, at which time the amendments will come into force 60 days from the deposit date.

College staff have engaged in preliminary discussions with the Ministry of Health on the possibility of adopting drug scheduling by reference to the Prescription Drug List, the Schedules to the Controlled Drugs and Substances Act (Canada) and NAPRA's National Drug Schedules. The College may be exploring this option further, subject to direction from the Board.

Recommendation

The Board approve the proposed amendments to the DSR as set out in Appendix 1.

Appendix	
1	Tagged Schedule of Drug Schedules Regulation amendments
2	Table of Proposed Amendments

OFFICE OF LEGISLATIVE COUNSEL

Examined by: Sherie Verhulst

YELLOW TAG

Order in Council ☐ Regulation ☑

Cautions/Comments:

I have reviewed the attached regulation and section 22 of the *Pharmacy Operations and Drug Scheduling Act*. It is my opinion that there is legislative authority for this regulation. The statute requires that once enacted by the board of the College of Pharmacists, the regulation must be filed with the Minister of Health, and the board may deposit it with the registrar under the *Regulations Act* if the following conditions are met:

(a) the minister has not disallowed all or a portion of the regulation within the period prescribed by the minister under that section;

(b) the regulation is not deposited with the registrar until the prescribed period or another shorter period specified by order of the minister has expired.

Signed: Sherie Verhulst Date: June 4, 2018

R10230203

APPENDIX

1 The Drug Schedules Regulation, B.C. Reg. 9/98, is amended in the Schedules

(a) by striking out the following:

1 Adenosine and its salts (for parenteral use)

1 Adrenocortical hormones and their salts and derivatives[v], including, but not limited to, hydrocortisone, hydrocortisone acetate, hydrocortisone valerate, hydrocortisone sodium succinate, clobetasone butyrate, difluprednate, triamcinolone acetonide and fluticasone (except

(a) hydrocortisone or hydrocortisone acetate, when sold as a single medicinal ingredient in a concentration that provides 1% or less hydrocortisone in preparations for topical use on the skin,

(b) hydrocortisone or hydrocortisone acetate, when sold in combination with any other non-prescription medicinal ingredient that provides 1% or less hydrocortisone in preparations for topical use on the skin,

(c) clobetasone butyrate, when sold in a concentration of 0.05% clobetasone butyrate in cream preparations for topical use on the skin,

(d) triamcinolone acetonide in an aqueous nasal spray that delivers 55 mcg per metered spray for adults and children 12 years of age and older, and

(e) fluticasone propionate, when sold for the treatment of allergic rhinitis in a nasal spray that delivers 50 mcg per metered spray for individuals 18 years of age and older)

1 Antipyrine (except preparations for topical or otic use)[v]

2 Antipyrine for otic or topical use

2 Apomorphine and its salts

1 Cimetidine and its salts (except when sold in concentrations of 100 mg or less per unit dose)

3 Cimetidine and its salts when sold in concentrations of 100 mg or less per unit dose

3 Deoxycholic acid and its salts

2 Dimenhydrinate and its salts (for oral use when sold in packages of greater than 30 dosage units or for parenteral use)

3 Dimenhydrinate and its salts (for oral use when sold in packages of 30 dosage units or less or for rectal use)

2 Glycopyrrolate and its salts

2 Hyoscine and its salts and derivatives [scopolamine]

2 Levonorgestrel when sold in concentrations of 0.75 mg per oral dosage unit (except when labelled to be taken as a single dose of 1.5 mg and in package sizes containing no more than 1.5 mg levonorgestrel, packaged and labelled for emergency contraception)

3 Levonorgestrel (when sold in concentrations of 0.75 mg per oral dosage unit to be taken as a single dose of 1.5 mg, packaged and labelled for emergency contraception, in package sizes containing no more than 1.5 mg levonorgestrel)

3 Minoxidil foam for topical use in concentrations of 5% or less for androgenetic alopecia (male or female pattern baldness or hair loss)

3 Minoxidil in solutions for topical use in concentrations of 2% or less

3 Phenylephrine hydrochloride for ophthalmic use in concentrations of 2.5% or less

2 Potassium salts (oral preparations containing more than 5 mmol per single dose)

2 Salicylic acid and its salts (in topical preparations in concentrations over 40%)

2 Sodium chloride (single ingredient solutions in concentrations of more than 0.9%)***, and***

(b) by adding the following:

1 Acetaminophen, when recommended for administration by intravenous injection

1 Adenosine or its salts when sold or recommended for administration by intravenous injection

1 Adrenocortical hormones and their salts and derivatives[v], including but not limited to betamethasone dipropionate, betamethasone phosphate, betamethasone sodium, betamethasone valerate, budesonide, ciclesonide, clobetasone, cortisone, dexamethasone acetate, dexamethasone phosphate, dexamethasone sodium, difluprednate, fludrocortisone acetate, flunisolide, fluticasone furoate, fluticasone propionate, hydrocortisone aceponate, hydrocortisone acetate, hydrocortisone sodium, methylprednisolone acetate, methylprednisolone, methylprednisolone sodium, methylprednisolone

succinate, mometasone furoate, prednisolone acetate, prednisolone phosphate, prednisolone sodium, prednisone, triamcinolone acetonide, triamcinolone hexacetonide (except

(a) hydrocortisone or hydrocortisone acetate, when sold as a single medicinal ingredient in a concentration that provides 1% or less hydrocortisone in preparations for topical use on the skin,

(b) hydrocortisone or hydrocortisone acetate, when sold in combination with any other non-prescription medicinal ingredient that provides 1% or less hydrocortisone in preparations for topical use on the skin,

(c) clobetasone butyrate, when sold in a concentration of 0.05% in cream preparations for topical use on the skin,

(d) fluticasone propionate, when sold for the treatment of allergic rhinitis in a nasal spray that delivers 50 mcg per metered spray for individuals 18 years of age and older),

(e) mometasone furoate for the treatment of allergic rhinitis in a nasal spray that delivers 50 mcg per spray for those 12 years of age and older, and

(f) triamcinolone acetonide in a nasal spray that delivers 55 mcg per spray for adults and children 12 years of age and older

3 Aluminum oxide

1 Amobarbital

1 Amphetamine

3 Anetholtrithione

1 Antipyrine (except preparations for topical use)[v]

2 Antipyrine (except otic preparations)

3 Antipyrine (for otic use)

1 Apomorphine and its salts

1 Benzphetamine

3 Chlophedianol and its salts

1 Cimetidine or its salts (except when sold in concentrations of 200 mg or less per oral dosage unit and indicated for the treatment of heartburn)

3 Cimetidine or its salts, when sold in concentrations of 100 mg or less per oral dosage unit and indicated for the treatment of heartburn

1 Copper chloride (cupric chloride) in injectable form for parenteral nutrition

1 Deoxycholic acid and its salts, when used in an injectable form

3 Deoxycholic acid and its salts (except when used in an injectable form)

1A Diacetylmorphine

2 Dimenhydrinate and its salts (for parenteral use)

3 Dimenhydrinate and its salts (for oral or rectal use)

3 Electrolyte solutions (for oral rehydration)

3 Ephedrine and its salts in combination products (in preparations containing no more than 8 mg per unit dose, with a label recommending no more than 8 mg/dose or 32 mg/day and for use for no more than 7 days, and indicated for nasal congestion)

2 Ephedrine and its salts in single entity products (in preparations containing no more than 8 mg per unit dose, with a label recommending no more than 8 mg/dose or 32 mg/day and for use for no more than 7 days, and indicated for nasal congestion)

2 Glycopyrrolate or its salts (except glycopyrronium bromide, including but not limited to glycopyrrolate, when used orally or for inhalation)

1 Glycopyrronium bromide (including but not limited to glycopyrrolate, when used orally or for inhalation)

2 Hyoscine and its salts and derivatives [scopolamine] (except hyoscine butylbromide, when recommended for parenteral use)

1 Hyoscine butylbromide (when recommended for parenteral use)

1 Ketamine and its salts

2 Levonorgestrel (when sold in concentrations of 1.5 mg or less per oral dosage unit, except when labelled to be taken as a single dose of 1.5 mg and in package sizes containing no more than 1.5 mg levonorgestrel, packaged and labelled for emergency contraception)

3 Levonorgestrel (when sold in concentrations of 1.5 mg or less per oral dosage unit to be taken as a single dose of 1.5 mg, packaged and labelled for emergency contraception, in package sizes containing no more than 1.5 mg of levonorgestrel)

1 Lidocaine (when in a preparation containing an equal amount of tetracaine and recommended for topical use on the skin, in concentrations of 7% or higher)

2 Magnesium sulfate (for parenteral use)

1 Methamphetamine

1 Mifepristone or its derivatives

2 Nicotinic acid [niacin] in extended-release formulations, except when sold in a modified-release oral dosage form that provides 500 mg or more per dosage unit or per daily dose

1 Phendimetrazine and its salts

1 Phenmetrazine and its salts

1 Potassium citrate (when recommended for the treatment of renal tubular acidosis and kidney stones)

2 Potassium salts (in oral preparations containing more than 5 mmol per single dose, except

(a) potassium bromide,

(b) potassium gluconate when sold or recommended for administration to cats,

(c) potassium para-aminobenzoate, and

(d) potassium citrate when recommended for the treatment of renal tubular acidosis and kidney stones)

3 Pseudoephedrine and its salts and preparations in combination products

2 Pseudoephedrine and its salts and preparations in single entity products

1 Salicylic acid (when sold in topical formulations containing salicylic acid at concentrations greater than 20% or with a pH less than 3.0, or both, except when sold to be applied to warts, corns or calluses)

2 Salicylic acid (when sold to be applied to warts, corns or calluses in topical preparations in concentrations greater than 40%)

2 Sodium acetate (for parenteral use)

2 Sodium chloride (single ingredient solutions for parenteral or ophthalmic use in concentrations of more than 0.9%) [NOTE: Does not apply to contact lens solutions intended to be rinsed off prior to insertion into eye]

2 Sodium phosphate (for parenteral use)

1 Tetracaine (when in a preparation containing an equal amount of lidocaine and recommended for topical use on the skin, in concentrations of 7% or higher)

1 Ulipristal or its salts or derivatives (including but not limited to ulipristal acetate).

[For administrative purposes only - R10230203]

Drug Schedules Regulation - Proposed Amendments for Board Approval June 15, 2018

Current DSR Entry[1]	Amended DSR Entry	Rationale for Amendment/ Comments
None	1 Acetaminophen, when recommended for administration by intravenous injection	Added for consistency with NAPRA and PDL
1 Adenosine and its salts (for parenteral use)	1 Adenosine or its salts, when sold or recommended for administration by intravenous injection	Amended for consistency with NAPRA and PDL
1 Adrenocortical hormones and their salts and derivatives[V], including, but not limited to, hydrocortisone, hydrocortisone acetate, hydrocortisone valerate, hydrocortisone sodium succinate, clobetasone butyrate, difluprednate, triamcinolone acetonide and fluticasone (except (a) hydrocortisone or hydrocortisone acetate, when sold as a single medicinal ingredient in a concentration that provides 1% or less hydrocortisone in preparations for topical use on the skin, (b) hydrocortisone or hydrocortisone acetate, when sold in combination with any other non-prescription medicinal ingredient that provides 1% or less hydrocortisone in preparations for topical use on the skin,	1 Adrenocortical hormones or their salts and derivatives[V], including, but not limited to betamethasone valerate, betamethasone sodium, betamethasone phosphate, betamethasone dipropionate, budesonide, ciclesonide, clobetasone, cortisone, dexamethasone sodium, dexamethasone phosphate, dexamethasone acetate, difluprednate, fludrocortisone acetate, flunisolide, fluticasone propionate, fluticasone furoate, hydrocortisone acetate, hydrocortisone aceponate, hydrocortisone sodium, methylprednisolone acetate, methylprednisolone, methylprednisolone succinate, methylprednisolone sodium, mometasone furoate, prednisolone acetate, prednisolone sodium, prednisolone phosphate, prednisone, triamcinolone acetonide, triamcinolone hexacetonide (except	Amended for consistency with NAPRA and PDL

[1] 1 = Schedule I (Prescription)
1A = Schedule IA (Triplicate/Duplicate Prescription Program)
2 = Schedule II (Professional Service Area)
3 = Schedule III (Professional Products Area)
4 = Schedule IV (Prescription by Pharmacist)

Current DSR Entry[1]	Amended DSR Entry	Rationale for Amendment/ Comments
(c) clobetasone butyrate, when sold in a concentration of 0.05% clobetasone butyrate in cream preparations for topical use on the skin, (d) triamcinolone acetonide in an aqueous nasal spray that delivers 55 mcg per metered spray for adults and children 12 years of age and older, and (e) fluticasone propionate, when sold for the treatment of allergic rhinitis in a nasal spray that delivers 50 mcg per metered spray for individuals 18 years of age and older)	(a) hydrocortisone or hydrocortisone acetate, when sold as a single medicinal ingredient in a concentration that provides 1% or less hydrocortisone in preparations for topical use on the skin; or (b) hydrocortisone or hydrocortisone acetate, when sold in combination with any other non-prescription medicinal ingredient that provides 1% or less hydrocortisone in preparations for topical use on the skin; or (c) clobetasone butyrate, when sold in a concentration of 0.05% in cream preparations for topical use on the skin; or (d) triamcinolone acetonide in a nasal spray that delivers 55 mcg per spray for adults and children 12 years of age and older; or (e) mometasone furoate for the treatment of allergic rhinitis in a nasal spray that delivers 50 mcg per spray for those 12 years of age and older; or (f) fluticasone propionate, when sold for the treatment of allergic rhinitis in a nasal spray that delivers 50 mcg per metered spray for individuals 18 years of age and older)	
None	3 Aluminum oxide	Added for consistency with NAPRA
None	1 Amobarbital	Added for consistency with CDSA

Current DSR Entry[1]	Amended DSR Entry	Rationale for Amendment/ Comments
		Requested by CRNBC
None	1 Amphetamine	Added for consistency with CDSA Requested by CRNBC
None	3 Anetholtrithione	Added for consistency with NAPRA
1 Antipyrine (except preparations for topical or otic use)[V]	1 Antipyrine (except preparations for topical use) [V]	Amended for consistency with PDL
2 Antipyrine for otic or topical use	2 Antipyrine (except otic preparations)	Amended for consistency with NAPRA
None	3 Antipyrine (for otic use)	Added for consistency with NAPRA
2 Apomorphine and its salts	1 Apomorphine or its salts	Amended for consistency with NAPRA and PDL
None	1 Benzphetamine	Added for consistency with CDSA Requested by CRNBC
None	3 Chlophedianol and its salts	Added for consistency with NAPRA
1 Cimetidine and its salts (except when sold in concentrations of 100 mg or less per unit dose)	1 Cimetidine or its salts (except when sold in concentrations of 200 mg or less per oral dosage unit and indicated for the treatment of heartburn)	Amended for consistency with NAPRA and PDL
3 Cimetidine and its salts when sold in concentrations of 100 mg or less per unit dose	3 Cimetidine or its salts, when sold in concentrations of 100 mg or less per oral dosage unit and indicated for the treatment of heartburn	Revised for consistency with NAPRA
None	1 Copper chloride (cupric chloride) in injectable form for parenteral nutrition	Added for consistency with NAPRA
None	1 Deoxycholic acid or its salts, when used in an injectable form	Added for consistency with NAPRA and PDL
3 Deoxycholic acid and its salts	3 Deoxycholic acid and its salts (except when used in an injectable form)	Amended for consistency with NAPRA
None	1A Diacetylmorphine	Added for consistency with CDSA Requested by CRNBC

Current DSR Entry[1]	Amended DSR Entry	Rationale for Amendment/ Comments
2 Dimenhydrinate and its salts (for oral use when sold in packages of greater than 30 dosage units or for parenteral use)	2 Dimenhydrinate and its salts (for parenteral use)	Amended for consistency with NAPRA
3 Dimenhydrinate and its salts (for oral use when sold in packages of 30 dosage units or less or for rectal use)	3 Dimenhydrinate and its salts (for oral or rectal use)	Amended for consistency with NAPRA
None	3 Electrolyte solutions (for oral rehydration)	Added for consistency with NAPRA
None	3 Ephedrine and its salts in combination products (in preparations containing no more than 8 mg per unit dose, with a label recommending no more than 8 mg/dose or 32 mg/day and for use not more than 7 days, and indicated for nasal congestion)	Added for consistency with NAPRA
None	2 Ephedrine and its salts in single entity products (in preparations containing no more than 8 mg per unit dose, with a label recommending no more than 8 mg/dose or 32 mg/day and for use not more than 7 days, and indicated for nasal congestion)	Added for consistency with NAPRA
2 Glycopyrrolate and its salts	2 Glycopyrrolate or its salts (except glycopyrronium bromide, including but not limited to glycopyrrolate, when used orally or for inhalation)	Amended for consistency with NAPRA
None	1 Glycopyrronium bromide (including but not limited to glycopyrrolate, when used orally or for inhalation)	Added for consistency with NAPRA and PDL
2 Hyoscine and its salts and derivatives [scopolamine]	2 Hyoscine and its salts and derivatives [scopolamine] (except Hyoscine butylbromide, when recommended for parenteral use)	Amended for consistency with NAPRA
None	1 Hyoscine butylbromide (when recommended for parenteral use)	Added for consistency with NAPRA and PDL
None	1 Ketamine and its salts	Added for consistency with CDSA

Current DSR Entry[1]	Amended DSR Entry	Rationale for Amendment/ Comments
		Requested by CRNBC
2 Levonorgestrel when sold in concentrations of 0.75 mg per oral dosage unit (except when labelled to be taken as a single dose of 1.5 mg and in package sizes containing no more than 1.5 mg levonorgestrel, packaged and labelled for emergency contraception)	2 Levonorgestrel (when sold in concentrations of 1.5 mg or less per oral dosage unit (except when labelled to be taken as a single dose of 1.5 mg and in package sizes containing no more than 1.5 mg levonorgestrel, packaged and labelled for emergency contraception))	Amended for consistency with NAPRA
3 Levonorgestrel (when sold in concentrations of 0.75 mg per oral dosage unit to be taken as a single dose of 1.5 mg, packaged and labelled for emergency contraception, in package sizes containing no more than 1.5 mg levonorgestrel)	3 Levonorgestrel (when sold in concentrations of 1.5 mg or less per oral dosage unit to be taken as a single dose of 1.5 mg, packaged and labelled for emergency contraception, in package sizes containing no more than 1.5 mg of levonorgestrel)	Amended for consistency with NAPRA
None	1 Lidocaine (when in a preparation containing an equal amount of tetracaine and recommended for topical use on the skin, in concentrations of 7% or higher)	Added for consistency with NAPRA and PDL
None	2 Magnesium sulfate (for parenteral use)	Added for consistency with NAPRA
None	1 Methamphetamine	Added for consistency with CDSA Requested by CRNBC
None	1 Mifepristone or its derivatives	Added for consistency with NAPRA and PDL Requested by CRNBC
3 Minoxidil foam for topical use in concentrations of 5% or less for androgenetic alopecia (male or female pattern baldness or hair loss)	Removed from DSR (i.e. unscheduled)	Removed for consistency with NAPRA Requested by drug manufacturer
3 Minoxidil in solutions for topical use in concentrations of 2% or less	Removed from DSR (i.e. unscheduled)	Removed for consistency with NAPRA

Current DSR Entry[1]	Amended DSR Entry	Rationale for Amendment/ Comments
		Requested by drug manufacturer
None	2 Nicotinic acid (niacin) in extended-release formulations, except when sold in a modified-release oral dosage form that provides 500 mg or more per dosage unit or per daily dose	Added for consistency with NAPRA
None	1 Phendimetrazine and any salt thereof	Added for consistency with CDSA Requested by CRNBC
None	1 Phenmetrazine and any salt thereof	Added for consistency with CDSA Requested by CRNBC
3 Phenylephrine hydrochloride for ophthalmic use in concentrations of 2.5% or less	Removed from DSR (i.e. unscheduled)	Removed for consistency with NAPRA.
None	1 Potassium citrate (when recommended for the treatment of renal tubular acidosis and kidney stones)	Added for consistency with NAPRA and PDL
2 Potassium salts (oral preparations containing more than 5 mmol per single dose)	2 Potassium salts (in oral preparations containing more than 5 mmol per single dose [except potassium bromide, potassium gluconate when sold or recommended for administration to cats, potassium para-aminobenzoate, potassium citrate when recommended for the treatment of renal tubular acidosis and kidney stones])	Amended for consistency with NAPRA
None	3 Pseudoephedrine and its salts and preparations in combination products	Added for consistency with NAPRA
None	2 Pseudoephedrine and its salts and preparations in single entity products	Added for consistency with NAPRA
None	1 Salicylic acid (when sold in topical formulations containing salicylic acid at concentrations greater than 20% and/or	Added for consistency with NAPRA and PDL

Current DSR Entry[1]	Amended DSR Entry	Rationale for Amendment/ Comments
	with a pH less than 3.0, except when sold to be applied to warts, corns or calluses)	
2 Salicylic acid and its salts (in topical preparations in concentrations over 40%)	2 Salicylic acid (when sold to be applied to warts, corns or calluses in topical preparations in concentrations greater than 40%)	Amended for consistency with NAPRA
None	2 Sodium acetate (for parenteral use)	Added for consistency with NAPRA
2 Sodium chloride (single ingredient solutions in concentrations of more than 0.9%)	2 Sodium chloride (single ingredient solutions for parenteral or ophthalmic use in concentrations of more than 0.9%) [NOTE: Does not apply to contact lens solutions intended to be rinsed off prior to insertion into eye]	Amended for consistency with NAPRA
None	2 Sodium phosphate (for parenteral use)	Added for consistency with NAPRA
None	1 Tetracaine (when in a preparation containing an equal amount of lidocaine and recommended for topical use on the skin, in concentrations of 7% or higher)	Added for consistency with NAPRA and PDL
None	1 Ulipristal or its salts or derivatives (including but not limited to ulipristal acetate)	Added for consistency with PDL

College of Pharmacists of British Columbia

BOARD MEETING
June 15, 2018

6c. Policy on Injectable Opioid Agonist Treatment (PPP-67)

DECISION REQUIRED

Recommended Board Motions:

(1) Approve Professional Practice Policy (PPP) 67 Injectable Opioid Agonist Treatment, to be effective on September 1, 2018.

(2) Approve the following new PPP 67 Policy Guide, to be effective on September 1, 2018:
- PPP 67 Policy Guide – Injectable Hydromorphone Maintenance Treatment (2018)

Purpose

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

- PPP 67 Injectable Opioid Agonist Treatment
- PPP 67 Policy Guide Injectable Hydromorphone Maintenance 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., buprenorphine/naloxone, methadone, slow release oral morphine, injectable hydromorphone).

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

[1] BCCSU guideline, *A Guideline for the Clinical Management of Opioid Use Disorder,* http://www.bccsu.ca/wp-content/uploads/2017/06/BC-OUD-Guidelines_June2017.pdf

At their November 2017 Board meeting, the Board approved amendments to PPP 66 (renaming it from Methadone Maintenance Treatment to Opioid Agonist Treatment) and two new policy guides – PPP 66 Policy Guide: Slow Release Oral Morphine Maintenance Treatment (2018) and PPP 66 Policy Guide: Buprenorphine/Naloxone Maintenance Treatment[2]. These policy documents outline the dispensing requirements for OAT drugs.

In October 2017, the BCCSU released another guideline, *"Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder"*[3] (the 2017 BCCSU Guideline). The 2017 BCCSU Guideline was developed to provide treatment options to individuals who have not benefited from OAT drugs (i.e., buprenorphine/naloxone, methadone and slow release oral morphine). These individuals face significant risks, including fatal overdose due in large part to the proliferation of fentanyl and other synthetic analogues into the illicit drug supply. The 2017 BCCSU Guideline provides recommendations regarding how injectable opioid agonist treatments can be introduced into clinical practice to prevent premature death from overdose and other harms associated with ongoing injection drug use, while also engaging individuals in addiction treatment.

The 2017 BCCSU Guideline provides recommendations for three potential models of care:

- Comprehensive and dedicated supervised injectable opioid agonist treatment program in which clients can access a full complement of care in one setting;
- An integrated or embedded supervised injectable opioid agonist treatment program for clients in a less intensive setting within pre-established services; and,
- An emerging model, a pharmacy-based supervised injectable opioid agonist treatment program allowing for improved access to care in communities where other, more intensive models may not be appropriate or feasible.

This briefing note focuses on the pharmacy-based supervised model noted above.

Discussion

As noted above, the College has requirements in place for buprenorphine/naloxone, methadone and slow release oral morphine when used as OAT drugs. However, with the release of the 2017 BCCSU Guideline, a gap in policy exists in which there are no specific requirements regarding injectable opioid agonist treatment (iOAT) drugs – specifically, injectable hydromorphone. At present, College staff are aware of one community pharmacy located in Vancouver that offers supervised self-injection of hydromorphone for iOAT services. The absence of requirements for the safe dispensing of these drugs can lead to patient safety concerns. Therefore, staff have developed minimum requirements for dispensing injectable

[2] PPP-66 and related policy guides can be accessed via the following link: http://www.bcpharmacists.org/opioid-agonist-treatment

[3] BCCSU guideline, *Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder,* http://www.bccsu.ca/wp-content/uploads/2017/10/BC-iOAT-Guidelines-10.2017.pdf

hydromorphone for iOAT to complement the existing OAT requirements.

In establishing the minimum requirements for safe dispensing of injectable hydromorphone, College staff visited a community pharmacy that currently provides this service to observe their current practice and also liaised with a health authority clinic that provides this service. Staff also reviewed the 2017 BCCSU Guideline. Stemming from this review, an initial draft of injectable hydromorphone requirements was produced.

Consultations

The following groups reviewed and provided input on the new policy and policy guide:

- The BCCSU;
- The Ministry of Health;
- Lower Mainland Pharmacy Services and select Health Authority staff;
- The BC Pharmacy Association; and
- The College of Registered Nurses of BC.

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

Policy vs Bylaw

Given the public safety risk associated with injectable hydromorphone being dispensed in the absence of specific requirements for safe dispensing of this drug, the College felt it important to develop a position on this issue as soon as possible. As such, PPP 67 Injectable Opioid Agonist Treatment and accompanying PPP 67 Policy Guide – Injectable Hydromorphone Maintenance Treatment (2018) have been developed (see Appendix 1 and 2).

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

Next Steps

- Communicate and implement new policy requirements for September 1, 2018.
- Transitioning the iOAT requirements to bylaws.

Recommendation

The Legislation Review Committee recommends that the Board approve the new PPP 67 – Injectable Opioid Agonist Treatment and approve the new accompanying policy guide, PPP 67 Policy Guide – Injectable Hydromorphone Maintenance Treatment, both to be effective on September 1, 2018.

Appendix	
1	PPP-67 Injectable Opioid Agonist Treatment
2	PPP 67 Policy Guide – Injectable Hydromorphone Maintenance Treatment (2018)

This policy provides guidance to registrants employed in a community pharmacy which provides injectable opioid agonist maintenance treatment.

1. INJECTABLE HYDROMORPHONE POLICY STATEMENTS:

Effective September 1, 2018:

1. Injectable hydromorphone maintenance treatment must only be dispensed as Health Canada approved, commercially available product.
2. The College of Pharmacists of British Columbia (CPBC) Injectable Hydromorphone 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 provides pharmacist supervision of injectable hydromorphone opioid maintenance treatment must:
    a) know and apply the principles and guidelines outlined in the CPBC Injectable Hydromorphone Maintenance Treatment Policy Guide (2018) and all subsequent revisions,
    b) have implemented all necessary practice requirements identified in the CPBC Injectable Hydromorphone Maintenance Treatment Policy Guide (2018),
    c) be familiar with the information included in the most recent version of British Columbia Centre on Substance Use (BCCSU) “Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder”,
    d) be familiar with the information included in the product monographs of approved, commercially available formulations.

First approved: **DD MM YYYY** **PPP-67**
Revised:
Reaffirmed:

College of Pharmacists of British Columbia

Professional Practice Policy #67

Policy Guide

Injectable Hydromorphone Maintenance Treatment (2018)

Injectable Hydromorphone Maintenance Treatment Policy Guide

All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacist supervision of injectable hydromorphone maintenance treatment must know and apply the principles and guidelines outlined here in the College of Pharmacists of BC's (CPBC) Injectable Hydromorphone 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 supervised injection (i.e. 7 days per week, multiple doses per day) the pharmacy hours of service need to accommodate this dosing requirement. Patients may need to have access to injectable hydromorphone up to three times per day with a minimum of three hours between doses.

1.2 General Guidance for Pharmacy Professionals

Principle 1.2.1 Only full pharmacists who successfully fulfill the following requirements may be considered "iOAT trained pharmacists":
- Authorized by the CPBC under the Certification of Practicing Pharmacists for Drug Administration (injection and intranasal route);
- Trained to administer emergency use naloxone as per Principle 1.2.4;
- Holds current certification in cardiopulmonary resuscitation and first aid;
- Is familiar with the information included in the most recent version of British Columbia Centre on Substance Use (BCCSU) "Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder";
- Completed online training through the University of British Columbia Faculty of Medicine, Continuing Professional Development's, Provincial Opioid Addiction Treatment Support Program;
- Trained in the use of all equipment required under Principle 1.3.3;
- Knows and applies the principles and guidelines outlined in the CPBC "Injectable Hydromorphone Maintenance Treatment Policy Guide (2018)" and all subsequent revisions; and,
- Records self-declaration of knowledge and training completion in eServices prior to dispensing injectable hydromorphone.

Guideline: Refer to HPA Bylaws, Schedule F, Part 4 – Certified Practice – Drug Administration by Injection and Intranasal Standards, Limits and Conditions for more information.

Principle 1.2.2 With respect to pharmacist supervised injectable hydromorphone maintenance treatment, only iOAT trained pharmacists can: accept a prescription for injectable hydromorphone; release a dose of injectable hydromorphone to a patient; conduct a pre- or post-injection patient assessment; or, supervise patients self-administering injectable hydromorphone. These functions cannot be delegated to a pharmacy technician or any other pharmacy support staff.

Principle 1.2.3 Patients must be advised to talk to their prescriber and pharmacist about any continuing withdrawal symptoms, cravings, and/or non-medical opioid use.

Principle 1.2.4 All registrants must be trained to administer emergency use naloxone and hold current certification in cardiopulmonary resuscitation and first aid.

Guideline: It is recommended that all pharmacy staff be trained to administer emergency use naloxone, cardiopulmonary resuscitation and first aid.

Naloxone education and training resources are available through the BC Centre for Disease Control's Towards the Heart Program.

Principle 1.2.5 Registrants must always practice within the scope of their education, training and competence. Where needed, they must obtain appropriate education and training as necessary.

Guideline: Refer to HPA Bylaws, Schedule A - Code of Ethics.

1.3 Facility and Equipment

Principle 1.3.1 The pharmacy must have a separate injection room within which the drug is to be self-administered by the patient that is clean, safe, comfortable and appropriately private and furnished for the patient. This room must be equipped with the following at a minimum: stainless steel table, chair, secure container for sharps that is not easily removable, sink, soap, hand sanitizer, antiseptic cleaning wipes and paper-towel in a dispenser.

Principle 1.3.2 The injection room must have the following clean and sterile injection supplies for patient use, including but not limited to: needles for patient self-injection (intravenous, intramuscular and subcutaneous), tourniquets, alcohol swabs, bandages and cotton swabs.

Principle 1.3.3 The injection room must have the following equipment for assessment and overdose management: adequate naloxone and related supplies (e.g., needles, etc.), breathalyzer, pulse oximeter, blood pressure monitor, oxygen, and bag valve mask.

Principle 1.3.4 The injection room surfaces and equipment must be cleaned with appropriate disinfectant at the beginning and end of each day, and between each patient use to prevent the spread of infection.

2.0 Receiving Injectable Hydromorphone Prescriptions

2.1 Controlled Prescription Program Forms – Overview

Principle 2.1.1 Injectable hydromorphone for maintenance prescriptions can only be accepted when written using an original Controlled Prescription Program form. When accepting prescriptions for injectable hydromorphone maintenance treatment, the iOAT trained pharmacist must ensure that the Controlled Prescription Program Form is completed by the prescriber as outlined in the Controlled Prescription Program.

Note: A pharmacist does not have the independent authority to adapt a prescription for injectable hydromorphone maintenance treatment.

3.0 Processing Injectable Hydromorphone Prescriptions

3.1 Assessment of a Prescription

Principle 3.1.1 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 injectable hydromorphone 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.

Guideline: Concurrent use of injectable hydromorphone with other depressants such as benzodiazepines is contraindicated, as combined effects can potentially result in fatal respiratory depression.

Note: Patients on injectable hydromorphone maintenance treatment are routinely co-prescribed other oral opioid agonist drugs. Consulting with prescribers ensures that they are aware that the patient is currently receiving injectable hydromorphone maintenance treatment.

3.2 PharmaNet Records

Principle 3.2.1 The prescribed injectable hydromorphone dose (in both mg and mL) and dose frequency must be entered in the 'sig' field for each patient on PharmaNet. Any injectable hydromorphone dose that has been processed but is not self-administered by the patient on the prescribed day is considered cancelled and must be reflected accurately 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 self-administered injectable hydromorphone doses as other health professionals rely on this information in making treatment decisions.

Example: Patient presents a valid prescription for injectable hydromorphone for supervised injection, stating 125 mg three times daily. Using commercially prepared single use vials of 50mg/mL hydromorphone, each dose corresponds to 2.5mL. Each vial is 1mL. Therefore, 3 X 1mL vials are needed to prepare each dose.

In this example, the sig field should contain something similar to: "125mg (2.5mL) three times daily supervised injection".

The patient is injecting a total of 7.5mL per day. However, three vials are needed to prepare each dose. So, the total amount dispensed would be 9mL.

At the end of the day, it is expected that the total quantity posted on PharmaNet accurately reflects what was dispensed. If this patient attended and received two doses but missed one, the total amount on PharmaNet at the end of the day should be 6mL.

When viewing patient profiles on PharmaNet, care must be taken to distinguish between dose prescribed and quantity dispensed, as there may be discrepancies between the two due to vial size and wastage from dose preparation.

4.0 Releasing Injectable Hydromorphone Prescriptions

4.1 Releasing a Prescription

Principle 4.1.1 An iOAT trained pharmacist must release the injectable hydromorphone dose to a patient. This function cannot be delegated to a pharmacy technician or any other pharmacy support staff.

4.2 Pre-Injection Assessment

Principle 4.2.1 Prior to releasing an injectable hydromorphone dose, an iOAT trained pharmacist must complete a pre-injection assessment of the patient to assess for signs of intoxication, including severe agitation, dyskinesia, sedation, slurred speech, or smelling of alcohol. The iOAT trained pharmacist who conducts this assessment must document this by signing a patient/prescription specific log. If the patient is intoxicated, the dose must be postponed or withheld and this must be documented and included with the original prescription. The prescriber must be notified.

Guideline: The sample *Pre-Injection Assessment Checklist* (Appendix 1) can be used for the pre-injection assessment. The sample *Injectable Hydromorphone Part-Fill Accountability Log* (Appendix 2) can be used for the patient/prescription specific log.

If the initial assessment results in suspicion of recent use of psychoactive substances, the iOAT trained pharmacist should discuss with the patient if they have consumed illegal or non-medical drugs (including any non-prescribed pharmaceutical drug) or alcohol. Where observation warrants further assessment for alcohol intoxication (e.g., slurred speech, unsteady gait, or smelling of alcohol), the iOAT trained pharmacist may administer breathalyzer testing to check that the patient's blood alcohol level does not exceed 0.05%.

Note: The BCCSU "Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder" requires a minimum of three hours between doses.

4.3 Dose Preparation

Principle 4.3.1 If after the pre-injection assessment, the iOAT trained pharmacist deems the patient fit, the injectable hydromorphone dose may be prepared.

Principle 4.3.2 Best practices and established standards for preparing and handling injections must be followed.

Principle 4.3.3 Injectable hydromorphone for maintenance must be dispensed to patients as an approved, commercially available single-use vial formulation.

Principle 4.3.4 Single-use vial formulation allows only one needle puncture per vial. Any unused injectable hydromorphone remaining in the vial must be rendered unusable at the time of dose preparation according to Principle 4.3.6. This principle must be followed unless the preparation is done according to Principle 4.3.5.

Principle 4.3.5 Vials can be used for a maximum of two needle punctures when preparing syringes for the same patient (e.g., patient specific dose), only if the most recent version of NAPRA "Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations" is followed. Any unused injectable hydromorphone remaining in the vial must be rendered unusable by the end of beyond-use date (BUD) according to Principle 4.3.6.

Note: NAPRA "Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations" requires that preparation be done in a primary engineering control (PEC) (e.g., laminar airflow workbench or compounding aseptic isolator) that maintains ISO Class 5 air quality. Once the single-use vial is punctured in the PEC, the BUD of the drug remaining in the vial is ***6 hours***.

Note: In addition to equipment, facility and BUD requirements noted above, it is important to note that there are numerous requirements outlined in the NAPRA "Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations" (i.e., labelling, personnel, policy and procedure requirements, etc.) which must be met to prepare the dose under Principle 4.3.5 to ensure patient safety. Otherwise, Principle 4.3.4 must be followed.

Principle 4.3.6 Prior to being rendered unusable as per Principles 4.3.4 or 4.3.5, any unused drug in vials from dose preparation must be documented in the patient/prescription specific log. A pharmacist and one other health professional must sign off on this drug destruction. This documentation must be kept in accordance with CPBC filing retention requirements. Empty vials must be disposed of in a secure container for sharps.

Guideline: The goal is to alter or denature the drug to such an extent that consumption has been rendered impossible or improbable. It should be readily apparent that the resulting product has been safely rendered unusable.

The sample *Injectable Hydromorphone Part-Fill Accountability Log* (Appendix 2) can be used for the patient/prescription specific log.

4.4 Prior to Releasing the Dose

Principle 4.4.1 Prior to releasing the injectable hydromorphone dose, the iOAT trained pharmacist must confirm the patient's identity against the original prescription and verify that the correct quantity of the dose has been prepared in the syringe.

Principle 4.4.2 The patient and iOAT trained 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. Every part-fill dispensed must be reviewable as a complete history on one document.

Guideline: The sample *Injectable Hydromorphone Part-Fill Accountability Log* (Appendix 2) can be used for this purpose. Neither the pharmacist nor the patient is permitted to pre-sign for future doses or backdate signing.

4.5 Supervised Injection

Principle 4.5.1 An iOAT trained pharmacist must supervise the patient self-administering the prepared dose of injectable hydromorphone, to address patient safety and potential drug diversion issues. An iOAT trained pharmacist must be physically present in the injection room and directly monitor the patient for the full duration of the self-administered injection. The patient must never be left unattended in the injection room.

Guideline: Patients may inject intravenously, intramuscularly, or subcutaneously. For safety reasons, it is recommended that intravenous injection only be allowed in the upper extremities (hands or arms, no jugular use is permitted), while intramuscular injections can be allowed in the deltoid, thighs, and gluteal muscles.

Under no circumstances may a registrant administer the dose of injectable hydromorphone to a patient.

Assisting a patient to self-administer an injection (for example, by steadying a patient's hand) may place a health professional at high risk of a needle-stick injury. Part of the ongoing assessment of the patient is ensuring their continued ability to safely self-administer an injection, and notifying the prescriber if the patient can no longer do so.

Principle 4.5.2 If for any reason the patient does not self-administer a full dose, the remaining drug in the syringe must be rendered unusable. A pharmacist and one other health professional must sign off on this drug destruction. This documentation must be kept in accordance with CPBC filing retention requirements. The iOAT trained pharmacist must estimate the amount of drug injected and note this on the patient/prescription specific log. The prescriber must also be notified.

Guideline: The goal is to alter or denature the drug to such an extent that consumption has been rendered impossible or improbable. It should be readily apparent that the resulting product has been safely rendered unusable.

The sample *Injectable Hydromorphone Part-Fill Accountability Log* (Appendix 2) can be used to document the amount of drug injected in the patient/prescription specific log.

Principle 4.5.3 An iOAT trained pharmacist must only supervise one patient self-administering a dose of hydromorphone at a time (i.e., a 1:1 pharmacist to patient) ratio. The 1:1 ratio is needed to better ensure effective overdose response and emergency management.

Guideline: Staffing needs of the pharmacy should be considered when providing injectable hydromorphone treatment. While an iOAT trained pharmacist is required to monitor patients self-administering the dose of hydromorphone, appropriate supervision of the pharmacy premise is also needed, in compliance with legislative requirements.

Principle 4.5.4 Any empty used syringes and needles must be immediately disposed of in a secure container for sharps in the injection room.

4.6 Post-Injection Assessment

Principle 4.6.1 Post-injection, the patient must stay in the pharmacy for a minimum of 15 minutes, and within view of an iOAT trained pharmacist. Any refusal must be documented and the prescriber must be notified. After 15 minutes has elapsed, the iOAT trained pharmacist must conduct a post-injection assessment, observing any signs of intoxication including dyskinesia, sedation, slurred speech, agitation, or decreased respiration rate. If adverse events are observed, the pharmacist must notify the prescriber. The iOAT trained pharmacist who conducts this assessment must document this by signing a patient/prescription specific log.

Guideline: The sample *Post-Injection Assessment Checklist* (Appendix 3) can be used for the post-injection assessment. The sample *Injectable Hydromorphone Part-Fill Accountability Log* (Appendix 2) can be used for the patient/prescription specific log.

While awaiting the post-injection period to elapse, the patient must remain within the view of an iOAT trained pharmacist. This may be in the separate

injection room, a reception area or elsewhere within 25 feet from the perimeter of the dispensary.

If the patient seems to be intoxicated, a pulse oximeter and/or a vital sign assessment should be completed and documented. If at any time during the post-injection assessment the iOAT trained pharmacist determines that the patient requires medical attention, they should immediately call 911.

Principle 4.6.2 If after the post-injection assessment, the iOAT trained pharmacist deems the patient fit to leave the premises, then the patient may do so.

5.0 Security and Reconciliation

Principle 5.1.1 At the end of each day the secure container(s) for sharps must be kept in a locked area, such as a locked cage or cabinet that only registrants have access to.

Principle 5.1.2 At the end of each day, a count and reconciliation for injectable hydromorphone must be conducted and signed off on by a pharmacist and one other regulated health professional. This documentation must be kept in accordance with CPBC filing retention requirements.

Principle 5.1.3 The pharmacy must have a security camera in the injection room.

Guideline: Patients must be informed of the security camera, see Professional Practice Policy 74 – Community Pharmacy Security for more guidance.

6.0 Responding to Dosing Issues

6.1 Missed Doses

Principle 6.1.1 If a patient misses a dose, they cannot receive the missed dose at a later date.

Principle 6.1.2 The prescriber must be notified of any missed doses before the next supervised injection. The notification document must be retained and filed with the prescription consistent with filing retention requirements.

Guideline: The *Pharmacist-Prescriber Communication Form* (Appendix 4) can be used for this purpose.

Principle 6.1.3 If a patient misses 9 consecutive sessions or 3 days (whichever is first), the prescription must be cancelled, and the prescriber notified of the cancellation. A new prescription is required for the next dose.

Appendix 1

Pre-Injection Assessment Checklist

Patient Name:	Assessment Date and Time:

Yes	No	Unknown	
☐	☐	☐	Severely anxious or agitated
☐	☐	☐	Dyskinetic
☐	☐	☐	Overly sedated
☐	☐	☐	Slurred speech
☐	☐	☐	Smells of alcohol

Baseline respiration rate: _____ breaths/minute

Pasero Opioid-induced Sedation Scale (POSS) level: _____

Breathalyzer required: ☐ Yes ☐ No

If yes, breathalyzer reading: _____

Notes:

Appendix 2

Injectable Hydromorphone Part-Fill Accountability Log

Patient Name:_____

Prescription Number:_____

Date	Time	Transaction Number	Prescribed Dose (mg and mL)	Total Volume Used to Prepare Dose (mL)	Wastage after Dose Preparation (mL)	Drug Destruction (Health Professional's Signatures)	Pre-Injection Assessment (Pharmacist's Initials)	Patient's Signature	Supervision (Pharmacist's Initials)	Post-Injection Assessment (Pharmacist's Initials)	Notes

Appendix 3

Post-Injection Assessment Checklist

Name:	Assessment Date and Time:

Yes	No	Unknown	
☐	☐	☐	Severely anxious or agitated
☐	☐	☐	Dyskinetic
☐	☐	☐	Overly sedated
☐	☐	☐	Slurred speech
☐	☐	☐	Smells of alcohol
☐	☐	☐	Decreased respiration rate

Respiration rate: _____

Pasero Opioid-induced Sedation Scale (POSS) level: _____

Notes:

Appendix 4

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 injectable hydromorphone dose(s) _____ (dates).

❑ This patient did not take their full AM dose(s) today _____ (date) and consumed only ____ mg/mL of the ____ mg/mL prescribed dose.

❑ This patient did not take their full PM dose(s) today _____ (date) and consumed only ____ mg/mL of the ____ mg/mL prescribed dose.

Additional Information/Other

You May Attach Controlled Prescription Form.

Notes:

College of Pharmacists of British Columbia

6. Legislation Review Committee

Jeremy Walden

Chair, Legislation Review Committee

College of Pharmacists of British Columbia

6 a) Committee Update

College of Pharmacists of British Columbia

Committee Update

May 16, 2018 Meeting

- Drug Schedules Regulation – Amendments
- Policy on Injectable Opioid Agonist Treatment (PPP-67)
- Pharmacy Manager Education

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Committee Update, continued

Key Upcoming Committee Work

- Review of final bylaws regarding electronic record keeping, for approval for filing with the Minister of Health.
- Potential recommendation for Board approval at their **September 2018** meeting.

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6 b) Drug Schedules Regulation - Amendments

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Background

- Drugs are scheduled on the Drugs Schedules Regulation (DSR), as follows:
  - **Schedule 1**: Prescription drugs
  - **Schedule 1A**: Prescription drugs that are part of the Controlled Prescription Program.
  - **Schedule 2**: Non-prescription drugs retained within the Professional Service Area.
  - **Schedule 3**: Non-prescription drugs available from the self-selection Professional Products Area.
  - **Schedule 4**: Drugs that may be prescribed by a pharmacist.
- Health Canada determines whether a drug must be sold by prescription only.
- The CPBC can further restrict the conditions of sale of non-prescription products, and determine which drugs should be scheduled as 1A.

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Background

- For non-prescription drugs, most provincial regulatory authorities schedule by reference to recommendations made by NAPRA.
- B.C. is one of the few provinces in Canada that maintains its own list of scheduled drugs in the DSR. However, most amendments are based on NAPRA recommendations.

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Background, continued

- The College recently conducted a review of the DSR to identify any misalignments with the federal and NAPRA drug schedules.
- The focus of the review was to align Schedule 2 and 3 drugs with NAPRA's list.
- Results of review:
  - A number of Schedule 2 and 3 drugs on the DSR were misaligned with NAPRA
  - A number of Schedule 1 drugs were misaligned with PDL (incidental findings, as Schedule 1 drugs were not the focus of the review)
- Requests from external organizations to amend DSR:
  - Request from CRNBC to add drugs to DSR
  - Request from drug manufacturer to deschedule drug (minoxidil), consistent with NAPRA

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Proposed Amendments

- 40+ proposed amendments identified during the project.
- 10+ amendments requested by CRNBC.
- Nature of amendments:
  - Align Schedule 2 and 3 drugs with NAPRA's NDS
  - Align Schedule 1 drugs with PDL
  - Add drugs requested by CRNBC
  - Unschedule one drug, as requested by drug manufacturer (consistent with NAPRA)
- Draft amendments were provided to Ministry of Health for review, and no concerns were identified.
- **Amendments would not result in any significant changes to pharmacy practice.**

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Next Steps

- If approved, amendments will be: filed with the Minister of Health for a 60 days, and then deposited with the Registrar under the Regulations Act, as required by legislation.
- Subject to approval, amendments are expected to come into force in mid-August 2018.

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6b) Drug Schedules Regulation - Amendments

MOTION:

Approve the following resolution to improve alignment of the drug scheduling in the Drug Schedules Regulation with the National Drug Schedules, the Prescription Drug List made under the *Food and Drugs Act* (Canada), and the *Schedules to the Controlled Drugs and Substances Act* (Canada).

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

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6 c) Policy on Injectable Opioid Agonist Treatment (PPP-67)

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Injectable Opioid Agonist Therapy (iOAT)

Background

- In 2016, a state of public health emergency was declared in BC, due to the sharp increase in drug-related overdoses and deaths.
- OAT, whether oral or injectable, is designed to prevent withdrawal symptoms and manage cravings in addition to replacing ongoing injection use of non-medical drugs that may be adulterated with safe, pharmaceutical-grade opioid agonists in safe and hygienic environments.
- OAT therapy aims to reduce the potential harms of IV drug use.
- iOAT is indicated for individuals who have not benefited from oral OAT (i.e., methadone, buprenorphine/naloxone, and/or slow-release oral morphine).

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BC Centre on Substance Use & New Guideline

- BC Centre on Substance Use (BCCSU), is a new provincial organization with a mandate to develop, implement and evaluate evidence-based approaches to substance use and addiction.
- In October 2017, the BCCSU released, "*Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder*".
- The new guideline is for all clinicians who prescribe iOAT drugs (i.e., primarily hydromorphone) for treatment of patients with opioid use disorder.

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iOAT

BCCSU Guideline:

- Injectable OAT is highest intensity treatment option available for people with severe opioid use disorders who have been unsuccessful with lower-intensity treatment options.
- Patients must be prepared to attend for supervised injection at least daily.
- Patients should be supported and encouraged to move from iOAT to oral OAT (i.e., methadone, buprenorphine/naloxone, or slow-release oral morphine).

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iOAT

BCCSU Guideline:

- Three potential models of care:
  - Comprehensive and dedicated supervised iOAT program (clients can access a full complement of care in one setting);
  - An integrated or embedded supervised iOAT program (for clients in a less intensive setting within pre-established services); and,
  - An emerging model, a pharmacy-based supervised iOAT program allowing for access to care in communities where other, more intensive models may not be appropriate or feasible.

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Gap in Requirements: iOAT

- The College has requirements on dispensing OAT (i.e., PPP-66).
- There is a gap in dispensing requirements for iOAT.
- Absence of requirements for safe dispensing can lead to patient safety concerns.
- College staff have been working on developing dispensing requirements for iOAT (hydromorphone).

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Policy Development and Consultations

- College staff reviewed the BCCSU Guideline, conducted a site visit and liaised with pharmacy staff.
- Focused on the pharmacy-based supervised iOAT model, described by BCCSU.
- The following groups reviewed and provided input on the new policy requirements:
    - BCCSU;
    - The Ministry of Health;
    - Lower Mainland Pharmacy Services and select Health Authority staff;
    - The BC Pharmacy Association; and
    - The College of Registered Nurses of B.C.
- Positive feedback was received, along with feedback requesting minor changes.

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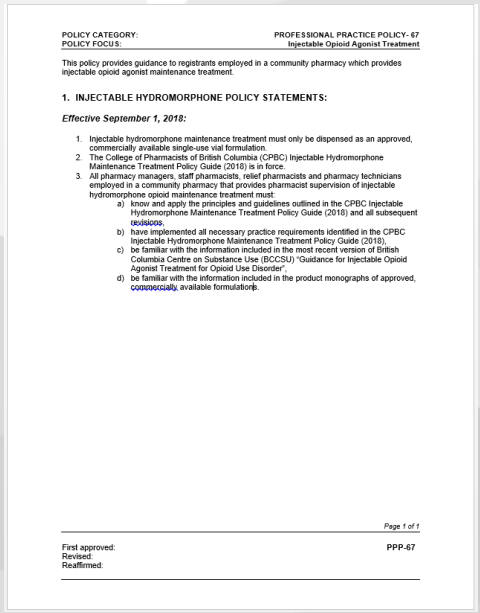
New iOAT Policy (PPP-67) and Guide

New



POLICY CATEGORY: PROFESSIONAL PRACTICE POLICY- 67
POLICY FOCUS: Injectable Opioid Agonist Treatment

This policy provides guidance to registrants employed in a community pharmacy which provides injectable opioid agonist maintenance treatment.

1. INJECTABLE HYDROMORPHONE POLICY STATEMENTS:

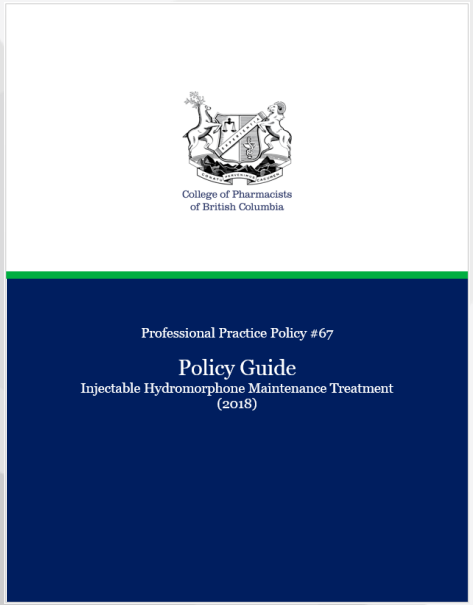
Effective September 1, 2018:

1. Injectable hydromorphone maintenance treatment must only be dispensed as an approved, commercially available single-use vial formulation.
2. The College of Pharmacists of British Columbia (CPBC) Injectable Hydromorphone 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 provides pharmacist supervision of injectable hydromorphone opioid maintenance treatment must:
   a) know and apply the principles and guidelines outlined in the CPBC Injectable Hydromorphone Maintenance Treatment Policy Guide (2018) and all subsequent revisions,
   b) have implemented all necessary practice requirements identified in the CPBC Injectable Hydromorphone Maintenance Treatment Policy Guide (2018),
   c) be familiar with the information included in the most recent version of British Columbia Centre on Substance Use (BCCSU) "Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder",
   d) be familiar with the information included in the product monographs of approved, commercially available formulations.

Page 1 of 1

First approved: PPP-67
Revised:
Reaffirmed:

New



College of Pharmacists of British Columbia

Professional Practice Policy #67

Policy Guide

Injectable Hydromorphone Maintenance Treatment (2018)

College of Pharmacists of British Columbia

Next Steps

- Communicate and implement new policy requirements for September 1, 2018 effective date.
- Transitioning the iOAT policy to bylaws.

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6c) Policy on Injectable Opioid Agonist Treatment (PPP-67)

MOTION 1:

Approve Professional Practice Policy (PPP) 67 Injectable Opioid Agonist Treatment, to be effective on September 1, 2018.

College of Pharmacists of British Columbia

6c) Policy on Injectable Opioid Agonist Treatment (PPP-67)

MOTION 2:

Approve the following new PPP 67 Policy Guide, to be effective on September 1, 2018:

- PPP 67 Policy Guide – Injectable Hydromorphone Maintenance Treatment (2018)

College of Pharmacists of British Columbia

BOARD MEETING
June 15, 2018

7. Pharmacy Manager Education

DECISION REQUIRED

Recommended Board Motion:

Option #1:

Approve the following resolution:
"RESOLVED THAT, in accordance with the authority established in section 21(1) of the *Pharmacy Operations and Drug Scheduling Act*, and subject to the requirements in section 21(8) of the *Pharmacy Operations and Drug Scheduling Act*, the Board of the College of Pharmacists of BC approves the proposed draft bylaws of the College of Pharmacists of British Columbia relating to pharmacy manager education for public posting, as circulated."

Option #2:

Approve the following resolution:
"RESOLVED THAT the Board of the College of Pharmacists of BC approves Professional Practice Policy 69 - Pharmacy Manager Education, as circulated, to be effective September 1, 2018."

Option #3:

Approve the following resolution:
"RESOLVED THAT the Board of the College of Pharmacists of BC directs the Registrar to develop and disseminate communications recommending that pharmacy managers complete an educational program endorsed by the College."

Purpose

To seek Board direction on a proposed requirement or recommendation for pharmacy managers to complete an approved educational program.

Background

Under the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") and the PODSA Bylaws, pharmacy managers have distinct and extensive responsibilities that are beyond those of general registrants. A pharmacy manager's role holds significant responsibilities that cannot be

taken lightly. Without a pharmacy manager, a pharmacy cannot operate. Pharmacy managers must personally manage and be responsible for the operation of the pharmacy.

In the process of reviewing files, the Inquiry Committee has come across situations where it has identified pharmacy mangers who 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. This results in complaints that could be avoided if the registrants understood the scope and responsibilities of their role.

In response to this issue, at the June 23, 2017 Board meeting, the Board passed a resolution directing the Registrar to "develop requirements and training tools as it pertains to the role and responsibilities of the Pharmacy Manager". A copy of the briefing note on this topic for the June 23, 2017 Board meeting is attached as Appendix 1.

Discussion

The responsibilities of pharmacy managers can be found in PODSA and throughout the PODSA Bylaws. For example, specific duties of all pharmacy managers under section 18 of the PODSA Bylaws include, but are not limited to, participating in the day-to-day management of the pharmacy, having proper documentation for handling all pharmacy services, ensuring that staff levels are commensurate with workload, inventory management, protecting patient personal and confidential information from unauthorized access, collection, use, disclosure and disposal and ensuring no incentives are provided to a patient/representative for prescription or other pharmacy service. Under section 24 of the PODSA Bylaws, the community pharmacy manager is accountable for maintaining and enforcing policies and procedures to comply with all legislation applicable to operating a community pharmacy, monitoring staff performance, equipment, facilities and adherence to *Health Professions Act*, Bylaws, Schedule F, Part 1 - Community Pharmacy Standards of Practice, and ensuring there is a process for reporting, documenting and following up on errors, incidents and discrepancies.

In order to ensure that pharmacy managers understand the full extent of their role, the College, at the direction of the Board, has considered implementing either a requirement or a recommendation that pharmacy managers complete an educational program approved by the Board. The College believes that more rigorous training will improve the overall operation of pharmacies in the province and ensure safe and effective pharmacy practices for the public.

To date, the College has identified one program tailored for managers of community pharmacies being developed by the British Columbia Pharmacy Association that would be appropriate for this purpose. The program is expected to be made available to registrants in July 2018. The program is structured as an online course with audio and visual learning tools and a knowledge assessment at the end. It is estimated that registrants could complete the program in 3.5 hours. Should there be other programs available to registrants in the future, the College would assess that program to determine whether registrants may rely on the program to satisfy pharmacy manager education requirements, if such requirements are implemented.

Options

1. Bylaw Requiring Pharmacy Manager Education

Approve for public posting a proposed bylaw requiring that pharmacy managers complete an educational program approved by the Board. The proposed bylaw and accompanying Professional Practice Policy is included as Appendix 2.

2. Policy Requiring Pharmacy Manager Education

Approve a Professional Practice Policy requiring pharmacy managers to complete an approved educational program. A draft Professional Practice Policy is included as Appendix 3.

3. Communications Tools Recommending Pharmacy Manager Education

Approve the development of communications tools recommending that pharmacy managers complete an educational program endorsed by the College.

Next Steps

The Registrar is seeking direction from the Board on how they wish to proceed with pharmacy manager education. A legal opinion will be brought forward for an in camera discussion.

If the Board approves the proposed bylaw for public posting, the bylaw would be posted on the College's website for a 90 day public comment period, as required under PODSA, s. 21(8). If no significant amendments to the bylaw are required as a result of the comments received, then at the November 2018 Board meeting, the bylaw course would be presented to the Board for approval for filing with the Minister of Health, as required under PODSA, s. 21(4). In addition, the accompanying Professional Practice Policy designating the approved pharmacy manager would be presented to the Board for approval, to be effective on the date that the bylaw comes into force. If approved for filing, the bylaw would come into effect 60 days after filing, assuming that it is not disallowed by the Minister.

If the Board approves the Professional Practice Policy, it would come into effect on the date of Board approval.

If the Board approves development of communications tools, the College would develop and distribute those tools to registrants in due course.

Appendix	
1	Briefing Note on Pharmacy Manager's Requirements and Training for June 23, 2017 Board meeting
2	Draft Bylaw and Professional Practice Policy – Pharmacy manager education requirement
3	Draft Professional Practice Policy – Pharmacy manager education requirement

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

7. Inquiry Committee:
b) Pharmacy Manager's Requirements and Training

DECISION REQUIRED

Recommended Board Motion:

Direct the Register 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.

Purpose

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.

Background

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.

Appendix	
1	Inquiry Committee Letter re: Pharmacy Manager Role

College of Pharmacists
of British Columbia

CONFIDENTIAL May 5, 2016

Board Members
College of Pharmacists of British Columbia
1765 West 8th Avenue
Vancouver, BC V6J 5C6

RE: Pharmacy Manager's Role and Responsibilities

As Chair of the Inquiry Committee panel, I am writing about a recurrent issue that the Committee has seen on files being reviewed regarding pharmacy managers. 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.

A pharmacy manager's role holds significant responsibilities and cannot be taken lightly. Without a pharmacy manager, a pharmacy cannot operate. That person must personally manage and be responsible for the operation of the pharmacy.

Under *Pharmacy Operations and Drug Scheduling Act,* ("*PODSA*"), Bylaws, Part II, s.10, the pharmacy manager is accountable for maintaining and enforcing policies and procedures to comply with all legislation applicable to running a community pharmacy, monitoring staff performance, equipment, facilities and adherence to *Health Professions Act*, Bylaws, Schedule F, Part 1 - Community Pharmacy Standards of Practice, as well as ensuring there is a process for reporting, documenting and following up on errors, incidents and discrepancies. Specific duties under *PODSA*, Bylaws, Part 1, s.3, include but not limited to, such items as participating in the day-to-day management of the pharmacy, having proper documentation for handling all pharmacy services, ensuring that staff levels are commensurate with workload, inventory management, protecting patient personal and confidential information from unauthorized access, collection, use, disclosure and disposal and ensuring no incentives are provided to a patient/representative for prescription or other pharmacy service.

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 aren't monitoring policies and procedures or understanding all of their obligations to comply with the legislation. They are accountable for all aspects of the pharmacy and yet there are cases of unscrupulous owners who may appoint a recent grad or International Pharmacy Graduate (IPG) pharmacist or other individual in name only in that position. These individuals are then on record with the College as the "pharmacy manager" and the Inquiry Committee must hold that individual responsible for contravened professional practices that may occur at that pharmacy. This may then impact that individual's registration record.

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

There have also been situations where a pharmacy manager claims they are a “part-time manager” and may not be aware of what is happening at the pharmacy. For example, these individuals may not be monitoring policies or procedures that may result in drug diversion. Again there is a lack of properly understanding the pharmacy manager’s role and how important this role is to ensure accountability, proper management and operation of a pharmacy.

It is therefore the recommendation of the Inquiry Committee to the Board that the Board consider a more stringent or rigorous training be undertaken for any registrant in the role of pharmacy manager to ensure that they are in compliance with all of their ethical and legislative requirements. This might include an interview, online questionnaire (with scenarios) to assess the knowledge, understanding, and comprehension of the responsibilities of a registrant in this position, and a written undertaking or acknowledgement that they have read, understood and accept the responsibilities of their position in the operation of the pharmacy.

Yours truly,

John Hope,
Chair, Inquiry Committee

cc: Bob Nakagawa, Registrar
Suzanne Solven, Deputy Registrar

The Bylaws made under *Pharmacy Operations and Drug Scheduling Act* are proposed to be amended by adding the following section immediately after section 18:

18.1 A community pharmacy manager must complete a course on pharmacy management approved by the board in accordance with the following schedule:

(a) for community pharmacy managers appointed as such before the date this bylaw comes into effect, within one year following the date this bylaw comes into effect;
(b) for community pharmacy managers appointed as such on or after the date this bylaw comes into effect, as soon as practicable within one year after appointment; and
(c) for all community pharmacy managers, every three years after compliance with subsection (a) or (b), as applicable.

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY-69**
POLICY FOCUS: **Community Pharmacy Manager Education**

This policy provides guidance to community pharmacy managers on complying with their obligations to complete a course on pharmacy management under section 18.1 of the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws.

POLICY STATEMENT:

The following course is approved for the purpose of fulfilling community pharmacy manager education requirements under section 18.1 of the PODSA Bylaws:

Course Name: BC Community Pharmacy Manager Training Program
Course Provider: British Columbia Pharmacy Association

Registrants who are interested in becoming community pharmacy managers are encouraged to complete the approved course at their discretion in preparation for their future positions.

BACKGROUND:

Pharmacy managers have distinct and extensive responsibilities that are beyond those of general registrants. All pharmacy managers have a responsibility to educate themselves with respect to their obligations under PODSA and the PODSA Bylaws. Section 18.1 of the PODSA Bylaws requires community pharmacy managers to complete a course on pharmacy management approved by the Board of Directors of the College, in accordance with the schedule set out in that provision.

This policy provides guidance to community pharmacy managers on complying with their obligations under the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") and the PODSA Bylaws, including section 18(2) of the PODSA Bylaws.

POLICY STATEMENT:

Effective September 1, 2018:

Community pharmacy managers must complete the following educational program to ensure that they are aware of, understand, and comply with all of their obligations under PODSA and the PODSA Bylaws:

Course Name: BC Community Pharmacy Manager Training Program
Course Provider: British Columbia Pharmacy Association

The program must be completed in accordance with the following schedule:

(a) for community pharmacy managers appointed as such before September 1, 2018, on or before September 1, 2019;

(b) for community pharmacy managers appointed as such on or after September 1, 2018, as soon as practicable and no later than one year after appointment; and

(c) for all community pharmacy managers, every three years after compliance with (a) or (b), as applicable.

For further clarity, pharmacy managers are considered to have complied with (b) on the date that they completed the program, whether that date is before or after their appointment as pharmacy manager.

Registrants who are interested in becoming community pharmacy managers are encouraged to complete the program at their discretion in preparation for their future positions.

BACKGROUND:

Pharmacy managers have distinct and extensive responsibilities that are beyond those of general registrants. All pharmacy managers have a responsibility to educate themselves with respect to their obligations under PODSA and the PODSA Bylaws.

College of Pharmacists of British Columbia

7. Pharmacy Manager Education

Jeremy Walden

Chair, Legislation Review Committee

College of Pharmacists of British Columbia

Background

- A pharmacy manager has distinct and extensive responsibilities under PODSA and the PODSA Bylaws.
- The Inquiry Committee has identified cases where pharmacy mangers do not understand all of their legislated obligations.
- It is possible that complaints could be avoided if managers better understood the scope and responsibilities of their role.
- In June 2017 the Board passed a resolution directing the Registrar to, “develop requirements and training tools as it pertains to the role and responsibilities of the Pharmacy Manager”.

College of Pharmacists of British Columbia

Background, continued

- More rigorous training for managers may improve the overall operation of pharmacies and ensure safe pharmacy practices for the public.
- BCPhA is developing a training program for community pharmacy managers.
- No program for hospital pharmacy managers is currently available.
- If a pharmacy manager education requirement is implemented, the College would assess any other programs that become available, to determine whether registrants may rely on the program to satisfy the requirement.

College of Pharmacists of British Columbia

Details of BCPhA Training Program

BC Community Pharmacy Manager Training Program

- Online course with audio and visual learning tools
- Content includes pharmacy manager responsibilities, as well as other information relevant to pharmacy management (e.g. employment law, etc.)
- Includes knowledge assessment (multiple choice, open book)
    - Assessment will be on HPA, PODSA and College requirements only
- Estimated time for completion: 3.5 hours
- Accredited for 4 CEUs from CCCEP
- Date available: Beginning July 2018
- Approximate cost: $100

College of Pharmacists of British Columbia

7) Pharmacy Manager Education

MOTION:

Approve the following resolution:

"RESOLVED THAT the Board of the College of Pharmacists of BC approves Professional Practice Policy 69 - Pharmacy Manager Education (to be effective September 1, 2018), as circulated."

College of Pharmacists of British Columbia

BOARD MEETING
June 15, 2018

8. People Who Use Drugs are Real People: Tackling Stigma through Social Marketing

INFORMATION ONLY

Presenter's Biography

Regan Hansen, Director of the Partnerships and Engagement Branch, Ministry of Mental Health and Addictions

Regan Hansen is Director of Partnerships and Engagement with the Ministry of Mental Health and Addictions. Regan has been with the Ministry since its start, and was with the Ministry of Health prior to that as a lead with public engagement on the Overdose Response. She has a broad range of experience overseeing public information campaigns, strategic communications and social marketing and social media with the BC Government in various roles over the years. Regan brings a strategic and innovative approach to the government workplace, ensuring that public sector is embracing innovation and trends as well as time-tested strategies. Partnerships is a big focus of her work and she embraces the interest that others bring to finding better ways to reach the public where they work, live and play.

Presentation Synopsis

The presentation will outline the implementation and evaluation of the Province of B.C.'s multi-channel social marketing campaign – StopOverdoseBC.ca http://StopOverdoseBC.ca - aimed at disrupting common stereotypes of people who use drugs.

The campaign focused on ways to empower influencers- those close to those at risk- and ways to encourage them to have courageous conversations.

The presentation will focus on key partnerships including the Vancouver Canucks, BC Lions and Overwaitea Food Group and the collective impact strategic partnerships can have on reaching critical target audiences.

College of Pharmacists of British Columbia

8. People Who Use Drugs are Real People: Tackling Stigma through Social Marketing

Regan Hansen

Director of the Partnerships and Engagement Branch,

Ministry of Mental Health and Addictions

People who use drugs are real people

Tackling stigma through social marketing

Regan Hansen

Director, Partnerships and Engagement

Ministry of Mental Health and Addictions

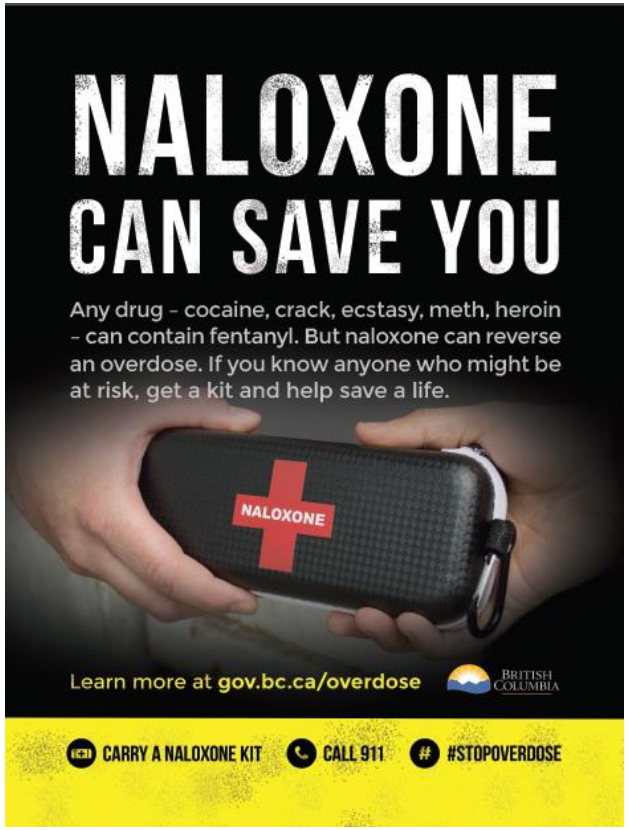
June 15, 2018

Public Engagement: April 2017 to now

First efforts were about immediate response following the public health emergency:

- Naloxone can save you
- Toxic drugs are circulating – warning of the danger
- Preparedness: Don’t let this party be your last – steps/signs
- Have a plan and always call 9-1-1 in an emergency

Public Engagement: Responding to the Crisis

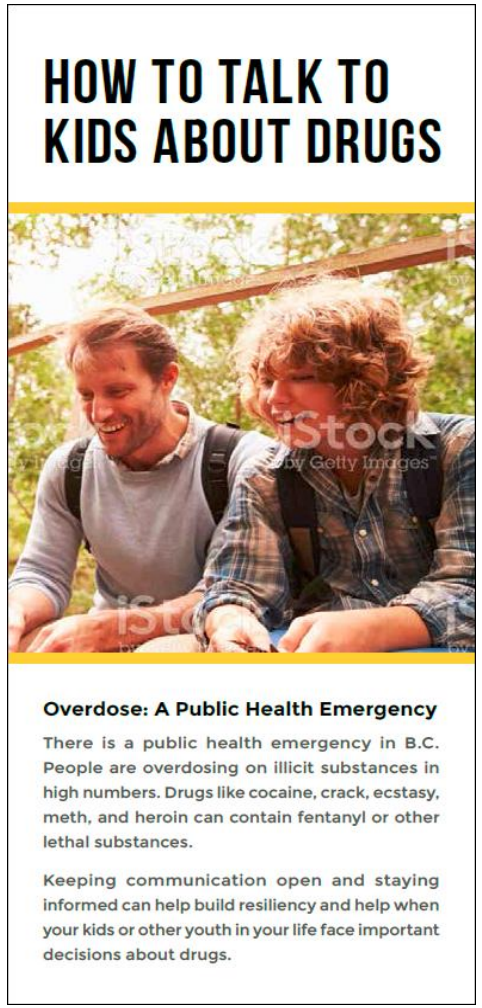


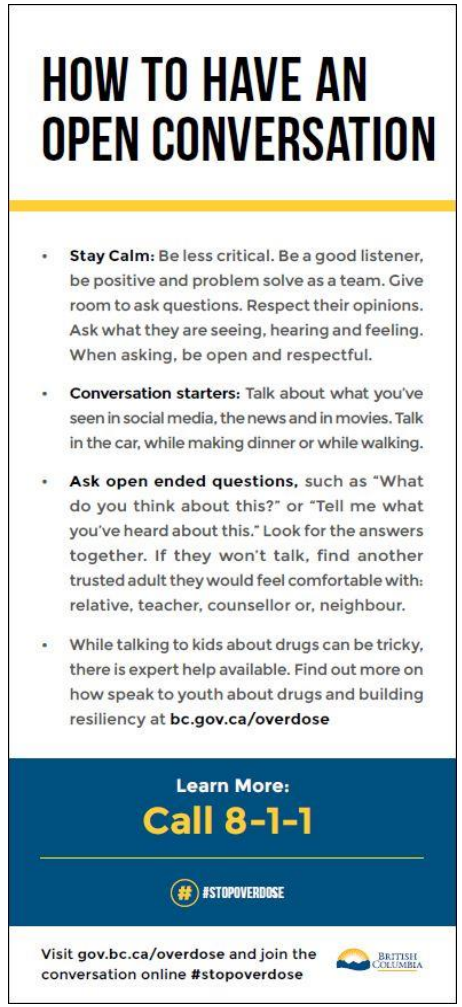
Crisis: Web and Social Media

Harm Reduction: Posters

Harm Reduction: Poster and Cards

Harm Reduction: Brochures





Building Up Connections

- Public Engagement Task Group + Outreach to Network of Stakeholders
- 36 members, 18,000 posters and 98,000 rack/wallet cards distributed

Switching Over: New Ministry of Mental Health and Addictions

A New Ministry, A New Mandate

Overdose Response: Work across sectors to escalate the Province's response to the overdose crisis

BRITISH COLUMBIA | Ministry of Mental Health and Addictions

Overdose Statistics: The Crisis Continues

2017: **1,446 deaths** (↑44% compared to 2016)

- Average of **4 people a day**
- **Fentanyl detected in 81%** of deaths (↑21% compared to 2016)

- Majority of deaths **occur among males (82%) aged 30-49**
- Majority of deaths **occur indoors (94%)** among people who use alone or with others unwilling or unable to call for help

Building a Case on Who is At Risk

From data on overdoses in BC and harm-reduction experts, the evidence suggests several key target audiences. Each has a different set of motivations to use drugs and each requires unique messages and tactics to drive attitudinal and behaviour change.

1. **Recreational or occasional use –** needs to understand risk/consequence and is at risk of dismissing messages for "other people" especially if stereotypes reinforced
2. **Street involved, regular use** – needs to know harm reduction/treatment options and is willing to use a supervised consumption site, has supports of street community, may be seeking treatment
3. **High functioning, regular use –** is likely hiding use and not acknowledging the problem enough/or experiencing shame, keeping the person from seeking help from family, friends or health services.
4. **First Nations people** living at home and away from home (especially women)

Each of the audiences above offers a unique opportunity with a unique set of messages/tactics.

A New Campaign

Getting to the root cause of why some people still struggle with getting help and using alone

Creating Personas

Creating personas helps establish a picture of who is at risk, why they are at risk, what they need to know, where we will reach them and the resources to support them.

Personas

Oliver

- Ostrich - hiding and/or in denial of having a problem
- Age 30 to 49
- Trauma or injury

Risks:

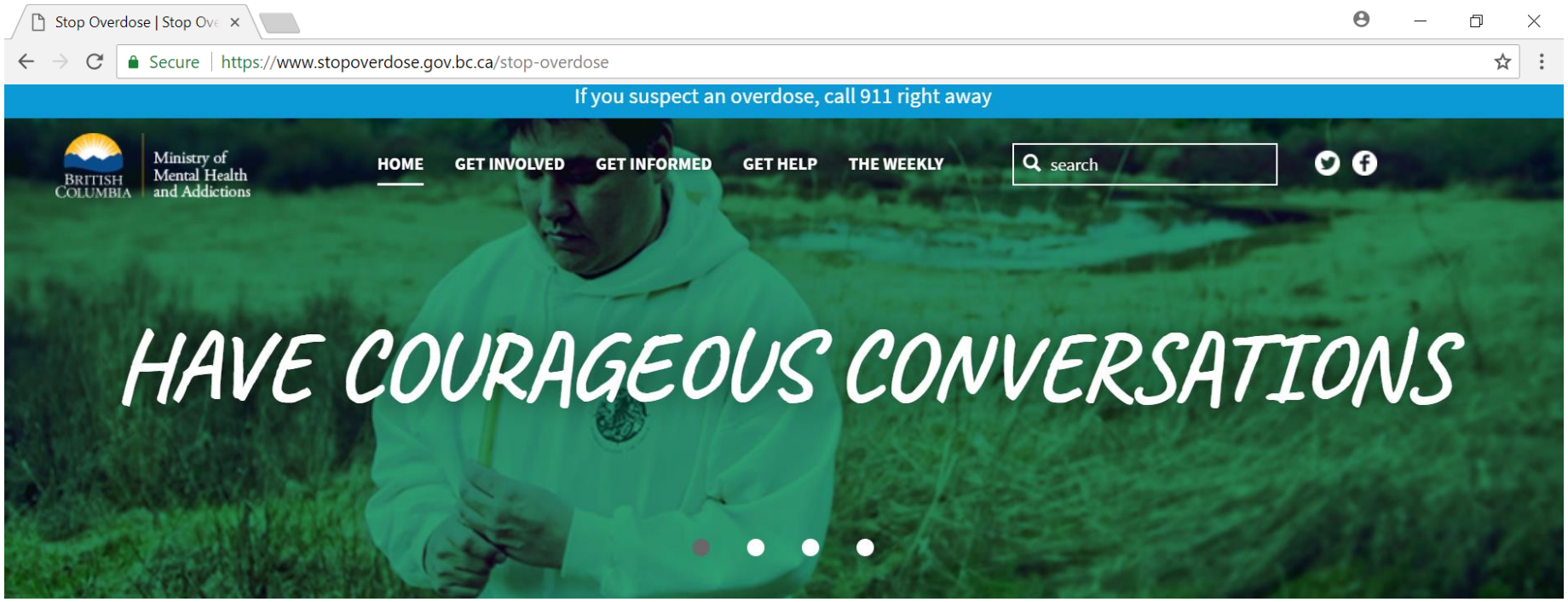
- Possible Opioid RX
- Relapse and/or dependency
- Turning to street supply
- Masking pain

Key Messages:

- Pain doesn’t need to be part of life
- We all need somebody sometime
- Help is there, you are not alone – reach out
- Change is possible, ask once, get help fast
- Call 811

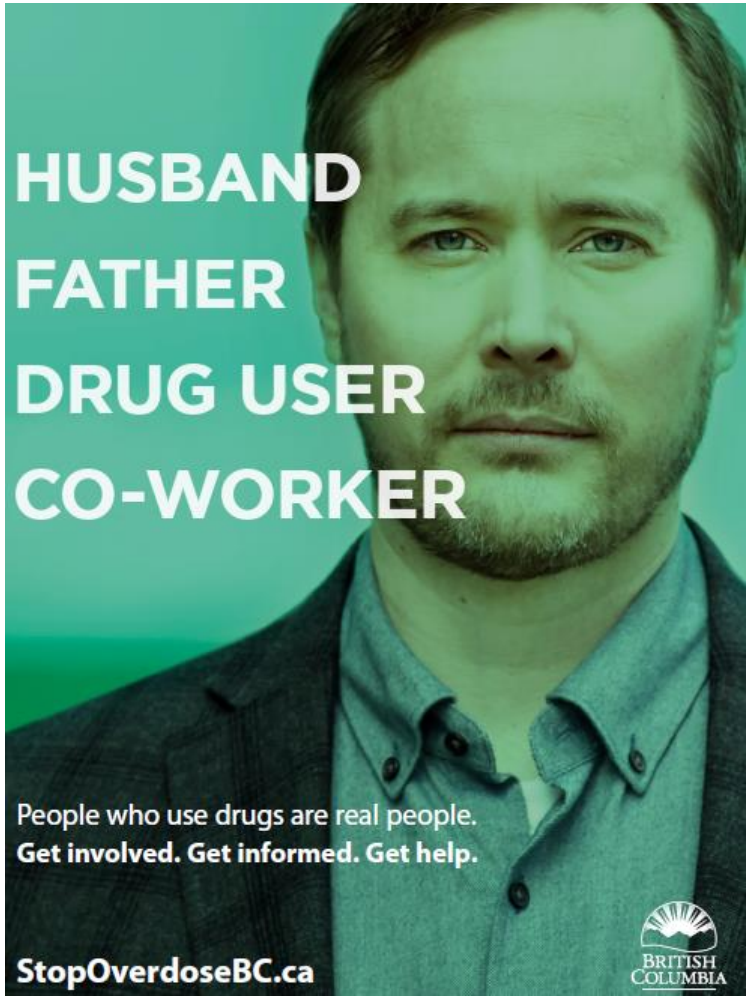
Focus for Campaign: Influencers

Crafting a New Campaign



Knocking down the walls of silence that keep people from talking about substance use is an important step towards addressing the overdose crisis in British Columbia. Recognizing that people who use drugs are real people helps to put a human face behind the numbers of so many preventable tragedies.

Look Around: This Impacts Us All



Measures to Date: Campaign Reach

- 93.2% of the population has been reached through a mix of media, including television and radio
- Close to 1M people have been reached through Facebook & Instagram ads

- StopOverdoseBC.ca received over 20,000 page views in one month
- 69% of BC adults have seen or heard at least one element of the campaign. Campaign recall is the highest in the Metro-Vancouver area North of the Fraser (79% campaign recall)

Measures to Date: Stigma Reduction

- Fewer people view the overdose crisis as “someone else’s problem” – this crisis affects people from all walks of life.

- The campaign is beginning to shift perceptions of who is at risk.

Those who have seen the campaign posters are more likely to be concerned about the crisis impacting their personal network of family and friends (36% are now concerned, a 7% increase since December 2017).

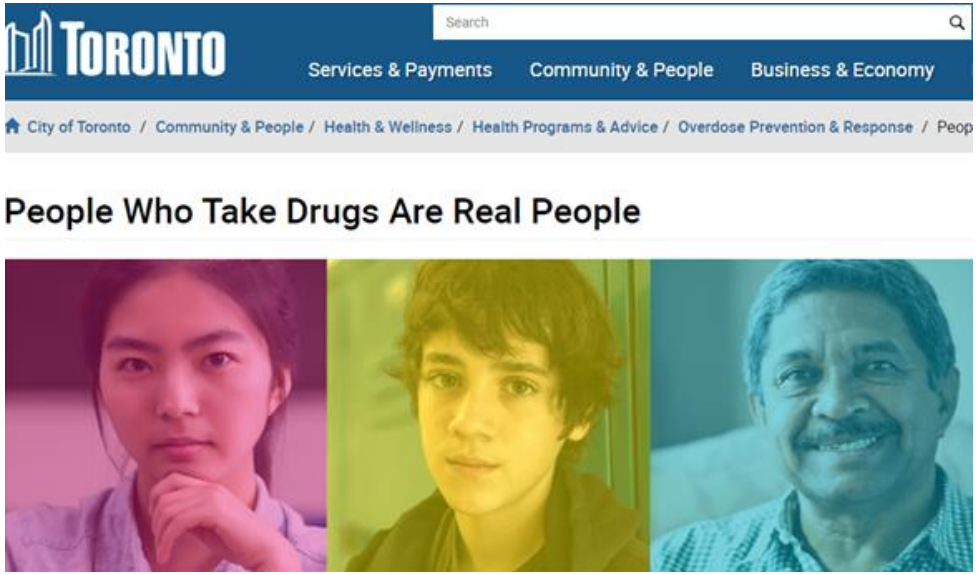
Measures to Date: Stigma Reduction

- We are seeing a reduction in stigma among BC adults reached by the campaign on multiple channels. Those who have seen/heard the campaign are significantly *more* ***likely to see people who use drugs in a more constructive and empathetic manner*****.**
- Those who have seen/heard ads on TV, radio, and posters are more likely to believe that people who use drugs could be people who live next door, people they work with, or be in their family (97%, which is a **4% increase** since December 2017).
- Those who have seen/heard ads on TV, radio, and posters are more likely to believe that people who use drugs can contribute to society in constructive ways (72%, which is a **7% increase** since December 2017).

Creating Waves with Partners

More than **350 stakeholders and partners** = **37,000 campaign posters distributed**

Interest from other governments including Toronto Public Health, the Governor of Washington State, and harm reduction staff in Portugal



"These are important resources to encourage good discussions around drugs, addiction, and overdose deaths." – **College of New Caledonia**

"I found that this messaging was really moving… Not too many commercials make me think but this series does." – **Ministry of Public Safety and Solicitor General**

Partnerships going forward

- BC Lions
- Vancouver Canucks
- Overwaitea Food Group
- BC Restaurant & Foodservices Association
- Metro Vancouver Transit Police
- BC Building Trades
- Industry Trades Authority
- WorkSafe BC
- BC Ferries
- Corus (Global)

Next Steps

Questions

College of Pharmacists of British Columbia

BOARD MEETING
June 15, 2018

9. Learn How to Save a Life with Naloxone

INFORMATION ONLY

Purpose

To inform the Board of ongoing work surrounding the College's naloxone campaign to help build awareness on how to use naloxone to save a life.

Background

The sharp increase of drug-related overdose deaths in BC prompted the then Provincial Health Officer, Dr. Perry Kendall to declare a public health emergency in April 2016 which allowed medical health officers to begin to collect real-time information on overdoes to immediately identify where risks are arriving and protect those most at risk.

The opioid crisis continues to be an important priority for the College and other public health organizations across the province. BC's opioid overdose crisis has continued its unprecedented escalation over the past three years. There were a total of 1,448 illicit-drug overdose deaths in 2017, compared with 991 in 2016 and 522 in 2015.

More than 80% of overdose deaths in 2017 involved the opioid fentanyl, with the majority of those deaths occurring in Vancouver, Surrey and Victoria.

Naloxone

Naloxone is an antidote to opioid overdose. Overuse of opioid drugs – such as morphine, oxycodone, methadone, heroin, or fentanyl – can slow or completely stop breathing. When administered properly, naloxone temporarily reverses the effects of an opioid overdose, restoring normal breathing and consciousness within 1 to 5 minutes of injection, preventing death or brain damage caused by lack of oxygen.

Available in both injectable and nasal form, naloxone has been one of the most valuable tools in preventing opioid overdose deaths during the opioid overdose crisis.

In 2016, the College of Pharmacists of BC changed the status of emergency use naloxone (non-hospital use) from a Schedule II drug to one that is unscheduled and widely accessible.

This was an important step to ensure naloxone can be available anywhere and purchased by anyone who may need it to help prevent an opioid overdose death. In particular, the removal of emergency use naloxone from the Drug Schedules Regulation was intended to make it easier for other public health organizations to help distribute the drug (often in take home kits) to friends and family of those who may find themselves in an emergency overdose situation.

In conjunction with the rescheduling of naloxone, amendments were also made to the Health Professions General Regulation adding an "exception for opioid overdose" which authorizes all health professionals to administer emergency use naloxone (outside of a hospital setting), even when administering a drug may not be within their scope of practice.

Take Home Naloxone Kits

Over 85,000 Take Home Naloxone kits have been distributed across BC since 2012 through the Take Home Naloxone program operated by the BC Centre for Disease Control.

In December 2017, the program was extended to community pharmacies to help provide more kits free-of-charge to people who use substances or are likely to witness an overdose. Pharmacists also provide training in overdose recognition and response when providing kits to those who need them.

Access to Nasal or Injectable Naloxone for First Nations in BC

As part of the ongoing strategy to reduce harm from opioid drug use and save lives, the First Nations Health Authority added Naloxone nasal spray as a benefit, effective April 4, 2018.

Nasal Naloxone is the same chemical compound as injection Naloxone. Both reverse the effects of an opioid overdose – the only difference is the delivery method.

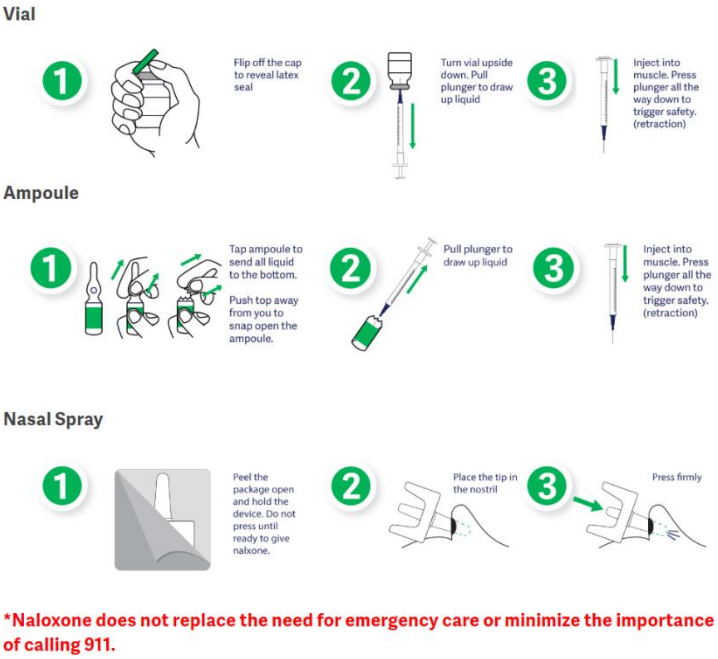
Nasal Naloxone provides people with a fear of needles, or those living in communities where needles are stigmatized, with an easier option for responding to opioid overdoses.

First Nations in BC may request injectable and/or nasal naloxone directly from their pharmacy, free-of-charge.

Naloxone Resources

In 2016, the College partnered with the BC Centre of Disease Control and the BC Ministry of Health to develop naloxone resources that would be valuable for the public and health professionals. The College also sought input from patient advocacy groups such as the Vancouver Area Network of Drug Users and the BC Association of Persons on Methadone to help develop the naloxone resources.

The College established a dedicated landing page for this content at bcpharmacists.org/naloxone and has continued to update and add to the resources since it first launched.



The College's naloxone resources currently include:

- Naloxone administration exemption for pharmacy professionals
- Take home naloxone available at community pharmacies
- Access to non-prescription naloxone for First Nations (including nasal naloxone)
- What is naloxone
- Signs of an opioid overdose
- SAVEME steps to follow in responding to an opioid overdose
- How to administer naloxone (ampule, vial, nasal) with graphics to illustrate each step
- Things to keep in mind when responding to an opioid overdose
- Naloxone patient education handouts (ampule, vial, nasal)
- How to use naloxone videos
- How to find a harm reduction sites
- Reducing stigma with respectful language
- Naloxone teaching points checklist
- Naloxone education session webinar
- Naloxone training presentation slides
- Links to other resources

The naloxone resources were also made available under the Creative Commons Attribution-ShareAlike License to use and remix as needed to help provide patients and pharmacy professionals with important information on the use of this life saving drug.

Discussion

The College developed and implemented a Naloxone Campaign to help build awareness of how to use naloxone to save a life.

The College's Naloxone campaign focuses on building awareness of the opioid overdose crisis, how to recognize and respond to an opioid overdose, and the resources and information available at bcpharmacists.org/naloxone. It is designed to reach members of the public, pharmacy professionals and other health professionals across BC.

The College used a variety of tools and approaches as part of the campaign including:

- Dedicated landing page on College website (bcpharmacists.org/naloxone)
- Email marketing
- Readlinks articles
- Social media
- Digital advertising
- Media
- Presentations
- Events

Naloxone Landing Page

During the 2 year period between April 1, 2016 when the naloxone resources were first made available, and March 31, 2018, the naloxone page received over 94,000 page views.

Many organizations have also linked to the College's naloxone resources page over the past two years.

Websites that have linked to the College's Naloxone Resources	
bccdc.ca	medicinecentre.com
bccdclearning.ca	momsstoptheharm.com
bcdental.org	napra.ca
bcpharmacy.ca	nspharmacists.ca
canadianpharmacistsletter.therapeuticresearch.com	ocpinfo.com
cbc.ca	pans.ns.ca
ccsa.ca	pebc.ca
cpd.pharmacy.ubc.ca	pei.in1touch.org
crpnbc.ca	pharmacists.ca
dpic.org	pharmacistsletter.therapeuticresearch.com
email.pharmacists.ca	pharmacytechniciansletter.therapeuticresearch.com
etraining.bcpha.ca	prescribersletter.therapeuticresearch.com
fnha.ca	pwp.vpl.ca
fraserhealth.ca	theglobeandmail.com
healthlinkbc.ca	towardtheheart.com
hospitalpharmacistsletter.therapeuticresearch.com	virtualhospice.ca
learninghub.phsa.ca	www2.gov.bc.ca

(Referrals to bcpharmacists.org/naloxone from April 1, 2016 to March 31, 2018)

Naloxone ReadLinks Articles and News

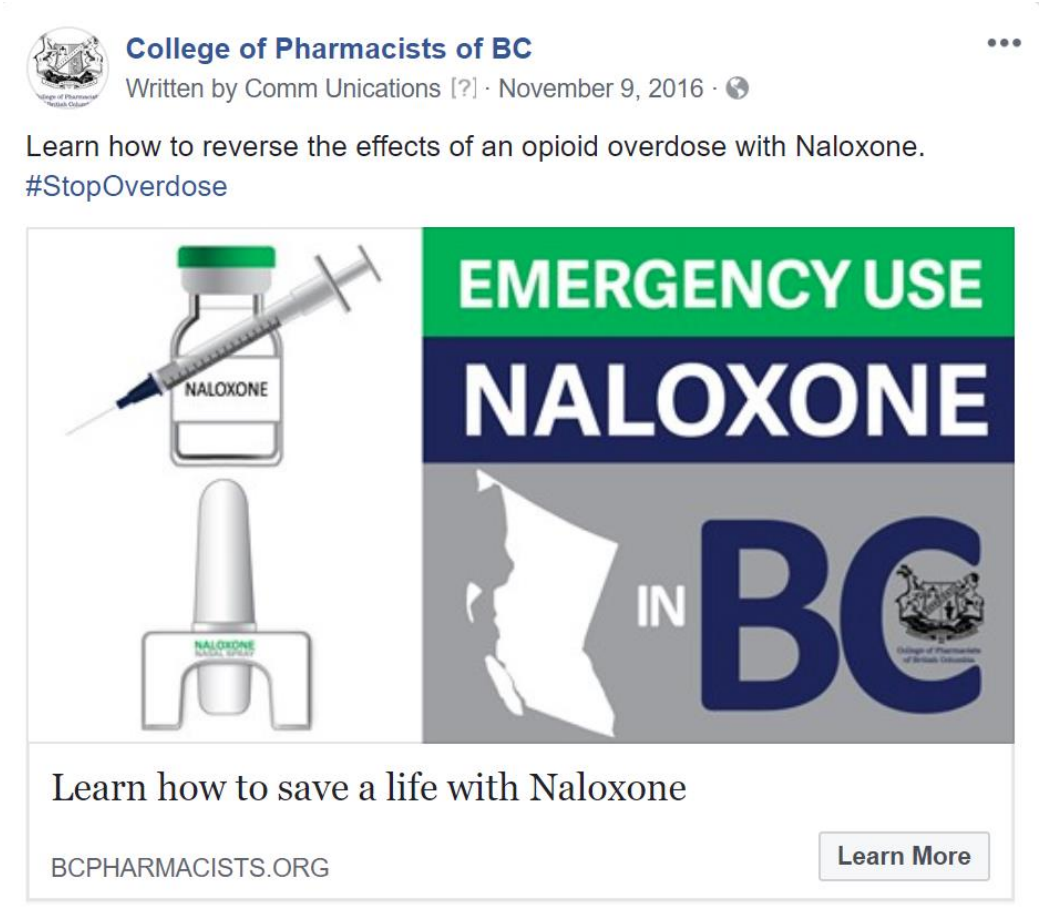
The College brought attention to the opioid overdose crisis and featured the naloxone resources available in many ReadLinks and News articles published on the College's website over the past two years.

- Nasal Naloxone Available at No Cost to First Nations in BC
- Guest Post: What Pharmacy Professionals Need to Know about the Take Home Naloxone Program
- What We Heard: FNHA Mental Health and Wellness Summit
- Registrar's Message: Happy New Year!
- Take-Home Naloxone Kits Now Available at Community Pharmacies
- Guest Post: Opioid Overdose Response Training
- Pharmacy's Hottest Topics: 2016 & 2017
- Naloxone, Fentanyl and BC's Opioid Epidemic
- College of Pharmacists of BC 125th Anniversary Conference
- Non-Prescription Naloxone Now Available Outside of Pharmacies
- Board Highlights - September 16, 2016
- Naloxone Resources Available for Registrants
- Registrar's Message: Nice to hear from you!
- Naloxone Now Available in BC Without a Prescription
- Naloxone Education Sessions

Social Media

The College used social media to build awareness of the opioid overdose crisis and how to use Naloxone, including Twitter, Facebook, Instagram, LinkedIn and Snapchat.

In particular, the College made use of Facebook Ads (which run on Facebook, Instagram, and the Facebook Audience Network*) to reach a broader audience. The ads reached** an estimated 679,780 people (mostly in BC) and generated over 1,500,000 impressions*** over the past two years.



**The Facebook Audience Network is a network of publisher-owned apps and sites, allowing ads to be shown on other apps and sites.*

***Reach refers to number of people who saw ads at least once. Reach is different from impressions, which may include multiple views of your ads by the same people. Reach metrics for Google Ads can only be reported for a date range of 92 days or less.*

****Impressions refers to the number of times ads were on screen.*

Digital Advertising

The College also used Google Ads to help build awareness of the opioid overdose crisis and how to use Naloxone. The ads generated an estimated 1,181,636 impressions.**,***

Naloxone Training

The College held 5 different Naloxone Education Sessions in April 2016. 552 pharmacists and pharmacy technicians registered to attend these in-person sessions across BC. We also broadcasted one of the sessions online - over 450 registrants were able to participate in the education session remotely.

Over 700 have viewed the education session through the online webinar which continues to be available on bcpharmacists.org/naloxone.

Events and Presentations

The College used events and presentations to build awareness to build awareness of the opioid overdose crisis.

- BC Pharmacy Association Annual Conference (2018)
- First Nations Health Authority – Gathering Wisdom IX (2018)
- Canadian Association for Pharmacy and Technicians – National Professional Development Conference (2018)
- Shoppers Drug Mart Conference (2018)
- Canadian Society of Hospital Pharmacists, BC Branch, Harrison Pharmacy Management Seminar (2018)
- First Nations Health Authority Mental Health and Wellness Summit (2018)
- BC Pharmacy Association Annual Conference (2017)
- Canadian Society of Hospital Pharmacists, BC Branch, Conference and AGM (2016)
- 125th Anniversary and Conference (2016)

College of Pharmacists of British Columbia

9. Learn How to Save a Life with Naloxone

Gillian Vrooman

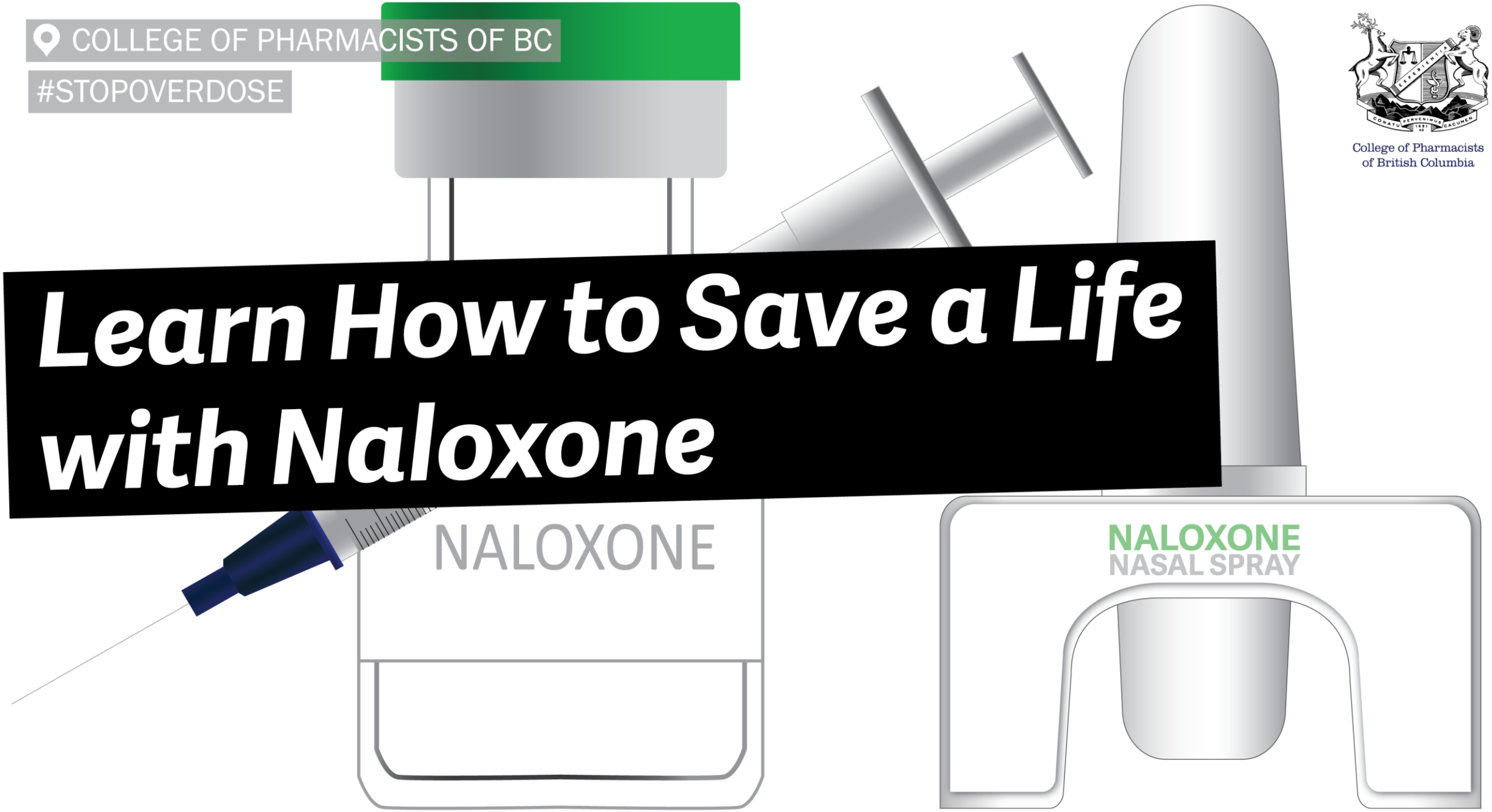
Director of Communications & Engagement

COLLEGE OF PHARMACISTS OF BC

#STOPOVERDOSE

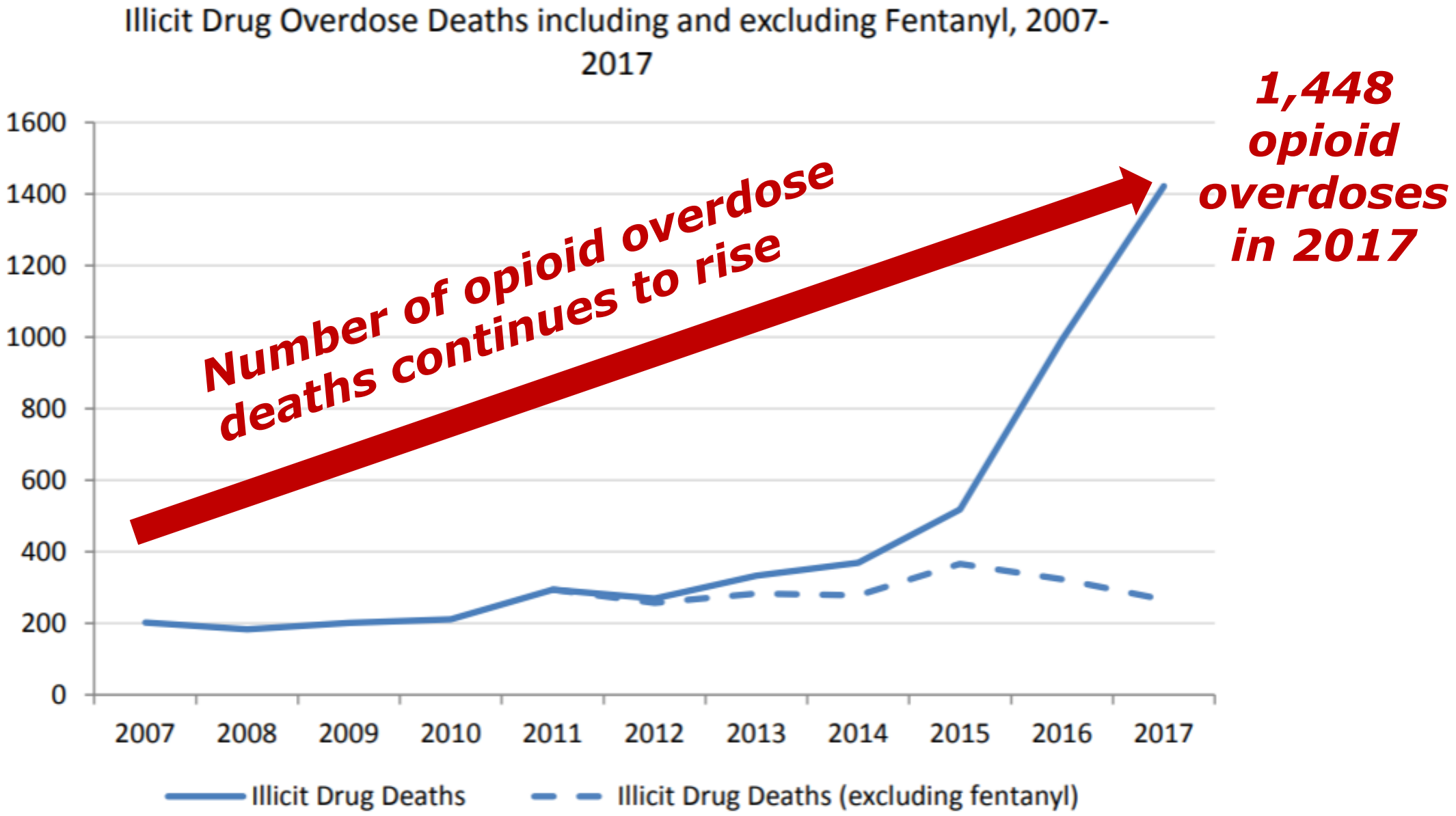
College of Pharmacists of British Columbia

Learn How to Save a Life with Naloxone



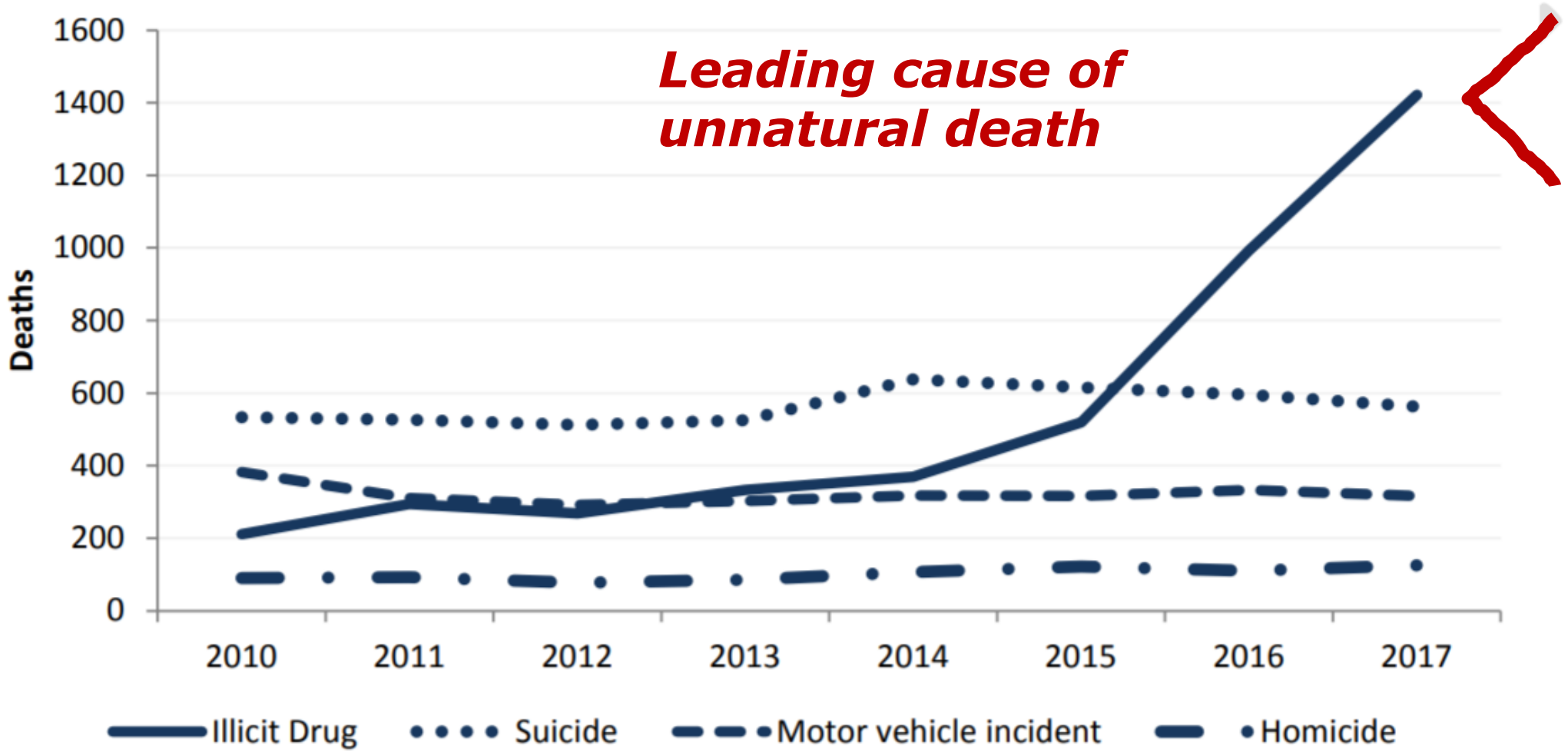
Public Health Emergency declared by Provincial Health Officer 2016 after significant increase of opioid overdoses in BC

BC Gov News, Provincial health officer declares public health emergency, April 14, 2016, https://news.gov.bc.ca/releases/2016HLTH0026-000568
Image: B.C. collecting comprehensive data on overdose victims to curb opioid crisis, Rafal Gerszak, The Globe and Mail
https://www.theglobeandmail.com/news/british-columbia/bc-launches-bid-to-curb-opioid-crisis/article35897893/



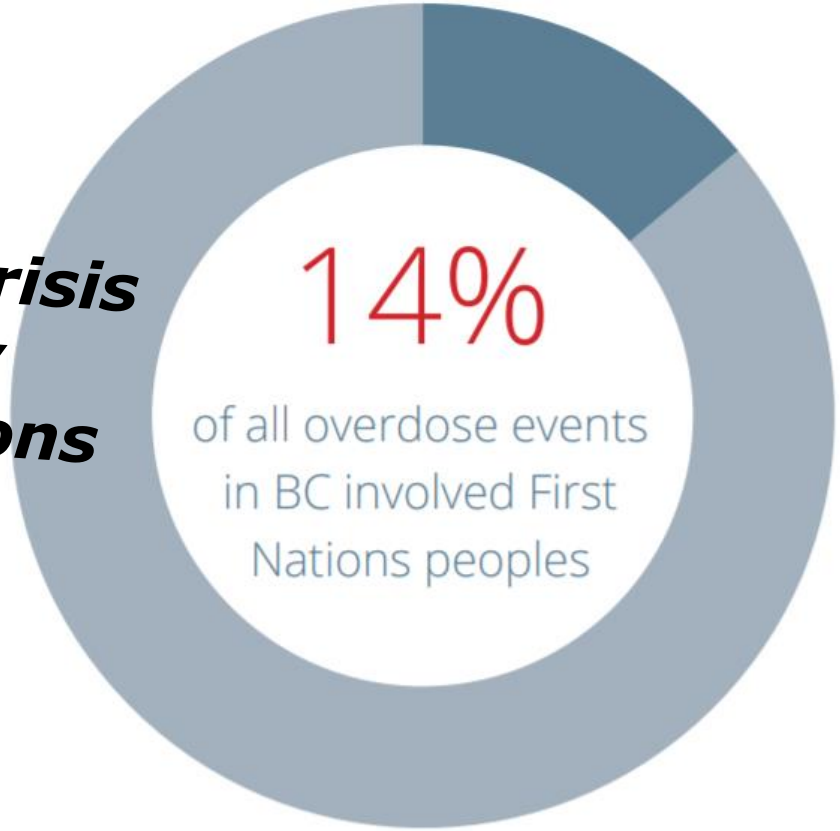
BC Coroners Service, Illicit Drug Overdose Deaths in BC, January 1, 2007 – December 31, 2017,
https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf

Major Causes of Unnatural Deaths in BC

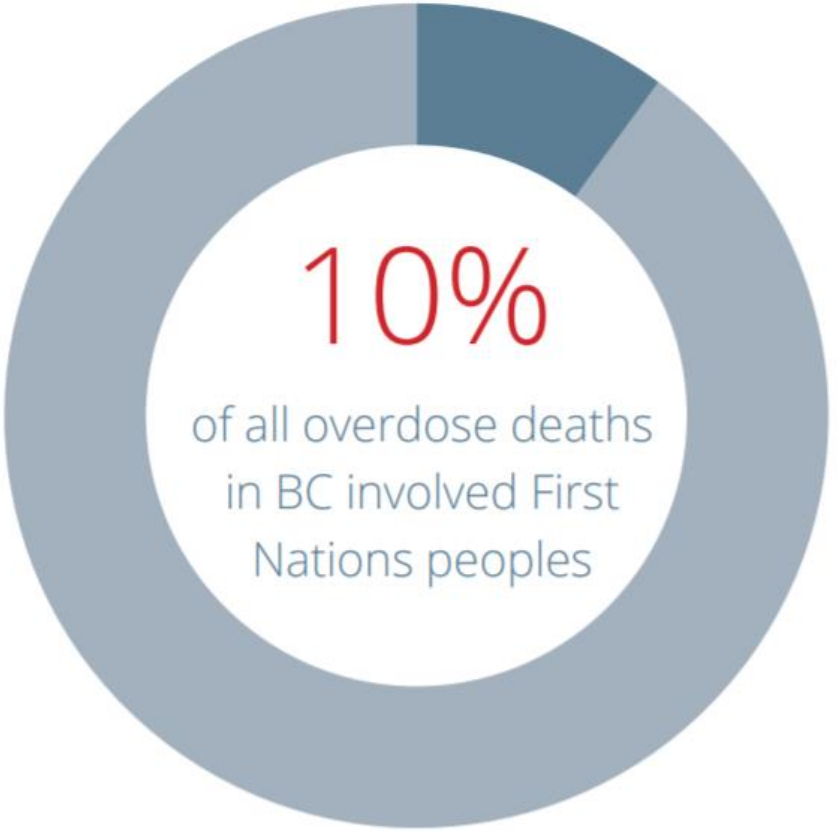


BC Coroners Service, Illicit Drug Overdose Deaths in BC, January 1, 2007 – December 31, 2017,
https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf

Opioid overdose crisis disproportionately impacts First Nations



First Nations people are **5X** more likely than non-First Nations to experience an overdose event



First Nations people are **3X** more likely than non-First Nations to die due to an overdose

First Nations Health Authority, Overdose Data and First Nations in BC Preliminary Findings
http://www.fnha.ca/newsContent/Documents/FNHA_OverdoseDataAndFirstNationsInBC_PreliminaryFindings_FinalWeb_July2017.pdf

This Act is current to May 16, 2018

See the Tables of Legislative Changes for this Act's legislative history, including any changes not in force.

HEALTH PROFESSIONS ACT

[RSBC 1996] CHAPTER 183

Duty and objects of a college

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

(a) to serve and protect the public, and

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

(2) A college has the following objects:

It's part of our duty to help fight the opioid overdose crisis

and the bylaws of the college;

requirements for registration of a person as a member of the college;

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

(e) to establish and maintain a continuing competency program to promote high practice standards amongst registrants;

(f) to establish, for a college designated under section 12 (2) (h), a patient relations program to seek to prevent professional misconduct of a sexual nature;

(g) to establish, monitor and enforce standards of professional ethics amongst registrants;

(h) to require registrants to provide to an individual access to the individual's health care records in appropriate circumstances;

(i) to inform individuals of their rights under this Act and the *Freedom of Information and Protection of Privacy Act*;

(i.1) to establish and employ registration, inquiry and discipline procedures that are transparent, objective, impartial and fair;

(j) to administer the affairs of the college and perform its duties and exercise its powers under this Act or other enactments;

(k) in the course of performing its duties and exercising its powers under this Act or other enactments, to promote and enhance

Health Professions Act - BC Laws, http://www.bclaws.ca/civix/document/id/lc/statreg/96183_01

Non-Prescription Naloxone NOW AVAILABLE Outside of Pharmacies

Share +1 Save

VANCOUVER, Sept. 21, 2016 /CNW/ - Naloxone, the life-saving drug used to reverse the effects of an opioid overdose, is now available outside of pharmacies. The College of Pharmacists of BC changed the status of emergency use naloxone (non-hospital use) from a Schedule II drug to one that is unscheduled and widely accessible. This means that emergency use naloxone can be available anywhere and purchased by anyone.

"Given the current public health emergency and increasing numbers of fatal opioid overdoses, the College feels compelled to do whatever we can to make this life-saving antidote available to whomever needs it. This ...ment to the BC Drug Schedules Regulation makes BC the first province in the country t... ...gency use naloxone. This will save lives."

College changed emergency use naloxone status to one that is unscheduled and widely accessible

– Bob Nal...

...available in BC without a prescription. On March 22, 2016, in ...opioid-related deaths, Health Canada made changes that allowed for emergency ...be available without a prescription. In BC, the College Board approved the change (to Schedule II) in hopes of increasing access to this life-saving drug. Having naloxone classified as Schedule II and behind the counter ensured pharmacists had the opportunity to provide purchasers with important training on how to administer the drug.

Since then, the number of opioid-related deaths has continued to rise. In April 2016, the BC Provincial Health Officer declared the crisis a public health emergency. After further consideration, on September 16, 2016 the College Board removed emergency use naloxone from the Drug Schedules Regulation to ensure there are no regulatory barriers to access the drug.

"We are in the midst of an overdose crisis in BC and making naloxone easier for people to get will help to save lives. The College made this decision after consultations with the Ministry of Health, BC Centre for Disease Control and patient

College of Pharmacists of BC News Release, distributed by Cision, September 21, 2016, https://www.newswire.ca/news-releases/non-prescription-naloxone-now-available-outside-of-pharmacies-594342401.html

BC Health Professions General Regulation Exemption for Opioid Overdose

Exception for opioid overdose

9 (1) This section applies despite

(a) section 4 (2) of the Medical Practitioners Regulation, and

(b) any limit or condition imposed under an enactment on the practise of a profession, occupation or trade by a person or class of persons.

(2) If a person who is not otherwise authorized to administer naloxone to another person suspects that another person is suffering from an overdose of opioids, the person may assess and treat the other person if treatment is limited to the emergency administration of

(a) naloxone, by intramuscular injection or intranasally, and

(b) first aid.

Health Professions Act, Health Professions General Regulation, https://www.canlii.org/en/bc/laws/regu/bc-reg-275-2008/latest/bc-reg-275-2008.html
College of Pharmacists of BC, Naloxone, http://www.bcpharmacists.org/naloxone

Legal protection for people who call 9-1-1 in response to an opioid overdose

Government of Canada, Good Samaritan Drug Overdose Act, https://www.canada.ca/en/health-canada/services/publications/healthy-living/good-samaritan-drug-overdose-act-poster.html, https://www.canada.ca/en/health-canada/services/substance-abuse/prescription-drug-abuse/opioids/about-good-samaritan-drug-overdose-act.html

- Naloxone administration exemption for pharmacy professionals
- Take home naloxone available at community pharmacies
- Access to non-prescription naloxone for First Nations (including nasal naloxone)
- What is naloxone
- Signs of an opioid overdose
- SAVEME steps to follow during an opioid overdose
- How to administer naloxone (ampule, vial, nasal)
- Things to keep in mind when responding to an opioid overdose
- Naloxone patient education handouts (ampule, vial, nasal)
- How to use naloxone videos
- How to find a harm reduction sites
- Reducing stigma with respectful language
- Naloxone teaching points checklist
- Naloxone education session webinar
- Naloxone training presentation slides
- Links to other resources

Naloxone resources at bcpharmacists.org/naloxone

Overdose is a medical emergency - **CALL 9-1-1**
Tell attendant: Person is **not responsive** and **not breathing**.

HealthLink BC: 8-1-1
BC Drug & Poison Information Centre: 1-800-567-8911

SAVE ME PROTOCOL

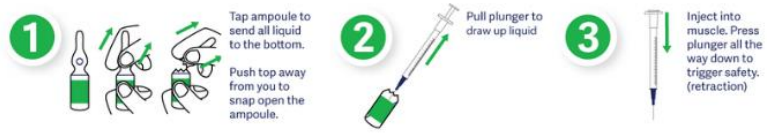
Follow the **SAVE ME** Protocol when responding to an opioid overdose.

ADMINISTERING NALOXONE

Emergency use naloxone kits come equipped with detailed instructions on how to safely and effectively administer the drug. In the event that naloxone is unavailable, confirm 911 has been called and provide rescue breathing until Emergency Medical Services arrive.

Vial

Ampoule



Nasal Spray

***Naloxone does not replace the need for emergency care or minimize the importance of calling 911.**

Naloxone Patient Education Handouts

College of Pharmacists of British Columbia

NALOXONE SAVE A LIFE

Recognizing overdose

Responding to overdose

How to use ampoule/vial

How to give breaths

How to use spray

Signs of Opioid Overdose

Overdose is a medical emergency - CALL 9-1-1 | Tell attendant: Person is not responsive and not breathing.

HealthLink BC: 8-1-1 **BC Drug & Poison Information Centre:** 1-800-567-8911

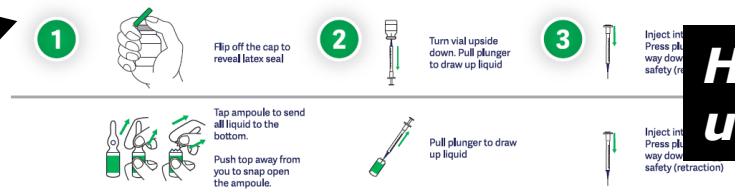
SAVE ME Steps

Follow the SAVE ME steps to respond.

If the person must be left unattended at any time, put them in the recovery position.

How to Give Breaths

How to Use Naloxone



bcpharmacists.org/naloxone

NALOXONE SAVE A LIFE

College of Pharmacists of British Columbia

Signs of Opioid Overdose

Not responsive to noise or touch | Breathing will be slow or absent | Choking, gurgling or snoring sounds | Lips or nails are blue, skin is cold or clamy | Pupils are tiny

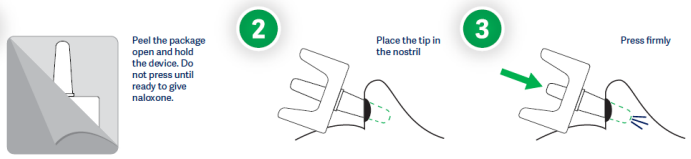
Overdose is a medical emergency - CALL 9-1-1 | Tell attendant: Person is not responsive and not breathing.

HealthLink BC: 8-1-1 BC Drug & Poison Information Centre: 1-800-567-8911

How to Give Breaths

1 Tilt head back to open the airway
2 Pinch nose. Cover mouth with mask or clothing
3 Breathing can slow down during an overdose but the heart is probably still beating - Give breaths to keep them alive
Give 1 breath every 5 seconds

How to Use Naloxone



Nasal naloxone is for the nose. It works even if the person is not breathing

bcpharmacists.org/naloxone

The naloxone educational resources above are available under the Creative Commons Attribution-ShareAlike License to use and remix as needed to help provide patients and pharmacy professionals with important information on the use of this life saving drug.

Creative Commons Licence to let others easily reuse

Attribution should include: "Naloxone educational information included here was developed through a partnership between the College of Pharmacists of BC, the BC Centre of Disease Control and the Province of BC's Ministry of Health."

Naloxone Campaign

Building awareness of how to use naloxone to save a life

EMERGENCY USE

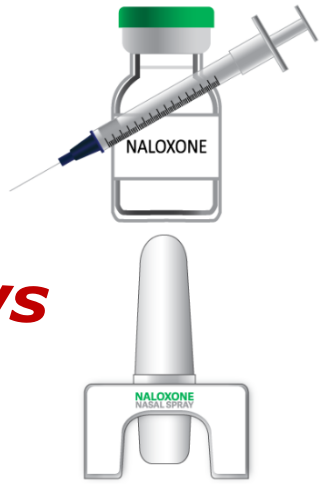
NALOXONE

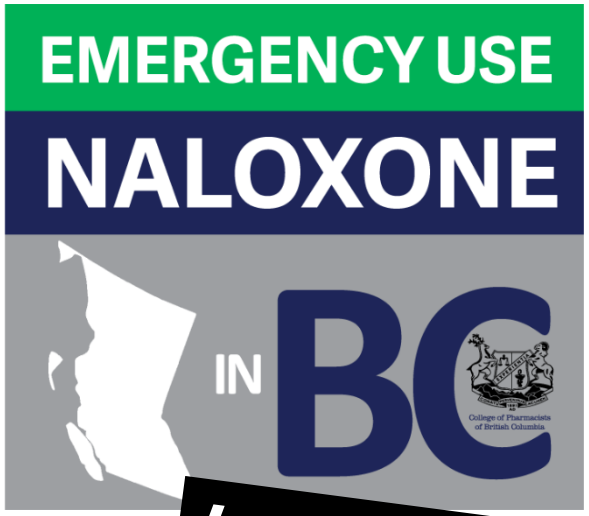
IN BC

College of Pharmacists of British Columbia

Naloxone

94,432 page views





bcpharmacists.org/naloxone

News Release (September 21, 2016):
Non-Prescription Naloxone NOW AVAILABLE Outside of Pharmacies

USE EMERGENCY-USE NALOXONE TO SAVE A LIFE

Naloxone is a life-saving drug that temporarily reverses the effects of an opioid overdose. Within 1 to 5 minutes, naloxone can reverse slowed breathing.

If you suspect an overdose, call 911 right away and follow the SAVE ME protocol while waiting for first responders, and administer naloxone if available.

All health professionals have been authorized to administer emergency use naloxone, even when administering a drug may not be within their scope of practice. This means if a pharmacist or pharmacy technician suspects a person is suffering from an opioid overdose, they may assess and treat the person and administer emergency use naloxone either

Naloxone Education Sessions

bcpharmacists

bcpharmacists Huge group of #pharmacy professionals in #surreybc learning how to use #Naloxone #cpbcengage

ekg22, **bodybarlaseracademy** and **plin0083** like this

APRIL 5, 2016

Add a comment...

Sharing our naloxone resources at events

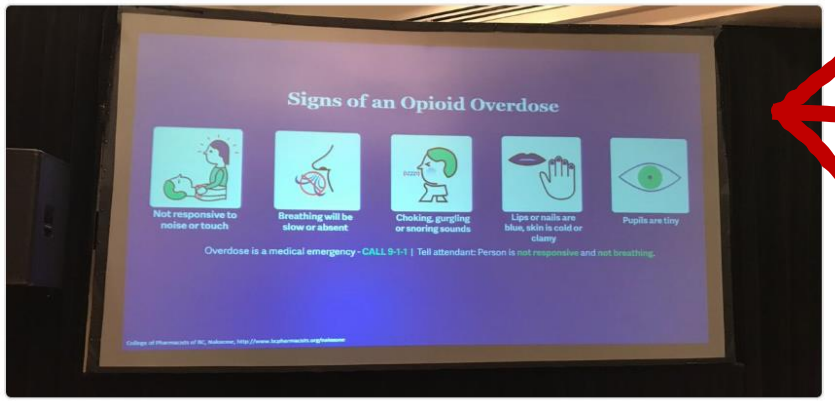
bcpharmacists
The Westin Bayshore

bcpharmacists We're at the @fnha Mental Health & Wellness Summit Feb 7 & 8! Come say hi, learn about Naloxone & our plans to improve cultural humility, share your thoughts, & grab some cool swag! 🤗 #fnhawellness

drhennigar Love this. So important 💖

CAPT
@capt4u
Following

Learning the signs of opioid overdose at #CaptPDC presented by @BCPharmacists



10:53 AM - 5 May 2018

4 Retweets **5** Likes

4 5

COLLEGE OF PHARMACISTS OF BC

#STOPOVERDOSE

Social Media Marketing

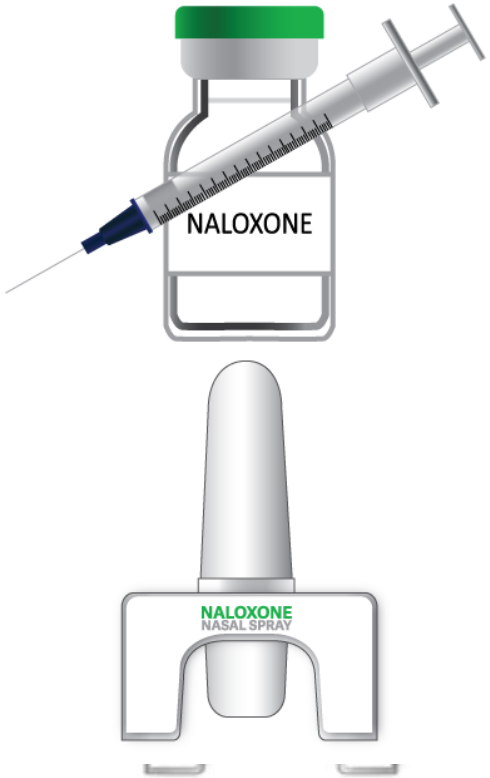
Search

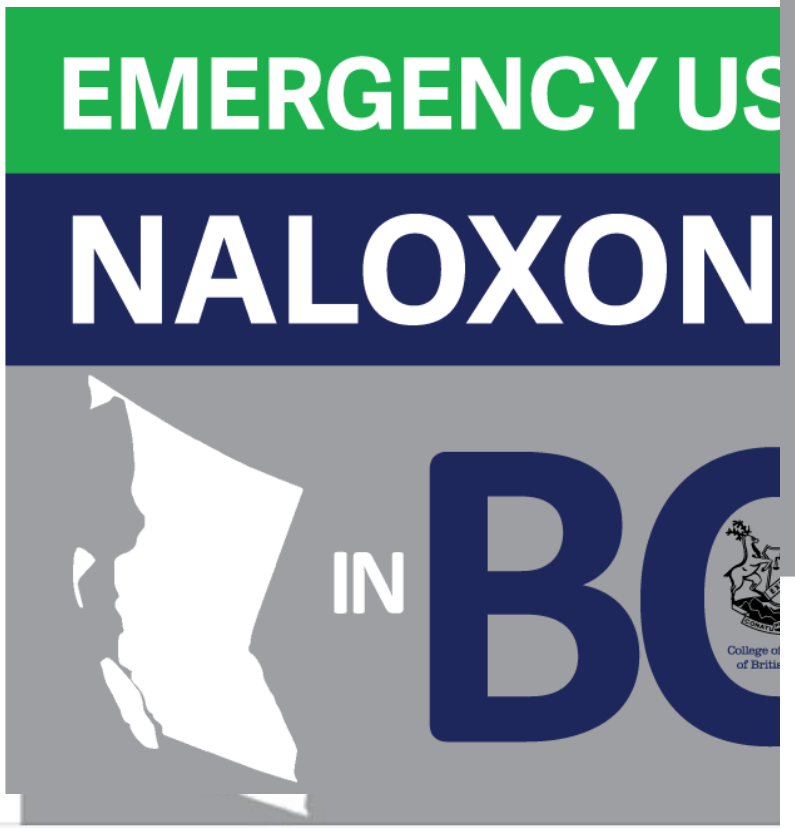
Facebook ads reached 679,780

...and seen over 1.5m times

College of Pharmacists of BC

Learn how to reverse the effects of an opioid overdose with Naloxone.
#StopOverdose





BCPHARMACISTS.ORG

Learn how to save a life with Naloxone

Learn M

Google ad seen over 1.1m time


COUSIN
STUDENT
DRUG USER
FRIEND
People who use drugs are real people.
Get involved. Get informed. Get help.
StopOverdoseBC.ca
Helping share #stopoverdose campaigns

BRITISH COLUMBIA | Ministry of Health

Thank You!

toward THE heart.com
A PROJECT OF THE PROVINCIAL HARM REDUCTION PROGRAM

Provincial Naloxone Task Group

First Nations Health Authority
Health through wellness

Regional Harm Reduction Coordinators

BC Centre for Disease Control

Vancouver Area Network of Drug Users and BC Association of Persons on Methadone

COLLEGE OF PHARMACISTS OF BC

#STOPOVERDOSE

Questions?

College of Pharmacists of British Columbia

BOARD MEETING
June 15, 2018

10. PRIME Project Update

INFORMATION ONLY

Presenters' Biographies

Heidi Giesbrecht, Project Director

Heidi Giesbrecht is a Project Director with the Strategic Projects Branch of the Health Sector Information Management/Information Technology Division of the BC Ministry of Health. Heidi has been Project Director of the PRIME project since 2016, and works closely with the Pharmaceutical Services Division and Health Sector partners to define a solution for PRIME that meets the needs of business, stakeholders, and patient care providers. As a Biomedical Engineer, Heidi has dedicated her career to advancing technologies in Health Care. Prior to joining the BC Ministry of Health, Heidi worked in the private sector to design, develop, drive adoption and gain regulatory clearance on a diverse portfolio of Medical Devices and Digital Health solutions.

Nelson Lah, Business Consultant

Nelson Lah is a Business Consultant with the Pharmaceutical Services Division of the BC Ministry of Health. He has held executive leadership positions in the British Columbia provincial government for over twenty years, including being the Chief Information Officer at the former Ministry of Forests and the first Chief Technology Officer for Shared Services BC. Under his strategic leadership, innovative approach, and business acumen the ministries won numerous awards including multiple GTEC, CIPA, and BC Premier's awards. With his experience and excellent communication skills, he has steered leadership teams, listened for objective inputs, determined root cause, distilled and presented key messages. He believes in building strong, lasting relationships with clients and the vendor community, and has a proven record on successful project delivery.

Presentation Synopsis

The vision of the PRIME project is to deliver a Registration and Enrolment Management solution that will ensure that all PharmaNet access is secure, transparent and accountable. Our team will present an overview of the PRIME solution and illustrate how it may impact you and your processes. We are eager to work with you and get your input as we design and develop the PRIME solution.

College of Pharmacists of British Columbia

10. PRIME Project Update

Heidi Giesbrecht, Project Director

Nelson Lah, Business Consultant

PRIME

PHARMANET REVISIONS FOR INFORMATION MANAGEMENT ENHANCEMENTS

PROJECT UPDATE
College of Pharmacists
June 15, 2018

Workshop Agenda

1. Introductions
2. PRIME Vision, Drivers and Benefits
3. Impact to College Members
4. College Challenges and Opportunities
5. Timeline
6. Topics for Newsletter
7. Next Steps

Introductions

- Heidi Giesbrecht, PRIME Project Director
- Nelson Lah, Pharmaceutical Services Division Representative
- John Wightman, PRIME Project Change Management Lead

PRIME Vision

Deliver a Registration and Enrolment Management solution that will ensure that all PharmaNet access is secure, transparent and accountable

PRIME – Key Drivers and Benefits

Drivers

- Remove barriers to authorized use of PharmaNet – current paper based system is not always timely
- Ensure PharmaNet users are directly accountable to the Ministry for access and use of information
- Improve audit and monitoring capability
- Establish the capability to align access by individual requirements (not just generically by site)
- Establish tools and data capture to enable effective response to incidents
- Increasing security by aligning with the OCIO Level 3 Identity Assurance standard

Benefits

- Establish the safeguards for PharmaNet access that British Columbians expect for their health information
- Accommodate increasing demand for access to PharmaNet without compromising security
- Ensure individual accountability for access to PharmaNet
- Improve the PharmaNet end user experience (with regards to access)

Impact to College Members

A member must be registered for PRIME:

- Create a user account in PRIME
- Remote identity proofing process
- 2 factor authentication/security questions

Their organization must also enroll them for access to PharmaNet using PRIME

- Verifier-initiated enrollment (organizational PharmaNet administrator matches registered user to sites where PharmaNet access is required)
- User acceptance of conditions of access
- Provisioner links local system user account with PRIME account

PRIME sites:

- Used to identify “normal” pattern of behavior (User must be associated with each site where they require access to PharmaNet)

Components of Access

New

- REGISTRATION
- ENROLLMENT

Existing

- LOCAL ACCESS
- PHARMANET

Required Roles in PRIME

- **Verifier**: The authorized person(s) for the applicant's site, who verifies that the applicant is known to the organization, working at that site, and that they require access to PharmaNet as part of their job.

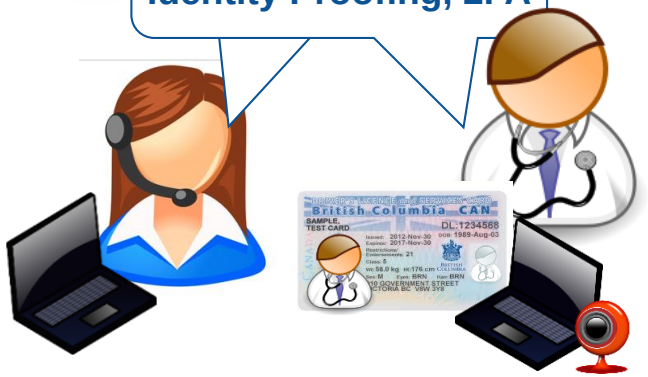
- **Applicant/User**: The person who requires access to PharmaNet.

- **Provisioner**: The authorized person(s) who sets up the applicant's access in the local software.

Process

1

REGISTRATION
Identity Proofing, 2FA



2

VERIFICATION
Initiate Application, Associate to Site

3

COMPLETE APPLICATION
Acknowledge, Submit

4

PROVISION
Access, Associate POS ID to PRIME

Challenges and Opportunities

Challenges:

- Getting registered and enrolled in a timely manner
- Each individual must do their own registration and enrollment
- Addition of process to an already tight daily schedule

Opportunities:

- Improved security and privacy of PharmaNet, including practitioner information
- Correct attribution of PharmaNet use to the responsible user
- Improved access protection

User Experience – key changes

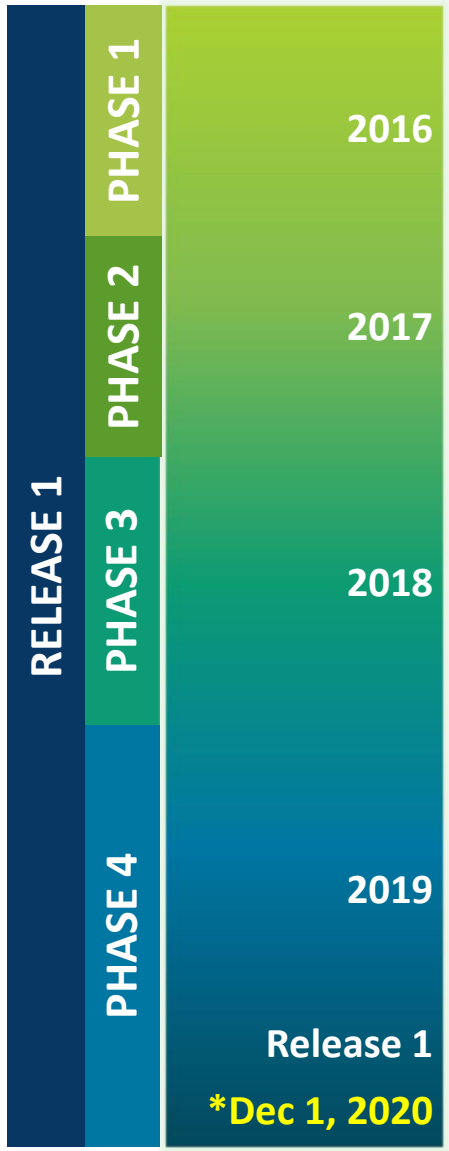
Current State

- No Registration or Identity-proofing
- Paper-based enrollment/PharmaNet access request process (several days)
- Management of paper forms required
- No review/approval process by Ministry – all requests received are granted
- POS Vendor provisions user account

Future State

- Web-based Registration Process and Identity-Proofing
- Web-based enrollment/Pharmanet access request process (~1 hour)
- No management of paper forms
- Automated or manual review/approval process by Ministry
- POS Vendor provisions user account

PRIME - High Level Project Timeline



✔Policy development

✔Current state assessment

✔Business rules development

✔Business requirements development

✔Initial Stakeholder engagement

Solution requirements
Solution architecture

Build/Test/Deploy

Rollout

** IM Regulation amendment – approved by Cabinet on May 15, 2018*

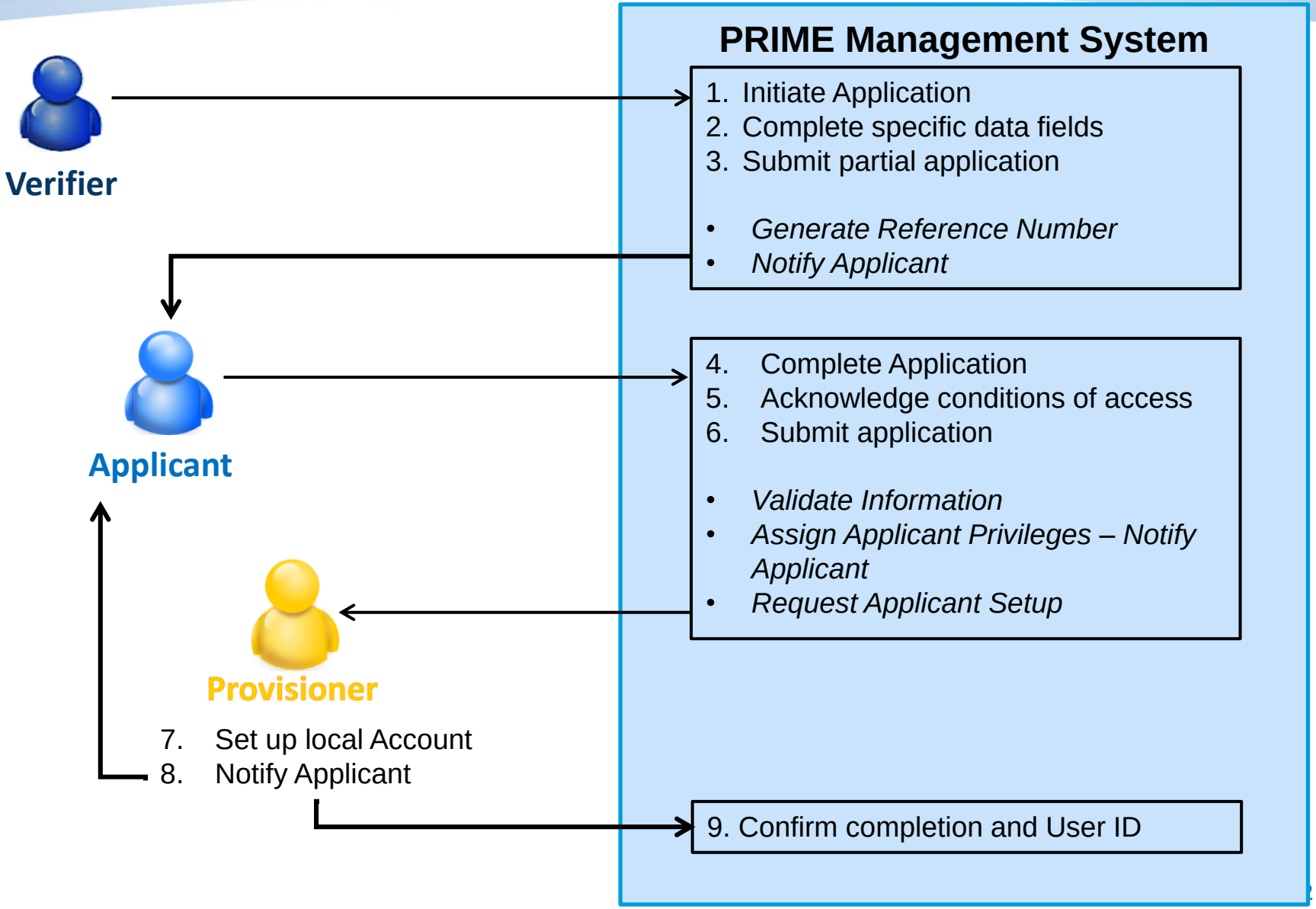
PRIME – How can we work together?

- How can we work with you to better educate members on privacy and security?
- What do we need to understand about College responsibilities in relation to PharmaNet access by registrants (e.g., license categories permitting provision of patient care, disciplinary action, practice restrictions)?
- How can we best communicate with your members? If we can leverage newsletters what sort of PRIME topics would be most beneficial?
- Are there any upcoming college-driven changes over the next 2-3 years that may impact PRIME?

PRIME@gov.bc.ca

Supplementary Information

Verifier-Initiated Enrollment Model



Key Roles in PRIME

- **Site**: A PharmaNet connection point. There may be more than one site at a physical location.
- **Verifier**: The authorized person(s) for the applicant's site, who verifies that the applicant is known to the organization, employed at that site, and that they require access to PharmaNet as part of their job.
- **Applicant/User**: The person who requires access to PharmaNet.
- **Provisioner**: The authorized person(s) who sets up the applicant's access in the local software.

What is a Site?

- A Site is a PharmaNet connection point, where one or many PharmaNet users access PharmaNet using a particular software.

LOCATION

- Location is a physical address.
- One location may have many sites (e.g. multiple clinics; multiple vendors).
- Not identified in PharmaNet transactions or records.

SITE

- Identified by either a Pharmacy ID assigned by the College or an equivalency code (PEC) assigned by the Ministry of Health.
- The Site is included with each PharmaNet transaction.
- All PharmaNet access logs and records identify the Site.

- For PRIME, sites can be grouped together into collections to reflect where people are working and how they are managed.
- Each site or collection of sites (one or many) will have an associated Verifier and Provisioner .

Why Is Site Important?

- The concept of site is foundational to how PharmaNet functions today, and how PRIME will be built and administered.

- Associating a PharmaNet user with the site(s) they work at allows the Ministry to perform its core legal requirement of monitoring and auditing access to PharmaNet. We use sites to establish the baseline ‘normal’ activity of a user or site so that unusual activity can be quickly and accurately identified for further examination.

- Site also provides structure to the administration of PharmaNet access and the assignment of tasks like verifying and provisioning.

What is the Verifier's Responsibility?

The verifier is the designated person for a site (or sites), who:

- Is authorized to act as a verifier for that site.
- Is enrolled in PRIME.
- Initiates PharmaNet applications in the PRIME Management System for people working at the site.
- Verifies that the applicant is known to the organization.
- Verifies that the applicant works for the organization at their site.
- Verifies the applicant's need for PharmaNet access at their site (i.e. that their role requires PharmaNet access for direct patient care or support).
- Initiates requests for a change to PharmaNet access, such as adding or ending site access for an existing PharmaNet user.
- Can track application status for users at their site.
- Is notified of users at their site who are due for renewal or whose access expires or is terminated.

What is the Provisioner's Responsibility?

The provisioners is the designated person for a site (or sites), who:

- Is authorized to act as a provisioner for that site.
- Is enrolled in the PRIME Management System.
- Receives notifications from the PRIME Management System when a user has been enrolled at a site and the Ministry has approved access to be granted, changed or removed.
- Creates an ID and password (or adds an additional location to an existing account) for the local PharmaNet access software.
- Uses the PRIME Management System to confirm that the access has been provisioned and records the ID assigned to that user in that local software.
- Provides the user ID and password to the new PharmaNet user.

BC Ministry of Health
Pharmaceutical Services Division
Strategic & Operational Plan
2018/19 – 2020/21

For College of Pharmacists of BC

June 15, 2018

BRITISH COLUMBIA

Outline

- Mandate
- Overview
- Population Planning & Quality Framework
- Ministry & PSD Strategic & Operational Framework
- Ministry & PSD Goals, Objectives and Strategies
- Operational Improvements
- Accountability for Outcomes
- Timeline
- Resource Summary
- Outcomes

BRITISH COLUMBIA

Mandate

PSD has the responsibility to lead, innovate and manage the PharmaCare program to improve patient outcomes

Overview

The Pharmaceutical Services Division (PSD) is responsible for the overall coordination, decision making, and performance of the province's publicly-funded drug program (BC PharmaCare).

- BC PharmaCare has **1.58 million beneficiaries** for all plans (FY16/17)
- BC PharmaCare has **11 benefit plans**, the largest being Fair PharmaCare plan; PSD also funds anti-HIV/AIDS drugs through the BC CfE HIV/AIDS; and FNHA
- BC PharmaCare added /expanded coverage for **47 drugs** (Apr/15 to Apr/17)
- BC PharmaCare's Special Authority unit processes up to **1,300 drug coverage requests** per day from prescribers for their patients
- PSD contributes important national leadership roles with the pan-Canadian Pharmaceutical Alliance (**pCPA**) and Canadian Agency of Drugs Technologies in Health (**CADTH**)
- PSD is the business owner and responsible for **PharmaNet**; In 2017, PharmaNet processed over 76 million dispenses and flagged over 355,000 drug interactions
- The Data Integrity and Patient Profile team processes over 800 patient profile requests per week

BRITISH COLUMBIA

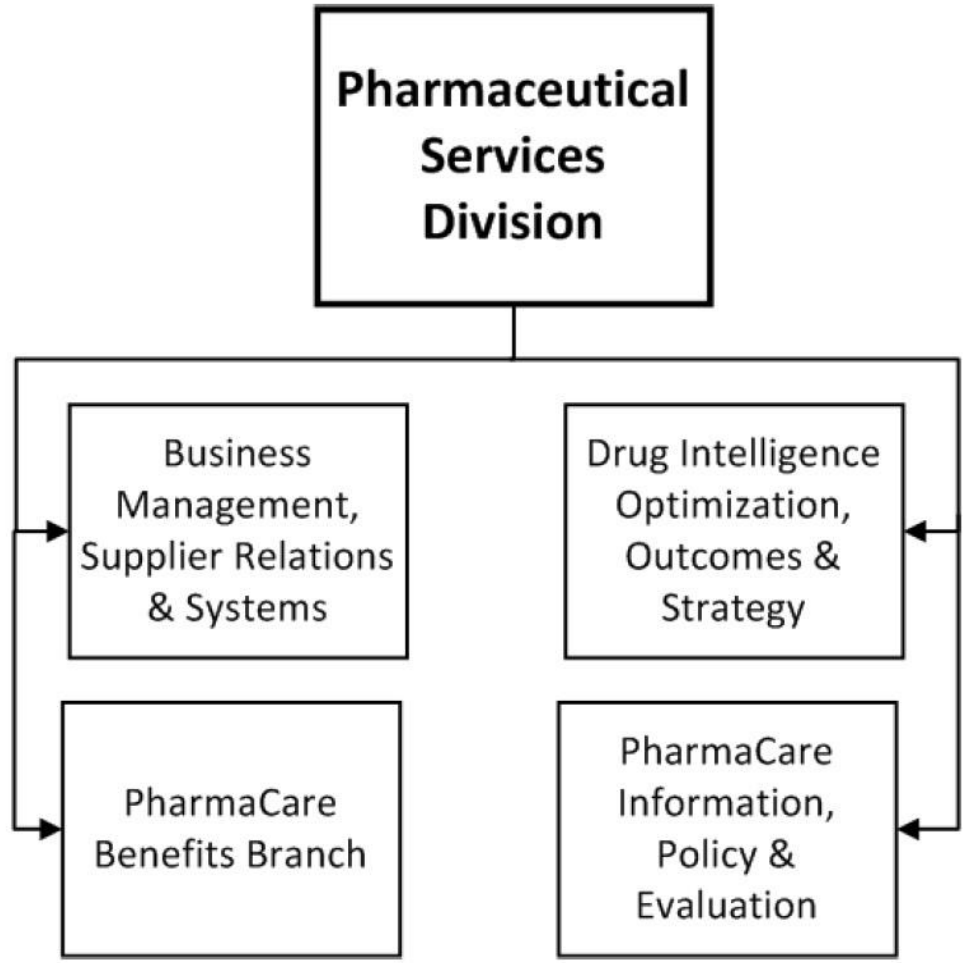
Overview

BUDGET:
2017/18 Budget:
Total: $1,225,764,000

FULL TIME EQUIVALENTS (FTES): 113.0

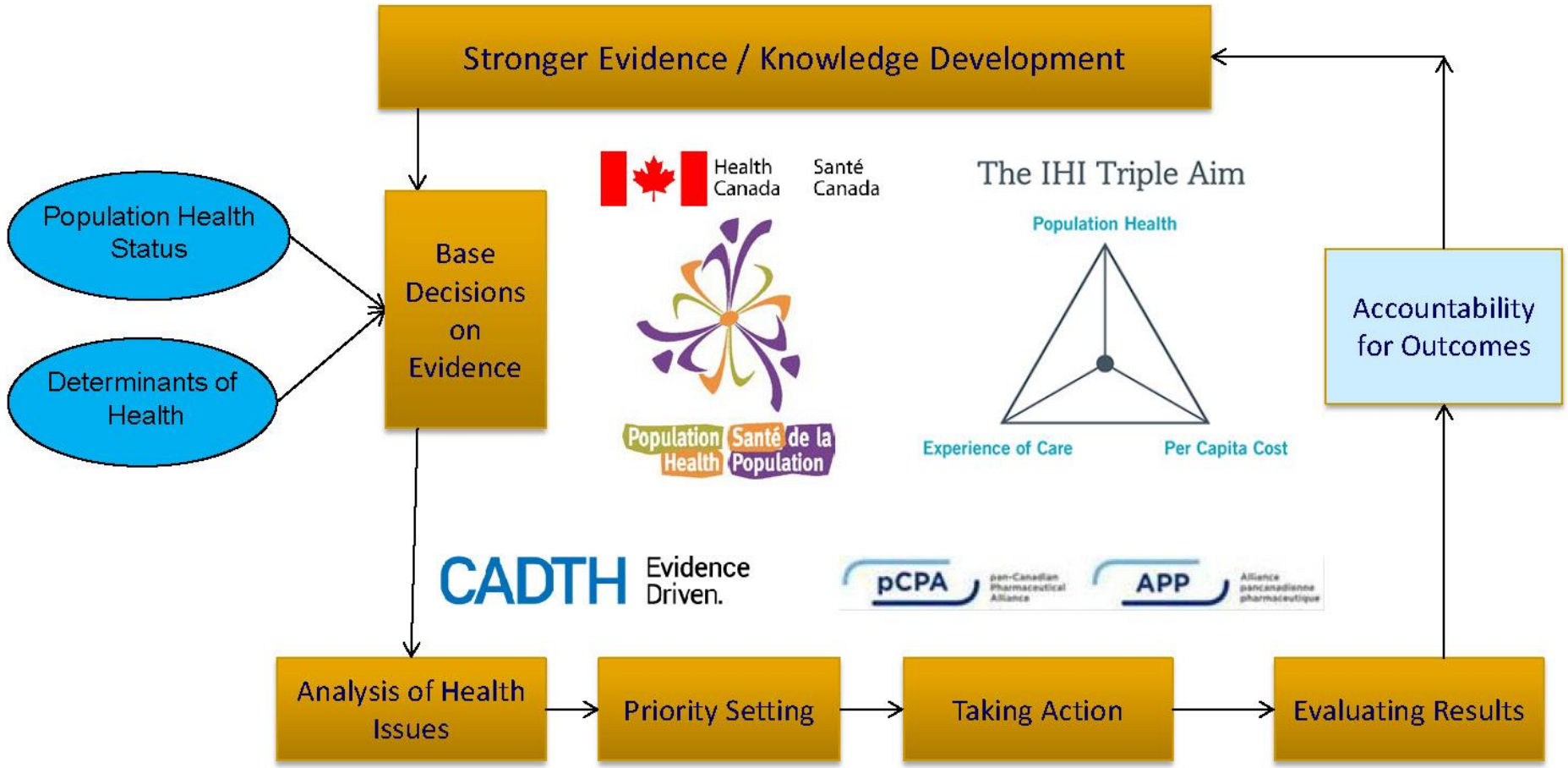
KEY STAKEHOLDERS
Better PharmaCare Coalition
British Columbia Pharmacy Association
Canadian Association for Pharmacy Distribution Management
Canadian Generic Pharmaceutical Association
Innovative Medicines Canada
Neighbourhood Pharmacy Association of Canada
Health Professional Colleges
National Organizations (CADTH, CDR, PMPRB, etc.)
pan-Canadian Pharmaceutical Alliance (pCPA)

LEGISLATION
Pharmaceutical Services Act (PSA)
Pharmacy Operation & Scheduling Act (PODSA)
Health Professions Act (HPA)



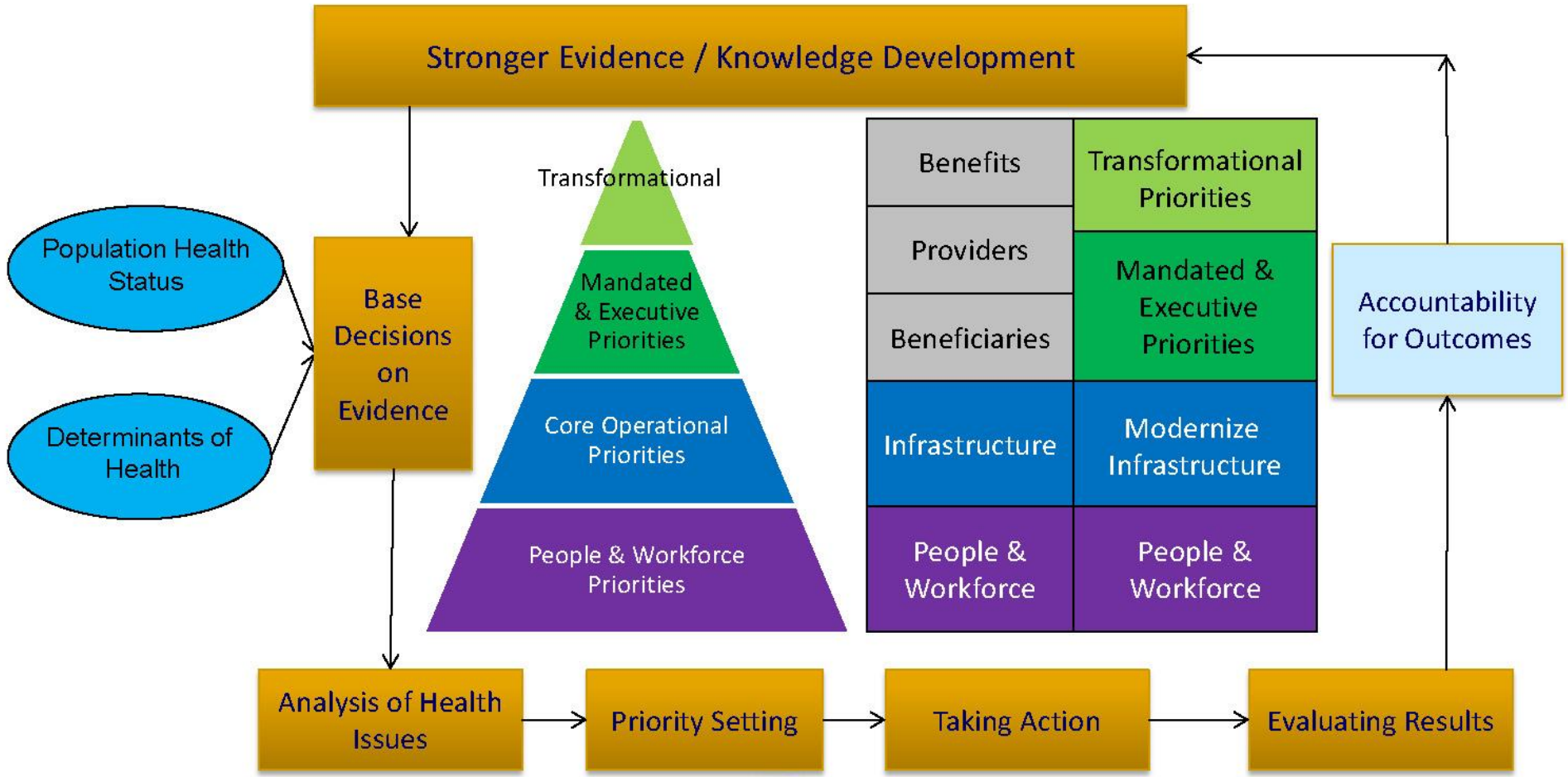
BRITISH COLUMBIA

PSD Population Planning & Quality Framework



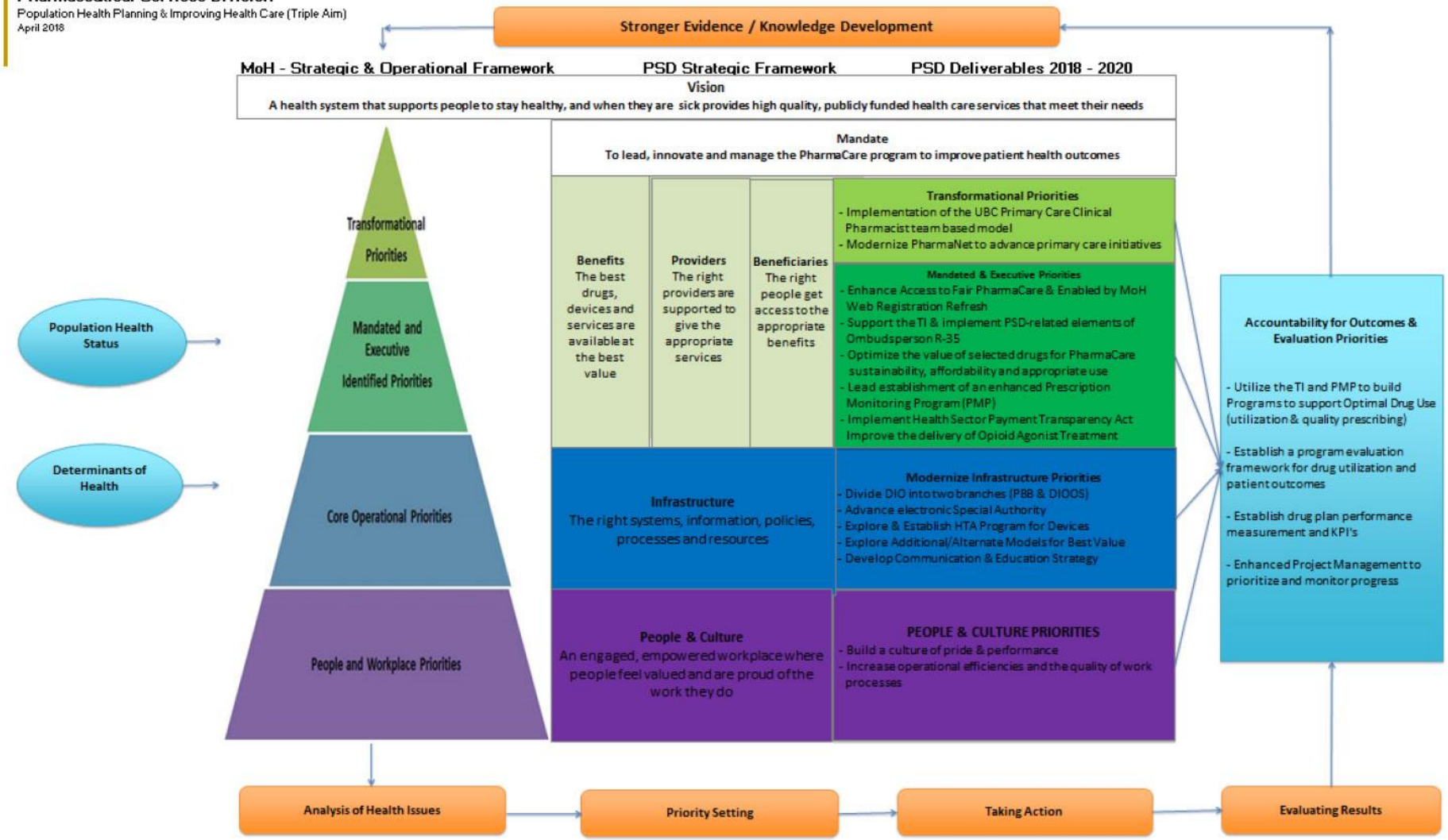
BRITISH COLUMBIA

Ministry & PSD Strategic & Operational Framework



BRITISH COLUMBIA

Pharmaceutical Services Division
Population Health Planning & Improving Health Care (Triple Aim)
April 2018



BRITISH COLUMBIA

Ministry & PSD Goals, Objectives & Strategies

GOAL 1: Ensure a focus on cross sector change initiatives requiring strategic repositioning

OBJECTIVE 1.1: A primary care model that provides comprehensive and coordinated team-based care linked to specialized services

KEY STRATEGIES FOR TRANSFORMATIONAL CHANGE

- Implementation of the UBC Primary Care Clinical Pharmacist team based model

- Modernize PharmaNet to advance primary care initiatives & HIBC Re-Procurement:
  - CareConnect (real-time clinical viewer);
  - HA Integration (to enable med. rec., Sig. Field, ActionADE);
  - PrescribeIT and moving to EMR integration; and
  - PRIME to ensure appropriate access to PharmaNet

BRITISH COLUMBIA

Ministry & PSD Goals, Objectives & Strategies

GOAL 3: Deliver and innovative & sustainable public healthcare system

OBJECTIVE 3.1: Effective health sector resources and approaches to funding

KEY STRATEGIES FOR MANDATED & EXECUTIVE IDENTIFIED CHANGE

- Enhance Access to Fair PharmaCare & Enabled by MoH Web Registration Refresh

- Support the TI & implement PSD-related elements of Ombudsperson R-35
  - Optimize utilization of expertise of researchers to inform PharmaCare policies, programs and decisions
  - Enhance formulary management through therapeutic reviews
  - Co-design & establish Quality Prescribing

BRITISH COLUMBIA

Ministry & PSD Goals, Objectives & Strategies

GOAL 3: Ensure a focus on cross sector change initiatives requiring strategic repositioning

OBJECTIVE 3.1: A primary care model that provides comprehensive and coordinated team-based care linked to specialized services

KEY STRATEGIES FOR MANDATED & EXECUTIVE IDENTIFIED CHANGE

- Optimize the value of selected drugs for PharmaCare sustainability, affordability and appropriate use:
  - Participate & Lead National Pharmacare Initiatives
  - Biosimilars
  - EDRD
  - Generics

- Lead establishment of an enhanced Prescription Monitoring Program (PMP)
- Implement Health Sector Payment Transparency Act (HSPTA)
- Improve the delivery of Opioid Agonist Treatment

BRITISH COLUMBIA

Operations – Core, People & Workplace Improvement

MODERNIZE INFRASTRUCTURE PRIORITIES

- Divide DIO into two branches (PBB & DIOOS)

- Advance electronic Special Authority (eSA)
- Explore & Establish HTA Program for Devices
- Explore Additional/Alternate Models for Best Value
- Develop Communication & Education Strategy
- Other

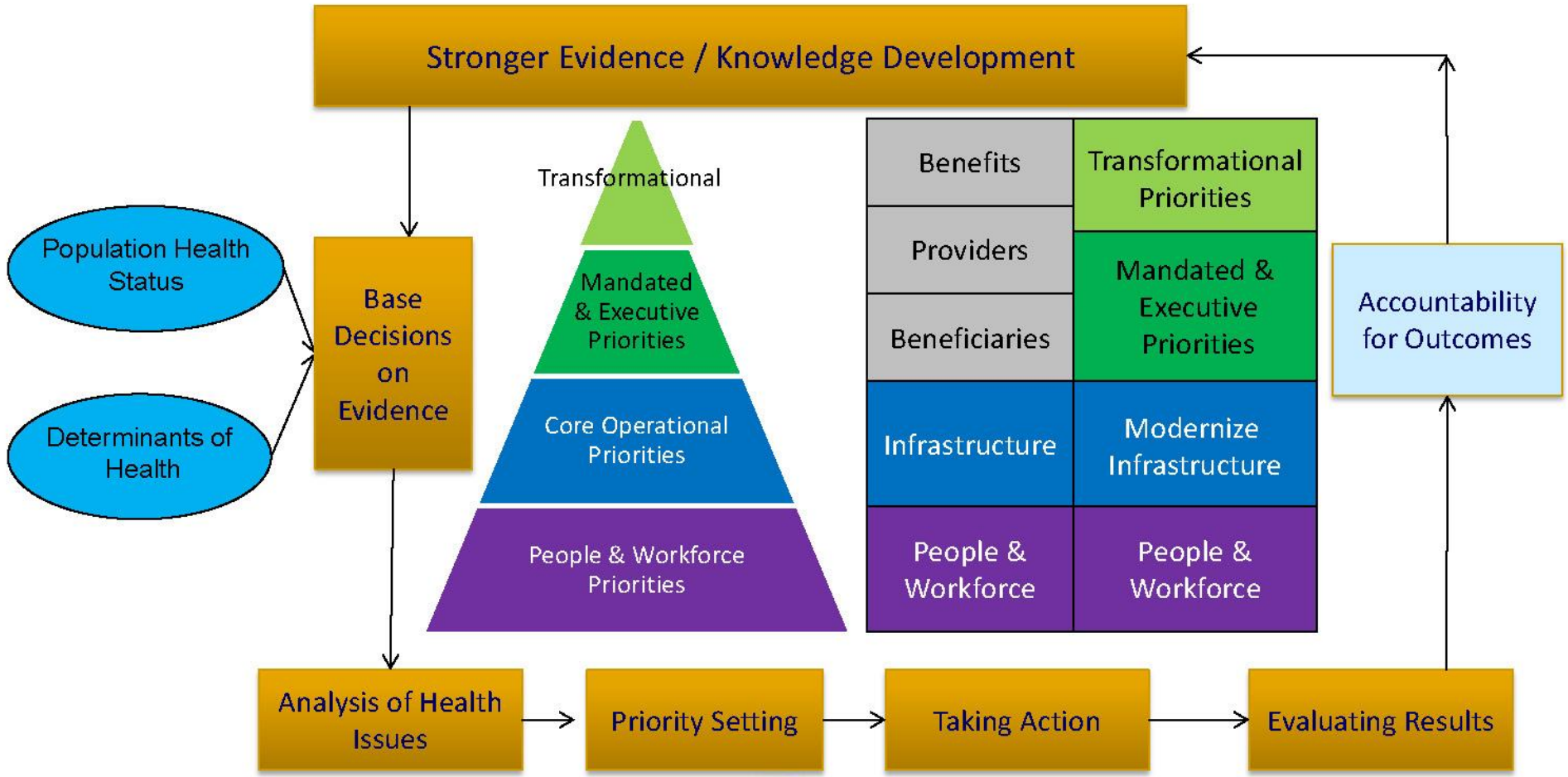
PEOPLE & CULTURE PRIORITIES

- Build a culture of pride & performance

- Increase operational efficiencies and the quality of work processes

BRITISH COLUMBIA

Ministry & PSD Strategic & Operational Framework



BRITISH COLUMBIA

Accountability for Outcomes

PSD's new investments including Ministry's commitments made in the Ombudsperson Response 35 to support evidence-informed programs and decisions will result in:

- Rebuilding the TI
- Establish a PSD analytics and evaluation framework for continuous quality improvement (Programs, Plans, Services, etc.)
- Re-establish a quality prescribing program with the TI
- Establish a Prescription Monitoring Program (PMP) in collaboration with our health partners/Colleges
- Provide additional evidence to support national initiatives e.g., National Pharmacare, PMRPB, CADTH, pCPA
- Evaluation of the primary care clinical pharmacists team model in collaboration with UBC
- Establish a program evaluation framework to support drug plan performance measurement and KPI's
- Enhance Project Management to prioritize and monitor our progress

BRITISH COLUMBIA

Timeline and Risk

Transformational Change:

- UBC Primary Care Clinical Pharmacist team based model →
- Modernize PNet to advance PCN & HIBC Re-Procurement → Issue RFP →
- People, Culture & Optimization Efficiencies →
- PRIME - Phase 3 →

Mandated & Executive Priorities:

- Enhance Fair PCare & MoH Web Registration Refresh → Go Live
- Support the TI & Ombudsperson R-35: →
  - Establish Governance
  - Contract
  - Identify & Approve PEG topics
  - Optimize Utilization to inform policies programs & decisions
  - Quality prescribing program
- Optimize the value of drugs for PharmaCare sustainability, affordability and appropriate use: →
  - National Pharmacare
  - Biosimilars Strategy
  - EDRD
  - Generics
- Lead establishment of an enhanced Prescription Monitoring Program (PMP) →
- Implement Health Sector Payment Transparency Act
- Other operational improvements →
- Explore & establish HTA programs for devices

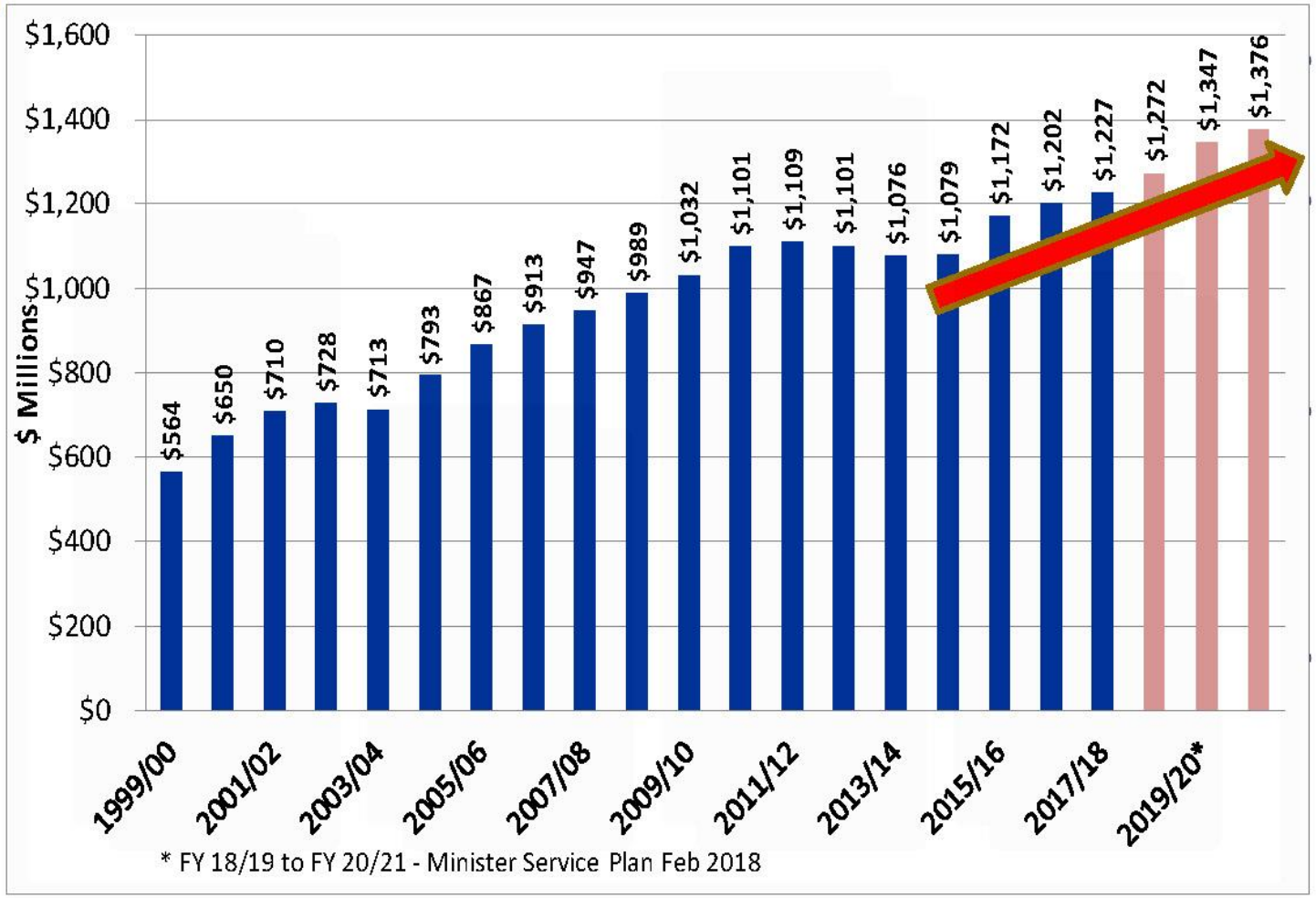
BRITISH COLUMBIA

Resource Summary ($000)

Health Program	2017/18 Restated Estimates	2018/19 Estimates	2019/20 Plan	2020/21 Plan
PharmaCare +/- %	$1,226,782	$1,272,400 +$45,618 +3.7%	$1,346,875 +$74,475 +5.8%	$1,375,879 $29,004 +2.1%
Incremental Drug Budget to meet growth & population need - refer to Unsustainable Demands		+ $25M	+ $TBD	+ $TBD

BRITISH COLUMBIA

PharmaCare Unsustainable Demands ($1.22B in FY17/18)



Demand for new and more costly drugs

Enhanced Fair PharmaCare starting Jan/2019 est. to cost $105M over next 3 years

Budget historically managed through cost savings initiatives (e.g. generics, reference drug program)

Unsustainable without additional value-based initiatives

BRITISH COLUMBIA

Outcomes

As a result of implementing the available and requested Ministry and PSD resources, PSD's Strategic and Operational Plan will accomplish the following:

- Deliver on Ministry & PSD Goals, Objectives and Strategies
- Fulfill PSD's Mandate: ***PSD has the responsibility to lead, innovate and manage the PharmaCare program to improve patient outcomes***
- Continue to be a national leader in provincial drug policy

BRITISH COLUMBIA

Questions

Integrating Pharmacists into the BC Ministry of Health Patient Medical Home Model

Peter J. Zed, B.Sc., B.Sc.(Pharm), ACPR, Pharm.D., FCSHP
Professors & Associate Dean, Practice Innovation, Faculty of Pharmaceutical Sciences
Associate Member, Department of Emergency Medicine, Faculty of Medicine

a place of mind
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www.pharmacy.ubc.ca

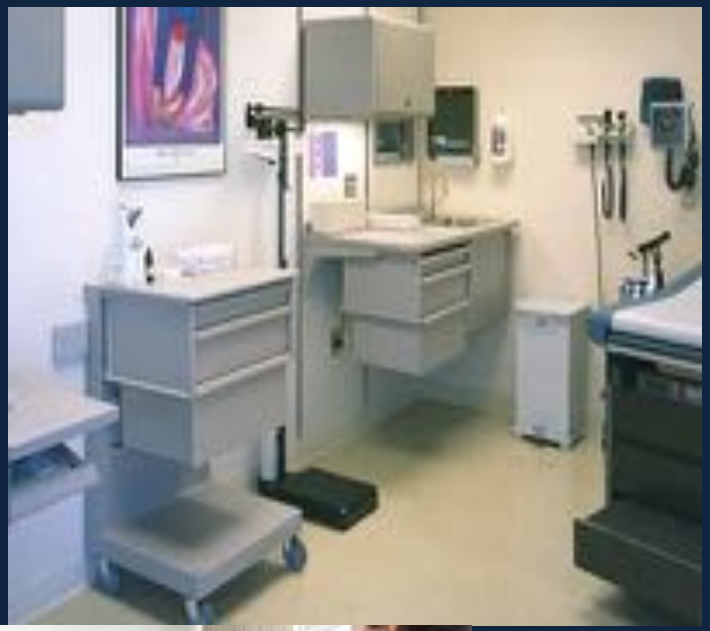
Presentation to the College of Pharmacists of British Columbia, June 15, 2018

Outline

- Context
- Prototyping at UBC
- Pharmacists in Primary Care
- Integration with Primary Care Strategy in BC
- Questions/Discussion

Context

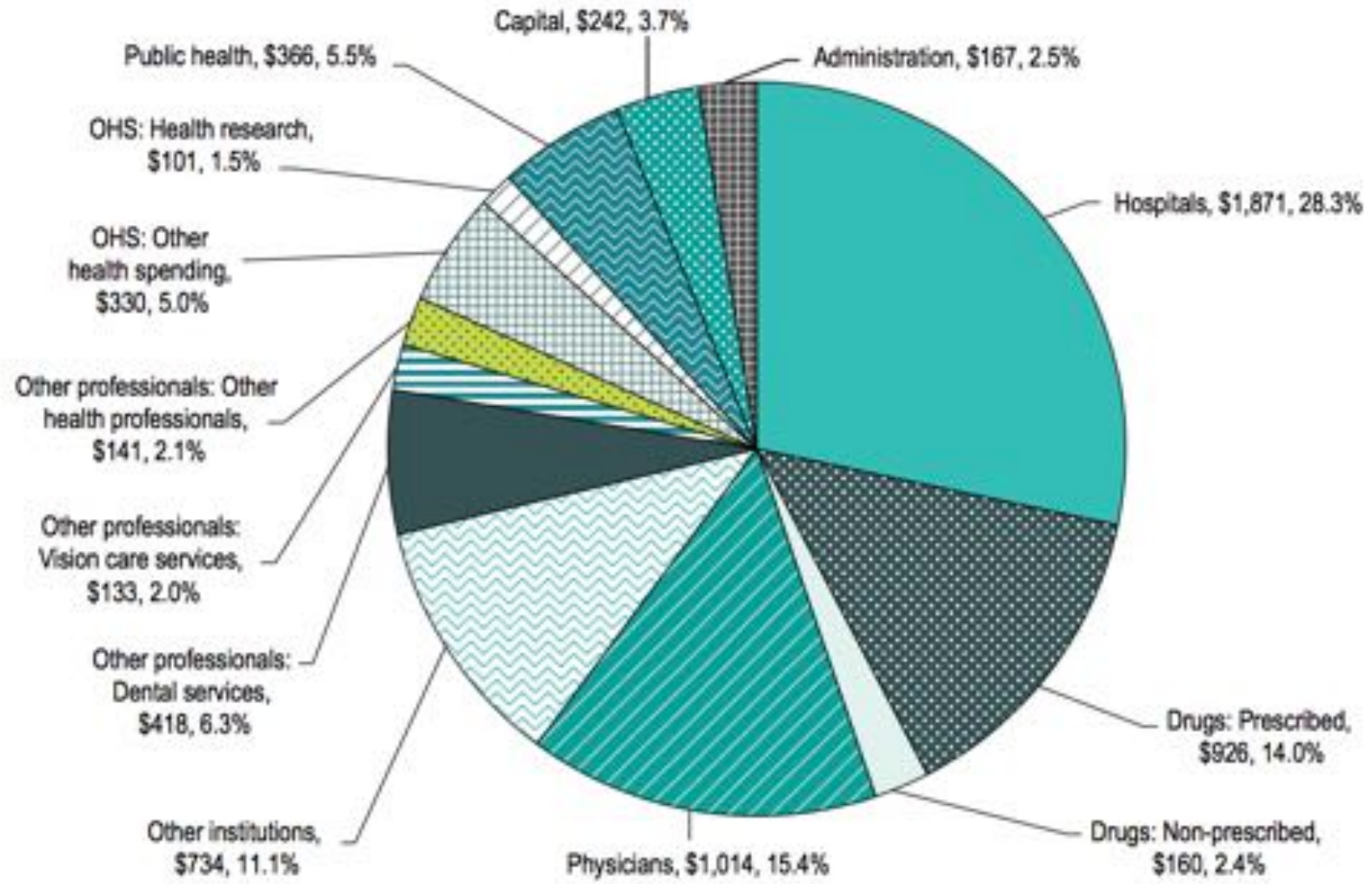
The Health Care Continuum




Emergency

Health Care Costs in Canada (2017)

TOTAL: $242 billion ($6,604 per capita)



ADEs: $21 billion (est.)
Non-adherence: $7-9 billion

$39.8 billion (+$5.9B since 2014)

National Health Expenditure Database, 2017, Canadian Institute for Health Information

Adverse Drug-Related Events in Canada

24%

23%

12%

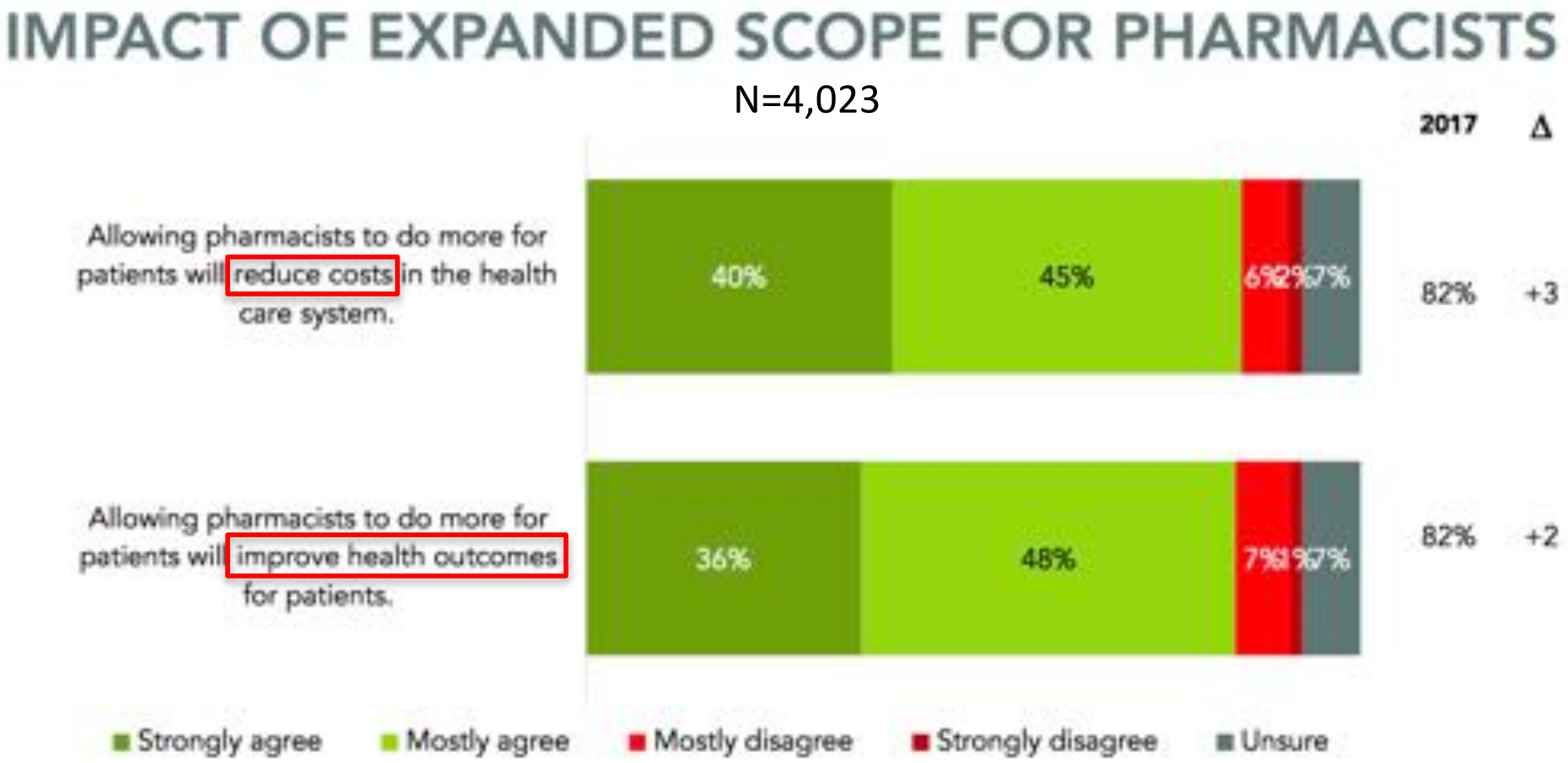
CMAJ 2008;178:1563-9; Pediatrics 2015:135:435-43; CMAJ 2004;170:345-9; CMAJ 2004;170:1678-86; Ann Emerg Med 2011;58:270-9.

Opportunities in Primary Care

- Patient attachment to pharmacists
- Physician-pharmacist collaborative relations
- Reduces pressure on physicians with complex patients
- Bridge the gap of pharmaceutical care throughout the continuum of care
- Further optimize medication use and implementation of evidence-based therapies
- Reduce preventable ADEs and associated health care resource consumption


MARCH 2018
PHARMACISTS IN CANADA
A NATIONAL SURVEY OF CANADIANS ON THEIR PERCEPTIONS AND ATTITUDES TOWARDS PHARMACISTS
CONDUCTED FOR:
ABACUS DATA
CANADIAN PHARMACISTS ASSOCIATION
ASSOCIATION DES PHARMACIENS DU CANADA

Canadian Perceptions & Attitudes



Canadians, Canadian Pharmacists Association, March 2018
https://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/Pharmacists%20in%20Canada_Survey_2018.pdf

Patient Opinions in British Columbia

Questions	Respondents	Yes responses (%)
Do you support the concept of patients receiving care from **primary health care teams** located in communities across the province?	44	44 (100%)
Do you support the **inclusion of pharmacists** on these primary health care teams?	44	42 (96%)
Do you think that pharmacists working with other members of a health care team to provide care to patients with chronic diseases would result in **better health outcomes**?	43	42 (98%)

Patients as Partners, Feb 2015

UBC Pharm Sci

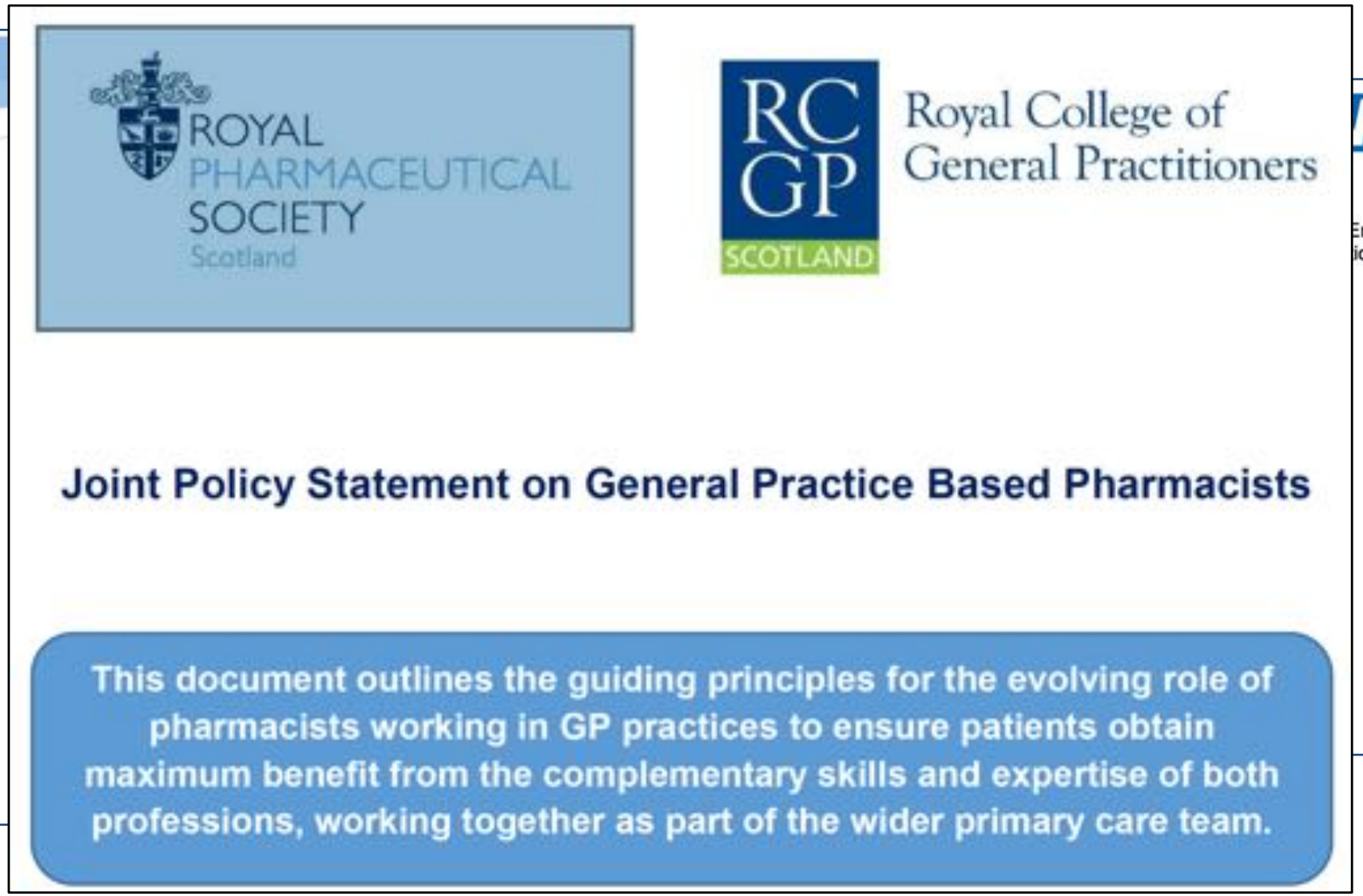
Other Jurisdictions in Canada

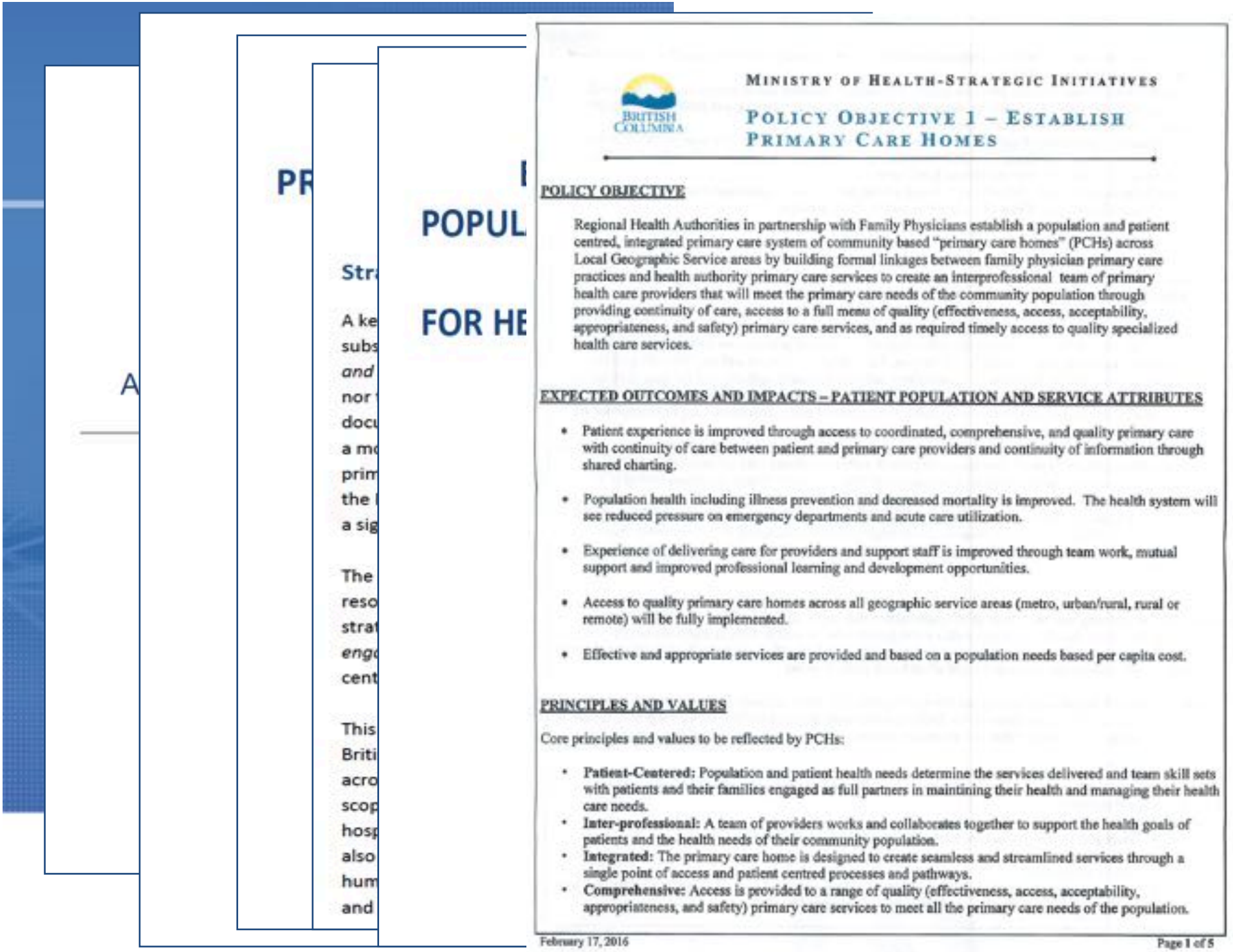
- ~200 pharmacists in Family Health Teams, Ontario
  - provide on-site, in-office care to patients
  - lead quality improvement efforts focused on better prescribing and medication use
  - documentation is part of the electronic medical record
- >50 pharmacists in Primary Care Networks, Alberta
- ~25 pharmacists in Primary Health Teams, Saskatchewan
- ~300 pharmacists (target) on Family Medicine Groups, Quebec

Ontario Ministry of Health and Long-Term Care (2005). *Family Health Teams, Advancing Primary Care. Guide to Interdisciplinary Team Roles and Responsibilities*. Retrieved on November 15, 2014 from http://www.health.gov.on.ca/en/pro/programs/fht/fht_guides.aspx

Alberta Health Services (2014). *Primary Care Networks*. Retrieved on November 14, 2014 from http://www.health.alberta.ca/services/primary-care-networks.html

Australia, England & Scotland





MINISTRY OF HEALTH-STRATEGIC INITIATIVES

POLICY OBJECTIVE 1 – ESTABLISH PRIMARY CARE HOMES

POLICY OBJECTIVE

Regional Health Authorities in partnership with Family Physicians establish a population and patient centred, integrated primary care system of community based "primary care homes" (PCHs) across Local Geographic Service areas by building formal linkages between family physician primary care practices and health authority primary care services to create an interprofessional team of primary health care providers that will meet the primary care needs of the community population through providing continuity of care, access to a full menu of quality (effectiveness, access, acceptability, appropriateness, and safety) primary care services, and as required timely access to quality specialized health care services.

EXPECTED OUTCOMES AND IMPACTS – PATIENT POPULATION AND SERVICE ATTRIBUTES

- Patient experience is improved through access to coordinated, comprehensive, and quality primary care with continuity of care between patient and primary care providers and continuity of information through shared charting.
- Population health including illness prevention and decreased mortality is improved. The health system will see reduced pressure on emergency departments and acute care utilization.
- Experience of delivering care for providers and support staff is improved through team work, mutual support and improved professional learning and development opportunities.
- Access to quality primary care homes across all geographic service areas (metro, urban/rural, rural or remote) will be fully implemented.
- Effective and appropriate services are provided and based on a population needs based per capita cost.

PRINCIPLES AND VALUES

Core principles and values to be reflected by PCHs:

- **Patient-Centered:** Population and patient health needs determine the services delivered and team skill sets with patients and their families engaged as full partners in maintining their health and managing their health care needs.
- **Inter-professional:** A team of providers works and collaborates together to support the health goals of patients and the health needs of their community population.
- **Integrated:** The primary care home is designed to create seamless and streamlined services through a single point of access and patient centred processes and pathways.
- **Comprehensive:** Access is provided to a range of quality (effectiveness, access, acceptability, appropriateness, and safety) primary care services to meet all the primary care needs of the population.

The Patient's Medical Home

Patients say that patient-centred family practices are where they are most comfortable – most at home – discussing their personal and family health concerns.

As the providers most responsible for Canadians' health care, family physicians play a vital role in our health care system. We know that the relationships patients build with their personal physicians over time contribute to better health outcomes.

The Patient's Medical Home (PMH) is a vision for the future of family practice in Canada that builds upon these truths.

In this vision, every family practice across Canada readily offers the care that Canadians need – care that is centred on the patient's needs, encompasses patients at every stage of life, and provides reliable links to other health services. A Patient's Medical Home practice delivers this care and ensures the best possible outcomes through the patient's own family physician's collaboration with health care teams and using the latest technology.

Meeting the following 10 goals transforms a family practice into a Patient's Medical Home:

1. Patient-Centred Care
A PMH provides care that is focused on the individual patient and tailored to his or her specific needs.

2. Personal Family Physician
The patient's own family doctor, the most responsible care provider, is at the core of the PMH.

3. Team-Based Care
A PMH offers a broad scope of services carried out by teams or networks of providers, including each patient's personal family physician.

4. Timely Access
A PMH ensures timely access to appointments within the practice. The PMH also coordinates timely appointments with services outside the practice.

5. Comprehensive Care
A PMH provides each of its patients with comprehensive family practice services. A PMH also meets and supports the public health needs of the community.

6. Continuity of Care
A PMH provides continuity of care, continuity of relationships, and information for its patients.

7. Electronic Medical Records
A PMH maintains and meaningfully uses electronic medical records (EMRs) for its patients.

8. Education, Training, and Research
A PMH serves as an ideal site for training medical students, family medicine residents, and those in other health professions. A PMH is also an ideal setting for carrying out medical research.

9. Evaluation and Quality Improvement
A PMH regularly evaluates the effectiveness of its services as part of its commitment to continuous quality improvement.

10. Internal and External Supports
A PMH has strong internal support, from practice-appropriate administration. A PMH also is supported by governments, the public, and other health professions.

https://patientsmedicalhome.ca/files/uploads/CFPC-Patients-Medical-Home-EN.pdf

GPSC
General Practice Services Committee

HOME WHO WE ARE WHAT WE DO OUR IMPACT NEWS

So doctors can connect patients with the services they need.

Let's create a clear path to care.

What We Do Patient Medical Homes and Primary Care Networks

WHAT WE DO
PMH and PCN
- PMH/PCN News
- Resources
- Stories
- FAQ

Professional Development
Longitudinal Care
Innovations
Collective Voice

Patient Medical Homes (PMH) and Primary Care Networks (PCN)

The GPSC is working toward creating an integrated system of care that enables access to quality primary health care that effectively meets the needs of patients and populations in BC.

WHY DOCTORS SHOULD GET INVOLVED +

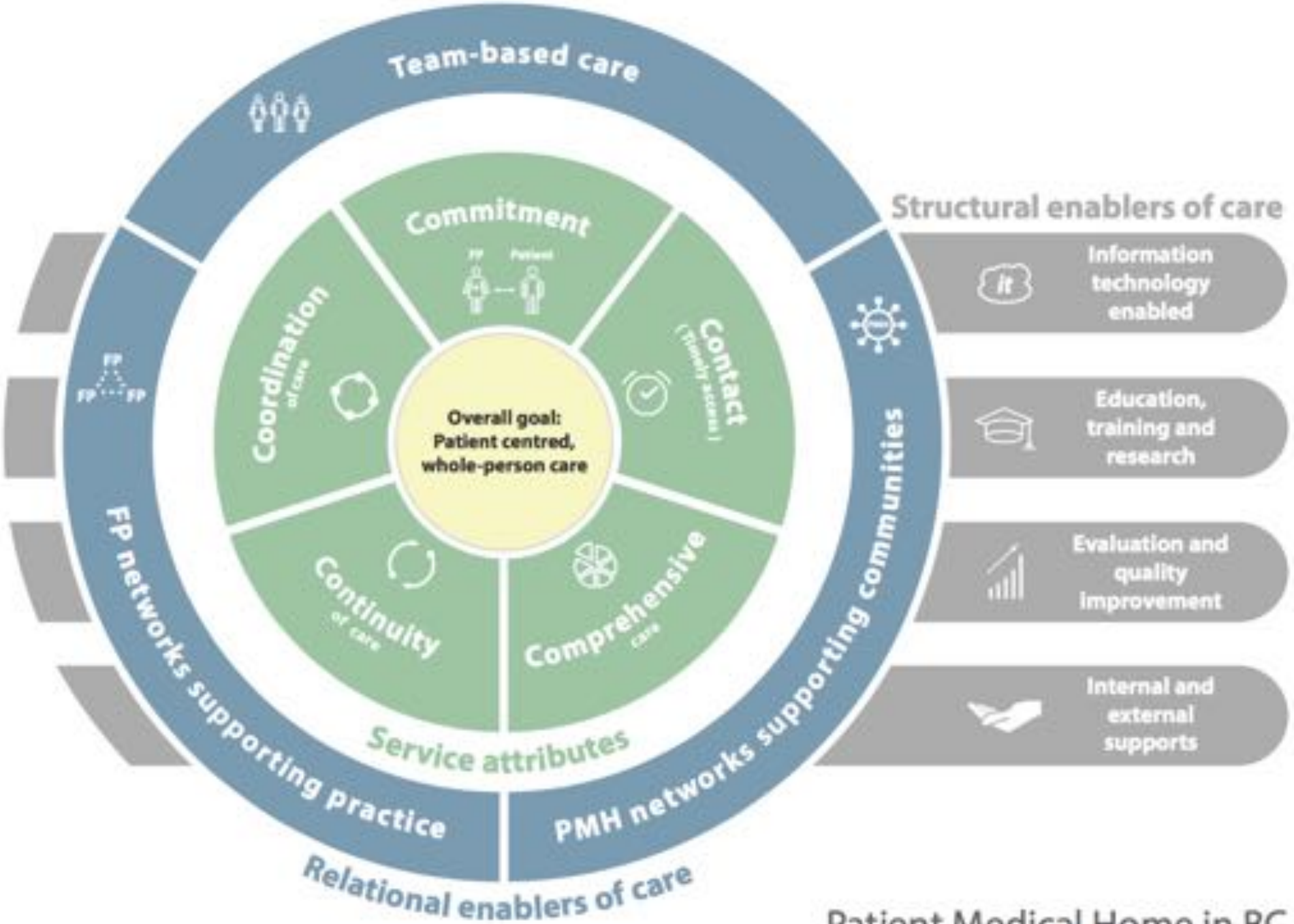
PATIENT MEDICAL HOMES, PRIMARY CARE NETWORKS, AND THEIR CONNECTION +

PROVEN MODEL OF CARE +

TIES TO EXISTING WORK +

WORK UNDERWAY +

http://www.gpscbc.ca/what-we-do/patient-medical-homes-and-primary-care-networks



http://www.gpscbc.ca/what-we-do/primary-care-bc/patient-medical-home

Health

Creating new opportunities for nurse practitioners as part of team-based care system

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News Release

Vancouver
Wednesday, May 23, 2018 11:15 AM

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Government adds pharmacists into primary and community care

Correction made on June 14, 2018

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Vancouver
Tuesday, June 5, 2018 10:30 AM

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Prototyping at UBC

UBC Pharm Sci

UBC Pharm Sci

UBC Pharmacists Clinic

- Established innovative practice model
  - pharmacists integrated & working to maximum scope in primary care practice sites
- Prepares learners for inter-professional collaborative practice
  - students and pharmacists
- Site for practice innovation and research

Approach

- Relationships, trust, respectful collaboration
  - pharmacists and physicians as clinicians
  - existing pharmacist-patient relationships are supported and enhanced
  - pharmacist-pharmacist relationships are supported and enhanced

- Value proposition
  - standardized service, expertise, time
  - focus on outcomes, unmet patient needs

Service Models

- Pharmacist located at UBC Pharmacists Clinic
  - pharmacist as consulting clinician
  - virtual inter-professional collaboration
  - patients seen in-person, telephone, telehealth

- Pharmacist co-located in physician's office
  - patients scheduled for 1:1 appointments
  - direct inter-professional collaboration
  - patients seen in-person, phone follow-up option

Current Co-Location Model

- 4 Divisions Fraser Northwest, Vancouver, Richmond, N. Vancouver

- Patients seen for:
  - chronic disease management
  - polypharmacy/deprescribing
  - adverse drug events
  - new patients/new diagnosis
  - education

- Physician-Pharmacist collaboration customized for each site:
  - case-conference at the end of the day
  - case conference with patient
  - all care documented and shared

Pharmacists in Primary Care

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THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Pharmaceutical Sciences

PHARMACISTS IN COMMUNITY-BASED PRIMARY HEALTH CARE TEAMS IN BRITISH COLUMBIA

A New Model of Integrated Care

Submitted to
Barbara Walman, Assistant Deputy Minister
Medical Beneficiary and Pharmaceutical Services Division
British Columbia Ministry of Health

Submitted by
Dr. Peter Zed, Associate Professor and Associate Dean, Practice Innovation
Faculty of Pharmaceutical Sciences
University of British Columbia
May 29, 2015

Practice Innovation Model

- Pharmacists in primary health care teams to collaborate in the care of high need patients
- Pharmacists integrated into Divisions of Family Practice across the Province
- Integration with community and health authority providers for care collaboration and education

Scope

- Project Scope
  - 50 pharmacists (1 FTE each) employed by UBC
  - pharmacists paid salary, no claims submitted to MOH
  - 35 Divisions of Family Practice in BC
  - focus on patient care services to complex patients

- Out of Scope
  - services provided by pharmacists in community pharmacies
  - services provided by specialist physician offices
  - services provided on long-term care facilities
  - service to patients in sites operated by Health Authority
  - administrative or project work at physicians offices

Administration of the Program

- UBC Faculty of Pharm Sci provides provincial oversight
  - human resources, finance, and communications support
  - operational support from the Pharmacists Clinic
- Quality Assurance
  - working in a system that expects quality and excellence
  - overseen and mentored by exemplary clinicians
- Training by UBC available to all pharmacists in BC
- Research and Evaluation

UBC Pharm Sci

Without Administrative Support

- Pharmacists often depend on other team members to assist in their integration, creating additional work for nurses and physicians
- Difficulties in collaborating successfully
- Physician resistance, lack of pharmacist assertiveness, inadequate pharmacist support, lack of space and inadequate pharmacist training
- Lack of role clarity
- Unclear expectations of the pharmacists' responsibilities
- Lack of workflow, appointments, communication systems, documentation system and standardized service delivery
- Poor utilization of pharmacist skills and knowledge
- Less direct patient care provided
- Less value-add outcomes
- Challenges with quality assurance, evaluation and outcome assessment

CPJ 2013:146:342–352

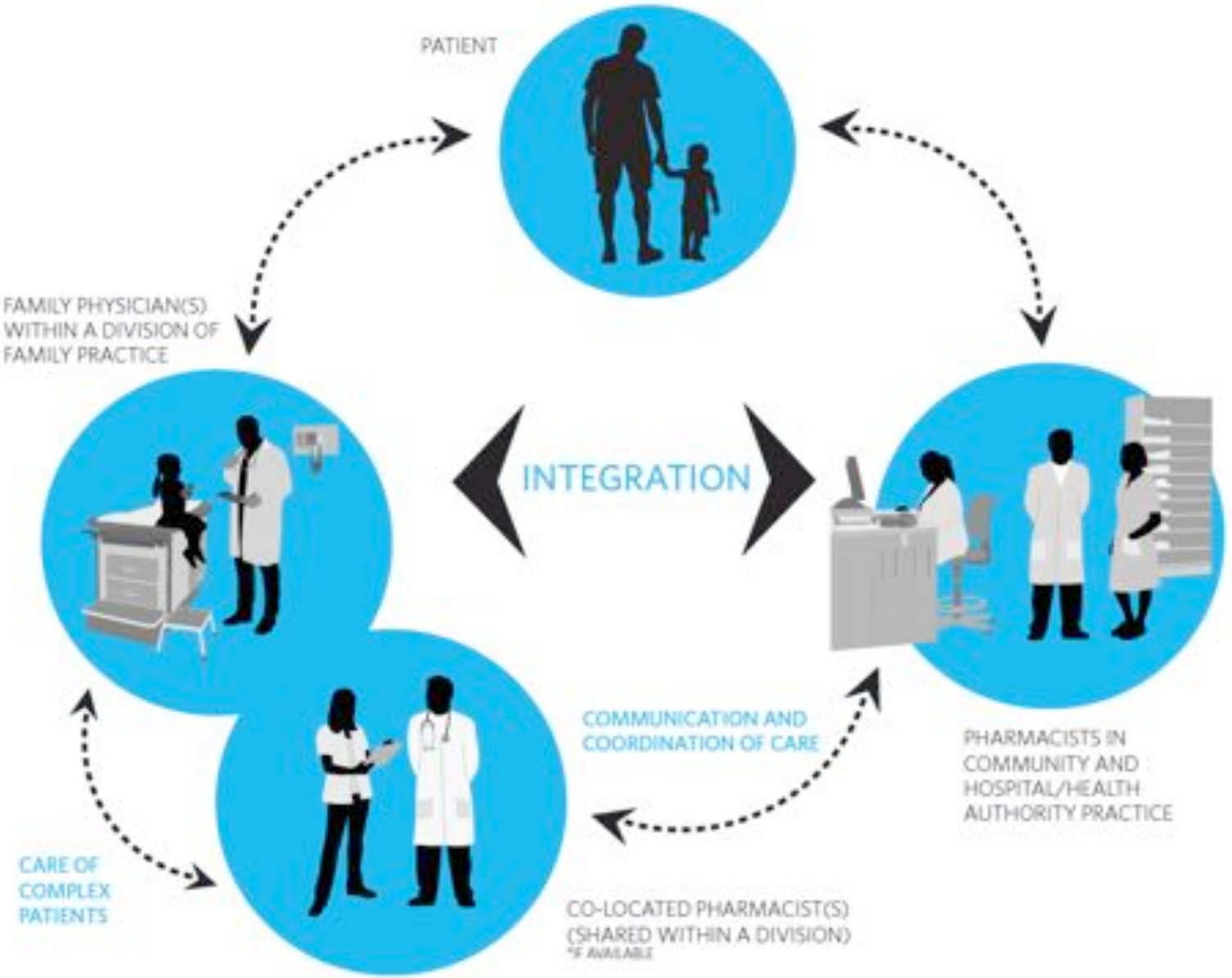
Benefits

- Patient-centered, team-based care
- Pharmacist focus on managing drug therapy problems and preventing/reducing adverse drug events
- Quality assurance
- Optimize health outcomes
- Better physician-pharmacist relations in primary care
- Better pharmacist-pharmacist collaboration in the health care continuum

Benefits

- Existing patient-pharmacist relationships are respected and preserved
- Pharmacists work together across primary care and community pharmacy sites
- Collaboration in patient assessment, care planning, follow-up and evaluation
- Pharmacist access to clinical and education support for continued professional development
- Network of pharmacists across acute care, primary care, tertiary care and community-based practice

Integrated Care



PRACTICE BRIEF ■ PEER-REVIEWED

Prioritizing intraprofessional collaboration for optimal patient care: A call to action

Barbara Gobis, BSc(Pharm), ACPR, MScPhm, PCC; Annie Yu; Jillian Reardon, BSc(Pharm), ACPR, PharmD; Martha Nystrom, BSP, MBA; Kelly Grindrod, PharmD, MSc; Lisa McCarthy, PharmD, MSc

Benefits

- Improving the patient experience
  - quality, timeliness, satisfaction
  - patient engagement and education
  - team-based care
  - improving drug therapy outcomes

Project Implementation

THE UNIVERSITY OF BRITISH COLUMBIA
Faculty of Pharmaceutical Sciences

PHARMACISTS IN PATIENT MEDICAL HOMES IN BRITISH COLUMBIA

Implementation Plan and Budget

Phase 1
Preparation & Engagement

- Expanding UBC Infrastructure
  - human resources, finance, communications, AV/IT, space
- Stakeholder Engagement
  - Divisions of Family Practice/Communities
  - Community Pharmacies/Health Authorities
- Identify Practice Sites
  - within selected Divisions of Family Practices/Communities
- Pharmacist Recruitment
  - hiring, orientation, training
- Integrate pharmacists in practice sites/communities

Phase 2
Service Delivery

- Ongoing support to established pharmacists/sites
- Foster collaborations in care in health continuum
- Clinical quality assurance
- Issues management
- Data management

Phase 3
Evaluation

- Protocol development
- REB approvals with participant consent
- Data collection & processing
- Data analysis
- Reporting and Knowledge Dissemination

Evaluation Framework

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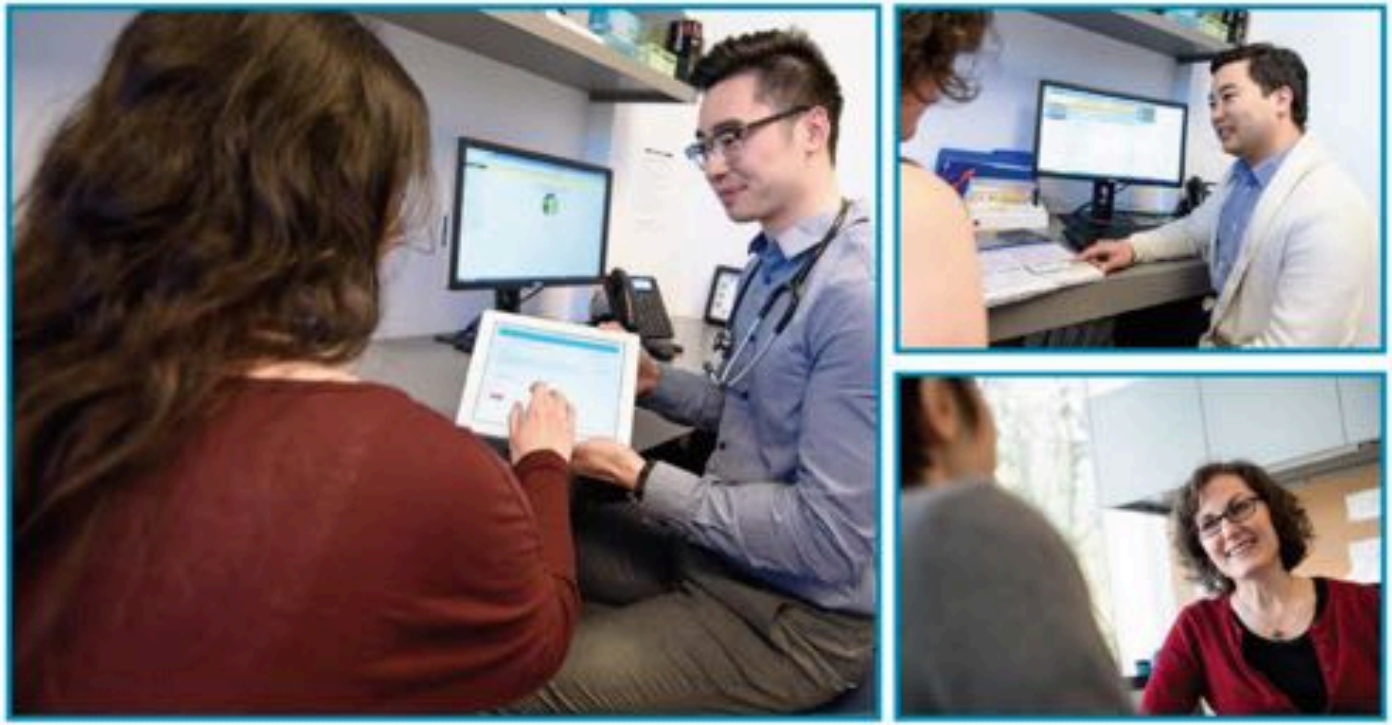
Faculty of Pharmaceutical Sciences



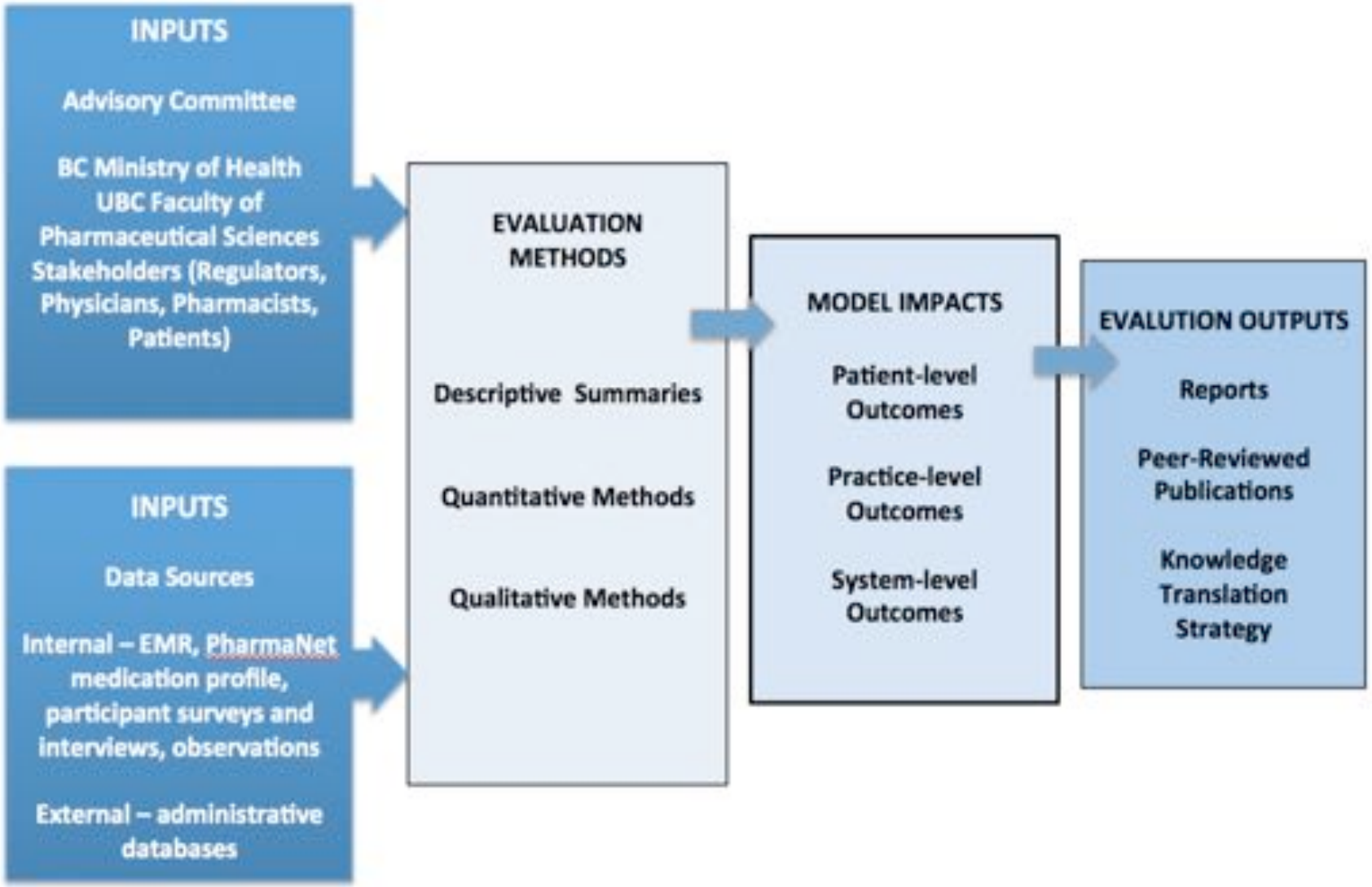
PHARMACISTS IN PATIENT MEDICAL HOMES IN BRITISH COLUMBIA

Evaluation Framework

Evaluation

- Expertise and Capacity
- Evaluation Advisory Committee
- Evaluation Framework
  - structure and function of the practice model
  - impact of practice model on outcomes

Evaluation



UBC Pharm Sci

Integration with Primary Care Strategy in BC

Next Steps

- Team-Based Care Implementation
  - continue to work with the MOH, Divisions of Family Practice and Others
- Integrate Pharmacists into Patient Medical Homes
  - collaboration with the Divisions of Family Practice
- Integration with Community and Health Authorities
- Collaboration in the Care of Patients

Doctors of BC

"I think that, in the future, we will see team-based health care – multidisciplinary practices where a doctor, nurse, nurse practitioner, clinical pharmacist, social worker and physiotherapist might all work together to provide patient primary care."

Dr. Alan Ruddiman, BC Business Dec/Jan 2017

Integrating Pharmacists into the BC Ministry of Health Patient Medical Home Model

peter.zed@ubc.ca

a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA
Faculty of Pharmaceutical Sciences

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Vancouver, BC Canada V6T 1Z3

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College of Pharmacists of British Columbia

BOARD MEETING
June 15, 2018

13. PDAP Mobile Launch

INFORMATION ONLY

Purpose

To inform the Board of Launch of the College's new PDAP Mobile app.

Background

SkilSure, the College's software provider for the Professional Development and Assessment Program (PDAP) Portal, has completed the development of PDAP Mobile after multiple phases of testing by staff and the Quality Assurance Committee.

PDAP Mobile is a mobile application that allows registrants to easily access, edit and submit their Continuing Education requirements. This mobile application is compatible with both Android and Apple devices.

Now that the app is available through both Google Play and the Apple App Store, the College will be launching a campaign to build registrant awareness of the tool.

Discussion

The College's PDAP Mobile campaign will focus on building awareness of the new app as well as registrant support for how to use the new tool to submit continuing education requirements to the College.

The campaign will include a variety of tools and approaches, including:

- Dedicated PDAP Mobile App landing page on College website
- Promotional video
- Readlinks and news articles
- Email marketing to registrants
- Social media (focused on registrant audience)
- Digital advertising
- Inclusion in College pharmacy practice presentations

College of Pharmacists of British Columbia

13 b) PDAP Mobile Launch

Frank Lucarelli

Chair, Quality Assurance Committee

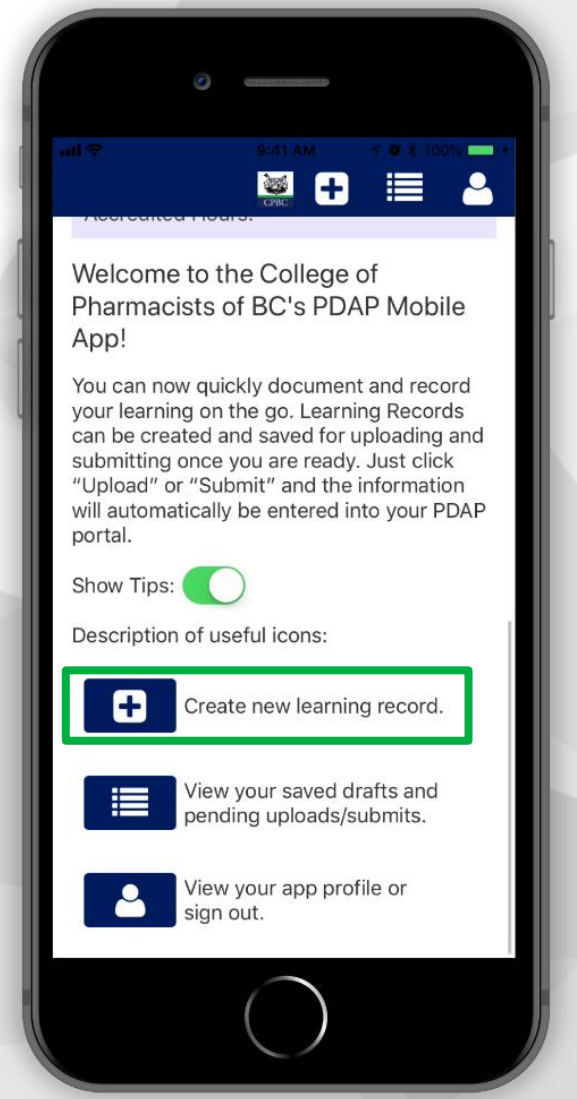
College of Pharmacists of British Columbia

PDAP Mobile App Launch

College of Pharmacists
of British Columbia

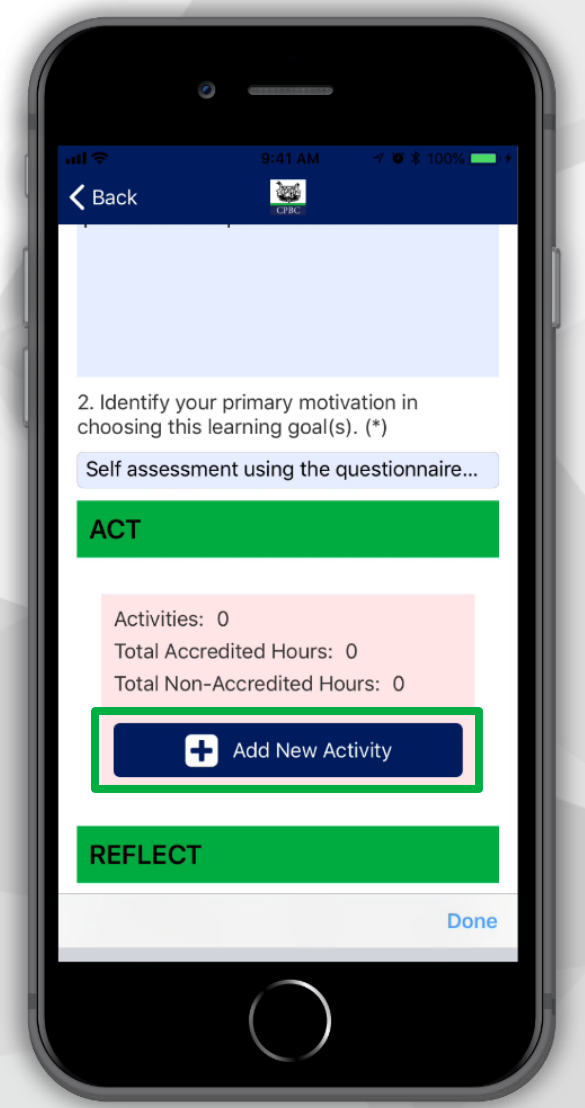
College of Pharmacists of British Columbia

Create New Learning Records



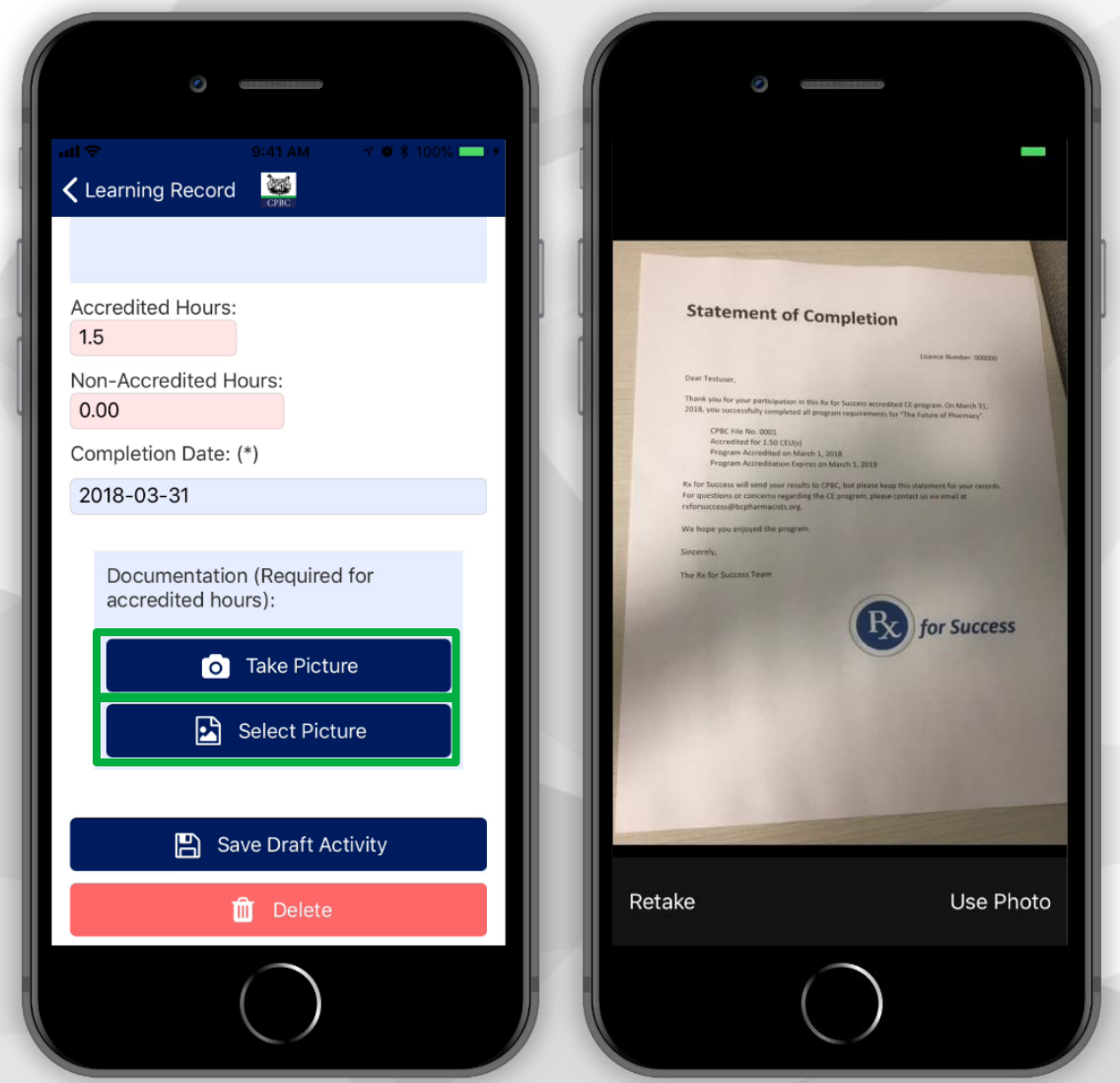
College of Pharmacists of British Columbia

Add a New Learning Activities



College of Pharmacists of British Columbia

Upload Documentation

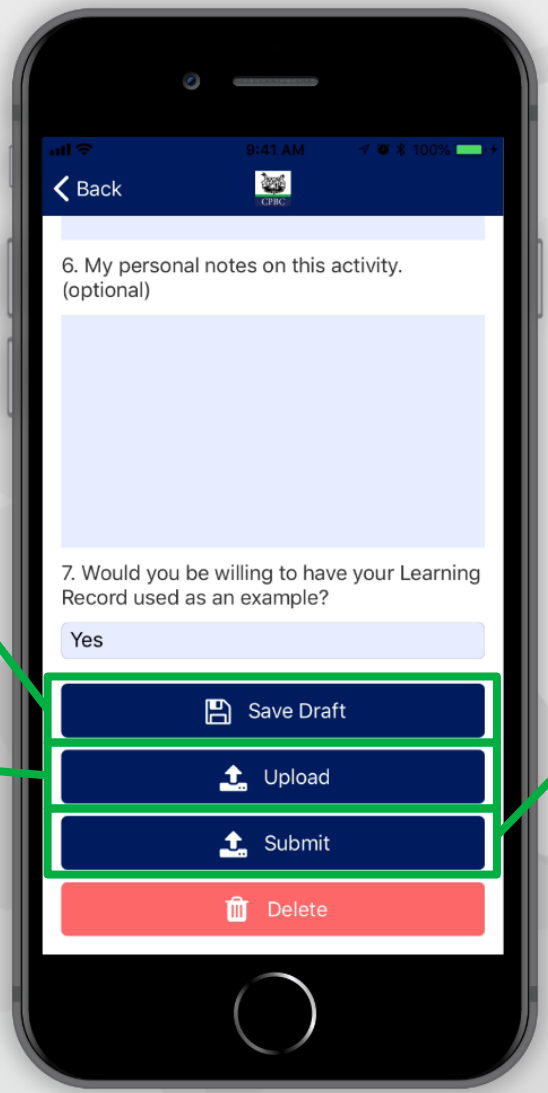


College of Pharmacists of British Columbia

Save learning record drafts on the PDAP Mobile App

Upload learning records onto the PDAP Portal

Visit the PDAP Portal in the College's eServices website to see all your uploaded learning records

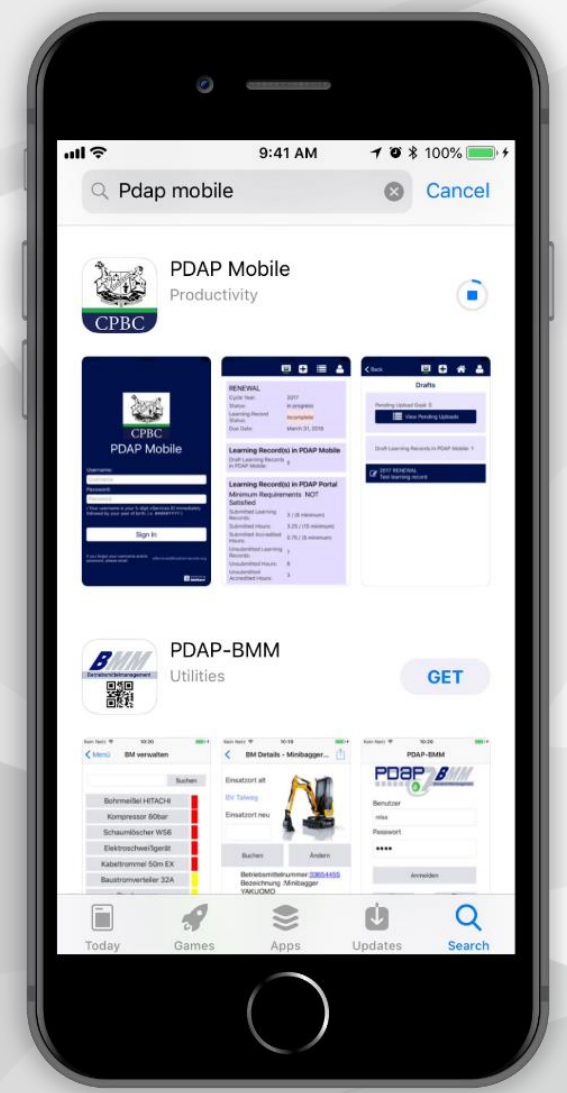


Submit learning record directly to the College

College of Pharmacists of British Columbia

Download on the App Store

GET IT ON Google Play



College of Pharmacists of British Columbia

PDAP Mobile Campaign

- Dedicated PDAP Mobile App landing page (on College website)
- Promotional video
- Readlinks and news articles
- Email marketing to registrants
- Social media (focused on registrant audience)
- Featured in College pharmacy practice presentations

College of Pharmacists of British Columbia

Questions

College of Pharmacists of British Columbia

BOARD MEETING
June 15, 2018

14. Launch of New College Strategic Plan Site

INFORMATION ONLY

Purpose

To inform the Board of the launch of a new website for the College's current 2017/18 - 2019/20 Strategic Plan.

Background

The College's Strategic Plan includes the College's strategic goals and objectives for 2017/18 - 2019/20.

Progress against the College's strategic is reflected on during the College's Board meetings.

Discussion

Currently, the College's Strategic Plan is published as a PDF and linked to off the College's website.

The College will be launching a new website to reflect the College's strategic plan and progress against each of the strategic goals and objectives.

The site is intended to enhance the accessibility and transparency of the College's strategic plan, and its progress against it, for the public, registrants and other stakeholders.

The 2017/18 - 2019/20 Strategic Plan site will be released following the June 2018 College Board meeting.

College of Pharmacists of British Columbia

14. Launch of New College Strategic Plan Site

Gillian Vrooman

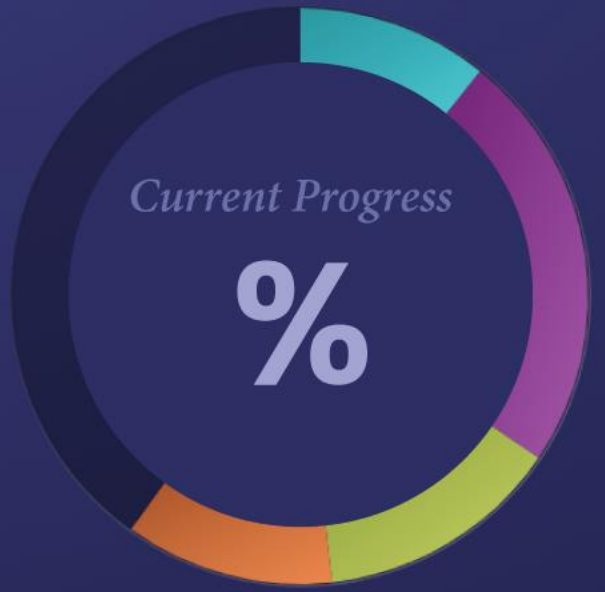
Director of Communications & Engagement

College of Pharmacists of British Columbia

New Strategic Plan Site

Organizational Excellence

Strategic Plan 2017/18 - 2019/20



scroll down

Mobile Friendly

Our Vision and Mission

Vision - Better health through excellence in pharmacy.

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

Organizational Excellence

The College's 2017/17 – 2019/20 Strategic Plan focuses on the theme of organizational excellence – only through ensuring our foundational business processes, IT, governance and staffing are effective and efficient can we meet our goals and provide patients with better health through excellence in pharmacy.

Four strategic goals will guide the College in continuing to achieve its mission while supporting the unique needs of the public and evolving pharmacy practice over the next three years.

Use this site to track and discuss our progress as we reach milestones and complete objectives and continue to work toward excellence in pharmacy.

Goal 1
Legislative Standards & Modernization

Goal 2
Professional Excellence

Goal 3
Drug Therapy Access & Monitoring

Goal 4
Organizational Excellence

Goal One

Legislative Standards & Modernization

Working to modernize the legislative requirements under the *Pharmacy Operations and Drug Scheduling Act* to better ensure they are clear, consistent and enforceable.

OBJECTIVES AND PROGRESS +

Goal Two

Professional Excellence

Working to ensure that the practice of pharmacy meets or exceeds the standards set out to protect the public and maintain their trust.

OBJECTIVES AND PROGRESS +

Goal Three

Drug Therapy Access & Monitoring

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

OBJECTIVES AND PROGRESS +

Goal Four

Organizational Excellence

Ensuring the efficacy and efficiency of its foundational business processes, technological supports, and organization of its governance and staffing to meet the ongoing needs of registrants, pharmacy owners, directors, staff, the public and other stakeholders.

OBJECTIVES AND PROGRESS +

Example Goal View

Goal One

Legislative Standards & Modernization

Working to modernize the legislative requirements under the *Pharmacy Operations and Drug Scheduling Act* to better ensure they are clear, consistent and enforceable.

OBJECTIVES AND PROGRESS +

Example Objective View

Objective 1

100%

In 2016, the Provincial Government approved *amendments to the Pharmacy Operations and Drug Scheduling Act*. These changes permit the College to know the identity of all pharmacy owners, determine their suitability for pharmacy ownership and to hold them accountable for providing safe and effective care by ensuring their pharmacies are compliant with legislative requirements for pharmacies in BC.

The College will bring the new pharmacy ownership requirements into effect across BC by enforcing the changes to the *Act* when they come into effect, developing new bylaws, policies and forms for pharmacy ownership, and updating its pharmacy licensure workflows, as needed.

MILESTONES

ACHIEVED
Implement revised bylaws

ACHIEVED
Streamline business processes

ACHIEVED
Complete communications and engagement activities

Objective 2

0%

The College will review and modernize its bylaws and policies under the *Pharmacy Operations and Drug Scheduling Act* to ensure requirements are clear, consistent, enforceable and effective in protecting the public.

MILESTONES

NOT STARTED
Update and re-scope project

NOT STARTED
Implement revised bylaws

NOT STARTED
Streamline business processes

NOT STARTED
Complete communications and engagement activities

Goal One

Legislative Standards & Modernization

Working to modernize the legislative requirements under th
Pharmacy Operations and Drug Scheduling Act to better e
they are clear, consistent and enforceable.

OBJECTIVES AND PROGRESS +

Goal Three

Drug Therapy Access & Monitoring

Exploring a
professiona
drug therapy

Current Progress
%

OBJECTIVES AND PROGRESS +

Goal Two

Professional Excellence

Working to ensure that the practice of pharmacy meets or
exceeds the standards set out to protect the public and ma
their trust.

OBJECTIVES AND PROGRESS +

Goal Four

Organizational Excellence

Ensuring the efficacy and efficiency of its foundational business processes, technological supports, and organization of its governance and staffing to meet the ongoing needs of registrants, pharmacy owners, directors, staff, the public and other stakeholders.

Current Progress
%

OBJECTIVES AND PROGRESS +

Coming Soon!

Questions?

College of Pharmacists of British Columbia

BOARD MEETING
June 15, 2018

15. College 2017/18 Annual Report

INFORMATION ONLY

Purpose

To inform the Board of the launch of the College's 2017/18 Annual Report Website.

Background

The College's Annual Report is a required accountability report. It includes highlights and statistics from the past fiscal year, and the College's audited financials.

Discussion

The College will be releasing the 2017/18 Annual Report on a new website.

The site is intended to enhance the accessibility and transparency of the College's Annual Report, making it easy for the public, registrants and other stakeholders to discover information about the College's activities over the past fiscal year.

The 2017/18 Annual Report will be released following the June 2018 College Board meeting.

College of Pharmacists of British Columbia

15. College 2017/18 Annual Report

Gillian Vrooman

Director of Communications & Engagement

New Annual Report Site

College of Pharmacists of British Columbia

Annual Report 2017/2018

Regulating pharmacy practice in the public interest

01

College Vision, Mission and Values

VISION

Better Health through excellence in pharmacy.

MISSION

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

VALUES

The College of Pharmacy of British Columbia's activities and decisions are based on the following values:

- Being professional and ethical
- Providing quality service
- Building quality relationships
- A culture of excellence

Transparency

Accountability

Reflection

Mobile Friendly

College of Pharmacists of British Columbia

Annual Report 2017/2018

Regulating pharmacy practice in the public interest

01

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- Being professional and ethical
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- Building quality relationships
- A culture of excellence

The College acknowledges with respect that the College of Pharmacists of BC is located on the unceded and traditional territories of the Coast Salish peoples – skwxwú7mesh úxwumixw (Squamish), selílwitulh (Tsleil-Waututh), and xWməkʷəyəm (Musqueam) nations whose historical relationships with the land continue to this day

02

Year in Review

1/11

Pharmacist Prescribing

Development of a proposal for pharmacist prescribing stretches back to 2010 when the College Board first decided to move forward with a feasibility study. An initial Certified Pharmacist Prescriber Draft Framework was developed in 2015 and used to facilitate stakeholder engagement in 2016. The input garnered from this initial engagement was used to develop the new Framework for Pharmacist Prescribing in BC, narrowing the scope of the proposal to focus on collaborative practice.

LEARN MORE →

2/11

New Pharmacy Ownership Requirements

New changes to the *Pharmacy Operations and Drug Scheduling Act* Bylaws (PODSA) permit the College to know the identity of all pharmacy owners, determine their suitability for pharmacy ownership and hold them accountable for providing safe and effective care by ensuring their pharmacies are compliant with legislative requirements for pharmacies in BC.

LEARN MORE →

3/11

College Engagement

New Requirements for Telepharmacies in BC

Telepharmacy is the delivery of pharmacy services, including the dispensing of medications and provision of patient counselling, via telecommunications, to patients in locations where they may not have local access to a pharmacist.

LEARN MORE →

6/11

Opioid Overdose Crisis

The opioid crisis continues to be a top priority for us and other public health organizations across the province.

LEARN MORE →

7/11

New Guidelines for the Clinical Management of Opioid Use Disorder

In early 2017, the British Columbia Centre on Substance Use, in collaboration with the Ministry of Health, released a new guideline for the Clinical Management of Opioid Use Disorder

LEARN MORE →

8/11

New Pharmacy Security Requirements

In February 2017, the College Board approved amendments to the Pharmacy Operations and Drug Scheduling Act bylaws

LEARN MORE →

8/11

New Pharmacy Security Requirements

In February 2017, the College Board approved amendments to the Pharmacy Operations and Drug Scheduling Act bylaws

LEARN MORE ⟶

9/11

Commitment to Cultural Safety and Humility

On March 1, 2017, the College's Registrar, Bob Nakagawa, pledged the College's commitment to improving BC pharmacy professionals' work with First Nations and Aboriginal People by signing the "Declaration of Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in BC"

LEARN MORE ⟶

10/11

BC Wildfires

In July 2017, BC faced one of the worst wildfire seasons in more than a decade, causing many to need to leave their homes.

LEARN MORE ⟶

11/11

New Board Election Cycles and Terms of Office

New election cycle and terms of office for elected Board members were introduced in 2017 and will be implemented for the November 2018 election.

College of Pharmacists of British Columbia

ANNUAL REPORT 2017/18

Pharmacist Prescribing

Development of a proposal for pharmacist prescribing stretches back to 2010 when the College Board first decided to move forward with a feasibility study. An initial Certified Pharmacist Prescriber Draft Framework was developed in 2015 and used to facilitate stakeholder engagement in 2016. The input garnered from this initial engagement was used to develop the new Framework for Pharmacist Prescribing in BC, narrowing the scope of the proposal to focus on collaborative practice.

Framework for Pharmacist Prescribing in British Columbia – February 2018

ework, Pharmacist Prescribing is proposed to take place through interdisciplinary team-based care where physicians and nurse practitioners would continue to be responsible for the diagnosis, and access to health records and diagnostics, including lab tests, would be facilitated. Certified Pharmacist Prescribers would also be restricted from dispensing medications they prescribed for a patient.

The new framework is also focused more closely on preventing patient harm by reducing preventable drug-related problems and providing safer transitions in care through increased involvement of pharmacists, as medication experts

College of Pharmacists of British Columbia

ANNUAL REPORT 2017/18

New Pharmacy Ownership Requirements

In May 2016, the Provincial Government approved amendments to the *Pharmacy Operations and Drug Scheduling Act*.

New changes to the *Pharmacy Operations and Drug Scheduling Act* Bylaws (PODSA) permit the College to know the identity of all pharmacy owners, determine their suitability for pharmacy ownership and hold them accountable for providing safe and effective care by ensuring their pharmacies are compliant with legislative requirements for pharmacies in BC.

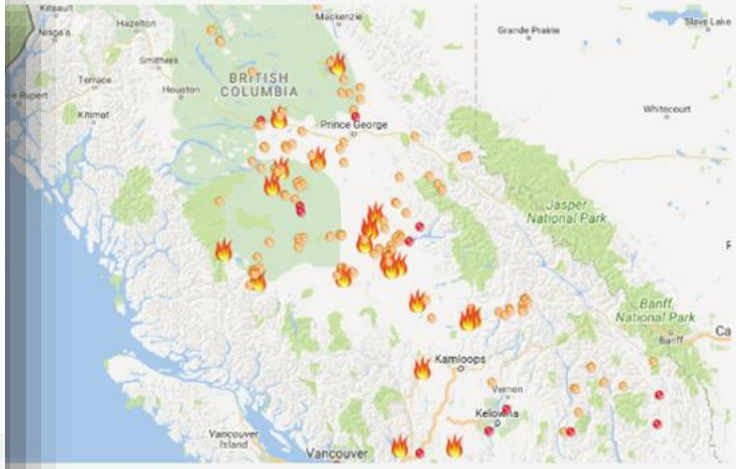
While the majority of people involved in pharmacies are honest and ethical, the College needs to have the authority to protect the public from unscrupulous pharmacy owners and operations that put patient

College of Pharmacists of British Columbia

ANNUAL REPORT 2017/18

BC Wildfires

In July 2017, BC faced one of the worst wildfire seasons in more than a decade, causing many to need to leave their homes. To ensure a coordinated response and ensure public safety, the Province of British Columbia declared a provincial state of emergency on July 7, 2017.



(Interactive BC Active Wildfires map by BC Wildfire Service)

With over 14,000 people displaced from their communities, pharmacies played an important role in providing continuity of care for patients affected by the wildfires.

In response to the emergency, the College reached out to registrants via email, social media and through our website

College of Pharmacists of British Columbia

ANNUAL REPORT 2017/18

Opioid Overdose Crisis

The opioid crisis continues to be a top priority for us and other public h
opioid overdose crisis has continued its unprecedented escalation ov
illicit-drug overdose deaths, compared with 991 in 2016 and 522 in 20

More than 80% of overdose deaths in 2017 involved the opioid Fentan
Vancouver, Surrey and Victoria.

Public Health Emergency

The sharp increase of drug-related overdose deaths in BC prompted th
a public health emergency in April 2016 which allowed medical health
on overdoes to immediately identify where risks are arriving and prote

Naloxone

Naloxone is an antidote to opioid overdose. Overuse of opioid drugs – such as morphine, oxycodone, methadone, heroin, or fentanyl – can slow or completely stop breathing.

When administered properly, naloxone temporarily reverses the effects of an opioid overdose, restoring normal breathing and consciousness within 1 to 5 minutes of injection, preventing death or brain damage caused by lack of oxygen.

Available in both injectable and nasal form, naloxone has been one of the most valuable tools in preventing overdose

College of Pharmacists of British Columbia

ANNUAL REPORT 2017/18

Commitment to Cultural Safety and Humility

On March 1, 2017, the College's Registrar, Bob Nakagawa, pledged the College's commitment to improving BC pharmacy professionals' work with First Nations and Aboriginal People by signing the "*Declaration of Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in BC*"

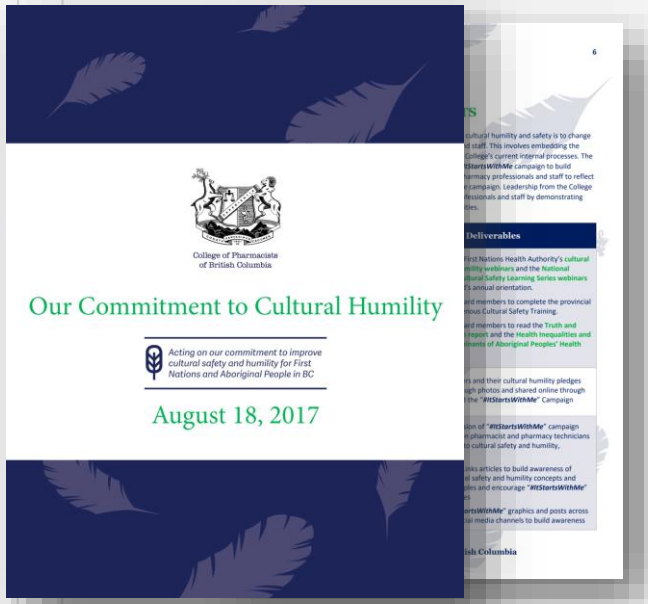
The College believes that cultural safety and humility are vital for the provision of fair and equal health services, as well as the creation of a healthcare environment free of racism and discrimination, where individuals feel safe and respected.

Signing the Declaration of Commitment reflects the high priority placed on advancing cultural safety and humility for First Nations people among regulated health professionals by committing to actions and processes which will ultimately embed culturally safe practices within all levels of health professional regulation.

The declaration commits the College to report on its progress within our annual report and outline strategic activities that demonstrate how we are meeting our commitment to cultural safety.

This Declaration of Commitment is based on the following guiding principles of cultural safety and humility.

> *Cultural Humility is a life-long process of reflection to understand individual and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.*
>
> *Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. Cultural safety is the outcome of people feeling safe when receiving health care services.*



College of Pharmacists of British Columbia

ANNUAL REPORT 2017/18

2017/18 Registration Statistics

Pharmacist Pre-Registration

	2017/18	2016/17	2015/16
Category (# of applicants)			
CFTA	130	150	81
New Grad/Non-CFTA	19	19	12
IPG/USA	70	73	91
Reinstatement**	29	34	~
CFTA-Reinstatement	18	14	16
Fiscal year end total (# of new applicants)	**266**	**290**	**200**
Fiscal year end total (pharmacists pre-registered)	**269**	**287**	**289**

Full Pharmacists Registration

	2017/18	2016/17	2015/16
Beginning of Year	5853	5803	5736


ANNUAL REPORT 2017/2018
College of Pharmacists of British Columbia
2017
Regulating pharmacy
Coming Soon!
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Annual Report
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Regulating Pharmacy Practice in the public interest
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Questions?