College of Pharmacists of British Columbia

Board Meeting
February 15, 2019
Held at the College of Pharmacists of British Columbia
200-1765 West 8th Avenue, Vancouver, BC

MINUTES

Members Present:
Arden Barry, Chair, District 7
Christine Antler, Vice Chair, District 2
Mona Kwong, District 1
Tara Oxford, District 3
Steven Hopp, District 4
Frank Lucarelli, District 5
Anca Cvaci, District 6
Bal Dhillon, District 8
Tracey Hagkull, Government Appointee
Anne Peterson, Government Appointee
Katie Skelton, Government Appointee
Justin Thind, 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

Regrets:
Michael Coughtrie, Dean, UBC Faculty of Pharmaceutical Sciences
Sam Chu, UBC Pharmacy Undergraduate Society President

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1. **WELCOME & CALL TO ORDER**
   Chair Barry called the meeting to order at 9:00am on February 15, 2019.

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2. CONSENT AGENDA

a) Items for further discussion

District 5 Board member, Frank Lucarelli requested an update of the recent changes to the Controlled Prescription Program at the April Board meeting.

b) Approval of Consent Items (Appendix 1)

It was moved and seconded that the Board:
Approve the Consent Agenda as circulated.

CARRIED

3. CONFIRMATION OF AGENDA (Appendix 2)

It was moved and seconded that the Board:
Approve the February 15, 2019 Draft Board Meeting Agenda as circulated.

CARRIED

4. COMMITTEE UPDATES

a) Audit and Finance Committee

Frank Lucarelli, Chair of the Audit and Finance Committee, provided an update under item 5a of the regular agenda.

b) Quality Assurance Committee

Frank Lucarelli, Chair of the Quality Assurance Committee, provided an update under item 5a of the regular agenda.

c) Legislation Review Committee

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

d) Governance Committee

Mona Kwong, Chair of the Governance Committee, provided an update under item 7a of the regular agenda.

e) Application Committee

Christine Antler, Chair of the Application Committee, provided an update under item 9a of the regular agenda.

f) Drug Administration Committee

Wilson Tsui, Chair of the Drug Administration Committee, provided an update under item 12a of the regular agenda.

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g) Inquiry Committee

Chair Barry provided an update on behalf of the Inquiry Committee under item 13a of the regular agenda.

h) Ethics Advisory Committee

Bal Dhillon, Chair of the Ethics Advisory Committee reported that the committee has not met since the last Board meeting.

i) Hospital Pharmacy Advisory Committee

Anca Cvaci, Chair of Hospital Advisory Committee, reported that the committee has not met since the last Board meeting.

j) Jurisprudence Examination Subcommittee

Tara Oxford, Chair of the Jurisprudence Examination Subcommittee, reported that the committee has not met since the last Board meeting.

k) 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.

l) Practice Review Committee

Tracey Hagkull, Chair of the Practice Review Committee reported that the Committee met via teleconference on February 7th, 2019. The committee was provided an operational update at the meeting and discussed committee member reappointments. Chair Hagkull also reported to the Board that the practice reviews are on track. The committee made some minor updates to the Risk Register and Practice Review Policy. An insight article was also published on Patient ID in a Hospital Pharmacy setting.

m) Discipline Committee

Chair Barry, on behalf of the Discipline Committee, reported that for the period between October and December 2018, there were no discipline hearings and files heard in court. There are two discipline cases in progress and one pending file.

n) Registration Committee

Chair Barry, on behalf of the Registration Committee, reported that that since the last Board meeting, the committee met once on January 3rd, 2019 to review three Pharmacist application files related to applicants who were unable to check-off one or more statements in the Statutory Declaration. The committee also reviewed the equivalency of injection courses offered within the curriculum of the university pharmacy program.

o) Residential Care Advisory Committee

Chair Barry, on behalf of the Residential Care Advisory Committee reported that the committee has not met since the last Board meeting.

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5. AUDIT AND FINANCE COMMITTEE (Appendix 3)

Frank Lucarelli, Chair of the Audit and Finance Committee presented on items 5a to 5c.

a) Committee Update

Audit and Finance Committee

Frank Lucarelli, Chair of the Audit and Finance Committee provided a committee update through his presentation.

Quality Assurance Committee

Frank Lucarelli, Chair of the Quality Assurance Committee, reported that the committee had to cancel their last meeting due to inclement weather conditions. An update of committee activities will be provided at the April Board meeting.

b) Reserve Policy

It was moved and seconded that the Board:
Approve the Reserve Policy with a total of $2,000,000, as presented.

CARRIED

c) Budget 2020/21

It was moved and seconded that the Board:
Approve the 2019/20 budget with total expenditures in the amount of $10,838,668 and a transfer from the balance sheet in the amount of $1,004,733, as presented.

CARRIED

6. LEGISLATION REVIEW COMMITTEE (Appendix 4)

Mona Kwong, Chair of the Legislation Review Committee presented on items 6a to 6c.

a) Committee Update

Mona Kwong, Chair of the Legislation Review Committee provided a committee update through her presentation.

b) Patient Relations Approval for Filing

It was moved and seconded that the Board:
Approve the following resolution to amend Schedule "A" of the bylaws made under the Health Professions Act regarding patient relations:

"RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act ("HPA"), and subject to the requirements in section 19(3) of HPA, the Board of the College of Pharmacists of BC approves the proposed standard made under the HPA relating to a patient relations program for filing with the Minister of Health, as circulated."

CARRIED

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c) Recognized Pharmacy Education Programs

It was moved and seconded that the Board:
Approve the proposed housekeeping amendments to Schedule "C" of the Health Professions Act Bylaw on Recognized Education Programs for public posting, as circulated.

CARRIED

7. GOVERNANCE COMMITTEE (Appendix 5)

Mona Kwong, Chair of the Governance Committee presented on items 7a to 7d.

a) Committee Update

Mona Kwong, Chair of the Governance Committee provided a committee update through her presentation.

b) Amalgamation of Committees

Motion #1:
It was moved and seconded that the Board:
Approve the amalgamation of the Community Pharmacy Advisory Committee, the Hospital Pharmacy Advisory Committee and the Residential Care Advisory Committee into one committee called the Pharmacy Advisory Committee, effective April 12, 2019.

CARRIED

Motion #2:
It was moved and seconded that the Board:
Approve the Draft Terms of Reference for the new Pharmacy Advisory Committee, as circulated, effective April 12, 2019.

CARRIED

Motion #3:
It was moved and seconded that the Board:
Rescind the Terms of Reference for the Community Pharmacy Advisory Committee, the Hospital Pharmacy Advisory Committee and the Residential Care Advisory Committee, effective April 12, 2019.

CARRIED

c) Committee Appointments

It was moved and seconded that the Board:
Approve the appointment and removal of certain members of the following committees, beginning on February 15, 2019:

- *Drug Administration Committee*
  - *Appointment of J. Capelli and Removal of M. Moneo*
- *Governance Committee*
  - *Appointment of A. Peterson and Removal of J. Thind*

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- *Discipline Committee*
  - *Appointment of A. Peterson and Removal of J. Thind*
- *Registration Committee*
  - *Appointment of K. Skelton and Removal of T. Hagkull*

CARRIED

d) Jurisprudence Examination Subcommittee

It was moved and seconded that the Board:
Approve that the Registration Committee report on behalf of the Jurisprudence Examination Subcommittee at Board meetings.

CARRIED

8. APPROVAL OF INFORMATION SHARING AGREEMENT (Appendix 6)

Mary O'Callaghan, Chief Operating Officer provided an overview of the Information Sharing Agreement between the College and the Ministry of Health.

District 8 Board member, Bal Dhillon requested for a revision to be made on page 1 of the Information Sharing Agreement to replace the word Pharmacists with the word Registrants.

It was moved and seconded that the Board:
Approve the Information Sharing Agreement between the College of Pharmacists of British Columbia and the Ministry of Health, as circulated.

CARRIED

9. APPLICATION COMMITTEE (Appendix 7)

Christine Antler, Chair of the Application Committee presented on items 9a and 9b.

a) Committee Update

Christine Antler, Chair of the Application Committee provided an overview of the mandate and responsibilities of the Application Committee and provided a committee update through her presentation.

b) PODSA Ownership Update

Christine Antler, Chair of the Application Committee provided the Board with an update on the progress of the new ownership requirements under Pharmacy Operations and Drug Scheduling Act (PODSA). She discussed the trends in the new PODSA ownership requirements based on statistics of pharmacies that have gone through the renewal process as of January 3, 2019.

10. THE HISTORY AND FUTURE OF THE THERAPEUTICS INITIATIVE (Appendix 8)

Jim Wright, Co-managing Director, Therapeutics Initiative outlined various interventions and policies that have been implemented by the initiative over the years.

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11. BC DRUG AND POISON INFORMATION CENTRE (DPIC): WHO WE ARE AND WHAT WE DO (Appendix 9)

Debra Kent, Clinical Supervisor of DPIC and Raymond Li, a DPIC Pharmacist provided an overview of the services DPIC offers for the public and other healthcare professionals.

12. DRUG ADMINISTRATION COMMITTEE (Appendix 10)

Wilson Tsui, Chair of the Drug Administration Committee presented on items 12a and b.

a) Committee Update

Wilson Tsui, Chair of the Drug Administration Committee provided an update regarding the committee meetings that occurred in October and December through his presentation.

b) Injection Authority

An informal stakeholder engagement will be conducted.

It was moved and seconded that the Board:
Direct the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for Schedule 1A drugs and drugs for cosmetic purposes and retaining current age limit restrictions.

CARRIED

13. INQUIRY COMMITTEE (Appendix 11)

Chair Barry, on behalf of the Inquiry Committee presented on items 13a and b.

a) Committee Update

Chair Barry, on behalf of the Inquiry Committee reported on the period October to December 2018. There were 2 in person meetings and 15 teleconferences. 45 files were disposed and there were 27 new files opened. Number of HPA s. 33 (formal) complaints received was 36. The numbers reported are a little higher than what have been previously reported. Chair Barry suggested that a trend analysis be provided at a future Board meeting.

b) Disposition of Complaint by Registrar

It was moved and seconded that the Board:
Authorize the Registrar to act under section 32(3) of the Health Professions Act.

CARRIED

14. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA

ADJOURNMENT

Chair Barry adjourned the meeting at 2:24pm on February 15, 2019.

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BOARD MEETING
February 15, 2019

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 February 2019
    c. Current Strategic Plan Update
    d. Action Items & Business Arising
iii. Approval of November 23, 2018 Draft Board Meeting Minutes **[DECISION]**
iv. Committee Updates
v. Audit and Finance Committee: Finance Report: November Financials
vi. Practice Review Committee: Phase 1 and 2 Update
vii. Approval of November 22, 2018 Draft Annual General Meeting Minutes **[DECISION]**
viii. Legislation Review Committee
    a. Medical Management Update
    b. Controlled Prescription Program Document

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BOARD MEETING
February 15, 2019

2b.i. Chair's Report

INFORMATION ONLY

Chair's Report of Activities

It is my pleasure to provide this report as the newly elected Chair of the Board as of November 2018. Since the previous Board Meeting report (November 2018), I have been involved in the following activities as Board Chair:

General Administration:

- Communications for planning of February 2019 Board meeting and Committee of the Whole
- Communications for Board strategic planning session in April 2019
- Communications for on-boarding of new public Board members
- Communications regarding Registrar evaluation process
- Attended regular meetings with Registrar/Deputy Registrar/Vice-Chair on general Board-related items
- Attended meeting, along with Registrar/Deputy Registrar/Vice-Chair, with Brian Conlin regarding CEO succession planning
- Reviewed agendas and minutes
- Answered general questions from registrants and fellow Board members

Committee Involvement

- Governance Committee
- Audit and Finance Committee
- Registrar Evaluation Task Force/Committee

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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 29, 2018

Non-profit Tax Return – Filed August 30, 2018

Non-profit Information Return – Filed August 30, 2018

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

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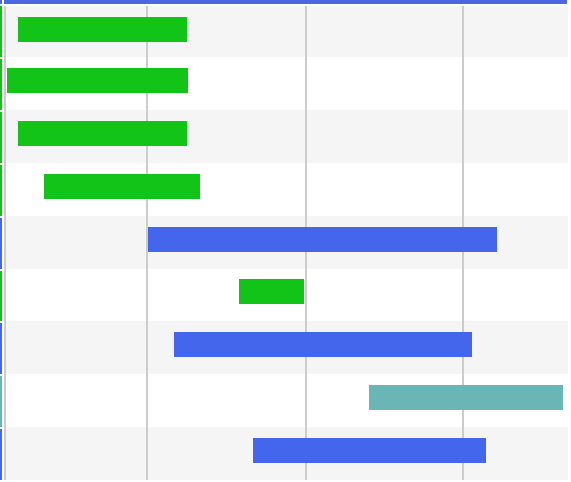
39
ACTION ITEMS

73%
ACTION ITEM COMPLETION

COLLEGE OF BC PHARMACISTS PLAN

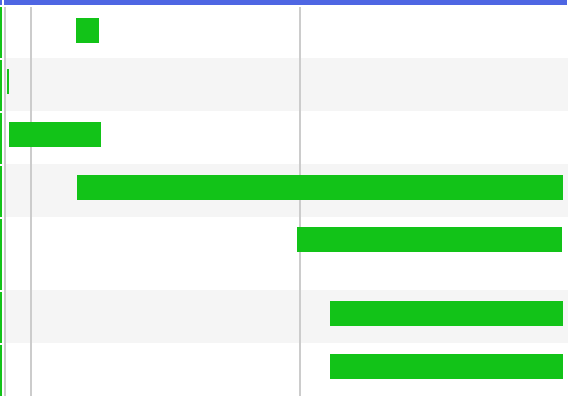
LEGISLATIVE STANDARDS & MODERNIZATION

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 Mar 2020	Director of Registration, Licensure & Pharmanet	10% 1% ahead
Update and re-scope entire PODSA Phase 2 project by 31st Dec 2018	Director of Registration, Licensure & Pharmanet	100% -
Implement revised bylaw (POSDA Phase2) by 31st Jan 2020	Director of Policy and Legislation	50% 3% ahead
Streamline business processes by 31st Aug 2020	Chief Operating Officer	0% -
Complete communications and engagement activities (PODSA 2) by 29th Feb 2020	Director of Communications	40% 14% ahead



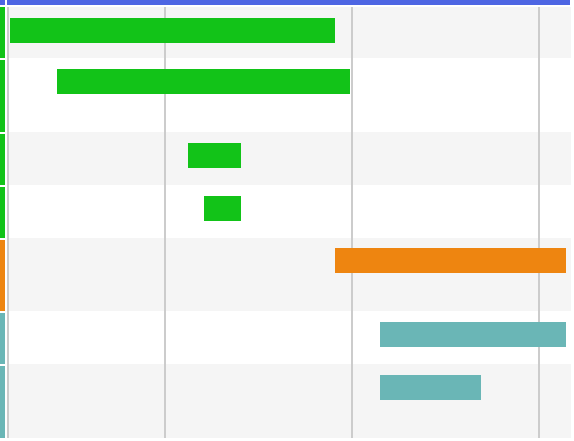
PROFESSIONAL EXCELLENCE

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	100% -
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	100% -
Manage inspections by 31st Dec 2018	Deputy Registrar	100% -



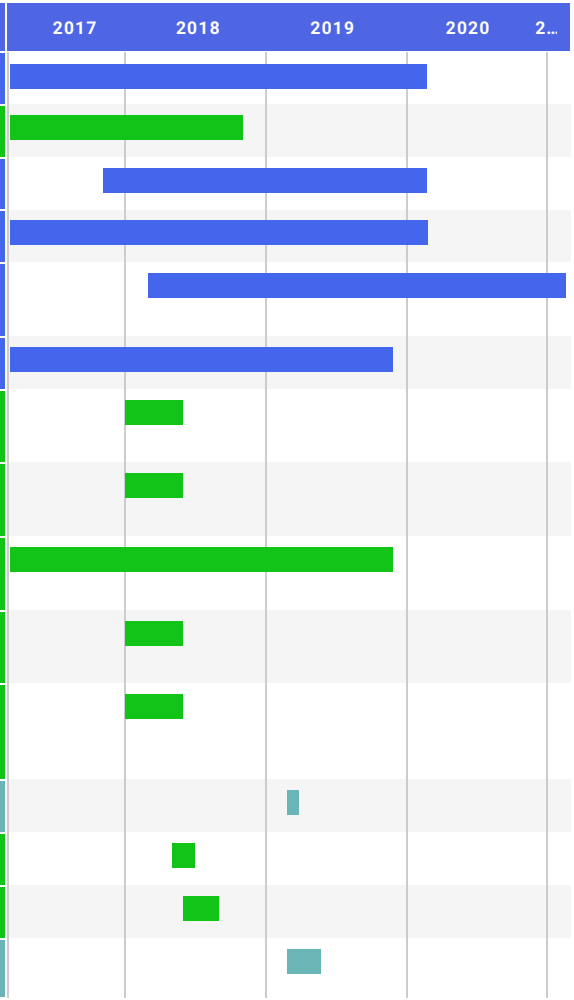
DRUG THERAPY ACCESS & MONITORING

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	100% -
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	100% -
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% 11% behind
Complete communications and engagement activities by 29th Feb 2020	Director of Communications	0% -
Develop and submit framework/proposal document outlining a strategy for how to create access to Patient Lab Values by 14th Sep 2019	Director of Registration, Licensure & Pharmanet	0% -



ORGANIZATIONAL EXCELLENCE

Action Item	Owner	Current Completion
Update IT infrastructure by 28th Feb 2020	Chief Operating Officer	71% 8% ahead
Implement IT updates required by PODSA Modernization (Phase 1) by 31st Oct 2018	Chief Operating Officer	100% -
Implement IT Department organization, processes and procedures by 29th Feb 2020	Chief Operating Officer	80% 27% ahead
Implement Enterprise Content Management system by 29th Feb 2020	Chief Operating Officer	60% 3% behind
Enhance public safety through ensuring Practice Review Program systems needs are addressed by 28th Feb 2021	Chief Operating Officer	45% 15% ahead
Enhance organizational best practices to obtain silver certification from Excellence Canada by 29th Nov 2019	Chief Operating Officer	80% 11% ahead
Develop human resources / wellness policies and procedures (plans or guidelines) required to attain Silver certification by 1st Jun 2018	Chief Operating Officer	100% -
Develop Governance and Leadership policies and success indicators required to attain Silver certification by 1st Jun 2018	Chief Operating Officer	100% -
Develop organizational policies and procedures (plans or guidelines) required to attain Silver certification by 29th Nov 2019	Chief Operating Officer	100% -
Define customer segments and develop a customer experience plan, including key partners by 1st Jun 2018	Chief Operating Officer	100% -
Develop a methodology for regularly identifying and capturing key processes, including Project Management, Change Management and Procurement by 1st Jun 2018	Chief Operating Officer	100% -
Register with Excellence Canada for official verification by 31st Mar 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	100% -
Facilitate Excellence Canada verification team visits and focus groups by 31st May 2019	Chief Operating Officer	0% -



Receive Silver Certification from Excellence Canada by 29th Nov 2019	Chief Operating Officer	0% -				

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

INFORMATION ONLY

	MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS
1.	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.** **No further update at this point. The current status is still in effect.**	04-2017	IN PROGRESS
2.	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: Legislation Review Committee will provide an update to the Board at the February 2019 meeting.**	06-2017	IN PROGRESS
3.	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: This item was brought to the November 2018 Board meeting and will be removed from this list. Refer to item 7.**	11-2017	COMPLETED

	MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS
4.	Motion #1: Direct the Registrar to explore the development of new requirements for the security of information in local pharmacy computer systems; **Status: This issue has been identified and Policy & Legislation Department is aware. We have addressed some of the issues in the new electronic record keeping PPP.** **No further update at this point. The current status is still in effect.** Motion #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: Deputy Registrar, David Pavan has had discussions with the Ministry on updating the SCS document. He has been informed, during a meeting, that this update is underway. In addition, the Ministry is implementing the PRIME project.** **No further update at this point. The current status is still in effect.**	02-2018	IN PROGRESS
5.	Motion: Direct the Registrar to proceed with engagement on the Strategic Plan Themes developed by the Strategic Plan Working Group. **Status: The College is finalizing the content for the Strategic Plan survey which will be conducted in February.**	09-2018	IN PROGRESS
6.	Motion: Direct the Registrar to pursue drug scheduling by reference to federal legislation and the National Drug Schedules established by the National Association of Pharmacy Regulatory Authorities (NAPRA), with respect to the Drug Schedules Regulation. **Status: Research and analysis has begun.**	11-2018	IN PROGRESS
7.	Motion: Direct the Registrar to explore implementation of mandatory medication error reporting to a College-specified independent third party. **Status: Research and analysis has begun. An implementation plan will be brought to the Board for approval in September.**	11-2018	IN PROGRESS

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2b.iii. Approval of November 23, 2018 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the November 23, 2018 Draft Board Meeting Minutes as circulated.

Appendix	
1	http://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Meeting_Minutes-20181123.pdf

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BOARD MEETING
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2b.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	Governance Committee Meeting Minutes
4	Inquiry Committee Update
5	Practice Review Committee Meeting Minutes
6	Quality Assurance Committee Meeting Minutes

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BOARD MEETING
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2b.v. Audit and Finance Committee: Finance Report (November Financials)

INFORMATION ONLY

Purpose

To provide the Board with highlights of the November 2018 financial reports.

Background

The November 2018 financial reports reflect **nine months** activity. Please see Appendices 1-4 for the Statement of Financial Position, a summary Statement of Revenue and Expenditures and more detailed reports on Revenue and on Expenditures.

Statement of Financial Position
The College of Pharmacists of BC's ("the College") cash position is well funded to meet payables with a balance of almost $1,000,000. Payables and accruals are almost $640,000. Investments at the end of November totalled $5.744 million.

Revenue
The total *Licensure revenues* continue to be very close to budget, at just $5,000 over budget. *Other revenues* (administrative fees, etc.) are also slightly over budget. Grant revenue is under budget as we had anticipated a small Ministry of Health contract which has not materialized. Investment income is higher than budgeted, at over $21,000 over budget. This is offset by the Joint Venture income being lower than anticipated.

Expenses
Total Year to Date Actual expenditures are under budget by over $260,000. See the variance analysis which follows for further details.

Variance analysis by department:

Department	Budget	Actual	Comment
Board & Registrar's Office	586,343	611,890	Consulting and travel higher than anticipated.
Grant distribution	129,500	127,395	
Registration & Licensure	635,065	656,105	Application Committee expenses higher than budgeted.
Quality Assurance	41,201	32,841	Timing of software updates and billing.
Practice Review	1,196,489	1,044,309	Salary gapping and lower committee expenses.
Complaints Resolution	1,226,582	1,154,674	Salary gapping and timing. Higher legal fees offset by lower consulting costs.
Policy and Legislation	356,038	322,022	Consulting fees are lower than expected.
Public Engagement	321,711	286,010	Some projects not undertaken due to changed priorities.
Finance and Administration	2,729,149	2,788,497	Bank charges and professional development costs are higher than budgeted.
Projects (PODSA Ownership)	145,600	125,141	Legal and Project Management costs are to be reallocated between Registration & Licensure and Policy & Legislation at year end.
Amortization	297,141	252,687	Timing – regarding IT development projects.
Total Expenses	7,664,820	7,401,571	

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

Statement of Financial Position

As at November 30, 2018

ASSETS	
Cash and Cash Equivalents	992,705
Investments	5,744,149
Receivables	24,593
Prepaid Expense and Deposits	180,080
Current Assets	6,941,528
Investments in College Place Joint Venture	1,566,997
Development Costs	379,091
Property & Equipment	569,010
Non-current Assets	2,515,099
Total Assets	**9,456,626**

LIABILITIES AND NET ASSETS	
Payables and Accruals	639,638
Deferred Revenue	4,746,259
Deferred Contributions	80,711
Total Current Liabilities	5,466,609
Total Net Assets	3,990,018
Total Liabilites and Net Assets	**9,456,626**

College of Pharmacists of BC

Statement of Revenue and Expenses

For the 9 months ended November 30, 2018

	Budget YTD 2018/19	Actual YTD 2018/19	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Licensure revenue	6,163,593	6,168,951	5,358	0%
Non-licensure revenue	539,346	508,065	(31,281)	(6%)
Transfer from Balance Sheet	829,063	829,063	-	0%
Total Revenue	**7,532,002**	**7,506,079**	**(25,923)**	(0%)
Total Expenses Before Amortization	7,367,679	7,148,884	218,795	3%
Amortization	297,141	252,687	44,454	15%
Total Expenses Including Amortization	**7,664,820**	**7,401,571**	**263,249**	3%
Net Surplus/(Deficit) of revenue over expenses	**(132,818)**	**104,508**	**237,326**	

College of Pharmacists of BC

Statement of Revenue

For the 9 months ended November 30, 2018

	Budget YTD 2018/19	Actual YTD 2018/19	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Pharmacy fees	2,398,389	2,440,616	42,227	2%
Pharmacists fees	3,176,446	3,159,134	(17,312)	(1%)
Technician fees	588,757	569,201	(19,556)	(3%)
Licensure revenue	**6,163,593**	**6,168,951**	**5,358**	**0%**
Other revenue	130,416	137,823	7,407	6%
Grant Revenue	131,430	90,000	(41,430)	(32%)
Investment income	78,750	100,242	21,492	27%
College Place joint venture income	198,750	180,000	(18,750)	(9%)
Non-licensure revenue	**539,346**	**508,065**	**(31,281)**	**(6%)**
Transfer from Balance Sheet	**829,063**	**829,063**	**-**	**0%**
Total Revenue	**7,532,002**	**7,506,079**	**(25,923)**	(0%)

College of Pharmacists of BC

Statement of Expenses

For the 9 months ended November 30, 2018

	Budget YTD 2018/19	Actual YTD 2018/19	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Expenses				
Board and Registrar's Office	586,343	611,890	(25,547)	(4%)
Finance and Administration	2,729,149	2,788,497	(59,348)	(2%)
Grant Distribution	129,500	127,395	2,105	2%
Registration, Licensure and Pharmanet	635,065	656,105	(21,040)	(3%)
Quality Assurance	41,201	32,841	8,360	20%
Practice Reviews	1,196,489	1,044,309	152,180	13%
Complaints Resolution	1,226,582	1,154,674	71,908	6%
Policy and Legislation	356,038	322,022	34,016	10%
Public Engagement	321,711	286,010	35,701	11%
Projects	145,600	125,141	20,459	14%
Total Expenses Before Amortization	7,367,679	7,148,884	218,795	3%
Amortization	297,141	252,687	44,454	15%
Total Expenses Including Amortization	**7,664,820**	**7,401,571**	**263,249**	3%

College of Pharmacists of British Columbia

BOARD MEETING
February 15, 2019

2b.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").

Background

The PRP is an in-person review of a pharmacy professional's practice and the pharmacy where they work. It aims to protect public safety by improving compliance with College Bylaws and Professional Practice Policies and ensuring consistent delivery of pharmacy services across British Columbia.

Every pharmacy and pharmacy professional will be reviewed to ensure they meet College standards. The PRP's multi-year time frame allows for all pharmacies and pharmacy professionals currently practicing in British Columbia to be reviewed on a cyclical basis. In some cases, reviews may occur more frequently in order to address areas of concern.

Transparency is an important element of the PRP. The results of the pharmacy review are shared with the pharmacy manager, and results of all reviews of pharmacy professionals are shared confidentially with each individual pharmacist and pharmacy technician.

The PRP first began in February 2015 and started with reviews in community pharmacy practice settings. The program expanded to include hospital pharmacy practice settings with reviews beginning in April 2017.

College of Pharmacists of British Columbia

BOARD MEETING
February 15, 2019

Practice Review Program Update

	General	Community Practice	Hospital Practice

Update	• Updated Practice Review Committee Policies
	• Updated Risk Register
	• Subject matter expertise (SME) for multiple projects
	  ○ National working group on the National Association of Pharmacy Regulatory Authorities' (NAPRA) Model Standards for Pharmacy Compounding of Non-Sterile Preparations
	  ○ Internal working group for Pharmacy Operations and Drug Scheduling Act (PODSA) Modernization
	  ○ Medication Error Reporting
		• IT completed addition of new review forms and placeholders for future review forms
		  ○ Residential Care review now incorporated
		• Drafted new PRP Insights article for community practice
			• In the process of hiring 2 new pharmacist Compliance Officers
			• Released first PRP Insights article for hospital practice

Next Steps	• Gather data and develop reports for the 2018-19 fiscal year • Continue to monitor and update the Risk Register as needed • Continue to provide SME for projects	• Release PRP Insights article • Develop review forms for other services: telepharmacy, central fill, packaging, compounding and other services based on Board direction and resources	• Draft more PRP Insights articles • Hire and train 2 new pharmacist Compliance Officers

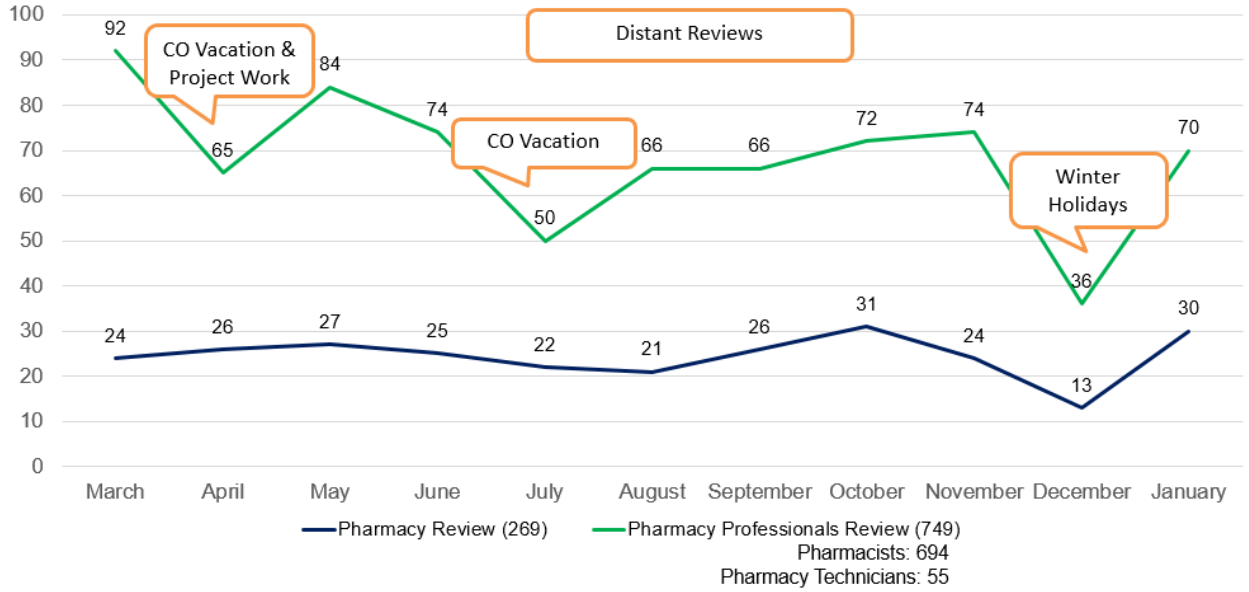
Appendix	
1	PRP Operational Statistics
2	PRP Insights Articles for ReadLinks

Appendix 1

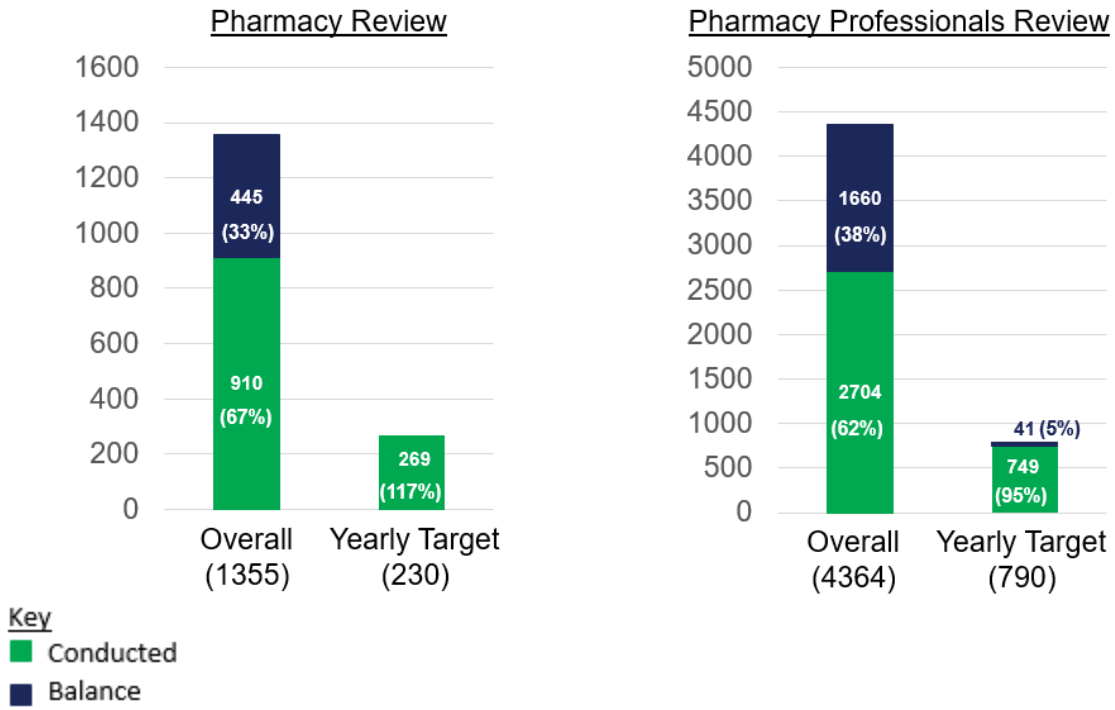
Practice Review Program Operational Statistics: 2018-19 Fiscal Year Progress

COMMUNITY PRACTICE

Fiscal Year:



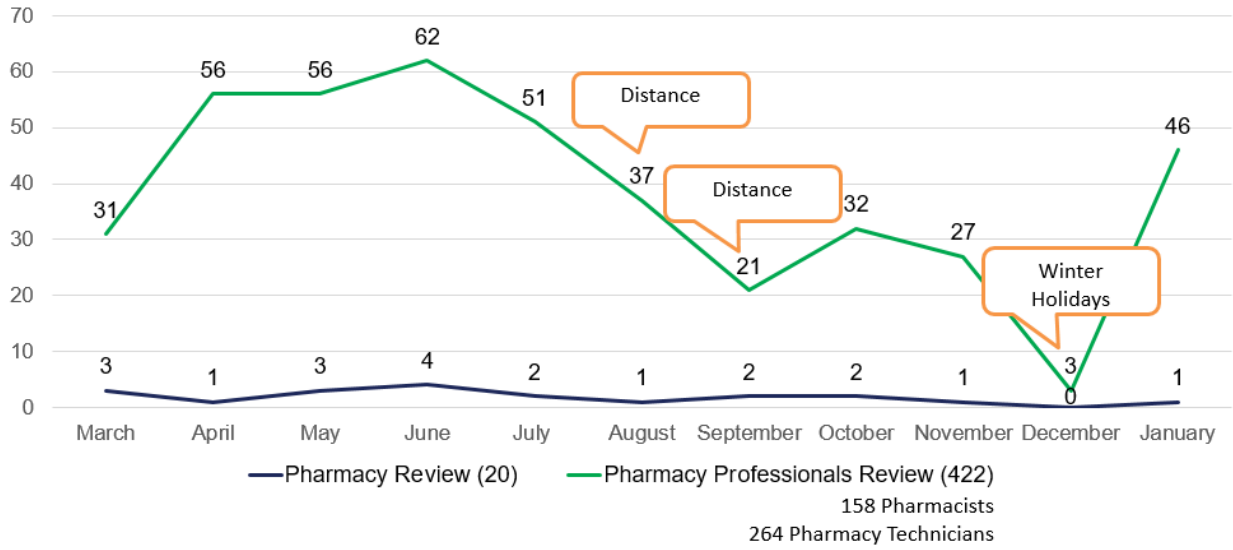
Overall and Fiscal Year:



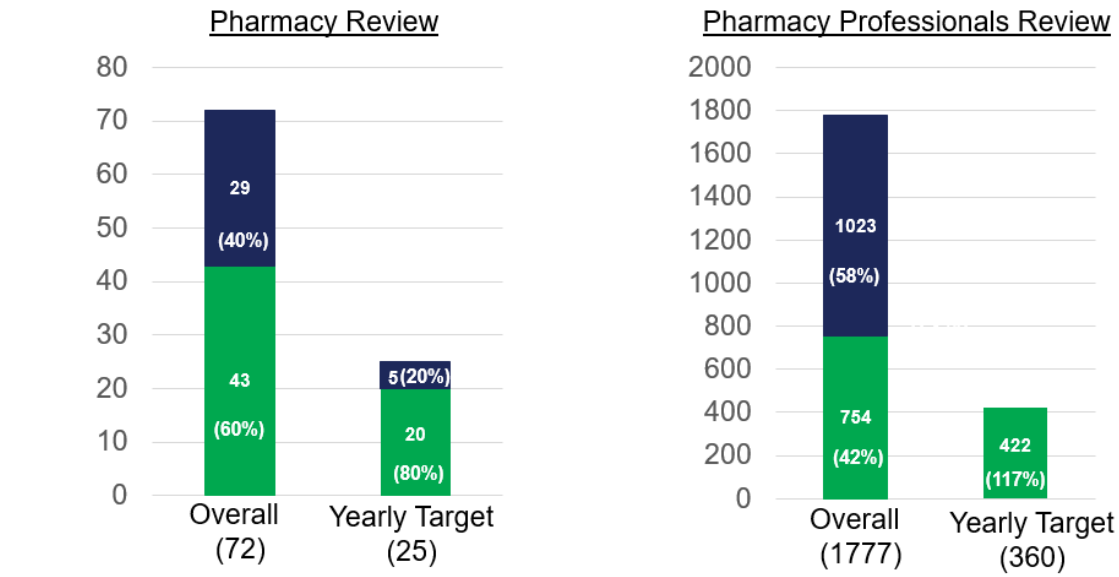
Appendix 1

HOSPITAL PRACTICE

Fiscal Year:



Overall and Fiscal Year:

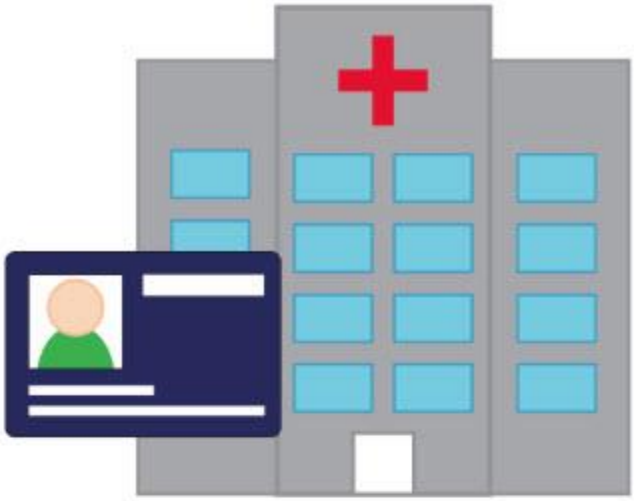


Key

- Conducted
- Balance

Practice Review Program: Insights Articles

October 2018 Article: Patient Identification Verification in Hospital Pharmacies



PRP Insights: Patient ID Verification in Hospital Pharmacies

PRP INSIGHTS: PATIENT IDENTIFICATION VERIFICATION IN HOSPITAL PHARMACIES

Patient identification verification refers to the matching of a patient to an intended treatment. It is a key activity performed by all healthcare professionals in a hospital setting. Risk to patient safety occurs when there is a mismatch between a given patient and the pharmaceutical care intended for him or her, whether the care is in the form of dispensing a medication, monitoring a patient's drug therapy or something as simple as discussing or requesting a patient's information over the phone.

To ensure patient safety and reduce medication errors, the College's Board and Practice Review Committee identified Patient Identification Verification as a focus area for the Pharmacy Professionals Review component of the Practice Review Program. As proper identification of a patient significantly reduces the potential for errors to occur, Compliance Officers will be looking for evidence that at least two person-specific identifiers are checked prior to providing pharmacy services. All hospital registrants (pharmacists and pharmacy technicians) undergoing a Pharmacy Professionals Review are expected to demonstrate compliance to the current College standards on patient identification verification, which was developed based on the Required Organizational Practices from Accreditation Canada.

According to Pharmacy Operations and Drug Scheduling Act Bylaws, *all registrants must "take reasonable steps to confirm the identity of a patient, patient's representative, registrant or practitioner before providing any pharmacy service". Furthermore, the* Health Professionals Act Bylaws Part 2 (Hospital Pharmacy) *state that "unless dispensing to staff, outpatients or the general public…all registrants must use at least two person-specific identifiers to confirm the identity of a patient before providing any pharmacy service to the patient". Registrants providing pharmacy service to the general public or outpatients are expected to follow* Professional Practice Policy-54 for community pharmacies.

As per Professional Practice Policy-75, acceptable person-specific identifiers include:

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

In settings where there is long-term or continuing care and the registrant is familiar with the patient, one person-specific identifier can be facial recognition. According to Accreditation Canada, the provision for "continuing care" only applies to settings like home care, long-term care, community health and residential care. It does not apply to any hospital acute or subacute care settings.

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

Patient identification verification is a fundamental standard to ensure that the right patient is provided with the right medication and the right clinical pharmacy service. By using at least two person-specific identifiers, the public will have confidence that the treatment, care activity or medication being administered is meant for them.

Previous Articles:

July 2018 Article: Documentation Requirements for Emergency Prescription Refills

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

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 MEETING
February 15, 2019

2b.vii Approval of November 22, 2018 Draft Annual General Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the November 22, 2018 Draft Annual General Meeting Minutes as circulated.

Appendix	
1	November 22, 2018 Draft Annual General Meeting Minutes (and appendices)

2018 Annual General Meeting Minutes
Vancouver, British Columbia
November 22, 2018

CALL TO ORDER AND INTRODUCTIONS OF BOARD

College Chair Kwong called the 127th Annual General Meeting of the College of Pharmacists of British Columbia to order at 6:07pm. Chair Kwong welcomed attendees to the meeting and introduced herself as the Chair.

Chair Kwong introduced Board members in attendance, College Registrar Bob Nakagawa, and other College staff in attendance.

Chair Kwong noted that notice of the AGM was sent out on November 1, 2018 thus meeting the three week bylaw requirement. She also confirmed that the required quorum of 25 registrants had been met, with 51 registrants in attendance and the meeting was duly convened.

MINUTES OF PREVIOUS MEETING – NOVEMBER 19, 2016

It was moved by Ming Chang, District 2 Board Member and seconded by Tara Oxford, District 3 Board Member that:

Approve the November 25, 2017 Annual General Meeting Minutes as circulated.

FINANCIAL STATEMENTS AND AUDITOR'S REPORT

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

CHAIR'S REPORT

Chair Kwong provided the following report:

Cultural Humility and Safety

The College recognizes 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.

I'm pleased that we've made a formal commitment to cultural safety and humility alongside BC's other health regulators – and are beginning to take action on it.

This represents a vital first step toward achieving our collective BC health systems goal of culturally safe health services for Indigenous Peoples in BC.

I encourage you to read through the Cultural Humility and Safety reflections in our annual report to learn about our progress last year.

College of Pharmacists of British Columbia

Opioid Crisis

The opioid crisis continues to be a top priority for us and other public health organizations across the province. BC's opioid overdose crisis has continued its unprecedented escalation over the past three years.

2017 saw a total of 1,448 illicit-drug overdose deaths, 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.

I will let the College's Registrar go into more specific detail about some of the initiatives that College has been worked on in tackling this issue, specifically with regard to access to naloxone.

Whether naloxone is provided at a community pharmacy, or by purchase, pharmacists play a vital role in helping provide this life-saving drug to those who may need it, together with training in overdose recognition and response. I also encourage all of us as pharmacy professionals to help combat stigma for all impacted individuals by continuing to recognize how our attitudes and judgements affect how we think about and behave toward others, and by learning how to use respectful "person-first" language.

Certified Pharmacist Prescribing

Certified Pharmacist Prescribing continued to be a major initiative for both the Board and College staff over the past year.

We conducted another engagement from June through to October 2017 in order to give patients, pharmacy professionals and other health professionals an opportunity to provide their input and share their thoughts on how pharmacist prescribing in collaborative practice relationships could work to help care for patients in BC, and I'm pleased to say that we saw increased confidence in Pharmacist Prescribing from all stakeholder groups.

I'm also pleased to say that at our November 2017 meeting, the College Board approved the Framework to for Pharmacist Prescribing in BC, to be submitted to the Minister of Health. The College's Registrar, Bob Nakagawa, will go into more detail regarding this initiative when he presents the Registrar's Report.

New Pharmacy Ownership Requirements

In May 2016, the Provincial Government approved amendments to the Pharmacy Operations and Drug Scheduling Act.

These changes require 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 safety at risk.

I'm happy to report that these amendments officially came into effect on April 1, 2018.

I'd like to acknowledge all College staff involved in this project for their hard work and dedication in bringing this initiative to fruition.

Compounding Standards

The College has set out a four-year implementation plan for pharmacies and pharmacy professionals to adopt the new model standards for compounding of sterile preparations, recently released by the National Association of Pharmacy Regulatory Authorities (NAPRA).

These new standards include Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations, and Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations.

Allowing individual ingredients to be mixed together in personalized strengths and dosages based on a patient's needs plays an important role in pharmacy practice. Standards are needed to ensure preparation quality and safety when compounding drugs for patients.

The College recommends that those who compound sterile preparations follow the four-year implementation timeline to ensure they meet the all the requirements by May 2021, when the new bylaws are expected to come into effect.

A third and final Model Standards document for non-sterile preparations was released by NAPRA in March 2018. The College will be developing a proposed implementation plan for Board consideration, in due course.

The College's Registrar, Bob Nakagawa, will go into more detail regarding this initiative when he presents the Registrar's Report.

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.

A pharmacy technician at the remote site prepares prescription drugs for dispensing by the pharmacist, while the pharmacist at the central site reviews the patient's profile and performs the clinical check of the medication for appropriateness. The pharmacist also communicates face-to-face with patients for medication counselling through real-time audio-video conferencing technology.

Although remote sites are operated by pharmacy technicians without a full pharmacist physically on-site, the pharmacist at the central site directly supervises all activities at the remote site through the use of real time audio/video technology.

In November, 2017, amendments to the Pharmacy Operations and Drug Scheduling Act Bylaws regarding telepharmacies as well as new Telepharmacy Standards of Practice came into effect to strengthen public safety in the delivery of this type of service.

The bylaw amendments and new Telepharmacy Standards of Practice increase the security of drugs and confidential health information and ensure patients receive safe and effective care at telepharmacies.

The College's Registrar, Bob Nakagawa, will go into more detail regarding this initiative when he presents the Registrar's Report.

College of Pharmacists of British Columbia

REGISTRAR'S REPORT

Registrar Nakagawa provided the following report:

Cultural Humility and Safety

On March 2017, I had the honour of joining the rest of province's health regulators in signing the "Declaration of Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in BC."

Though this, the College pledged its commitment to making our health system more culturally safe for First Nations and Aboriginal people.

Since then, the College has worked on developing a strategy to fulfill its pledge to improve BC pharmacy professionals' work with First Nations and Aboriginal Peoples over the past fiscal year.

Moving forward, we recognize that working together with the First Nations Health Authority, other health regulators, pharmacy associations, First Nations groups, and others will be essential to act on our plan and create a healthcare environment free of racism and discrimination, where individuals feel safe and respected.

In February 2018, the College was fortunate to be a part of the first Mental Health and Wellness Summit hosted by the First Nations Health Authority.

First Nations in BC have been disproportionally affected by the opioid crisis, so as an exhibitor, the College used this opportunity to spread awareness of emergency use Naloxone, its importance in helping prevent opioid overdose deaths, and what we've done to make it more accessible to the public.

As Mona mentioned, I encourage you to learn more about our progress of cultural humility and safety in our annual report.

Opioid Overdose Crisis

In 2016, due to a significant increase in drug related overdoses and deaths, BC's Provincial Health Officer declared a public health emergency.

Since then, the College has been hard at work, first making Naloxone available without a prescription in 2016, and then working to make it as accessible as possible.

Naloxone is an antidote to opioid overdose that works by temporarily reversing 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

In the past year, the College has engaged in a number of independent and collaborative efforts to raise awareness of naloxone, fentanyl and BC's overdose crisis. This included a comprehensive, dedicated resource page outlining naloxone, its use and availability, as well as a number of articles written both by the College, as well as other BC health organizations invested in combatting the overdose crisis.

In December 2017, the Take Home Naloxone program, originally started by the BCCDC, 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.

There are currently 1563 participating Take Home Naloxone sites in BC, including 779 registered pharmacies.

These kits are available through the Take Home Naloxone program, at no cost, to:

- Individuals at risk of an opioid overdose
- Individuals likely to witness and respond to an overdose such as a family member or friend of someone at risk

The College also continued its naloxone Campaign, using social media and digital advertising, to help share these resources and build awareness of how to use naloxone to save a life.

New Guideline 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.

On June 5, 2017, this guideline became the provincial reference tool for all health care professionals in BC involved in treating patients with opioid use disorders.

The guideline recommends Buprenorphine/naloxone (Suboxone®) as the preferred first-line pharmacotherapy for treating patients with an opioid use disorder; Methadone as a second line option when buprenorphine/naloxone is contraindicated or unfeasible, and slow-release oral morphine as a third line option when both the first and second-line treatments are ineffective.

To support the new opioid agonist treatment options, Professional Practice Policy-66 was amended to include policy guides for Buprenorphine/Naloxone Maintenance Treatment and Slow Release Oral Morphine Maintenance Treatment. The existing policy guide for Methadone Maintenance Treatment continues to be in effect.

The policy amendments and two new guides came into effect on January 1, 2018.

New Pharmacy Ownership Requirements

New Pharmacy Ownership Requirements requiring the College to know the identity of all pharmacy owners, determine their suitability for pharmacy ownership and ensuring their pharmacies are compliant with legislative requirements for pharmacies in BC came into effect earlier this year.

Some of the key changes to PODSA include:

- Distinguishes between “direct owners” and “indirect owners”
- Broadens the meaning of “pharmacy” and “pharmacy licence”
- Sets eligibility requirements to hold a pharmacy licence
- Establishes a new Application Committee to review licence applications that do not meet the requirements of the Act and bylaws
- Adds requirements for direct owners, indirect owners and managers to provide Criminal Record History
- Requires direct owners, indirect owners and managers to comply with duties under the Pharmacy Operations and Drug Scheduling Act and Health Professions Act

The first pharmacies to complete their pharmacy licence renewal under the new requirements were those whose licence expired on June 30, 2018.

College of Pharmacists of British Columbia

College Engagement

The College has conducted a number of stakeholder engagement to help us solicit input on College initiatives, policies and bylaws including:

- Pharmacist Prescribing in BC
- New Telepharmacy Requirements
- New Pharmacy Ownership Requirements
- Palliative Care Home Kits
- Electronic Record Keeping

Through these stakeholder engagements, the College was able to gather significant input and feedback from patients, pharmacy professionals, pharmacy students and other health professionals, helping us to gauge sentiment, identify gaps, and inform our plans.

The College would like to thank all those who provided feedback and shared their thoughts during our various engagements in 2017.

New Pharmacy Security Requirements

In February 2017, the College Board approved amendments to the Pharmacy Operations and Drug Scheduling Act bylaws to establish minimum security measures for community pharmacies as well as revisions to *Professional Practice Policy 74: Community Pharmacy and Telepharmacy Security.*

The amended bylaws which include new provisions for physical barriers came into effect on April 1, 2018.

The Vancouver Police Department first brought concerns to the College following an escalating number of community pharmacy robberies. As a result, the College acted fast to introduce initial pharmacy security policies through PPP 74 and the DrugSafeBC program, followed eventually by new bylaws.

Recently, the Council on Licensure, Enforcement & Regulation (CLEAR), presented the College with the 2018 Regulatory Excellence Award for our work on pharmacy security.

I'd like to once again thank all those who contributed to the initiative, as well as CLEAR for recognizing our work.

This award helps to reinforce the important impact that our work on pharmacy security has had on public safety in communities across the province.

New Board Election Cycles and Terms of Office

At its November 2017 meeting, the College Board approved amendments to the *Health Professions Act* Bylaws to change the terms of office for elected Board members from two years to three years, and the maximum number of consecutive terms served by elected board members from three to two.

Elections are now held on a three-year cycle. Elections for four of the eight electoral districts will be held in each of the first two years of the cycle, and no elections will be held in the third year.

The changes will begin with the November 2018 elections with Board members from even-numbered electoral districts (District 2, 4, 6 and 8).

Extending the term of office from two to three years, provides more consistency in the membership of the Board, providing Board members more time to learn and grow within their roles.

College Name Change

In 2016 the College facilitated a stakeholder engagement process to obtain input on a potential College name change.

Respondents indicated that the current name of the College is not representative of all registrants, and could be misleading about who/ what the College regulates.

- The greatest level of support for a change of name for the College came from pharmacy technicians.
- However, there was a fair amount of support for retaining the College's current name, particularly because the College is already a well-established entity in pharmacy regulation.

This year (June 14, 2018) the College sent a letter to the Ministry of Health, requesting that they amend the name of the College of Pharmacists of British Columbia.

Health Minister Adrian Dix chose not to grant the request at this time citing the many priorities of the ministry as well as the high volume of other initiatives in its work to protect and care for the health of the public in BC.

We believe that providing clarity on the multiple ways the College is involved in pharmacy regulation is essential to our duty to protect the public, and are disappointed that the Ministry has decided not to explore a name change at this time.

We continue to hope that the Ministry will consider a name change at a more opportune time

REPORT OF BOARD ELECTIONS

The College would like to thank pharmacists and pharmacy technicians in the Fraser Valley (District 2), Kootenay/Okanagan (District 4), Urban Hospitals (District 6), and Pharmacy Technicians (District 8) that voted in the 2018 Board elections.

Over **21%** (**927 votes**) of the 4369 eligible registrants in District 2, 4, 6 and 8 voted in the elections. The College would like to thank everyone who took the time to help select the best representatives from each district to join the College Board.

I would like to recognize and congratulate the following candidates on being elected to the Board for a 3-year term:

- Christine Antler, District 2
- Steven Hopp, District 4
- Anca Cvaci, District 6
- Bal Dhillon, District 8

These candidates will begin their terms at the beginning of the November 2018 Board meeting, tomorrow morning

College of Pharmacists of British Columbia

ADJOURNMENT

Chair Kwong thanked everyone for their attendance, and adjourned the meeting at 6:45pm

College of Pharmacists of British Columbia

BOARD MEETING
February 15, 2019

2b.viii. Legislation Review Committee
a) Medication Management Update

INFORMATION ONLY

Purpose

To provide an update on the status of the development of standards for medication management.

Background

Current Medication Review Policy

In BC, medication review services were introduced by PharmaCare in April 2011. The objective of these services is to have pharmacists assist patients to better understand their medications and through this, improve patient health outcomes. This service is of no cost to patients, but the pharmacy providing the service can claim a fee from PharmaCare by entering a record of a Medication Review on a patient's PharmaNet record. PharmaCare has published very clear policies and procedures with regards to eligibility criteria, conducting and billing for medication reviews. The four criteria which must be met for all medication review services are:

1. Determining patient eligibility.
2. Documenting medication review service delivery.
3. Obtaining patient signature in acknowledgment section.
4. Claiming medication review services fees.

June 2017 Board Meeting

At the June 2017 Board meeting, a representative from the College's Inquiry Committee presented on issues that Committee has identified after reviewing many complaints related to medication reviews. That Committee noted an apparent pattern of abuse of this service. They identified that some pharmacists appear to be providing medication reviews when there is not a clinical need to do so. In addition, it was also discovered that many patients are receiving a medication review without their knowledge or without giving consent.

The Committee felt that practice standards need to be developed specifically focused on conducting medication reviews in the best interests of the patient. At that meeting, the Board made the following decision:

> *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.*

Discussion

Research and Development of the Medication Management Project

A cursory Canadian cross-provincial scan of medication management programs, policies and standards was presented to the Legislative Review Committee at their August 2017 meeting. The scan revealed that while most provinces have provincial programs or policies with varying criteria for eligibility for medication reviews, none of the pharmacy regulatory bodies have specific clinical standards on what to include in a medication review. In addition, a couple of pharmacy regulatory authorities make reference to medication review training options.
The Legislation Review Committee prioritized the development of medication review standards alongside an overall review of the Legislation Operations Plan at their November 2017 meeting. According to that Plan, findings are to be presented to the Board at their June 2019 meeting. During the summer of 2018, internal consultation was held to further assess the issues raised at the June 2017 Board meeting. Representatives from PharmaCare were also consulted for data gathering purposes.

The internal and external consultations revealed similar concerns on the clinical quality of medication reviews. For example, a consultation on a patient's current medications should identify issues such as adverse drug interactions, adverse drug reactions, and patient adherence to drug therapy concerns regularly. However, anecdotal evidence suggests that this is not occurring as frequently as expected. These findings suggest that the current practice is not potentially realizing the intended benefit of the medication review.

Additional research has included a review of the National Association of Pharmacy Regulatory Authorities (NAPRA) standards and the College's medication review-related provisions. The *NAPRA Model Standards of Practice for Canadian Pharmacists* includes standards for Medication Therapy Management Services. In addition, the College's current bylaws include some medication reviews related provisions was assessed, and previously draft standards had been developed on this issue.

Next Steps

- Continue to analyze existing and potential medication management standards, and also consider potential educational training options to address the concerns raised.
- Establish an internal working group to assist with determining the best path forward and develop a consultation plan.

College of Pharmacists of British Columbia

BOARD MEETING
February 15, 2019

2b.viii. Legislation Review Committee
b) Controlled Prescription Program Document

DECISION REQUIRED

Recommended Board Motion:

Approve amendments to the Controlled Prescription Program Information and Drug List to enhance the inclusion of program participants; update the drug list; and, implement housekeeping changes, as circulated.

Purpose

To approve amendments to the Controlled Prescription Program Information and Drug List.

Background

Controlled Prescription Program

The *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws defines the Controlled Prescription Program as "…a program approved by the board, to prevent prescription forgery and reduce inappropriate prescribing of drugs."

The CPP requires the use of a special duplicate prescription pad printed for the purpose of prescribing selected drugs that are part of the program. Once the prescription is written, the prescriber retains the bottom copy marked "PRESCRIBERS COPY" and provides the patient with the original identified as "PHARMACY COPY," which the patient gives to the pharmacist. According to s.19(6)(a) of the PODSA Bylaws, both the Boards of the CPBC and College of Physicians and Surgeons approve the controlled prescription form.

The drugs selected for the CPP are noted on the CPP Information and Drug List document ("the CPP Document") on the CPBC's website, and are Schedule 1A drugs on the Drug Schedules Regulation.

Controlled Prescription Program Advisory Committee

In August 2017, the Controlled Prescription Program Advisory Committee ("CPPAC") was established to:

- Review and update the Controlled Prescription Program components and drug list.
- Develop recommendations regarding the drugs that should require a duplicate prescription, and the information that should be provided by registrants of each college on a duplicate prescription.
- Develop recommendations regarding best practices for storage security and reporting of lost/stolen/forged prescription pads.

The CPPAC consists of the colleges whose registrants are involved in the prescribing and/or dispensing of controlled drugs, as well as the Ministry of Health. The colleges are:

- College of Pharmacists of BC
- College of Dental Surgeons of BC
- College of Midwives of BC
- College of Physicians and Surgeons of BC
- BC College of Nursing Professionals
- College of Veterinarians of BC

Discussion

Recommended Minor Amendments

The CPPAC has recommended fairly minor amendments to the CPP Document. In general, the changes were made to more clearly include all program participants, update the drug list, and make housekeeping updates. The amendments are (see Appendix 1 for further information):

- Add the College logos of all program participants.
- Adjust the document date to November 2018, when CPPAC amendments were drafted.
- Update the program participant list to reflect new College names and add Colleges whose registrants can now prescribe and/or dispense controlled drugs (i.e., nurse practitioners and midwives).
- Modify the legislation description to better reflect the role of the program participants.
- Remove the description stating that more than one medication can be listed on a CPP form, as the form itself does not permit it.
- Clarify that CPP forms must be used when prescribers are using electronic medical records, to address confusion on that issue.
- Clarify requirements for nurse practitioners with respect to CPP forms.
- Update the drug list to add or adjust drug brand names and add diacetylmorphine (heroin), which became a Schedule 1A drug in June 2018.

CPPAC members agreed to seek approval for the above-noted changes. In late 2018, the Board of the College of Physicians and Surgeons of BC approved them.

Recommendation

The Legislation Review Committee recommends that the Board approve the amendments to the CPP Document, as circulated.

Next Steps

Participant Colleges are seeking approval of the CPP Document, and the CPPAC continues to work on CPP-related issues.

Appendix	
1	CPP Document (Track changes and Clean)

Controlled Prescription Program

~~AUGUST 2011~~ NOVEMBER 2018

PROGRAM OBJECTIVE

To prevent forgeries and reduce inappropriate prescribing of selected drugs.

HOW THE PROGRAM WORKS

The selected drugs may only be prescribed in writing using a special controlled prescription program – duplicate pad printed for the purpose. Once the prescription is written, the prescriber retains the bottom copy marked "PRESCRIBERS COPY" and provides the patient with the original identified as "PHARMACY COPY," which the patient gives to the pharmacist.

PROGRAM PARTICIPANTS

- BC College of Nursing Professionals
- College of Dental Surgeons of BC
- College of Midwives of BC
- College of Pharmacists of BC
- College of Physicians & Surgeons of BC
- College of Veterinarians of BC
- Ministry of Health (PharmaCare Program)

~~LEGISLATION~~ DRUG LIST

~~The legislation supporting pharmacy's involvement in the program is detailed in the Bylaws under the *Pharmacy Operations and Drug Scheduling Act*.~~

The list of drugs covered by the program has been agreed to by all the ~~participating organizations~~program participants. Unless otherwise specified, both single-entity products and preparations or mixtures of the scheduled drugs require the use of controlled prescription forms.

DISPENSING INFORMATION

Prescriptions for the listed drugs must be written on a Controlled Prescription Program duplicate form. Prescriptions for these drugs written on any other form or transmitted verbally cannot be accepted by the pharmacist.

ADDITIONAL INFORMATION

Prescription forms are personalized and numerically recorded and cannot be exchanged between prescribers.

Prescribers have been advised that failure to complete the prescription forms may result in rejection of the prescription by the pharmacist with resulting patient and prescriber inconvenience. However, if the prescription includes all the information required in pharmacy legislation, the medication may be dispensed.

More than one ~~medication or~~ strength of medication can be included on one Controlled Prescription Program form, provided the orders are legible.

"Part-fills" are not encouraged but are acceptable, subject to the usual legal and recordkeeping requirements. The total quantity of drug being prescribed, the quantity to be dispensed on each "part-fill" and the interval of time to be observed between these fillings must be specified.

Outpatient prescriptions written at hospital emergency and outpatient departments for a monitored drug must be written on a Controlled Prescription Program duplicate form.

Controlled Prescription Program duplicate forms must still be used when using Electronic Medical Records (EMRs). As with all prescriptions, prescribers must ensure that all fields on Controlled Prescription Program duplicate forms are completed correctly, including one generated from an EMR.

Prescriptions for long-term and extended-care facility patients do not require the use of Controlled Prescription Program duplicate forms.

"Void after 5 days" means that the prescription cannot be honoured after midnight of the fifth day following the date of issue. Therefore, a prescription written on January 10th can be accepted for filling or logging on until midnight January 15th.

Locum physicians receive a pad of blank forms at the time of registration from the College of Physicians and Surgeons. These are to be completed by the physicians with their name and CPSBC ID number, plus the name, address, and telephone number of the employing physician.

Physicians working in a permanent capacity as a locum and locum nurse practitioners will have their names printed on the prescription forms and are obliged to print or stamp the name, address and telephone number of the employing ~~physician~~prescriber.

Commented [CP1]: Adjusted proposed effective date.

Added the logos of all College CPP Program participants.

Commented [CP5]: Removed multiple medication statement, as the CPP form only permits one medication to be listed.

Commented [CP2]: Updated the list of program participants to include the BC College of Nursing Professionals and the College of Midwives. Also, updated the name of the College of Veterinarians of BC and the Ministry of Health.

Commented [CP6]: Added by request by CPSBC to avoid confusion on this issue.

Commented [CP7]: Added 'duplicate' term for consistency.

Commented [CP3]: Clarified that the CPP Program is a joint program of all participants, by removing focus on CPBC Bylaws and discussing the drug list only in this section.

Commented [CP4]: Updated term to align with column above.

Commented [CP8]: Updated terms to be inclusive of the BCCNP.

Commented [CP9]: Added by request by BCCNP to clarify the process of nurse practitioners.

Controlled Prescription Program

~~August 2011~~ November 2018

The following drugs require the use of a Controlled Prescription Program form. The noted product names are examples only and are not intended to represent a complete list of all products available.

Alfentanil
Alfenta

Anileridine

Buprenorphine
Butrans
Suboxone

Butalbital
Fiorinal
Fiorinal C 1/2
Fiorinal C 1/4
Ratio-Tecnal
Ratio-Tecnal C 1/2
Ratio-Tecnal C 1/4

Butorphanol
Stadol NS

Codeine when prescribed as a single entity or when included in a preparation containing 60 mg or more per dosage unit
Codeine 15, 30 and 60 mg tablets
Codeine Contin
Empracet-60
Ratio-Codeine
Ratio-Lenoltec No. 4
Tylenol with Codeine No. 4

Diacetylmorphine (heroin)

Ethchlorvynol
Placidyl

Fentanyl
Duragesic

Hydrocodone (Dihydrocodeinone)
Coristine-DH
Dimetane Expectorant-DC
Hycodan
Hycomine syrup
Hycomine-S (pediatric syrup)
Novahistex DH
Novahistex DH Expectorant
Novahistine DH
Ratio-Coristex-DH
Tussionex

Hydromorphone (Dihydromorphinone)
Dilaudid
Dilaudid-HP
Dilaudid-XP
Hydromorph Contin

Levorphanol

Meperidine (Pethidine)
Demerol

Methadone
Methadose
Metadol

Methaqualone

Morphine
Kadian
M-Ediat
M-Eslon
Morphitec
Morphine HP
M.O.S.
M.O.S.-SR
MS-IR
MS Contin
Tincture of Opium

Normethadone

Oxycodone
Endocet
Endodan
Oxycocet
Oxycodan
OxyContin
OxyNeo
Percocet
Percocet-Demi
Percodan
Percodan-Demi
Supeudol

Pentazocine
Talwin

Propoxyphene (Dextropropoxyphene)
Darvon-N
692 Tablets
642 Tablets
Novo-Propoxyn
Novo-Propoxyn Compound

Sufentanil
Sufenta

Tapentadol
Nucynta

The following drug products are not Controlled Prescription Program drugs and do NOT require the use of a Controlled Prescription form:

Amobarbital
Anabolic Steroids
Cocaine eye drops / topical
Delta-9-tetrahydrocannabinol (Sativex, ~~Marinol~~)
Dextroamphetamine (Dexedrine, Adderall)
Diphenoxylate (Lomotil)
Ketamine
Methylphenidate
Nabilone (Cesamet)
Opium and Belladonna Suppositories
Pentobarbital
Secobarbital

More than one ~~medication or~~ strength of medication can be included on one Controlled Prescription Program form, provided the orders are legible.

Commented [CP10]: Adjusted proposed effective date.

Updated the drug list to add or adjust drug brand names and add diacetylmorphine (heroin), which became a Schedule 1A drug in June 2018.

Removed multiple medication statement, as the CPP form only permits one medication to be listed.


BCCNP
British Columbia
College of Nursing
Professionals

CDSBC
College of Dental Surgeons
of British Columbia

COLLEGE OF
MIDWIVES
OF BRITISH COLUMBIA

College of Pharmacists
of British Columbia

BRITISH COLUMBIA

College of Veterinarians
of British Columbia

Controlled Prescription Program
November 2018

PROGRAM OBJECTIVE
To prevent forgeries and reduce inappropriate prescribing of selected drugs.

HOW THE PROGRAM WORKS
The selected drugs may only be prescribed in writing using a special controlled prescription program – duplicate pad printed for the purpose. Once the prescription is written, the prescriber retains the bottom copy marked "PRESCRIBERS COPY" and provides the patient with the original identified as "PHARMACY COPY," which the patient gives to the pharmacist.

PROGRAM PARTICIPANTS
- BC College of Nursing Professionals
- College of Dental Surgeons of BC
- College of Midwives of BC
- College of Pharmacists of BC
- College of Physicians & Surgeons of BC
- College of Veterinarians of BC
- Ministry of Health (PharmaCare Program)

DRUG LIST
The list of drugs covered by the program has been agreed to by all the program participants. Unless otherwise specified, both single-entity products and preparations or mixtures of the scheduled drugs require the use of controlled prescription forms.

DISPENSING INFORMATION
Prescriptions for the listed drugs must be written on a Controlled Prescription Program duplicate form. Prescriptions for these drugs written on any other form or transmitted verbally cannot be accepted by the pharmacist.

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Prescription forms are personalized and numerically recorded and cannot be exchanged between prescribers.

Prescribers have been advised that failure to complete the prescription forms may result in rejection of the prescription by the pharmacist with resulting patient and prescriber inconvenience. However, if the prescription includes all the information required in pharmacy legislation, the medication may be dispensed.

More than one strength of medication can be included on one Controlled Prescription Program form, provided the orders are legible.

"Part-fills" are not encouraged but are acceptable, subject to the usual legal and recordkeeping requirements. The total quantity of drug being prescribed, the quantity to be dispensed on each "part-fill" and the interval of time to be observed between these fillings must be specified.

Outpatient prescriptions written at hospital emergency and outpatient departments for a monitored drug must be written on a Controlled Prescription Program duplicate form.

Controlled Prescription Program duplicate forms must still be used when using Electronic Medical Records (EMRs). As with all prescriptions, prescribers must ensure that all fields on Controlled Prescription Program duplicate forms are completed correctly, including one generated from an EMR.

Prescriptions for long-term and extended-care facility patients do not require the use of Controlled Prescription Program duplicate forms.

"Void after 5 days" means that the prescription cannot be honoured after midnight of the fifth day following the date of issue. Therefore, a prescription written on January 10th can be accepted for filling or logging on until midnight January 15th.

Locum physicians receive a pad of blank forms at the time of registration from the College of Physicians and Surgeons. These are to be completed by the physicians with their name and CPSBC ID number, plus the name, address, and telephone number of the employing physician.

Physicians working in a permanent capacity as a locum and locum nurse practitioners will have their names printed on the prescription forms and are obliged to print or stamp the name, address and telephone number of the employing prescriber.

Controlled Prescription Program
November 2018

The following drugs require the use of a Controlled Prescription Program form. The noted product names are examples only and are not intended to represent a complete list of all products available.

Alfentanil
- Alfenta

Anileridine

Buprenorphine
- Butrans
- Suboxone

Butalbital
- Fiorinal
- Fiorinal C 1/2
- Fiorinal C 1/4
- Ratio-Tecnal
- Ratio-Tecnal C 1/2
- Ratio-Tecnal C 1/4

Butorphanol
- Stadol NS

Codeine when prescribed as a single entity or when included in a preparation containing 60 mg or more per dosage unit
- Codeine 15, 30 and 60 mg tablets
- Codeine Contin
- Empracet-60
- Ratio-Codeine
- Ratio-Lenoltec No. 4
- Tylenol with Codeine No. 4

Diacetylmorphine (heroin)

Ethchlorvynol
- Placidyl

Fentanyl
- Duragesic

Hydrocodone (Dihydrocodeinone)
- Coristine-DH
- Dimetane Expectorant-DC
- Hycodan
- Hycomine syrup
- Hycomine-S (pediatric syrup)
- Novahistex DH
- Novahistex DH Expectorant
- Novahistine DH
- Ratio-Coristex-DH
- Tussionex

Hydromorphone (Dihydromorphinone)
- Dilaudid
- Dilaudid-HP
- Dilaudid-XP
- Hydromorph Contin

Levorphanol

Meperidine (Pethidine)
- Demerol

Methadone
- Methadose
- Metadol

Methaqualone

Morphine
- Kadian
- M-Ediat
- M-Eslon
- Morphitec
- Morphine HP
- M.O.S.
- M.O.S.-SR
- MS-IR
- MS Contin
- Tincture of Opium

Normethadone

Oxycodone
- Endocet
- Endodan
- Oxycocet
- Oxycodan
- OxyContin
- OxyNeo
- Percocet
- Percocet-Demi
- Percodan
- Percodan-Demi
- Supeudol

Pentazocine
- Talwin

Propoxyphene (Dextropropoxyphene)
- Darvon-N
- 692 Tablets
- 642 Tablets
- Novo-Propoxyn
- Novo-Propoxyn Compound

Sufentanil
- Sufenta

Tapentadol
- Nucynta

The following drug products are not Controlled Prescription Program drugs and do NOT require the use of a Controlled Prescription form:

Amobarbital
Anabolic Steroids
Cocaine eye drops / topical
Delta-9-tetrahydrocannabinol (Sativex)
Dextroamphetamine (Dexedrine, Adderall)
Diphenoxylate (Lomotil)
Ketamine
Methylphenidate
Nabilone (Cesamet)
Opium and Belladonna Suppositories
Pentobarbital
Secobarbital

More than one strength of medication can be included on one Controlled Prescription Program form, provided the orders are legible.

College of Pharmacists of British Columbia

BOARD MEETING
February 15, 2019

3. Confirmation of Agenda

DECISION REQUIRED

Recommended Board Motion:

Approve the February 15, 2019 Draft Board Meeting Agenda as circulated, or amended.

Appendix	
1	February 15, 2019 Draft Board Meeting Agenda

College of Pharmacists of British Columbia

Board Meeting
Friday, February 15, 2019
CPBC Office, 200-1765 West 8th Avenue, Vancouver

AGENDA

9:00am - 9:05am	5	**1.**	Call to Order *Land Acknowledgement*	Chair Barry
		2.	Consent Agenda a) Items for Further Discussion b) Approval of Consent Items **[DECISION]**	Chair Barry
		3.	Confirmation of Agenda **[DECISION]**	Chair Barry
9:05am - 9:15am	10	**4.**	Committee Updates: a) Audit and Finance Committee (update to be provided in item 5) b) Quality Assurance Committee (update to be provided in item 5) c) Legislation Review Committee (update to be provided in item 6) d) Governance Committee (update to be provided in item 7) e) Application Committee (update to be provided in item 9) f) Drug Administration Committee (update to be provided in item 12) g) Inquiry Commitee (update to be provided in item 13) h) Ethics Advisory Committee i) Hospital Pharmacy Advisory Committee j) Jurisprudence Examination Subcommittee k) Community Pharmacy Advisory Committee l) Practice Review Committee m) Discipline Committee n) Registration Committeee o) Residential Care Advisory Committee	Committee Chairs: Frank Lucarelli Frank Lucarelli Mona Kwong Mona Kwong Christine Antler Wilson Tsui Chair Barry Bal Dhillon Anca Cvaci Tara Oxford Tara Oxford Tracey Hagkull Chair Barry Chair Barry Chair Barry
9:15am - 9:45am	30	**5.**	Audit and Finance Committee: a) Committee Updates [Audit and Finance & Quality Assurance] b) Reserve Policy **[DECISION]** c) Budget 2019/20 **[DECISION]**	Frank Lucarelli
9:45am - 10:05am	20	**6.**	Legislation Review Committee: a) Committee Updates b) Patient Relations Approval for Filing **[DECISION]** c) Recognized Pharmacy Education Programs **[DECISION]**	Mona Kwong
10:05am - 10:30am	25	**7.**	Governance Committee: a) Committee Updates b) Amalgamation of Commmittees **[DECISION]** c) Committee Appointments **[DECISION]** d) Jurisprudence Examination Subcomittee **[DECISION]**	Mona Kwong
10:30am - 10:45am	15		***BREAK***	
10:45am - 11:00am	15	**8.**	Approval of Information Sharing Agreement **[DECISION]**	Mary O'Callaghan
11:00am - 11:30am	30	**9.**	Application Committee: a) Committee Updates b) PODSA Update	Christine Antler
11:30am - 12:30pm	60		***LUNCH***	
12:30pm - 1:00pm	30	**10.**	The History and Future of the Therapeutics Initiative	Jim Wright

College of Pharmacists of British Columbia

Board Meeting
Friday, February 15, 2019
CPBC Office, 200-1765 West 8th Avenue, Vancouver

AGENDA

1:00pm - 1:30pm	30	**11.**	B.C. Drug and Poison Information Centre (DPIC): Who we are and What we do	Debra Kent Raymond Li
1:30pm - 1:45pm	15		***BREAK***	
1:45pm - 2:15pm	30	**12.**	Drug Administration Committee: a) Committee Updates b) Injection Authority **[DECISION]**	Wilson Tsui
2:15pm - 2:25pm	10	**13.**	Inquiry Committee a) Committee Updates b) Disposition of Complaint by Registrar **[DECISION]**	Chair Barry
2:25pm - 2:30pm	5	**14.**	Items Brought Forward from Consent Agenda	Chair Barry
			CLOSING COMMENTS AND ADJOURNMENT	

College of Pharmacists of British Columbia

BOARD MEETING
February 15, 2019

5. Audit and Finance Committee
b) Reserve Policy

DECISION REQUIRED

Recommended Board Motion:

Approve the Reserve Policy with a total of $2,000,000, as presented.

Purpose

To seek approval to update the policy concerning the College of Pharmacists of BC's ("the College") reserves funds.

Background

The College is a non-profit organization for taxation purposes. As such, all surplus funds retained by the College should have a purpose and be justified. Currently, the Reserve Policy states that the College should maintain a total of $3,000,000 in reserves.

Discussion

The reserves target balance was discussed at the Audit and Finance Committee ("the Committee") meeting of January 15, 2019. Reviewing literature supplied by Grant Thornton LLP, a leading Canadian business advisory firm and other sources, it is recommended that non-profits, with fairly reliable revenue sources and reasonably predictable expenditures, retain 20 - 25% of budgeted expenditures in reserves. The reserves should be documented as to uses, approval and replenishment processes.

The current Reserve Policy was approved at the February 2018 Board meeting for $3,000,000. Since then, the Committee has noticed that the Deferred Revenue funds (revenues received but not yet recorded as income, according to accounting principles) provide adequate cash flow. The balance of $3,000,000 appears to be higher than needed. The Committee also observed that the College owns its 30 percent share of College Place (our office building) outright and has been assured that a line of credit from the bank would be easily obtained in the event of

unexpected event. As a result, the Committee proposed to lower the reserve fund amount by $1,000,000. This will bring the reserves to approximately 20% of annual revenue as per the Grant Thornton LLP recommendation.

Recommendation

The Committee recommends approval of the revised Reserve Policy, which lowers the reserve amount from $3,000,000 to $2,000,000 (see Appendix 1).

Appendix	
1	2019 Proposed Reserve Policy

College of Pharmacists of BC Reserve Policy

Statement of Purpose

The purpose of the reserve is to help to ensure the long-term financial stability of the College and position it to respond to varying economic conditions and changes affecting the College's financial position and the ability of the College to continuously carry out its Mission.

Scope / Limits

This policy applies to all reserve funds of the College. In accordance with Canadian accounting standards for private sector not-for-profit organizations, externally restricted funds held by the College are classified as deferred revenue and, consequently, not considered a reserve fund for the purposes of this policy.

Policy

- The College shall hold a reserve fund in the amount of $2,000,000.
- The reserve fund will not be shown in the budget, but will be held in separate general ledger balance sheet accounts with equivalent funds invested in either College bank accounts and / or College investment accounts. These funds will be separately reported in the annual financial statements.
- The annual and multi-year budgets shall include a statement of the current balance in the reserve. The budget will include a line for anticipated net transfers between the reserve fund and the operating account, if applicable.

Fund Use

The Reserve Fund is to be used for the following purposes:

- Leasehold improvements and other capital acquisitions including information technology purchases.
- Joint venture special levies.
- Legal costs.
- Research or training opportunities that support the College's Strategic Plan, including grants to conduct this research.
- To serve as an internal line of credit to manage cash flow and maintain financial flexibility.

Fund Expenditures

Expenditures from the reserve and transfers between the reserve and the operational budget may only be made at the discretion of the Board and only for the purposes outlined above.

Replenishing the Reserve

If the Reserve is and has been less than 75% of the targeted reserve level for two consecutive years, the Board of Directors, in the absence of any extraordinary circumstances, will adopt an operational budget that includes a projected surplus sufficient to rebuild the Reserve to the targeted reserve level over the following two years. Board approval will be required to authorize transfers from unrestricted net assets to the reserve.

College of Pharmacists of British Columbia

BOARD MEETING
February 15, 2019

5. Audit and Finance Committee
c) Budget 2019/20

DECISION REQUIRED

Recommended Board Motion:

Approve the 2019/20 budget with total expenditures in the amount of $10,838,668 and a transfer from the balance sheet in the amount of $1,004,733, as presented.

Purpose

To provide background and rationale concerning the proposed 2019/20 budget.

Background

The budget planning process began in November 2018 with a review of the 2018/19 budget and projected actuals (latest estimates). Finance staff met with Directors and Managers to review anticipated activities, current year expenditures, etc. Revenues and statistics and trends were also researched. Draft budgets and background materials were discussed with the College's Executive Team.

This budget continues to fund strategic plan activities while proposing nominal (i.e., a 2 percent cost of living adjustment) fee increases. The proposed budget continues to draw upon reserve funds as discussed in previous budgets in order to minimize fee increases.

The Audit and Finance Committee met on January 15, 2019 to review the draft budget.

Discussion

During last year's budget discussions, the Board approved using reserve funds to permit a more gradual approach to accommodating the loss of revenue resulting from the loss of the PharmaNet contract, and to building up revenue from fees. This is necessary as any fee increase takes two years to be fully earned and recognized as revenue (it takes one year for all registrants to renew their registration and then another year for that fee to be fully recognized

according to accrual accounting principles), The recommended budget will use $1,004,733 of reserve funds to supplement revenue from fees. The proposed budget includes:

- A nominal fee increase – approximately matching Cost of Living Adjustment rate for BC and matches the 2 percent increase projected in last year's approved budget multi-year forecast.
- And forecasts a steady growth of reserves over time, avoiding a rapid increase in the surplus in later years.

Major Initiatives in 2019/20

- PODSA Modernization bylaw review and process review.
- Continued review and improvements re PODSA Ownership processes.
- Excellence Canada Silver Certification submission and verification completed.
- Records management processes and staff training continue being rolled out.
- IT improvements to security (role-based access), moving cloud storage, iMIS upgrade, database improvements, and electronic records management implementation planned.
- Quality Assurance project – continue auditing CE credits.
- Finalizing the next Strategic Plan.
- Medication error reporting planning.
- Office expansion – for additional meeting room space.
- Implementation of Human Resources Management System (HRMS).

What is included in the Draft Budget?

- Consulting support for the next Strategic Plan development and for continued Governance training.
- Project Management for HPA modernization project.
- Consulting support for annual Registrar review process.
- New IT cloud hosting provider.
- Continued IT development support for iMIS (the College's database) and for electronic records management.
- Project Management and legal support for the PODSA Modernization bylaw review.
- Staffing:
    - One-time increased cost regarding transition from Medical Services Plan to Employer Health Tax – paying partially for both during most of this year.
    - One additional administration support staff – to support Quality Assurance and Practice Reviews.
    - Licensure temporary position made permanent due to increase workflow from PODSA Ownership bylaw changes.
- Construction contract for expansion of meeting room space.

At its January 2019 meeting, the Audit and Finance Committee recommended this budget for Board review and approval.

Recommendation

The Audit and Finance Committee recommends that the Board approve the budget.

Appendix	
1	2019/20 Budget Statement of Revenue and Expenditure
2	2019/20 Proposed Multi-Year Plan

College of Pharmacists of BC
Statement of Revenue and Expenses
Draft Budget 2019/20

	Budget 2018/19	Latest Estimates 2018/19	YTD Actual Oct 2018	Budget FY 2019/20
Revenue				
Licensure revenue				
Pharmacy fees	3,263,027	3,275,911	2,162,895	3,527,413
Pharmacists fees	4,314,669	4,374,619	2,787,803	4,856,145
Technician fees	802,716	781,815	504,871	876,048
	8,380,412	8,432,345	5,455,569	9,259,606
Non-licensure revenue				
Other revenue	173,888	106,170	129,095	100,932
Grant Revenue	175,240	100,240	90,000	60,240
Investment income	105,000	132,935	88,623	142,858
College Place joint venture income	265,000	265,000	160,000	270,300
	719,128	604,345	467,719	574,329
Transfer from Balance Sheet	1,105,417	1,105,417	736,945	1,004,733
Total Revenue	**10,204,957**	**10,142,105**	**6,660,232**	**10,838,668**
Expenses				
Board and Registrar's Office	781,190	814,540	537,172	823,540
Finance, Human Resources and Administration	1,694,235	1,821,759	1,159,326	1,952,272
Information Technology	1,937,615	2,011,758	1,241,753	2,021,320
Grant Distribution	148,240	146,135	127,395	58,240
Registration and Licensure	870,454	880,331	576,839	937,490
Quality Assurance	61,715	51,769	26,925	71,207
Practice Reviews	1,596,360	1,384,451	938,485	1,785,049
Complaints & Investigations	1,628,843	1,621,929	1,049,602	1,668,416
Policy and Legislation	468,767	417,429	290,860	571,753
Communications and Engagement	446,951	392,680	243,407	437,207
Projects	174,400	154,075	122,021	147,115
Total Expenses excluding amortization expenses	**9,808,770**	**9,696,857**	**6,313,785**	**10,473,609**
Amortization	396,188	363,519	195,118	365,058
Total Expenses including amortization expenses	**10,204,957**	**10,060,376**	**6,508,903**	**10,838,668**
Excess of revenue over expenses	**(0)**	**81,729**	**151,330**	**(0)**

College of Pharmacists of BC

Draft Budget 2019/20 - Multi-Year Plan

	CURRENT 2018-19			YR 1 2019-20	MULTI-YEAR PLAN YR 2 2020-21	YR 3 2021-22	YR 4 2022-23	YR 5 2023-24	YR 6 2024-25	MULTI-YEAR PLAN YR 7 2025-26	YR 8 2026-27	YR 9 2027-28	YR 10 2028-29
	BUDGET	LATEST EST.	8-MO ACTUAL	BUDGET (DRAFT)	PROJECTED					PROJECTED			
Revenue deferred	8,006,702	7,942,752	5,206,907	8,744,240	9,223,410	9,698,563	10,183,755	10,681,029	11,205,966	11,795,843	12,360,598	12,809,150	13,269,941
Revenue licensure other	433,410	485,592	295,463	515,366	558,146	581,015	605,047	629,914	655,514	668,624	681,996	695,636	709,549
Revenue other	659,428	608,345	420,918	574,329	548,968	561,779	564,614	577,969	591,764	603,599	615,671	627,984	640,544
Revenue	9,099,540	9,036,688	5,923,288	9,833,935	10,330,524	10,841,357	11,353,416	11,888,912	12,453,243	13,068,066	13,658,265	14,132,771	14,620,034
Expenditures	10,204,958	10,060,376	6,508,903	10,838,668	11,123,669	11,353,249	11,652,520	12,008,872	12,331,145	12,577,768	12,829,324	13,085,910	13,347,628
OpEx	3,988,051	4,027,909	2,760,780	3,727,820	3,818,644	3,756,982	3,752,523	3,792,999	3,868,859	3,946,236	4,025,161	4,105,664	4,187,777
Labour	6,216,907	6,032,467	3,748,123	7,110,848	7,305,025	7,596,267	7,899,997	8,215,873	8,462,286	8,631,532	8,804,163	8,980,246	9,159,851
Excess (Deficiency) of Revenue over Expenditures	**(1,105,417)**	**(1,023,688)**	**(585,615)**	**(1,004,733)**	**(793,145)**	**(511,892)**	**(299,104)**	**(119,960)**	**122,097**	**490,297**	**828,941**	**1,046,861**	**1,272,405**

**Notes: (1) Operating expenses (OpEx) amount decreases starting 2020/21 until 2024/25 mostly due to amortization expense;*

(2) 2019/20 labour costs factors in the current HC/FTE plus 3x new positions (pending approval); projected figures assumes no new hires

	CURRENT 2018-19			YR 1 2019-20	YR 2 2020-21	YR 3 2021-22	YR 4 2022-23	YR 5 2023-24	YR 6 2024-25	YR 7 2025-26	YR 8 2026-27	YR 9 2027-28	YR 10 2028-29
	BUDGET	LATEST EST.	8-MO ACTUAL	BUDGET (DRAFT)	PROJECTED					PROJECTED			
Reserves, Opening Balance	3,914,066	4,116,847	4,116,847	3,093,159	2,088,427	1,295,283	783,391	484,287	364,327	486,424	976,721	1,805,662	2,852,523
***Add** : Replenishments*									122,097	490,297	828,941	1,046,861	1,272,405
***Less** : Funding*	(1,105,417)	(1,023,688)	(585,615)	(1,004,733)	(793,145)	(511,892)	(299,104)	(119,960)					
Reserves, Closing Balance	2,808,649	3,093,159	3,531,232	2,088,427	1,295,283	783,391	484,287	364,327	486,424	976,721	1,805,662	2,852,523	4,124,928
Approved Reserve Balance	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000
Excess (Deficiency) of Reserves	**(191,351)**	**93,159**	**531,232**	**(911,572)**	**(1,704,717)**	**(2,216,609)**	**(2,515,713)**	**(2,635,673)**	**(2,513,576)**	**(2,023,279)**	**(1,194,338)**	**(147,477)**	**1,124,928**

FEE TYPE	CURRENT 2018-19	YR 1 2019-20 BUDGET (DRAFT)	YR 2 2020-21	YR 3 2021-22	YR 4 2022-23	YR 5 2023-24	YR 6 2024-25	YR 7 2025-26	YR 8 2026-27	YR 9 2027-28	YR 10 2028-29
			PROJECTED					PROJECTED			
Pharmacy *(licensure renewal)*	***$2,299.*** *Increased from* ***$2,250*** *effective Dec 1, 2018*	$2,345 effective Dec 1, 2019 ($46 incr. or 2%)	$2,392 ($47 incr. or 2%)	$2,440 ($48 incr. or 2%)	$2,489 ($49 incr. or 2%)	$2,539 ($50 incr. or 2%)	$2,590 ($51 incr. or 2%)	$2,642 ($52 incr. or 2%)	$2,695 ($53 incr. or 2%)	$2,749 ($54 incr. or 2%)	$2,804 ($55 incr. or 2%)
Pharmacist *(full renewal)*	***$724.*** *Increased from* ***$699*** *effective Nov 1, 2018*	$739 effective Nov 1, 2019 ($15 incr. or 2%)	$754 ($15 incr. or 2%)	$769 ($15 incr. or 2%)	$784 ($15 incr. or 2%)	$800 ($16 incr. or 2%)	$816 ($16 incr. or 2%)	$831 ($15 incr. or 2%)	$848 ($17 incr. or 2%)	$865 ($17 incr. or 2%)	$882 ($17 incr. or 2%)
Pharmacy Technician *(full renewal)*	***$482.*** *Increased from* ***$465*** *effective Nov 1, 2018*	$492 effective Nov 1, 2019 ($10 incr. or 2%)	$502 ($10 incr. or 2%)	$512 ($10 incr. or 2%)	$522 ($10 incr. or 2%)	$533 ($11 incr. or 2%)	$544 ($11 incr. or 2%)	$554 ($10 incr. or 2%)	$565 ($11 incr. or 2%)	$576 ($11 incr. or 2%)	$587 ($11 incr. or 2%)

College of Pharmacists of British Columbia

5. Audit and Finance Committee

Frank Lucarelli

Chair of Audit and Finance Committee

College of Pharmacists of British Columbia

5 a) Committee Updates

College of Pharmacists of British Columbia

5 b) Reserve Policy

College of Pharmacists of British Columbia

Reserve Policy

- Current Reserve Policy identifies reserves at a level of $3,000,000.
- The College has good working capital (considerable assets to offset accounts payable).
- The College also owns the 30% share of the building outright.
- The bank has confirmed that they would make a line of credit available based upon our steady flow of revenues.
- Therefore, the Audit and Finance Committee is recommending reducing the Reserve level to $2,000,000.

College of Pharmacists of British Columbia

Questions

College of Pharmacists of British Columbia

5 b) Reserve Policy

MOTION:

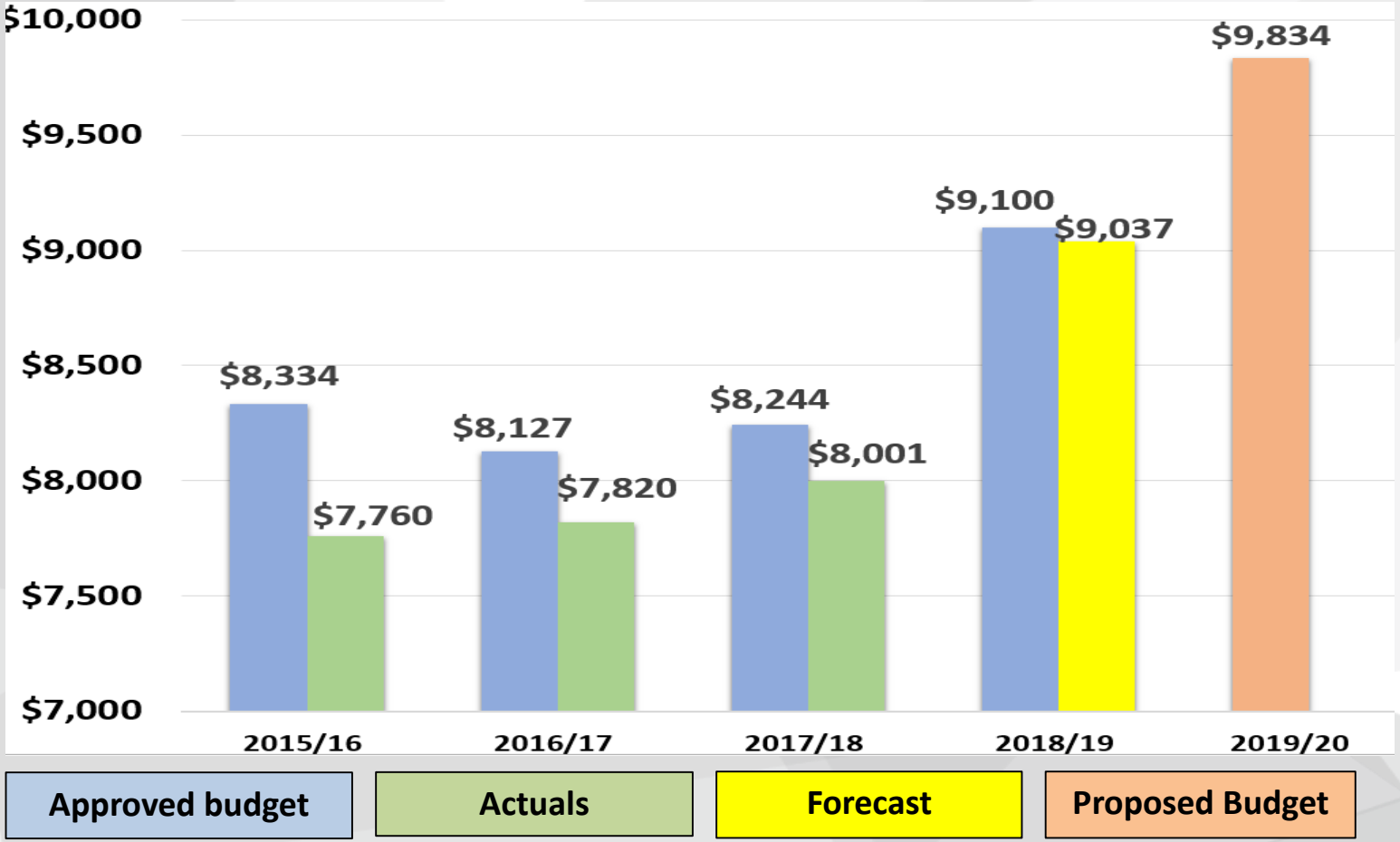
Approve the Reserve Policy with a total of $2,000,000, as presented.

College of Pharmacists of British Columbia

5 c) Budget 2019/20

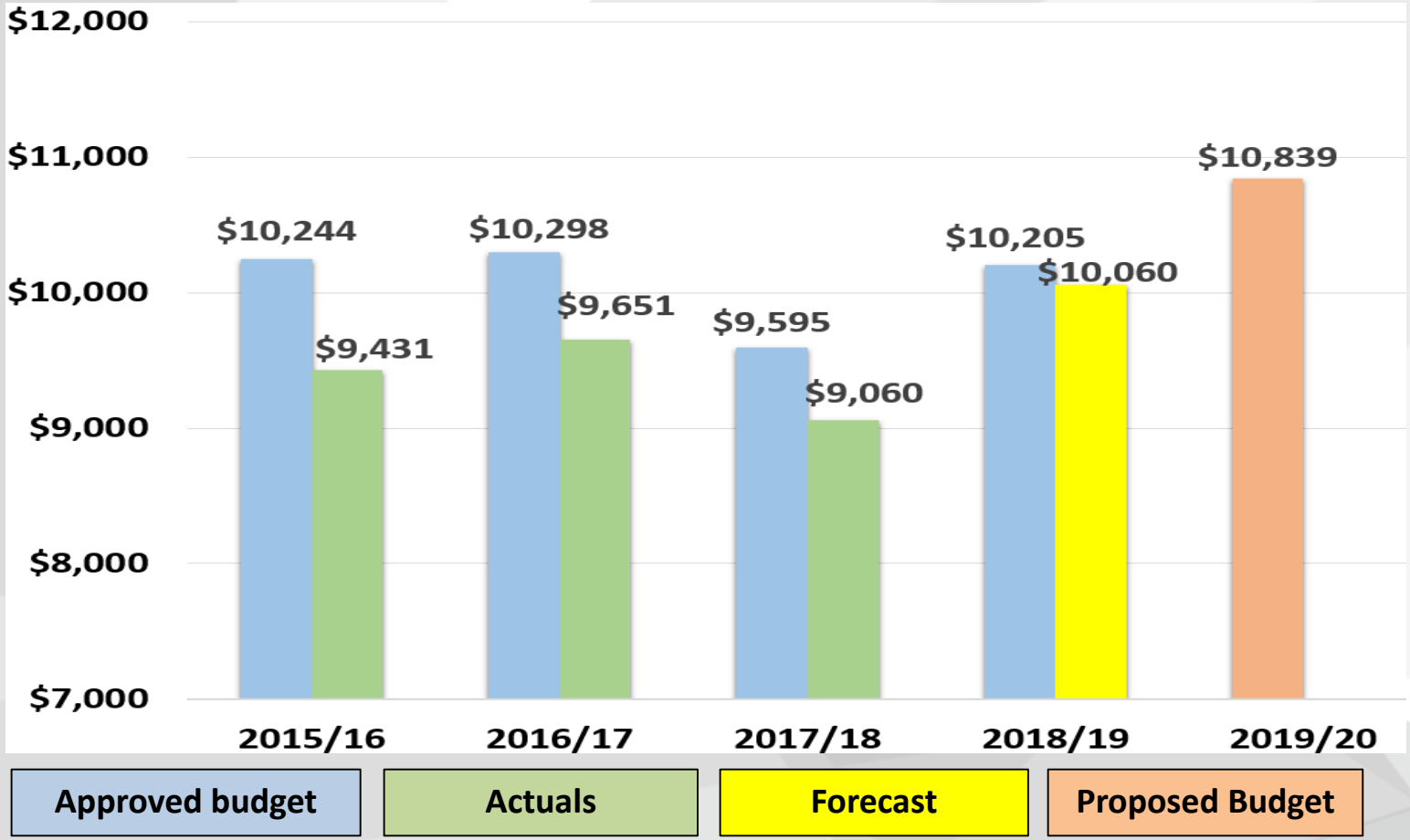
College of Pharmacists of British Columbia

Trend Analysis – Revenue (in thousands)



College of Pharmacists of British Columbia

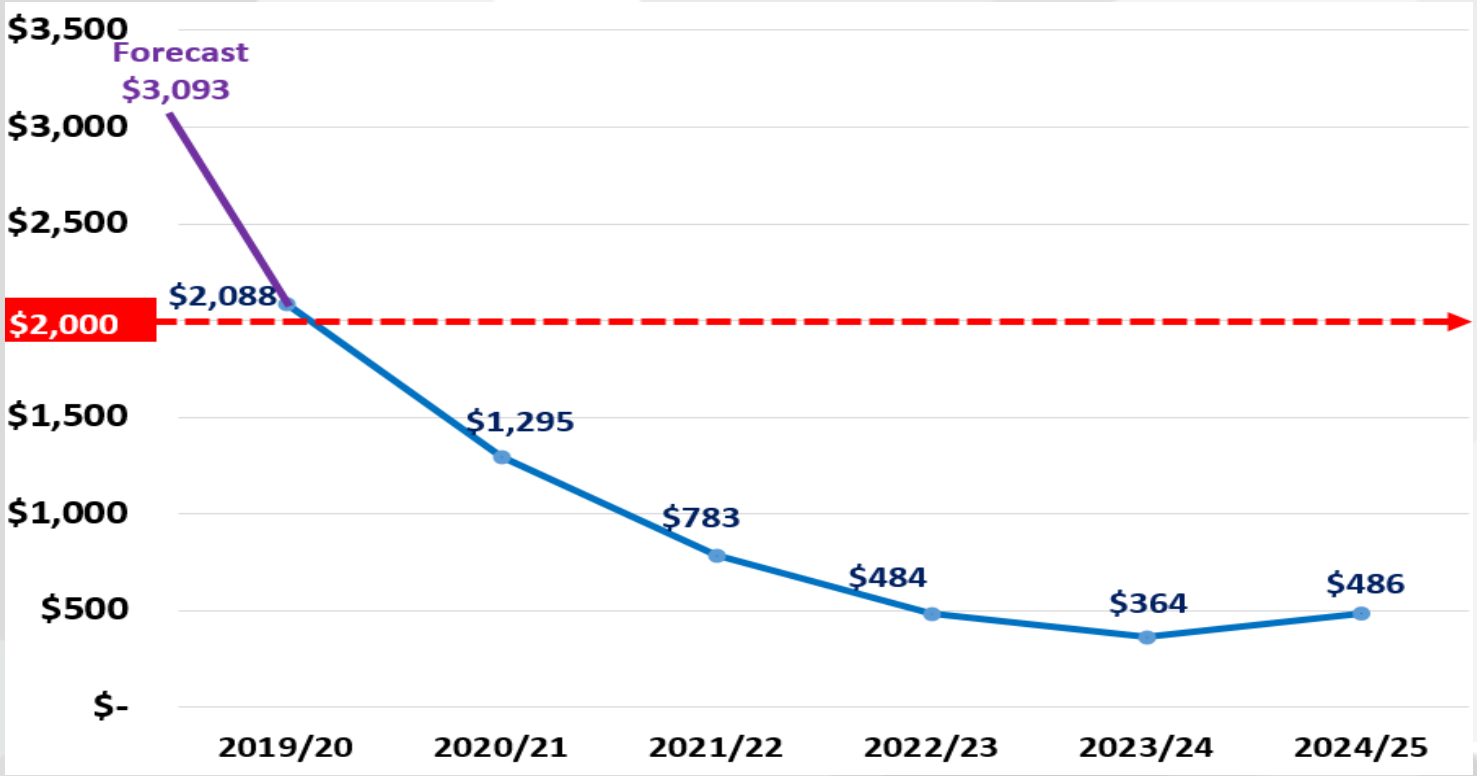
Trend Analysis – Expenses (in thousands)



College of Pharmacists of British Columbia

Projected Impact on Reserves (in thousands)

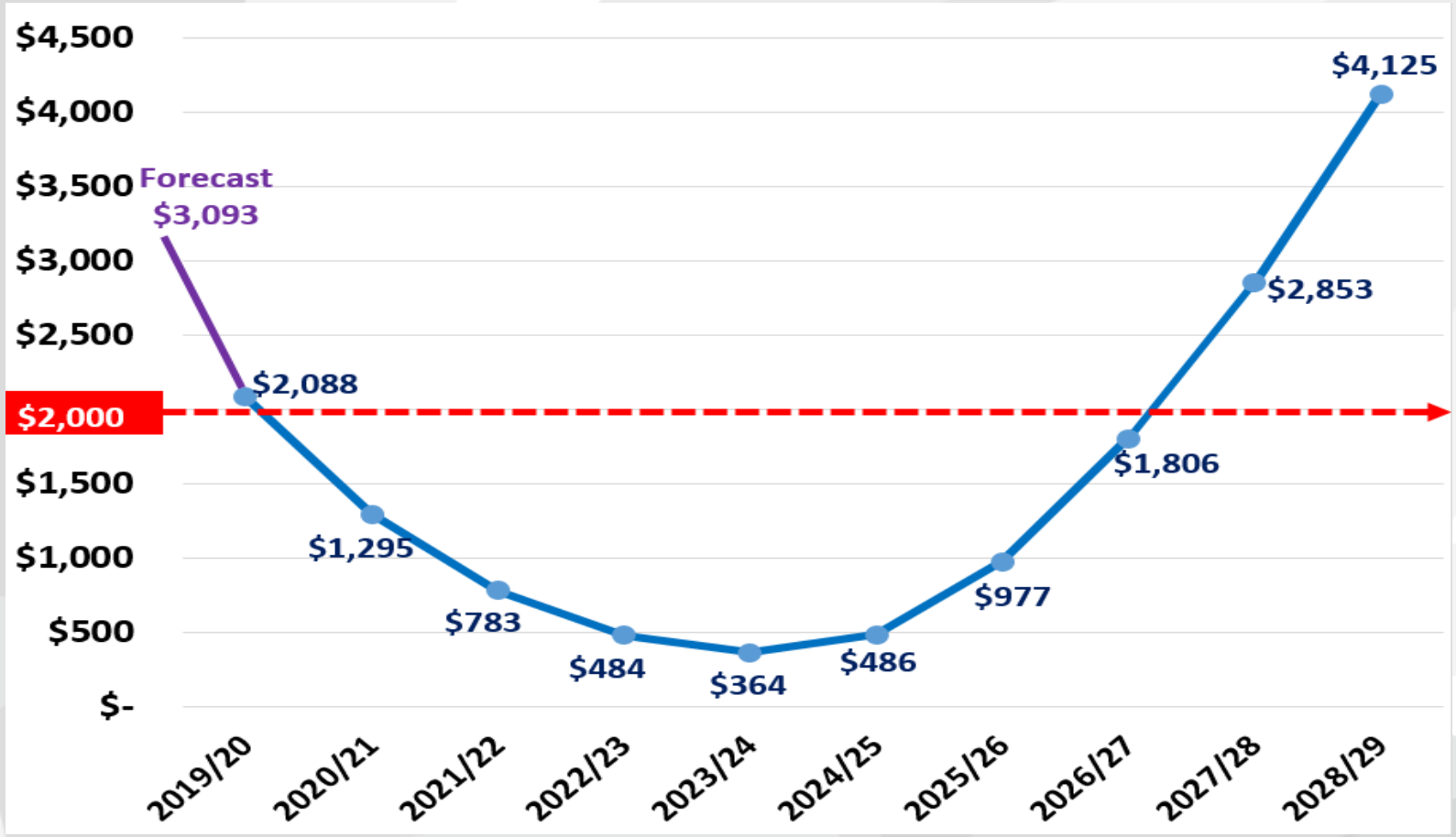
Proposed Reserve Balance



2019/20 Proposed Fees							
Pharmacy	$ 2,345	$ 2,392	$ 2,440	$ 2,489	$ 2,539	$ 2,590
Pharmacist	$ 739	$ 754	$ 769	$ 784	$ 800	$ 816
Pharmacy Technician	$ 492	$ 502	$ 512	$ 522	$ 533	$ 544

College of Pharmacists of British Columbia

Projected Impact on Reserves (in thousands)



Proposed Reserve Balance

College of Pharmacists of British Columbia

Questions

College of Pharmacists of British Columbia

5 c) Budget 2019/20

MOTION:

Approve the 2019/20 budget with total expenditures in the amount of $10,838.668 and a transfer from the balance sheet in the amount of $1,004,733 as presented.

College of Pharmacists of British Columbia

BOARD MEETING
February 15, 2019

6. Legislation Review Committee
b) Patient Relations Approval for Filing

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution to amend Schedule "A" of the bylaws made under the *Health Professions Act* regarding patient relations:

> *"RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act ("HPA"), and subject to filing with the Minister as required by section 19(3) of HPA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under the HPA relating to a patient relations program for filing with the Minister, as set out in the schedule attached to this resolution."*

Purpose

To seek Board approval on the proposed Patient Relations Program Standard for filing with the Ministry of Health.

Background

The establishment of a patient relations program is a requirement for the College under s.16(2)(f) of the *Health Professions Act* ("HPA") . Under the HPA, the purpose of a patient relations program is to seek to prevent professional misconduct of a sexual nature.

The proposed Patient Relations Program Standard ("the Standard") outlines the responsibilities of registrants in relation to:

- Professional boundaries and dual relationships;
- Relationships with former patients; and,
- The duty to report sexual misconduct.

In addition, it also raises awareness of registrants' responsibility to educate themselves on professional ethics. See Appendix 1 for the proposed Standard.

The Board approved the proposed Standard for a 90-day public posting period at their September 2018 meeting (see Appendix 2 for the September 2018 Board briefing note). The deadline for that public posting period was December 13, 2018 and one comment was received.

Discussion

During the public posting period, one comment was received from the BC Pharmacy Association (BCPhA), which was largely positive. The chart below outlines the comment and the CPBC response to it (see Appendix 3 for a full copy of the submitted feedback):

BCPhA Comment	**CPBC Response**
We have reviewed the Patient Relations Program Standard and the Patient Relations Program Information document. Given the complexities of investigating these types of complaints, at this time we believe the College has struck a practical balance between ensuring complainants are supported and heard, and the need to respect the legal rights of registrants involved in an administrative proceeding. We look forward to reviewing the results of the evaluation of the program in due course. We understand that the existing complaints process would be followed when investigating a complaint of professional misconduct of a sexual nature. We respectfully suggest that the procedures should also anticipate that a complainant could be a caregiver, family member or other third party other than the victim.	No change made. Rationale: The comments are operational in nature They will be considered during implementation of the Patient Relations Program procedures for investigating complaints involving misconduct of a sexual nature.

The comments received during public posting resulted in no further changes to the draft Standard. Independent of the feedback from public posting, there have been only two minor edits to the draft Standard to change a semi-colon to a period, and change the word ‘client’ to ‘patient’ in two instances to ensure the consistent use of the term (see Appendix 1 to see these “track changes” to the draft Standard).

Next Steps

Upon Board approval, the Standard would undergo a 60-day filing period with the Ministry of Health. In the meantime, any applicable communications tools will be developed and finalized.

Recommendation

The Legislation Review Committee recommends that the Board approve the proposed Standard for filing with the Ministry of Health for a 60-day period (by approving the schedule to the resolution in Appendix 4).

Appendix	
1	Draft Patient Relations Program Standard (Track Changes)
2	Briefing Note - Patient Relations Program Standard (September 2018 Board Meeting)
3	Public posting feedback (BCPhA comment)
4	Schedule to the Resolution

Patient Relations Program Standard

Application

This standard applies to all registrants in all practice settings, and should be read in conjunction with Standard 7(b) of the Code of Ethics in Schedule "A" of the *Health Professions Act* Bylaws. It should also be read in connection with sections 32.2 and 32.4 of the *Health Professions Act*.

Definitions

In this standard:

"professional misconduct" has the same meaning as in s.26 of the Act*;*

"sexual misconduct" includes:

i. sexual intercourse or other forms of sexual relations between the registrant and the patient,

ii. touching of a sexual nature, of the patient by the registrant, or

iii. behaviour or remarks of a sexual nature, by the registrant towards the patient,

but does not include touching, behaviour or remarks by the registrant towards the patient that are of a clinical nature appropriate to the service being provided.

Purpose

This standard is to inform registrants and the public of the college's expectations for registrants to ensure that proper professional boundaries are observed and to prevent professional misconduct of a sexual nature.

Standards

(i) *Maintaining Professional Boundaries and Avoiding Dual Relationships*

It is important to ensure that there are clear professional boundaries between registrants and their patients. Professional boundaries are based on trust, respect and the appropriate use of power as there is a power imbalance between patients and registrants. Patients are entitled to rely on registrants to act in a professional and ethical manner and to never put their personal interests above those of their patients. Registrants have the responsibility to maintain appropriate professional boundaries at all times and should refrain from having dual relationships with patients.

The ways in which registrants must maintain appropriate professional boundaries include: (a) showing respect for the patient's privacy at all times; (b) avoiding physical contact outside of clinical necessity; (c) avoiding behaviour or remarks that may be interpreted as sexual or inappropriate by a patient; (d) refraining from asking personal information that is irrelevant to the professional services being provided; (e) refraining from sharing inappropriate personal information with the patient; and (f) showing sensitivity to the patient's cultural or religious background.~~;~~

Forming a relationship with a patient outside the professional setting may place a registrant in an ethically compromising situation, and may result in the violation of a professional boundary which is a serious regulatory matter.

As a consequence, registrants should generally avoid dual relationships, even when the patient attempts to initiate the relationship or consents to enter into a personal relationship. The existence of a dual relationship may compromise the registrant's ability to provide objective and unbiased care which places the patient (and broader public) at risk.

(ii) *Relationships with Former Patients*

Depending on the circumstances, it may be considered unethical and unprofessional conduct to form a relationship with a former patient. Registrants should have regard to the following considerations before considering a relationship with a former patient:

- The nature of the previous professional relationship and whether it involved a significant imbalance of power;
- Whether the former patient was, or is, vulnerable;
- Whether the registrant is using the knowledge or influence that the registrant gained through the professional relationship to develop or continue the personal relationship;
- Whether the registrant is already treating, or are likely to treat, any other members of the former patient's family;
- Whether the patient understands that the registrant-patient relationship has ended;
- Whether the patient is capable of consenting;

- Whether or not a reasonable interval of time has passed since the professional relationship ended with the patient.*

It is unethical for a registrant to terminate a professional relationship in order to initiate a personal or sexual relationship with a patient.

* Registrants should consider the following guidelines to self-assess whether a reasonable interval of time has passed:

- The nature, intensity and frequency of the former registrant-patient relationship, as well as the level of patient vulnerability and power imbalance should be taken into consideration.

- The relationship must not be a result of or appear to be a result of the use or exploitation of the trust, knowledge, influence, or emotions derived from the previous professional relationship.

- Registrants—not their ~~clients~~patients—assume the full burden of demonstrating that the former ~~client~~ patient has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(iii) *Duty to Report Sexual Misconduct*

Registrants have a statutory duty to report sexual misconduct under s. 32.4 of the *Health Professions Act*.

The college requires registrants who have reason to believe that a registrant of a health profession is engaging in sexual misconduct to promptly report that information to the college, and in any event no later than 30 days of reasonably concluding that such conduct is or has taken place. Any delay in filing a report may jeopardize public safety.

Guidelines

Education on Professional Ethics

Registrants have a responsibility to educate themselves on professional ethics and should be aware that the college has an online ethics program.

College of Pharmacists of British Columbia

BOARD MEETING
September 14, 2018

11. Patient Relations Program Standard

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution:

"RESOLVED THAT, in accordance with the authority established in section 19(1)(l) of the Health Professions Act, the board approve the proposed bylaws of the College of Pharmacists of British Columbia regarding a patient relations program standard, for public posting as circulated."

Purpose

To seek Board approval on the proposed Patient Relations Program Standard for a 90-day public posting.

Background

The proposed Patient Relations Program Standard ("the Standard") outlines the responsibilities of registrants in relation to:

- Professional boundaries and dual relationships;
- Relationships with former patients; and,
- The duty to report sexual misconduct.

In addition, it also raises awareness of registrants' responsibility to educate themselves on professional ethics. See Appendix 1 for the proposed Standard.

Legislative Requirements for a Patient Relations Program Standard

The establishment of a patient relations program standard is a requirement for the College under s.16(2)(f) of the *Health Professions Act* ("HPA")[1]. Under the HPA, the purpose of a patient relations program standard is to seek to prevent professional misconduct of a sexual nature.

[1] http://www.bclaws.ca/civix/document/id/lc/statreg/96183_01

Furthermore, the Board is required to establish a patient relations program standard under s. 84 of the HPA Bylaws[2]. Lastly, the Standard corresponds with College's Code of Ethics, which references the "Patient Relations Program Standard" as a companion document in Standard 7(b).[3]

The proposed Standard primarily addresses s. 84(2)(c) of the HPA Bylaw requirement (i.e. to "develop guidelines for the conduct of registrants with their patients"). The other two requirements for a Patient Relations Program Standard under the HPA Bylaws (as noted under s. 84(2)(a) and (b)) are regarding the setting of procedures, monitoring and evaluation of the program. It is proposed that those other requirements be addressed via a corresponding program information document to be adapted for the College's website (see Appendix 2). This information document is operational in nature would not require filing; therefore, it is not the primary focus of this briefing note.

Development of the College's Patient Relations Program Standard

In 2013, the BC Health Regulators (BCHR) established a working group (the Working Group) to review programs dealing with patient-practitioner relationships and to make recommendations on a framework for a model patient-practitioner relationship program. The Working Group was comprised of registrars and compliance staff from ten different colleges. A key outcome was the development of a framework, to ensure that consistent principles and program elements are used in the development of each respective college's patient relations program standard (see the BCHR Framework in Appendix 3).

The Board approved the BCHR Framework at its September 2016 meeting. The College's Ethics Advisory Committee drafted a patient relations policy statement and program document, which has since been incorporated into the Standard and program information document (two separate documents). The Standard incorporates findings from cross jurisdictional research, and has been reviewed by legal counsel and College staff.

Discussion

The Standard provides guidance to registrants on maintaining proper professional boundaries with patients and former patients, and preventing professional misconduct of a sexual nature. These guidelines are based on international benchmarking of professional standards on sexual misconduct, and are informed by legal counsel review. The Standard also outlines the statutory requirement of all registrants to report sexual misconduct under s. 32.4 of the HPA.

[2] http://library.bcpharmacists.org/6_Resources/6-1_Provincial_Legislation/5076-HPA_Bylaws.pdf

[3] http://library.bcpharmacists.org/6_Resources/6-1_Provincial_Legislation/5087-HPA_Bylaws_Code_of_Ethics.pdf

The Standard is intended to be read and understood in relation to its companion documents – the Code of Ethics and Conflict of Interest Standards. Collectively, these three documents address all key aspects of professional misconduct (see Appendix 4) and form a comprehensive suite of regulatory tools to enforce the College's patient relations program. Standard.

Alignment with the BCHR Framework

Careful consideration has been made to ensure the College's patient relations program standard aligns with the BCHR Framework. The Standard addresses three program elements related to sexual misconduct and dual relationships, whereas the Code of Ethics and Conflict of Interest Standards address other aspects of professional misconduct (see Appendix 4). BCHR Framework elements which are not explicitly addressed via regulatory means – e.g. social media – could be addressed through communications tools on the College's website.

Spousal Relationships and Sexual Misconduct

The Standard does directly discuss the issue of providing pharmacy services to family members, including spouses. However, dispensing prescriptions to family members is generally prohibited under Standard 2(e) of the Conflict of Interest Standards[4]. This is consistent with the BCHR Framework, which requires all colleges to address "treatment of partners, spouses, or other family members" and "care of family members in emergency situations". Where further information is required on this matter, it is suggested that communications tools such as FAQs or Readlinks be employed.

Next Steps

Upon Board approval, the Standard would undergo public posting for a period of 90 days. All feedback received will be reviewed and is expected to be brought forward to the February 2019 Board meeting. At that time, the Board is expected to consider whether to file the draft Standard with the Ministry of Health for inclusion under Schedule A of the *Health Professions Act* Bylaws.

[4] http://library.bcpharmacists.org/6_Resources/6-1_Provincial_Legislation/5111-Code_of_Ethics_Conflict_of_Interest_Standards.pdf

Recommendation

The Legislation Review Committee recommends that the Board approve the proposed Standard for a 90-day public posting period.

Appendix	
1	Patient Relations Program Standard
2	Patient Relations Program Information
3	BCHR Framework
4	CPBC Regulatory Tools for Non-Sexual Professional Misconduct

British Columbia
Pharmacy Association

November 26, 2018

Christine Paramonczyk
Director of Policy and Legislation
College of Pharmacists of British Columbia
200 – 1765 W. 8th Avenue
Vancouver, BC V6J 5C6
By EMAIL: legislation@bcpharmacists.org

And To:

Meghan Thorneloe
Director of Regulatory Initiatives, Professional Regulation Branch
Clinical Integration, Regulation and Education, Ministry of Health
1515 Blanshard Street
PO Box 9649 STN PROV GOVT
Victoria, BC V8W 9P4
By EMAIL: PROREGADMIN@gov.bc.ca

Dear Madam/Sir:

Re: Patient Relations Program bylaw

The BC Pharmacy Association thanks the College of Pharmacists of BC for the opportunity to provide comments on the proposed Patient Relations Program Standard which has been posted for public comment until **December 13, 2018.**

BACKGROUND

Section 16(2)(f) (f) of the HPA requires the College "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;"

Section 84 of the College Bylaw under the HPA requires the Board to establish a patient relations program to seek to prevent professional misconduct, including misconduct of a sexual nature, which is defined in ss. 84(4) as (a) sexual intercourse or other forms of physical sexual relations between the registrant and the patient; (b) touching of a sexual nature, of the patient by the registrant, or (c) behavior or remarks of a sexual nature by the registrant towards the patient, but does not include touching, behavior and remarks by the registrant towards the patient that are of a clinical nature appropriate to the service being provided.

COMMENTS

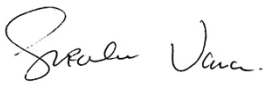
We have reviewed the Patient Relations Program Standard and the Patient Relations Program Information document. Given the complexities of investigating these types of complaints, at this time we believe the College has struck a practical balance between ensuring complainants are supported and heard, and the need to respect the legal rights of registrants involved in an administrative proceeding. We look forward to reviewing the results of the evaluation of the program in due course.

We understand that the existing complaints process would be followed when investigating a complaint of professional misconduct of a sexual nature. We respectfully suggest that the procedures should also anticipate that a complainant could be a caregiver, family member or other third party other than the victim.

The BCPhA thanks the College for the opportunity to provide these comments.

A copy of this letter will be posted on the BCPhA website.

Yours Sincerely,



Geraldine Vance
CEO

Cc:
Hon. Adrian Dix, Minister of Health

SCHEDULE OF AMENDMENTS

The bylaws of the College of Pharmacists of British Columbia made under the authority of the Health Professions Act are amended with respect to Schedule "A", to enhance the regulatory safeguards for patients and patient relations, as follows:

Patient Relations Program Standard

Application

This standard applies to all registrants in all practice settings, and should be read in conjunction with Standard 7(b) of the Code of Ethics in Schedule "A" of the *Health Professions Act* Bylaws. It should also be read in connection with sections 32.2 and 32.4 of the *Health Professions Act*.

Definitions

In this standard:

"professional misconduct" has the same meaning as in s.26 of the Act*;*

"sexual misconduct" includes:

i. sexual intercourse or other forms of sexual relations between the registrant and the patient,

ii. touching of a sexual nature, of the patient by the registrant, or

iii. behaviour or remarks of a sexual nature, by the registrant towards the patient,

but does not include touching, behaviour or remarks by the registrant towards the patient that are of a clinical nature appropriate to the service being provided.

Purpose

This standard is to inform registrants and the public of the college's expectations for registrants to ensure that proper professional boundaries are observed and to prevent professional misconduct of a sexual nature.

Standards

(i) *Maintaining Professional Boundaries and Avoiding Dual Relationships*

It is important to ensure that there are clear professional boundaries between registrants and their patients. Professional boundaries are based on trust, respect and the appropriate use of power as there is a power imbalance between patients and registrants. Patients are entitled to rely on registrants to act in a professional and ethical manner and to never put their personal interests above those of their patients. Registrants have the responsibility to maintain appropriate professional boundaries at all times and should refrain from having dual relationships with patients.

The ways in which registrants must maintain appropriate professional boundaries include: (a) showing respect for the patient's privacy at all times; (b) avoiding physical contact outside of clinical necessity; (c) avoiding behaviour or remarks that may be interpreted as sexual or inappropriate by a patient; (d) refraining from asking personal information that is irrelevant to the professional services being provided; (e) refraining from sharing inappropriate personal information with the patient; and (f) showing sensitivity to the patient's cultural or religious background.

Forming a relationship with a patient outside the professional setting may place a registrant in an ethically compromising situation, and may result in the violation of a professional boundary which is a serious regulatory matter.

As a consequence, registrants should generally avoid dual relationships, even when the patient attempts to initiate the relationship or consents to enter into a personal relationship. The existence of a dual relationship may compromise the registrant's ability to provide objective and unbiased care which places the patient (and broader public) at risk.

(ii) *Relationships with Former Patients*

Depending on the circumstances, it may be considered unethical and unprofessional conduct to form a relationship with a former patient. Registrants should have regard to the following considerations before considering a relationship with a former patient:

- The nature of the previous professional relationship and whether it involved a significant imbalance of power;
- Whether the former patient was, or is, vulnerable;
- Whether the registrant is using the knowledge or influence that the registrant gained through the professional relationship to develop or continue the personal relationship;

- Whether the registrant is already treating, or are likely to treat, any other members of the former patient's family;

- Whether the patient understands that the registrant-patient relationship has ended;

- Whether the patient is capable of consenting;

- Whether or not a reasonable interval of time has passed since the professional relationship ended with the patient.*

It is unethical for a registrant to terminate a professional relationship in order to initiate a personal or sexual relationship with a patient.

* Registrants should consider the following guidelines to self-assess whether a reasonable interval of time has passed:

- The nature, intensity and frequency of the former registrant-patient relationship, as well as the level of patient vulnerability and power imbalance should be taken into consideration.

- The relationship must not be a result of or appear to be a result of the use or exploitation of the trust, knowledge, influence, or emotions derived from the previous professional relationship.

- Registrants—not their patients—assume the full burden of demonstrating that the former patient has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(iii) *Duty to Report Sexual Misconduct*

Registrants have a statutory duty to report sexual misconduct under s. 32.4 of the *Health Professions Act*.

The college requires registrants who have reason to believe that a registrant of a health profession is engaging in sexual misconduct to promptly report that information to the college, and in any event no later than 30 days of reasonably concluding that such conduct is or has taken place. Any delay in filing a report may jeopardize public safety.

Guidelines

<u>Education on Professional Ethics</u>

Registrants have a responsibility to educate themselves on professional ethics and should be aware that the college has an online ethics program.

College of Pharmacists of British Columbia

BOARD MEETING
February 15, 2019

6. Legislation Review Committee
c) Recognized Pharmacy Education Programs

DECISION REQUIRED

Recommended Board Motion:

Approve the proposed housekeeping amendments to Schedule "C" of the Health Professions Act Bylaws on Recognized Education Programs for public posting, as circulated.

Purpose

To approve proposed housekeeping amendments to *Health Professions Act* (HPA) Bylaws Schedule "C" Recognized Education Programs, for public posting.

Background

Multiple sections of the HPA Bylaws require that potential registrants obtain specific educational credentials from recognized programs in order to be registered with the College. In addition, specific educational credentials are required for pharmacists seeking certification for drug administration (i.e., injection/intranasal drug administration authority).

Maintaining a current list of recognized pharmacy and pharmacy technician education programs, including programs for injection/intranasal drug administration authority, enables the College to ensure registrants are appropriately registered with the College and certified to practice.

Schedule "C" under the HPA Bylaws lists recognized pharmacy education programs in Canada and the United States, injection/intranasal drug administration programs, and recognized pharmacy technician programs in British Columbia.

Discussion

Due to the development of new pharmacy education programs, program name changes and the discontinuation of certain programs, from time to time it is necessary to amend Schedule "C" to accurately reflect those changes. As such, Schedule "C" has been amended to remove outdated content and reflect current program names (see Appendix 1).

Recommendation

The Legislation Review Committee recommends that the Board approve the proposed housekeeping amendments to Schedule “C” of the HPA Bylaws, for public posting.

Next Steps

If approved by the Board, the amended Schedule “C” of the HPA Bylaws will be publicly posted for comment for a 90-day period. All feedback received will be reviewed and is expected to be brought forward to the June 2019 Board meeting. At that time, the Board is expected to consider whether to file the proposed Schedule “C” with the Ministry of Health for a 60-day period, after which the changes will take effect.

Appendix	
1	Amendments to HPA Bylaws – Schedule C (track changes and clean copy)

College of Pharmacists of B.C.
HPA Bylaw - Schedule C
RECOGNIZED EDUCATION PROGRAMS

FULL PHARMACIST REGISTRATION			
Location	**Recognized Pharmacy Education Program**	**Recognized Universities**	**Location**
Canada	Baccalaureate or Pharm.D (entry level) Pharmacy Program accredited by the Canadian Council for Accrediation of Pharmacy Programs (CCAPP)	Dalhousie University, College of Pharmacy	Halifax, Nova Scotia
		Memorial University of Newfoundland	St. John's, Newfoundland
		Université de Montréal, Faculte de pharmacie	Montreal, Quebec
		Universite Laval, Faculte de phamacie	Quebec, Quebec
		University of Alberta, Faculty of Pharmacy and Pharmaceutical Sciences	Edmonton, Alberta
		University of British Columbia, Faculty of Pharmaceutical Sciences	Vancouver, B.C.
		University of Manitoba, Faculty of Pharmacy	Winnipeg, Manitoba
		University of Toronto, Leslie L. Dan Faculty of Pharmacy	Toronto, Ontario
		University of Saskatchewan, College of Pharmacy and Nutrition	Saskatoon, Saskatchewan
		University of Waterloo, School of Pharmacy	Kitchener, Ontario
United States	Baccalaureate or Pharm.D (entry level) Pharmacy Program accredited by the Accreditation Council for Pharmacy Education (ACPE)	Albany College of Pharmacy and Health Sciences	New York
		Appalachian College of Pharmacists	Virginia
		Auburn University Harrison School of Pharmacy	Alabama
		Belmont University School of Pharmacy	Tennessee
		Butler University College of Pharmacy and Health Sciences	Indiana
		California Northstate University College of Pharmacy	California
		Campbell University School of Pharmacy and Health Sciences	North Carolina
		Cedarville University School of Pharmacy	Ohio
		Chicago State University College of Pharmacy	Illinois
		Concordia University School of Pharmacy	Wisconsin
		Creighton University Medical Center School of Pharmacy and Health Professions	Nebraska
		Drake University College of Pharmacy and Health Sciences	Iowa
		Duquesne University Mylan School of Pharmacy	Pennsylvania
		D'Youville College School of Pharmacy	New York
		East Tennessee State University Bill Gatton College of Pharmacy	Tennessee
		Fairleigh Dickinson University School of Pharmacy	New Jersey
		Ferris State University College of Pharmacy	Michigan
		Florida Agricultural & Mechanical University College of Pharmacy and Pharmaceutical Sciences	Florida
		Hampton University School of Pharmacy	Virginia
		Harding University College of Pharmacy	Arkansas
		Howard University College of Pharmacy	Washington, D.C.
		Husson University School of Pharmacy	Maine
		Idaho State University College of Pharmacy	Idaho
		Lake Erie College of Osteopathic Medicine School of Pharmacy	Pennsylvania
		Lipscomb University College of Pharmacy and Health Sciences	Tennessee
		Loma Linda University School of Pharmacy	California
		Long Island University Arnold and Marie Schwartz College of Pharmacy and Health Sciences	New York
		Manchester University College of Pharmacy	Indiana
		Marshall University School of Pharmacy	West Virginia
		MCPHS University School of Pharmacy-Worcester	Massachusetts
		MCPHS University School of Pharmacy-Boston	Massachusetts
		Mercer University College of Pharmacy & Health Sciences	Georgia
		Midwestern University Chicago College of Pharmacy	Illinois
		Midwestern University College of Pharmacy-Glendale	Arizona
		North Dakota State University College of Pharmacy, Nursing and Allied Sciences	North Dakota
		Northeast Ohio Medical University College of Pharmacy	Ohio
		Northeastern University Bouve' College of Health Sciences School of Pharmacy	Massachusetts
		Notre Dame of Maryland University School of Pharmacy	Maryland
		Nova Southeastern University College of Pharmacy	Florida
		Ohio Northern University College of Pharmacy	Ohio
		Ohio State University College of Pharmacy	Ohio
		Oregon State University College of Pharmacy	Oregon
		Pacific University School of Pharmacy	Oregon
		Palm Beach Atlantic University Lloyd L. Gregory School of Pharmacy	Florida
		Philadelphia College of Osteopathic Medicine School of Pharmacy	Pennsylvania
		Presbyterian College School of Pharmacy	South Carolina
		Purdue University College of Pharmacy	Indiana
		Regis University School of Pharmacy	Colorado
		Roosevelt University College of Pharmacy	Illinois
		Rosalind Franklin University of Medicine and Science College of Pharmacy	Illinois
		Roseman University of Health Sciences College of Pharmacy	Nevada
		Rutgers, the State University of New Jersey Ernest Mario School of Pharmacy	New Jersey
		Samford University McWhorter School of Pharmacy	Alabama
		Shenandoah University Bernard J. Dunn School of Pharmacy	Virginia
		South Carolina College of Pharmacy	South Carolina
		South College School of Pharmacy	Tennessee
		South Dakota State University College of Pharmacy	South Dakota
		South University School of Pharmacy	Georgia
		Southern Illinois University Edwardsville School of Pharmacy	Illinois
		Southwestern Oklahoma State University College of Pharmacy	Oklahoma
		St. John Fisher College Wegmans School of Pharmacy	New York
		St. John's University College of Pharmacy and Health Science	New York
		St. Louis College of Pharmacy	Missouri
		Sullivan University College of Pharmacy	Kentucky
		Temple University School of Pharmacy	Pennsylvania
		Texas A & M University Health Science Center Irma Lerma Rangel College of Pharmacy	Texas
		Texas Southern University College of Pharmacy and Health Sciences	Texas
		Texas Tech University Health Sciences Center School of Pharmacy	Texas
		Thomas Jefferson University Jefferson School of Pharmacy	Pennsylvania
		Touro New York College of Pharmacy	New York
		Touro University - California College of Pharmacy	California
		Union University School of Pharmacy	Tennessee
		University at Buffalo The State University of New York School of Pharmacy & Pharmaceutical Sciences	New York
		University of Arizona College of Pharmacy	Arizona
		University of Arkansas for Medical Sciences College of Pharmacy	Arkansas
		University of California, San Diego Skaggs School of Pharmacy & Pharmaceutical Sciences	California
		University of California, San Francisco School of Pharmacy	California
		University of Charleston School of Pharmacy	West Virginia
		University of Cincinnati James L. Winkle College of Pharmacy	Ohio
		University of Colorado Anschutz Medical Campus Skaggs School of Pharmacy and Pharmaceutical Scien	Colorado
		University of Connecticut School of Pharmacy	Connecticut
		University of Findlay College of Pharmacy	Ohio
		University of Florida College of Pharmacy	Florida
		University of Georgia College of Pharmacy	Georgia
		University of Hawaii at Hilo Daniel K. Inouye College of Pharmacy	Hawaii
		University of Houston College of Pharmacy	Texas
		University of Illinois at Chicago College of Pharmacy	Illinois
		University of Iowa College of Pharmacy	Iowa
		University of Kansas School of Pharmacy	Kansas
		University of Kentucky College of Pharmacy	Kentucky
		University of Louisiana at Monroe College of Pharmacy	Louisiana
		University of Maryland Eastern Shore School of Pharmacy	Maryland
		University of Maryland School of Pharmacy	Maryland

		University of Michigan College of Pharmacy	Michigan
		University of Minnesota College of Pharmacy	Minnesota
		University of Mississippi School of Pharmacy	Mississippi
		University of Missouri-Kansas City School of Pharmacy	Missouri
		University of Montana College of Health Professions and Biomedical Sciences Skaggs School of Pharma	Montana
		University of Nebraska Medical Center College of Pharmacy	Nebraska
		University of New England College of Pharmacy	Maine
		University of New Mexico College of Pharmacy	New Mexico
		University of North Carolina Eshelman School of Pharmacy	North Carolina
		University of Oklahoma College of Pharmacy	Oklahoma
		University of Pittsburgh School of Pharmacy	Pennsylvania
		University of Puerto Rico Medical Sciences Campus School of Pharmacy	Puerto Rico
		University of Rhode Island College of Pharmacy	Rhode Island
		University of Saint Joseph School of Pharmacy	Connecticut
		University of Southern California School of Pharmacy	California
		University of South Florida School of Pharmacy	Florida
		University of Tennessee Health Science Center College of Pharmacy	Tennessee
		University of Texas at Austin College of Pharmacy	Texas
		University of the Incarnate Word Feik School of Pharmacy	Texas
		University of the Pacific Thomas J. Long School of Pharmacy & Health Sciences	California
		University of the Sciences Philadelphia College of Pharmacy	Pennsylvania
		University of Toledo College of Pharmacy and Pharmaceutical Sciences	Ohio
		University of Utah College of Pharmacy	Utah
		University of Washington School of Pharmacy	Washington
		University of Wisconsin-Madison School of Pharmacy	Wisconsin
		University of Wyoming School of Pharmacy	Wyoming
		Virginia Commonwealth University at the Medical College of Virginia Campus School of Pharmacy	Virginia
		Washington State University College of Pharmacy	Washington
		Wayne State University Eugene Applebaum College of Pharmacy and Health Sciences	Michigan
		West Virginia University School of Pharmacy	West Virginia
		Western New England University College of Pharmacy	Massachusetts
		Western University of Health Sciences College of Pharmacy	California
		Wilkes University Nesbitt College of Pharmacy & Nursing School of Pharmacy	Pennsylvania
		Wingate University School of Pharmacy	North Carolina
		Xavier University of Louisiana College of Pharmacy	Louisiana

CERTIFIED PRACTICE - CERTIFICATION OF PRACTISING PHARMACISTS FOR DRUG ADMINISTRATION BY INJECTION AND INTRANASAL ROUTE			
Location	**Recognized Pharmacy Education Program**	**Recognized Providers**	
Canada	Injection and Immunization training as part of a Baccalaureate or Pharm.D (entry level) pharmacy program accredited by the Canadian Council of Accrediation of Pharmacy Programs		
British Columbia	Immunization Competency Program for BC Health Professionals and Administration of Injections Accredited Program Practical Administration of Injections for BC Pharmacists	BC Pharmacy Association	
Canada	Administering Injections and Immunizations Preparation Course - Part 1 and Part 2	Alberta Pharmacists' Association	
Canada	Injections and Immunizations Certificate Program	Ontario Pharmacists' Association	
Canada	Injectable Medication and Vaccine Administration Training Program for Pharmacists	Pear Healthcare Solutions Inc.	
Canada	Practical Training for the Immunization Competencies Education Program, Moduce 15 - Essential Competencies for Injection of Other Substances and Education Program for Immunization Competencies	rxBriefCase (Advancing Practice)	
Canada	Administration of Injections Practical Skills Workshop for Manitoba Pharmacists and Manitoba Module: Administration of Injections and Education Program for Immunization Competencies	rxBriefCase (Advancing Practice) and College of Pharmacists of Manitoba	
Canada	Theory and Technique in Administration of Injections - A Course for Practicing Pharmacists and Education Program for Immunization Competencies	rxBriefCase (Advancing Practice), University of Toronto Leslie Dan College of Pharmacy	
Canada	Immunization and Injection Administration Training Program (IIATP)	Dalhousie Continuing Pharmacy Education	
Canada	Memorial University Injection & Immunization Live Training Program and Education Program for Immunization Competencies	rxBriefCase (Advancing Practice) and the Memorial University School of Pharmacy	
Canada	The Continuing Professional Development for Pharmacists - Immunization and Injection Training Program and Education Program for Immunization Competencies	rxBriefCase (Advancing Practice) and the University of Saskatchewan Continuing Professional Development for Pharmacists	
British Columbia	Intranasal Immunization Drug Administration Module	College of Pharmacists of British Columbia	
Canada	Cardiopulmonary Resuscitation	St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training	
Canada	First Aid	St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training	

CERTIFIED PRACTICE - RECERTIFICATION OF PRACTISING PHARMACISTS FOR DRUG ADMINISTRATION BY INJECTION AND INTRANASAL ROUTE			
Location	**Recognized Pharmacy Education Program**	**Recognized Providers**	
British Columbia	Immunization Competency Program for BC Health Professionals and Administration of Injections Accredited Program Practical Administration of Injections for BC Pharmacists	BC Pharmacy Association	
Canada	Administering Injections and Immunizations Preparation Course - Part 1 and Part 2	Alberta Pharmacists' Association	
Canada	Injections and Immunizations Certificate Program	Ontario Pharmacists' Association	
Canada	Injectable Medication and Vaccine Administration Training Program for Pharmacists	Pear Healthcare Solutions Inc.	
Canada	Practical Training for the Immunization Competencies Education Program, Module 15 - Essential Competencies for Injection of Other Substances and Education Program for Immunization Competencies Education Program	rxBriefCase (Advancing Practice)	
Canada	Administration of Injections Practical Skills Workshop for Manitoba Pharmacists and Manitoba Module: Administration of Injections and Education Program for Immunization Competencies	rxBriefCase(Advancing Practice) and College of Pharmacists of Manitoba	
Canada	Theory and Technique in Administration of Injections - A Course for Practicing Pharmacists	rxBriefCase (Advancing Practice) and the University of Toronto Leslie Dan College of Pharmacy	
Canada	Immunization and Injection Administration Training Program (IIATP)	Dalhousie Continuing Pharmacy Education	
Canada	Memorial University Injection & Immunization Live Training Program and Education Program for Immunization Competencies	rxBriefCase (Advancing Practice) and the Memorial University School of Pharmacy	
Canada	The Continuing Professional Development for Pharmacists - Immunization and Injection Training Program and Education Program for Immunization Competencies	rxBriefCase (Advancing Practice) and the University of Saskatchewan Continuing Professional Development for Pharmacists	
British Columbia	Intranasal Immunization Drug Administration Module	College of Pharmacists of British Columbia	
Canada	Cardiopulmonary Resuscitation	St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training	
Canada	First Aid	St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training	
PHARMACY TECHNICIAN REGISTRATION			
Location	**Recognized Pharmacy Education Program**	**Recognized Education Programs**	**Location**
British Columbia	Certificate Program accredited by the Canadian Council for Accrediation of Pharmacy Programs (CCAPP)	CDI College	Burnaby
		Okanagan College	Kelowna
		Selkirk College	Castlegar
		Stenberg College (previouslyThompson Career College)	Kamloops
		Stenberg College	Surrey
		Vancouver Community College	Vancouver

College of Pharmacists of B.C.
HPA Bylaw - Schedule C
RECOGNIZED EDUCATION PROGRAMS

FULL PHARMACIST REGISTRATION			
Location	**Recognized Pharmacy Education Program**	**Recognized Universities**	**Location**
Canada	Baccalaureate or Pharm.D (entry level) Pharmacy Program accredited by the Canadian Council for Accrediation of Pharmacy Programs (CCAPP)	Dalhousie University, College of Pharmacy	Halifax, Nova Scotia
		Memorial University of Newfoundland	St. John's, Newfoundland
		Université de Montréal, Faculte de pharmacie	Montreal, Quebec
		Universite Laval, Faculte de phamacie	Quebec, Quebec
		University of Alberta, Faculty of Pharmacy and Pharmaceutical Sciences	Edmonton, Alberta
		University of British Columbia, Faculty of Pharmaceutical Sciences	Vancouver, B.C.
		University of Manitoba, Faculty of Pharmacy	Winnipeg, Manitoba
		University of Toronto, Leslie L. Dan Faculty of Pharmacy	Toronto, Ontario
		University of Saskatchewan, College of Pharmacy and Nutrition	Saskatoon, Saskatchewan
		University of Waterloo, School of Pharmacy	Kitchener, Ontario
United States	Baccalaureate or Pharm.D (entry level) Pharmacy Program accredited by the Accreditation Council for Pharmacy Education (ACPE)	Albany College of Pharmacy and Health Sciences	New York
		Appalachian College of Pharmacists	Virginia
		Auburn University Harrison School of Pharmacy	Alabama
		Belmont University School of Pharmacy	Tennessee
		Butler University College of Pharmacy and Health Sciences	Indiana
		California Northstate University College of Pharmacy	California
		Campbell University School of Pharmacy and Health Sciences	North Carolina
		Cedarville University School of Pharmacy	Ohio
		Chicago State University College of Pharmacy	Illinois
		Concordia University School of Pharmacy	Wisconsin
		Creighton University Medical Center School of Pharmacy and Health Professions	Nebraska
		Drake University College of Pharmacy and Health Sciences	Iowa
		Duquesne University Mylan School of Pharmacy	Pennsylvania
		D'Youville College School of Pharmacy	New York
		East Tennessee State University Bill Gatton College of Pharmacy	Tennessee
		Fairleigh Dickinson University School of Pharmacy	New Jersey
		Ferris State University College of Pharmacy	Michigan
		Florida Agricultural & Mechanical University College of Pharmacy and Pharmaceutical Sciences	Florida
		Hampton University School of Pharmacy	Virginia
		Harding University College of Pharmacy	Arkansas
		Howard University College of Pharmacy	Washington, D.C.
		Husson University School of Pharmacy	Maine
		Idaho State University College of Pharmacy	Idaho
		Lake Erie College of Osteopathic Medicine School of Pharmacy	Pennsylvania
		Lipscomb University College of Pharmacy and Health Sciences	Tennessee
		Loma Linda University School of Pharmacy	California
		Long Island University Arnold and Marie Schwartz College of Pharmacy and Health Sciences	New York
		Manchester University College of Pharmacy	Indiana
		Marshall University School of Pharmacy	West Virginia
		MCPHS University School of Pharmacy-Worcester	Massachusetts
		MCPHS University School of Pharmacy-Boston	Massachusetts
		Mercer University College of Pharmacy & Health Sciences	Georgia
		Midwestern University Chicago College of Pharmacy	Illinois
		Midwestern University College of Pharmacy-Glendale	Arizona
		North Dakota State University College of Pharmacy, Nursing and Allied Sciences	North Dakota
		Northeast Ohio Medical University College of Pharmacy	Ohio
		Northeastern University Bouve' College of Health Sciences School of Pharmacy	Massachusetts
		Notre Dame of Maryland University School of Pharmacy	Maryland
		Nova Southeastern University College of Pharmacy	Florida
		Ohio Northern University College of Pharmacy	Ohio
		Ohio State University College of Pharmacy	Ohio
		Oregon State University College of Pharmacy	Oregon
		Pacific University School of Pharmacy	Oregon
		Palm Beach Atlantic University Lloyd L. Gregory School of Pharmacy	Florida
		Philadelphia College of Osteopathic Medicine School of Pharmacy	Pennsylvania
		Presbyterian College School of Pharmacy	South Carolina
		Purdue University College of Pharmacy	Indiana
		Regis University School of Pharmacy	Colorado
		Roosevelt University College of Pharmacy	Illinois
		Rosalind Franklin University of Medicine and Science College of Pharmacy	Illinois
		Roseman University of Health Sciences College of Pharmacy	Nevada
		Rutgers, the State University of New Jersey Ernest Mario School of Pharmacy	New Jersey
		Samford University McWhorter School of Pharmacy	Alabama
		Shenandoah University Bernard J. Dunn School of Pharmacy	Virginia
		South Carolina College of Pharmacy	South Carolina
		South College School of Pharmacy	Tennessee
		South Dakota State University College of Pharmacy	South Dakota
		South University School of Pharmacy	Georgia
		Southern Illinois University Edwardsville School of Pharmacy	Illinois
		Southwestern Oklahoma State University College of Pharmacy	Oklahoma
		St. John Fisher College Wegmans School of Pharmacy	New York
		St. John's University College of Pharmacy and Health Science	New York
		St. Louis College of Pharmacy	Missouri
		Sullivan University College of Pharmacy	Kentucky
		Temple University School of Pharmacy	Pennsylvania
		Texas A & M University Health Science Center Irma Lerma Rangel College of Pharmacy	Texas
		Texas Southern University College of Pharmacy and Health Sciences	Texas
		Texas Tech University Health Sciences Center School of Pharmacy	Texas
		Thomas Jefferson University Jefferson School of Pharmacy	Pennsylvania
		Touro New York College of Pharmacy	New York
		Touro University - California College of Pharmacy	California
		Union University School of Pharmacy	Tennessee
		University at Buffalo The State University of New York School of Pharmacy & Pharmaceutical Sciences	New York
		University of Arizona College of Pharmacy	Arizona
		University of Arkansas for Medical Sciences College of Pharmacy	Arkansas
		University of California, San Diego Skaggs School of Pharmacy & Pharmaceutical Sciences	California
		University of California, San Francisco School of Pharmacy	California
		University of Charleston School of Pharmacy	West Virginia
		University of Cincinnati James L. Winkle College of Pharmacy	Ohio
		University of Colorado Anschutz Medical Campus Skaggs School of Pharmacy and Pharmaceutical Scien	Colorado
		University of Connecticut School of Pharmacy	Connecticut
		University of Findlay College of Pharmacy	Ohio
		University of Florida College of Pharmacy	Florida
		University of Georgia College of Pharmacy	Georgia
		University of Hawaii at Hilo Daniel K. Inouye College of Pharmacy	Hawaii
		University of Houston College of Pharmacy	Texas
		University of Illinois at Chicago College of Pharmacy	Illinois
		University of Iowa College of Pharmacy	Iowa
		University of Kansas School of Pharmacy	Kansas
		University of Kentucky College of Pharmacy	Kentucky
		University of Louisiana at Monroe College of Pharmacy	Louisiana
		University of Maryland Eastern Shore School of Pharmacy	Maryland
		University of Maryland School of Pharmacy	Maryland

		University of Michigan College of Pharmacy	Michigan
		University of Minnesota College of Pharmacy	Minnesota
		University of Mississippi School of Pharmacy	Mississippi
		University of Missouri-Kansas City School of Pharmacy	Missouri
		University of Montana College of Health Professions and Biomedical Sciences Skaggs School of Pharma	Montana
		University of Nebraska Medical Center College of Pharmacy	Nebraska
		University of New England College of Pharmacy	Maine
		University of New Mexico College of Pharmacy	New Mexico
		University of North Carolina Eshelman School of Pharmacy	North Carolina
		University of Oklahoma College of Pharmacy	Oklahoma
		University of Pittsburgh School of Pharmacy	Pennsylvania
		University of Puerto Rico Medical Sciences Campus School of Pharmacy	Puerto Rico
		University of Rhode Island College of Pharmacy	Rhode Island
		University of Saint Joseph School of Pharmacy	Connecticut
		University of Southern California School of Pharmacy	California
		University of South Florida School of Pharmacy	Florida
		University of Tennessee Health Science Center College of Pharmacy	Tennessee
		University of Texas at Austin College of Pharmacy	Texas
		University of the Incarnate Word Feik School of Pharmacy	Texas
		University of the Pacific Thomas J. Long School of Pharmacy & Health Sciences	California
		University of the Sciences Philadelphia College of Pharmacy	Pennsylvania
		University of Toledo College of Pharmacy and Pharmaceutical Sciences	Ohio
		University of Utah College of Pharmacy	Utah
		University of Washington School of Pharmacy	Washington
		University of Wisconsin-Madison School of Pharmacy	Wisconsin
		University of Wyoming School of Pharmacy	Wyoming
		Virginia Commonwealth University at the Medical College of Virginia Campus School of Pharmacy	Virginia
		Washington State University College of Pharmacy	Washington
		Wayne State University Eugene Applebaum College of Pharmacy and Health Sciences	Michigan
		West Virginia University School of Pharmacy	West Virginia
		Western New England University College of Pharmacy	Massachusetts
		Western University of Health Sciences College of Pharmacy	California
		Wilkes University Nesbitt College of Pharmacy & Nursing School of Pharmacy	Pennsylvania
		Wingate University School of Pharmacy	North Carolina
		Xavier University of Louisiana College of Pharmacy	Louisiana

CERTIFIED PRACTICE - CERTIFICATION OF PRACTISING PHARMACISTS FOR DRUG ADMINISTRATION BY INJECTION AND INTRANASAL ROUTE			
Location	**Recognized Pharmacy Education Program**	**Recognized Providers**	
~~British Columbia~~	~~Pharmacy 403~~	~~UBC Faculty of Pharmaceutical Sciences~~	
Canada	Injection and Immunization training as part of a Baccalaureate or Pharm.D (entry level) pharmacy program accredited by the Canadian Council of Accrediation of Pharmacy Programs		
British Columbia	Immunization Competency Program for BC Health Professionals and Administration of Injections Accredited Program Practical Administration of Injections for BC Pharmacists ~~(CCCEP Stage 2 Accredited)~~	BC Pharmacy Association	
~~Canada~~	~~Pharmacy Based Immunization Delivery in Canada (CCCEP Stage 2 Accredited)~~	~~Canada Safeway~~	
Canada	Administering Injections and Immunizations Preparation Course - Part 1 and Part 2 ~~(CCCEP Stage 2 Accredited)~~	Alberta Pharmacists' Association	
Canada	Injections and Immunizations ~~Training~~ Certificate Program ~~(CCCEP Stage 2 Accredited)~~	Ontario Pharmacists' Association	
Canada	Injectable Medication and Vaccine Administration Training Program for Pharmacists ~~(CCCEP Stage 2 Accredited)~~	Pear Healthcare Solutions Inc.	
Canada	Practical Training for the Immunization Competencies Education Program, Moduce 15 - Essential Competencies for Injection of Other Substances ~~(Module 15)~~ and ~~Practical Training~~ Education Program for ~~the~~ Immunization Competencies ~~Education Program (CCCEP Stage 2 Accredited)~~	rxBriefCase (Advancing Practice)	
Canada	~~Immunization Competencies Education Program, Essential Competencies for Injection of Other Substances (Module 15) and~~ Administration of Injections Practical Skills Workshop ~~Training Program~~ for Manitoba Pharmacists ~~(CCCEP Stage 2 Accredited)~~ and Manitoba Module: Administration of Injections and Education Program for Immunization Competencies	rxBriefCase (Advancing Practice) and College of Pharmacists of Manitoba	
Canada	~~Immunization Competencies Education Program, Essential Competencies for Injection of Other Substances (Module 15) and Theory and Technique in Administration of Injections - A Course for Practising Pharmacists~~ Theory and Technique in Administration of Injections - A Course for Practicing Pharmacists and Education Program for Immunization Competencies	rxBriefCase (Advancing Practice), University of Toronto Leslie Dan College of Pharmacy	
Canada	Immunization and Injection Administration Training Program (IIATP) ~~(CCCEP Stage 2 Accredited)~~	Dalhousie Continuing Pharmacy Education	
Canada	Memorial University Injection & Immunization Live Training Program and Education Program for Immunization Competencies	rxBriefCase (Advancing Practice) and the Memorial University School of Pharmacy	
Canada	The Continuing Professional Development for Pharmacists - Immunization and Injection Training Program and Education Program for Immunization Competencies	rxBriefCase (Advancing Practice) and the University of Saskatchewan Continuing Professional Development for Pharmacists	
British Columbia	Intranasal Immunization Drug Administration Module	College of Pharmacists of British Columbia	
Canada	Cardiopulmonary Resuscitation	St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training	
Canada	First Aid	St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training	

CERTIFIED PRACTICE - RECERTIFICATION OF PRACTISING PHARMACISTS FOR DRUG ADMINISTRATION BY INJECTION AND INTRANASAL ROUTE			
Location	**Recognized Pharmacy Education Program**	**Recognized Providers**	
British Columbia	Immunization Competency Program for BC Health Professionals and Administration of Injections Accredited Program Practical Administration of Injections for BC Pharmacists ~~(CCCEP Stage 2 Accredited)~~	BC Pharmacy Association	
~~Canada~~	~~Pharmacy Based Immunization Delivery in Canada (CCCEP Stage 2 Accredited)~~	~~Canada Safeway~~	
Canada	Administering Injections and Immunizations Preparation Course - Part 1 and Part 2 ~~(CCCEP Stage 2 Accredited)~~	Alberta Pharmacists' Association	
Canada	Injections and Immunizations Certificate ~~Training~~ Program ~~(CCCEP Stage 2 Accredited)~~	Ontario Pharmacists' Association	
Canada	Injectable Medication and Vaccine Administration Training Program for Pharmacists ~~(CCCEP Stage 2 Accredited)~~	Pear Healthcare Solutions Inc.	
Canada	Practical Training for the Immunization Competencies Education Program, Module 15 - Essential Competencies for Injection of Other Substances ~~(Module 15)~~ and ~~Practical Training~~ Education Program for ~~the~~ Immunization Competencies Education Program ~~(CCCEP Stage 2 Accredited)~~	rxBriefCase (Advancing Practice)	
Canada	~~Immunization Competencies Education Program, Essential Competencies for Injection of Other Substances (Module 15) and~~ Administration of Injections ~~Training Program~~ Practical Skills Workshop for Manitoba Pharmacists ~~(CCCEP Stage 2 Accredited)~~ and Manitoba Module: Administration of Injections and Education Program for Immunization Competencies	rxBriefCase(Advancing Practice) and College of Pharmacists of Manitoba	
Canada	~~Immunization Competencies Education Program, Essential Competencies for Injection of Other Substances (Module 15) and Theory and Technique in Administration of Injections - A Course for Practising Pharmacists~~ Theory and Technique in Administration of Injections - A Course for Practicing Pharmacists	rxBriefCase (Advancing Practice) and the University of Toronto Leslie Dan College of Pharmacy	
Canada	Immunization and Injection Administration Training Program (IIATP) ~~(CCCEP Stage 2 Accredited)~~	Dalhousie Continuing Pharmacy Education	
Canada	Memorial University Injection & Immunization Live Training Program and Education Program for Immunization Competencies	rxBriefCase (Advancing Practice) and the Memorial University School of Pharmacy	
Canada	The Continuing Professional Development for Pharmacists - Immunization and Injection Training Program and Education Program for Immunization Competencies	rxBriefCase (Advancing Practice) and the University of Saskatchewan Continuing Professional Development for Pharmacists	
British Columbia	Intranasal Immunization Drug Administration Module	College of Pharmacists of British Columbia	
Canada	Cardiopulmonary Resuscitation	St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training	
Canada	First Aid	St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training	
PHARMACY TECHNICIAN REGISTRATION			
Location	**Recognized Pharmacy Education Program**	**Recognized Education Programs**	**Location**
British Columbia	Certificate Program accredited by the Canadian Council for Accrediation of Pharmacy Programs (CCAPP)	CDI College	Burnaby
		~~Insignia College of Health and Business~~	~~Victoria~~
		~~MTI Community College~~	~~Surrey~~
		Okanagan College	Kelowna
		Selkirk College	Castlegar
		Stenberg College (previouslyThompson Career College)	Kamloops
		Stenberg College	Surrey
		Vancouver Community College	Vancouver

College of Pharmacists of British Columbia

6. Legislation Review Committee

Mona Kwong

Chair of Legislation Review Committee

College of Pharmacists of British Columbia

6 a) Committee Updates

College of Pharmacists of British Columbia

Committee Update

January 16, 2019 Meeting

- Consent Agenda Items:
  - Medication Management Update
  - Controlled Prescription Program Document

- Regular Agenda Items:
  - Patient Relations Approval for Filing
  - Recognized Pharmacy Education Programs

College of Pharmacists of British Columbia

Committee Update, continued

Key Upcoming Committee Work

- Updating Committee Term Lengths
- PODSA Bylaw Amendments

College of Pharmacists of British Columbia

6 b) Patient Relations Approval for Filing

College of Pharmacists of British Columbia

Background

Requirement for a Patient Relations Program:

Health Professions Act (“*HPA*”):

Section 16 (2)(f) of the *HPA* states that the board must:

> “ …*establish…a patient relations program to seek to prevent professional misconduct of a sexual nature*.”

College of Pharmacists of British Columbia

Proposed Patient Relations Program Standard

Key Topics Include:

- Maintaining Professional Boundaries and Avoiding Dual Relationships;
- Relationships with Former Patients;
- Registrants' Statutory Requirement to Report Sexual Misconduct; and,
- Education on Professional Ethics (i.e., CPBC's online ethics program).

College of Pharmacists of British Columbia

Background, continued

September 2018 Board Meeting

- Approved for a 90-day public posting period of the proposed Patient Relations Program Standard.
- The public posting period ended in December 2018.

College of Pharmacists of British Columbia

Public Posting Comments

- One response was received during the public posting period from the BCPhA

Feedback	Response/Recommendation
• The College struck a balance between ensuring complainants are supported and heard, and the need to respect the legal rights of registrants involved in an administrative proceeding.	• No changes made to the Standard.
• Complaint investigation procedures should anticipate that a complainant could be a caregiver, family member or other third party other than the victim.	• The comments are operational in nature.

College of Pharmacists of British Columbia

Proposed Timeline (subject to Board approval)

Date	Action
February to April 2019	60 day filing period with Minister of Health
April 2019	Patient Relations Program Standard comes into force

College of Pharmacists of British Columbia

6 b) Patient Relations Program Standard

MOTION:

Approve the following resolution to amend Schedule "A" of the bylaws made under the *Health Professions Act* regarding patient relations:

"RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act ("HPA"), and subject to filing with the Minister as required by section 19(3) of HPA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under the HPA relating to a patient relations program for filing with the Minister, as set out in the schedule attached to this resolution."

College of Pharmacists of British Columbia

6 c) Recognized Pharmacy Education Programs

College of Pharmacists of British Columbia

Background

- Schedule “C” under the *Health Professions Act* (“*HPA*”) Bylaws lists recognized pharmacy education programs in Canada and the United States, injection and intranasal drug administration programs, and recognized pharmacy technician programs in British Columbia.
- Maintaining a current list of recognized pharmacy education programs enables the College to ensure registrants are appropriately registered with the College and certified to practice.

College of Pharmacists of British Columbia

Discussion

- Schedule “C” has been updated to reflect current program names and the discontinuation of certain programs.
- The Legislation Review Committee recommends that the Board approve the proposed housekeeping amendments to Schedule “C” for public posting.

College of Pharmacists of British Columbia

Proposed Timeline (subject to Board approval)

Date	Action
February to May 2019	90 day public posting period.
June 2019	Amended Schedule “C” brought forward for a 60 day filing period with the Ministry of Health.
August 2019	Amended Schedule “C” comes into force.

College of Pharmacists of British Columbia

6 c) Recognized Pharmacy Education Programs

MOTION:

Approve the proposed housekeeping amendments to Schedule "C" of the *Health Professions Act* Bylaws on Recognized Education Programs for public posting, as circulated.

College of Pharmacists of British Columbia

BOARD MEETING
February 15, 2019

7. Governance Committee
b) Amalgamation of Committees

DECISION REQUIRED

Recommended Board Motions:

1) *Approve the amalgamation of the Community Pharmacy Advisory Committee, the Hospital Advisory Committee and the Residential Care Advisory Committee into one committee called the Pharmacy Advisory Committee, effective April 12, 2019.*

2) *Approve the Terms of Reference for the new Pharmacy Advisory Committee, as circulated, effective April 12, 2019.*

3) *Rescind the Terms of Reference for the Community Pharmacy Advisory Committee, the Hospital Advisory Committee and the Residential Care Advisory Committee, effective April 12, 2019.*

Purpose

To seek approval for a proposed amalgamation of the three existing pharmacy advisory committees into one committee with a new Terms of Reference ("TOR"). In addition, to approve rescinding each of the three TORs of the committees to be amalgamated. These changes are proposed to take effect on the date of the April 2019 Board meeting. The effective date coincides with the date that the proposed membership of the new committee is expected to be brought forward for Board approval.

Background

The Board previously established the following three pharmacy advisory committees:

- Community Pharmacy Advisory Committee
- Hospital Pharmacy Advisory Committee
- Residential Care Pharmacy Advisory Committee

All three Committees have a mandate to provide recommendations to the Board or the Registrar on matters pertaining to their respective pharmacy practice area (see Appendix 1 for the TORs for each Committee).

Discussion

Amalgamation of the Pharmacy Advisory Committees

The TORs for each of the existing three Committees are virtually the same; however, each Committee focuses on its specific practice area (i.e., community, hospital or residential care pharmacy practice). For instance, the three Committees are responsible for reviewing issues and providing recommendations related to each of their respective practice areas.

The Governance Committee proposes the amalgamation of the three Committees into one. This new committee is proposed to be named the "Pharmacy Advisory Committee". The reasons for amalgamation include the following:

- The Committees proposed for amalgamation have a similar role and are often asked to advise on issues that are common across all types of pharmacy practice.
- Amalgamation will enable the College to make more efficient use of its resources.

Development of a new TOR

As part of the amalgamation, the Governance Committee proposes that the Board approve the draft Pharmacy Advisory Committee TOR (see Appendix 2). The new TOR consolidates the previous three TORs into one, with the following changes:

- Inclusion of a new requirement that the Pharmacy Advisory Committee have a minimum of 18 members, consisting of a minimum of six registrants appointed by the Board from each practice area (with representation from both full pharmacists and pharmacy technicians).
- Include a new requirement that the Committee meet in panels, with a minimum of six representatives from each practice area.

With the development of a new Pharmacy Advisory Committee TOR, the Governance Committee recommends that the Board rescind the previous TORs for the Community, Hospital and Residential Care Pharmacy Advisory Committees.

Recommendation

That the Board approve the proposed committee and TOR changes, to enable the creation of a Pharmacy Advisory Committee. These changes would take effect on the day of the April 2019 Board meeting, to coincide with the proposal approval of the Pharmacy Advisory Committee members.

Next Steps

Pending the decision of the Board to amalgamate the three Committees, the Governance Committee will formalize recommendations for the appointment of the Chair, Vice Chair and general membership of the new Pharmacy Advisory Committee. The Governance Committee is expected to bring forth its recommendations to the April 2019 Board meeting.

Appendix	
1	Terms of Reference for the Community, Hospital and Residential Care Pharmacy Advisory Committees
2	Draft Pharmacy Advisory Committee TOR (Clean)

COMMUNITY PHARMACY ADVISORY COMMITTEE

Background

The Board has established the Community Pharmacy Advisory Committee.

Authority

Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws s. 19.

Mandate

To provide recommendations to the Board or the Registrar on matters relating to community pharmacy practice.

Responsibilities

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

Reporting relationship

The committee as a whole must submit a report of its activities through the chair to the Board annually or as required by the Board.

Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board who are practicing in community pharmacy (there must be representation from both groups of registrants).

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the chair. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

Board appoints a committee chair and vice-chair from among the members of the committee.

Voting rights

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

Meeting procedures

Schedule:	As required to fulfill its mandate and responsibilities.
Format:	In person, by teleconference or by videoconference.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Attendees:	Only Community Pharmacy Advisory Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests.
Quorum:	A majority of the committee.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict of interest disclosure

Members must declare conflicts of interest prior to the discussion of individual files or at any time a conflict of interest or potential conflict of interest arises.

A conflict of interest refers to situations in which personal, occupational or financial considerations may affect or appear to affect the objectivity or fairness of decisions related to the committee activities. A conflict of interest may be real, potential or perceived in nature. Individuals must declare potential conflicts to the chair of the committee and must either absent themselves from the discussion and voting, or put the decision to the committee on whether they should absent themselves.

Confidentiality

Each committee member must sign a confidentiality agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the committee.

Remuneration

Committee members may claim honoraria and expense reimbursement in accordance with the Board's policy and guidelines for claiming committee expenses.

Amendment to terms of reference

The Board may amend committee terms of reference at any time and from time to time.

HOSPITAL PHARMACY ADVISORY COMMITTEE

Background

The Board has established the Hospital Pharmacy Advisory Committee.

Authority

Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws s. 19.

Mandate

To provide recommendations to the Board or the Registrar on matters relating to hospital pharmacy practice issues.

Responsibilities

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

Reporting relationship

The committee as a whole must submit a report of its activities through the chair to the Board annually or as requested by the Board.

Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board who are practicing in hospital pharmacy (there must be representation from both groups of registrants).

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

Board appoints a committee chair and vice-chair from among the members of the committee.

Voting rights

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

Meeting procedures

Schedule:	As required to fulfill its mandate and responsibilities.
Format:	In person, by teleconference or by videoconferencing.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Attendees:	Only Hospital Pharmacy Advisory Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests.
Quorum:	A majority of the committee.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict of interest disclosure

Members must declare conflicts of interest prior to the discussion of individual files or at any time a conflict of interest or potential conflict of interest arises.

A conflict of interest refers to situations in which personal, occupational or financial considerations may affect or appear to affect the objectivity or fairness of decisions related to the committee activities. A conflict of interest may be real, potential or perceived in nature. Individuals must declare potential conflicts to the chair of the committee and must either absent themselves from the discussion and voting, or put the decision to the committee on whether they should absent themselves.

Confidentiality

Each committee member must sign a confidentiality agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the committee.

Remuneration

Committee members may claim honoraria and expense reimbursement in accordance with the Board's policy and guidelines for claiming committee expenses.

Amendment to terms of reference

The Board may amend committee terms of reference at any time and from time to time.

RESIDENTIAL CARE PHARMACY ADVISORY COMMITTEE

Background

The Board has established the Residential Care Pharmacy Advisory Committee.

Authority

Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws s. 19.

Mandate

To provide recommendations to the Board or the Registrar on matters relating to residential care pharmacy practice issues.

Responsibilities

- To meet from time to time to review issues related to the practice of pharmacy for residential care facilities and homes that have been directed to the committee by the Board or the Registrar.
- Assist in the development of policies, guidelines and proposed legislation pertaining to residential care pharmacy practice and standards.
- Assist in the development of information materials for circulation to practicing registrants.
- Recommend appropriate action to the Board or the Registrar regarding residential care pharmacy practice issues.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to common practice issues.

Reporting relationship

The committee as a whole must submit a report of its activities through the chair to the Board annually or as required by the Board.

Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board who are practicing in the area of residential care (there must be representation from both groups of registrants).

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

Board appoints a committee chair and vice-chair from among the members of the committee.

Voting rights

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

Meeting procedures

Schedule:	As required to fulfill its mandate and responsibilities.
Format:	In person, by teleconference or by videoconference.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Attendees:	Only Residential Care Pharmacy Advisory Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests.
Quorum:	A majority of the committee.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict of interest disclosure

Members must declare conflicts of interest prior to the discussion of individual files or at any time a conflict of interest or potential conflict of interest arises.

A conflict of interest refers to situations in which personal, occupational or financial considerations may affect or appear to affect the objectivity or fairness of decisions related to the committee activities. A conflict of interest may be real, potential or perceived in nature. Individuals must declare potential conflicts to the chair of the committee and must either absent themselves from the discussion and voting, or put the decision to the committee on whether they should absent themselves.

Confidentiality

Each committee member must sign a confidentiality agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the committee.

Remuneration

Committee members may claim honoraria and expense reimbursement in accordance with the Board's policy and guidelines for claiming committee expenses.

Amendment to terms of reference

The Board may amend committee terms of reference at any time and from time to time.

PHARMACY ADVISORY COMMITTEE

Background

The Board has established the Pharmacy Advisory Committee.

Authority

Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws s. 19.

Mandate

To provide recommendations to the Board or the Registrar on matters relating to pharmacy practice issues.

Responsibilities

- To meet from time to time to review issues related to the practice of pharmacy that have been directed to the committee by the Board or the Registrar.
- Assist in the development of policies, procedures, guidelines and proposed legislation pertaining to pharmacy practice and standards.
- Assist in the development of information materials for circulation to practicing registrants.
- Recommend appropriate action to the Board or the Registrar regarding pharmacy practice issues.
- Work collaboratively across practice areas to ensure a cohesive approach to common practice issues.

Reporting relationship

The committee as a whole must submit a report of its activities through the chair to the Board annually or as required by the Board.

Membership

- A minimum of 18 pfull pharmacists or pharmacy technicians appointed by the Board with representation from different practice areas (there must be representation from both registrant categories).

Panels

- The committee may meet in panels with a minimum of at least five members.
- The chair (or the vice chair in the absence of the chair) must appoint the members of each panel and must designate a chair of the panel.
- The panels may exercise any power, duty or function of the Pharmacy Advisory Committee.

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.

- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.

- Any committee member may resign upon written notification to the chair. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

Board appoints a committee chair and vice-chair from among the members of the committee.

Voting rights

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

Meeting procedures

Schedule:	As required to fulfill its mandate and responsibilities.
Format:	In person, by teleconference or by videoconference.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Attendees:	Only Pharmacy Advisory Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests.
Quorum:	A majority of the committee or all members of a panel.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict of interest disclosure

Members must declare conflicts of interest prior to the discussion of individual files or at any time a conflict of interest or potential conflict of interest arises.

A conflict of interest refers to situations in which personal, occupational or financial considerations may affect or appear to affect the objectivity or fairness of decisions related to the committee activities. A conflict of interest may be real, potential or perceived in nature. Individuals must declare potential conflicts to the chair of the committee and must either absent themselves from the discussion and voting, or put the decision to the committee on whether they should absent themselves.

Confidentiality

Each committee member must sign a confidentiality agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the committee.

Remuneration

Committee members may claim honoraria and expense reimbursement in accordance with the Board's policy and guidelines for claiming committee expenses.

Amendment to terms of reference

The Board may amend committee terms of reference at any time and from time to time.

College of Pharmacists of British Columbia

BOARD MEETING
February 15, 2019

7. Governance Committee
a) Committee Appointments

DECISION REQUIRED

Recommended Board Motion:

Approve the appointment and removal of certain members of the following committees, beginning on February 15, 2019:

- *Drug Administration Committee*
  - *Appointment of John Capelli*
  - *Removal of Mitch Moneo*
- *Governance Committee*
  - *Appointment of Anne Peterson*
  - *Removal of Justin Thind*
- *Discipline Committee*
  - *Appointment of Anne Peterson*
  - *Removal of Justin Thind*
- *Registration Committee*
  - *Appointment of Katie Skelton*
  - *Removal of Tracey Hagkull*

Purpose

To propose the appointment of new members to College committees, and remove some existing members to accommodate these changes.

Background

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

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

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

Discussion

Drug Administration Committee ("DAC")
The DAC Terms of Reference states that the Committee must consist of one person nominated by the Ministry of Health Services ("the Ministry"). The Ministry nominated Mitch Moneo, Assistant Deputy Minister at the Pharmaceutical Services Division, to fill this role. Mr. Moneo has since nominated John Capelli, Executive Director at the PharmaCare Information, Policy and Evaluation Unit, to replace him. Mr. Capelli attended the December 2018 DAC meeting as a guest, but requires Board approval to attend as a formal member. As such, the Governance Committee proposes that the Board appoint John Capelli and remove Mitch Moneo as a DAC member.

Appointment of Board Members to Committees
The Health Professions Act ("HPA") Bylaws state that at least one-third of each of the following committees must consist of public representatives, at least one of whom must be an appointed Board member:

- Registration Committee
- Inquiry Committee
- Practice Review Committee
- Application Committee
- Discipline Committee
- Quality Assurance Committee

In order to fulfil the above-noted HPA Bylaw requirement, the Governance Committee proposes the following appointments:

- Add Anne Peterson to the Governance and Discipline Committees
- Add Katie Skelton to the Registration Committee

In order to accommodate these appointments, the Governance Committee also recommends the following changes to committee membership:

- Remove Justin Thind from the Governance Committee and the Discipline Committee
- Remove Tracey Hagkull from the Registration Committee

Recommendation

The Governance Committee recommends that the Board approve the College committee member appointments as noted above. All recommended appointments are for two year terms and would be effective on February 15, 2019.

Appendix	
1	2019 Committee appointments

DRUG ADMINISTRATION COMMITTEE

Name	Type	Term	Term Length (Yrs)	
John Capelli	Ministry of Health representative	February 15, 2019 – April 30, 2021 (to be consistent with committee member term end dates)	2	NEW
Mitch Moneo	Ministry of Health representative	N/A	N/A	Removal

GOVERNANCE COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Anne Peterson	Public member Board member	February 15, 2019 – February 15, 2021	2	NEW
Justin Thind	Public member Board member	N/A	N/A	Removal

DISCIPLINE COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Anne Peterson	Public member Board member	February 15, 2019 – February 15, 2021	2	NEW
Justin Thind	Public member Board member	N/A	N/A	Removal

REGISTRATION

Name	Type	Term	Term Length (Yrs)	
Katie Skelton	Public member Board member	February 15, 2019 – February 15, 2021	2	NEW
Tracey Hagkull	Public member Board member	N/A	N/A	Removal

College of Pharmacists of British Columbia

BOARD MEETING
February 15, 2019

7. Governance Committee
d) Jurisprudence Examination Sub-Committee

DECISION REQUIRED

Recommended Board Motion:

Approve that the Registration Committee report on behalf of the Jurisprudence Examination Sub-Committee at Board meetings.

Purpose

To propose a change in the Board meeting reporting structure to allow the Chair of the Registration Committee to provide any Jurisprudence Examination updates on behalf of the Jurisprudence Sub-Committee ("the Subcommittee").

Background

The Board established the Sub-Committee to assist the Registration Committee with the development of, and revisions to, the Jurisprudence Examination.

The Subcommittee as a whole reports through its Chair to the Registration Committee. The Sub-committee must submit a report of its activities to the Registration Committee annually, or as required by the Registration Committee.

Discussion

Reporting Structure

The current reporting structure at Board meetings is such that the Chair of the Sub-Committee reports separately from the Chair of the Registration Committee. This is despite the existing reporting structure that exists between the Sub-Committee and the Registration Committee.

To improve efficiency, the Governance Committee proposes that the reporting structure be streamlined such that all Jurisprudence Examination matters be raised to the Board through the Chair of the Registration Committee.

Recommendation

The Governance Committee recommends that the Board approve a change in the Board meeting reporting structure to allow the Chair of the Registration Committee to provide updates on issues pertaining to the Jurisprudence Examination, on behalf of the Sub-Committee.

College of Pharmacists of British Columbia

7. Governance Committee

Mona Kwong

Chair of Governance Committee

College of Pharmacists of British Columbia

7 a) Committee Updates

College of Pharmacists of British Columbia

Committee Update

January 18, 2019 Meeting

- Regular Agenda Items:
  - Amalgamation of Committees
  - Committee Appointments
  - Jurisprudence Examination Sub-Committee

College of Pharmacists of British Columbia

Committee Update, continued

Key Upcoming Committee Work

College of Pharmacists of British Columbia

7 b) Amalgamation of Committees

College of Pharmacists of British Columbia

Amalgamation of Committees

- The Governance Committee proposes the amalgamation of the Community, Hospital and Residential Care Pharmacy Advisory Committees into one committee called the “Pharmacy Advisory Committee”, effective April 12, 2019.
- The reasons for amalgamation include the following:
    - The Committees have a similar role and are often asked to advise on issues that are common across all types of pharmacy practice.
    - Amalgamation will enable the College to make more efficient use of its resources.

College of Pharmacists of British Columbia

Draft Pharmacy Advisory Committee Terms of Reference (TOR)

- As part of the proposed amalgamation, the Governance Committee has drafted a TOR for the new Committee for Board approval.
- The Governance Committee recommends that the Board approve the draft Pharmacy Advisory Committee TOR, and rescind the previous TORs for the Community, Hospital and Residential Care Pharmacy Advisory Committees, effective April 12, 2019.

College of Pharmacists of British Columbia

7 b) Amalgamation of Committees

MOTION #1:

Approve the amalgamation of the Community Pharmacy Advisory Committee, the Hospital Pharmacy Advisory Committee and the Residential Care Advisory Committee into one committee called the Pharmacy Advisory Committee, effective April 12, 2019.

College of Pharmacists of British Columbia

7 b) Amalgamation of Committees

MOTION #2:

Approve the Draft Terms of Reference for the new Pharmacy Advisory Committee, as circulated, effective April 12, 2019.

College of Pharmacists of British Columbia

7 b) Amalgamation of Committees

MOTION #3:

Rescind the Terms of Reference for the Community Pharmacy Advisory Committee, the Hospital Pharmacy Advisory Committee and the Residential Care Advisory Committee, effective April 12, 2019.

College of Pharmacists of British Columbia

7 c) Committee Appointments

College of Pharmacists of British Columbia

Drug Administration Committee

Name	Type	Term	Term Length (Yrs)	
John Capelli	Ministry of Health representative	February 15, 2019 – February 15, 2021	2	NEW
Mitch Moneo	Ministry of Health representative	N/A	N/A	Removal

College of Pharmacists of British Columbia

Appointment of Board Members to other Committees

- Committee appointments are also being proposed for the Governance, Discipline and Registration Committees.
- The following committee appointments are proposed to align with the *Health Professions Act* ("*HPA*") Bylaws, which state that at least one-third of membership must consist of public representatives, at least one of whom must be an appointed Board member.

College of Pharmacists of British Columbia

Governance Committee

Name	Type	Term	Term Length (Yrs)	
Anne Peterson	Public member Board member	February 15, 2019 – February 15, 2021	2	NEW
Justin Thind	Public member Board member	N/A	N/A	Removal

College of Pharmacists of British Columbia

Discipline Committee

Name	Type	Term	Term Length (Yrs)	
Anne Peterson	Public member Board member	February 15, 2019 – February 15, 2021	2	NEW
Justin Thind	Public member Board member	N/A	N/A	Removal

College of Pharmacists of British Columbia

Registration Committee

Name	Type	Term	Term Length (Yrs)	
Katie Skelton	Public member Board member	February 15, 2019 – February 15, 2021	2	NEW
Tracey Hagkull	Public member Board member	N/A	N/A	Removal

College of Pharmacists of British Columbia

7 c) Committee Appointments

MOTION:

Approve the appointment and removal of the following committee members, beginning on February 15, 2019:

- Drug Administration Committee
  - Appointment of J. Capelli and Removal M. Moneo
- Governance Committee
  - Appointment of A. Peterson and Removal of J. Thind
- Discipline Committee
  - Appointment of A .Peterson and Removal of J. Thind
- Registration Committee
  - Appointment of K. Skelton and Removal of T. Hagkull

College of Pharmacists of British Columbia

7 d) Jurisprudence Examination Subcommittee

College of Pharmacists of British Columbia

Recommendation

- Currently, the Chair of the Jurisprudence Examination Subcommittee reports separately from the Registration Committee at Board meetings.
- To improve efficiency, the Governance Committee proposes that the reporting structure be streamlined such that all Jurisprudence Examination matters be raised to the Board through the Chair of the Registration Committee.

College of Pharmacists of British Columbia

7 d) Jurisprudence Examination Subcommittee

MOTION:

Approve that the Registration Committee report on behalf of the Jurisprudence Examination Subcommittee at Board meetings.

College of Pharmacists of British Columbia

BOARD MEETING
FEBRUARY 15, 2019

8. Approval of Information Sharing Agreement

DECISION REQUIRED

Recommended Board Motion:

Approve the Information Sharing Agreement between the College of Pharmacists of British Columbia and the Ministry of Health, as circulated.

Purpose

To seek approval for a formal information sharing agreement between the College and the Ministry of Health to identify information that will be shared between the two parties, and demonstrate compliance with the *Freedom of Information and Protection of Privacy Act*.

Background

The College wishes to obtain information from the Ministry of Health to fulfil its duties under the *Health Professions Act*, *Pharmacy Operations and Drug Scheduling Act*, and bylaws made pursuant to these Acts and other related legislation. The Ministry may wish to obtain information from the College, for instance, during investigations. To expedite access to each party's information, it is recommended that an Information Sharing Agreement be created.

Discussion

The types of information to be shared are outlined in Schedules A and B.

The Information Sharing Agreement outlines how requests will be made, how the information will be exchanged, as well as security considerations that each party will undertake with the shared information. In some cases it will stipulate or limit the purpose of the information request.

Recommendation

It is recommended that the Board approve the Information Sharing Agreement with the Ministry of Health.

Appendix	
1	CPBC and MOH Information Sharing Agreement

16-212

INFORMATION SHARING AGREEMENT

THIS AGREEMENT is dated for reference December___, 2018.

BETWEEN:

> **College of Pharmacists of British Columbia**, which has an address at 200-1765 W 8th Avenue, Vancouver, BC V6J 5C6
>
> (the "College")

AND:

> **Her Majesty the Queen in Right of British Columbia, as represented by the Minister of Health**, which has an address at PO Box 9640 STN PROV GOVT, Victoria, BC V8W 9P1
>
> (the "Ministry")

BACKGROUND:

A. The Ministry is responsible for administering the PSA, which includes operation of the provincial computerized networks and associated databases containing sensitive confidential information that are collectively known as PharmaNet. Section 35 of the PSA enables the appointment of inspectors to conduct audits and inspections to determine compliance with the PSA. Frequently, these audits and inspections relate to ensuring that pharmacies are entitled to the payment for the goods and services claimed by the pharmacies through PharmaNet and by other methods.

B. The College is the self-governing body for Registrants in British Columbia that is established under the HPA. As a regulator, the College monitors the practice of its registrants, including by conducting investigations and taking disciplinary action.

C. The Board of the College has formed the opinion under s. 53 of the HPA that it is in the public interest for the College to share information with the Ministry for the purpose of audits and investigations conducted by the Ministry in relation to the PharmaCare and PharmaNet programs to ensure compliance with legal requirements applicable to PharmaCare.

D. The purpose of this Agreement is to document the basis on which the sharing of Personal Information between the Ministry and the College in relation to audits, investigations,

enrollment and disciplinary action complies with FIPPA and other applicable enactments, including the HPA, PSA, PODSA and College bylaws.

THE PARTIES AGREE AS FOLLOWS:

1. Definitions and Interpretation

1.1. In this Agreement:

(a) "College bylaws" means bylaws enacted by the College's board under the authority of the HPA, PODSA, or both;

(b) "College Information" means the types of Personal Information described in Schedule "A";

(c) "FIPPA" means the *Freedom of Information and Protection of Privacy Act*;

(d) "HPA" means the *Health Professions Act*;

(e) "least-privilege basis" means that only a College or a Ministry employee or service provider who needs Personal Information in question to perform their authorized powers, duties or functions will be granted access to Personal Information;

(f) "Ministry Information" means the types of Personal Information described in Schedule "B";

(g) "party" means a party to this Agreement;

(h) "PODSA" means the *Pharmacy Operations and Drug Scheduling Act*;

(i) "PSA" means the *Pharmaceutical Services Act*; and

(j) "Personal Information" means recorded information about an identifiable individual.

2. Ministry Disclosure of Ministry Information to the College

2.1 The Ministry will securely disclose Ministry Information to the College, as promptly as practicable after the College delivers a written request for disclosure to the Ministry, for licensing and regulation by the College, using the form provided by the Ministry – which will be communicated on request to the College's contract administrator under s. 11.4 of this Agreement.

2.2 The Ministry has authority to disclose Ministry Information to the College, including pursuant to ss. 23(1)(b), 23(1)(c) and 43(3)(b) of the PSA, and ss. 33.1(1)(c) of FIPPA.

2.3 The College has the authority to collect Ministry Information, including pursuant to 43(2)(b) of the PSA, ss. 26(a), 26(c), 27(1)(a)(iii) and 27(1)(b) of FIPPA, the HPA, PODSA, and College bylaws (or any combination of any of them).

3. College Disclosure of College Information to the Ministry

3.1 The College will securely disclose College Information to the Ministry as promptly as practicable after the Ministry delivers a written request for disclosure to the College that:

(a) identifies in reasonable detail which individual's Personal Information is requested; and

(b) states that the Personal Information is necessary for the purposes of an investigation, audit, enrollment decision (enrollment for access to PharmaNet and enrollment as a provider) or proceeding under the PSA, another enactment of British Columbia or Canada, or a common law proceeding.

3.2 In addition to s. 3.1, the College will securely disclose the information in ss. 1, 2, 4, 5, and 6 of Schedule A, as soon as reasonably practicable after the College becomes aware of the information from time to time, without a written request for disclosure by the Ministry.

3.3 Without limiting the scope of ss. 3.1 and 3.2, the Board of the College has considered disclosure of the types of information comprised in the College Information and it has determined that disclosures of these types of information to the Ministry for the purposes set out in, and on the terms and conditions of, this Agreement are in the public interest.

3.4 The College has authority to disclose College Information to the Ministry, including by virtue of such disclosure being in the public interest within the meaning of s. 53 of the HPA, s. 43(2)(a) of the PSA, and ss. 33.1(1)(c) and (l) of FIPPA (or any combination of any of them).

3.5 The Ministry has the authority to collect College Information, including under ss. 22(1)(b) and 43(3)(a) of the PSA, and ss. 26(a), 26(c), 27(1)(a)(iii) and 27(1)(b) of FIPPA.

4. Use of Personal Information

4.1 The College has authority to use Ministry Information under s. 43(2)(b) of the PSA, s. 32 of FIPPA, the HPA, PODSA or College bylaws (or any combination of any of them).

4.2 The Ministry has authority to use College Information under ss. 22(2) and 43(3)(a) of the PSA, and s. 32 of FIPPA (or any combination of any of them).

4.3 The College will provide to the Ministry a list of the individuals (by position / title) who are authorized to: 1) make requests for Personal Information, or 2) access the secure

information transfer mechanism referred to in s. 2.1. It is the responsibility of the College to ensure this information remains up to date at all times.

4.4 Each party will only permit access by that party's personnel to Personal Information on a least-privilege basis.

5. Accuracy

5.1 Each party will make every reasonable effort to ensure that the Personal Information in its custody or control, other than Personal Information that the party obtained from the other under this Agreement, is accurate and complete.

5.2 Each party will make reasonable efforts to immediately notify the other party of any material inaccuracy or error in the Personal Information disclosed to the other party under this Agreement. The party responsible for any such inaccuracy or error will take reasonable steps to investigate the inaccuracy, correct it if necessary, and notify the other party of the steps taken.

6. Obligations regarding Personal Information

6.1 Each party agrees that the Personal Information disclosed under this Agreement will only be used for purposes that comply with this Agreement.

6.2 The College and the Ministry each acknowledge that ss. 24 and 25(3) of the PSA, as amended from time to time, apply to Ministry Information disclosed by the Ministry.

7. Security

7.1 Each party will make reasonable arrangements to maintain the security of Personal Information disclosed to it under this Agreement by protecting it against such risks as unauthorized access, collection, use, disclosure, modification or disposal.

8. Compliance Monitoring and Investigations

8.1 Each party will investigate all reported or suspected instances of unauthorized access, modification, use or disclosure to or of, Personal Information that the other party disclosed to that party and that is at the time of the reported or suspected instance in the custody or control of the first party.

8.2 Each party will promptly report to the other the progress, interim findings, status and results of any investigation, including the steps taken to address any remaining issues or concerns about the security of the Personal Information or computer systems, or about the privacy of individuals to whom the Personal Information relates.

9. Modification or Termination of Agreement

9.1 This Agreement may be amended by written agreement signed on behalf of both parties.

9.2 Either party may terminate this Agreement at any time, with or without cause, by giving 30 days' written notice of termination to the other, with termination being effective on the expiry of the notice period.

10. General

10.1 This Agreement may be executed by the parties in separate counterparts, which together will constitute one and the same instrument.

10.2 The parties will review the Agreement every five (5) years from the anniversary of execution, or sooner if any of the applicable laws cited in this Agreement changes in a way deemed by either party to be material.

11. Notices

11.1 Any notice contemplated by this Agreement must be in writing, and it must be personally delivered or sent by facsimile or registered mail or electronic mail message to the facsimile number, physical mailing address, or email address of the individual identified in section 11.2 as the point of contact for administration of this Agreement.

11.2 A notice that is personally delivered or sent by facsimile will be deemed to have been received the same day it is delivered. A notice sent by registered mail will be deemed to have been received four (4) calendar days after mailing. A notice sent by email will only constitute effective notice under this Agreement if the addressee has specifically and intentionally (excluding any pre-programmed or automated rule-based reply) replied to such email by a return email with the body of the originating text included in the return email.

11.3 Either party may give notice to the other of a substitute point of contact, facsimile number, physical mailing address or email address from time to time for the purpose of providing notices under this Agreement.

11.4 The parties have designated the individuals listed below as the points of contact for the administration of this Agreement:

For the Ministry of Health:

Chief Data Steward
Data Management and Stewardship Branch
Ministry of Health
1515 Blanshard Street, Victoria, BC V8W 3C8
Mailing: PO Box 9640 STN PROV GOVT, Victoria, BC V8W 9P1
Facsimile: 250 952 2002
Email: HealthDataCentral@gov.bc.ca

For the College:

Chief Operating Officer
College of Pharmacists of British Columbia
200-1765 West 8th Avenue, Vancouver, BC V6J 5C6
Facsimile: 604 733 2493
Email: mary.ocallaghan@bcpharmacists.org

Agreed to on behalf of the College of Pharmacists of British Columbia by its authorized representative:

_____ _____
Date

Name: _____

Agreed to on behalf of Her Majesty the Queen in Right of British Columbia, as represented by the Minister of Health:

_____ _____
Date

Name: _____

Schedule "A" – College Information

The Ministry of Health is seeking information from the College of Pharmacists under this Information Sharing Agreement in relation to audits, investigations, managing access to PharmaNet, enrollment and disciplinary action, including:

1. information indicating that there are reasonable grounds to believe that a provider, owner (as defined in the Provider Regulation under the PSA), pharmacy manager or other registrant may have contravened – or submitted a claim contrary to – the PSA (*e.g.*, complaint and disciplinary hearing outcomes, complaints/tips, investigatory materials that indicate improper claims submitted);

2. information indicating whether an owner (as defined in the Provider Regulation under the PSA), manager or applicant to be a PharmaCare provider, PharmaCare provider, or PharmaNet applicant or user has ever had:

    a. their pharmacy licence suspended or cancelled;

    b. their registration as a pharmacist or pharmacy technician with a governing body of pharmacists suspended or cancelled; or

    c. any limits or conditions imposed as a result of disciplinary actions taken by a governing body of pharmacists in relation to any site, or any registrant (e.g. "pharmacist" or manager) in relation to that site;

3. positive criminal record checks limited to relevant findings (*e.g.* convictions for billing and information contraventions, fraud), in the event that the Ministry considers that it is necessary for the purposes of a specific enforcement investigation relating to a registrant (*e.g.* a manager as defined in the Provider Regulation under the PSA), provider, owner or indirect owner (as defined in PODSA) to collect criminal records history information of the registrant, owner or indirect owner. Notwithstanding anything else in this Agreement, in relation to this information, the College will consider the request, acting reasonably. If the College discloses criminal records history information to the Ministry, the Ministry may use it only for investigation, enrolment as a PharmaCare provider or PharmaNet user, and any enforcement action, including any prosecution or civil litigation;

4. information regarding a registrant's standing and ability to provide patient care (*e.g.* College ID, licence class, licence status, terms and conditions of licence imposed by the College, disciplinary actions recorded by the College, licence history);

5. information pertinent to Ministry of Health investigations into the improper collection, use or disclosure of personal information (*e.g.* information indicating the improper use of personal information); and

6. information pertinent to enrolment and changes as a PharmaCare provider, including the information contemplated in ss. 2 to 8 of the Provider Regulation under the PSA (*e.g.* name and contact information – including updates – regarding the manager,

provider, owner or indirect owner (as defined in PODSA), business information, pharmacy license type and status, change of manager, operating name changes, list of directors).

Schedule "B" – Ministry Information

The College of Pharmacists of BC is seeking information from the Ministry of Health under this Information Sharing Agreement in relation to the monitoring and investigation of its registrants which may include patient information, registrant information, drug information and medication/dispensing information. This information requested by the College may include:

- DINPIN
- Quantity Dispensed
- Drug Brand Name
- Generic Drug Name
- Dosage Form Code
- Dosage Form Description
- Drug Strength Description
- PharmaCare Therapeutic Class
- Pharmacy Code
- Prescription Status Code
- Service Date
- Recipient (Patient) Last Name
- Recipient First Name
- Recipient Birth Date
- Recipient Sex Code
- Recipient Personal Health Number
- Recipient Local Health Area Number
- Recipient Local Health Area Name
- Prescription Number
- Dispensed Days' Supply (quantity)
- Intervention Type Codes
- Pharmacist College Reference Number
- Pharmacist College License Number
- Pharmacist Last Name
- Pharmacist First Name

College of Pharmacists of British Columbia

8. Approval of Information Sharing Agreement

Mary O'Callaghan

Chief Operating Officer

College of Pharmacists of British Columbia

Information Sharing Agreement

- The College and the Ministry of Health wish to formalize Information Sharing.
- Both the College and the Ministry have authority to request information from each other under several Acts.
- The Information Sharing Agreement formalizes this sharing, including the process and the security of the information held by each party.

College of Pharmacists of British Columbia

Questions

College of Pharmacists of British Columbia

8. Approval of Information Sharing Agreement

MOTION:

Approve the Information Sharing Agreement between the College of Pharmacists of British Columbia and the Ministry of Health, as circulated.

College of Pharmacists of British Columbia

9. Application Committee

Christine Antler

Chair of Application Committee

College of Pharmacists of British Columbia

9 a) Committee Updates

College of Pharmacists of British Columbia

9 b) PODSA Ownership Update

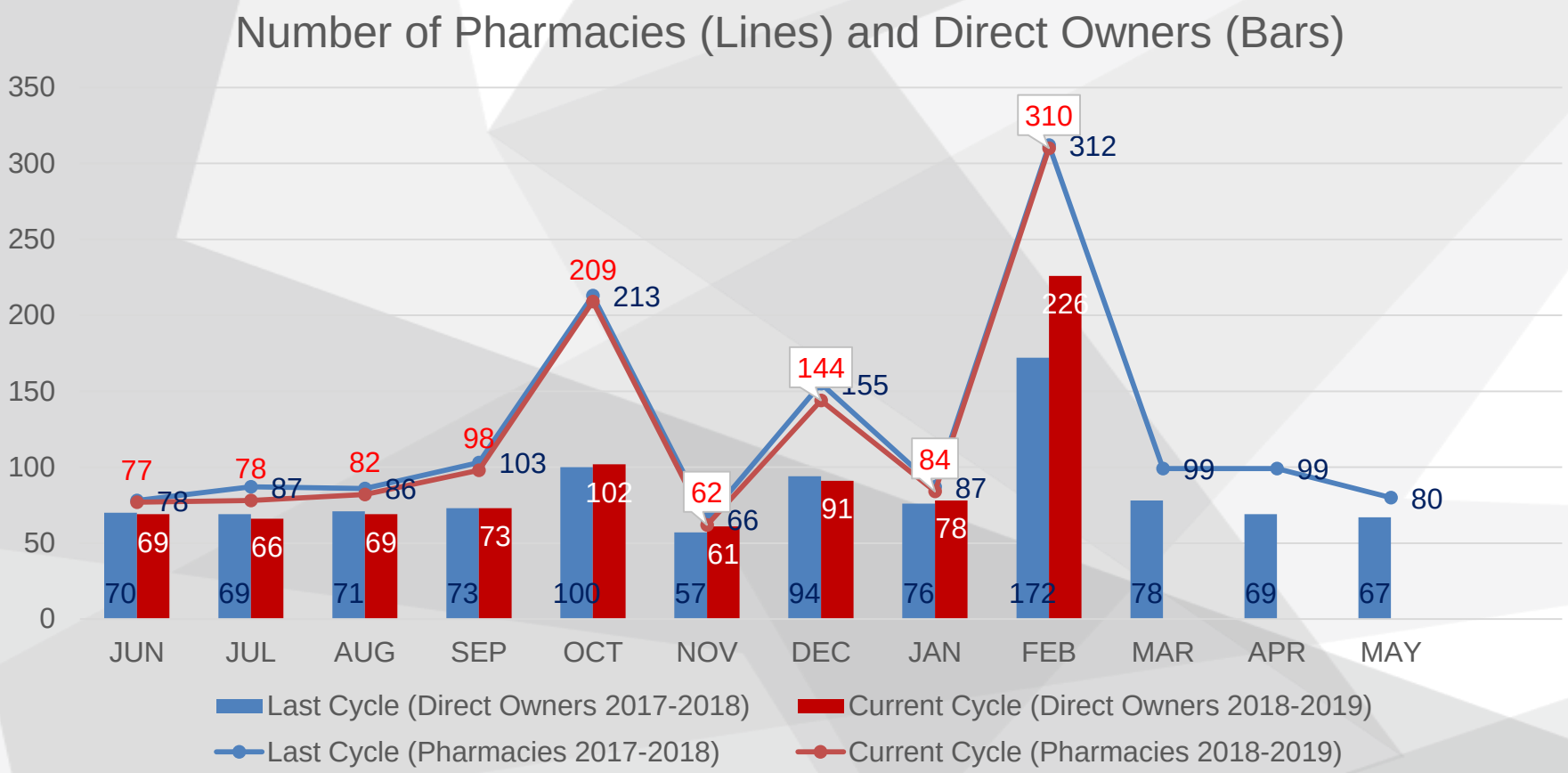
College of Pharmacists of British Columbia

Pharmacy Licence Renewal

Licence Expiry	# Pharmacies Due	# Direct Owners	# Pharmacies completed before deadline	# Pharmacies Late
June 30, 2018	77	69	68	9 (11.7%)
July 31, 2018	78	66	61	17 (21.8%)
Aug 31, 2018	82	69	68	14 (17.1%)
Sep 30, 2018	98	73	82	16 (16.3%)
Oct 31, 2018	209	102	186	23 (11.0%)
Nov 30, 2018	62	61	61	1 (1.6%)
Dec 31, 2018	144	91	142	2 (1.4%)
GRAND TOTAL	**750**	**531**	**668**	**82 (10.9%)**
Of 1456 licensed pharmacies as of Jan 3, 2019	**51.5%**			

College of Pharmacists of British Columbia

Pharmacy Licence Renewal



College of Pharmacists of British Columbia

of Pharmacies Completed New Ownership Requirements*

Licence Expiry	Licence Type					Grand Total
	Community	Tele-pharmacy	Education Site	Hospital	Hospital Satellite	
June 30, 2018	80			2		82
July 31, 2018	81	2	1	2		86
Aug 31, 2018	81		2	2		85
Sep 30, 2018	95			1	2	98
Oct 31, 2018	194	5		2		201
Nov 30, 2018	54	1		2	1	58
Dec 31, 2018	143	1		1		145
GRAND TOTAL	728	9	3	12	3	755

- Includes applications for 1) New Pharmacy Licence, 2) Pharmacy Renewal, and 3) Change of Direct Owner
- *Excludes Change of Pharmacy Manager

College of Pharmacists of British Columbia

of Direct Owners Completed New Ownership Requirements*

Licence Expiry	# Direct Owners	Min # Pharmacies Owned by Direct Owner	Max # Pharmacies Owned by Direct Owner	# of Direct Owners who own 1 Pharmacy	
Jun 30, 2018	77	1	3	74	96.1%
Jul 31, 2018	72	1	4	63	87.5%
Aug 31, 2018	65	1	6	59	90.8%
Sep 30, 2018	73	1	10	65	89.0%
Oct 31, 2018	98	1	56	90	91.8%
Nov 30, 2018	53	1	3	49	92.5%
Dec 31, 2018	92	1	43	87	94.6%
GRAND TOTAL	530				
# Unique Direct Owners	479				

- Includes applications for 1) New Pharmacy Licence, 2) Pharmacy Renewal, and 3) Change of Direct Owner
- *Excludes Change of Pharmacy Manager

College of Pharmacists of British Columbia

Proof of Eligibility (Attestation & Criminal Record History)

Proof of Eligibility is required from the following individuals:

Type of Application	Pharmacy Manager	Indirect Owners
New Pharmacy Licence	Yes	Yes if owned by corporation
Pharmacy Licence Renewal	Yes	Yes if owned by corporation
Change of Direct Owner	Yes	Yes all Indirect Owner from NEW *direct owner* if it is a corporation
Change of Indirect Owner	Yes	Yes from NEW *indirect owner* if the direct owner is a corporation
Change of Manager	Yes from NEW pharmacy manager	N/A

College of Pharmacists of British Columbia

Number of Proof of Eligibility (POE) Completed Each Month

Licence Expiry	Total # of POE	POE per Direct Owner			POE per Pharmacy		
		Min	Max	Avg	Min	Max	Avg
June 30, 2018	304	1	21	3.92	1	21	3.71
Jul 31, 2018	317	1	26	8.53	1	26	3.69
Aug 31, 2018	472	1	90	7.25	1	52	5.55
Sep 30, 2018	351	1	70	9.60	1	19	3.58
Oct 31, 2018	806	1	112	16.25	1	26	4.01
Nov 30, 2018	334	1	28	11.68	1	50	5.76
Dec 31, 2018	837	1	430	9.10	1	19	5.77
GRAND TOTAL	**3421**			**9.48**			**4.58**

- Includes all types of applications that require Proof of Eligibility to be submitted
- Note: a person may have to attest to multiple pharmacies at the same time

College of Pharmacists of British Columbia

Number of People Completed Proof of Eligibility Each Month

License Expiry	Non-Registrants	Pharmacists	Pharmacy Technicians	Grand Total
Jun 30, 2018	99	133	1	233
Jul 31, 2018	66	144		210
Aug 31, 2018	74	134		208
Sep 30, 2018	68	146	2	216
Oct 31, 2018	94	268		362
Nov 30, 2018	65	112		177
Dec 31, 2018	94	212	2	308
GRAND TOTAL	560	1149	5	1714
# Unique Persons	339	943	4	1286

College of Pharmacists of British Columbia

Criminal Record History Statistics from Sterling

Statistics between April 1, 2018 to December 31, 2018

Clear	Not Clear	Total Completed
1712	9	1721

Turnaround time

	Within 1 Day	2-3 days	4-5 days	> 5 days
# of Files (Total 1721)	1715 (99.7%)	6 (0.3%)	0 (0.0%)	0 (0.0%)

- Does not include results from Backcheck 2.0 for indirect owners who reside outside Canada

College of Pharmacists of British Columbia

Pharmacy Files Referred to Application Committee

AC Meeting Date	Incomplete (also includes late renewals)	Eligibility-Related (Type of application)	Total
June 21, 2018	1 (from June cohort)	3 (renewal)	4
July 11, 2018	11 (from July cohort)	1 (renewal)	12
August 8, 2018	14 (from Aug cohort)	2 (1x renewal + 1x Change of Manager)	16
September 7, 2018	12 (from Sept cohort)	1 (renewal)	13
October 11, 2018	23 (from Oct cohort)	4 (renewal)	27
November 11, 2018	1 (from Nov cohort)	2 (renewal)	3
November 13, 2018	-	1 (renewal)	1
November 23, 2018	-	1 (renewal)	1
December 10, 2018	2 (from December cohort)		2
Grand Total			79
# of Unique Cases Referred			76

College of Pharmacists of British Columbia

Eligibility Category / Incomplete and Late Renewals (June – December 2018)

Eligibility Category	Number of files
Has limits imposed by the Discipline Committee that precludes him/her from being a direct owner, an indirect owner or a manager	2
Has a Criminal Code (Canada) conviction within the previous 6 years	1
Has or has had their registration suspended or cancelled within the past 6 years by the College of Pharmacists of BC or a body in another province or in a foreign jurisdiction, that regulates the practice of pharmacy in that other province or foreign jurisdiction	11
Is authorized by an enactment to prescribe drugs and therefore must not be a direct owner or an indirect owner	2
Incomplete/Late Renewals	**64**

College of Pharmacists of British Columbia

Emails, Phone Calls & Walk-ins/Appointments Statistics

Statistics between June 1, 2018 – December 31, 2018

*excludes those sent by IMIS (College's registrant database)

Month	# of Calls (incoming & outgoing)	# of Emails Received	# of Emails Sent*	# of Walk-ins/ Appointments
June 2018	136	1040	904	2
July 2018	161	1067	1014	4
August 2018	220	1010	1254	7
September 2018	208	1040	1032	-
October 2018	183	1003	1018	1
November 2018	182	922	882	-
December 2018	145	863	872	1
GRAND TOTAL	1235	6945	6976	15

College of Pharmacists of British Columbia

Resource Materials

- **Pharmacy Licensure Guide**
  http://library.bcpharmacists.org/3_Registration_Licensure/5237-Pharmacy-Licensure-Guide.pdf
- **College Website Ownership Page**
  http://www.bcpharmacists.org/ownership
- **YouTube videos**
  http://www.bcpharmacists.org/pharmacy-licence-renewals
- **ReadLinks Articles**
  http://www.bcpharmacists.org/readlinks/
- **Licensure Web Pages**
  http://www.bcpharmacists.org/community-pharmacy

College of Pharmacists of British Columbia

Questions

College of Pharmacists of British Columbia

BOARD MEETING
February 15, 2019

10. The History and Future of the Therapeutics Initiative

INFORMATION ONLY

Presenter's Biography

Jim Wright

James (Jim) Wright obtained his MD from the University of Alberta in 1968, his FRCP(C) in Internal Medicine in 1975 and his Ph.D. in Pharmacology from McGill University in 1976.

He is a Professor in the Departments of Anesthesiology, Pharmacology & Therapeutics and Medicine at UBC and has worked in that role since 1977. He is a practicing specialist in Internal Medicine and Clinical Pharmacology at the UBC hospital. He is also Co-Managing Director of the Therapeutics Initiative, Editor-in-Chief of the Therapeutics Letter and Coordinating Editor of the Cochrane Hypertension Review Group.

He sits on the Editorial Boards of PLoS One and the Cochrane Library.

Dr. Wright's current research focuses on issues related to appropriate use of prescription drugs, Clinical Pharmacology, treatment of hypertension and hyperlipidemia, clinical trials, systematic review, meta-analysis and knowledge translation.

Therapeutics Initiative

A short history and the future

James M Wright
February, 2019

Declaration

No financial competing interests.

Professor University of BC

Co-Managing Director of TI

Editor-in-Chief, Therapeutics Letter

Coordinating Editor, Cochrane Hypertension Group

One-day a week outpatient Clinical Pharmacology practice.

Therapeutics Initiative, Founded1994
(10 individuals)

- **Mission:** To provide physicians and pharmacists with up-to-date, evidence-based, practical information on prescription drug therapy.
- **First Task:** To become expert in assessing evidence from clinical trials of new drugs in Canada, and to provide the evidence to Pharmacare.
- **First policy decision:** No conflicts of interest were allowed.

What happened?

- We had the time to become expert in critical appraisal and assessment of evidence from clinical drug trials.
- We got involved in the Cochrane Collaboration and learned their methodology.
- We hired experts in Health Technology Assessment and Systematic Review.

Interventions implemented

- Therapeutics Letter 6 times per year posted on website and mailed to physicians and pharmacists in BC.
- Letters provided the best available evidence about the benefits and harms of drugs and drug classes.
- Letters provided drug cost information.

What policies were implemented?

- **Outcomes based coverage.**
- Funding of new drugs was based on the best available evidence.
- A new drug only became a full benefit if it represented a therapeutic advantage or a cost advantage over appropriate alternatives.
- The TI assessed the evidence to determine whether there was a therapeutic advantage or disadvantage.

Examples of drug classes affected by this policy

- Non-steroidal anti-inflammatory drugs (Cox-2 selective NSAIDs).
- Oral hypoglycemic drugs (glitazones and others).
- Cholinesterase inhibitors for Alzheimers Disease.

What other policies were implemented?

- Reference based pricing of equivalent drugs within a drug class.
- Restricted access based on special authority criteria.
- Therapeutic substitution

Outcomes of reference pricing for angiotensin-converting-enzyme inhibitors

Schneeweiss S, Walker AM, Glynn RJ, Maclure M, Dormuth C, Soumerai SB.
N Engl J Med 2002;346:822-9

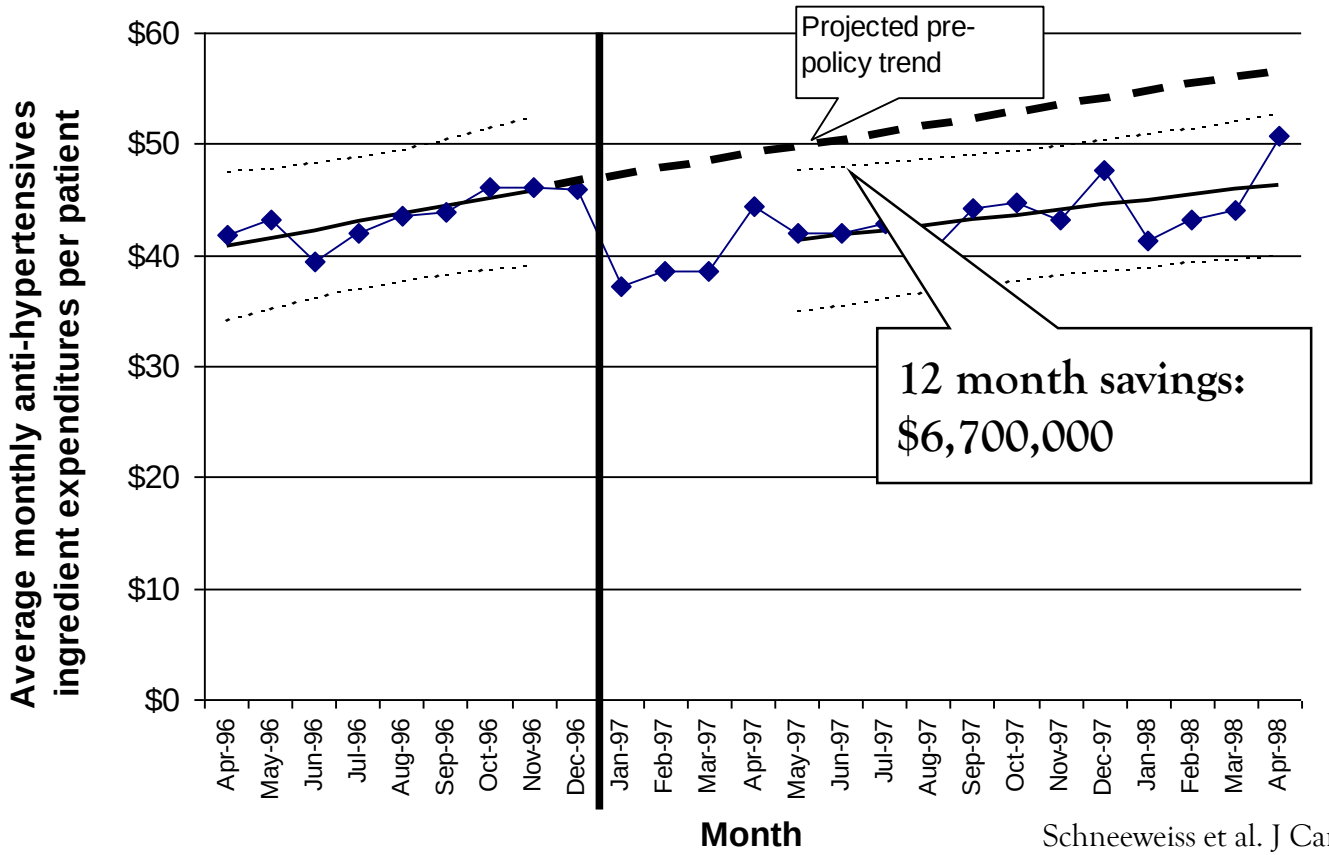
No increase in Emergency Hospitalizations due to RP

TABLE 3. DIFFERENCES IN HEALTH CARE UTILIZATION AND ADMISSION TO LONG-TERM CARE FACILITIES IN 5353 SWITCHERS AS COMPARED WITH 27,938 NONSWITCHERS.*

OUTCOME	RELATIVE CHANGE IN RATE RATIOS BETWEEN SWITCHERS AND NONSWITCHERS AS COMPARED WITH BASE-LINE VALUES (95% CI)†		
	INITIATION PERIOD (1 MONTH BEFORE INDEX DATE)	EARLY PERIOD (1 TO 2 MONTHS AFTER INDEX DATE)	LATE PERIOD (3 TO 10 MONTHS AFTER INDEX DATE)
Visits to a physician	1.01 (0.97 to 1.05)	1.11 (1.07 to 1.15)	1.03 (1.00 to 1.06)
Hospital admissions through the emergency room	1.39 (1.20 to 1.61)	1.27 (1.07 to 1.51)	0.97 (0.86 to 1.09)
Nonemergency hospital admissions	1.17 (0.94 to 1.44)	1.05 (0.83 to 1.32)	0.90 (0.77 to 1.05)
Paid claims for physicians' services ($)‡	10.9 (4.4 to 17.4)	13.4 (7.3 to 19.6)	1.3 (−2.8 to 5.3)
Admissions to long-term care facilities	0.66 (0.39 to 1.15)	0.45 (0.26 to 0.80)	0.53 (0.35 to 0.82)

Schneeweiss et al. N Engl J Med 2002

Pharmacy savings in prevalent ACEI users



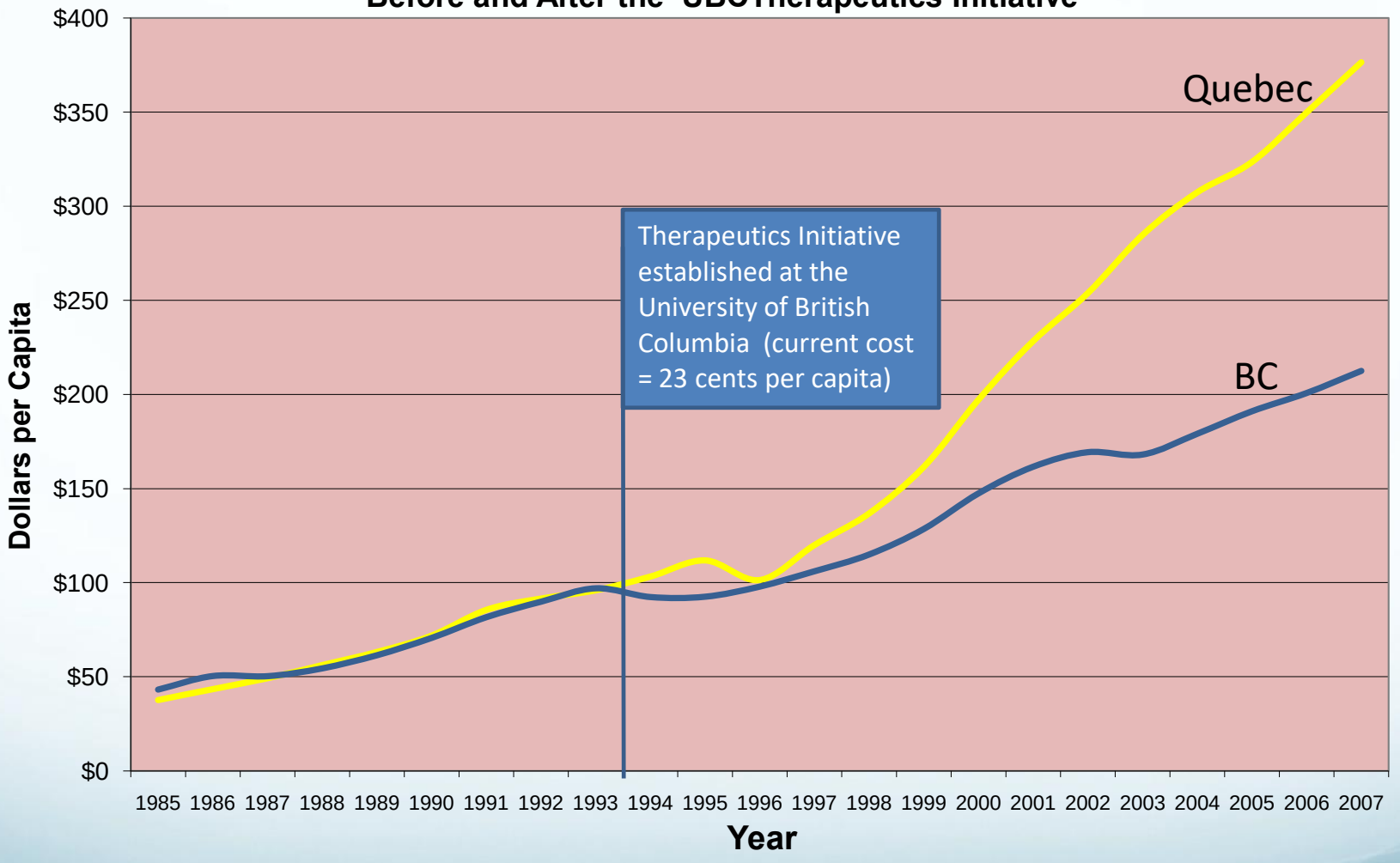
Schneeweiss et al. J Can Med Assoc, 2002

Reference pricing for ACEI conclusions

- 18% of patients switched to lower cost alternative.
- Not associated with changes in physician visits, hospitalizations or mortality.
- Cost savings to drug funder of approximately $6 million per year.

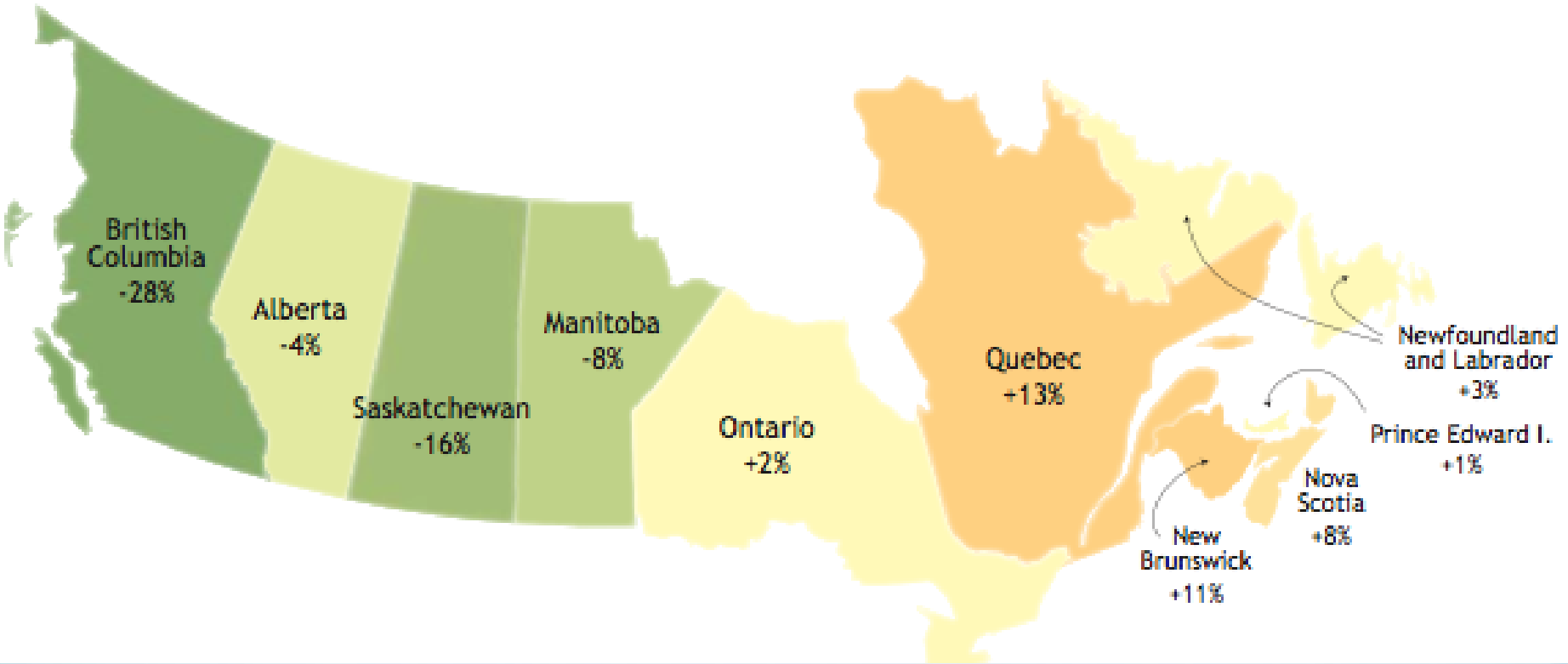
What was the impact of these policies on drug utilization and costs?

Per Capita Pharmacare Spending on Prescription Drugs in Quebec and BC Before and After the UBCTherapeutics Initiative



Source: Canadian Institute for Health Information, Drug Expenditure in Canada, 1985 to 2007 (Ottawa: CIHI, 2008)

Canadian Rx atlas 2007
Overall per capita spending by province



How much did BC save on prescription drug costs in 2007?

TL 72: Nov-Dec 2008

- **If BC's drug utilization was the same as the Canadian average in 2007, total spending in our province would have been $701 million higher.**
- $455 million of this saving was due to BC residents purchasing fewer drugs, while $208 million reflects the savings from choosing lower-cost treatment options.

Why were the policies successful?

- The TI did not allow any conflicts of interest.
- Establishing questions for review was an iterative process.
- Drug Assessment Working Group (DAWG) followed Cochrane methodology.
- DAWG improved critical appraisal skills and assessing risk of bias over time.

Why were the policies successful?

- Ministry of Health personnel remained committed to **outcomes based coverage and other policies** despite political pressures.

What did the TI team learn?

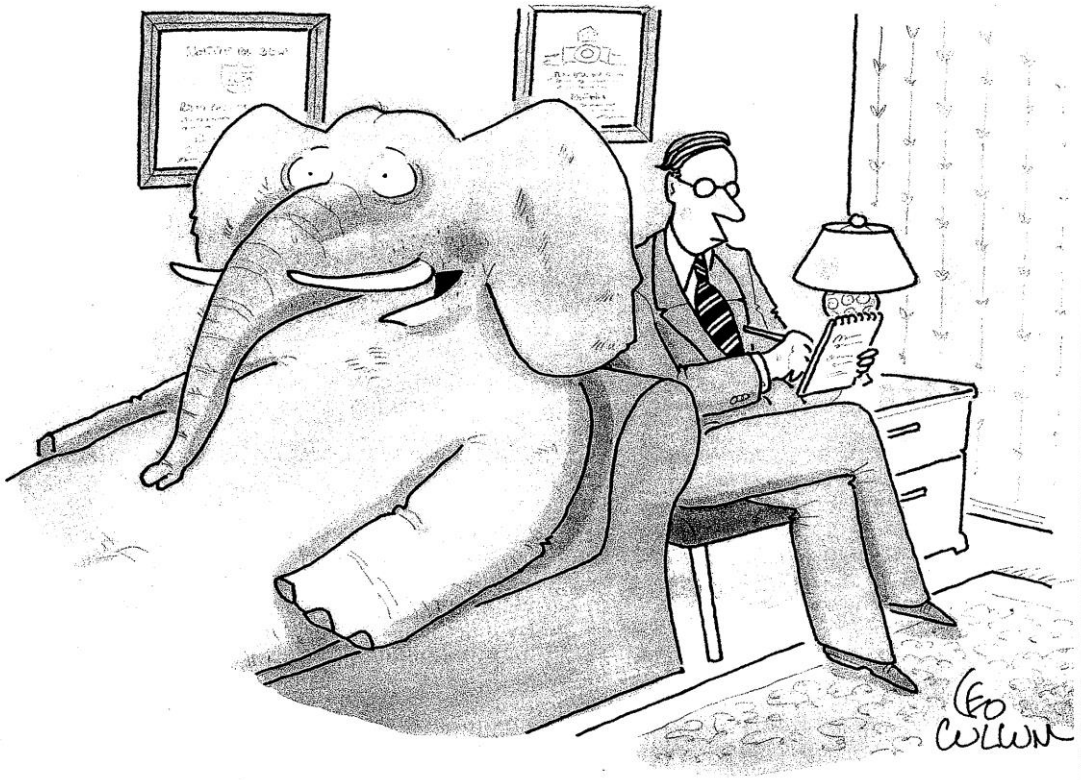
- All drugs with any effect have both benefits and harms.
- Drugs are less effective than what we thought was true.
- Drugs are more harmful than what we thought was true.
- In many instances we were shocked that Health Canada had approved the drugs for market.
- **In most instances drugs are marketed without knowing that the benefits outweigh the harms in many if not all the clinical settings where they are used.**

Who were happy about this program?

- Ministry of Health
- Taxpayers
- Most doctors
- **PATIENTS**

Who were unhappy about the program?

- The elephants.
- Some doctors (specialists) who are friends of the elephants.



"I'm right there in the room, and no one even acknowledges me."


CLARINEX
BEXTRA
ZYVIRAX
MERCK
PAUL

What should of happened?

- Expansion of the reference based program to new classes of drugs eg. Statins.
- Continued development of the international reputation of BC as a drug policy innovator.
- Increased funding to the Therapeutics Intiative to increase the expertise and ensure the long-term future.

What Happened?

In October 2007 a Pharmaceutical Task Force was announced by BC Health Minister with the following objective:

- **4. Enhance the effectiveness, transparency and future role of the Therapeutics Initiative.**

Nine member Pharmaceutical task force

- Chair, Don Avison, President of the University Presidents Council. Board member LifeSciences BC.
- Robert Sindelar, Dean, Faculty of Pharmaceutical Sciences, UBC. Board member LifeSciences BC.
- Russell Williams, president of Canada's Research-based Pharmaceutical Companies (Rx&D).
- Susan Paish, Q.C., chief executive officer, Pharmasave Drugs (National) Ltd.
- David M. Hall, chief compliance officer and senior vice president of Community Relations, Angiotech Pharmaceuticals.
- 2 Ministry of Health members.
- 2 others.

Task Force recommendations for TI April 2008

- #4 The Ministry of Health should establish a new Drug Review Resource Committee to carry out the drug submission review role currently performed by the Therapeutics Initiative.
- #12 Subject to Recommendation #4, if the Therapeutics Initiative is maintained, action must be taken in the following areas: improve the governance, membership and accountability standards; renew and revitalize the panel of expert reviewers;

The Minister of Health accepted all the recommendations of the Pharmaceutical Task Force and set up a mechanism for their implementation.

Academic review of TI

http://www.pharmacology.ubc.ca/

- 3 member independent external panel reviewed the TI over 2 days in October 2008.
- Validated the roles and activities of the TI in drug assessment, pharmacoepidemiology and education.
- **Recommendations:**
- **Stable funding must be ensured. The present funding is inadequate.**
- **3 new permanent University F-slots should be established.**

What happened?

- The TI's advisory role to the BC Ministry of Health was gradually abolished.
- The TI's funding from the BC Ministry of Health was reduced to $550,000 per year for the Therapeutics Letter and Pharmacoepidemiology work.
- UBC did not create any new positions in response to the Academic Review recommendations.

What happened?

- In November 2009, Don Avison confirmed that he was recently appointed as the Canadian representative on Pfizer's Global International Advisory Board. He did not respond to an e-mail asking what he will be paid.
- Don Avison received a Leadership award from LifeSciences BC for his role as Chair of the Pharmaceutical Task Force.

What happened?

- In the spring of 2012 an investigation into data access was initiated by the BC Ministry of Health.
- In June, 2012, TI data access was cut off as a result of the investigation.
- In October, 2012, TI funding was suspended by the Ministry as a result of the investigation.

TI future

- In September 2017, the funding of the TI was quadrupled to bring it back to full function.
- We have been hiring new people and reestablishing our relationship with the Pharmaceutical Services Division.
- Full data access has been restored.

TI Future

- Therapeutics Letter – increased frequency to monthly.
- Education Working Group – New physician and pharmacist educators for annual meeting and community outreach.
- Pharmacoepidemiology group – developing new sophisticated techniques to monitor drug use and measure patient outcomes.

TI Future

- Drug Assessment Working Group – restoring an independent Advisory Role to PSD and the Drug Benefit Council.
- Quality Prescribing Working Group – developing new and innovative methods to provide audit and feedback to prescribing doctors.
- Cochrane Hypertension Group – Editorial base for all Cochrane reviews related to Blood pressure and methodological support for the TI.

Questions????

www.ti.ubc.ca

College of Pharmacists of British Columbia

BOARD MEETING
February 15, 2019

11. B.C. Drug and Poison Information Centre (DPIC): Who we are and What we do

INFORMATION ONLY

Presenter's Biography

Debra Kent

Debra Kent, B.A (Biol), Pharm.D. is the Clinical Supervisor of DPIC and a Clinical Professor with the Faculty of Pharmaceutical Sciences at UBC. Debra has fellowship training in clinical toxicology and is board certified by the American Board of Applied Toxicology and is a Fellow of the American Academy of Clinical Toxicology.

Raymond Li

Raymond Li, BSc (Pharm), MSc is a Drug and Poison Information Pharmacist with DPIC and a Clinical Instructor with the Faculty of Pharmaceutical Sciences at UBC. Ray has completed a hospital pharmacy residency and an MSc in occupational and environmental hygiene from UBC.

Both Debra and Ray are Poison Information Specialists certified by the American Association of Poison Control Centres and in addition to their roles at DPIC, are actively involved in teaching in the Hospital Pharmacy Residency program and the Entry-to-Practice PharmD program.

Presentation Synopsis

This short presentation will provide attendees with an overview of the B.C. Drug and Poison Information Centre and some examples of the types of information provided.

The B.C. Drug and Poison Information Centre (DPIC) is the provincial drug and poison information centre, a unit within the Environmental Health Services Division at the B.C. Centre for Disease Control. DPIC is a multidisciplinary service and is staffed by specially trained pharmacists, nurses and medical toxicologists.

DPIC pharmacists provide accurate unbiased therapeutic advice to healthcare professionals on questions regarding drug interactions, side effects, drugs in pregnancy and lactation, complex drug therapy, and alternative medication options. DPIC pharmacists and nurses respond to the poison information line 24-hours a day by providing first aid and treatment recommendations, often assisting in the decision making process regarding treatment strategies of the poisoned and overdosed patient.

DPIC also teaches and provides clinical rotations in toxicology for students and residents in pharmacy, emergency medicine and internal medicine. Drug information newsletters and overdose treatment guidelines are written for health professionals and poison prevention education and materials are provided for the public.

DPIC works closely with public health agencies. DPIC expertise and data have helped inform and alert public health on issues such as the opioid crisis and ecstasy overdoses, foodborne illnesses, product safety, occupational poisonings, and emerging environmental threats. DPIC is monitoring adverse reactions to cannabis products. Recent DPIC research has focused on medication errors with insulin and drugs with narrow therapeutic margins, as well as drug interactions.

15 February 2019

B.C. Drug and Poison Information Centre(DPIC)

who we are and what we do

Debra Kent, Pharm.D.
Clinical Supervisor, DPIC
Clinical Professor, Faculty of Pharmaceutical Sciences, UBC
Raymond Li, BSc (Pharm), MSc
Drug and Poison Information Pharmacist, DPIC
Clinical Instructor, Faculty of Pharmaceutical Sciences, UBC

PROVINCIAL Health Services AUTHORITY

BC Centre for Disease Control
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

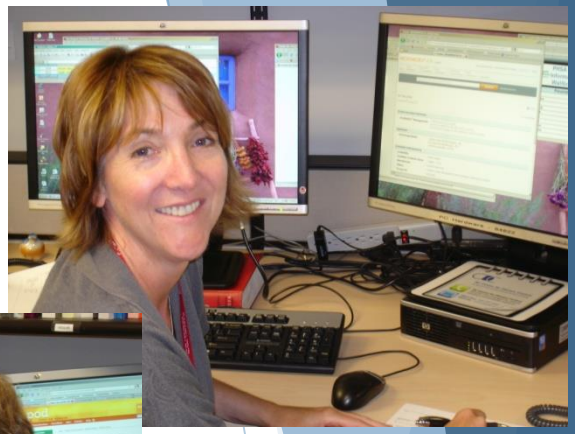
UBC

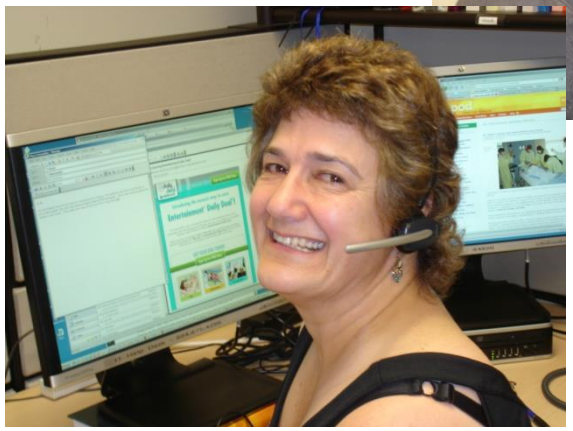
BC Drug and Poison Information Centre (DPIC) History

- 1960's: began with UBC's Faculty of Pharmaceutical Sciences.
- 1975: Moved to St. Paul's Hospital as a service for health professionals.
- 1994: Province-wide public access to poison control service.
- April 29, 2011: Transferred to BCCDC

DPIC staff

- Pharmacists-7.5 FTE + 1 casual
- Nurses - 4.5 FTE + 2 casual
- Medical Toxicologists (Emergency & Critical Care) - 4



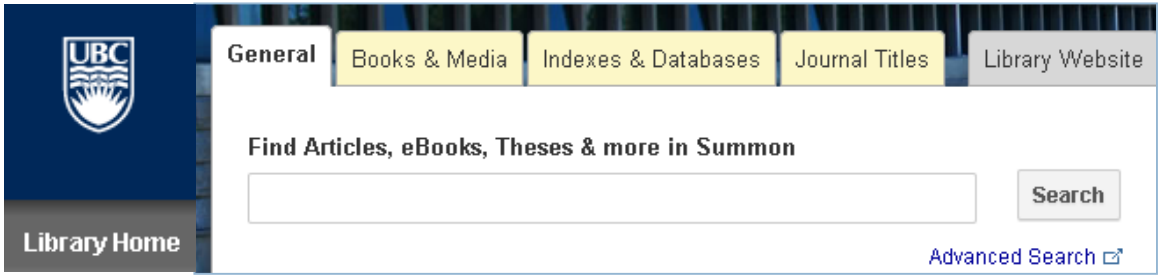


What DPIC Does

- Drug Information for Health Professionals
- Poison Information Service
- Education
  - Professional
  - Public
- Knowledge Translation
  - Newsletters, clinical guidelines, treatment manuals
- Research/Surveillance

Drug Information Consultation Service

- **For BC health care professionals**
- 0900-1600 hrs, weekdays
- Toll-free access
- Information provided by DPIC's pharmacists
- No direct cost to users



ACCESS Medicine from McGraw-Hill
Trusted Content. Instant Answers.

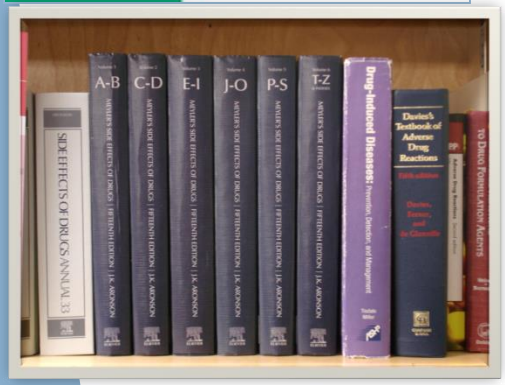
IBM Micromedex®

Wolters Kluwer Health | OvidSP

DynaMed Plus

UpToDate®

BMJ Best Practice



Trip
Turning Research Into Practice

BCGuidelines.ca

FHpulse

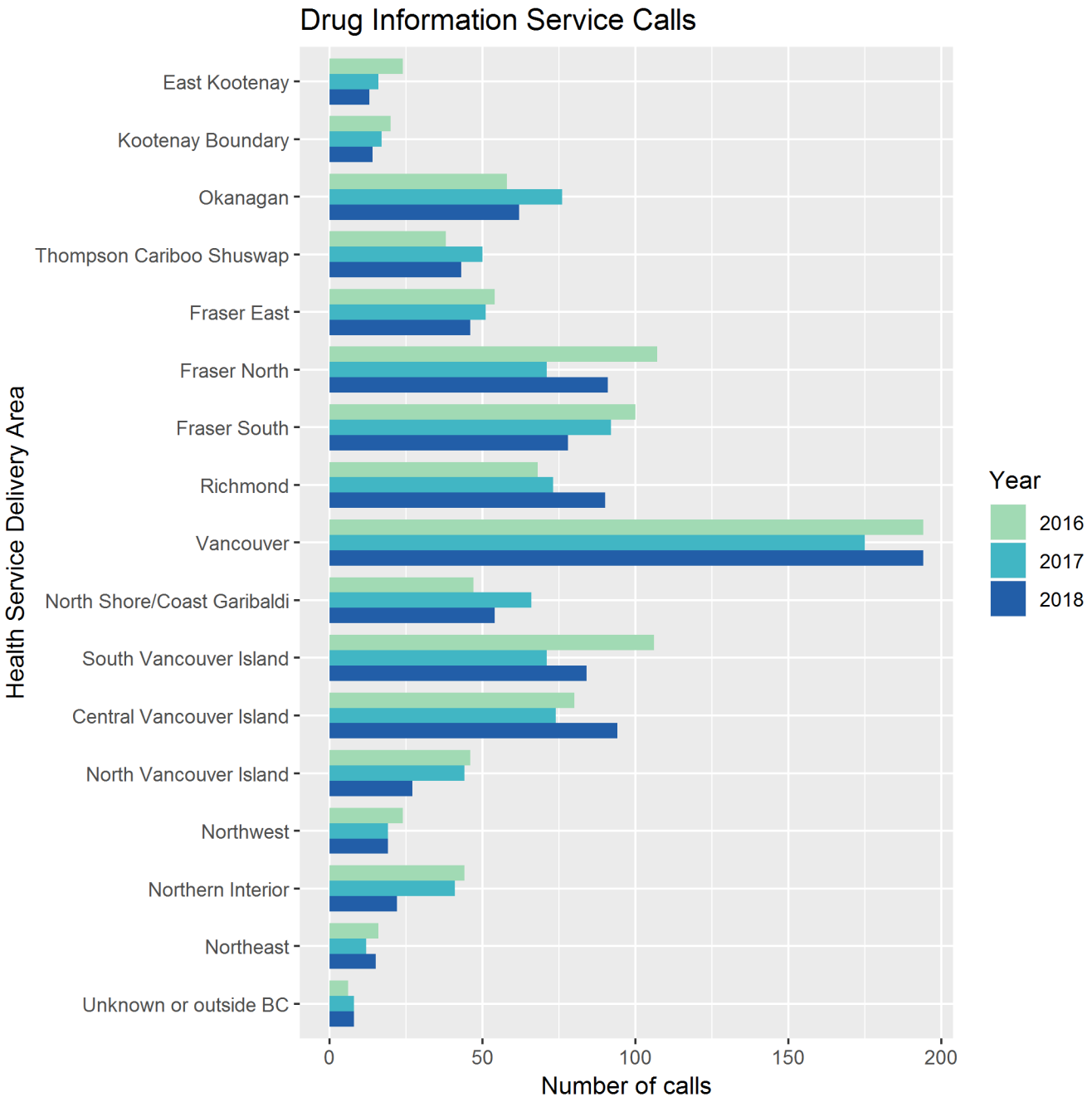
PHCConnect
Providence Health Care Intranet
Providence HEALTH CARE
PHC Connect | Feedback

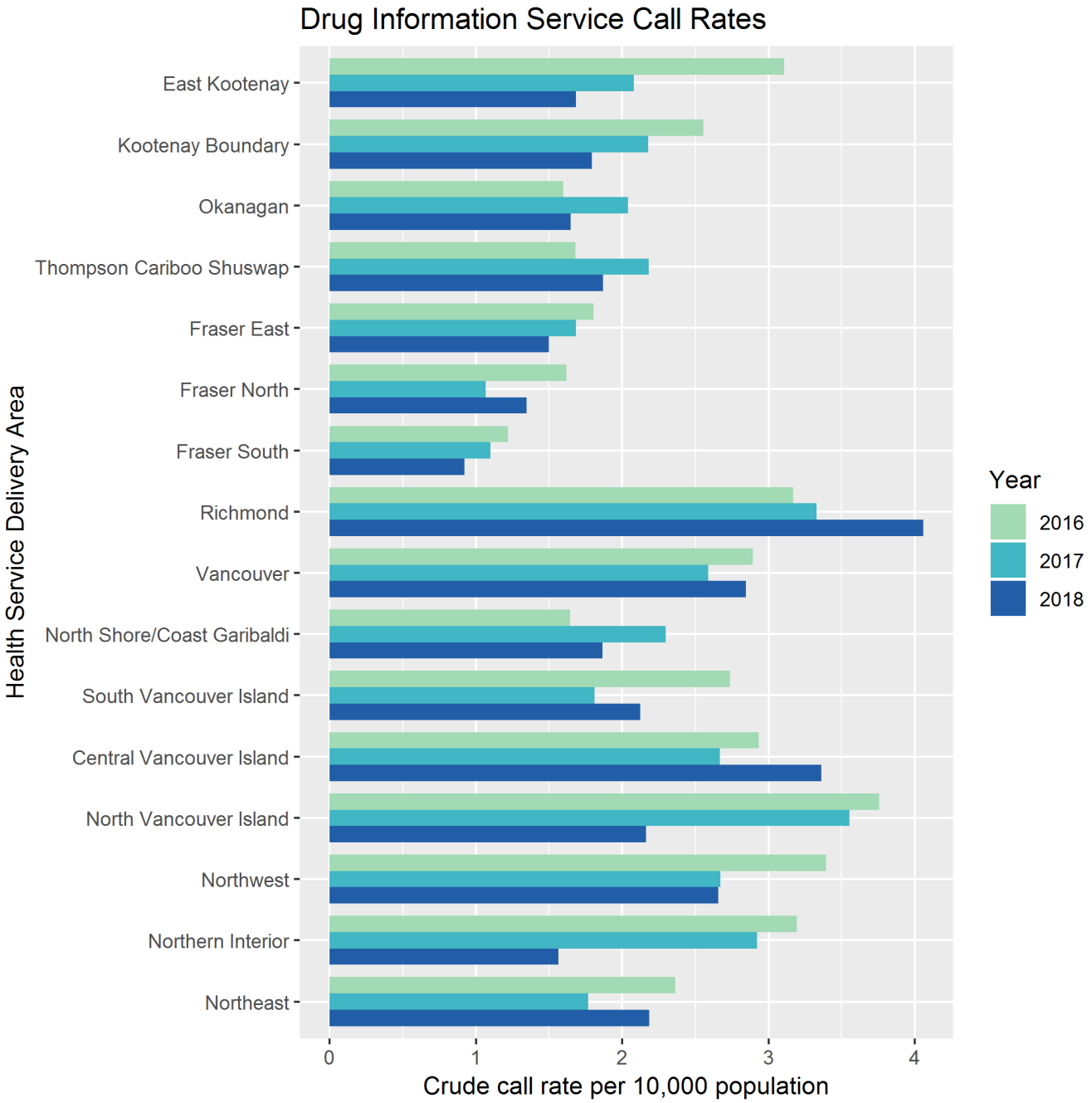
CPG Infobase: Clinical Practice Guidelines

PubMed.gov
US National Library of Medicine
National Institutes of Health
PubMed
Advanced

Drug Information Consultation Service

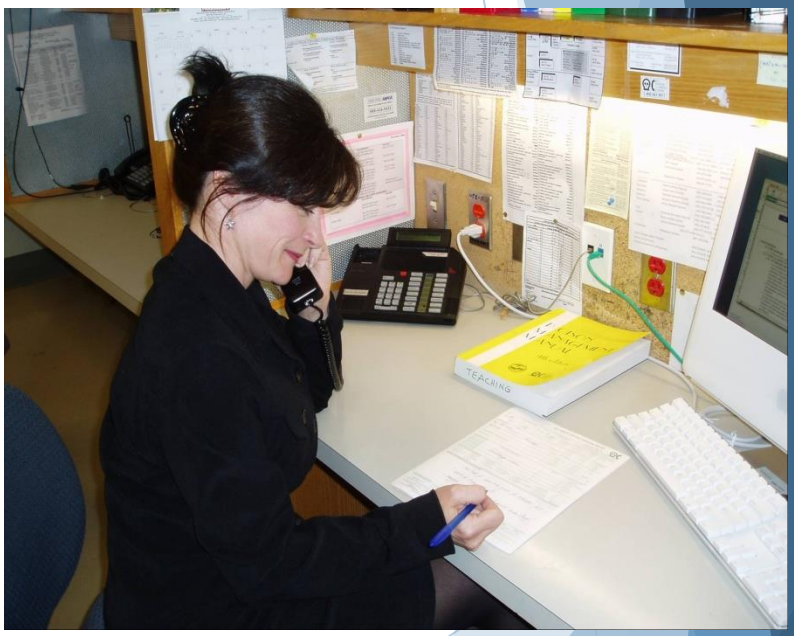
- Call volume: ~ 90-100 calls/month
- Types of calls:
  - Safety & prevention of ADRs
    - dosing
    - interactions
    - adverse reactions
    - special populations
    - pregnancy, lactation
  - Therapeutics/drug of choice
  - Alternative/complementary therapy
  - Identification & availability

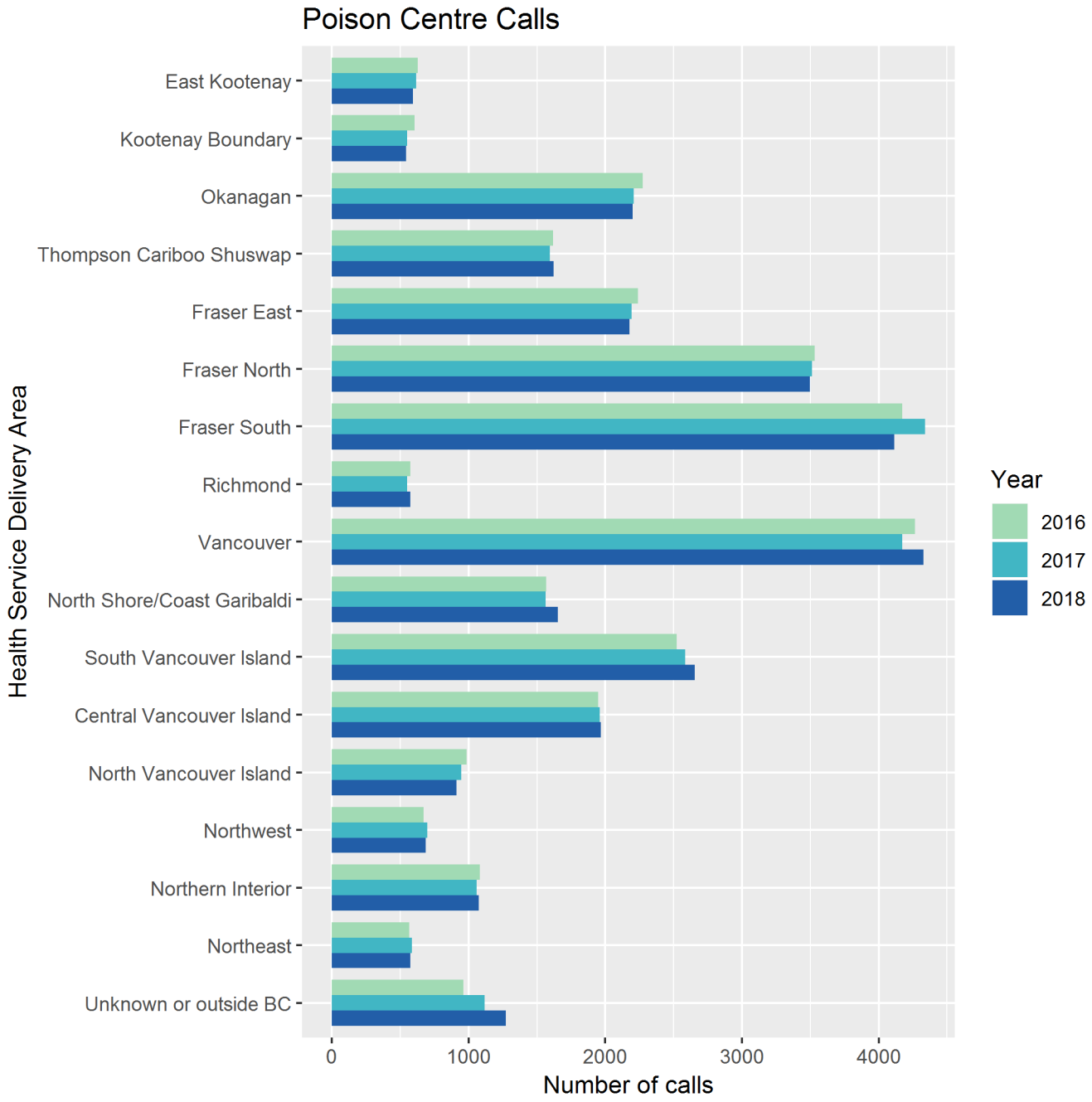

Drug Information Service Calls
East Kootenay
Kootenay Boundary
Okanagan
Thompson Cariboo Shuswap
Fraser East
Fraser North
Fraser South
Richmond
Vancouver
North Shore/Coast Garibaldi
South Vancouver Island
Central Vancouver Island
North Vancouver Island
Northwest
Northern Interior
Northeast
Unknown or outside BC
Health Service Delivery Area
0
50
100
150
200
Number of calls
Year
2016
2017
2018


Drug Information Service Call Rates
East Kootenay
Kootenay Boundary
Okanagan
Thompson Cariboo Shuswap
Fraser East
Fraser North
Fraser South
Richmond
Vancouver
North Shore/Coast Garibaldi
South Vancouver Island
Central Vancouver Island
North Vancouver Island
Northwest
Northern Interior
Northeast
Health Service Delivery Area
0
1
2
3
4
Crude call rate per 10,000 population
Year
2016
2017
2018

Poison Information Service

- Service to B.C.'s health professionals & public
- 24-hr toll free access for BC & Yukon
- Specially trained poison specialists
- ~31,500 calls annually
  - ~27,500 human exposures
  - ~4,000 information calls




Poison Centre Calls
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1000
2000
3000
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Number of calls
Year
2016
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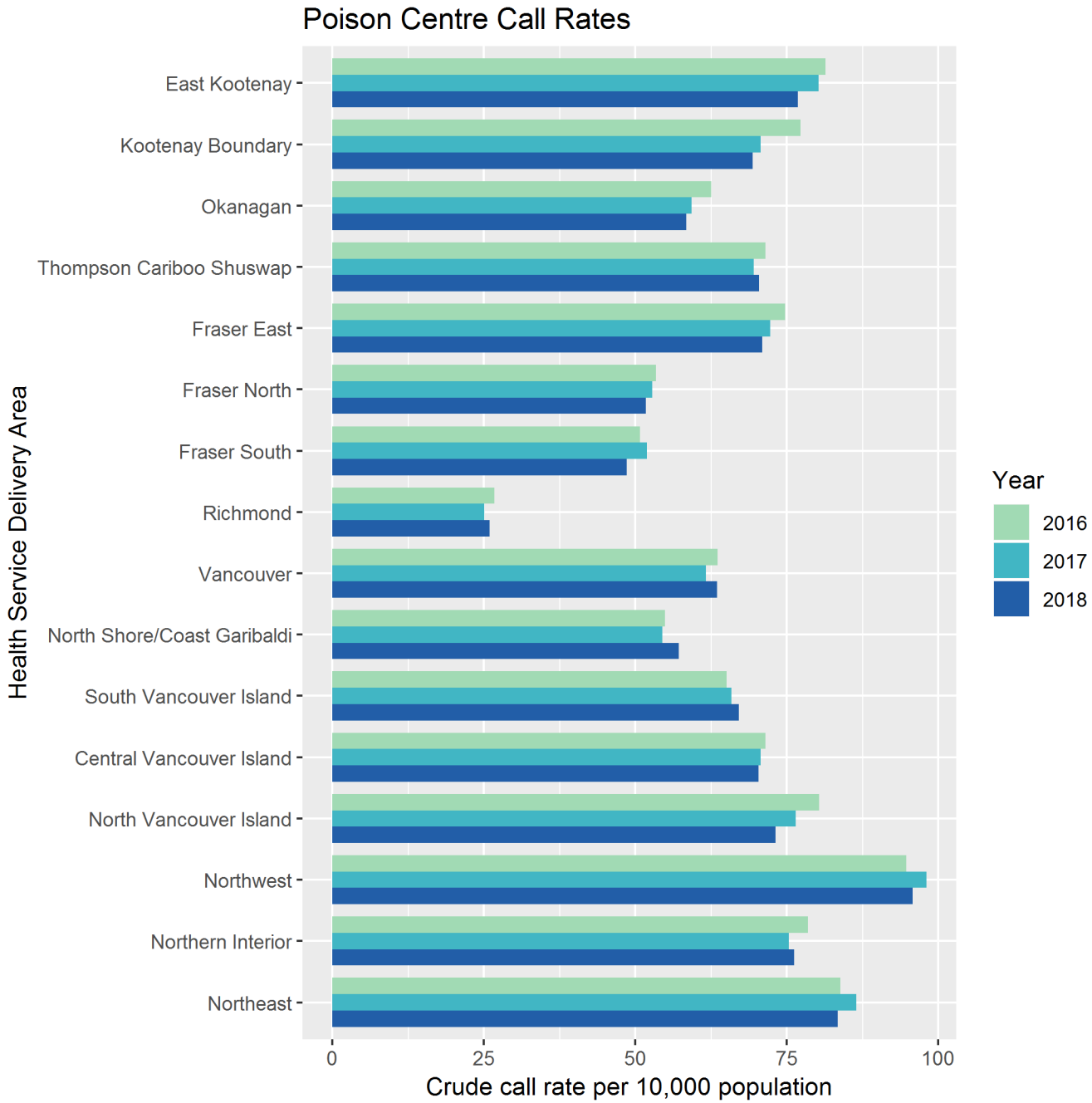
2018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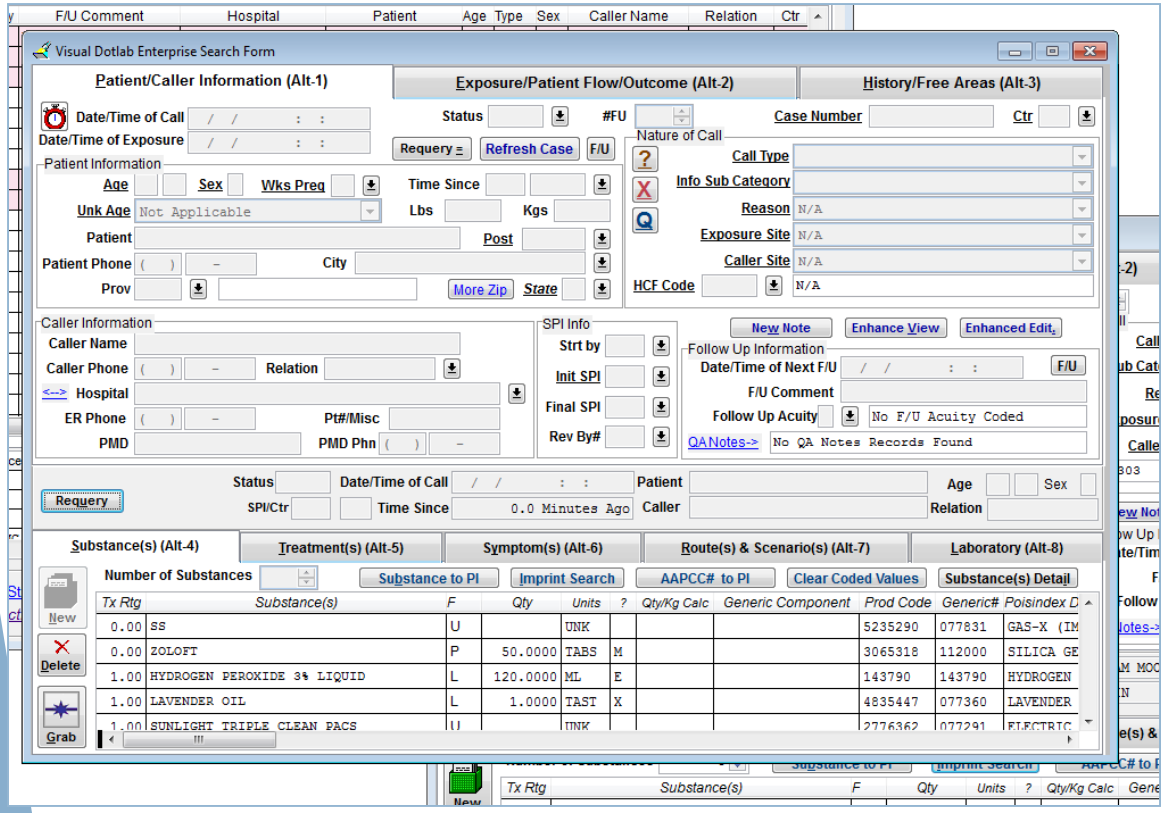
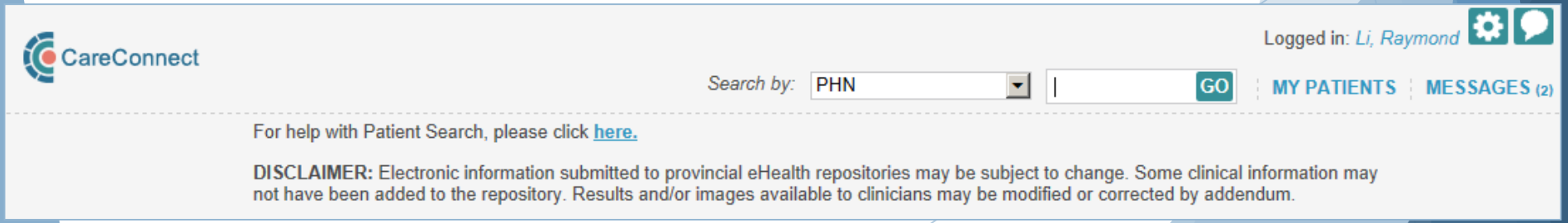
25
50
75
100
Crude call rate per 10,000 population
Year
2016
2017
2018

Poison Information Service





Ring, ring.....

- I just gave my 2-year-old 5 mL of viscous lidocaine 2% by mistake. I thought it was Children's Tylenol.....it was right next to it. What do I do?

- Hi, this is EHS. We are enroute to a 32-year-old who has just taken her new prescription for Seroquel. What can we expect?

Ring, ring.....

- I have a 20-year-old who has taken an overdose of Dong quai to induce an abortion. She has just found out she's pregnant. What should we do?

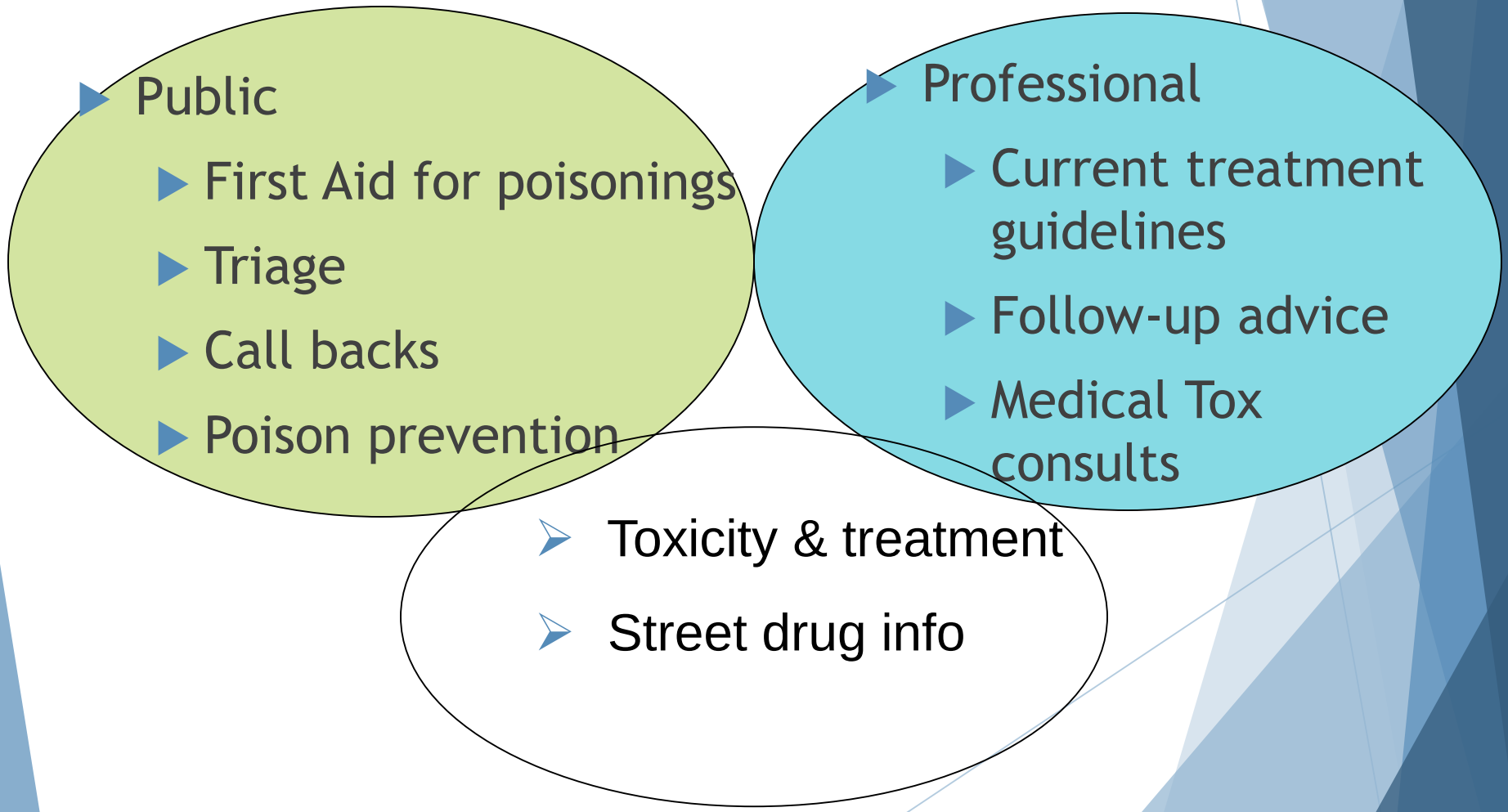
- My 18-month-old got into my purse. My birth control pills and Advil are scattered all over the place. What should I do?

Ring, ring.....

- I mixed up my pain medicine and my rivaroxaban. I have taken 5 rivaroxaban today instead of one. Should I worry?

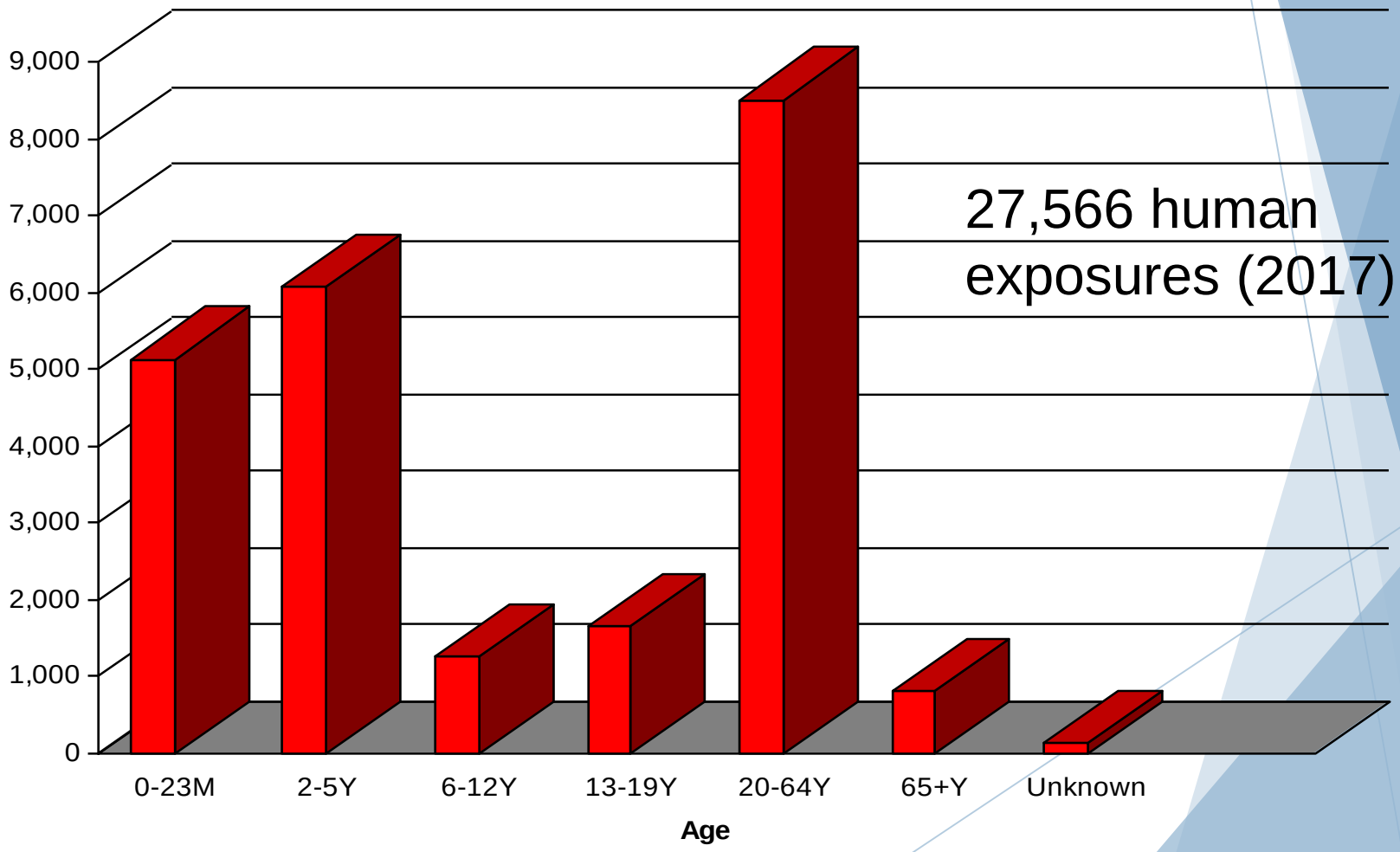
- My boyfriend is vomiting & has tingling in his feet & hands. He was drinking all day yesterday and did some ecstasy and cocaine last night. Can I give him a Gravol?

Types of Poison Information



Poisoning in B.C. – Incidence

(data from BC Poison Control Centre)



Most *Common* Substances involved in Pediatric Poisonings

- Cosmetics
- Analgesics
- Cleaning substances
- Foreign bodies
- Topical preps
- Vitamins
- Antihistamines
- Pesticides
- Cough/cold products
- GI preparations
- Plants
- Antimicrobials

Most *Deadly* Substances involved in Pediatric Poisonings

- Cosmetics
- Analgesics
- Cleaning substances
- Foreign bodies
- Topical preps
- Vitamins
- Antihistamines
- Pesticides
- Cough/cold products
- GI preparations
- Plants
- Antimicrobials
- Opioids
- Sedative-hypnotics
- Cardiovascular agents
- Antidiabetic agents

Categories with Most Deaths in Adults

- Opioids
- Stimulants and street drugs
- Sedatives/Hypnotics/Antipsychotics
- Cardiovascular drugs
- Acetaminophen combinations
- Newer antidepressants
- Alcohols
- Acetaminophen alone
- Anticonvulsants
- Cyclic antidepressants

1489 deaths in BC in 2018 from illicit drug overdoses. Fentanyl detected in 85%.

BC Coroner Service

Management Site

- Treated On Site/Non HCF 70%
  - Children < 6 years (89% treated at home)
  - Children 6-19 years (66% treated at home)
  - Adults (63% treated at home)
- Treated in HCF 30%
  - Patients are either in HCF already or are referred in by DPIC
- 25% all cases are followed up by DPIC

- *HCF = health care facility*

Reason for Human Exposure

	%
Unintentional	*82%*
General	61%
Therapeutic Error	13%
Intentional	*16%*
Suicidal	9%
Abuse/Misuse	7%
ADR	*2%*
Food/Drug	

Common Therapeutic Errors

- Wrong med given/taken
  - Individual- wrong insulin before bed
  - Resident care homes-wrong med to wrong person
- Meds given twice/too close together
  - Both parents give meds to child
- Confused units/concentration
  - Health professional error-Methadone (10x error)
  - Individual - Measuring device error
- Other errors
  - Two days worth of medication
  - Morning meds again with bedtime meds
  - More than 1 product with same ingredient

Medications with major outcomes after double doses in teens & adults

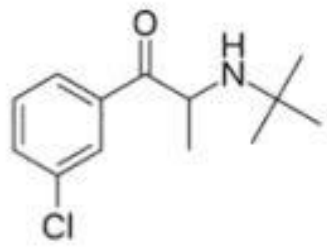
- 876 cases met inclusion criteria (single medication, double dose)
- 12 major outcomes
  - Calcium channel blockers-4
  - Propafenone-1
  - Beta blockers-2
  - Bupropion-4
  - Tramadol-1

10 yr review of single medication double-dose ingestions-US PCC data. Correia MS, et al. Clin Tox 2018

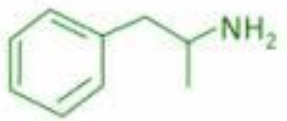
Recent call to DPIC: Bupropion-double dose

- Adolescent female called poison control because she mistakenly took 2 x 300 mg bupropion XL about 1 hr ago
- Was on 2 x 150 mg tabs x 1 month and Rx just changed to 300 mg tabs
- Feels OK but worried
- No hx seizure disorder, eating disorder or previous head injury

Bupropion



Bupropion



Amphetamine

- Mechanism
  - Structure similar to amphetamines & bath salts
  - Norepinephrine, dopamine reuptake inhibitor (NDRI)
  - Little (if any) serotonergic or anticholinergic activity
  - Cardiac toxicity: QRS widening and QTc prolongation.
    - Probably not a Na channel blocker
    - Interferes with gap junction modulation (? worsened by acidosis)
- Toxicity
  - *Sympathomimetic toxidrome* (early)
  - *Neurotoxicity:* agitation, seizures (often delayed and often progress to status)
  - *Cardiotoxicity* (often delayed)

Bupropion

- Toxic dose
  - Adults: seizures common with > 2.5 g; seen with as little as 600 – 1,000 mg
  - Child: > 10 mg/kg. Multiple seizures after 300 mg.
- Onset delayed due to SR, XL formulation
  - Peak absorption 3-5 hours post ingestion
- Active major metabolite: hydroxybupropion
- Half-life: parent 21 hrs (8-36 hrs)
  metabolite 20-37 hrs

Bupropion: course

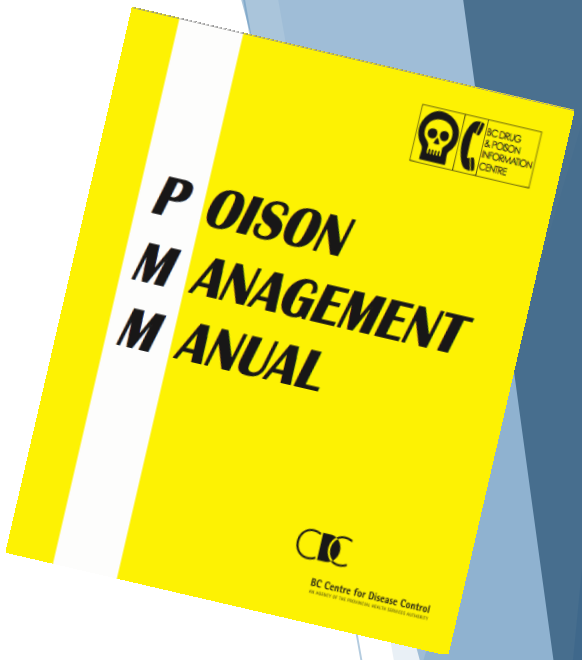
- DPIC recommended to go to ER for 18 hour observation.
- Pt remained fine all night and then had single seizure at 11.5 hrs post ingestion
- Seizure lasted 1 min and terminated spontaneously
- Hemodynamically stable
- Observed another 12 hours, remained stable, no additional seizures.

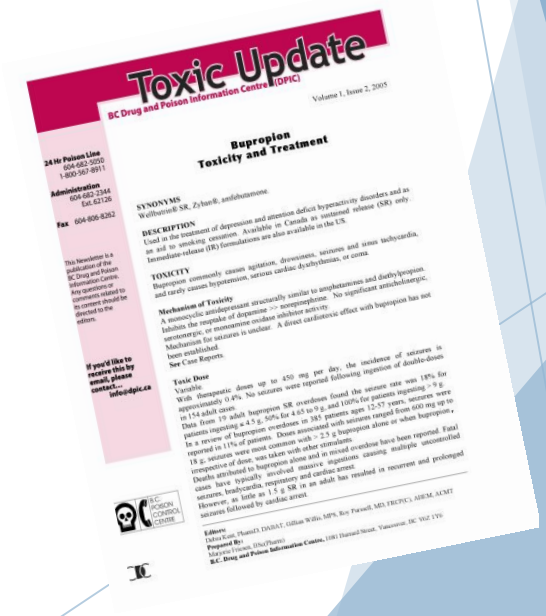
Education

- Public
  - Parent talks/health fairs
  - Poison Prevention Week
    - March 17-23, 2019 (materials available)
- Media campaigns
  - Fentanyl toxicity
  - Medication disposal
  - Laundry detergent pods
  - Toxic mushrooms
- Professional
  - EHS/RN/MD/ training and CE
  - Pharmacy students & residents
  - Medical residents & fellows

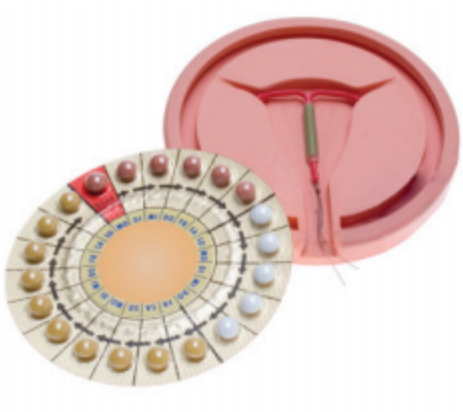
Knowledge Translation

- Newsletters
  - Toxic Update
  - Tablet-BC Pharmacy Association
  - Journal articles
- Clinical guidelines
  - Opioid Best Practice Guidelines
- Treatment manuals
  - Poison Management Manual (PMM)- 5th ed





DRUG AND POISON INFORMATION CENTRE



Hormonal and IUD contraceptive agents available in Canada

By Shelina Rayani, B.Sc.(Pharm.) and Kathy McInnes, B.Sc.(Pharm.),
BC Drug and Poison Information Centre
Reviewed by C. Laird Birmingham, MD, MHSc., FRCPC

Pharmacists play an important role in primary and emergency contraception. They can recommend suitable therapy, counsel, as well as monitor their patients for adverse effects. The array

The following tables have been compiled as a reference for selecting products and finding suitable alternatives. The tables focus on hormonal contraceptives, IUD primary contraceptives and

MEDICINAL AND RECREATIONAL CANNABIS

Pharmacy's role in counselling patients

With the legalization of recreational cannabis in Canada on Oct. 17, 2018, pharmacist Shelina Rayani explores how pharmacists can counsel patients about the various forms of cannabis.

BY SHELINA RAYANI RPH, CSPI, BC DRUG AND POISON INFORMATION CENTRE
REVIEWED BY C. LAIRD BIRMINGHAM, MD, MHSC, FRCPC AND HANIF RAYANI, RPH

Safety issues of buprenorphine/naloxone therapy

By Raymond Li, B.Sc. (Pharm.), M.Sc.
Reviewed by C. Laird Birmingham, MD, M.H.Sc., FRCPC and Jesse Godwin, MD, FRCPC

The College of Physicians and Surgeons of British Columbia removed restrictions on prescribing buprenorphine/naloxone (BUP/NLX) following a 2016 report that recommended it as a

BUP/NLX is partially absorbed (24 to 30%) when snorted, but the duration of naloxone effect is short (half-life approximately one hour)

DRUG AND POISON INFORMATION CENTRE

Colchicine toxicity: What pharmacists need to know

By Dorothy Li, B.Sc. (Pharm.), R.Ph., CSPI, Drug and Poison Information Pharmacist, BC Drug and Poison Information Centre
Reviewed by Christopher DeWitt, MD, FACMT

Colchicine is approved in Canada for gout (acute and prophylaxis) and familial Mediterranean fever (FMF). The prevalence of gout in British Columbia is 2.8 per cent, with nine per cent of patients

Pharmacokinetics and drug interactions

Colchicine is metabolized by CYP3A4 and transported out of cells

DRUG AND POISON INFORMATION CENTRE

Toxic plant encounters in the great outdoors

By Dorothy Li, B.Sc. (Pharm.), CSPI
Reviewed by Daniel Ovakim, MD, MSc, FRCPC

Spending time outside and with nature benefits us mentally and physically. While outdoors, whether hiking, biking, playing or gardening, contact with

Complications include transient hyperpigmentation, secondary bacterial infections and rarely erythema multiforme. Black glossy macules, called

DRUG AND POISON INFORMATION CENTRE

Cannabinoid hyperemesis syndrome

By Raymond Li, BSC(Pharm), MSc.
Reviewed by C. Laird Birmingham, MD, MHSc, FRCP(C)

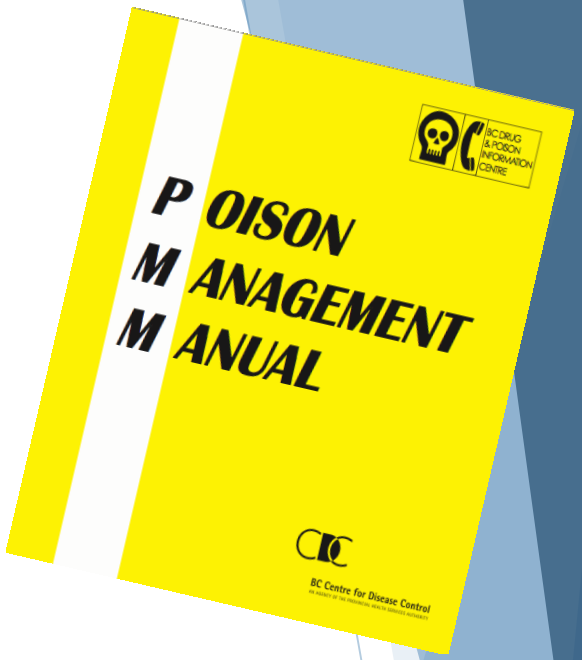
Cannabis is an antiemetic – but paradoxically, chronic use can cause intermittent debilitating vomiting known as cannabis (or cannabinoid) hyperemesis syndrome (CHS). Since the legalization

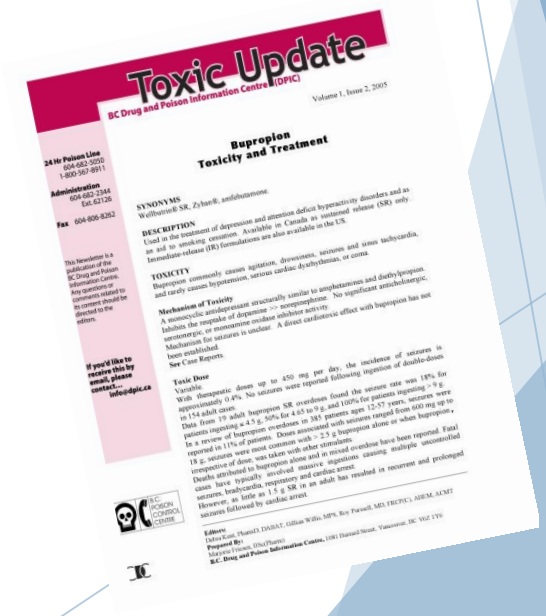
Pathophysiology

The pathophysiology is poorly understood and many chronic

Knowledge Translation

- Newsletters
  - Toxic Update
  - Tablet-BC Pharmacy Association
  - Journal articles
- Clinical guidelines
  - Opioid Best Practice Guidelines
- Treatment manuals
  - Poison Management Manual (PMM)- 5th ed





BC DPIC www.dpic.org

Search this site:

Search

Poison Information

24-Hour Line:
1-800-567-8911 or
604-682-5050
(Telephone interpreting in over 150 languages available)

- General Information
- Prevention Tips
- Prevention Material
- Fact Sheets
- Poison FAQ
- NEW! Antidote Stocking Guidelines
- NEW! Opioid Guidelines
- Poison Management Manual

Drug Information

Drug Information Line
for BC Healthcare Professionals

Welcome to DPIC

If you suspect someone has been poisoned by a medicine, chemical or other substance, call the Poison Control Centre at 604-682-5050 or 1-800-567-8911

The BC Drug and Poison Information Centre website is NOT a substitute for talking with a trained Poison Specialist. If someone is unconscious, having a seizure, difficulty breathing or chest pain, immediately call 9-1-1.

Research and surveillance

- Collaborative projects with ED, injury prevention, and education colleagues
  - e.g. correct regimen for naloxone use
- Surveillance to identify emerging risks
  - e.g. novel recreational substances, shellfish poisoning, product safety issues, environmental toxins
- Embedded research
  - Insulin errors, e-cigarettes

JMIR Public Health and Surveillance
A multidisciplinary journal that focuses on public health and technology
publichealth.jmir.org

Near-Real-Time Surveillance of Illnesses Related to Shellfish Consumption in British Columbia: Analysis of Poison Center Data

Victoria Wan, MSc, Lorraine McIntyre, MSc, [...], and Sarah B Henderson, PhD

CMAJ OPEN
Research

Deaths from exposure to paramethoxymethamphetamine in Alberta and British Columbia, Canada: a case series

Jennifer J.E. Nicol MD, Mark C. Yarema MD, Graham R. Jones PhD, Walter Martz PhD, Roy A. Purssell MD, Judy C. MacDonald MD MCM, Ian Wishart MD, Monica Durigon MSc, Despina Tzemis MPH, Jane A. Buxton MBBS MHSc

Presented at the North American Congress of Clinical Toxicology, Sept. 1, 2013, Atlanta, GA

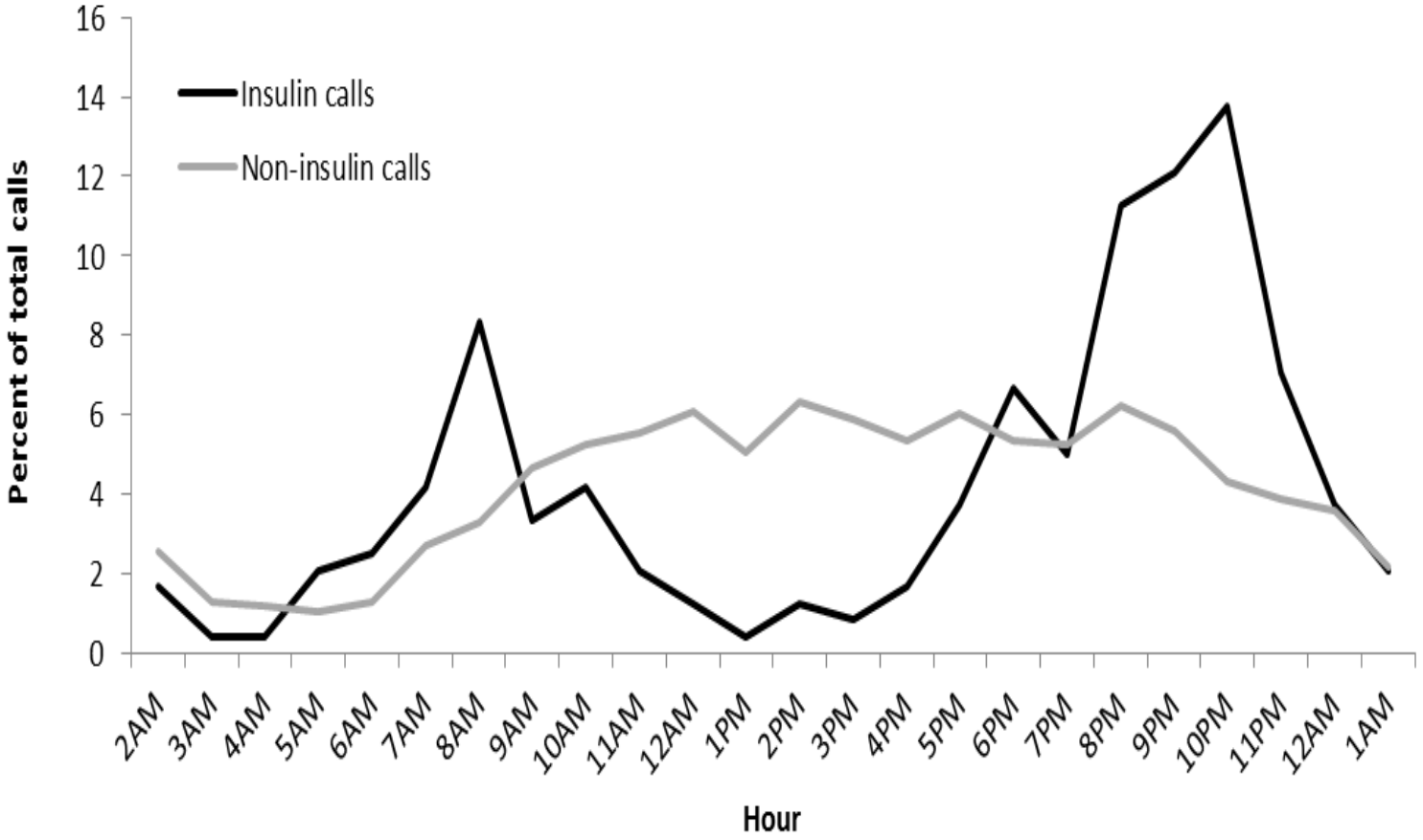
Andy Jiang, BSc, Jennifer Smith, BFA, Fahra Rajabali, MSc, Alex Zheng, MSc, Roy Purssell, MD, FRCPC, Ian Pike, PhD

Patterns in poisoning hospitalizations and deaths in British Columbia, 2008 to 2013

Findings from a retrospective analysis of unintentional and self-harm poisonings involving illicit drugs, over-the-counter medications, and other substances can help clinicians, academics, and policymakers develop initiatives that prevent poisoning events.

BCMJ
BC Medical Journal
December 2018; 60:10
Pages 473–512

Insights from a Descriptive Analysis of Insulin Errors managed by DPIC, 2013-2014



Cumming, Li, Durigon, Omura, Elliott, Kosatsky, 2018

Summary: DPIC's Contacts

- Poison Control Centre
  - 604-682-5050
  - 1-800-567-8911
- Drug Information Centre
  - 604-707-2787
  - 1-866-298-5909
- Website: http://dpic.org
- Email: info@dpic.org

Ideas/Discussion/Questions

College of Pharmacists of British Columbia

BOARD MEETING
February 15, 2019

12. Drug Administration Committee
b) Injection Authority

DECISION REQUIRED

Recommended Board Motion:

Direct the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for cosmetic purposes and retaining current age limit restrictions.

Purpose

To consider approval of the general direction of the Drug Administration Committee (DAC) to amend the following sections of the Health Professions Act ("HPA") Bylaws, Schedule "F", Part 4 "Certified Practice: Drug Administration by Injection and Intranasal Route, Standards, Limits and Conditions" as follows:

- Amend the "Limits" to allow for injection and intranasal administration of any Schedule I and II medication with the exception of Schedule IA.
- Amend the "Limits" to restrict pharmacists from administering injections for cosmetic purposes.
- Amend the "Conditions" to outline new training requirements for injecting drugs and substances beyond immunizations, if required.
- Maintain the existing "Limits" on the age restrictions for injection and intranasal drug administration.[1]

Background

The Standards, Limits and Conditions governing pharmacists' administration of drugs by injection or intranasal route are established in Schedule "F", Part 4 under the HPA Bylaws. The existing limits placed on injection drug administration are such that a practising pharmacist

[1] The current age restrictions stated in HPA Schedule "F" Part 4, for injection and intranasal drug administration are as follows: a practising pharmacist must not administer an injection to a child under 5 years old; and, a practising pharmacist must not administer a drug by intranasal route to a child under 2 years old.

must not administer a drug by injection or intranasal route unless it is for the purpose of immunization.

The limitation on drug administration authority to immunizations only is directed by the College. The Pharmacists Regulation under the HPA actually confers broad injection authority, as outlined under s. 4(1)(c.1). That provision states that pharmacists can administer a drug specified in Schedule I, IA or II of the Drug Schedules Regulation or a substance through the intradermal, intramuscular or subcutaneous injection or intranasal route.

The DAC was convened to review the College's Standards, Limits and Conditions on drug administration in light of the broad authority conferred by the Pharmacists Regulation and the broad authority granted to pharmacists practising in other jurisdictions. Additionally, evidence was reviewed to consider these limits in relation to patient safety and public protection.

The DAC met in October 2018 to discuss whether there should be a broad removal of the restrictions on injection authority or whether there should be an exclusion list of medications that a pharmacist should not administer (see Appendix 1 for the meeting discussion paper and Appendix 2 for the meeting minutes). They also discussed if there should be a step-wise approach in removing the restrictions on injection authority. It was concluded that more information was needed on the experience to-date of other pharmacy regulatory authorities (PRAs) in Canada that have granted broad injection authority. As such, it was determined that a questionnaire would be sent out to all PRAs in Canada who grant broad injection authority, to learn of their experiences and patient safety considerations. In addition, a meeting was convened in December 2018 to review the results, which included the following highlights:

- Six PRAs have broad injection authority for "any drug or vaccine".
- None used a step-wise approach to grant broad injection authority.
- None noted any patient safety concerns raised or complaints pertaining to broad injection authority.
- All concluded that broad injection authority was in the public interest.

See Appendix 3 for the meeting policy issue paper.

Discussion

The DAC made the following recommendations at their December 2018 meeting (see Appendix 4 for meeting minutes):

Amend the "Limits" to allow for injection and intranasal administration of any Schedule I and II medication with the exception of Schedule IA.

All PRAs reviewed, granted broad injection authority as conferred by their enabling legislation and regulations. There were no patient safety issues identified. As such, the DAC felt it was reasonable for the Board to consider granting broad injection authority, with the exception of Schedule IA drugs, provided that the practicing pharmacist exercises their professional

judgement regarding their knowledge of the drug prior to administration. Schedule IA drugs were deemed too high-risk to patient safety for pharmacist administration by injection or intranasal route.

The DAC had considered the possibility of using a step-wise approach to granting broad injection authority. A step-wise approach would involve expanding the eligible list of drugs and substances incrementally, and evaluating prior to expanding further. However, none of the PRAs reviewed had used or recommended a step-wise approach, and no evidence was found to suggest that this approach was necessary for patient safety.

Amend the "Limits" to restrict pharmacists from administering injections for cosmetic purposes

The DAC identified patient safety implications of granting pharmacists authority to administer injections for cosmetic purposes. Some of their key concerns were the lack of experience with the craniofacial muscles, general lack of knowledge of these substances, conflicts of interest and deviation from their scope of practice as pharmacists. As such, the recommendation is that cosmetic substances be excluded from the drugs and substances eligible for injection and intranasal drug administration authority. This recommendation is consistent with other PRAs in Canada that grant broad injection authority.

Amend the "Conditions" to outline new training requirements for injecting drugs and substances beyond immunizations

To ensure injection authority is broadened safely beyond immunizations, the DAC identified a need to review existing training requirements. This would involve a review of current recognized pharmacy education programs for injection drug administration to ensure alignment with the National Association of Pharmacy Regulatory Authorities' ("NAPRA") 15th competency for injections of other substances (i.e. beyond immunization) is met within the course requirements.

Maintain the existing "Limits" on the age restrictions for injection and intranasal drug administration

After reviewing the age limit restrictions of other PRAs with broad injection authority and discussing patient safety considerations, the DAC identified no need to adjust the age limits if broad injection drug administration authority is granted. As noted above, the current age limits are such that a practising pharmacist must not administer an injection to a child under 5 years old, or a drug by intranasal route to a child under 2 years old.

Next Steps

If approved by the Board, amendments will be drafted to the HPA Bylaws Schedule "F" Part 4 to facilitate further engagement in the summer and further consultation regarding accredited training requirements. The amendments would then be brought to the September 2019 Board meeting to seek approval for a 60-day filing period with the Ministry of Health.

Appendix	
1	Discussion Paper – Pharmacists and Injection Authority
2	DAC October 23, 2018 Meeting Minutes
3	Policy Issue Paper – Pharmacists and Injection Authority
4	DAC December 11, 2018 Meeting Minutes

Pharmacists and Injection Authority:

Current state, trends and considerations for the CPBC Drug Administration Committee

[Discussion Paper]

Table of Contents

Purpose and Scope

This discussion paper summarizes key issues and trends in pharmacist injection authority. The intent is to support balanced dialogue among members of the Drug Administration Committee on the topic of broad injection authority in BC. A public interest lens is applied throughout, with particular emphasis on how considerations raised by expanding this scope of practice relate to protecting public health and patient safety.

Executive Summary

Over the past couple of decades, the practice of pharmacy and the scope of pharmacy practice across Canada has evolved significantly. This evolution has been driven by identified gaps in patient care, the need for patients to have access to timely health care services, and escalating costs in the current health care system.[1]

The expansion of pharmacist injection authority across several North American jurisdictions has been one pivotal response to these trends. The impacts of expanded injection authority have been the subject of numerous peer reviewed studies assessing the implications for patient access and uptake of services (such as vaccinations), public health and health equity, patient safety, and ethical care. The overall implication of these studies is supportive of the notion that pharmacist administered injections are safe, ethical and health promoting.

While the evaluative literature primarily focuses on immunizations, there are studies (albeit limited) which address other injectable products (e.g. contraceptives, anti-psychotic medications). These too share the overall indication that these services are safe and acceptable to patients. The literature is further validated in the BC context by the success of the recent delegation of authority between the College of Physicians and Surgeons of BC and the College of Pharmacists of BC, which enabled certain pharmacists to administer injections of Depo-Provera and anti-psychotic medications to at-risk patients in the Downtown Eastside of Vancouver. The results of the delegation appears to indicate that the clinical pharmacists involved were able to demonstrate safe, competent and ethical injection services, and expand access to vulnerable and at-risk populations.

While there are merits in support of pharmacist injection authority, and the possibility of expanding it more broadly, this topic is not without demerits or, at the very least, implementation challenges. Pharmacists arguing against expanding injection authority have cited increased workload and workflow issues, insufficient space, and concerns that administering injections deviates from a primary focus on medication management. Similarly, stakeholder support from other health professions and the Ministry of Health remains uncertain. These factors warrant further discussion, especially in light of the fact that, across many jurisdictions of North America, pharmacists have gained (and are continuing to gain) expanded authority to administer injections, and often to the benefit of the public interest.

What follows is an attempt to weigh through the peer reviewed evidence, grey literature, current state and emerging trends affecting pharmacist administered injection authority with the aim of fostering dialogue on considerations and options moving forward.

Background

The literature on pharmacist administered injections, while varying in the quality of methodological and data sources used, generally demonstrates positive if not neutral outcomes for patient access and uptake of services, patient safety, overall public health, and ethical care. These public interest considerations align with the CPBC mandate of protecting public health and patient safety, and provide important background to inform dialogue on pharmacist injection authority in BC. A brief summary of the literature follows.

Public Health

Pharmacists administering drugs and other substances can advance public health efforts, such as combatting vaccine preventable diseases, participation in pandemic planning and mass immunizations,[2] as well as addressing health inequities faced by vulnerable and at-risk populations.

Mechanisms in which pharmacist administered immunizations can improve public health outcomes include:

- Increasing the number and percentage of at-risk individuals and target groups immunized;[3] [4] and,
- Improving public awareness of the importance and availability of vaccines for adults through the marketing of pharmacy immunization services in communities.[5] [6] Repeated and consistent messaging to the public from all health professionals promoting vaccination, and pharmacists' ability to interact with members of the public who infrequently visit or do not have a regular primary care provider, may improve vaccine uptake by Canadians.[7]

Pharmacist administered vaccinations are an important means of primary prevention that could result in the avoidance of acute conditions requiring hospitalization. For instance, a study on pneumococcal vaccination for seniors in Canada indicated that between 11,161 and 41,315 cases of hospitalized pneumonia could be avoided over the forecast period (from 2016 to 2035) by increasing access to pneumococcal vaccinations via the pharmacy sector.[8] Further, increased access to pneumococcal vaccination could save between 1,047 and 3,874 lives over the forecast period, depending on the level of patient participation.[9]

As for other injectable products, such as contraceptives and anti-psychotic medications, there is a potential public health benefit associated with improved access to, and uptake of these services. Given the stigma and service barriers commonly associated with these products, pharmacists with broad injection capability could be well positioned to work with allied health professions in meeting these important public health needs, especially among vulnerable and at-risk populations.[10]

Patient Safety

The patient safety aspect of pharmacist administered injections is addressed by three instruments of pharmacy regulation – cold chain management policy, inventory management bylaws, and the formal certification process for registrants to gain injection authorization.

Firstly, pharmacists have many years of experience safely storing refrigerated products, including insulin, biologicals, and compounded medications. Regular monitoring and recording of temperature, reporting/sequestering of product following cold chain breaches, protection from light, and safe transfer of product from the distributor to the pharmacy have been key components of pharmacy distribution practices for many years. Some have argued that greater cold chain assurance can be expected for pharmacy-administered vaccines than vaccines taken from pharmacies by patients for injection in other settings.[11]

The College's Professional Practice Policy – 68, Cold Chain Management of Biologicals[12], sets a rigorous standard for cold chain procedures in BC pharmacies. Enabling vaccines to be administered on-site at the pharmacy is not only safe, but can also mitigate the risk of breaching a cold chain during the transportation of temperature sensitive vaccines to another location for administration by a different healthcare provider. [13] [14]

Secondly, patient safety is safeguarded through the efficient storing and tracking of inventory, which has been a requirement for pharmacies as dispensers of numerous costly, storage-sensitive, and tightly regulated medications.[15] Pharmacy software programs track inventory levels in real time, and the quantities of medications ordered are determined by actual usage patterns to minimize the accumulation of excess inventory. The same inventory management approaches and record-keeping apply to vaccines.[16] Product recall mechanisms are in place in pharmacies to identify and isolate affected products and notify affected patients.[17]

Lastly, patient safety is protected through the formal injection training process which all authorized injection pharmacists must undertake prior to being granted this authority. Training includes immunology, vaccine components, cold chain management, aseptic technique, injection administration by various routes, and the management and reporting of adverse reactions, including anaphylaxis.[18] Current first aid and cardiopulmonary resuscitation certification is also required in order for pharmacists to be authorized to administer injections.[19]

The College's current certification is restricted to immunizations. However, further development regarding certification of other drug administration is being explored by the College.[20]

Ethical Care

Common ethical concerns regarding pharmacist administration of injections include:

- Financial pressures from employers to encourage pharmacist administration of vaccines that are not required;
- Conflict of interests resulting from the pharmacists being involved in both the ordering and the administration of vaccines; and,
- Patients paying out-of-pocket for products that would otherwise be publicly funded through public health clinics.

There are regulatory tools in place to ensure that pharmacist administered injections are provided ethically and benefit the public interest. For instance, the College's Code of Ethics and Conflict of Interest Standards include provisions that address exploiting patients for financial gain. As such, a decision to provide a vaccination based on any consideration beyond the patient's best interest may therefore be regarded as professional misconduct. PODSA Bylaws s.18(2)(e)(i) and (ii) provide additional protection, as they deal specifically with requiring pharmacy managers to ensure that workload volumes, quotas and targets do not compromise patient safety.

Lastly, if injection authority were to widen beyond immunization, then it is quite possible that a prescription would be needed for the pharmacist to dispense and administer the non-vaccine drugs. Having a practitioner prescribe the drug adds another check and balance in the health system.

Similar conflicts of interest associated with the same health professional ordering and administering vaccines, also exist in fee-for-service primary care clinics and travel clinics.[21] Pharmacists are held to the same ethical expectations as all health care providers who may benefit financially from the provision of care, and they confront such conflicts on a daily basis related to non-prescription product recommendations and the dispensing of prescriptions that may be of uncertain clinical benefit. The management of similar conflicts related to vaccines is not expected to be any different. It is also important to note that many staff community pharmacists (i.e., non-owners) are paid by hourly wage independent of the number of prescriptions filled, vaccines administered, or the provision of other services.[22]

Lastly, patients may choose to receive privately paid vaccinations from the pharmacist if it is in the pharmacist's scope of practice to administer it. While the current Standards, Limits and Conditions require pharmacists to document informed consent for each drug given, it does not specify ensuring that the patient is made aware of publicly funded products at no charge through public health clinics and other providers. As such, this component of informed consent is an existing gap which should be addressed to ensure patients are voluntarily making the decision to pay for privately obtained vaccinations.[23]

Access, Uptake and Adherence

Improving patient access, uptake and adherence of injectable drugs and substances are perhaps the most widely documented benefits of including injection authority within pharmacists' scope of practice.[24 25 26 27 28 29 30 31 32]

Community pharmacies are ideally placed to deliver vaccination services, offering convenience and availability without an appointment, as well as extended evening and weekend opening hours.[33] In the US, states which have allowed pharmacists to administer vaccines have enhanced patient access as perceived by patients, elicited support from prospective patients, and increased vaccine coverage.[34] Steyer and colleagues[35] compared influenza vaccine coverage in the US from 1995 to 1999 and found an absolute increase of 10.7% coverage among adults aged 65 years and older in states where pharmacists could give the vaccine (from 57.7% to 68.4%), as compared with an increase of 3.5% in states that did not have such a policy at the time of the study (from 61.2% to 64.7%). Grabenstein and colleagues[36] found a significant increase in influenza vaccination among adults under 65 adults as a result of vaccine delivery by pharmacists (34.7% vaccination rate in urban Washington where pharmacists administered vaccinations, compared with a 23.9% vaccination rate in urban Oregon, where pharmacists did not).

Improvements in influenza vaccine coverage consistent with pharmacy vaccination services have also been observed in rural populations in the US[37] and among the elderly in Japan.[38] In Canada, influenza vaccination was demonstrated to be higher in provinces with a pharmacist policy allowing for injection authority than in those without a policy, even after adjusting for potential confounders.[39]

A study by Ndiaye *et al* in West Virginia concluded that convenience of location and opening times were the most influential factors in mothers' preferences for their children to be vaccinated at the pharmacy.[40] Additionally, a US report on the integration of non-traditional immunization programs (including pharmacy) within an existing healthcare infrastructure concluded that the provision of immunizations outside of traditional places could increase vaccine coverage rates and decrease vaccine-preventable diseases among adults.[41]

Lastly, administration of drugs and substances via community pharmacy may improve uptake of certain drugs due to stigma reduction. A report from the National Alliance of State Pharmacy Associations suggests that some of the stigma faced by going to a specific type of clinic to access anti-psychotic medications could be resolved if these services were widely available in a community pharmacy setting.[42] In this setting, patients receive medications in the same way that others receive flu shots, which includes policies and procedures for communicating care delivery back to the patient's health care provider and other care coordination services.[43 44]

Current state analysis

Pharmacist Injection Authority across Jurisdictions

British Columbia

Since 2009, pharmacists have been granted the authority to administer subcutaneous, intra-dermal and intra-muscular injections for immunization and for the treatment of anaphylaxis to residents 5 years of age and older. Since 2015, pharmacists have had the authority to also administer immunizations by intranasal route to children 2 years and older. [45]

Pharmacists who receive authorization to administer immunizations in B.C. must follow the Standards, Limits and Conditions for Immunization established by the College of Pharmacists of BC[46] and have the knowledge, skills and abilities to do so safely and effectively. (See Appendix 2 for the Standards, Limits and Conditions).

At the time of writing, the total number of registrants that are certified for drug administration is **4,377**. Only Full and Limited Pharmacists and UBC pharmacy students are eligible to apply for the Drug Administration Certificate. As such, 62% of eligible registrants in BC are certified.

Table 1: Time of policy permitting pharmacists to administer publicly funded influenza vaccines, by province/territory

Province/territory	Pharmacist policy
Newfoundland and Labrador	2014
Prince Edward Island	2014
Nova Scotia	2013
New Brunswick	2010
Quebec	N/A
Ontario	2012
Manitoba	2014
Saskatchewan	2015
Alberta	2009
British Columbia	**2009**
Nunavut	N/A
Northwest Territories	N/A
Yukon	N/A

Canada

Pharmacists in most jurisdictions of Canada are authorized to administer a drug or substance by injection for routine injections or immunizations and other preventative measures, although jurisdiction-specific regulations apply (e.g., training requirements, age limitations);[47] e.g.:

- Pharmacists in **Alberta** have authorization for all drugs and blood products to be injected (subcutaneous or intramuscular) for anyone over 5 years old.
- Pharmacists in **Saskatchewan**, **Manitoba**, **New Brunswick**, **Newfoundland and Labrador**, and **Prince Edward Island** have injection authority for most drugs (limitations apply).
- Pharmacists in the above provinces, as well as **British Columbia** and **Nova Scotia** have injection authority for vaccines (limitations apply).
- Pharmacists in **Ontario** were granted authority to inject for 13 different preventable diseases (as of December 15, 2016).[48]

- **Quebec** is the only province that does not allow pharmacists to administer any drug or vaccine, other than for demonstration/education purposes.
- **The territories** (Yukon, Northwest Territories and Nunavut) do not grant pharmacist injection authority.

All provinces (except Quebec) provide public remuneration for flu vaccines.

Table 2:

Pharmacists' Scope of Practice in Canada

Scope of Practice [1]		Province/Territory												
		BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL	NWT	YT	NU
Injection Authority (SC or IM) [1,5]	Any drug or vaccine	X	✓	✓	✓	X [7]	X [7]	✓	X	✓	✓	X	X	X
	Vaccines [6]	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	X	X	X
	Travel vaccines [6]	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	X	X	X
	Influenza vaccine	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	X	X	X

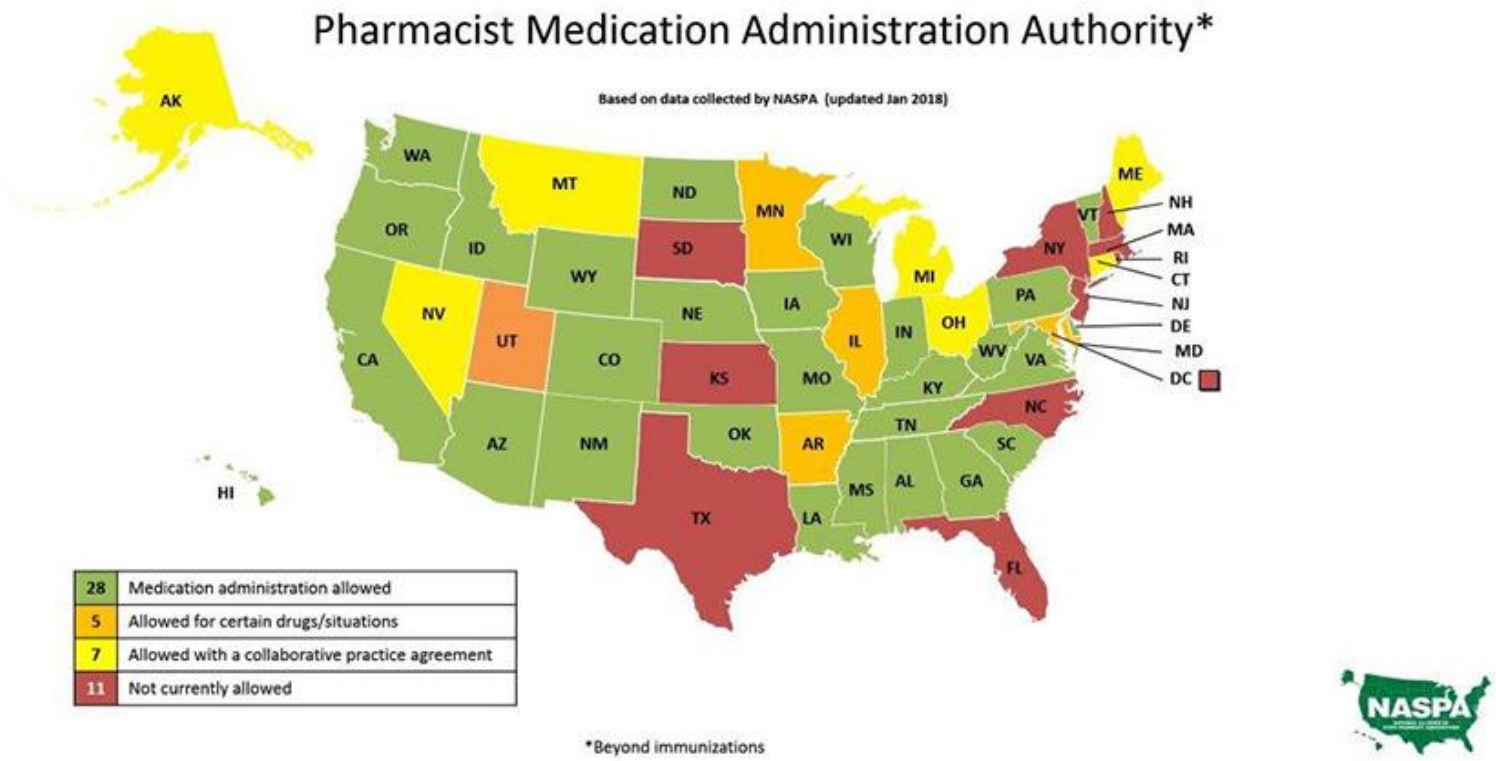
Source: CPhA (Current as of December 2016. Reviewed in June 2018)

USA

All fifty states allow pharmacists to administer vaccines, with some variability in the patient age, types of vaccines and/or process.[49] More than 300,000 pharmacists have been trained in the American Pharmacy Association's Pharmacy-Based Immunization Delivery certificate training program and are prepared to administer vaccines by injection.[50]

A survey of state boards of pharmacy in the U.S. published in 2012 found that in 21 states pharmacists had the authorization to administer injectable medications other than vaccines through completion of training approved by the Accreditation Council for Pharmacy Education, collaborative practice agreements, valid prescription orders, board certification, or other broad privileges as specified in state regulations.[51]

According to the National Alliance of State Pharmacy Associations (see diagram below), the number of states with pharmacist injection authority beyond vaccines has since increased to 28 as of data collected by January 2018. This indicates that a majority of US states grant this authority. Additionally, five states allow injection authority beyond vaccines for certain drugs/situations, seven grant authority with a collaborative practice agreement, and 11 do not currently grant this authority.



Hospital Pharmacy

Hospital pharmacists are increasingly involved in outpatient clinics, taking care of patients with multiple chronic medical conditions. In a 2001 survey of ambulatory care pharmacists in the United States, 8% reported administering vaccinations as a routine function of their practice, and 19% reported routinely performing immunization screening.[52]

Even if hospital-based pharmacists do not routinely administer vaccinations to patients, they can play an important role in screening patients for vaccination history, as well as vaccinating fellow health care workers.[53] Studies have found that vaccination-certified pharmacists, regardless of practice site location, were more involved as advocates, partners, or providers of immunization than pharmacists without such certification.[54] Studies have also shown that pharmacist-run vaccination clinics increased rates of employee vaccination for influenza.[55]

Current and Emerging Trends with Pharmacist Injection Authority

Influenza Vaccine

Pharmacists in BC have been granted the authority to administer injections for immunization since 2009. Between 2017-10-01 and 2018-05-11, a total of **665,184** publicly funded influenza vaccine claims from across BC were submitted to PharmaCare[56]. Data from the Provincial Pharmacist Injection Working Group (PIWG) indicates that, over a three year trend, dispenses of influenza vaccine have been on the rise across all health authority regions, with the greatest volume occurring in the Vancouver Coastal and Fraser Health regions.[57] (See Appendix 3 for further data).

Injectable Contraception

In the U.S., depending on a state's scope of practice, pharmacists may be able to administer contraception products, specifically medroxyprogesterone acetate injections (DMPA); i.e. Depo-Provera.[58]

Pilot studies in California and North Carolina examined the impact of pharmacist-provided DMPA reinjection. The California study concluded that the pharmacy option for reinjection is most viable for women who can comfortably manage their injection cycle, prefer not to have to schedule a clinic appointment quarterly, and do not require the ongoing attention and appointment supervision available from the clinic.[59] The North Carolina study concluded that administration of DMPA by pharmacists in a pharmacy setting is feasible, and that continuation rates and patient satisfaction with DMPA and the pharmacy setting were comparable to those who received DMPA in a family planning clinic.[60]

Injectable Anti-Psychotic Drugs

The National Alliance of State Pharmacy Associations (NASPA) and the College of Psychiatric and Neurologic Pharmacists (CPNP) convened a stakeholder group in 2016/2017 to develop policy recommendations related to the role of pharmacists in the administration of medications (beyond vaccines). In particular, the recommendations focused on the administration of long-acting injectable (LAI) anti-psychotic medications due to an identified need to address current gaps in patient access to these medications.

The NASPA report identified an important role for pharmacies in improving the adherence to LAI anti-psychotics among schizophrenia patients, who may otherwise face access barriers resulting from clinic scheduling, patient transportation, and any potential stigma experienced by going to a specific clinic for anti-psychotic medication. [61]

There are 40 states that allow pharmacists to administer prescribed medications other than vaccines, with varying levels of restrictions. Of these, 36 allow the administration of anti-psychotic medications pursuant to a prescription.[62] However, in eight of those states, a collaborative practice agreement (CPA) is required (see diagram below).[63] A CPA is a formal practice relationship between pharmacists and other health care practitioners. The agreement allows for certain patient care functions, in this case the administration of medications, to be delegated to the pharmacists by the collaborating prescriber.

Source: NASPA

Table 3: Anti-psychotic injectable medications provided by pharmacists in US states where laws and regulations permit Source: JAPhA[64]	
Generic name	**Brand name**
Aripiprazole	Abilify, Maintena
Aripiprazole lauroxil	Aristada
Fluphenazine	Prolixin

Haloperidol decanoate	Haldol
Olanzapine	Zyprexa
Paliperidone palmitate	Invega Sustenna, Invega Trinza
Risperidone	Risperdal Consta

*Note – See Appendix 4 for a full list of examples of all injectable medications that are currently provided by pharmacists in US states where laws and regulations permit.

Injectable Vitamins

Vitamin B12 helps build red blood cells and has a key role in brain and nervous system functioning. Injections are given to people — often seniors — who are unable to absorb the vitamin from their food because of a condition called pernicious anemia.

In Canada, Ontario pharmacists can demonstrate how to perform the injection of a physician prescribed dose of vitamin B12 to a senior citizen, and can administer the first dose.[65]

BC Context in Relation to Emerging Trends

Injectable Contraception and LAI Anti-Psychotic Medications

To date, pharmacist injection authority in BC for contraceptives (Depo-Provera) and anti-psychotic medications has only been made possible through a delegation of medical act between the College of Physicians and Surgeons of BC and the College of Pharmacists of BC. This agreement, initiated for a 12 month period in 2014, enabled a delegation of injection authority from a physician (Dr. Bill MacEwan) to two pharmacists (John Shaske and Ric Procyshyn) at Pier Health Resource Centre in the Downtown Eastside (DTES) and specifically-trained pharmacists as part of this agreement. The agreement was such that the pharmacists could administer Depo-Provera and anti-psychotic medications to patients at the DTES clinic, on condition that they:

- Had certification in injection authority by the CPBC;
- Spent at least four hours with Dr. MacEwan in the DTES treating patients; and
- Demonstrated at least ten successful injections under Dr. MacEwan's direct supervision.

Dr. MacEwan and the Pier Health Centre pharmacists reported to CPBC after the delegation of medical authority was initiated. Dr. MacEwan stated "my understanding is that those patients currently receiving injections from (the pharmacist) are happy with the service and with the fact that they do not have to travel to a clinic to comply with their medication program." In April 2016, one pharmacist reported he had completed 37 injections independently. Overall, the

delegation was successful, and has since been extended beyond the initial 12 month time frame.

This model of collaborative practice demonstrated that pharmacists can safely and effectively improve access to injectable contraceptives and anti-psychotic medications in BC. While the delegation of authority was an important enabling factor to this initial success, pharmacists continue to remain unable to provide these services unless this agreement is in place. This is attributable to the fact that section 4.1 of the "Pharmacists Regulation" states that a registrant may only perform injections if standards, limits, and conditions have been established on administering the drug or substance. At this time, the CPBC has only developed standards, limits and conditions on providing immunizations by injection.

Injectable Vitamins

Similar to injectable contraceptives and anti-psychotic medications, pharmacists require a delegation of authority from a patient's physician in order to inject B vitamins.

The CPBC states that:

"…a pharmacist may not inject other drugs such as B vitamins unless they have consent from the patient and a delegated authority from that patient's physician. A delegated authority is an authorization issued by the College of Physicians and Surgeons under a medical directive from a physician to a qualified individual."[66]

Considerations and Options

This section considers key merits and demerits of a broad pharmacist injection authority in BC, in light of the current and emerging trends discussed. The intent is not to offer policy recommendations; but rather, guide discussion on possible options.

<u>Considerations</u>

- ✓ The existing Pharmacist Injection Working Group (PIWG) data indicates that pharmacist administered vaccinations have been on the rise over a three year trend. Increased uptake across BC may signal that this service is viewed by the public as a safe and acceptable option. Furthermore, the PIWG supports removing limitations on injection authority for registered pharmacists.
- ✓ The delegation of authority at Pier Health, which enables pharmacists to inject contraceptives and anti-psychotic medications in the DTES, was successfully extended beyond the initial 12 month time frame. This demonstrated that properly trained pharmacists can provide safe and accessible injection services

beyond immunizations, and advance health equity among vulnerable and at-risk populations.

✓ Cold chain policies, inventory management, and injection certification procedures are addressed through existing College regulatory tools. This ensures that a strong patient safety lens is integrated into all aspects of pharmacist injection administration.

✓ Published research literature demonstrates evidence in support of the notion that pharmacist administered injections are safe, acceptable, accessible, ethical and health promoting.

✗ Published feedback received by the Ontario College of Pharmacists[67], from pharmacists who were not supportive of changing injection scope of practice, included:

- Concerns over increased workload (and therefore higher likelihood of an error occurring);
- Lack of space in the pharmacy to administer injections;
- Concerns that administering injections deviates from a clinical focus on medication management (i.e. not consistent with scope of practice);
- Lack of training or expertise;
- Reimbursement concerns; and,
- Concern that broad injection authority would not improve health system efficiency without also gaining prescribing authority.

✗ As there have not been any public consultations on initiating broad injection authority among BC pharmacists, it is unclear if there are concerns from other health professions and/or the Ministry of Health in BC.

Options

While operational details would need to be developed to address the potential demerits, it is clear that there is a basis of evidence to support broad injection authority in alignment with the College's public protection mandate. Two options for moving forward are included below for discussion purposes.

It is important to note that both options outlined below fit within the current regulatory authority of BC pharmacists, under the Pharmacists Regulation. However, in order to enable the authority of either option, the College would need to develop and implement standards, limits and conditions outlining relevant registrant requirements. These standards would require approval from the College Board and be subject to a 60-day filing period.

1) **Broadly expand pharmacist injection authority to registered pharmacists, with the exception of controlled drugs and substances.**

Another option would be to provide all registered pharmacists with broad injection authority, excluding controlled drugs and substances, provided they have relevant injection certification. This may be the most effective means of advancing the public interest considerations raised in this paper. As findings from the literature have indicated, improvements in medication access, uptake and adherence associated with pharmacist injection authority have been shown to advance health equity for hard-to-reach and at-risk populations, reduce a patient's experience of stigma associated with certain medication classes, and advance overall population health and public health protection efforts. The potential for widespread access to a range of pharmacist injection services would be in the public interest; however, administering controlled drugs and substances by injection could present patient safety risks that may outweigh the advantages of improved access, in the event of an overdose. As such, it is proposed that this restriction remain in place should pharmacist injection authority be expanded.

2) **Integrate clinical pharmacists with broad injection authority into the Ministry of Health and GPSC led Integrated System of Primary and Community Care.**

The Integrated System of Primary and Community Care is a provincial primary care initiative which seeks to improve access to primary care services in BC through enhanced team-based care models (known as "Patient Medical Homes" or PMHs). Through the integration of and continuity of care between primary, community and specialist care, the objective is to provide improved access to a comprehensive range of population-based health service needs within geographically defined areas known as "Primary Care Networks". (See Appendix 5 for more information on the Integrated System of Primary and Community Care).

There is a potential strategic alignment between the provincially funded clinical pharmacist initiative and the model of primary care being initiated through team-based PMHs. This presents an opportunity to pilot broad injection authority among clinical pharmacists working within a PMH, and identify any possible improvements this may bring to the provision of efficient, team-based and patient-centred care (e.g. decreasing physician and nurse work load; improving patient access to primary care based injections; maximizing each allied health professional's scope of practice, etc.).

Appendices	
1	HPA Pharmacist Regulation – Restricted Activities
2	HPA Bylaws Schedule F – Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions
3	Pharmacists Injection Working Group claims data
4	Examples of injectable medications that are currently provided by pharmacists in US states where laws and regulations permit
5	MOH Integrated System of Primary and Community Care

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be found to be a safe and acceptable form of service delivery to vulnerable and at-risk patients, and helped improve access to these services.

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[16] Ibid

[17] Ibid

[18] Ibid

[19] Ibid

[20] http://www.bcpharmacists.org/certification-drug-administration-injection-and-intranasal-route

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2. Haemophilus influenzae type b (Hib);
3. Hepatitis A;
4. Hepatitis B;
5. Herpes Zoster (Shingles);
6. Human Papillomavirus (HPV);
7. Japanese Encephalitis;
8. Meningococcal disease;
9. Pneumococcal disease;
10. Rabies;
11. Typhoid;
12. Varicella;
13. Yellow Fever.

Additionally, the authority to administer the influenza vaccine in accordance with the Universal Influenza Immunization Program (UIIP) has been extended to pharmacy students and interns.
Source: Authorized to administer additional vaccines. Pharmacists Now, Ontario College of Pharmacists

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Minutes of the Drug Administration (DAC) Teleconference Meeting
College of Pharmacists of B.C.

Tuesday, October 23, 2018

Present: Wilson Tsui (Chair), Jagpaul Deol, Jenny Misar, Bing Wang, Julia Zhu

Resource: Doreen Leong, Director, Registration and Licensure
Christine Paramonczyk, Director, Policy and Legislation
Jonathan Walker, Policy and Legislation Analyst

Regrets: Rashmi Chadha, Mitch Moneo

Agenda Items:

1. Meeting called to order at 1100 hours.
Welcome and Introductions – committee members introduced themselves and provided background information as to their practice.

2. Agenda (Appendix 1)

MSC That the agenda is approved as distributed.

3. DAC Members

At the April 2018 meeting, the College Board appointed the following members to DAC for a three-year term from May 1, 2018 to April 30, 2021.

Name	**Category**	**Organization**
Wilson Tsui	Pharmacist (Chair)	
Rashmi Chadha	MD	
Jagpaul Deol	Pharmacist	
Jenny Misar	RN	
Mitch Moneo		Ministry of Health
Bing Wang	Pharmacist	
Julia Zhu	Pharmacist	

4. Review of the Drug Administration Committee Terms of Reference

The Drug Administration Committee Terms of Reference were reviewed.

5. Overview on Pharmacists and Injection Authority

Jonathan Walker provided an overview on the current state of pharmacists' injection authority in BC and provided an overview of pharmacist injection authority nationally and internationally (see Discussion Paper). The current Standards, Limits and Conditions (SLC) for injection authority were also reviewed.

The Drug Administration Committee discussed whether there should be a broad removal of the restrictions on injection authority or whether there should be an exclusion list of medications that a pharmacist should not administer. The Drug Administration Committee also discussed if there should be a step-wise approach in removing the restrictions on injection authority. The Drug Administration Committee stated that injection administration is a technical function and that pharmacists must know the therapeutics of a drug they are administering in the same manner as they must know the therapeutics of a drug they are dispensing.

The Drug Administration Committee wanted a more detailed environmental scan of the experiences in other provinces, in particular, what each province is permitted to inject, any exclusions the may have with respect to what a pharmacist can inject, any complaints or issues they may have had related to injection authority.

DECISION POINT(S):

MSC That the Drug Administration Committee directs the College to obtain more information from the Pharmacy Regulatory Authorities to determine the scope of pharmacists' injection authority in the respective provinces, and any complaints or issues they may have had related to injection authority.

6. Next meeting – at the call of the chair.

7. Meeting adjourned at 1300 hours.

Pharmacists and Injection Authority:

Cross-Jurisdictional Review of Canadian Pharmacy Regulatory Authorities and Considerations for the CPBC Drug Administration Committee

Executive Summary

This Policy Issue Paper is for information on the results of a cross-jurisdictional review and questionnaire sent to Pharmacy Regulatory Authorities (PRAs) in Canada regarding broadening the scope of practice for injections. This research was conducted as a next step item following the Drug Administration Committee (DAC) meeting on October 23rd, 2018. At this meeting, the DAC identified that more information was needed on possible patient safety risks and the approaches used to broaden injection authority before arriving at a recommendation to the CPBC Board on amending the Standards, Limits and Conditions.

The purpose of the review and questionnaire were to identify the approach used by PRAs to arrive at their current policy on injection scope of practice, what patient safety risks they took into account, and what limits and conditions were placed on this authority. As such, the review and questionnaire address an information gap by providing a source of evidence on the experience to-date of PRAs who have granted injection authority beyond immunizations.

The results indicated that there is variation in the limits and conditions PRAs place on routes of administration (e.g. some allow for IV injection, whereas others do not). The results also indicated variation in the limits and conditions for administering injections for controlled drugs and substances. While none of the PRAs reviewed (except OCP) explicitly ban administration of controlled drugs and substances, some placed guidelines to ensure such injections are only administered in a collaborative setting, or issued a policy statements to dissuade cosmetic injections in particular. Points of alignment between the PRAs included the following: all PRAs suggested that they did not use a step-wise approach, that they would not make any substantive changes to this broad authority (if they could start over), and that the practice was safe and in the public interest.

Current Status

Pharmacists in British Columbia have been granted the authority to administer subcutaneous, intra-dermal and intra-muscular injections for immunization and for the treatment of anaphylaxis to residents 5 years of age and older since 2009. Pharmacists have had the authority to also administer immunizations by intranasal route to children 2 years and older since 2015.[i]

Pharmacists who receive authorization to administer immunizations in B.C. must follow the Standards, Limits and Conditions for Immunization established by the College of Pharmacists of BC[ii] and have the knowledge, skills and abilities to do so safely and effectively. (See Appendix 1 for the Standards, Limits and Conditions). As such, Pharmacists in BC currently do not have authority to administer injections for drugs and substances beyond immunizations.

At the time of writing, the total number of registrants that are certified for drug administration is **4,377**. Only Full and Limited Pharmacists and UBC pharmacy students are eligible to apply for the Drug Administration Certificate. As such, 62% of eligible registrants in BC are certified.

Background

Drug Administration Committee

The CPBC Drug Administration Committee (DAC) met on October 23rd, 2018 with the purpose of discussing the public safety considerations of amending the Standards, Limits and Conditions to grant pharmacists injection authority beyond immunizations. Quorum was achieved for the meeting, and members present included four pharmacists and one representative of the BC College of Nursing Professionals.

The DAC discussion was focused on the options and considerations put forth for safely broadening injection authority as outlined in the CPBC Discussion Paper – *Pharmacists and Injection Authority: Current state, trends and considerations for the CPBC Drug Administration Committee*. This discussion included a balanced review of the merits and demerits of broadening injection authority in relation to key public interest considerations (i.e. those pertaining to public health, patient safety, ethical care, and access to and uptake of injection services), and emerging trends across jurisdictions.

The DAC did not arrive at a recommendation for the Board regarding a possible amendment to the Standards, Limits and Conditions. Instead, the DAC opted to reconvene and review further evidence on the experience of other Pharmacy Regulatory Authorities (PRAs) who have granted broad injection authority before making any recommendation. This Policy Issue Paper serves to provide this information.

Research Process

Currently six Canadian PRAs grant injection authority for "any drug or vaccine" (see Appendix 2). These PRAs include:

- Alberta College of Pharmacy (ACP)
- Saskatchewan College of Pharmacy Professionals (SCPP)
- College of Pharmacists of Manitoba (CPM)
- New Brunswick College of Pharmacists (NBCP)
- Prince Edward Island College of Pharmacists (PEICP)
- Newfoundland & Labrador Pharmacy Board (NLPB)

Additionally, the Ontario College of Pharmacists (OCP) allows injection authority for Schedule 1 drugs for education and demonstration purposes, or subject to a medical directive.

A cross-jurisdictional review of the policies, standards and regulations of these seven PRAs was conducted to identify the following:

- What drugs and substances can be administered by injection (i.e. broad authority beyond immunizations or limits and conditions in place?);
- How are these injections allowed to be administered (e.g. routes of administration, applicable training requirements, collaborative practice or medical directive restrictions, etc);

Additionally, the PRAs were contacted directly with a questionnaire to identify the process they took to develop their policy on injection drug administration, and any relevant risks or benefits to the public that have been experienced to-date. This included the following questions:

- Do you place any standards, limits and conditions on drugs/substances for injection beyond vaccines or limit which drugs/substance a pharmacist can administer? If so, what are they? (Provide a link if helpful)

- If you did place limitations on injection authority, what did you consider in determining those limitations (e.g., training/education of pharmacists, need for physical assessment, etc.)?

- When developing injection authority did your College take a step-wise approach (i.e., grant a limited authority first and later broaden the authority) or pilot the authority? Why or why not?

- What has been your experience to-date, since broadening scope of practice to include injection authority beyond vaccines, of the following:
    - The uptake of injection authority (e.g., what percentage of pharmacists have obtained it)?
    - Has it been beneficial to public safety? Why or Why not?
    - Have you had any discipline or public/patient safety issues?

- If you could start over, would you do anything differently?

The following section provides a synthesized summary of the evidence gathered from both the cross-jurisdictional review and questionnaire.

Analysis

PRA	Injections allowed[1]	Routes	Limitations and Conditions	Risks/Benefits	Approach taken to broaden authority	Pharmacist uptake	If you could start over, would you do anything differently?
ACP	Any drug, blood product or vaccine	ID, SC or IM	Pharmacists who have been authorized to administer drugs by injection are required to complete a professional declaration annually as part of their registration renewal. Conditions by type of drug/substance: There are no restrictions regarding CDSA drugs (or any other drugs/substances) as long as it is within the pharmacist's scope, competence and practice.	There has been only one injection matter that has gone to hearing.[2] (Note – this pertains to influenza vaccination, not other drug/substance) There have been two other formal matters of complaint involving a pharmacist administering medication by injection. The first was investigated and then dismissed because there was no evidence of unprofessional conduct. The second was investigated and then resolved through the agreement of the parties. In the second matter there was no allegation or evidence of patient harm, and the complaint was not raised by the patient, or another member of the patient's health care team.	A step-wise approach was not used. The competence committee has discussed the additional competencies required to administer injections such as Botox or Mantoux and the need for pharmacists to critically reflect on their practice, their learning needs, as well as the sources that will be used to fill those gaps. Council will be having further discussion regarding this area in the near future.	As of November 13, 2018, 78% of clinical pharmacists have this authorization.	Since ACP granted this authorization, they have implemented the need to renew the authorization on an annual basis. https://abpharmacy.ca/authorization-inject ACP is currently considering streamlining our policies so there is more consistency among the various policies and applicant type.

[1] Refer to Appendix 3 for further ancillary legislation from each PRA detailing the exact provisions.

[2] https://abpharmacy.ca/sites/default/files/Agina%20-%203917_0.pdf (HT decision)

https://abpharmacy.ca/sites/default/files/Agina_Appeal%20-%202016%20%283917%29.pdf (Appeal decision, upholding HT decision)

PRA	Injections allowed[1]	Routes	Limitations and Conditions	Risks/Benefits	Approach taken to broaden authority	Pharmacist uptake	If you could start over, would you do anything differently?
SCPP	Publicly funded vaccines; Schedule I drugs; Schedule II drugs or a non-publicly funded Schedule II vaccine.	ID, SC, or IM	<u>Limitations by type of drug/substance</u>: A publicly funded vaccination may only be administered to a patient whose age is 9 years and over, or as may be specified by the Chief medical Health Officer for the Province of Saskatchewan. Non-publicly funded vaccinations may only be administered in accordance with the age limits under the Saskatchewan Immunization manual, Canadian Immunization Guide and the vaccine's official product monograph. Schedule I drugs can only be administered pursuant to a prescription to dispense from an authorized practitioner to a person according the age limits. Schedule II drugs or a non-publicly funded Schedule II vaccine are also subject to age limits. <u>Sites of administration</u> Only a licensed pharmacist who has completed the CPR, First-Aid,	SCPP's opinion is that greater access to flu vaccinations as well as other vaccinations and other drugs requiring administration by injection and other routes is of public benefit. They have had very few complaints of administrations causing patient harm specific to 'administration' and not an ADR due to the drug itself. SCPP is working closely with public heath to deal with any patient safety issues that have arisen since pharmacists were granted the ability to administer drugs through injection and other routes. In regards to vaccinations, most have which have been issues surrounding documentation of adverse events, cold chain breaks and other documentation concerns.	SCPP did not limit the administration of drugs by injection (or other routes) to just the flu vaccine. They did not take a step-wise approach because to their knowledge there was no need identified in the literature.	No stats available (data available at Drug Plan Extended Benefits Branch)	For the advanced method certification training, SCPP felt they could have selected more than one provider to make it more sustainable. Their original provider discontinued their program leaving them to search for an alternative.

PRA	Injections allowed[1]	Routes	Limitations and Conditions	Risks/Benefits	Approach taken to broaden authority	Pharmacist uptake	If you could start over, would you do anything differently?
			and other requirements established by Council and in the timeframe set by Council may administer a drug to patients over the age of 5 for Advanced Methods (ID, SC, IM). Advanced Method Certification is required for drugs other than vaccines.[3] <u>Guideline</u>: It is expected that these services be provided in a collaborative practice environment. The				

[3] Administration of Drugs by Injections and Other Routes – Guidelines for Pharmacists:
Advanced Method Certification Requirements - Injection

1. CCCEP (two-staged) Competency-Mapped Accreditation training program, plus the Saskatchewan specific module;

a) CCCEP maps the training program against the NAPRA approved competencies (14 PHAC competencies for administering vaccines plus the **15th supplementary NAPRA competency for administering other drugs**). This provides assurance that the training program addresses all of the competencies relating to the administration by injection of vaccines and other drugs. These competencies can be found at http://napra.ca/sites/default/files/2017- 09/Supplemental_Competencies_on_Injection_for_Canadian_Pharmacists2012.pdf.

Pharmacists are expected to comply with the standards described in the training for Advanced Method certification, including but not limited to:

h) Ensure the pharmacy creates and maintains a policy and procedures manual that includes administration of drugs, including vaccines, and emergency response protocols; and,

i) Ensure the pharmacy maintains a readily accessible supply of epinephrine for emergency parenteral administration (e.g.“pens”), diphenhydramine, cold compresses and non-latex gloves.

PRA	Injections allowed[1]	Routes	Limitations and Conditions	Risks/Benefits	Approach taken to broaden authority	Pharmacist uptake	If you could start over, would you do anything differently?
			relationship within that environment means a relationship between two or more regulated health professionals that is developed to: a) facilitate communication, b) determine mutual goals of therapy that are acceptable to the patient, c) share relevant health information, and d) establish the expectations of each regulated health professional when working with a mutual patient. For vaccinations, this also means collaborating with the public health system so that pharmacists' services are aligned with the direction given by public health authorities. SCPP expects pharmacists to be competent and knowledgeable about the drug and any specific requirements for administration (ie reconstitution methods, special injection requirements, etc) They are beginning the process of developing a training process for travel health – educational requirements, etc.				

PRA	Injections allowed[1]	Routes	Limitations and Conditions	Risks/Benefits	Approach taken to broaden authority	Pharmacist uptake	If you could start over, would you do anything differently?
CPM	Vaccines; Drugs other than vaccines (including Schedule 1/CDSA); Vaccines listed in Schedule 2.	IV, ID, SC, IM, Rectal	<u>Limitations by type of drug/substance</u>: Vaccines prescribed by an authorized practitioner can be administered to a person at least seven years of age. Drugs prescribed by an authorized practitioner other than vaccines can be administered to a person over the age of five years. Vaccines listed in Schedule 2 can be administered as long as members comply with the program requirements (for publicly funded vaccines). <u>Sites of administration</u> Advanced Method Certification is required for IV, ID, SC, IM and Rectal routes of administration. Collaborative practice is required for IV administration: 112 A member who is certified to administer a drug intravenously through an established central or peripheral venous access line may	CPM feels it is beneficial to public safety even just from the perspective of timely public access to vaccines and drugs that need to be administered, public health initiatives, etc.	A step-wise approach was not taken once the new legislation was in effect. Pharmacists were already administering injections in many other provinces already and CPM had developed a comprehensive training program (along with their Regulations being years in the making), so they don't know if it was felt that a step-wise approach was needed.	Practicing Pharmacists in MB: 1680; Injection Certified Pharmacists in MB: 1055.	CPM is trying to amend the Regulation to lower the age restrictions and allow for pharmacists to administer the drugs they have prescribed (for example for travel health). CPM also heard that there is some interest in adding more vaccines to Schedule 2 to the regulation, which are provided under a provincial immunization program free of charge to patients who meet provincial criteria.

PRA	Injections allowed[1]	Routes	Limitations and Conditions	Risks/Benefits	Approach taken to broaden authority	Pharmacist uptake	If you could start over, would you do anything differently?
			use that advanced method only when (a) he or she is practising in a collaborative practice with other regulated health professionals, including one or more physicians or registered nurses (extended practice); and (b) the practice meets requirements approved by the council. <u>Other conditions/limitations</u>: The CPM Council recently approved a Position Statement on the Injection of Neuromodulators and Dermal Fillers.[4]				
NBCP	Any drug, biological or blood product	ID, SC, IM, IV	<u>Sites of administration</u> Pharmacists may only inject according to how they have been trained; while legislation allows for injection via intradermal, SC, IM and IV routes, at this time, only SC	NBCP has no data that they are aware of to support an answer. The responder suggested that because of easier access to a pharmacist who can give injections, the public, benefits from receiving both immunizations and chronic medications that may have been more difficult to schedule in the past.	No pilot or step-wise approach was taken.	Currently, 658 of 932 (70.3%) active pharmacists are certified to inject.	*No feedback provided

[4] https://cphm.ca/uploaded/web/Position%20Statements/CPhM%20Position%20Statment%20-%20Injection%20of%20Neuromodulators%20and%20Dermal%20Fillers.pdf

PRA	Injections allowed[1]	Routes	Limitations and Conditions	Risks/Benefits	Approach taken to broaden authority	Pharmacist uptake	If you could start over, would you do anything differently?
			and IM are taught, and so pharmacists can only perform that type of administration. Further, since only IM injection into the deltoid muscle is taught, pharmacists are only able to inject at that site. With regard to medications, if they can be appropriately administered via an SC or IM/deltoid route, pharmacists are able to inject without restriction. There is a restriction with regard to prescribing of certain travel vaccines, but those same vaccines are able to be administered by all certified injectors. <u>Training requirements for sites of administration</u> IM and SC administration requires completion of a college recognized, accredited education program on administration of injections by IM and SC route. ID and IV administration requires a council approved training program with additional material on IV and ID administration; or a college	Regarding discipline cases, NBCP referenced one case from 2015: one pharmacist had not registered with the College to inject, and administered injections freely before this was uncovered. He faced discipline and remediation.			

PRA	Injections allowed[1]	Routes	Limitations and Conditions	Risks/Benefits	Approach taken to broaden authority	Pharmacist uptake	If you could start over, would you do anything differently?
			recognized accredited program on IV or SC route administration.				
PEICP	Vaccines; Drugs other than vaccines.	ID, SC, IM	<u>Conditions by type of drug/substance</u>: Pharmacists must hold a certification to administer the following: A vaccine, including influenza by injection to a patient over the age of 18 years of age; Influenza vaccine by injection to a patient between 5 and 18 years of age; Influenza vaccine by intranasal means to a patient 2 years of age or older; A drug other than a vaccine to a patient 5 years of age or older. A Pharmacist may administer a drug by injection to a patient if granted a PEICP Extended Practice permit.	*No feedback provided by PECP; however, this statement was provided on their "Administration of Drugs: Practice Directives": The authority to administer drugs provides pharmacists with the opportunity to support the health of Islanders in helping combat vaccine preventable diseases and to address some of the challenges of health care delivery in the province. Pharmacists are readily accessible, have the knowledge and expertise to identify patients who need vaccinations, and are experienced in direct patient care. This places pharmacists in a position to provide a contribution to vaccine preventable disease.	*No feedback provided by PECP	*No feedback provided by PECP	*No feedback provided by PECP

PRA	Injections allowed[1]	Routes	Limitations and Conditions	Risks/Benefits	Approach taken to broaden authority	Pharmacist uptake	If you could start over, would you do anything differently?
			Training requirements for sites of administration: Extended Practice Certificate in Drug Administration in accordance with Regulated Health Professions Act, Pharmacist and Pharmacy Technician Profession Regulations is required prior to administration of drugs by injection (i.e. via ID, SC, IM).				
NLPB	Vaccines; Schedule I drugs	IM, SC	Limitations by type of drug/substance: A pharmacist may not administer an inhalation to a child younger than two (2) years of age and an injection to a child less than five (5) years of age. b) A pharmacist should not administer an inhalation or injection to a family member or someone of a "close personal or	NLPB has not had any discipline issues specific to this authorization at this time. *No further feedback provided by NLPB	These standards were developed in close partnership with several other provinces and in conjunction with the development of the NAPRA Supplemental Competencies on Injection[5] and the CCCEP Competency-Mapped Accreditation Standards[6]. NLPB did not take a step-wise approach to this program – it is essentially the same today as it was at launch.	Uptake has been consistent since implementation with 433 of 764 active practicing pharmacists currently authorized.	*No feedback provided by NLPB

[5] https://napra.ca/pharmacists/supplemental-competencies-injection

[6] https://www.cccep.ca/index.php/pages/competencymapped_accredited

PRA	Injections allowed[1]	Routes	Limitations and Conditions	Risks/Benefits	Approach taken to broaden authority	Pharmacist uptake	If you could start over, would you do anything differently?
			emotional relationship" unless there is no alternative. c) A pharmacist should not administer an inhalation or injection to any patient with a reported history of adverse reaction to related inhalations or injections. d) A pharmacist may only administer a Schedule I inhalation or injection where it has been prescribed by an authorized prescriber. <u>Sites of administration:</u> Pharmacists must limit their administration of injections to those products that can be administered IM or SC.				
OCP* [7]	Schedule I vaccines; Schedule II vaccines; Influenza vaccines;	Injection (route not specified) including a procedure on tissue	<u>Limitations by type of drug/substance</u>: To a patient who has been prescribed a self-administered injection or inhalation of a substance specified in the	*No further feedback provided by OCP	N/A – authority is not broadened beyond vaccinations except for education and demonstration purposes, or under a medical directive	*No further feedback provided by	*No further feedback provided by

[7] Ontario College of Pharmacists was contacted to learn more about why they <u>do not</u> grant injection authority beyond immunizations, and identify any relevant patient safety considerations used in that decision.

PRA	Injections allowed[1]	Routes	Limitations and Conditions	Risks/Benefits	Approach taken to broaden authority	Pharmacist uptake	If you could start over, would you do anything differently?
	Schedule 1 (only for the purpose of education and demonstration); Other substances (only under a medical directive).	below the dermis	regulation, when the patient or his or her authorized agent, chooses to have the injection/inhalation both dispensed and administered by the pharmacist for the purpose of education and demonstration. To a patient who has been prescribed a Schedule I vaccine specified in the regulations. To a patient who requires a Schedule II vaccine specified in the regulations. In the case of the influenza vaccine, only a Part A pharmacist, pharmacy student or intern located in a pharmacy is permitted to administer the publicly funded vaccine in accordance with the Universal Influenza Immunization Program (UIIP) as described on the Ministry of Health and Long-Term Care website. Substances not listed in the schedules to the regulations may				

PRA	Injections allowed[1]	Routes	Limitations and Conditions	Risks/Benefits	Approach taken to broaden authority	Pharmacist uptake	If you could start over, would you do anything differently?
			only be administered in the context of a medical directive. A pharmacist may only administer an injection for any purpose to a child 5 years of age or older.				

Considerations

The research findings indicate that all PRAs (with the exception of OCP) grant broad injection authority, and do not limit this authority through regulatory means (i.e. neither their legislative framework nor their standards explicitly restrict broad injection authority). As such, pharmacists in these six jurisdictions could inject any Schedule 1/CDSA drug or substance. However, the following serve as 'non-regulatory' forms of restriction on this broad authority:

- CPM issued a position statement on pharmacist injection administration of neuromodulators (ex. Botulinum toxin) and dermal fillers (ex. Hyaluronic acid and collagen) for cosmetic purposes, indicating that it is not within pharmacists' scope of practice (despite the legislative framework allowing it).[8]
- SCPP issued a guideline indicating that it is expected for pharmacists to administer injections as part of collaborative practice.[9]
- All PRAs indicated that professional judgement must be used, meaning the pharmacist must be knowledgeable and competent enough to administer the drug or substance, as well as certified to administer a drug or substance via injection.
- Competencies for administering injections for drugs and substances beyond vaccines are addressed in all CCCEP accredited training courses, which use the competencies outlined by NAPRA in the 15th Competency (Essential Competencies for Injection of Other Substances)[10] for advanced drug administration.

The research findings indicate variation in the routes of administration that are permissible, and the certification/training required. Two PRAs – NBCP and CPM – indicated that IV injection administration of drugs and substances is allowed; however, IV administration in Manitoba requires specific training and is conditional upon the practice occurring in a collaborative setting with other health professionals. In New Brunswick, IV administration requires training

[8] https://cphm.ca/uploaded/web/Position%20Statements/CPhM%20Position%20Statment%20-%20Injection%20of%20Neuromodulators%20and%20Dermal%20Fillers.pdf

[9] **SCPP – Administration of Drugs by Injections and Other Routes – Guidelines for Pharmacists**

D. Collaboration

It is expected that these services be provided in a collaborative practice environment. The relationship within that environment means a relationship between two or more regulated health professionals that is developed to: a) facilitate communication, b) determine mutual goals of therapy that are acceptable to the patient, c) share relevant health information, and d) establish the expectations of each regulated health professional when working with a mutual patient. For vaccinations, this also means collaborating with the public health system so that pharmacists' services are aligned with the direction given by public health authorities.

[10] https://napra.ca/sites/default/files/2017-09/Supplemental_Competencies_on_Injection_for_Canadian_Pharmacists2012.pdf

specific to this route of administration; however, there is no existing IV training for pharmacists in that province and, therefore, this route of administration is not currently permissible.

Lastly, all PRAs indicated that the broad injection authority conferred to pharmacists in their jurisdiction was safe and in the public interest. There were very few complaints specific to pharmacist administered injections noted. Of the complaints that have been made (and were shared with CPBC via the questionnaire), the following issues were identified:

- In regards to vaccinations, complaints have dealt with issues surrounding documentation of adverse events, cold chain breaks, other documentation concerns, and a needle stick injury from the injection.

The evidence from this research suggests that no complaints have been lodged that are in direct reference to a pharmacist's broad injection scope of practice (i.e. ability to inject a drug or substance beyond a vaccination).

Options

Based on the available evidence, the DAC may consider amending the CPBC Standards, Limits and Conditions to broaden injection authority beyond immunizations, and may consider the following limitations and conditions as part of this amendment:

- A requirement that pharmacists practice in collaborative settings when administering Schedule 1 drugs;
- A limitation on pharmacists in relation to the administration of cosmetic drugs, on the grounds that this does not have therapeutic value and is beyond their scope of practice;
- A requirement that pharmacists obtain additional training to administer other drugs and substances (Note – existing CCCEP accredited courses address NAPRA's 15th competency on injections for other drugs and substances).

Appendix	
1	HPA Bylaws Schedule F Part 4 – Certified Practice – Drug Administration by Injection and Intranasal Route: Standards, Limits and Conditions.
2	Pharmacists' Scope of Practice in Canada – Injection Authority

Appendix 1

HPA BYLAWS SCHEDULE F
Part 4 – CERTIFIED PRACTICE – DRUG ADMINISTRATION BY INJECTION AND INTRANASAL ROUTE
STANDARDS, LIMITS AND CONDITIONS

STANDARDS

1. The pharmacist must assess the appropriateness of the drug for a patient, including:
   - Appropriate indication for the patient
   - Appropriate dose and route of administration
   - Allergy status
   - Risk factors, including immunosuppression and pregnancy
   - Contraindications and precautions including anaphylaxis and fainting
   - Prior immunization history

2. Obtain informed consent from the patient or patient's representative with regards to:
   - Drug to be administered
   - Purpose of the drug
   - Benefits and risks of the drug
   - Remaining in the pharmacy for a 15-30 minute wait period following administration of the drug

3. If administering drug by injection, prepare and provide care of the injection site including:
   - Assessing the injection site
   - Selecting and landmarking the injection site
   - Determining the requirement for dressings

4. Prepare for drug administration including:
   - Using aseptic technique and universal precautions for infection control in preparation, administration, and disposal of the drug

5. The pharmacist must document for each drug given:
   - Informed consent
   - Assessment of the appropriateness of the drug for the patient
   - Drug, dose and lot number given
   - Route of administration
   - Site of administration
   - Date and time of administration
   - Any adverse reaction experienced due to the drug administered
   - Patient or patient's representative contact information
   - Providing patient or patient's representative with the administering pharmacists' contact information
   - Patient teaching done
     - Adverse reactions and management
     - Plans for follow-up

6. Implement appropriate emergency measures including but not limited to:
   - Basic first aid
   - Use of epinephrine and diphenhydramine
   - CPR
   - Management of needlestick injuries

HPA BYLAWS SCHEDULE F
Part 4 – CERTIFIED PRACTICE – DRUG ADMINISTRATION BY INJECTION AND INTRANASAL ROUTE
STANDARDS, LIMITS AND CONDITIONS

7. Develop, maintain and review, at least annually, a policy and procedure manual including:
   - Emergency procedure and treatment protocol
   - Precautions required for patients with latex allergies

8. Maintain a setting within which the drug is to be administered that is clean, safe, comfortable and appropriately private and furnished for the patient.

9. Notify and provide relevant information to other health professionals, as appropriate, including:
   - The Adverse Event Following Immunization (AEFI) form

LIMITS

1. A practising pharmacist must not administer a drug by injection or intranasal route unless it is for the purpose of immunization.
2. A practising pharmacist must not administer an injection to a child under 5 years old.
3. A practising pharmacist must not administer a drug by intranasal route to a child under 2 years old.

CONDITIONS

1. A practising pharmacist must apply to the College of Pharmacists of B.C. for certification to administer immunizations within 1 year of successful completion of the required certification program.

2. A practising pharmacist must not provide immunization services in B.C. prior to receiving notification from the College of Pharmacists of B.C. of their certification to administer immunizations.

Appendix 2

Table 2:

Pharmacists' Scope of Practice in Canada

Scope of Practice [1]		Province/Territory												
		BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL	NWT	YT	NU
Injection Authority (SC or IM) [1,5]	Any drug or vaccine	X	✓	✓	✓	X [7]	X [7]	✓	X	✓	✓	X	X	X
	Vaccines [6]	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	X	X	X
	Travel vaccines [6]	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	X	X	X
	Influenza vaccine	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	X	X	X

Source: CPhA (Current as of December 2016. Reviewed in June 2018)

[i] Pharmacists and Publicly Funded Vaccines in B.C. General Information: https://www2.gov.bc.ca/assets/gov/health/health-drug-coverage/pharmacare/vaccine-guide.pdf

[ii] HPA Bylaws Schedule F Part 4 – Certified Practice – Drug Administration by Injection and Intranasal Route: Standards, Limits and Conditions.

Minutes of the Drug Administration (DAC) Meeting
College of Pharmacists of B.C.

Tuesday, December 11, 2018

Present: Wilson Tsui (Chair), Jagpaul Deol, John Capelli, Rashmi Chadha, Jenny Misar, Julia Zhu (teleconference)

Resource: Doreen Leong, Director, Registration and Licensure
Christine Paramonczyk, Director, Policy and Legislation
Jonathan Walker, Jr. Policy and Legislation Analyst

Regrets: Bing Wang

Agenda Items:

1. Meeting called to order at 1400 hours.

   Welcome and Introductions – committee members introduced themselves and background information was provided on the previous October 23rd meeting.

2. Agenda (Appendix 1)

   Motion, Seconded and Carried That the agenda is approved as distributed.

3. Review of the Drug Administration Committee (DAC) Terms of Reference

   The Drug Administration Committee Terms of Reference was reviewed.

4. Overview on Pharmacists and Injection Authority

   Doreen Leong provided an overview of the current Standards, Limits and Conditions (SLC) for injection authority, and provided a summary of key highlights from the Discussion Paper and next steps from the October 23, 2018 meeting. At the October 23, 2018 meeting, the DAC requested further information from the Pharmacy Regulatory Authorities (PRAs) on their experience with the scope of pharmacists' injection authority. Doreen then reviewed the results of the Policy Issue Paper on the experience of PRAs across Canada who have been granted broad injection authority, and posed considerations and options to the DAC.

   DAC discussed whether broadening injection authority should be restricted to collaborative practice settings, whether certain drugs or substances should be excluded, how this would affect workflow and reimbursement, whether this would influence age restrictions or routes of administration, and potential conflicts of interest pertaining to prescribing and dispensing.

   DAC determined, based on the discussion of the research findings in the Policy Issue Paper, that broadening injection authority for Schedule I and II drugs and substances, with the exception of Schedule 1A, is safe and in the public interest.

DAC was in favour of pharmacists obtaining a broader scope of practice for injections provided that provisions are in place to ensure patients' informed consent prior to administration, that pharmacists' knowledge, skills, abilities and professional judgement are utilized to determine competency prior to administration, that a limitation is placed on administering cosmetic drugs, and to determine if additional training for the National Association of Pharmacy Regulatory Authority's 15th competency in the document - Supplemental Competencies on Injection for Canadian Pharmacists - is required for pharmacists.

DECISION POINT(S):

Motion, Seconded and Carried That the Drug Administration Committee (DAC) recommends to the College Board to remove the restrictions for injection and intranasal administration of medications to allow for injection and intranasal administration of any Schedule I and II medications, with the exception of Schedule 1A. The College will review the education requirements for this broad authority.

Motion, Seconded and Carried That the DAC recommends to the College Board that the Health Professions Act (HPA) Bylaws, Schedule F, Part 4 – Certified Practice - Drug Administration By Injection and Intranasal Route Standards, Limits and Conditions not allow pharmacists to administer medications for cosmetic purposes.

Motion, Seconded and Carried That the DAC recommends to the College Board that the age limits remain the same.

5. Drug Administration Committee Minutes – October 23, 2018 Meeting

   Minutes of the DAC held on October 23, 2018 were circulated to committee members by email after the meeting.

   Motion, Seconded and Carried That the DAC approves the minutes of the meeting held on October 23, 2018.

6. Next meeting – at the call of the chair.

7. Meeting adjourned at 1530 hours.

College of Pharmacists of British Columbia

12. Drug Administration Committee

Wilson Tsui

Chair of Drug Administration Committee

College of Pharmacists of British Columbia

12 a) Committee Updates

College of Pharmacists of British Columbia

12 b) Injection Authority

College of Pharmacists of British Columbia

Background

Pharmacist Drug Administration Authority in BC

- Provincial Pharmacists Regulation, s. 4 (1) (c.1)
  - Grants broad drug administration authority to pharmacists:
    - Permits pharmacists to administer a drug specified in Schedule I, IA or II of the Drug Schedules Regulation or a substance.
    - Allows pharmacists to administer the drug or substance by intradermal, intramuscular or subcutaneous injection or intranasally
    - Administer the drug or substance by any method for the purpose of treating anaphylaxis.

College of Pharmacists of British Columbia

Background

Pharmacist Drug Administration Authority in BC

- Provincial Pharmacists Regulation, s. 4.1 (1) states
  - A registrant may perform an activity described in section 4 (1) (c.1) only if standards, limits and conditions have been established
- Standards, limits and conditions have been established in Schedule "F", Part 4 under the College's HPA Bylaws
  - Restricts drug administration authority to immunizations.

College of Pharmacists of British Columbia

Background, continued.

Drug Administration Committee (DAC)

- Reviewed the College's current restrictions in relation to patient safety and public protection.
- Discussed options for expanding authority, as conferred by the Pharmacists Regulation.
- Considered the experience of other Pharmacy Regulatory Authorities (PRAs) in order to formulate evidence-based recommendations for the Board.

College of Pharmacists of British Columbia

Background, continued.

Questionnaire Results

- Six PRAs have broad injection authority for “any drug or vaccine”.
- None used a step-wise approach to grant broad injection authority.
- None noted any patient safety concerns raised or complaints pertaining to broad injection authority.
- All concluded that broad injection authority was in the public interest.

College of Pharmacists of British Columbia

Recommendations of the Drug Administration Committee:

- DAC was in favor of pharmacists obtaining a broader scope of practice for injections provided that provisions are in place to ensure patients' informed consent prior to administration, and that pharmacists' knowledge, skills, abilities and professional judgement are utilized to determine competency prior to administration

College of Pharmacists of British Columbia

Recommendations of the Drug Administration Committee:

- Amend the "Limits" to allow for injection and intranasal administration of any Schedule I and II medication with the exception of Schedule IA . The College will review the education requirements for this broad authority.
- Amend the “Limits” to restrict pharmacists from administering injections for cosmetic purposes
- Maintain the existing “Limits” on the age restrictions for injection and intranasal drug administration

College of Pharmacists of British Columbia

Proposed Timeline (subject to Board approval)

Date	Action
February 2019	Draft amendments to the HPA Bylaws Schedule “F” Part 4 for summer engagement
September 2019	Seek approval for 60-day filing with the Ministry of Health
November 2019	Amended HPA Bylaws Schedule “F” Part 4 comes into force

College of Pharmacists of British Columbia

12 b) Injection Authority

MOTION:

Direct the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for Schedule 1A drugs and drugs for cosmetic purposes and retaining current age limit restrictions.

College of Pharmacists of British Columbia

BOARD MEETING
February 15, 2019

13. Inquiry Committee
b) Disposition of Complaint by Registrar

DECISION REQUIRED

Recommended Board Motion:

Authorize the Registrar to act under section 32(3) of the *Health Professions Act*.

Purpose

To seek Board authorization to allow the Registrar to act under s.32(3) of the *Health Professions Act* ("HPA").

Background

In general, s.32 of the HPA outlines how complaints against a registrant must be delivered to the Registrar, and the Registrar's authority to dispose of complaints. More specifically, s.32(3) of the HPA allows the Registrar, if authorized by the Board, to dismiss a complaint or request that a registrant act as described in s.36(1) of the HPA, without reference to the Inquiry Committee, if the Registrar determines that the complaint is:

a) Trivial, frivolous, vexatious, or made in bad faith;
b) Does not contain allegations that, if admitted or proven, would constitute a matter subject to investigation by the Inquiry Committee; or,
c) Contains allegations that, if admitted or proven, would constitute a matter, other than a serious matter, subject to investigation by the Inquiry Committee.

Section 36(1) of the HPA describes reprimands and remedial actions by consent. It allows the Inquiry Committee to request that a registrant do one or more of the following:

- Undertake not to repeat the conduct to which the matter relates;
- Undertake to take educational courses specified by the Inquiry Committee;
- Consent to a reprimand; or
- Undertake or consent to any other action specified by the Inquiry Committee.

If a complaint is dismissed or the registrant is requested to act as described in s.36(1) by the Registrar under s.32(3), the Registrar must deliver a written report to the Inquiry Committee about the circumstances of the disposition. In addition, after receiving this report, the Inquiry

Committee may still direct the Registrar to investigate the complaint. This allows for a "check and balance" in the complaints disposition process.

It is very common for this province's health professional regulatory bodies to authorize the Registrar to act under s.32(3) of the HPA. Of the twenty regulatory colleges established under the HPA, all but eight have an explicit bylaw provision authorizing the Registrar to act under that section[1]. Currently, the CPBC is without this particular bylaw provision.

Discussion

From time to time, the College's Complaints & Investigations Department receives complaints which, after assessment, would fall under one of the following categories of complaints outlined under s.32(3) of the HPA. Specifically, these complaints are found to be:

a) Trivial, frivolous, vexatious, or made in bad faith;
b) Do not contain allegations that, if admitted or proven, would constitute a matter subject to investigation by the Inquiry Committee; or,
c) Contains allegations that, if admitted or proven, would constitute a matter, other than a serious matter, subject to investigation by the Inquiry Committee.

As noted above, the Board has not previously provided the Registrar with authorization to act under s.32(3) of the HPA. So, even when complaints are received that would fall under a category outlined under s.32(3), the College spends considerable resources on assessment, developing recommendations for the disposition of the complaint, and presenting these recommendations to the Inquiry Committee. This occurs even when it is probable that the recommendation for disposition would be that the Inquiry Committee take no further action.

Recommendation

It is recommended that the Board authorize the Registrar to act under s.32(3) of the HPA.

Next Steps

To better align with most other colleges established under the HPA, the College will develop a proposed bylaw amendment to grant the Registrar authority to act under s.32(3) of the HPA

[1] The 12 colleges with a bylaw provision authorizing their registrar to act under s.32(3) of the HPA are: B.C. College of Nursing Professionals, College of Chiropractors of B.C., College of Dental Hygienists of B.C., College of Dental Surgeons of B.C., College of Denturists of B.C., College of Massage Therapists of B.C., College of Midwives of B.C., College of Occupational Therapists of B.C., College of Physical Therapists of B.C., College of Physicians and Surgeons of B.C., College of Podiatric Surgeons of B.C., and the College of Speech and Hearing Health Professionals of B.C.

going forward. It is anticipated that this proposed provision will be brought forward to the Board for their consideration at their April 2019 meeting.

As bylaw amendments may take upwards to a year to take effect, this proposed Board motion was brought forward initially to allow for immediate implementation. The College has engaged with legal counsel and the Ministry of Health on this issue.

College of Pharmacists of British Columbia

13. Inquiry Committee

Arden Barry

On behalf of the Inquiry Committee

College of Pharmacists of British Columbia

13 a) Committee Updates

College of Pharmacists of British Columbia

13 b) Disposition of Complaint by Registrar

College of Pharmacists of British Columbia

Background

- Section 32(3) of the HPA allows the Registrar, if authorized by the Board, to dismiss a complaint or request that a registrant act as described in s.36 (1), if the complaint is:
    - Trivial, frivolous, vexatious, or made in bad faith; or
    - Does not contain allegations that, if admitted or proven, would constitute a matter subject to investigation by the inquiry committee; or
    - Contains allegations that, if admitted or proven, would constitute a matter, other than a serious matter, subject to investigation by the inquiry committee.

College of Pharmacists of British Columbia

Background

- Section 36(1) of the HPA describes reprimands or remedial action by consent.
- It allows the Inquiry Committee to request that a registrant do one or more of the following:
  - Undertake not to repeat the conduct to which the matter relates;
  - Undertake to take educational courses specified by the inquiry committee;
  - Consent to a reprimand;
  - Undertake or consent to any other action specified by the inquiry committee.

College of Pharmacists of British Columbia

Background, continued

- If the Registrar dismisses a complaint or requests that a registrant act as described in s.36(1), the Registrar must also deliver a report to the Inquiry Committee about why the complaint was disposed.
- The Inquiry Committee may still direct the Registrar to investigate the complaint.

College of Pharmacists of British Columbia

Background, continued

- Twelve of the twenty Colleges established under the HPA have provided their Registrars with authority, via a bylaw, to dismiss complaints under s.32(3).
- Currently, the CPBC Registrar does not have this authority, resulting in efficiencies and costs incurred:
    - Resources are spent on assessment, developing recommendations for the disposition of the complaint, and presenting these recommendations to the Inquiry Committee.
    - This occurs even when the recommendation is for the Inquiry Committee to take no further action.

College of Pharmacists of British Columbia

Recommendation and Next Steps

Recommendation:

- It is recommended that the Board authorize the Registrar to act under s.32(3) of the *HPA*.

Next Steps:

- The Board authorization will be communicated to stakeholders.
- To align with other *HPA* Colleges, draft bylaw amendments would be presented to the Board for approval at their April 2019 meeting for public comment.

College of Pharmacists of British Columbia

13 b) Disposition of Complaint by Registrar

MOTION:

Authorize the Registrar to act under section 32(3) of the *Health Professions Act*.