College of Pharmacists of British Columbia

Board Meeting
April 17, 2020
Via Video Conference

MINUTES

Members Present:
Christine Antler, Chair, District 2
Anca Cvaci, Vice-Chair, District 6
Alex Dar Santos, District 1
Andrea Silver, District 3
Steven Hopp, District 4
Michael Ortynsky, District 5
Claire Ishoy, District 7
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
Ashifa Keshavji, Director of Practice Reviews and Quality Assurance
Doreen Leong, Director of Registration and Licensure
Mary O'Callaghan, Chief Operating Officer
Anu Sharma, Acting Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement
Laura Briard, Policy and Legislation Analyst
Jon Chen, Communications Project Officer
Kimberly Hilchie, Pharmacy Policy Consultant
Tien Huynh, Information Technology Manager
Stephanie Kwok, Executive Assistant
Gordon Pither, IT Project Manager

Guests:
Michael Coughtrie, Dean, UBC Faculty of Pharmaceutical Sciences

Guest Regrets:
Elisa Colasurdo, UBC Pharmacy Undergraduate Society President

Notes:
The inability to record the videoconference was due to a temporary global issue with Microsoft Teams.

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1. **WELCOME & CALL TO ORDER**
   Chair Antler called the meeting to order at 9:03am on April 17, 2020.

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Chair Antler acknowledged the Coast Salish People on whose unceded traditional territories the meeting is being chaired from, the Coast Salish, Squamish and Tsleil-Waututh First Nations. She also recognized that attendees of the videoconference are joining the call from other First Nations territories across BC.

2. CONSENT AGENDA

a) Items for further discussion

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

b) Approval of Consent Items (Appendix 1)

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

CARRIED

3. CONFIRMATION OF AGENDA (Appendix 2)

It was moved and seconded that the Board:
Approve the April 17, 2020 Draft Board Meeting Agenda as circulated.

CARRIED

4. COVID-19 UPDATE

A message from Christine Antler, Board Chair, College of Pharmacists of B.C:

"Since our last meeting, the world has become a different place. On March 11, 2020, the World Health Organization declared the novel coronavirus, COVID-19, a pandemic, citing concern over alarming levels of spread and severity across the globe. In BC, our Provincial Health Officer, Dr. Bonnie Henry, declared a public health emergency on March 17, 2020.

This crisis has created a number of challenges that we continue to address as part of the health system in BC. I want to first recognize all of BC's pharmacy professionals for the indispensable role they are playing on the frontlines of this pandemic, ensuring that British Columbians continue to receive the highest standard of pharmacy care.

The College Board and Staff have been working tirelessly over the past few weeks, developing measures to reduce any unnecessary strain on BC's pharmacies, and provide our pharmacy professionals broader latitude to use their professional judgement and provide continuity of care during this challenging time.

Notably, we have activated temporary registration for former and non-practicing pharmacy professionals, as well as issued a number of temporary authorizations for verbal prescription orders and delivery of OAT by non-pharmacists.

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We have also issued PDAP exemptions to all pharmacy professionals in BC and provided guidance to pharmacies on addressing potential exposures, staff shortages, and providing emergency refills to patients. And we will continue to work to support BC's pharmacy professionals as this situation evolves.

For a full list of these updates, as well as the most current COVID-19 information for the public and pharmacy professionals, please visit www.bcpharmacists.org/COVID19.

I encourage you all to use the comprehensive COVID-19 resources we've provided on our website, and to stay up-to-date on the latest practice and policy changes.

Along with organizations across Canada, College staff and Board members have been doing our part to reduce the spread of COVID-19 by only meeting remotely. As such, this month's Board meeting was conducted virtually, via video conference."

5. COVID-19 IMPACT ON THE COLLEGE BUDGET (Appendix 3)

Chair Antler provided an overview of the impact of COVID-19 on the College's projected 2020/2021 budget.

It was moved and seconded that the Board:
Direct the Registrar to review the impact of COVID-19 on the finances of the College before proceeding with operationalizing the fee increases planned for the end of 2020.

CARRIED

It was moved and seconded that the Board:
Remove items 6b Amendments to Pharmacy Operations and Drug Scheduling Act Bylaws – Fee Changes and 6c. Amendments to Health Professions Act Bylaws – Fee Changes from the April 17, 2020 Board Meeting Agenda as these items are no longer relevant.

CARRIED

6. LEGISLATION REVIEW COMMITTEE (Appendix 4)

Justin Thind, Chair of the Legislation Review Committee presented on the proposed amendments to the *Health Professions Act* Bylaws Schedule F Part 1 – Community Pharmacy Standards of Practice (CSOP) and Part 3 – Residential Care Facilities and Homes Standards of Practice (RCSOP) regarding the receipt of a written record of a verbal prescription.

a) Amendments to HPA Standards of Practice – Dispensing Verbal Orders taken by a Hospital Registrant to a Community Pharmacy

It was moved and seconded that the Board:

1. Approve the following resolution to amend the *Health Professions Act* Bylaws Schedule F Part 1 – Community Pharmacy Standards of Practice relating to verbal prescriptions:

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

2. Approve the following resolution to amend the *Health Professions Act* Bylaws Schedule F Part 3 – Residential Care Facilities and Homes Standards of Practice relating to verbal prescriptions:

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

CARRIED

7. MEDICAL DELEGATION REQUEST: ANTICOAGULATION MANAGEMENT CLINIC (Appendix 5)

Registrar Nakagawa presented a delegation request to authorize pharmacists at the Anticoagulation Management Clinic at the Jim Pattison Outpatient Care and Surgery Centre to administer low molecular weight heparin (LMWH) injections.

It was moved and seconded that the Board:
Approve the delegation request to authorize pharmacists at the Anticoagulation Management Clinic at the *Jim Pattison Outpatient Care and Surgery Centre to administer low molecular weight heparin injections as delegated by Dr. Mir I. Ali.*

CARRIED

8. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA

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

ADJOURNMENT

Chair Antler adjourned the meeting at 10:28am on April 17, 2020.

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BOARD MEETING
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2. Consent Agenda
b) Approval of Consent Items

DECISION REQUIRED

Recommended Board Motion:

Approve the Consent Agenda as circulated, or amended.

i. Chair's Report
ii. Registrar's Update
    a. Compliance Certificate
    b. Risk Register April 2020
    c. Action Items & Business Arising
iii. Approval of February 14, 2020 Draft Board Meeting Minutes **[DECISION]**
iv. Committee Updates
v. Committee Annual Reports to the Board
vi. Audit and Finance Committee: Finance Report: January Financials
vii. Governance Committee
    a. Committee Member Appointments **[DECISION]**
    b. Approval of Amendments to the Board Reference and Policies **[DECISION]**
viii. Approval of February 13, 2020 Draft Committee of the Whole Meeting Minutes **[DECISION]**
ix. Practice Review Committee: Phase 1 and 2 Update
x. Legislation Review Committee
    a. Amendments to PPP-54 Identifying Patients and Patient Representatives in Community Pharmacy and Telepharmacy Settings **[DECISION]**
    b. Amendments to PPP-59 Pharmacy Equipment **[DECISION]**
    c. Update on Amendments to Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions
xi. Approval of March 16, 2020 Draft Board Resolution Minutes **[DECISION]**
xii. Approval of March 16, 2020 Draft Board Meeting Minutes **[DECISION]**
xiii. Approval of March 17, 2020 Draft Board Meeting Minutes **[DECISION]**
xiv. Approval of March 20, 2020 Draft Board Meeting Minutes **[DECISION]**
xv. Approval of March 23, 2020 Draft Board Meeting Minutes **[DECISION]**
xvi. Approval of March 26, 2020 Draft Board Meeting Minutes **[DECISION]**

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BOARD MEETING
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2b.i. Chair's Report

INFORMATION ONLY

It is my pleasure to provide this report for the April 2020 Board meeting. Since the previous Board Meeting report (February 2020), I have been involved in the following activities as Board Chair:

General:

- Liaised with Registrar, Vice Chair and Board to plan COVID-19 related Board teleconferences
- Chaired Board teleconferences on March 16, 17, 23, 26, 31 and April 6
- Reviewed draft February 2020 board meeting and March Board teleconference meeting minutes
- Liaised with Registrar and Vice Chair to plan the April 2020 Board meeting
- Attended regular teleconferences with Registrar and Vice-Chair on Board items related to COVID-19 response
- Answered general questions/queries of registrants and fellow Board members

Events:

- With Registrar and Vice Chair, attended UBC to present to third year pharmacy students on the structure and role of the College Board on February 24, 2020

Committees:

- Application Committee
- Governance Committee
- Registrar Evaluation and Succession Planning 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 28, 2019

Non-profit Tax Return – Filed August 19, 2019

Non-profit Information Return – Filed August 19, 2019

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.

Employer Health Tax 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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BOARD MEETING
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2b.ii Registrar's Update
c) 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: At the October 2019 Legislation Review Committee meeting, the committee discussed that these standards of practice should be included in the HPA Modernization Project which will begin in February 2020.**	06-2017	IN PROGRESS
3.	Motion: Direct the Registrar to explore the development of new requirements for the security of information in local pharmacy computer systems; **Status: The Policy & Legislation Department has addressed some of the issues in the new electronic record keeping PPP. Work is being done by the Ministry of Health addressing this issue with PRIME and updated SCS document No further update at this point. The current status is still in effect.**	02-2018	IN PROGRESS
4.	Motion: If new requirements are deemed necessary, direct the Registrar to propose that the Ministry of Health consider amending their PharmaNet Professional and Software Compliance	02-2018	IN PROGRESS

	MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS
	Standards document to enhance the software security requirements of the local pharmacy computer systems." **Status: Ministry of Health has posted conformance standards and will come into effect December 31/2020.**		
5.	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. No further update at this point. The current status is still in effect.**	11-2018	IN PROGRESS
6.	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. **Status: The Ministry of Health has recently requested that a working group be established to explore potential effects of the removal of restrictions on pharmacist injection and intranasal administration of medications in British Columbia. The College and Ministry have drafted a terms of reference and timeline for this working group. The first meeting of the working group was held on October 28, 2019. An update from the first meeting was provided to the Board at the November 2019 Board meeting. The second meeting of the working group was scheduled for February 12, 2020, however cancelled as the Ministry of Health staff we unavailable to attend. The meeting will be rescheduled. Due to emerging priorities related to COVID-19, the planned meeting of the Drug Administration Committee (DAC) to discuss next steps was cancelled. Pending rescheduling of the DAC, this item has been moved to the June 2020 Board meeting.**	02-2019	IN PROGRESS
7.	Motion: Direct the Registrar to require mandatory anonymous medication incident reporting in all pharmacies using any medication incident reporting platform of the pharmacy's choosing that meets the College's criteria. **Status: Participated on NAPRA Medication Incident Working Group and attended Joint CQI meeting with the Institute for Safe Medication Practices Canada and representatives from other provinces. No further update at this point. The current status is still in effect.**	09-2019	IN PROGRESS

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2b.iii Approval of February 14, 2020 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the February 14, 2020 draft Board meeting minutes as circulated.

Appendix	
1	http://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Meeting_Minutes-20200214.pdf

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2b.iv Committee Updates

INFORMATION ONLY

Purpose

To provide updates of committee activities since the last Board meeting.

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.

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i. **Application Committee**
The Application Committee met four times since the February 2020 Board meeting. The committee reviewed ten pharmacy files. Six files were late pharmacy renewal cases and four pharmacy files were eligibility-related cases.

ii. **Audit and Finance Committee**
The Audit and Finance Committee has not met since the last Board meeting.

iii. **Discipline Committee**
The Discipline Committee had a one-day hearing for a file. There are two files in progress, four pending files and no hearings were heard for the period of January 2020 to February 2020.

iv. **Drug Administration Committee**
The Drug Administration Committee has not met since the last Board meeting.

v. **Ethics Advisory Committee**
The Ethics Advisory Committee has not met since the last Board meeting.

vi. **Governance Committee**
The Governance Committee met once on April 2, 2020 via teleconference. The committee reviewed the February Board meeting evaluation survey results, approved revisions to the Board Reference and Policies, approved revisions to the Registration Committee Terms of Reference, discussed and approved the final recommendation of committee appointments for Board approval.

vii. Inquiry Committee

The Inquiry committee met once in-person and eight times via teleconference for the period of January 2020 to February 2020. Forty-six files were reviewed or disposed of, of which eighteen files were new files, ten were reconsideration files, and eighteen were PODSA s. 18 report files. 144 calls/tips were received during this reporting period and fifteen formal complaints were received. The numbers reported during this period are comparable to previous years.

viii. Jurisprudence Examination Subcommittee

The Jurisprudence Examination Subcommittee has not met since the last Board meeting.

ix. Legislation Review Committee

Since the February 14th meeting of the Board, the Legislative Review Committee (LRC) met once on March 30th. At this meeting, the committee discussed the following LRC items on today's agenda (both the regular agenda and consent agenda):

- Amendments to HPA Standards of Practice – Pharmacist Verbal Orders
- Amendments to PODSA Bylaws – Fee Changes
- Amendments to HPA Bylaws – Fee Changes
- Update on Amendments to Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions
- Amendments to PPP-54 Identifying Patients and Patient Representatives in Community Pharmacy and Telepharmacy Settings
- Amendments to PPP-59 Pharmacy Equipment

More details on these items will be provided in agenda item 5 of the April Board meeting. The LRC's upcoming work includes some of the following projects:

- Amendments to Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions
- Amendments to the HPA and PODSA to Implement NAPRA Model Standards for Sterile Compounding
- HPA Standards of Practice Modernization Project Charter (Goal One of the 2020/2021- 2024/2025 Strategic Plan)

x. Pharmacy Advisory Committee

The Pharmacy Advisory Committee has not met since the last Board meeting.

xi. Practice Review Committee

The Practice Review Committee met by teleconference on Tuesday February 18th, 2020 and discussed the following agenda items:

- PRP operational updates including the statistics, risk register, and Insight Articles
- Approval of PRP policies
- Program targets for 2019/20 and cycle forecasts
- Work-plan for 2020

The committee plans to discuss the PRP Yearly Review Data and Registrant Feedback Reports at their next meeting.

xii. Quality Assurance Committee

The Quality Assurance Committee has not met since the last Board meeting.

xiii. Registrar Evaluation and Succession Planning Committee

The Registrar Evaluation and Succession Planning Committee has not met since the last Board meeting.

xiv. Registration Committee

The Registration Committee met once since the February 2020 Board meeting. The committee reviewed one file, of which could not check off the statutory declaration items.

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

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2b.v Committee Annual Reports to the Board

INFORMATION ONLY

Annual reports of committee activities are submitted.

Appendix	
1	Annual Reports for all College committees

College of Pharmacists of British Columbia

Annual Report to the Board
April 17, 2020

Application Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2019 – February 29, 2020

Committee Overview

Membership:

Pharmacists and Technicians
Antler, Christine
Beever, John
Bruan, Neil
Budd, George
Cunningham, Dianne
Hoff, Trevor (from May 1, 2019)
Lee, Derek
Park, Terry (until April 30, 2019)
Wellon, Sorell
Zhou, Mark

Public Members
Gustavson, Kris (from May 1, 2019)
Lewis, Robert
Ly Kevin
Moazen, Nima (from May 1, 2019)
Skelton, Katie (from November 15, 2019)
Singh, Surbhi
Thind, Justin (until November 15, 2019)

Chair: Christine Antler (until November 15, 2019)
John Beever (from November 15, 2019)

Vice Chair: John Beever (until November 15, 2019)
Derek Lee (November 15, 2019)

Staff Resource: Doreen Leong

Mandate: To review pharmacy licence applications that have been referred to the committee and determine whether to issue, renew or reinstate a licence with or without conditions.

Responsibilities:

- Review applications for a pharmacy licence as referred by the Registrar that do not meet the eligibility criteria defined in PODSA.
- Request additional information or evidence, if required to make a decision.
- Issue, renew or reinstate a pharmacy licence, with or without conditions, to applicants who satisfy the Application Committee they are eligible to hold a pharmacy licence.
- Refuse to issue, renew or reinstate a pharmacy licence, to applicants who do not satisfy the Application Committee that they are eligible to hold the pharmacy licence.
- Develop conditions with respect to issuing, renewing and reinstating a pharmacy licence.
- Inform applicants, about the results of the licensure decision made by the Application Committee.

Relevant Statistical information

Application Committee:

- Number of meetings: 1 training, in-person; 23 teleconferences

Accomplishments:

- Conducted an overall review of eligibility case files and incomplete pharmacy files
- Held an in-person training/orientation session to review Application Committee decisions, administrative law and decision making including applying conditions to a pharmacy licence.
- Drafted and revised on-going communication materials for licensure processes – Pharmacy Licensure Guide, ReadLinks articles, webpages and correspondence
- Pharmacy applications referred to the AC:
    - 12 pharmacy files related to eligibility criteria
    - 125 pharmacy files were incomplete/late

Goals for Next Fiscal Year:

- Annual review of all policies
- Annual in-person meeting/orientation/training
- Annual review and revision of all communication materials
- Review and revise FAQs on College website

College of Pharmacists of British Columbia

Annual Report to the Board
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Audit and Finance Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2019 to February 29, 2020

Committee Overview

Membership:
Barry, Arden – until November 15, 2019
Lucarell, Frank – until November 15, 209

Antler, Christine
Cvaci, Anca – effective November 15, 2019
Dar Santos, Alex – effective November 15, 2019
Hagkull, Tracey
Hopp, Steven – effective May 1, 2019

Chair:
Frank Lucarelli until November 15, 2019
Steven Hopp – effective November 15, 2019

Vice Chair:
Tracey Hagkull – until November 15, 2019
Alex Dar Santos – effective November 15, 2019

Staff Resource:
Bob Nakagawa
Mary O'Callaghan

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

Responsibilities:

Annual Audit Planning and preparation

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

Audit results

- Review the auditors' draft report on the financial statements.
- Review auditors' evaluation of internal controls and processes, including internal controls over financial reporting and any material weaknesses or risks of fraud. Assess the steps

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

Auditors' appointment

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

Financial oversight

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

Relevant Statistical information:

- Number of meetings: 4

Accomplishments:

- Reviewed annual audit and auditor's recommendations with the auditors.
- Recommended a new Reserve Policy.
- Reviewed the budget impacts of the draft Strategic Plan.
- Reviewed and recommended approval of the 2019/20 annual budget, including a fee increase for late 2019.

Goals for Next Fiscal Year:

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

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Annual Report to the Board
April 17, 2020

Discipline Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2019 to February 29, 2020

Committee Overview

Membership:

Pharmacists and Technicians	Public Members
Baxter, Heather	Cunningham, Dianne
Chahal, Rapinder	Driessen, Anneke
Chauvin, Vaughn	Hughes, Nerys
Chen, Wayne (ended April 30, 2019)	Kry, Edwin
Croft, Jody (ended April 30, 2019)	Kushner, Howard (ended April 30, 2019)
Dhillon, Baldeep	Marcotte, Dominique
Huang, Jeffrey	Muir, Leza
Lam, Peter	Peterson, Anne
Lee, Derek	Walden, Jeremy (ended April 30, 2019)
Robinson, Annette	Williams, Carol
Saad, Omar	
Sanfacon, Sophie	
Saran, Gurinder	
Tchen, Paulo	
Yen, Amparo	

Chair: Derek Lee

Vice-Chair: Heather Baxter

Staff Resource: David Pavan

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

Responsibilities:

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

Relevant Statistical Information

For the period of March 1, 2019 to February 29, 2020:

- Number of hearing days: 1
- Number of discipline files heard in court: 0
- Number of files completed: 0
- Number of files in progress: 2
- Number of files pending: 4

Summary

William Byron Sam

The Inquiry Committee directed the Registrar of the College to issue a citation against registrant William Byron Sam in 2016. Mr. Sam is the manager and director of Garlane Pharmacy #2 where he failed to cooperate with the College in its operation of Quality Assurance Program and in its investigation pursuant of Part 3 of the Health Professions Act.

Hearings were held on the following dates:

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

A decision is pending.

Joelle Mbamy and Sunrise Pharmacy

The Inquiry Committee directed the Registrar of the College to issue a citation against registrant Joelle Mbamy and Sunrise Pharmacy in 2019. Ms. Mbamy is the manager and owner of Sunrise Pharmacy where she is alleged to have shown a continuing pattern of providing Opioid Agonist Treatment without abiding by the legislative requirements. Also, while practicing as a pharmacist, the Registrant is alleged to have prepared and dispensed intravenous drug product under unsanitary conditions.

A pre-trial hearing teleconference was held on January 17, 2020. Future hearing dates are scheduled for July and September 2020.

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Annual Report to the Board
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Drug Administration Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2019 – February 29, 2020

Committee Overview

Membership: Capelli, John
Chadha, Rashmi
Dar Santos, Alex
Deol, Jagpaul (until April 30, 2019)
Misar, Jenny
Tsui, Wilson
Wang, Bing
Zhu, Julia

Chair: Wilson Tsui

Vice Chair: Bing Wang

Staff Resource: Doreen Leong

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

Responsibilities:

- Must review, develop and recommend to the Board standards, limits and conditions respecting the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation for the purposes of preventing diseases, disorders and conditions.
- May review the role of practising pharmacists in regard to the performance of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation.
- May make recommendations to the Board, for submission to the Ministry of Health Services, respecting the standards, limits and conditions for practice and any other requirements it considers necessary or appropriate to support the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation for the purposes of treating diseases, disorders and conditions.

- May consult, as it considers necessary or appropriate, with registrants or other individuals who have expertise relevant to drug administration by injection or on any other matter considered by the committee.

Relevant Statistical information

Drug Administration Committee

- Number of meetings: 2 in-person; 0 tele-conference

Accomplishments:

- Developed a discussion paper on Pharmacists and Injection Authority: Current state, trends and considerations for the College Drug Administration Committee
- Developed a Policy Issue Paper on Pharmacists and Injection Authority: Cross-Jurisdictional Review of Canadian Pharmacy Regulatory Authorities and Considerations for the College's Drug Administration Committee
- Presented to the Board at the February 2019 meeting, recommendations to remove the restrictions on drug administration by injection and intranasal route

Goals for Next Fiscal Year:

- To remove the restrictions on drug administration by injection and intranasal route
- Approve draft revised Standards, Limits and Conditions related to drug administration by injection and intranasal route for Board approval

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Annual Report to the Board
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Ethics Advisory Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2019 – February 28, 2020

Committee Overview

Membership:	**Pharmacists and Technicians**	**Public Members**
	Badyal, Shivinder	Dempsey, Alison
	Dhillon, Bal	Graham, Jamie
	Gerber, Patricia	
	Lecavalier, Tara	
	Lee, Vanessa	
	Liu, Robson	
	Low, Alan	
	Ng, Jing-Yi	
	Spielman, Audra	
Chair:	Bal Dhillon	
Vice Chair:	Robson Liu	
Staff Resource:	David Pavan	
Mandate:	To provide recommendations to the Board or the Registrar on matters relating to the Code of Ethics, Conflict of Interest Standards and any other related policies or guidelines	

Responsibilities:

- Provide advice and guidance regarding:
  - Ethical questions and dilemmas that have been directed to the committee from the Board, Board committees or College staff.
  - Registrant-Patient relations questions and dilemmas that have been directed to the committee from the Board, Board committees or College staff.
  - Registrant-patient relations to prevent professional misconduct that have been directed to the committee from the Board, Board committees or College Staff.
- Review and recommend updates to the Code of Ethics and Conflict of Interest Standards as necessary.
- Consult on education program proposals relating to ethics issues.

Relevant Statistical information

Ethics Advisory Committee:

- Number of meetings: 0

Accomplishments:

- The Ethics Advisory Committee has not met during this reporting period.

Goals for Next Fiscal Year:

- Advise the CPBC Board on issues relating to ethics and Patient Relations.
- Review terms of reference as needed.
- Conduct scheduled meetings as needed.

College of Pharmacists of British Columbia

Annual Report to the Board
April 17, 2020

Governance Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2019 – February 28, 2020

Committee Overview

Membership: Antler, Christine – until November 15, 2019
Cvaci, Anca – effective November 15, 2019
Ishoy, Claire – effective November 15, 2019
Peterson, Anne – effective February 15, 2019
Skelton, Katie – effective November 15, 2019

Chair: Mona Kwong – until November 15, 2019
Anne Peterson – effective November 15, 2019

Vice Chair: Tara Oxford – until November 15, 2019
Claire Ishoy – effective November 15, 2019

Staff Resource: David Pavan

Mandate: To provide recommendations to the Board on matters relating to Board governance

Responsibilities:

- Review Board policies and manuals and recommend revisions to these documents
- Review and make recommendations regarding Board member orientation and ongoing development.
- Review and make recommendations on policies and practices related to the recruitment, election and/or appointment of Board and committee members.
- Provide advice and guidance on Board evaluations, including Board meeting evaluations.
- Assess and make recommendations regarding the governance-related needs of the Board.

Relevant Statistical information

Governance Committee:

- Number of meetings: 7

Accomplishments:

- Refined the applicant evaluation form for the annual committee appointments
- Established Past Chairs Advisory Committee
- Established the Registrar Evaluation and Succession Planning Committee
- Amendments to various committees' terms of reference
- Amendments to Board Reference and Policies
- Established and implemented the Board meeting evaluation survey

Goals for Next Fiscal Year:

- Review Board policies and manuals and recommend revisions to these documents.
- Review and make recommendations regarding Board member orientation and ongoing development.
- Review and make recommendations on policies and practices related to the recruitment, election and/or appointment of Board and committee members.
- Provide advice and guidance on Board evaluations, including Board meeting evaluations and Board member evaluations.
- Assess and make recommendations regarding the governance-related needs of the Board.
- Continue to review committee TOR and update as needed.

College of Pharmacists of British Columbia

Annual Report to the Board
April 17, 2020

Inquiry Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2019 to February 29, 2020

Committee Overview

Membership:

Pharmacists and Technicians	Public Members
Ambrosini, Carla (ended April 30, 2019)	Barkley, Dorothy
Aujla, Enreet	Butler, Janice
Bhimji, Joy	Deen, Meribeth
Chang, Ming	Jennens, Helen
Dahri, Karen	Johannesen, Debbie
Gidda, Sukhvir	Mercer, James
Harrison, Michelle	Rhodes, Alison
Hope, John (ended April 30, 2019)	Roeters, Nathan
Hurd, Lori	Thind, Justin
Khangura, Sanjeev	Wicks, Ann
Kuo, I fan	
Kwong, Mona	
Ladha, Fatima (ended April 30, 2019)	
Lee, Sammy	
Munroe, Janice	
Ridgeley, Alana	
Scott, Kristoffer	
Scyner, Kelsey	
Troesch, Susan	
Walker, Roberta	
Widder, Cynthia (ended April 30, 2019)	
Wong, Joyce	
Yee, Wilson	
Yeung, Marco	

Chair: Susan Troesch (effective May 1, 2019 to current)
Ming Chang (effective until April 30, 2019)

Vice-Chair: Ming Chang (effective May 1, 2019 to current)
John Hope (effective until April 30, 2019)

Staff Resource: David Pavan

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

Responsibilities:

- Investigate complaints on its own motion or raised by a complainant within timelines as prescribed by the Minister.
- Investigate registrants that fail to authorize a criminal records review check as well as registrants presenting a risk of physical or sexual abuse to children as determined by the Registrar of the Criminal Records Review Act.
- Make dispositions of matters investigated.
- Inform registrants, complainants, the public and the Health Professions Review Board (as required) about the inquiry process and complaint outcomes, as necessary.
- Report to the Board as applicable.

Relevant Statistical Information

March 1, 2019 – February 29, 2020	**Total**
Total number of calls/tips received	844
Total number of *HPA* s. 33 (formal) complaints received	112
Number of registrants involved	198
Total number of meetings	59
Number of in-person meetings	7
Number of teleconferences	52
Total number of files disposed/reviewed	239
Number of new files disposed	125
Number of reconsiderations*	56
Number of *PODSA* s. 18 reports	58
Total number of files referred to Discipline Committee	4
Total number of complaints via HPRB	2
Categories of formal complaints received	
Medication related	47
Privacy / Confidential	5
Professional misconduct	40
Competency and practice issues	25
Medication review	1
Fitness to practice	6
Unauthorized practice	6
Unlawful activity	7
Methadone	6
Other	9

*Some files may have been reconsidered more than once.

Notable Cases

Section 35 Extraordinary Action

If the Inquiry Committee considers an action necessary to protect the public during the investigation of a registrant or pending a hearing of the discipline committee, it may, by order,

- impose limits or conditions on the practice of the designated health profession by the registrant, or
- suspend the registration of the registrant.

This action is used sparingly in cases where there is an urgent public protection issue. In 2019, the Inquiry Committee made orders to impose limits and conditions or suspension on three registrants' pharmacy practice pursuant to section 35(1)(a) of the *Health Professions Act* ("*HPA*"), pending investigation into the registrants' practice or discipline hearing. The

Case #1

While practicing as a pharmacist, it was alleged that the registrant in this case did not comply with the applicable legislation and standards of practice required in order to dispense Opioid Agonist Treatment. Also, it was alleged that the Registrant provided emergency prescription refills without exercising appropriate clinical judgement and supporting documentation.

The registrant was restricted from providing any OAT services, providing emergency prescription refills on narcotic, controlled or targeted drugs as well as zopiclone and zolpidem, and from acting as a pharmacy manager.

Case #2

While practicing as a pharmacist, the registrant was alleged to have shown a continuing pattern of providing Opioid Agonist Treatment without abiding by the legislative requirements. Also, the registrant was alleged to have prepared and dispensed intravenous drug product under unsanitary conditions.

The Registrant was restricted from dispensing any narcotic or controlled drug substance intended for Opioid Agonist Treatment and from compounding any medication and preparing or dispensing any medication intended for intravenous administration.

Case #3

In this case, the Inquiry Committee was satisfied that there is a *prima facie* evidence that the registrant suffers from a substance addiction that rendered him unfit to practice at this time of the section 35 proceeding. The Inquiry Committee was of the view that the registrant's continued practice poses a risk to the public, and that this risk cannot be addressed at this time with conditions or limits.

The Inquiry Committee ordered a suspension of the registration of the registrant pending completion of an investigation, unless he provides medical evidence from an addiction medicine specialist, satisfactory to the College, that he is fit to resume practice.

Inappropriate Access and Use of PharmaNet Records

Between January 1, 2014 and November 5, 2017, over 15,000 transactions for over-the-counter ("OTC") and/or vitamin products were processed on a daily or weekly basis on the PharmaNet records of seven individuals. These seven individuals were not prescribed and had not received any of the OTC and/or vitamin products processed on their PharmaNet records. Most of the seven individuals stated that they had not willingly consented to having these transactions on their PharmaNet records.

These transactions all originated from a pharmacy where a registrant was the pharmacy manager and owner.

The registrant admitted that he had directed pharmacy assistants to process transactions weekly on PharmaNet in order to artificially inflate the pharmacy's prescription count. The pharmacy assistants used the registration numbers of various pharmacist registrants as the dispensing pharmacist and/or prescriber for each transaction. The majority of pharmacy registrants stated that their registration numbers were used without their willing consent or knowledge. Many of these transactions were also backdated.

The registrant's actions and direction enabled the inappropriate access and use of PharmaNet records, enabled the inappropriate access and use of pharmacist registration numbers, and caused PharnaNet records to be inaccurate and not current.

The Inquiry Committee considered that the registrant's intentional directing of weekly transactions which enabled the processing of over 15,000 false prescriptions on PharmaNet involved significant breaches of confidentiality and trust. The fact that his actions led to an inflated prescription count, from which the Inquiry Committee believed he gained financial and personal benefit, made his conduct even more serious.

His actions were considered serious contraventions of legislation involving use and protection of personal information, appropriate use and access of PharmaNet and patient records, supervision of pharmacy assistants, and his role as a pharmacy manager. He also contravened standards of the *Code of Ethics* involving protecting and promoting the well-being of patients, benefitting society, committing to personal and professional integrity, and participating in ethical business practices.

The Inquiry Committee also considered that the registrant had previously consented to remedial undertakings to fully comply with ethical requirements, and he had breached these undertakings for this current matter. The totality of the Former Registrant's serious, intentional, and repeated conduct amounted to significant professional misconduct, and the Inquiry Committee considered that the registrant required the above-referred-to remediation and deterrence in order to come into compliance.

The registrant consented the following terms:

- To suspend his registration as a pharmacist for a total of 540 days, to commence upon his reinstatement to Full Pharmacist status;
- To not be a pharmacy manager, director, owner (direct or indirect), shareholder, and preceptor for pharmacy students for a period of five years from the date that his suspension ends;
- To successfully pass the College's Jurisprudence Exam;
- To successfully complete and pass an ethics course for healthcare professionals; and.
- To pay a $30,000.00 fine.

PharmaCare Audit

The College received correspondence from the BC Ministry of Health regarding potential pharmacy practice concerns at a pharmacy, arising from a PharmaCare Audit of the pharmacy that covered the time period of 2 years. Further to the College's investigation of those practice concerns, the registrant acknowledged that:

- prescriptions were missing date or quantity to dispense,
- prescriptions were filled under the incorrect prescriber,
- a prescription was dispensed for the wrong dose,
- prescriptions were written by the prescriber as daily witness ingestion but were processed under the Drug Identification Number ("DIN") for methadone given without direct interaction
- a prescription was written by the physician for daily witness ingestion but was processed under the DIN for delivery of methadone, without authorization,
- medication reviews were submitted to PharmaNet that did not have any supporting documentation,
- prescriptions for Hepatitis C medications were not submitted to PharmaNet on the day of claimed dispense,
- prescriptions were written by the physician as daily dispense, but were filled and submitted to PharmaNet as a 7 days' supply, with no documentation of a prescriber's authorization to do so,
- a prescription was filled as a verbal authorization with incomplete documentation,
- a methadone prescription was billed on a day marked as "missed" on the ingestion logs,
- a prescription adaptation was conducted without adequate documentation,
- a methadone prescription did not have a part fill accountability log, and
- a methadone prescription was provided as delivery without prescriber authorization.

The Inquiry Committee considered that in this case, the cumulative weight of the practice deficiencies demonstrated inadequate diligence and oversight in the Registrant's practice, noting that many of the substantiated practice deficiencies were substantive, and not simply administrative. Accurate record keeping and documentation are fundamental to providing safe pharmaceutical care.

The registrant consented the following terms:

- having a Letter of Reprimand placed permanently on his registration record;
- payment of a fine in the amount of $10,000;
- an undertaking to:
    - not repeat the conduct to which this matter relates,

- thoroughly review and read legislation, standards and policies relevant to the conduct to which this matter relates, and thereafter submit a Declaration of Understanding regarding the legislation, standards and policies reviewed and read,
- complete the BC Pharmacy Manager Training Course as well as coursework relating to opioid agonist therapy,
- successfully complete the College's Jurisprudence Exam,
- at all times prior to completing the BC Pharmacy Manager Training Course and successfully completing the College's Jurisprudence Exam only provide the services of a pharmacist when a least one other full pharmacist registrant is present with him in the pharmacy, and
- at all times after delivering the Declaration of Understanding, completing the BC Pharmacy Manager Training Course and coursework relating to methadone maintenance treatment, and successfully completing the College's Jurisprudence Exam, be knowledgeable of and abide by all legislation and policy governing the practice of pharmacy.

College of Pharmacists of British Columbia

Annual Report to the Board
April 17, 2020

Jurisprudence Examination Subcommittee Report

INFORMATION ONLY

Reporting Period: March 1, 2019 – February 29, 2020

Committee Overview

Membership: **Pharmacists and Technicians**
Cao, Angel
Chan, Connie (from May 1, 2019)
Dhillon, Bal (from May 1, 2019)
Kim, Brian
Ladak, Ali
Ling, Kent
Oxford, Tara
Szeman, Christopher
Taheri, Asal
Wang, David

Chair: Tara Oxford (until November 15, 2019)
Bal Dhillon (from November 15, 2019)

Vice Chair: Christopher Szeman

Staff Resource: Doreen Leong

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

Responsibilities:

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

Relevant Statistical Information

Jurisprudence Examination Subcommittee:

- Number of meetings: 3 in-person; 0 tele-conference

Accomplishments:

- Key policies, processes, exam results and item statistical data reviewed and approved.
- Launched Jurisprudence Exam Modernization Project
    - Develop project plan and timelines for reviewing Jurisprudence Exam blueprint, item writing, item review and standards setting.
    - Secured new item bank platform
    - Secured new scanner/platform for generating answer sheets
- Revised Jurisprudence Exam page on College website

Goals for Next Fiscal Year:

- Annual review of all Jurisprudence Exam policies and Jurisprudence Exam Information Guide.
- Conduct Jurisprudence Exam Blueprinting

College of Pharmacists of British Columbia

Annual Report to the Board
April 17, 2020

Legislation Review Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2019 – February 28, 2020

Committee Overview

Membership:
Dhillon, Bal
Ishoy, Claire – effective November 15, 2019
Kwong, Mona – until November 15, 2019
Silver, Andrea – effective November 15, 2019
Thind, Justin

Chair:
Mona Kwong - until November 15, 2019
Justin Thind – effective November 15, 2019

Vice-Chair: Andrea Silver – effective November 15, 2019

Staff Resource: Anu Sharma (acting for Christine Paramonczyk)

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

Responsibilities:

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

Relevant Statistical Information

Legislation Review Committee:

- Number of meetings: 5

Accomplishments:

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

Legislation	Amendments
***Health Professions Act* (HPA) Bylaws**	**<u>April 2019</u>** • Approval to publicly post amendments to committee member terms of office for a 90-day period. • Approval to publicly post amendments authorizing the Registrar to act under s. 32(3) of the HPA for a 90-day period. • Approval to file HPA fee amendments with the Minister of Health. **<u>June 2019</u>** • Approval to file housekeeping amendments to "Schedule C" of the HPA bylaws related to updating of recognized education programs with the Minister of Health. **<u>September 2019</u>** • Approval to file amendments to committee member terms of office with the Minister of Health. • Approval to file amendments authorizing the Registrar to act under s. 32(3) of the HPA with the Minister of Health. **<u>February 2020</u>** • Approval for amendments to the Controlled Prescription Program Form under the HPA
***Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws**	**<u>June 2019</u>** • Approval to publicly post amendments relating to Phase Two of the PODSA Modernization initiative for a 90-day period. • Approval to file amendments to remove "Schedule C" and "E" related to telepharmacy licence requirements which were moved to bylaw. **<u>September 2019</u>** • Approval to file PODSA fee amendments with the Minister of Health. **<u>November 2019</u>** • Approval to file amendments relating to Phase Two of the PODSA Modernization initiative with the Minister of Health.
Professional Practice Policies ("PPP")	**<u>June 2019</u>** • Repealing of multiple professional practice policies under the PODSA Modernization Phase II Project

Legislation	Amendments
	<u>September 2019</u> • Approval of amendments to PPP-3 Pharmacy References to remove the requirement for all community pharmacies and telepharmacies to have a copy of the BC Pharmacy Practice Manual. • Approval of amendment to PPP-76 Criminal Record History Vendor to reflect the name change of the approved criminal record history vendor from Sterling Talent Solutions to Sterling Backcheck. **<u>November 2019</u>** • Approval of amendments to multiple professional practice policies under the PODSA Modernization Phase II Project. **<u>February 2020</u>** • Amendments to PPP-68 Cold Chain Management of Biologicals • Amendments to PPP-71 Delivery of Methadone for Maintenance and consequential amendments to PPP-66 and its Policy Guides
Drug Schedules Regulation **("DSR"**	**<u>April 2019</u>** • Approval of amendments with respect to the scheduling of esomeprazole (to move esomeprazole when sold for treatment of frequent heartburn from Schedule II to Schedule III and establish esomeprazole for veterinary use as Schedule I) for filing with the Minister of Health. **<u>September 2019</u>** • Approval of amendments to move certain Schedule I codeine containing liquid preparations to Schedule IA, for filing with the Minister of Health.

Goals for Next Fiscal Year:

- Initiate scoping a comprehensive review and reform of legislative requirements under the *Health Professions Act*.
- Development of bylaws adopting the National Association of Pharmacy Regulatory Authorities Model Standards for Sterile Compounding.
- Assist with the development of an implementation recommendation regarding NAPRA's Model Standards for Non-Sterile Compounding.

College of Pharmacists of British Columbia

Annual Report to the Board
April 17, 2020

Pharmacy Advisory Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2019 to February 29, 2020

Committee Overview

Membership: **Pharmacists and Technicians**

Aeng, Elissa
Chahal, Rapinder
Chang, Ming
Cvaci, Anca
Dahri, Karen
Davis, James
Do, Thao
Dunkin, Jennifer
Elliot, Dana
Gojkovic, Ivana
Hopp, Steven
Jaswal, Mohinder
Ladha, Fatima
LaPointe, Karen
Munroe, Aita
Oxford, Tara
Scott, Kris
Sihota, Aaron
Silver, Andrea
Tejani, Aaron
Vek, Lanai
Wellon, Sorell
Zhang, Cindy

Chair: Anca Cvaci

Vice Chair: Andrea Silver

Staff Resource: Ashifa Keshavji

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 (e.g., community, hospital, residential care) to ensure a cohesive approach to common practice issues.

Relevant Statistical information:

- Number of meetings: 1

Accomplishments:

- Attended engagement sessions and/or provided subject matter expertise on the development of standards of practice relevant to the following projects:
    - PODSA Modernization
    - Controlled Prescription Program Forms
    - PPP-71 Delivery of Methadone for Maintenance
    - PPP-68 Cold Chain Management of Biologicals

Goals for Next Fiscal Year:

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

College of Pharmacists of British Columbia

Annual Report to the Board
April 17, 2020

Practice Review Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2019 to February 29, 2020

Committee Overview

Membership:	**Pharmacists and Technicians** Chadwick, Marilyn Chai, Patrick Edwards, Sarah Hagkull, Tracey Harrod, Yonette Ku, Amy Ortynsky, Michael Topiwalla, Deepa	**Public Members** Guimond, Tarmara Rhodes, Alison Salamat, Lorena Williams, Peter
Chair:	Tracey Hagkull	
Vice Chair:	Michael Ortynsky	
Staff Resource:	Ashifa Keshavji	
Mandate:	To monitor and enforce standards of practice to enhance the quality of pharmacy care for British Columbians.	

Responsibilities:

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

Relevant Statistical information:

- Number of meetings this fiscal : 5

Accomplishments:

- Presented the 2018-19 Fiscal Year Reports to the Board
    - Review Data Report
    - Registrant Feedback Survey Report
- Established new yearly review targets
- Updated PRP policies
- Published 5 PRP Insights Articles in Readlinks
- Developed and implemented review criteria for PODSA Modernization
    - Bylaw amendments
    - Professional Practice Policy amendments

Goals for Next Fiscal Year:

- Present the 2019-20 Fiscal Year Reports to the Board
    - Review Data and Registrant Feedback Survey Report
- Conduct reviews to meet new yearly review targets
- Prepare PRP Insights Articles for Readlinks
- Develop and implement the following additional review criteria
    - Telepharmacy
    - Injectable Opioid Agonist Treatment

College of Pharmacists of British Columbia

Annual Report to the Board
April 17, 2020

Quality Assurance Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2019 to February 29, 2020

Committee Overview

Membership:

Pharmacists and Technicians	Public Members
Al-Tabbaa, Hani	Cheng, Tessa
Gidda, Sunny	Hagkull, Tracey
Hope, John	Hozaima, Lena
Langfield, Katherine	Siah, Rebecca
Lucarelli, Frank	
Ortynsky, Michael	
Seet, Anthony	
Wu, Man-Fung Allen	

Chair: Michael Ortynsky (effective November 15, 2019)
Frank Lucarelli (ended November 15, 2019)

Vice Chair: Sunny Gidda

Staff Resource: Ashifa Keshavji

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

Responsibilities:

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

Relevant Statistical information:

- Number of meetings this fiscal: 4

Accomplishments:

- CE Audits
    - Developed structure, process, criteria and tools
    - Conducted initial CE Audits
    - Summarized findings and identified areas for improvement
    - Presented results to the Board
- Received legal opinion to update policies
- Launched new feedback survey for PDAP CE submission through portal and App

Goals for Next Fiscal Year:

- CE Audits
    - Make improvements as identified from the initial CE Audits
    - Conduct CE Audits
    - Review and monitor results
    - Summarized findings to develop the first CE Audits report
- Update program policies
- Monitor results from the new feedback survey for PDAP CE submission through portal and App
- Determine if a registrant learning needs survey is required based on Board direction

College of Pharmacists of British Columbia

Annual Report to the Board
April 17, 2020

Registration Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2019 – February 29, 2020

Committee Overview

Membership:

Pharmacists and Technicians
Cheung, Caroyln (until April 30, 2019)
Elliott Dana
Gill, Sukjiven (Suki)
Ho Chung, Michelle (until April 30, 2019)
Huang, Chelsea (from May 1, 2019)
Lee, Derek
Lee, Vanessa
Lim, Jihyun (Amy) (from May 1, 2019)
Jang, Raymond (from May 1, 2019)
Park, Charles (until April 30, 2019)
Piekarski, Mikolaj

Public Members
Bickerton, Laura (until April 30, 2019)
Guppy, Avena
Obeidat, Maen (until July 21, 2019)
Skaalrud, Traci (from May 1,2019)
Skelton, Katie (from February 15, 2019)
Unruh, Lorraine

Chair: Maen Obeidat (until September 13, 2019)
Raymond Jang (from September 13, 2019)

Vice Chair: Dana Elliot

Staff Resource: Doreen Leong

Mandate: To ensure that registrants are qualified to practice.

Responsibilities:

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

- Inform registrants, other stakeholders and the Health Professions Review Board, as required about the registration process and outcomes.

Relevant Statistical Information

Registration Committee:

- Number of meetings: 1 in-person; 7 tele-conference

Accomplishments:

- Key policies, processes and exam results reviewed and approved including the Exam Appeal Policy, English Language Proficiency Policy and Jurisprudence Exam results
- Updated all webpages and content for pre-registration and registration categories
- Applications reviewed whereby applicant had issues related to the statutory declaration:
  - Pharmacist Reinstatement Application, less than 6 years in Non-practising or former pharmacist register (N=2)
  - UBC Pharmacy Student Pre-registration Application (N=2)
- Other application reviewed:
  - Pharmacist Jurisprudence Exam – Exam accommodation (N=1)
  - Pharmacist Pre-registration – Limited Pharmacist Category (N=5)
  - Pharmacist Pre-Registration Application – International Pharmacy Graduate – Extension of validity period of the Structured Practical Training and JE result (N=1)

Goals for Next Fiscal Year:

- Annual review of all registration policies
- Review and recommend bylaw changes related to pre-registration and registration requirements, and number of assessment attempts
- Launch online pre-registration process for all other registration categories
- Review and revise FAQs and registration pages on College website

College of Pharmacists of British Columbia

BOARD MEETING
April 17, 2020

2b.vi Audit and Finance Committee: Finance Report (January Financials)

INFORMATION ONLY

Purpose

To report on the highlights of the **January 2020** financial reports.

Background

The January 2020 financial reports reflect **eleven month's** activity. Attached are the Statement of Financial Position, a summary Statement of Revenue and Expenditures and more detailed reports on Revenue and on Expenditures.

Statement of Financial Position

The College's cash position is well funded to meet payables with a balance of over $900,000. Investments at the end of January totalled just over $5.4 million. A copy of our annual letter from Dominion Securities is included in the Appendix. Payables and accruals are just under $800,000.

Revenue

The total *Licensure revenues* are slightly under budget, by about $106,000 or 1%. *Other revenues* (administrative fees, etc.) are over budget by about $35,000, mainly due to fines received, while Grant revenue is under budget due to timing until the one remaining grant milestone payment has completed the next milestone. Investment income is slightly under budget, while Joint Venture income is right on budget. The combined result is that actual revenues are a little under budget, approximately $130,000 or 1% under budget.

Expenses

Total Year to Date Actual expenditures are also under budget, by a little under $400,000 or 4%. See the variance analysis which follows for details. Much of the under budget variances are due to gapping. There were some new positions planned in the budget and we had some turnover early in the year. These positions are filled now and it is expected that many of the variances will remain under budget by the end of the year. We are also monitoring the revenues in case they remain under budget, so that expenses can offset that difference.

Variance analysis by department:

Department	Budget	Actual	Comment
Board & Registrar's Office	721,775	821,430	Budget estimates were low re Strategic Planning facilitation and Excellence Canada verification.
Finance and Administration	3,641,309	3,712,815	Move to Azure Cloud Server and Professional Development fees are over budget. Savings negotiated re bank and credit card fees.
Grant distribution	46,500	41,228	
Registration & Licensure	855,896	847,380	
Quality Assurance	274,229	263,235	Timing re hiring
Practice Review	1,415,167	1,345,235	Timing re hiring
Complaints Resolution	1,415,167	1,391,289	Primarily timing re hiring. Also under budget in outside services.
Policy and Legislation	527,165	382,130	Timing re hiring and under budget re legal fees / consulting.
Communications & Engagement	397,027	352,934	Under budget re outside services.
Projects (PODSA Modernization)	135,115	77,023	Project management / outside services remain under budget.
Amortization	334,637	275,669	Budget estimates were high.
Total Expenses	9,878,253	9,510,368	

Appendix	
1	Statement of Financial Position
2	Statement of Revenue and Expenditures
3	Statement of Revenue
4	Statement of Expenses
5	Dominion Securities letter

Statement of Financial Position

As at January 31, 2020

ASSETS	
Cash and Cash Equivalents	910,020
Investments	5,437,643
Receivables	46,837
Prepaid Expense and Deposits	484,361
Current Assets	6,878,860
Investments in College Place Joint Venture	1,546,863
Development Costs	209,283
Property & Equipment	674,619
Non-current Assets	2,430,765
Total Assets	**9,309,625**

LIABILITIES AND NET ASSETS	
Payables and Accruals	767,370
Deferred Revenue	5,190,341
Deferred Contributions	70,474
Total Current Liabilities	6,028,184
Capital Lease Obligations (non-current)	42,706
Total Liabilities	6,070,890
Total Net Assets	3,238,735
Total Liabilites and Net Assets	**9,309,625**

College of Pharmacists of BC

Statement of Revenue and Expenses

For the 11 months ended January 31, 2020

	Budget YTD 2019/20	Actual YTD 2019/20	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Licensure revenue	8,469,833	8,363,814	(106,019)	(1%)
Non-Licensure Revenue	525,363	501,196	(24,168)	(5%)
Transfer from Balance Sheet	921,009	921,009	-	0%
Total Revenue	**9,916,205**	**9,786,019**	**(130,186)**	(1%)
Total Expenses Before Amortization	9,543,616	9,234,698	308,918	3%
Amortization	334,637	275,669	58,967	18%
Total Expenses Including Amortization	**9,878,253**	**9,510,368**	**367,885**	4%
Net Surplus/Deficit of revenue over expenses after amortization expense	**37,952**	**275,651**	**237,699**	

College of Pharmacists of BC

Statement of Expenses

For the 11 months ended January 31, 2020

	Budget YTD 2019/20	Actual YTD 2019/20	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Pharmacy fees	3,226,794	3,185,661	(41,133)	(1%)
Pharmacists fees	4,442,861	4,376,007	(66,854)	(2%)
Technician fees	800,178	802,146	1,968	0%
Licensure revenue	8,469,833	8,363,814	(106,019)	(1%)
Other revenue (fines/assessments, late fees, certificate of letter of standing, practice binder)	91,415	126,936	35,521	39%
Grant Revenue	55,220	-	(55,220)	(100%)
Investment income	130,953	126,484	(4,469)	(3%)
College Place joint venture income	247,775	247,775	-	0%
Non-Licensure revenue	525,363	501,196	(24,168)	(5%)
Transfer from Balance Sheet	921,009	921,009	-	0%
Total Revenue	**9,916,205**	**9,786,019**	**(130,186)**	(1%)

College of Pharmacists of BC

Statement of Expenses

For the 11 months ended January 31, 2020

	Budget YTD 2019/20	Actual YTD 2019/20	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Expenses				
Board and Registrar's Office	721,775	821,430	(99,655)	(14%)
Finance and Administration	3,641,309	3,712,815	(71,506)	(2%)
Grant Distribution	46,500	41,228	5,272	11%
Registration and Licensure	855,896	847,380	8,516	1%
Quality Assurance	274,229	263,235	10,994	4%
Practice Reviews	1,415,167	1,345,235	69,932	5%
Complaints and Investigations	1,529,433	1,391,289	138,144	9%
Policy and Legislation	527,165	382,130	145,036	28%
Communications and Engagement	397,027	352,934	44,093	11%
Projects	135,115	77,023	58,092	43%
Total Expenses Before Amortization	9,543,616	9,234,698	308,918	3%
Amortization	334,637	275,669	58,967	18%
Total Expenses Including Amortization	**9,878,253**	**9,510,368**	**367,885**	4%

February 19, 2020

Good day:

This letter summarizes account positioning and performance for the College of Pharmacists of BC for the year 2019. Brief thoughts on the rate outlook and alternate positioning are also offered.

For calendar year 2019, the College of Pharmacists account rate of return was 2.23%. The 10-year annualized rate of return stood at 2.69% and the "Since Inception" (April 8, 2002) rate of return is 2.98%.

Per established practice, the account continues to be invested in a 5-year fixed income ladder whereby roughly equal sums are invested at 1, 2, 3, 4 and 5-year durations. As has been the case for the past several years, the regulatory landscape continues to require banks to have more capital at their disposal, and the ensuing competition to attract deposits to achieve these mandates means GICs continue to offer better rates than similar duration bonds of good quality from Canadian Government and/or Provincial issuers. Therefore, the entirety of the College portfolio is presently invested in GICs. GIC positions are limited to the Canadian Depository Insurance Corporation limit of $100,000 per issuer unless the issue of one of the Canadian Big 6 Banks (TD, RBC, CIBC, Bank of Montreal, Bank of Nova Scotia and National Bank), a related subsidiary of the Big 6, or HSBC. While the competition for assets amongst Canadian banks is expected to continue through 2020, it should be noted that the yield advantage vs. Government bonds was – in some instances – showing sign of narrowing at times during 2018. However, as of this writing, the yield advantage of GICs has reasserted itself. Given that bond prices fluctuate daily, whereas GIC pricing remain stable at full invested value, it is envisioned that GICs will continue to be utilized almost exclusively moving forward unless some future yield advantage of Government bonds is significant enough to warrant their inclusion in spite of variable day to day pricing.

In relative terms, 2019 was a volatile year for interest rates. However, from start point to end point, both 1 and 5-year rates declined marginally for the year as a whole. Looking forward, we anticipate at least one, possibly two, rate cuts in 2020. Longer term, the multi-decade trend toward lower Canadian interest rates may not yet have run its course. I've posted a very accessible article on the topic to my website at www.nickscholte.ca. As of the date of this writing, current GIC rates range from 2.15% for 1-year to 2.29% for 5-years. For comparison, the current Government of Canada 5-year bond yield is 1.36% highlighting the decision to be invested in GICs.

Possible improvement in the rate of return might be had by incorporating some equity into the portfolio. However, any improvement in the rate of return would come with heightened volatility (i.e. short to mid-term losses would be expected from time to time). Should the College wish to explore equity investment options, it is recommended these only be explored for capital that is surplus to the daily needs of the organization.

Thank you, and please do let me know if I can be of further assistance.

Sincerely,

Nick Scholte
Vice-President and Portfolio Manager
RBC Dominion Securities Inc.

College of Pharmacists of British Columbia

BOARD MEETING
April 17, 2020

2b.vii. Governance Committee
a) Committee Member Appointments

DECISION REQUIRED

Recommended Board Motion:

Approve College committee member appointments for terms beginning May 1, 2020, as circulated.

Purpose

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

Background

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

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

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

Discussion

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

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

- Years in service
- Previous management experience
- Previous committee(s) involvement
- Current external committee(s) involvement
- Other volunteer involvement
- Additional skillset or qualifications
- Composition requirements from the College Committee's terms of reference
- Type of practice (community/hospital/others)
- Geographic area of practice
- Speciality areas of practice
- Relevant education
- Technician and pharmacist balance
- Continuing and new member balance

Recommendations

The Governance Committee has recently completed its review of the recommended slate of College committee members. It recommends that the Board approve the College committee member appointments outlined in Appendix 1. All recommended appointments are for terms beginning May 1, 2020.

Appendix	
1	2020 Recommended College Committee Appointments

Appendix 1 – Committees Member Appointments **(Please note, Chair and Vice Chair terms are separate from member terms)**

APPLICATION COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Beever, John	Chair	November 15, 2019 – April 30, 2021	1	Existing appointment as Chair
Lee, Derek	Vice-Chair	November 15, 2019 – April 30, 2021	1	Existing appointment as Vice-Chair
Beever, John	Pharmacist	May 1, 2020 – April 30, 2022	2	Re-appointment
Cunningham, Dianne	Public	May 1, 2020 – April 30, 2022	2	Re-appointment
Lee, Derek	Pharmacist	May 1, 2020 – April 30, 2022	2	Re-appointment
Lewis, Robert	Public	May 1, 2020 – April 30, 2022	2	Re-appointment
Wellon, Sorell	Pharmacy Technician	May 1, 2020 – April 30, 2022	2	Re-appointment
Zhou, Mark	Pharmacist	May 1, 2020 – April 30, 2022	2	Re-appointment
Edgar, Natasha	Public	May 1, 2020 – April 30, 2023	3	New appointment
James, Jennifa	Public	May 1, 2020 – April 30, 2023	3	New appointment
Johal, Jasdeep	Pharmacist	May 1, 2020 – April 30, 2023	3	New appointment
Leong, Lysa	Pharmacist	May 1, 2020 – April 30, 2023	3	New appointment
Masson, Sarah	Pharmacist	May 1, 2020 – April 30, 2023	3	New appointment
Omelchuk, John	Pharmacist	May 1, 2020 – April 30, 2023	3	New appointment
Antler, Christine	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Braun, Neil	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Gustavson, Kris	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Hoff, Trevor	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Moazen, Nima	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Skelton, Katie	Public	November 15, 2019 – April 30, 2022	2	Existing appointment

DISCIPLINE COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Lee, Derek	Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Chair
Baxter, Heather	Vice-Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Vice-Chair
Kry, Edwin	Public	May 1, 2020 – April 30, 2023	3	Re-appointment
Marcotte, Dominique	Public	May 1, 2020 – April 30, 2023	3	Re-appointment
Tchen, Paulo	Pharmacist	May 1, 2020 – April 30, 2023	3	Re-appointment
Alarcon, Cristina	Pharmacist	May 1, 2020 – April 30, 2023	3	New appointment
Chan, Christina	Public	May 1, 2020 – April 30, 2023	3	New appointment
Dennis, Alison	Public	May 1, 2020 – April 30, 2023	3	New appointment
Dhaliwal, Neelam	Pharmacist	May 1, 2020 – April 30, 2023	3	New appointment
Baxter, Heather	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Chahal, Rapinder	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Chauvin, Vaughn	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Cunningham, Dianne	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Dhillon, Baldeep	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Driessen, Anneke	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Huang, Jeffrey	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Hughes, Nerys	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Kushner, Howard	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Lam, Peter	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Lee, Derek	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Muir, Leza	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Peterson, Anne	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Robinson, Annette	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Saad, Omar	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Sanfacon, Sophie	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Saran, Gurinder	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Segal, Carol	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Wong, Gabriella	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment

DRUG ADMINISTRATION COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Tsui, Wilson	Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Chair
Wang, Bing	Vice-Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Vice-Chair
Misar, Jenny	Registered Nurse	May 1, 2020 – April 30, 2022	2	Re-appointment
Tsui, Wilson	Pharmacist	May 1, 2020 – April 30, 2022	2	Re-appointment
Wang, Bing	Pharmacist	May 1, 2020 – April 30, 2022	2	Re-appointment
Zhu, Julia	Pharmacist	May 1, 2020 – April 30, 2022	2	Re-appointment
Woodfield, Wendy	Medical Practitioner	May 1, 2020 – April 30, 2023	3	New appointment
Capelli, John	Ministry of Health Services Representative	February 15, 2019 – April 30, 2021	2	Existing appointment
Dar Santos, Alex	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment

ETHICS ADVISORY COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Dhillon, Baldeep	Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Chair
Liu Robson	Vice-Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Vice-Chair
Dhillon, Baldeep	Pharmacy Technician	May 1, 2020 – April 30, 2023	3	Re-appointment
Low, Alan	Pharmacist	May 1, 2020 – April 30, 2023	3	Re-appointment
Spielman, Audra	Pharmacy Technician	May 1, 2020 – April 30, 2022	2	Re-appointment
Badyal, Shivinder	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Dempsey, Alison	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Gerber, Patricia	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Graham, Jamie	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Lecavalier, Tara	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Lee, Vanessa	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Liu, Robson	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Ng, Jing-Yi	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment

INQUIRY COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Harrison, Michelle	Chair	May 1, 2019 – April 30, 2020	1	New appointment as Chair
Lee, Sammy	Vice Chair	May 1, 2020 – April 30, 2021	1	New appointment as Vice-Chair
Bhimji, Farhat (Joy)	Pharmacist	May 1, 2020 – April 30, 2022	2	Re-appointment
Deen, Meribeth	Public	May 1, 2020 – April 30, 2022	2	Re-appointment
Harrison, Michelle	Pharmacist	May 1, 2020 – April 30, 2023	3	Re-appointment
Jennens, Helen	Public	May 1, 2020 – April 30, 2023	3	Re-appointment
Johannesen, Debbie	Public	May 1, 2020 – April 30, 2022	2	Re-appointment
Kwong, Mona	Pharmacist	May 1, 2020 – April 30, 2023	3	Re-appointment
Scyner, Kelsey	Pharmacy Technician	May 1, 2020 – April 30, 2023	3	Re-appointment
Halliday, Robert	Public	May 1, 2020 – April 30, 2023	3	New appointment
Stockdale, Cameron	Public	May 1, 2020 – April 30, 2023	3	New appointment
Aujla, Ennreet	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Barkley, Dorothy	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Chang, Wui Ming	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Dahri, Karen	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Gidda, Sunny	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Hurd, Lori	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Khangura, Sanjiv	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Kuo, I Fan	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Lee, Sammy	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Mercer, James	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Munroe, Janice	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Rhodes, Alison	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Ridgeley, Alana	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Roeters, Nathan	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Scott, Kris	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Thind, Justin	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Troesch, Susan	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Walker, Roberta	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Wong, Joyce	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Yee, Wilson	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Yeung, Ho Bun	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment

JURISPRUDENCE EXAMINATION SUBCOMMITTEE

Name	Type	Term	Term Length (Yrs)	
Dhillon, Baldeep	Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Chair
Szeman, Christopher	Vice Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Vice-Chair
Kim, Brian	Pharmacist	May 1, 2020 – April 30, 2022	2	Re-appointment
Oxford, Tara	Pharmacist	May 1, 2020 – April 30, 2022	2	Re-appointment
Cao, Angel	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Chan, Connie	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Dhillon, Baldeep	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Ladak, Ali Reza	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Ling, Kent	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Szeman, Christopher	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Taheri, Asal	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Wang, David	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment

PRACTICE REVIEW COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Hagkull, Tracey	Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Chair
Ortynsky, Michael	Vice Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Vice-Chair
Harrod, Yonette	Pharmacy Technician	May 1, 2020 – April 30, 2023	3	Re-appointment
Aujla, Naveen	Public	May 1, 2020 – April 30, 2023	3	New appointment
Chai, Sally	Pharmacist	May 1, 2020 – April 30, 2023	3	New appointment
Chadwick, Marilyn	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Chai, Patrick	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Hagkull, Tracey	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Ku, Amy	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Ortynsky, Michael	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Rhodes, Alison	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Salamat, Lorena	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Topiwalla, Deepa	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Williams, Peter	Public	May 1, 2019 – April 30, 2021	2	Existing appointment

QUALITY ASSURANCE COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Ortynsky, Michael	Chair	November 15, 2019 – April 30, 2021	1	Existing appointment as Chair
Gidda, Sunny	Vice Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Vice-Chair
Wu, Man Fung (Allen)	Pharmacist	May 1, 2020 – April 30, 2023	3	Re-appointment
Al-Tabbaa, Hani	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Cheng, Tessa	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Gidda, Sunny	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Hagkull, Tracey	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Hope, John	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Hozaima, Lena	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Langfield, Katherine	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Lucarelli, Frank	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Ortynsky, Michael	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Seet, Anthony	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Siah, Rebecca	Public	May 1, 2019 – April 30, 2021	2	Existing appointment

REGISTRATION COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Jang, Raymond	Chair	September 13, 2019 – April 30, 2021	1	Existing appointment as Chair
Huang, Chelsea	Vice Chair	May 1, 2020 – April 30, 2021	1	New appointment as Vice-Chair
Guppy, Avena	Public	May 1, 2020 – April 30, 2022	2	Re-appointment
Piekarski, Mikolaj	Pharmacist	May 1, 2020 – April 30, 2022	2	Re-appointment
Bassi, Atamji	Pharmacy Technician	May 1, 2020 – April 30, 2023	3	New appointment
Kaliciak, Coral	Public	May 1, 2020 – April 30, 2023	3	New appointment
Patel, Natasha	Pharmacist	May 1, 2020 – April 30, 2023	3	New appointment
Elliott, Dana	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Huang, Chelsea	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Jang, Raymond	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Lee, Vanessa	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Lim, Jihyun	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Skaalrud, Traci	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Skelton, Katie	Public	May 1, 2019 – April 30, 2021	2	Existing appointment

PHARMACY ADVISORY COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Cvaci, Anca	Chair	November 15, 2019 – April 30, 2021	1	Existing appointment as Chair
Silver, Andrea	Vice Chair	November 15, 2019 – April 30, 2021	1	Existing appointment as Vice-Chair
Aeng, Elissa	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Chahal, Rapinder	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Chang, Wui Ming	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Cvaci, Anca	Chair/Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Dahri, Karen	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Davis, James	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Do, Thao	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Dunkin, Jennifer	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Elliott, Dana	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Gojkovic, Ivana	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Hopp, Steven	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Jaswal, Mohinder	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Ladha, Fatima	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
LaPointe, Karen	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Munroe, Aita	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Oxford, Tara	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Scott, Kris	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Sihota, Aaron	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Silver, Andrea	Vice Chair/Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Tejani, Aaron	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Vek, Lanai	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Wellon, Sorell	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Zhang, Cindy	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment

College of Pharmacists of British Columbia

BOARD MEETING
April 17, 2020

2b.vii. Governance Committee
b) Approval of Amendments to the Board Reference and Policies

DECISION REQUIRED

Recommended Board Motion:

Approve housekeeping amendments to the Board Reference and Policies.

Purpose

To approve housekeeping revisions to the following sections of the Board Reference and Policies:

- Section 4.11 Reimbursement of Expenses to Board and Committee Members (page 46)
- 5.3 Reserves Policy (page 54)
- Section 5.10 Charitable/Grant Donations and Sponsorship
- Part 6 Professional Practice Policies (page 68)

Discussion

At its most recent meeting on April 2, 2020, the Governance Committee reviewed and proposed some housekeeping changes to the Board Reference and Policies. See Appendix 1 for the revisions.

Section 4.11 Reimbursement of Expenses to Board and Committee Members
Board members must submit their expenses within 20 days of when the expense is incurred instead of 60 days. This is to ensure that expense reports are received in a more timely fashion and our financial records are more accurate (expenses matched nearer to the time that they are incurred).The effective date will be when the Board approves this change in the Board Reference and Policies.

5.3 Reserves Policy (page 54)
The Board approved a new Reserve Policy at the February 2019 Board meeting, due to an administrative oversight it was not updated in the Board Reference and Policies upon approval. See Appendix 2 for February 2019 briefing note.

Section 5.10 Charitable/Grant Donations and Sponsorship (page 66)
The College discontinued giving grants in FY 2017/18 as it does not meet our mandate. The last grant that we discontinued was the CPRP grant.

***Part 6 Professional Practice Policies (page 68*)**
For housekeeping, updating the PPPs in the list

Recommendation

The Governance Committee recommends that the Board approve the revisions to the Board Reference and Policies.

Appendix	
1	Revised Board Reference and Polices (track changes)
2	Revised Board Reference and Polices (clean)
3	February 2019 Board Briefing Note

College of Pharmacists
of British Columbia

College of Pharmacists of BC Board Reference and Policies

First Approved: **September 14, 2018**
Revised: September 13, 2019
Reaffirmed:

Monitoring Frequency: **Annually or as required**
Monitoring Method:
Responsibility of: **The Board of CPBC**

Table of Contents

Part 1 – An Introduction to the College of Pharmacists of British Columbia Governance

Mandate

The College of Pharmacists of BC (CPBC) is the regulatory body for pharmacy in BC and is responsible for the registration of pharmacists and pharmacy technicians and the licensing of pharmacies throughout the province. The College receives its authority from the government of BC through the *Health Professions Act (HPA)* and the *Pharmacy Operation and Drug Scheduling Act (PODSA)*.

Duties and Objects of the College

Duties and objects of the College are set out in the *HPA – Part 2 section 16 (1) and (2):*

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

(a) to serve and protect the public, and

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

(2) A College has the following objects:

(a) to superintend the practice of the profession;

(b) to govern its registrants according to this Act, the regulations and the bylaws of the College;

(c) to establish the conditions or requirements for registration of a person as a member of the College;

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

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

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

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

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

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

(i.1) to establish and employ registration, inquiry and discipline procedures that are transparent, objective, impartial and fair;
(j) to administer the affairs of the College and perform its duties and exercise its powers under this Act or other enactments;

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

(i) collaborative relations with other Colleges established under this Act, regional health Boards designated under the Health Authorities Act and other entities in the Provincial health system, post-secondary education institutions and the government;
(ii) inter-professional collaborative practice between its registrants and person practicing another health profession;
(iii) the ability of its registrants to respond and adapt to changes in practice environments, advances in technology and other emerging issues.

Additional objects of the College are set out in *HPA – Part 2.2 section 25.9*

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

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

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

(c) to superintend the operation of pharmacies;

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

Mandated Responsibilities of the Board

HPA section 18 sets out the following Responsibilities of a Board:

> *18(1) A Board must govern, control and administer the affairs of its College in accordance with this Act, the regulations and the bylaws.*
>
> *(2) A Board must submit an annual report respecting its College, in the form and containing the information required by regulation of the Minister, to the Minister not later than 120 days after the end of the fiscal year for the College.*
>
> *(3) A Board must ensure that a website that is accessible to the public free of charge is established and maintained by or on behalf of its College, subject to the regulations of the Minister.*

Legal and Regulatory Responsibilities of the Board

It is the responsibility of all Board members to abide by the relevant legislation and regulations governing the College as stated in the *Health Professions Act (HPA)* and the *Pharmacy Operations and Drug Scheduling Act (PODSA)*. Additionally, *HPA section 19* authorizes the Board of the College to make bylaws and *section 19 (t)* mandates that the College establish specific committees including: Registration, Inquiry, Discipline, Quality Assurance, Application and Patient Relations committees. The most current copy of these documents is available on the College website at www.bcpharmacists.org.

Amendment procedures for the *HPA*, *PODSA* or subsequent bylaws can be lengthy. An *Act* amendment requires the approval of the provincial legislature and it may take several years to have the proposed amendment go before the legislature and Board recommended bylaw changes require the approval of the Minister of Health Services.

Oath of Office

As per *HPA Section 17.11* before taking office, Board members must take and sign an Oath of Office prescribed by the Minister. *The Oath of Office is:*

I do swear that:

I will abide by the Health Professions Act and I will faithfully discharge the duties of the position, according to the best of my ability;

I will act in accordance with the law and the public trust placed in me;

I will act in the interests of the College as a whole;

I will uphold the objects of the College and ensure that I am guided by the public interest in the performance of my duties;

I have a duty to act honestly;

I will declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest;

I will ensure that other memberships, directorships, voluntary or paid positions or affiliations remain distinct from work undertaken in the course of performing my duty as a board member.

Governance Structure

The Board of the College is the elected and appointed group responsible for leading and guiding the College. The Board is comprised of seven elected pharmacist Board members and one elected pharmacy technician Board member from each of the 8 electoral districts (Appendix B) and four government appointed Board members.

The College governance framework is empowered and informed by:

- The Health Professions Act (*HPA*)
- The Pharmacy Operations and Drug Scheduling Act (*PODSA*)
- *HPA* bylaws
- Governing model
- Board policies
- Chair and Vice-Chair
- Board committees
- Registrar

Guiding Principles of the Board

The structure and integrity of the Board's governing model is rooted in a set of coherent guiding principles. These fifteen principles guide the Board in defining its role, its relationship with the Registrar and staff, and how it will conduct itself as a governing body. For the full list of principles, please see the terms of reference in 2.1.

Committees and Task Groups

Because the Board acts as a whole and does not delegate its power and authority to individual Board members or committees, the Board primarily functions as a whole. However, there is an important role for a limited number of Board committees and task groups to do the initial research and analysis and present their findings and recommendations to the Board.

There are three types of College committees and/or task groups: Board initiated committees and task groups; Operational staff committees and task groups; and Committees required by legislation (Registration, Inquiry, Discipline, Quality Assurance, Application and Patient Relations). Operational staff committees and task groups are the purview of the Registrar and his/her staff.

Board-Initiated Committees and Task Groups

These committees and task groups are created to assist the Board in getting its work accomplished. This could mean gathering information on issues of concern to the Board, developing recommendations for consideration, and carrying out a project of importance to the Board.

The Key Characteristics of College Board-Initiated Committees and Task Groups are:

- They are created by the Board.
- The Board determines their mandate and terms of reference.
- At least one sitting member of a committee or task group is a Board member.
- On-going direction and supervision is provided by the Board (usually by the Chair of the Board).
- They report directly to the Board.

Board Meetings

Regular Meetings

Regular meetings are generally held on a bi-monthly basis for the discussion of general business. College registrants and members of the public may attend these meetings as observers. The minutes of the meetings are recorded and made available on the College's website.

The schedule of Board meetings is usually as follows:

- September
- November
- January/February
- April
- June

The Board usually does not meet during the summer months.

Board Information Requirements

The information needs of the Board can be classified into three categories.

1. ***Decision information:*** This is the information the Board receives to assist it in making decisions. As much as is possible, this information should be factual and nonjudgmental. Although staff might have an interest in responding to one need over the others, this bias is not contained in the information presented to the Board, unless directly requested by the Board.

2. ***Monitoring information:*** This is the information used to gauge whether Board decisions have been satisfied. This information is essentially evidence that demonstrates degree of achievement of a specific outcome or goal or compliance with one or more Board policies.

3. ***Incidental information:*** This is the general information that is valuable or important to Board members, but which is not necessary for them to conduct Board business. Such things might be program initiatives, restructuring of various departments, etc.

It is important to the effective and successful operation of the Board that the Registrar delivers high quality, focused information in the decision and monitoring categories.

Terms of Reference and Policies

In discharging its responsibilities under the *Act*, the Board is frequently called upon to make decisions on many diverse issues.

The way in which a Board defines roles, responsibilities and accountability relationships is through terms of reference. Terms of reference are deemed effective on a majority vote of the Board.

The way in which a Board communicates its decisions, positions and intentions to staff and to others regarding all areas of its responsibilities is through policies. Policy statements are deemed effective on a majority vote of the Board.

The Board may set policy in four key areas:

1. ***Board Governance***. This category includes policies that address the Board's purpose and their role in governing.

2. ***Board Operations***. This category sets out policies to guide the operations of the Board in carrying out its role and functions.

3. ***Standards of Organizational Conduct***. This category describes any conditions and constraints on the Registrar and staff (the actions and conditions that guide their work in operating the College).

4. ***Professional Practice***. This category includes policies that affect pharmacists, pharmacy technicians or pharmacies.

Relationship of the Board and the Registrar

Governance of the College will be most effective when the Board and the Registrar understand each other's roles, responsibilities and authorities, and work collaboratively. However, the Registrar is accountable to the Board, but is not accountable for Board performance.

Although the Board's purpose and mandate is to govern and the Registrar's is to manage the day-to-day operations of the College, the key elements that are the focus of their work are the same.

These are:

- Protecting the public.
- Providing leadership and direction.
- Monitoring and oversight.
- Establishing conditions and constraints for all actions and decisions.
- Ensuring the financial health and sustainability of the College.
- Building relationships with stakeholders.

The Board's approach to its work is that its overriding purpose is to guide, direct and oversee the performance of the College. Consequently, it has the power, authority and control to ensure that the College, through the Registrar and their staff, fulfills its legislated mandate and achieves the Board's stated Mission, Vision and Strategic Goals.

The Registrar's approach is to ensure effective contribution to the key elements and to develop and implement strategies and means (programs, services, standards, management, administrative and operational structures) for successfully fulfilling the College's legislated mandate and achieving the Board's stated Mission, Vision and Strategic Goals. The Board gives the Registrar the necessary power and authority to carry out these duties and responsibilities, but the ultimate power rests with the Board.

A primary purpose of both the Board and the Registrar is to provide leadership. The talent, knowledge and skill that each brings to the table needs to be optimized in providing leadership and direction to the College. This is best achieved when each of the parties invite and value the contribution of the other.

For the relationship to be effective and successful, both the Board and Registrar must understand and respect the boundaries of their respective powers and authority. The process for developing the Mission, Vision and Strategic Goals has input from and the active participation of the Board and the Registrar. Although they work as partners, particularly in the area of providing leadership and direction, it is the Board that has the ultimate power and authority to decide the Mission, Vision and Strategic Goals for the College.

Relationship of the Chair and the Registrar

The Chair of the Board is responsible for fostering a constructive and harmonious relationship between the Board and the Registrar, and acts as the main point of contact and communication between the Board and the Registrar on decisions of the Board between board meetings. The Chair of the Board has no decision-making authority unless delegated this authority by the Board.

The Chair of the Board will typically meet – either by phone or in person – weekly to check in on the current state of the College's affairs and provide guidance (within Board approved policies) to the Registrar on issues raised by the Registrar. The Vice Chair and Deputy Registrar may also be invited to participate in these meetings. If, through these conversations, significant issues arise that require the attention of the full Board, the Chair of the Board is responsible for ensuring that a board meeting is called (if urgent) or that the issue is placed on the agenda of the next regularly scheduled board meeting.

For a full description of the Chair of the Board's role, please see the Chair of the Board terms of reference.

Relationship of Board and Staff

As the Registrar is the Board's only employee, Board members will refrain from giving direction to other College employees. This statement does not mean that staff and the Board do not communicate or interact. It does mean that the method and frequency of interaction is different. Staff attend Board meetings at the discretion of the Registrar. In some cases, senior staff may be observers at Board meetings. In other cases, specific staff may be present when they are providing information or performing specific functions requested by the Registrar.

Part 2 – Terms of Reference

2.1 Terms of Reference for the Board

The Board of the College of Pharmacists of British Columbia is responsible for managing and supervising the activities and affairs of the College, and as such, is the highest decision-making authority within the College. This responsibility of the Board consists primarily of the duty to govern and oversee the Registrar, who has responsibility to manage the business and affairs of the College.

The role of the Board is to govern the College to ensure fulfillment of the mandate set out in the *Health Professions Act (HPA)* and the *Pharmacy Operations and Drug Scheduling Act (PODSA).*

The Board is guided in its work by a set of Governing Principles *(page 11)*. In addition to its Governing Principles, the Board may set policy to govern the operations of the Board and the College.

In fulfilling its role, the Board will be guided by the following principles:

- Board members are encouraged to think and act in ways that seek to achieve outcomes or results that are in the best interests of the public it is committed to serve.

- The Board commits to stating the desired outcomes that it expects the College to achieve and to specifying the standards of organizational conduct that must be satisfied by staff in achieving them.

- The Board's authority rests in it acting collectively.

- The Board acts as a whole in determining policy and direction.

- Members of the Board maintain solidarity with other board members in support of a decision made at a Board meeting.

- Board authority is generally not delegated to the Chair or to committees (except in very specific or exceptional circumstances) unless mandated to do so by legislation. All Board committees report to the full Board.

- The role of the Chair is to manage the work of the Board and to chair Board meetings. The Chair can act on behalf of the Board where authorized to do so by the whole Board.

- The Board has only one employee and that is the Registrar.

- The Registrar reports to the whole Board, not to any individual Board members or committee.

- The Board delegates to the Registrar the necessary power and authority normally allocated to a chief executive officer to enable the effective execution of the operation of the College.

- All Board authority delegated to staff is delegated through the Registrar.

- The Registrar is accountable to the whole Board for the achievement of the outcomes stated in the Vision and Strategic Plan and for complying with the standards of organizational conduct set by the Board (unless otherwise indicated by legislation, regulation or the bylaws of the College).

- Recognizing that there will be circumstances where it will be necessary for the Registrar to interpret Board policy, the Board empowers him or her to do so as long as it is consistent with any reasonable interpretation of Board policy, and is communicated to the Board in a timely manner.

- Direction to and supervision of the Registrar's performance is a function of the whole Board.

- Monitoring and evaluating the performance of the Registrar is based on achievement of goals and outcomes in the Strategic Plan, compliance with Board established standards of organizational conduct, and other criteria set out in the employment contract with the Registrar.

The Board will:

- Set and ensure fidelity to mission and mandate, and approve organizational strategy, plans, and budgets.

- Establish governance policies, and review and update them regularly.

- Ensure management policies and systems are in place for compliance, including, but not limited to finance and human resources.

- Gain and maintain reasonable assurance that the College meets all financial reporting and disclosure obligations imposed on the College by applicable laws and regulations.

- Adopt and ensure adherence to a written Code of Conduct and Conflict of Interest Policy.

- Establish and hold the Registrar accountable to measures of organizational performance.

- Hire, evaluate, set objectives and set compensation for the Registrar.
- Ensure appropriate management of major risks (including financial, as well as risks to the College's assets, reputation, and intellectual property) to the College.
- Preserve and support the College's core values.
- Create and maintain policies for orientation and continuing education development of the Board
- Ensure sound relationships are maintained with its key stakeholders.
- Position the College as a highly effective, reputable, credible College and leader in its field.

2.2 Terms of Reference for Board Members

Board members play a vital role in ensuring the success and effectiveness of the College. Although the role is one in which Board members are asked to provide leadership and guidance to the College, there are also obligations that each Board member undertakes as soon as he/she formally assume the title “Board member.”

As a member of the Board, Board members are held liable and accountable for all decisions and actions in support of this self-regulated entity. As a result, the responsibilities and duties of a Board member are subject to public scrutiny. These responsibilities can be divided into two categories:

- Contribution to Board effectiveness.

- Legal and regulatory responsibilities *(refer to page 10).*

Contribution to the Board’s Effectiveness

The responsibilities in this area are concerned with the personal approach, commitment and style of involvement of a Board member. The College gains the most from a Board when its members are committed to working and sharing together in its best interests.

The following are obligations and guidelines for maximizing the contribution you make to Board effectiveness.

Every Board member has a fiduciary duty to the College, and must, in discharging his or her duties:

- Act honestly and in good faith with a view to the best interests of the College and to act in accordance with the College’s policies; and

- Exercise the care, diligence, and skill that a reasonably prudent person would exercise in comparable circumstances.

It fulfilling these obligations it is the responsibility of each Board member to:

- Participate actively in the business of the Board and make a positive contribution to providing visionary leadership and direction;

- Fully participate with other Board members in overseeing the management of the affairs and business of the College;

- Act honestly, in good faith and in the best interests of the public;

- Exercise the care, diligence and skill of a reasonably prudent person under comparable circumstances;

- Ensure compliance with relevant acts, bylaws, regulations and policies;

- Stay informed on matters relevant to governing the College;

- Participate actively and constructively in the discussions of the Board;

- Follow Board approved rules and policies in governing and conducting Board business;

- Contribute to building and maintaining a healthy, effective and cohesive Board;

- Represent the interests of the public and not the interests of special groups or individuals. Board members may raise issues brought forward by registrants, members of the public and special interest groups. However, once the issue is brought to the Board table all Board members must examine the issue from the perspective of public safety;

- Maintain solidarity with other Board members in support of a decision made at a Board meeting.

- Come completely prepared and informed regarding all materials compiled and sent to you in order to fully participate in the discussion regarding the agenda.

- Help to advise and direct the Registrar in the management and operations of the College through Board policy;

- Attend all Board meetings. If it is apparent that you are likely to miss several Board meetings and are unable to fulfill your obligations, you may wish to discuss your continued involvement as a Board member with the Chair;

- Inform yourself of the proceedings, decisions, and proposed actions decided upon at missed Board meetings;

- Encouraged to participate fully in debates at the Board table and expressing views which may lead to a more fulsome discussion.

- Board members who are in disagreement with other Board members or the Registrar on Board or College issues or business should use the Board meeting as the venue to express their disagreement or dissatisfaction. The integrity, credibility, public image and ability of the Board to function effectively are enhanced if disagreements or dissatisfaction are confined to Board meetings.

2.3 Terms of Reference for the Chair of the Board

The Board assumes responsibility for the governance and stewardship of the College and as a consequence has accountability for the performance of the College. Critical to meeting this accountability are the relationships between the Board, Board members and the Registrar.

The Chair is appointed by the Board and provides leadership in guiding the Board and coordinating its activities in the best interests of the College. In performing this role, the Chair manages the affairs of the Board and works closely with the Registrar.

- Chair Working with the Registrar
    - Fosters a constructive and harmonious relationship between the Board and the Registrar.
    - Acts as the main point of contact and communication between the Board and the Registrar between meetings of the Board on decisions of the Board.
    - Leads the Board in monitoring and evaluating the Registrar's performance.
- Chair Relationship with the Board
    - Ensures the Board has effective oversight of the College's business and affairs and is alert to its obligations to the College under the law.
    - Leads the Board in reviewing and monitoring the strategic business plan, policy and directions of the College and the achievement of its objectives.
    - Fosters cohesion of direction and purpose at a policy and strategic level.
    - Builds consensus, encourages participation, and develops teamwork within the Board.
    - Communicates with the Board to keep it up to date on all major developments, including timely discussion of potential developments.
    - Ensures that the Board has sufficient knowledge to permit it to make major decisions when required.
    - Approves the board agenda, briefing packages and related events for Board meetings with the Registrar and the Corporate Secretary.
    - Is an ex-officio member on all Board-established committees

- Establishes annually, in advance and in consultation with the Registrar, the Board Calendar and coordinates fulfillment of the requirements set by Board policies.

- Chairs Board meetings.

- Ensures Board meetings are conducted in an efficient, effective and focused manner.

- Ensures, with the assistance of the Registrar and the Governance Committee, that there is an orientation program for new Board members and an ongoing development program for existing Board members aimed at increasing the Board members' familiarity with the College and its context.

2.4 Terms of Reference for the Vice Chair

The Board assumes responsibility for the governance and stewardship of the College and as a consequence has accountability for the performance of the College. Critical to meeting this accountability are the relationships between the Board and the Registrar.

In the absence of the Chair, the Vice Chair provides leadership in guiding the Board and coordinating its activities in the best interests of the College.

- In the absence of the Chair, the Vice Chair will:
    - Preside over meetings of the Board.
    - Act as the main point of contact between the Registrar and the Board.
    - If and as required, fulfill the other responsibilities of the Chair, consistent with the College's regulations, bylaws, policies and terms of reference.

Part 3 – Board Governance Policies

3.1 Purpose and Role

The purpose and role of the Board is to govern the College to efficiently and effectively fulfill its legislated mandate; achieve its mission and vision; and, be accountable to the general public for competent, conscientious and effective performance as defined in the legislation applicable to the College.

1. In governing, the Board will:

    a) Be mindful of its obligation to serve and protect the public.

    b) Be visionary and progressive.

    c) Support strategic leadership.

    d) Ensure a clear distinction of Board and Staff roles and responsibilities.

    e) Achieve collective decision-making through healthy and respectful discussion and hearing all points of view.

    f) Recognize that it has one employee, namely, the Registrar.

    g) Recognize its responsibility to evaluate the Registrar's performance on an annual basis.

2. To fulfill its purpose and role, the Board will provide leadership to the College in carrying out the following key areas of governing responsibility:

    h) Protect the Public

    i) Guidance and Direction

    j) Standards of Organizational Conduct

    k) Organizational Oversight

    l) Ensure Financial Health and Sustainability

    m) Relationships with Stakeholders

3. Board members are expected to uphold their sworn Oath of Office.

3.2 Protect the Public

The Board will act to ensure that the decisions and actions of the College are to protect the public and do not jeopardize or put the College at risk.

Accordingly, the Board will:

1. Ensure that risk management policies and practices are in place

2. Review all Board decisions and policies regularly to ensure they satisfy the criteria for protecting the public.

3. Be proactive in identifying issues and matters that could jeopardize the Board and staff's ability to protect the public and the College.

4. Regularly engage in environmental scanning practices to identify and ensure that it is aware of strengths, weaknesses, opportunities, threats and changes to the environment in which the College operates that could affect its operating practices.

3.3 Guidance and Direction

As the body elected to lead and guide the College, the Board will develop and set the Vision and Strategic Goals to be achieved in fulfillment of its Mandate, Mission and responsibilities.

Accordingly, the Board will:

1. In partnership with the Registrar and designated staff, develop the Vision and Strategic Goals for the College.

2. Develop a Strategic Plan that articulates its Vision and Strategic Goals. This plan will act as the Board's directive to the Registrar regarding priorities.

3. Develop the Values for the College which guide the Board and directs the Registrar and College staff in interactions with each other and all stakeholder groups.

4. Annually review the Strategic Plan and confirm continuation or make necessary adjustments to accommodate conditions impacting the College and the public.

5. In collaboration with the Registrar, for the purpose of fulfilling their commitment to achieving the Mission and Vision of the College, keep current with information and knowledge affecting the practice of pharmacy in BC, identify and address issues and matters that could or will have a material impact or consequence on pharmacy practice.

3.4 Standards of Organizational Conduct

A major focus of the Board's work is on leading and guiding the College by determining the desired results or outcomes to be achieved. The Board also has an obligation to establish the conditions and limitations that will guide the Registrar.

Accordingly, the Board will:

1. Establish Standards of Organizational Conduct policies in any area they deem essential to guide the staff in achieving Board stated goals. (see part 5 of this manual)

2. Ensure the Standards of Organizational Conduct policies form part of the performance evaluation of the Registrar; are regularly monitored for compliance; and, are reviewed annually by the Board or an assigned task group.

3. Ensure that Board policies on Standards of Organizational Conduct reflect a common interpretation by the Board and the Registrar. The agreed upon interpretation should meet the "reasonable person" criteria and the intent of the policy.

3.5 Organizational Oversight

As one of the key elements of governing is ensuring the achievement of its Vision and Strategic Goals and compliance with its policies, the Board will regularly and systematically monitor and oversee organizational performance. As the Registrar is responsible for the management and operation of the College, the Registrar's performance is considered to be the same as the College's performance.

Accordingly, the Board will

1. At its discretion, use one or all of the following three methods to monitor performance of the College:

    a. **Executive Report:** Disclosure of compliance information to the Board from the Registrar.

    b. **External Audit:** Discovery of compliance information by an external auditor, inspector or consultant who is selected by and reports directly to the Board. Such reports must assess executive performance only against the specific policy or policies of concern to the Board, not those of the external party unless the Board has previously indicated that party's opinion to be the standard.

    c. **Direct Inspection:** Discovery of compliance information by a Board member, a committee or the Board as a whole. This is a Board inspection of documents, activities or circumstances directed by the Board, which allows a "prudent person" test of policy compliance.

2. Bring any concerns arising from any monitoring activity to the attention of the Registrar in a timely manner.

3.6 Financial Health and Sustainability

The Board will act to ensure that the financial health and viability of the College is not jeopardized.

Accordingly, the Board will:

1. Direct the Registrar to develop and submit to it, annually, a multiyear financial plan (2 – 5 years) that identifies key areas of expenditure growth, inflationary costs, revenue sources and potential or planned fee changes.

2. Direct the Registrar to present an annual plan for the College's contingency and reserve funds.

3. Review or establish Standards of Organizational Conduct policies that address budget planning, financial management and risk management.

4. Annually review the financial plan to determine changes in assumptions, environmental conditions, and integrity of the plan.

5. Direct the Registrar to present a progressive actual year-to-date budget and variance report at each Board meeting.

6. Establish an Audit & Finance Committee to support the Board in fulfilling its financial health and sustainability oversight obligations.

3.7 Relationship with Stakeholders

In recognizing that governing requires having knowledge of the interests, concerns, needs and expectations of stakeholders, the Board will act to ensure that it is informed on matters relevant to its stakeholders.

Accordingly, the Board will:

1. Annually establish, review and evaluate the Board with regards to stakeholder relationships.

2. Provide opportunities throughout the year for interested parties to make presentations on matters of interest and concern to the Board.

3. Ensure that the College has a comprehensive communications strategy and maintains a website containing current information.

4. Post the schedule of its public meetings on the College's website.

5. Post minutes of its public Board meetings on the College's website.

6. Produce an annual report that is made available electronically on the College's website.

Part 4 - Board Operations

4.1 Code of Conduct

Board members will conduct themselves respectfully, ethically, and professionally in their personal and professional interactions, consistent with the oath that all Board members have sworn or affirmed.

In fulfilling their responsibilities as a Board member of the College, they will:

1. Exercise the duties of care, diligence and skill and the duty of loyalty to the College and the public interest.

2. Respect the confidentiality of Board discussions and deliberations.

3. Abide by all Board policies governing Board member behaviour, practices, decisions and actions.

4. Respect and abide by the Board's values, governing principles and conflict of interest guidelines.

5. Honour their obligations to attend all Board meetings and where this is not possible notify the Chair in advance.

6. Come to the Board meetings having read the materials relevant to the Board meeting agenda.

7. Abide by the Board's Meeting rules and by the method or process agreed to for conducting Board meetings.

8. Assist the Board with its work by serving as a member on one or more Board committees or task groups during the course of the Board year.

9. Maintain solidarity with other Board members in support of a decision made by the Board.

10. Participate and contribute to building and maintaining a strong, healthy, productive and effective functioning Board.

11. Respect and honour the governing principle that a Board member's individual interaction with the Registrar or staff carries no authority or formal influence.

12. Refrain from exercising individual authority over the College except as explicitly set forth in Board policies.

13. Not represent or appear to represent the Board to external organizations, unless specifically authorized to do so. Individual Board members will re-direct enquires from members of the public and media to the Registrar, and copy the Board Chair, so that proper action can be taken.

4.2 Conflict of Interest

Board members will avoid and refrain from involvement in situations of conflict of interest. Board members represent the interests of the public and not the registrants who elected them or those who appointed them. Board members shall have no conflict of interest with regards to representation as a Board member or at Board meetings.

Conflict of interest is a breach of an obligation to the College that has the effect or intention of advancing one's own interest or the interest of others in a way detrimental to the interests or potentially harmful to the integrity or fundamental Mission of the College. Conflicts of interest and the appearance of conflicts of interest must be avoided. Board members and staff are responsible for seeking guidance from the appropriate source before embarking on activities, which might be questionable.

Accordingly:

1. A Board member is in a conflict when there exists a personal interest that could influence their decisions and impair their ability to act in the College's best interests.

2. Board members must not use their positions to obtain for themselves, family members or close associates employment within the College.

3. Should the College consider a Board member for employment they must temporarily withdraw from Board deliberation, voting and access to applicable Board information.

4. Acceptance of gifts, entertainment, travel and services for personal use from people or organizations who conduct business with the College could impede the objectivity of the Board and create a conflicting obligation. It is necessary, therefore, for full disclosure to occur and for approval to be granted, prior to the receipt of a personal benefit.

    a. Gifts, entertainment, travel or services require evaluation of the source, value, purpose and frequency of offering in assessing the case.

    b. A Board member may attend, as a guest, a hosted lunch or dinner meeting that involves the discussion of items of mutual interest.

    c. Personal gifts may not be accepted by Board members from people or companies seeking business or intervention with any College policy or process.

    d. Gifts for the College office may be accepted, depending on the purpose of the gift. Commemoration of a significant anniversary or event would be acceptable, but material appreciation for positive response to an appeal relating to policies and procedures would not be acceptable.

5. Board members who have a material interest in a company with whom the College may decide to transact business, have a responsibility to disclose their involvement whenever they have influence over a decision to engage the services of the company.

6. Board members approached, in their capacity as College representatives, to serve as members of a Board of a for-profit, charitable, or advocacy organization must obtain the approval of the Board.

7. The Board review of a request to serve as a member of a Board of another organization will take into account the interests of the College, as well as the benefits that may accrue to the individual and to the outside organization.

8. College representatives to outside organizations must be approved and recorded as such by the Board.

9. Unless approval is given, a Board member or staff member serving on the Board of an outside organization does so in their individual capacity.

10. If Board members have material interests in companies seeking College business they must disclose their interests and withdraw from the College decision making process that is applicable to those companies.

11. Board members should not solicit remunerated consultative contracts through their positions with the College. Requests from College members for such services should be referred to other experts in the field, other than in exceptional cases.

Process for Addressing Conflicts of Interest

1. On appointment, a Board member will act in a manner that will prevent real, potential or perceived conflicts from arising in their private, professional and institutional interests; declare any real, potential or perceived conflict of interest and sign a conflict of interest declaration; and annually update the declaration and sign it.

2. In the event that a Board member is in a conflict of interest or believes they might be in a conflict of interest they will immediately disclose, in writing, any real, potential or perceived conflicts of interest to the Chair of the Board, or to the Vice-Chair if they are the Chair.

3. At the beginning of each board meeting any real, potential or perceived conflicts of interests with regard to the business of that meeting will be disclosed by any Board member who believes they may be in a conflict, or perceived to be in a conflict. The declaration will be recorded in the minutes.

4. Should a board member have a concern regarding non-disclosure of a real, potential or perceived conflict of interest of another board member, he / she shall bring this concern to the attention of the Chair (or Vice Chair, as appropriate)

5. When a conflict of interest has been declared the affected board member(s) will abstain from participation in any discussion on the matter, not attempt to personally influence the outcome, refrain from voting on the matter, and leave the meeting room for the duration of any such discussion or vote. The time the affected Board member(s) left and returned to the meeting room will be recorded in the minutes.

4.3 Confidentiality

There are aspects of the Board's work requires confidentiality. It is important and necessary that Board members recognize this responsibility and ensure that their actions do not violate Board confidentiality.

Accordingly:

1. Confidential and sensitive information about the affairs of the College provided during in-camera meetings within the knowledge of Board members are not to be disclosed to others.

2. Board members are required to comply with provincial and federal legislation and regulations regarding privacy and freedom of information.

3. Board confidentiality and integrity is strongly affected by individual Board member actions. Board members must respect the confidentiality of in-camera Board discussions and refrain from discussing or sharing information on these matters with non-Board members.

4.4 Board-Established Committees and Task Groups

Other than committees required by legislation, the Board may establish committees and task groups to help carry out its responsibilities.

Accordingly:

1. Board committees and task groups are established by the Board to help the Board fulfill its role and carry out its responsibilities. To preserve Board authority, Board committees and task groups will be used only as required to support the Board's work.

    a. A Board committee is a standing committee of the Board. A Board committee will typically be composed of Board members, with an ongoing, defined role in supporting the work of the Board. A Board Committee may also be composed primarily or entirely of outside experts tasked with providing advice directly to the Board on policy or other issues requiring specialized expertise.

    b. A task group is a time-limited, task-specific committee of the Board established to undertake specific tasks or deliverables within a predetermined timeframe. Once the tasks are completed the task group is dissolved. A task group may include both Board members and/or non-Board members based on the needs of the Board.

2. The full Board holds the ultimate responsibility for governing the organization. Board committees and task groups, unless otherwise specified by the Board, do not have any independent authority to act on behalf of the Board.

3. The Board will establish terms of reference for committees and task groups that will usually include the following:

    a. The mandate or purpose of the committee or task group;

    b. The term for the committee or task group;

    c. Appointment of members to the committee or task group;

    d. Appointment of the Chair of the committee or task group;

    e. Skills and expertise required of members of the committee or task group;

    f. Term and term limits for members of the committee or task group;

    g. Quorum requirements of the committee or task group; and

h. Any other terms as determined by the Board.

4. The Chair of the Board will be an ex-officio member of all Board committees and task groups unless otherwise specified in terms of reference, and he/she may participate on committees or groups at his/her discretion.

5. The Registrar will be notified of all committee and task group meetings and invited to attend in a non-voting capacity, but his/her attendance is not counted for the purpose of committee or task group quorum requirements.

6. If committees or task groups are established they:

    a. Do not speak or act for the Board except when formally given such authority for specific and time-limited purposes. Such authority will be stated through terms of reference or Board minutes.

    b. Are to assist the Board in doing its job by recommending, analyzing, deciding and/or acting as directed by the Board.

    c. Cannot exercise authority over staff and operations and must work within the organization's mission and policy framework.

    d. Will receive their terms of reference, specific tasks, staffing, reporting process, time lines, etc. from the Board as the committee or task group is established.

    e. Will use a committee or task group work plan, which will specify goals for the committee or task group, strategies to meet the goals and timelines for completion of the goals.

    f. May only establish sub-Committees if approved by the Board.

7. Committee and task group reports that are presented to the Board on matters requiring decisions or actions will generally contain a recommended course of action, with supporting rationale, unless otherwise requested by the Board.

8. Deviations from the approved budget for a committee or task group are to be reported immediately to the Board by the Registrar.

9. Timelines for completion of tasks and submission of reports are to be consistent with the Board's directions or mandate.

10. Once those committees or task groups that have completed their tasks or assignments and where there is no longer a need for their continuation or existence, they will be disbanded automatically.

4.5 Board Work Plan & Meeting Agendas

To govern effectively, the Board must recognize that the work it will do throughout the year is based on fulfilling its governing responsibilities. This means that it will not devote time and energy to the methods and means that will be employed by the Registrar to achieve the Board's stated Vision and Strategic Goals.

Accordingly:

1. At the beginning of each new Board year the Board will, in a special session or as part of its first regular Board meeting, identify the goals, tasks and issues it intends to address, and incorporate these into a 'Board work-plan' and calendar for the coming year.

2. Items on the Board's 'work-plan' will form part of each Board meeting agenda.

3. The agenda will consist of those items that pertain to the Board's areas of governing responsibilities and to matters raised by the Registrar that require Board policy or direction. The agenda will meet all requirements set out in the *Health Professions Act.*

4. The Board authorizes the Chair to develop, in consultation with the Registrar, the 'draft agenda' for each Board meeting.

5. Board members are encouraged to submit to the Chair agenda items that meet the criteria for Board agendas.

6. It will be the practice of the Board not to accept last minute items for additions to the agenda unless, in the combined view of the Chair and the Registrar, they require the immediate attention of the Board.

7. The Board determines the final version of the agenda, and the approval of the agenda is the first item of business at the Board meeting.

8. The Board will, at each meeting, acknowledge the traditional lands of the First Nation on which the meeting is taking place.

9. Agenda items for Board meetings must be circulated to members before the meetings, according to the established procedures.

10. If the agenda item is not completed in its allotted time, the Board will vote whether to continue discussing the topic or table the item until the next meeting.

11. The Board's meeting format should adhere to the most recent edition of Robert's Rules of Order. Consensus agreement is the goal whenever possible.

4.6 Meeting Observers

Once the dates of the Board meetings are determined, they are published on the College's website.

Accordingly:

1. The Board will maintain positive relationships with the public through open access to the Board.

2. The Regular Meetings of the Board are public meetings and may be made available through internet streaming or live video.

3. Individuals or groups may request to make a presentation at a Regular Meeting of the Board.

4. The Board Chair has the prerogative to permit an observer at the Regular Meeting to make a contribution to a topic being discussed.

4.7 Succession Planning

To ensure that the College is able to fulfill its mandate of protecting the public it is the responsibility of the Board to oversee, at all times, that the College is managed by a professionally qualified and competent Registrar.

Accordingly, the Board will:

1. Ensure senior management succession planning policies and processes are in place, including a review of an annual review on such plans and policies by the Registrar.

2. The Registrar will prepare a successor in the event of unexpected incapacity in addition to ongoing management development plans.

4.8 Board Assessment & Evaluation

It is the obligation and responsibility of the Board to govern effectively, to ensure fulfillment of the College's legal mandate and to work together in building a healthy and effective Board team.

Accordingly, the Board will:

1. Assess the effectiveness of its meetings and use the data from the assessment to make changes that will improve meetings of the Board.

2. At least once during any given Board year, conduct a full assessment or evaluation of Board functioning regarding its governing responsibilities, relationship with the Registrar, its committees and task groups, its decision-making processes and practices, and its ability to work effectively as a team.

3. Address areas of concern, focus on team building, encourage participation and mutual understanding on a continual basis.

4.9 Registrar Performance Evaluation

It is the responsibility of the Board to conduct an annual evaluation of the performance of the Registrar. This will be done in a respectful, fair and professional manner employing a process, timelines and data collection and analysis tools agreeable to the Board and the Registrar.

Accordingly, the Board will:

1. Delineate the performance outcomes, expectations regarding attitude and behaviour, and any compliance requirements that will be used to evaluate the Registrar's performance in the employment contract.

2. Have the Chair establish a 'Registrar' performance evaluation task group that will be responsible for conducting and managing the evaluation process on behalf of the Board. At a minimum this task group will have the Chair, Vice-Chair and a public appointee as its members.

3. Identify and agree with the Registrar on the process and timelines that will be employed for the performance evaluation.

4. Articulate how formative and summative data, that acknowledges progress, achievement and provides direction to further the Registrar's role and development, will be provided to the Registrar as feedback.

5. Receive the Task Group's Performance Evaluation Report after it has been hand delivered by the task group to the Registrar.

6. Commit to meeting with the Registrar directly after it has received and accepted the Performance Evaluation Report from its task group to discuss the report and any recommendations determined by the Board.

7. Ensure that the information regarding the performance evaluation of the Registrar is kept confidential.

4.10 The Board/Registrar Relationship

It is in the best interest of the Board and the College that the Board develops a positive, respectful and harmonious working relationship with the Registrar. To that end, both parties need to function as partners in providing leadership, guidance and direction to managing the business of the College.

Accordingly, the Board will:

1. Delegate to the Registrar the necessary power and authority, including spending authorizations, to effectively manage and operate the College.

2. Enter into a legal employment contract with a new Registrar that addresses such matters as responsibilities, accountabilities, deliverables, compensation, benefits, and conditions for terminating the agreement, and the process and timeframe for the annual performance evaluation of the Registrar.

3. Appoint a Board Selection Committee to conduct a search for a new Registrar when required. The Committee will be responsible for establishing the committee's Terms of Reference, to be approved by the Board, which determine the parameters and process for the completion of a successful search.

4.11 Reimbursement of Expenses to Board and Committee Members

1. **Expenses**

    a. For reimbursement of reasonable, budgeted expenses incurred while on College business, all receipts must be affixed to a completed expense claim form. Expenses will be reimbursed as incurred consistent with the College's expense claim guidelines. Expense claim forms (with attached receipts) must be submitted within 20 ~~60~~ days of when the expense is incurred.

2. **Travel**

    a. **Air:** Air travel is to be booked through the College-specified travel agent, whenever possible, as per the criteria established for the College of Pharmacists' account. The appropriate College staff will supply the College-specified travel agent's contact information.

    b. **Personal automobile:** Mileage will be reimbursed using the Canada Revenue Agency Automobile Allowance Rate.

    http://www.cra-arc.gc.ca/tx/bsnss/tpcs/pyrll/bnfts/tmbl/llwnc/rts-eng.html

    c. The total mileage claim is to be limited to the cost of the lowest fare for economy class air transportation to the same destination (where applicable). Lower Mainland residents may claim for travel between their homes and the meeting site.

    d. **Other:** Parking, cabs, airport buses or shuttles (Please submit original receipts showing taxes paid – other than for parking meters.)

3. **Accommodation**

    a. Hotel accommodations are to be arranged by the appropriate College staff.

    b. The College maintains a master hotel account at certain hotels. The room rate for a standard single occupancy room and applicable taxes for the day(s) spent on College business or meetings will be automatically billed to the master account. Individuals must arrange to pay all other expenses incurred during their stay (such as mini-bar charges, laundry, in room movies and personal telephone calls); these expenses are not reimbursed by the College of Pharmacists of BC.

c. Board or committee members are eligible to expense hotel accommodation on the night before or between Board or committee meetings. Individuals are expected to exercise prudence when deeming it necessary to stay in hotel accommodation.

d. Board or committee members who stay in non-commercial lodging (i.e. with friends or family) may spend up to $30.00 per night in lieu of commercial lodging on a gift (e.g. meal or gift certificate) for the hosts. Receipts are required and must be attached to the expense claim form with a notation explaining the claim.

4. Meals – General

a. Actual costs, or a per diem allowance where permitted, may be claimed for meals on College of Pharmacists' business. The business purpose should be indicated on the expense claim.

b. There is no reimbursement if the traveler has the opportunity to eat breakfast or lunch before leaving home or eat dinner at home at the end of the day.

c. The names of individuals, or the group, in attendance must be indicated on the claim.

d. Original restaurant receipts are required for reimbursement of actual expenses. The amount of the gratuity may be noted on the receipt for reimbursement.

5. Per Diem Meal Allowance

a. A fixed allowance covering meals and incidentals (e.g. gratuities for housekeeping services, bellhops, etc.) may be claimed without receipts, in lieu of specific expense reimbursement when travelling to conferences or other similar situations. If travelling for more than one meal period, the maximum daily reimbursement will be calculated based on the total for all applicable meals, rather than by individual meal. If travelling for one meal period, the traveler will only be reimbursed up to the amount for that particular meal.

b. Maximum amounts include all taxes and gratuities.

c. In the course of meetings, group breakfasts, lunches, or dinners may be arranged. All participants are encouraged to join in these group functions. There is no reimbursement for meals purchased independently at alternative venues in these situations.

d. There is no reimbursement if the traveler has the opportunity to eat breakfast or lunch before leaving home or eat dinner at home at the end of the day.

e. The College uses the meal allowance rate set by the Government of British Columbia, which is updated periodically. Please contact staff for the most recent per diem rates.

6. Honoraria

a. Honoraria will be paid on an hourly basis at $50.00 per hour, $200.00 for one half-day, or

b. $400.00 for a full 8-hour day for scheduled Board or Committee meetings whether in-person or by teleconference or web-conference. The maximum honoraria of $400.00 will include any travel time on that day.

c. Board or Committee members will be paid the hourly rate for their meeting preparation time. Note: Acceptable billable hours for a particular meeting will be determined by the Committee consensus at that meeting. Board preparation time is to be a maximum of 8 hours per meeting.

d. Honoraria will not be paid for the following (unless approved on a case by case basis)

- Travel time (except for Board and Committee members who travel further than 50 km or one hour from the meeting site.)

- Attending conferences, training sessions, etc.

e. Note: Honoraria payments are subject to statutory deductions (Federal and provincial taxes and Canada Pension Plan contributions).

7. Other Costs (for Board members only)

a. A reimbursement of $20 per Board meeting will be given for miscellaneous supplies or incidentals (up to a maximum of $100 per year.) Receipts are required when available.

8. Submitting Expense Claims

a. Complete the expense claim form (found on the portal) and attach the receipts.

b. Forward the claim form and receipts (by mail or email with scanned attachments) to the appropriate staff member for approval within 60 days from when the expenses were incurred.

c. Reimbursements are made via electric funds transfer.

Part 5 – Standards of Organizational Conduct

5.1 Financial Planning and Budgeting

Financial planning and budgeting for any fiscal year will be based on Board stated goals, maintenance of the on-going operations of the College, and avoidance of financial risk.

Accordingly, the Registrar will:

1. Use credible planning assumptions.

2. Ensure that the budget is based on the College's strategic and operational plans.

3. Develop a balanced budget aligning annual expenditures with projected annual revenues.

4. Construct and submit a budget that shows a separation of capital and operating items.

5. Provide sufficient funds for the Board's annual operating costs.

6. Ensure sufficient cash balance to settle payroll and debts in a timely manner.

7. Invest surplus funds in in accordance with the Investment Policy and Provincial legislation.

8. Submit a draft budget to the Board prior to the beginning of each new budget year that will allow sufficient time for review, comments and changes (if required) prior to final approval.

9. See Reserves Policy (5.3) for further information.

5.2 Financial Management

The Registrar will ensure the College operates with internal controls and a financial management system that protects the organization from risk and meets or exceeds the standards set by the auditors.

1. Regarding the receipt and expenditure of funds, the Registrar will:

    a. Receive, process and disburse funds under controls sufficient to meet Generally Accepted Accounting Principles.

    b. Not expend more funds than have been received in the fiscal year to date unless the amount can be repaid by certain and otherwise unencumbered funds within 30 days of the end of the fiscal year.

    c. Not allow legal, statutory and other operational financial requirements to become delinquent.

    d. Not indebt the College in an amount that cannot be repaid within any conditions that the Board may set from time to time.

    e. Exercise adequate internal controls over receipts and disbursements to avoid unauthorized payments or material dissipation of assets.

    f. Not allow actual allocations to vary materially from those in the Board approved budget.

2. The Board designates the Registrar, Deputy Registrar, Chief Operating Officer, Board Chair and Board Vice-Chair as signatories for cheques, purchase orders and agreements:

    a. Up to and including an amount of $5,000.00 require the signature of one of the following: Registrar, Deputy Registrar or the Chief Operating Officer.

    b. Over the amount of $5,000.00 and up to and including the amount of $200,000.00 require the signature of two of the following: Registrar, Deputy Registrar or the Chief Operating Officer.

    c. Over the amount of $200,000.00 require the signature of two of the following: Registrar, Deputy Registrar or the Chief Operating Officer plus the Chair or Vice-Chair of the Board.

3. The Registrar will establish a Signing Authority Policy, consistent with this Policy. The Signing Authority Policy will be reviewed and approved by the Board annually.

4. The Registrar will establish a Procurement Policy, consistent with this Policy.

5.3 Reserves 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 Balances

The goal of the Board is to maintain the reserve for the following uses:

- 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 create an internal line of credit to manage cash flow and maintain financial flexibility.

Fund Expenditures

Expenditures from the reserve and transfers between reserve and operations 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.

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

~~**1. Scope / Limits**~~

~~a. 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.~~

~~**2. Policy**~~

~~a. The College shall hold the following reserve funds~~

~~b. Capital Asset and Building Reserve~~

~~c. Joint Venture Reserve~~

~~d. Automation Reserve~~

~~e. Legal Reserve~~

~~f. Grants Reserve~~

~~g. Operating Reserve~~

~~3. The reserve funds will not be shown in the budget, but will be held in separate general ledger balance sheet accounts with equivalent funds invested in either College bank accounts and / or College investment accounts. These funds will be separately reported in the annual financial statements.~~

~~4. The annual and multi-year budgets shall include a statement of the current balances in the reserves. The budget will include a line for anticipated net transfers between the reserve funds and the operating account, if applicable.~~

5. **Fund Balances** - The goal of the Board is to maintain the reserves for the following purposes and the target balances as follows:

   a. **Capital Asset Reserve (Target balance is $250,000):**

      The Capital Asset Reserve is maintained to assist in funding any unanticipated leasehold improvements, furniture purchases and other capital acquisitions, other than automation purchases.

   b. **Joint Venture Reserve (Target balance is $500,000):**

      The Joint Venture Reserve is maintained to assist in funding any special levies required to maintain the upkeep of the building jointly owned by the College of Pharmacists and the College of Dental Surgeons. These would be outside of the planned joint venture reserve fund schedule.

   c. **Automation Reserve (Target balance is $500,000):**

      The Automation Reserve is maintained to provide for the substantial maintenance, upgrading or replacement of IT equipment, software purchases, audiovisual equipment and telecommunications equipment over and above regular maintenance, upgrades or replacements provided for in the annual operating budget.

   d. **Legal Reserve (Target balance is $500,000):**

      The Legal Reserve enables the College to sustain operations in the event of legal costs arising from an unanticipated increase in the number of Inquiry or Discipline cases (or other significant events requiring extensive legal assistance).

   e. **Grants Reserve (Target balance is $250,000):**

      The Grants Reserve is maintained to provide the opportunity to fund proposals for research projects or training opportunities that support the College's Strategic Plan.

   f. **Operating Reserve (Target balance is $1,000,000):**

      The Operating Reserve is maintained to achieve the following objectives:

      i. To enable the College to sustain operations through delays in payments of committed funding, unanticipated operating expenditures or increases in service delivery costs that cannot be financed through changes in the

regular budget lines and to permit acceptance of reimbursable contracts and grants without jeopardizing ongoing operations.

ii. To create an internal line of credit to manage cash flow and maintain financial flexibility.

6. Total Reserves = $3,000,000.

7. Fund Expenditures

a. Expenditures from the reserves and transfers between reserves and operations may only be made at the discretion of the Board and only for the purposes outlined below:

8. Capital Asset Reserve:

a. The Capital Asset Reserve funds may be used for expenditures related to leasehold improvements, furniture purchases, the purchase of other capital assets (other than automation purchases), a facility needs analysis, expanding the existing property or the College's share of ownership of the property and / or acquiring a new property.

9. Joint Venture Reserve:

a. The Joint Venture Reserve may be used to pay for the College's portion of a special levy related to a large capital expenditure for the upkeep of the Joint Venture building.

10. Automation Reserve:

a. Capital purchases and large maintenance projects related to IT equipment, audiovisual equipment, telecommunications equipment, as well as software licencing and purchases will first be met through the annual operating budget. In the event of unanticipated large projects, the Board may approve withdrawing funds from the Replacement Reserve to enable these projects to proceed in a timely manner.

11. Legal Reserve:

a. The Legal Reserve may be used to pay for legal costs arising from an unanticipated increase in the number of Inquiry or Discipline cases (or other significant events requiring extensive legal assistance).

12. Grants Reserve:

a. The Grants Reserve is maintained to provide the opportunity to fund proposals for research projects or training opportunities. Upon receipt of proposals requesting support, the Board may approve the grant being funded from this reserve.

13. Operating Reserve:

a. The Operating Reserve is maintained to achieve the following objectives:

i. To enable the College to sustain operations through delays in payments of committed funding, unanticipated operating expenditures or increases in service delivery costs that cannot be financed through changes in the regular budget lines and to permit acceptance of reimbursable contracts and grants without jeopardizing ongoing operations.

ii. To create an internal line of credit to manage cash flow and maintain financial flexibility.

b. The Board may approve withdrawing funds from the Operating Reserve for #1 – to cover proposals for unanticipated operating expenditures, etc.

c. For #2 – in the case of a cash flow shortfall of three months or less, the Chief Operating Officer shall use Reserve funds before using the commercial line of credit. A draw-down from the fund that will not or cannot be replaced with operating funds within three months, must be approved by the Board.

14. Replenishing the Reserves

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

5.4 Investment Policy

All cash and investments are to be used for the general operational expenses of the College of Pharmacists of British Columbia (henceforth referred to as the "College") unless specifically identified for other purposes. Surplus funds are to be invested to meet these operational expenses. These funds must be invested conservatively and should not be subject to speculative situations.

1. **Investment Objectives**

    a. The primary investment objective is to protect the capital from loss.

    b. The secondary objective is to obtain the highest rate of return while preserving capital.

    c. The third objective is to insure the portfolio contains sufficient liquidity to provide the College with the flexibility to meet its anticipated and potentially changing cash requirements.

2. **Investment Restrictions**

    a. All fixed income investments with a maturity of one year or less must have a Dominion Bond Rating (or equivalent) of at least R1 Low.

    b. The total amount of R1 Low fixed income investments at any one time shall not exceed 30% of the total investment portfolio.

    c. All fixed income investments with a maturity of greater than one year must have a Dominion Bond Rating (or equivalent) of A Low or higher (e.g. bonds and strip coupons).

    d. The investment portfolio must, where practicable, produce sufficient cash to meet the College's expected cash demands without relying upon the sale of securities having one year or more until maturity.

    e. At all times, not more than 50% of the portfolio may be invested with any one issuer unless it is the Government of Canada, a Provincial Government, or an entity with a Federal or Provincial guarantee. Investments vehicles meeting the definition of "bank deposits" may also be excepted from this concentration provision provided they are deposit based investments issued by a Schedule I Canadian bank.

f. If the portfolio is less than $500,000 then 100% of the portfolio may be invested with one issuer.

g. GIC exposure to any one issuer must be limited to the CDIC (Canada Deposit Insurance Corporation) limit of $100,000 unless the issuer is a "Big 6" Schedule I Canadian bank; a credit union backed by an unlimited provincial guarantee; or a large scale international issuer that may, from time to time, be identified as having sufficient resources to warrant exceeding the $100,000 per issuer CDIC limit.

3. Investment Guidelines

a. The Investment Guidelines must at all times be in agreement with the Investment Objectives and the Investment Restrictions.

b. For the purposes of the Investment Restriction criteria, GICs can be treated as

    i. Money market vehicles for maturities of one year or less and as bonds for maturities greater than one year.

c. For surplus funds anticipated to be in excess of current and projected operational needs, the maximum remaining term to maturity should not exceed five years.

d. An exception for Guideline C is for funds which are set aside for a specific purpose whose payment date exceeds these terms.

e. An investment should be sold and replaced when its credit rating drops below minimum levels.

f. All investments should be held in segregated accounts.

5.5 Risk Management

Protection of the College's assets is critical to its current and long-term operational viability. As the Registrar has operational control of the assets it is essential that risk management practices be implemented to ensure the assets are protected.

Accordingly, the Registrar will:

1. Purchase insurance and implement controls to protect College assets against theft and casualty losses and prevent access to funds by unauthorized personnel.

2. Take measures to maintain and protect the College premises and its contents.

3. Implement policies and practices that will prevent exposing the College, its Board and staff to claims of liability, as well as ensure that the Board and staff are adequately insured against liability claims. Also, review the policy annually to maintain sufficient coverage.

4. Arrange to have the office premises and contents appraised every 5 years, and insured on a replacement cost basis with the coverage being reviewed annually and retendered every 5 years.

5. Only commit the College to those expenditures that comply with Board directives and policies.

6. When investing or holding the College's operating capital, ensure their liquidity and safety, guided by the future needs of the College and include easily accessible cash reserves equal to the cost of operating the College for six months.

7. Follow Board policies or guidelines to acquire, encumber or dispose of real property.

8. Not reduce the College's current assets without Board knowledge and approval.

9. Observe and enforce the working conditions and standards set out in the Employment Standards Act of the Province of British Columbia.

10. Ensure a business continuity plan is in place, and that all information systems are backed up daily in case of fire, theft or an Act of God in order to prevent business loss and disruption.

11. Ensure a risk management policy is in place.

12. Maintain and report regularly on the College's risk register.

5.6 Employee Relations

A healthy and safe working environment and fair, respectful, dignified and non-discriminatory working conditions are ensured for all employees and volunteers.

1. Regarding the treatment of employees and volunteers: Accordingly, the Registrar will:

    a. Honour the spirit and intent of the College's collective agreement(s).

    b. Not knowingly practice, condone or tolerate harassment of any kind within the College and working environments under the jurisdiction or direct influence of the College.

    c. Be proactive in protecting the staff from unsafe and unhealthy conditions in the workplace.

    d. Provide a fair and equitable complaints and grievance process that is free from retribution.

    e. Have written personnel policies, consistent with any applicable legal requirements that clearly address the College's expectations of employees and volunteers and their obligations.

    f. Promote diversity in the workplace. This includes (but is not limited to) diversity regarding ethnic origin, culture, religion, gender, sexual orientation, age, skill sets and experience.

    g. Ensure that all employees and volunteers are well informed of their rights and the College policies that affect them.

2. Other than their requested attendance at Board meetings or their participation on committees involving Board members, non-unionized staff will only have access to the Board as a 'last resort' on matters regarding their treatment by the Registrar or allegations of illegal activities or actions by the Registrar. On all other matters, staff must deal directly with the Registrar.

3. The Board will ensure that any employee engaged in 'whistle blowing' activity or raising matters with the Registrar will not suffer retribution or discrimination as a result of bringing these matters forward. If the person is not satisfied with the response from the Registrar, he or she can then approach the Board Chair.

5.7 Employee Compensation and Benefits

With respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers, the Registrar must protect the College against financial risk or negative public image.

Accordingly, the Registrar will:

1. Not promise or imply to current or potential employees permanent or guaranteed employment.

2. Make sure that every employee has received and agreed to a letter of employment or a letter of services or a letter of requirements prior to commencement of services.

3. Establish current compensation and benefits which:

    a. Comply with the Board's policies on compensation.

    b. Do not create long-term obligations that the Board believes cannot be met from its normal revenue sources.

4. Not establish deferred or long-term compensation and benefits which:

    a. Cause unfunded liabilities to occur or in any way committing the College to benefits that incur unpredictable future costs.

    b. Deviate from Board approved levels of benefits.

5.8 Contractor Services

With respect to contracting services, the Registrar must protect the fiscal integrity and public image of the Board.

Accordingly, the Registrar will:

1. Employ a tendering process for suppliers, consultant services, service contracts and equipment/facility leases or purchases by obtaining three quotes, or through a competitive process, wherever practical. Any tendering process must be transparent, fair and comply with the College's conflict of interest guidelines.

2. Ensure goods and services are acquired in a manner that results in supply arrangements at the most effective net cost, in the correct quantities, of the appropriate quality and from the most responsive and responsible source.

3. Promote accountability in its use of funds for the acquisition of goods and services.

4. With respect to leases, not enter into individual lease agreements that financially commit the College to terms greater than five years, to total lease payments greater than $250,000.00 and to annual lease payments greater than $50,000.00 for each lease agreement, unless approved by the Board.

5. Ensure all agreements entered into by the Registrar are in writing and signed by both parties

6. Make sure that every consultant and contract worker has received and agreed to a letter of employment or a letter of services or a letter of requirements prior to commencement of services.

7. Not enter into any long-term contractual obligations that exceed the College's ability to ensure that it will have the financial resources to fulfill the terms of the contract unless approved by the Board.

8. Not continue with a contractual agreement if the contractor fails to satisfy the terms and obligations of the contract.

9. Withhold payment or appropriate funds until the agreed upon contracted services have been completed satisfactorily.

10. Ensure a Procurement Policy and a Signing Authority Policy are in place.

5.9 Protection of Registrant Information

Protection of registrant information is essential to ensuring the privacy of those persons registered to practice pharmacy in British Columbia.

Accordingly, the Registrar will:

1. Ensure that the College is in compliance with the privacy sections of the Health Professions Act (*HPA*) and all other Privacy and Protection legislation, provincial and federal.

2. Ensure a Privacy Policy is in place.

~~*5.10 Charitable/Grant Donations and Sponsorship*~~

~~From time to time the College will be approached by external organizations for charitable donations or event sponsorship.~~

~~Accordingly, the Registrar will:~~

1. ~~Ensure that all monies of the College donated to charitable organizations or to sponsor events or conferences or for grant purposes such as UBC are based on previously approved requests by the Board and are included in the current year's operating budget. Such requests will align with the College's mission, vision and values and align with the College's strategic plan and communications strategy.~~

5.11 Collaborative Agreements

The Registrar or Deputy Registrar may approve collaborative agreement protocols provided the protocol includes the following:

1. A statement delegating medication therapy management authority from a specific physician to the pharmacist.

2. A description of who will obtain the authority (e.g. the named pharmacist or pharmacists under the supervision of the named pharmacist).

3. A time period for the protocol (not to exceed two years).

4. Patient eligibility criteria.

5. Specified delegated activities (i.e. disease, drugs, and categories).

6. A description of the type of pharmacist medication therapy management authority being delegated (e.g. continuation, modification, initiation).

7. A plan, guideline or algorithm for medication therapy management decisions.

8. Procedures for documenting the decision and actions taken.

9. A plan for periodic reporting/review of decisions with collaborating prescriber.

10. Copies of all forms used, including the patient consent form.

11. A procedure for resubmission to the College when substantive therapeutic changes occur.

12. That each staff approved protocol will be included on the next Board agenda as a consent item.

Part 6 – Professional Practice Policies

(This category includes policies that affect pharmacists, pharmacy technicians and pharmacies).

PPP-3 Pharmacy References ~~PPP-5 Pharmacy Security~~
~~PPP-12 Prescription Hard Copy File Coding System~~
PPP-15 Narcotic Controlled Drug Signing Authorizations
~~PPP-20 Prescription Refills~~
PPP-24 Depot Shipments of Prescriptions
~~PPP-25 Pharmacy Disaster Preparedness~~
~~PPP-26 Pharmacists Distribution of Alternative and Complementary Health Products~~
PPP-27 Registration Requirements for Pharm.D. Program Students ~~PPP-29 Triazolam Dispensing Guidelines (rescinded)~~
PPP-31 Emergency Prescription Refills ~~PPP-32 Dispensing Multidose Vials~~
~~PPP-35 Pharmacists' Refusal to Provide a Product or Service for Moral or Religious Reasons~~
~~PPP-39 Responsibility of the Pharmacist When Asked to Provide a Drug That May Harm the Patient (rescinded)~~
~~PPP-40 Repackaging Bulk Nonprescription Drugs~~
PPP-43 Automated Pharmacy Dispensing System
PPP-46 Temporary Pharmacy Closures
PPP-47 Operational Procedures for Complying with Benzodiazepines and Other Targeted Substances Regulations
PPP-50 Centralized Prescription Processing
PPP-54 Identifying Patients and Patient Representatives in Community Pharmacy and Telepharmacy Settings~~for PharmaNet Purposes~~ ~~PPP-55 Telepharmacy~~
PPP-56 Standards for Pharmacy Technician Verification of Non-Sterile Products in Hospital Pharmacy Practice
PPP-57 Standards for Pharmacy Technician Verification of Sterile Products in Hospital Pharmacy Practice
PPP-58 Medication Management (Adapting a Prescription)
PPP-59 Pharmacy Equipment
PPP-60 Professional Liability Insurance
PPP-61 Hospital Pharmacy Published Standards
PPP-63 Hospital Pharmacist Role with Respect to Drug Distribution Systems, Drug Administration Devices, Products and Services
PPP-64 Guidelines to Pharmacy Compounding
PPP-65 Narcotic Counts and Reconciliations
PPP-66 Opioid Agonist Treatment
PPP-67 Injectable Opioid Agonist Treatment
PPP-68 Cold Chain Management
PPP-69 Community Pharmacy Manager Education
PPP-71 Delivery of Methadone for Maintenance

PPP-73 Validate Identification and Verify College Registration Status for New and Existing Registrant Staff
PPP-74 Community Pharmacy and Telepharmacy Security
PPP-75 Patient Identification
PPP-76 Criminal Record History Vendor

College of Pharmacists
of British Columbia

College of Pharmacists of BC Board Reference and Policies

First Approved: **September 14, 2018**
Revised: September 13, 2019
Reaffirmed:

Monitoring Frequency: **Annually or as required**
Monitoring Method:
Responsibility of: **The Board of CPBC**

Table of Contents

Part 1 – An Introduction to the College of Pharmacists of British Columbia Governance

Mandate

The College of Pharmacists of BC (CPBC) is the regulatory body for pharmacy in BC and is responsible for the registration of pharmacists and pharmacy technicians and the licensing of pharmacies throughout the province. The College receives its authority from the government of BC through the *Health Professions Act (HPA)* and the *Pharmacy Operation and Drug Scheduling Act (PODSA)*.

Duties and Objects of the College

Duties and objects of the College are set out in the *HPA – Part 2 section 16 (1) and (2):*

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

(a) to serve and protect the public, and

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

(2) A College has the following objects:

(a) to superintend the practice of the profession;

(b) to govern its registrants according to this Act, the regulations and the bylaws of the College;

(c) to establish the conditions or requirements for registration of a person as a member of the College;

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

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

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

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

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

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

(i.1) to establish and employ registration, inquiry and discipline procedures that are transparent, objective, impartial and fair;
(j) to administer the affairs of the College and perform its duties and exercise its powers under this Act or other enactments;

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

(i) collaborative relations with other Colleges established under this Act, regional health Boards designated under the Health Authorities Act and other entities in the Provincial health system, post-secondary education institutions and the government;
(ii) inter-professional collaborative practice between its registrants and person practicing another health profession;
(iii) the ability of its registrants to respond and adapt to changes in practice environments, advances in technology and other emerging issues.

Additional objects of the College are set out in *HPA – Part 2.2 section 25.9*

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

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

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

(c) to superintend the operation of pharmacies;

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

Mandated Responsibilities of the Board

HPA section 18 sets out the following Responsibilities of a Board:

> *18(1) A Board must govern, control and administer the affairs of its College in accordance with this Act, the regulations and the bylaws.*
>
> *(2) A Board must submit an annual report respecting its College, in the form and containing the information required by regulation of the Minister, to the Minister not later than 120 days after the end of the fiscal year for the College.*
>
> *(3) A Board must ensure that a website that is accessible to the public free of charge is established and maintained by or on behalf of its College, subject to the regulations of the Minister.*

Legal and Regulatory Responsibilities of the Board

It is the responsibility of all Board members to abide by the relevant legislation and regulations governing the College as stated in the *Health Professions Act (HPA)* and the *Pharmacy Operations and Drug Scheduling Act (PODSA)*. Additionally, *HPA section 19* authorizes the Board of the College to make bylaws and *section 19 (t)* mandates that the College establish specific committees including: Registration, Inquiry, Discipline, Quality Assurance, Application and Patient Relations committees. The most current copy of these documents is available on the College website at www.bcpharmacists.org.

Amendment procedures for the *HPA*, *PODSA* or subsequent bylaws can be lengthy. An *Act* amendment requires the approval of the provincial legislature and it may take several years to have the proposed amendment go before the legislature and Board recommended bylaw changes require the approval of the Minister of Health Services.

Oath of Office

As per *HPA Section 17.11* before taking office, Board members must take and sign an Oath of Office prescribed by the Minister. *The Oath of Office is:*

I do swear that:

I will abide by the Health Professions Act and I will faithfully discharge the duties of the position, according to the best of my ability;

I will act in accordance with the law and the public trust placed in me;

I will act in the interests of the College as a whole;

I will uphold the objects of the College and ensure that I am guided by the public interest in the performance of my duties;

I have a duty to act honestly;

I will declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest;

I will ensure that other memberships, directorships, voluntary or paid positions or affiliations remain distinct from work undertaken in the course of performing my duty as a board member.

Governance Structure

The Board of the College is the elected and appointed group responsible for leading and guiding the College. The Board is comprised of seven elected pharmacist Board members and one elected pharmacy technician Board member from each of the 8 electoral districts (Appendix B) and four government appointed Board members.

The College governance framework is empowered and informed by:

- The Health Professions Act (*HPA*)
- The Pharmacy Operations and Drug Scheduling Act (*PODSA*)
- *HPA* bylaws
- Governing model
- Board policies
- Chair and Vice-Chair
- Board committees
- Registrar

Guiding Principles of the Board

The structure and integrity of the Board's governing model is rooted in a set of coherent guiding principles. These fifteen principles guide the Board in defining its role, its relationship with the Registrar and staff, and how it will conduct itself as a governing body. For the full list of principles, please see the terms of reference in 2.1.

Committees and Task Groups

Because the Board acts as a whole and does not delegate its power and authority to individual Board members or committees, the Board primarily functions as a whole. However, there is an important role for a limited number of Board committees and task groups to do the initial research and analysis and present their findings and recommendations to the Board.

There are three types of College committees and/or task groups: Board initiated committees and task groups; Operational staff committees and task groups; and Committees required by legislation (Registration, Inquiry, Discipline, Quality Assurance, Application and Patient Relations). Operational staff committees and task groups are the purview of the Registrar and his/her staff.

Board-Initiated Committees and Task Groups

These committees and task groups are created to assist the Board in getting its work accomplished. This could mean gathering information on issues of concern to the Board, developing recommendations for consideration, and carrying out a project of importance to the Board.

The Key Characteristics of College Board-Initiated Committees and Task Groups are:

- They are created by the Board.
- The Board determines their mandate and terms of reference.
- At least one sitting member of a committee or task group is a Board member.
- On-going direction and supervision is provided by the Board (usually by the Chair of the Board).
- They report directly to the Board.

Board Meetings

Regular Meetings

Regular meetings are generally held on a bi-monthly basis for the discussion of general business. College registrants and members of the public may attend these meetings as observers. The minutes of the meetings are recorded and made available on the College's website.

The schedule of Board meetings is usually as follows:

- September
- November
- January/February
- April
- June

The Board usually does not meet during the summer months.

Board Information Requirements

The information needs of the Board can be classified into three categories.

1. ***Decision information:*** This is the information the Board receives to assist it in making decisions. As much as is possible, this information should be factual and nonjudgmental. Although staff might have an interest in responding to one need over the others, this bias is not contained in the information presented to the Board, unless directly requested by the Board.

2. ***Monitoring information:*** This is the information used to gauge whether Board decisions have been satisfied. This information is essentially evidence that demonstrates degree of achievement of a specific outcome or goal or compliance with one or more Board policies.

3. ***Incidental information:*** This is the general information that is valuable or important to Board members, but which is not necessary for them to conduct Board business. Such things might be program initiatives, restructuring of various departments, etc.

It is important to the effective and successful operation of the Board that the Registrar delivers high quality, focused information in the decision and monitoring categories.

Terms of Reference and Policies

In discharging its responsibilities under the *Act*, the Board is frequently called upon to make decisions on many diverse issues.

The way in which a Board defines roles, responsibilities and accountability relationships is through terms of reference. Terms of reference are deemed effective on a majority vote of the Board.

The way in which a Board communicates its decisions, positions and intentions to staff and to others regarding all areas of its responsibilities is through policies. Policy statements are deemed effective on a majority vote of the Board.

The Board may set policy in four key areas:

1. ***Board Governance***. This category includes policies that address the Board's purpose and their role in governing.

2. ***Board Operations***. This category sets out policies to guide the operations of the Board in carrying out its role and functions.

3. ***Standards of Organizational Conduct***. This category describes any conditions and constraints on the Registrar and staff (the actions and conditions that guide their work in operating the College).

4. ***Professional Practice***. This category includes policies that affect pharmacists, pharmacy technicians or pharmacies.

Relationship of the Board and the Registrar

Governance of the College will be most effective when the Board and the Registrar understand each other's roles, responsibilities and authorities, and work collaboratively. However, the Registrar is accountable to the Board, but is not accountable for Board performance.

Although the Board's purpose and mandate is to govern and the Registrar's is to manage the day-to-day operations of the College, the key elements that are the focus of their work are the same.

These are:

- Protecting the public.
- Providing leadership and direction.
- Monitoring and oversight.
- Establishing conditions and constraints for all actions and decisions.
- Ensuring the financial health and sustainability of the College.
- Building relationships with stakeholders.

The Board's approach to its work is that its overriding purpose is to guide, direct and oversee the performance of the College. Consequently, it has the power, authority and control to ensure that the College, through the Registrar and their staff, fulfills its legislated mandate and achieves the Board's stated Mission, Vision and Strategic Goals.

The Registrar's approach is to ensure effective contribution to the key elements and to develop and implement strategies and means (programs, services, standards, management, administrative and operational structures) for successfully fulfilling the College's legislated mandate and achieving the Board's stated Mission, Vision and Strategic Goals. The Board gives the Registrar the necessary power and authority to carry out these duties and responsibilities, but the ultimate power rests with the Board.

A primary purpose of both the Board and the Registrar is to provide leadership. The talent, knowledge and skill that each brings to the table needs to be optimized in providing leadership and direction to the College. This is best achieved when each of the parties invite and value the contribution of the other.

For the relationship to be effective and successful, both the Board and Registrar must understand and respect the boundaries of their respective powers and authority. The process for developing the Mission, Vision and Strategic Goals has input from and the active participation of the Board and the Registrar. Although they work as partners, particularly in the area of providing leadership and direction, it is the Board that has the ultimate power and authority to decide the Mission, Vision and Strategic Goals for the College.

Relationship of the Chair and the Registrar

The Chair of the Board is responsible for fostering a constructive and harmonious relationship between the Board and the Registrar, and acts as the main point of contact and communication between the Board and the Registrar on decisions of the Board between board meetings. The Chair of the Board has no decision-making authority unless delegated this authority by the Board.

The Chair of the Board will typically meet – either by phone or in person – weekly to check in on the current state of the College's affairs and provide guidance (within Board approved policies) to the Registrar on issues raised by the Registrar. The Vice Chair and Deputy Registrar may also be invited to participate in these meetings. If, through these conversations, significant issues arise that require the attention of the full Board, the Chair of the Board is responsible for ensuring that a board meeting is called (if urgent) or that the issue is placed on the agenda of the next regularly scheduled board meeting.

For a full description of the Chair of the Board's role, please see the Chair of the Board terms of reference.

Relationship of Board and Staff

As the Registrar is the Board's only employee, Board members will refrain from giving direction to other College employees. This statement does not mean that staff and the Board do not communicate or interact. It does mean that the method and frequency of interaction is different. Staff attend Board meetings at the discretion of the Registrar. In some cases, senior staff may be observers at Board meetings. In other cases, specific staff may be present when they are providing information or performing specific functions requested by the Registrar.

Part 2 – Terms of Reference

2.1 Terms of Reference for the Board

The Board of the College of Pharmacists of British Columbia is responsible for managing and supervising the activities and affairs of the College, and as such, is the highest decision-making authority within the College. This responsibility of the Board consists primarily of the duty to govern and oversee the Registrar, who has responsibility to manage the business and affairs of the College.

The role of the Board is to govern the College to ensure fulfillment of the mandate set out in the *Health Professions Act (HPA)* and the *Pharmacy Operations and Drug Scheduling Act (PODSA).*

The Board is guided in its work by a set of Governing Principles *(page 11)*. In addition to its Governing Principles, the Board may set policy to govern the operations of the Board and the College.

In fulfilling its role, the Board will be guided by the following principles:

- Board members are encouraged to think and act in ways that seek to achieve outcomes or results that are in the best interests of the public it is committed to serve.

- The Board commits to stating the desired outcomes that it expects the College to achieve and to specifying the standards of organizational conduct that must be satisfied by staff in achieving them.

- The Board's authority rests in it acting collectively.

- The Board acts as a whole in determining policy and direction.

- Members of the Board maintain solidarity with other board members in support of a decision made at a Board meeting.

- Board authority is generally not delegated to the Chair or to committees (except in very specific or exceptional circumstances) unless mandated to do so by legislation. All Board committees report to the full Board.

- The role of the Chair is to manage the work of the Board and to chair Board meetings. The Chair can act on behalf of the Board where authorized to do so by the whole Board.

- The Board has only one employee and that is the Registrar.

- The Registrar reports to the whole Board, not to any individual Board members or committee.

- The Board delegates to the Registrar the necessary power and authority normally allocated to a chief executive officer to enable the effective execution of the operation of the College.

- All Board authority delegated to staff is delegated through the Registrar.

- The Registrar is accountable to the whole Board for the achievement of the outcomes stated in the Vision and Strategic Plan and for complying with the standards of organizational conduct set by the Board (unless otherwise indicated by legislation, regulation or the bylaws of the College).

- Recognizing that there will be circumstances where it will be necessary for the Registrar to interpret Board policy, the Board empowers him or her to do so as long as it is consistent with any reasonable interpretation of Board policy, and is communicated to the Board in a timely manner.

- Direction to and supervision of the Registrar's performance is a function of the whole Board.

- Monitoring and evaluating the performance of the Registrar is based on achievement of goals and outcomes in the Strategic Plan, compliance with Board established standards of organizational conduct, and other criteria set out in the employment contract with the Registrar.

The Board will:

- Set and ensure fidelity to mission and mandate, and approve organizational strategy, plans, and budgets.

- Establish governance policies, and review and update them regularly.

- Ensure management policies and systems are in place for compliance, including, but not limited to finance and human resources.

- Gain and maintain reasonable assurance that the College meets all financial reporting and disclosure obligations imposed on the College by applicable laws and regulations.

- Adopt and ensure adherence to a written Code of Conduct and Conflict of Interest Policy.

- Establish and hold the Registrar accountable to measures of organizational performance.

- Hire, evaluate, set objectives and set compensation for the Registrar.
- Ensure appropriate management of major risks (including financial, as well as risks to the College's assets, reputation, and intellectual property) to the College.
- Preserve and support the College's core values.
- Create and maintain policies for orientation and continuing education development of the Board
- Ensure sound relationships are maintained with its key stakeholders.
- Position the College as a highly effective, reputable, credible College and leader in its field.

2.2 Terms of Reference for Board Members

Board members play a vital role in ensuring the success and effectiveness of the College. Although the role is one in which Board members are asked to provide leadership and guidance to the College, there are also obligations that each Board member undertakes as soon as he/she formally assume the title “Board member.”

As a member of the Board, Board members are held liable and accountable for all decisions and actions in support of this self-regulated entity. As a result, the responsibilities and duties of a Board member are subject to public scrutiny. These responsibilities can be divided into two categories:

- Contribution to Board effectiveness.

- Legal and regulatory responsibilities *(refer to page 10).*

Contribution to the Board’s Effectiveness

The responsibilities in this area are concerned with the personal approach, commitment and style of involvement of a Board member. The College gains the most from a Board when its members are committed to working and sharing together in its best interests.

The following are obligations and guidelines for maximizing the contribution you make to Board effectiveness.

Every Board member has a fiduciary duty to the College, and must, in discharging his or her duties:

- Act honestly and in good faith with a view to the best interests of the College and to act in accordance with the College’s policies; and

- Exercise the care, diligence, and skill that a reasonably prudent person would exercise in comparable circumstances.

It fulfilling these obligations it is the responsibility of each Board member to:

- Participate actively in the business of the Board and make a positive contribution to providing visionary leadership and direction;

- Fully participate with other Board members in overseeing the management of the affairs and business of the College;

- Act honestly, in good faith and in the best interests of the public;

- Exercise the care, diligence and skill of a reasonably prudent person under comparable circumstances;

- Ensure compliance with relevant acts, bylaws, regulations and policies;

- Stay informed on matters relevant to governing the College;

- Participate actively and constructively in the discussions of the Board;

- Follow Board approved rules and policies in governing and conducting Board business;

- Contribute to building and maintaining a healthy, effective and cohesive Board;

- Represent the interests of the public and not the interests of special groups or individuals. Board members may raise issues brought forward by registrants, members of the public and special interest groups. However, once the issue is brought to the Board table all Board members must examine the issue from the perspective of public safety;

- Maintain solidarity with other Board members in support of a decision made at a Board meeting.

- Come completely prepared and informed regarding all materials compiled and sent to you in order to fully participate in the discussion regarding the agenda.

- Help to advise and direct the Registrar in the management and operations of the College through Board policy;

- Attend all Board meetings. If it is apparent that you are likely to miss several Board meetings and are unable to fulfill your obligations, you may wish to discuss your continued involvement as a Board member with the Chair;

- Inform yourself of the proceedings, decisions, and proposed actions decided upon at missed Board meetings;

- Encouraged to participate fully in debates at the Board table and expressing views which may lead to a more fulsome discussion.

- Board members who are in disagreement with other Board members or the Registrar on Board or College issues or business should use the Board meeting as the venue to express their disagreement or dissatisfaction. The integrity, credibility, public image and ability of the Board to function effectively are enhanced if disagreements or dissatisfaction are confined to Board meetings.

2.3 Terms of Reference for the Chair of the Board

The Board assumes responsibility for the governance and stewardship of the College and as a consequence has accountability for the performance of the College. Critical to meeting this accountability are the relationships between the Board, Board members and the Registrar.

The Chair is appointed by the Board and provides leadership in guiding the Board and coordinating its activities in the best interests of the College. In performing this role, the Chair manages the affairs of the Board and works closely with the Registrar.

- Chair Working with the Registrar
    - Fosters a constructive and harmonious relationship between the Board and the Registrar.
    - Acts as the main point of contact and communication between the Board and the Registrar between meetings of the Board on decisions of the Board.
    - Leads the Board in monitoring and evaluating the Registrar's performance.
- Chair Relationship with the Board
    - Ensures the Board has effective oversight of the College's business and affairs and is alert to its obligations to the College under the law.
    - Leads the Board in reviewing and monitoring the strategic business plan, policy and directions of the College and the achievement of its objectives.
    - Fosters cohesion of direction and purpose at a policy and strategic level.
    - Builds consensus, encourages participation, and develops teamwork within the Board.
    - Communicates with the Board to keep it up to date on all major developments, including timely discussion of potential developments.
    - Ensures that the Board has sufficient knowledge to permit it to make major decisions when required.
    - Approves the board agenda, briefing packages and related events for Board meetings with the Registrar and the Corporate Secretary.
    - Is an ex-officio member on all Board-established committees

- Establishes annually, in advance and in consultation with the Registrar, the Board Calendar and coordinates fulfillment of the requirements set by Board policies.

- Chairs Board meetings.

- Ensures Board meetings are conducted in an efficient, effective and focused manner.

- Ensures, with the assistance of the Registrar and the Governance Committee, that there is an orientation program for new Board members and an ongoing development program for existing Board members aimed at increasing the Board members' familiarity with the College and its context.

2.4 Terms of Reference for the Vice Chair

The Board assumes responsibility for the governance and stewardship of the College and as a consequence has accountability for the performance of the College. Critical to meeting this accountability are the relationships between the Board and the Registrar.

In the absence of the Chair, the Vice Chair provides leadership in guiding the Board and coordinating its activities in the best interests of the College.

- In the absence of the Chair, the Vice Chair will:
    - Preside over meetings of the Board.
    - Act as the main point of contact between the Registrar and the Board.
    - If and as required, fulfill the other responsibilities of the Chair, consistent with the College's regulations, bylaws, policies and terms of reference.

Part 3 – Board Governance Policies

3.1 Purpose and Role

The purpose and role of the Board is to govern the College to efficiently and effectively fulfill its legislated mandate; achieve its mission and vision; and, be accountable to the general public for competent, conscientious and effective performance as defined in the legislation applicable to the College.

1. In governing, the Board will:

    a) Be mindful of its obligation to serve and protect the public.

    b) Be visionary and progressive.

    c) Support strategic leadership.

    d) Ensure a clear distinction of Board and Staff roles and responsibilities.

    e) Achieve collective decision-making through healthy and respectful discussion and hearing all points of view.

    f) Recognize that it has one employee, namely, the Registrar.

    g) Recognize its responsibility to evaluate the Registrar's performance on an annual basis.

2. To fulfill its purpose and role, the Board will provide leadership to the College in carrying out the following key areas of governing responsibility:

    h) Protect the Public

    i) Guidance and Direction

    j) Standards of Organizational Conduct

    k) Organizational Oversight

    l) Ensure Financial Health and Sustainability

    m) Relationships with Stakeholders

3. Board members are expected to uphold their sworn Oath of Office.

3.2 Protect the Public

The Board will act to ensure that the decisions and actions of the College are to protect the public and do not jeopardize or put the College at risk.

Accordingly, the Board will:

1. Ensure that risk management policies and practices are in place

2. Review all Board decisions and policies regularly to ensure they satisfy the criteria for protecting the public.

3. Be proactive in identifying issues and matters that could jeopardize the Board and staff's ability to protect the public and the College.

4. Regularly engage in environmental scanning practices to identify and ensure that it is aware of strengths, weaknesses, opportunities, threats and changes to the environment in which the College operates that could affect its operating practices.

3.3 Guidance and Direction

As the body elected to lead and guide the College, the Board will develop and set the Vision and Strategic Goals to be achieved in fulfillment of its Mandate, Mission and responsibilities.

Accordingly, the Board will:

1. In partnership with the Registrar and designated staff, develop the Vision and Strategic Goals for the College.

2. Develop a Strategic Plan that articulates its Vision and Strategic Goals. This plan will act as the Board's directive to the Registrar regarding priorities.

3. Develop the Values for the College which guide the Board and directs the Registrar and College staff in interactions with each other and all stakeholder groups.

4. Annually review the Strategic Plan and confirm continuation or make necessary adjustments to accommodate conditions impacting the College and the public.

5. In collaboration with the Registrar, for the purpose of fulfilling their commitment to achieving the Mission and Vision of the College, keep current with information and knowledge affecting the practice of pharmacy in BC, identify and address issues and matters that could or will have a material impact or consequence on pharmacy practice.

3.4 Standards of Organizational Conduct

A major focus of the Board's work is on leading and guiding the College by determining the desired results or outcomes to be achieved. The Board also has an obligation to establish the conditions and limitations that will guide the Registrar.

Accordingly, the Board will:

1. Establish Standards of Organizational Conduct policies in any area they deem essential to guide the staff in achieving Board stated goals. (see part 5 of this manual)

2. Ensure the Standards of Organizational Conduct policies form part of the performance evaluation of the Registrar; are regularly monitored for compliance; and, are reviewed annually by the Board or an assigned task group.

3. Ensure that Board policies on Standards of Organizational Conduct reflect a common interpretation by the Board and the Registrar. The agreed upon interpretation should meet the "reasonable person" criteria and the intent of the policy.

3.5 Organizational Oversight

As one of the key elements of governing is ensuring the achievement of its Vision and Strategic Goals and compliance with its policies, the Board will regularly and systematically monitor and oversee organizational performance. As the Registrar is responsible for the management and operation of the College, the Registrar's performance is considered to be the same as the College's performance.

Accordingly, the Board will

1. At its discretion, use one or all of the following three methods to monitor performance of the College:

    a. **Executive Report:** Disclosure of compliance information to the Board from the Registrar.

    b. **External Audit:** Discovery of compliance information by an external auditor, inspector or consultant who is selected by and reports directly to the Board. Such reports must assess executive performance only against the specific policy or policies of concern to the Board, not those of the external party unless the Board has previously indicated that party's opinion to be the standard.

    c. **Direct Inspection:** Discovery of compliance information by a Board member, a committee or the Board as a whole. This is a Board inspection of documents, activities or circumstances directed by the Board, which allows a "prudent person" test of policy compliance.

2. Bring any concerns arising from any monitoring activity to the attention of the Registrar in a timely manner.

3.6 Financial Health and Sustainability

The Board will act to ensure that the financial health and viability of the College is not jeopardized.

Accordingly, the Board will:

1. Direct the Registrar to develop and submit to it, annually, a multiyear financial plan (2 – 5 years) that identifies key areas of expenditure growth, inflationary costs, revenue sources and potential or planned fee changes.

2. Direct the Registrar to present an annual plan for the College's contingency and reserve funds.

3. Review or establish Standards of Organizational Conduct policies that address budget planning, financial management and risk management.

4. Annually review the financial plan to determine changes in assumptions, environmental conditions, and integrity of the plan.

5. Direct the Registrar to present a progressive actual year-to-date budget and variance report at each Board meeting.

6. Establish an Audit & Finance Committee to support the Board in fulfilling its financial health and sustainability oversight obligations.

3.7 Relationship with Stakeholders

In recognizing that governing requires having knowledge of the interests, concerns, needs and expectations of stakeholders, the Board will act to ensure that it is informed on matters relevant to its stakeholders.

Accordingly, the Board will:

1. Annually establish, review and evaluate the Board with regards to stakeholder relationships.

2. Provide opportunities throughout the year for interested parties to make presentations on matters of interest and concern to the Board.

3. Ensure that the College has a comprehensive communications strategy and maintains a website containing current information.

4. Post the schedule of its public meetings on the College's website.

5. Post minutes of its public Board meetings on the College's website.

6. Produce an annual report that is made available electronically on the College's website.

Part 4 - Board Operations

4.1 Code of Conduct

Board members will conduct themselves respectfully, ethically, and professionally in their personal and professional interactions, consistent with the oath that all Board members have sworn or affirmed.

In fulfilling their responsibilities as a Board member of the College, they will:

1. Exercise the duties of care, diligence and skill and the duty of loyalty to the College and the public interest.

2. Respect the confidentiality of Board discussions and deliberations.

3. Abide by all Board policies governing Board member behaviour, practices, decisions and actions.

4. Respect and abide by the Board's values, governing principles and conflict of interest guidelines.

5. Honour their obligations to attend all Board meetings and where this is not possible notify the Chair in advance.

6. Come to the Board meetings having read the materials relevant to the Board meeting agenda.

7. Abide by the Board's Meeting rules and by the method or process agreed to for conducting Board meetings.

8. Assist the Board with its work by serving as a member on one or more Board committees or task groups during the course of the Board year.

9. Maintain solidarity with other Board members in support of a decision made by the Board.

10. Participate and contribute to building and maintaining a strong, healthy, productive and effective functioning Board.

11. Respect and honour the governing principle that a Board member's individual interaction with the Registrar or staff carries no authority or formal influence.

12. Refrain from exercising individual authority over the College except as explicitly set forth in Board policies.

13. Not represent or appear to represent the Board to external organizations, unless specifically authorized to do so. Individual Board members will re-direct enquires from members of the public and media to the Registrar, and copy the Board Chair, so that proper action can be taken.

4.2 Conflict of Interest

Board members will avoid and refrain from involvement in situations of conflict of interest. Board members represent the interests of the public and not the registrants who elected them or those who appointed them. Board members shall have no conflict of interest with regards to representation as a Board member or at Board meetings.

Conflict of interest is a breach of an obligation to the College that has the effect or intention of advancing one's own interest or the interest of others in a way detrimental to the interests or potentially harmful to the integrity or fundamental Mission of the College. Conflicts of interest and the appearance of conflicts of interest must be avoided. Board members and staff are responsible for seeking guidance from the appropriate source before embarking on activities, which might be questionable.

Accordingly:

1. A Board member is in a conflict when there exists a personal interest that could influence their decisions and impair their ability to act in the College's best interests.

2. Board members must not use their positions to obtain for themselves, family members or close associates employment within the College.

3. Should the College consider a Board member for employment they must temporarily withdraw from Board deliberation, voting and access to applicable Board information.

4. Acceptance of gifts, entertainment, travel and services for personal use from people or organizations who conduct business with the College could impede the objectivity of the Board and create a conflicting obligation. It is necessary, therefore, for full disclosure to occur and for approval to be granted, prior to the receipt of a personal benefit.

    a. Gifts, entertainment, travel or services require evaluation of the source, value, purpose and frequency of offering in assessing the case.

    b. A Board member may attend, as a guest, a hosted lunch or dinner meeting that involves the discussion of items of mutual interest.

    c. Personal gifts may not be accepted by Board members from people or companies seeking business or intervention with any College policy or process.

    d. Gifts for the College office may be accepted, depending on the purpose of the gift. Commemoration of a significant anniversary or event would be acceptable, but material appreciation for positive response to an appeal relating to policies and procedures would not be acceptable.

5. Board members who have a material interest in a company with whom the College may decide to transact business, have a responsibility to disclose their involvement whenever they have influence over a decision to engage the services of the company.

6. Board members approached, in their capacity as College representatives, to serve as members of a Board of a for-profit, charitable, or advocacy organization must obtain the approval of the Board.

7. The Board review of a request to serve as a member of a Board of another organization will take into account the interests of the College, as well as the benefits that may accrue to the individual and to the outside organization.

8. College representatives to outside organizations must be approved and recorded as such by the Board.

9. Unless approval is given, a Board member or staff member serving on the Board of an outside organization does so in their individual capacity.

10. If Board members have material interests in companies seeking College business they must disclose their interests and withdraw from the College decision making process that is applicable to those companies.

11. Board members should not solicit remunerated consultative contracts through their positions with the College. Requests from College members for such services should be referred to other experts in the field, other than in exceptional cases.

Process for Addressing Conflicts of Interest

1. On appointment, a Board member will act in a manner that will prevent real, potential or perceived conflicts from arising in their private, professional and institutional interests; declare any real, potential or perceived conflict of interest and sign a conflict of interest declaration; and annually update the declaration and sign it.

2. In the event that a Board member is in a conflict of interest or believes they might be in a conflict of interest they will immediately disclose, in writing, any real, potential or perceived conflicts of interest to the Chair of the Board, or to the Vice-Chair if they are the Chair.

3. At the beginning of each board meeting any real, potential or perceived conflicts of interests with regard to the business of that meeting will be disclosed by any Board member who believes they may be in a conflict, or perceived to be in a conflict. The declaration will be recorded in the minutes.

4. Should a board member have a concern regarding non-disclosure of a real, potential or perceived conflict of interest of another board member, he / she shall bring this concern to the attention of the Chair (or Vice Chair, as appropriate)

5. When a conflict of interest has been declared the affected board member(s) will abstain from participation in any discussion on the matter, not attempt to personally influence the outcome, refrain from voting on the matter, and leave the meeting room for the duration of any such discussion or vote. The time the affected Board member(s) left and returned to the meeting room will be recorded in the minutes.

4.3 Confidentiality

There are aspects of the Board's work requires confidentiality. It is important and necessary that Board members recognize this responsibility and ensure that their actions do not violate Board confidentiality.

Accordingly:

1. Confidential and sensitive information about the affairs of the College provided during in-camera meetings within the knowledge of Board members are not to be disclosed to others.

2. Board members are required to comply with provincial and federal legislation and regulations regarding privacy and freedom of information.

3. Board confidentiality and integrity is strongly affected by individual Board member actions. Board members must respect the confidentiality of in-camera Board discussions and refrain from discussing or sharing information on these matters with non-Board members.

4.4 Board-Established Committees and Task Groups

Other than committees required by legislation, the Board may establish committees and task groups to help carry out its responsibilities.

Accordingly:

1. Board committees and task groups are established by the Board to help the Board fulfill its role and carry out its responsibilities. To preserve Board authority, Board committees and task groups will be used only as required to support the Board's work.

    a. A Board committee is a standing committee of the Board. A Board committee will typically be composed of Board members, with an ongoing, defined role in supporting the work of the Board. A Board Committee may also be composed primarily or entirely of outside experts tasked with providing advice directly to the Board on policy or other issues requiring specialized expertise.

    b. A task group is a time-limited, task-specific committee of the Board established to undertake specific tasks or deliverables within a predetermined timeframe. Once the tasks are completed the task group is dissolved. A task group may include both Board members and/or non-Board members based on the needs of the Board.

2. The full Board holds the ultimate responsibility for governing the organization. Board committees and task groups, unless otherwise specified by the Board, do not have any independent authority to act on behalf of the Board.

3. The Board will establish terms of reference for committees and task groups that will usually include the following:

    a. The mandate or purpose of the committee or task group;

    b. The term for the committee or task group;

    c. Appointment of members to the committee or task group;

    d. Appointment of the Chair of the committee or task group;

    e. Skills and expertise required of members of the committee or task group;

    f. Term and term limits for members of the committee or task group;

    g. Quorum requirements of the committee or task group; and

h. Any other terms as determined by the Board.

4. The Chair of the Board will be an ex-officio member of all Board committees and task groups unless otherwise specified in terms of reference, and he/she may participate on committees or groups at his/her discretion.

5. The Registrar will be notified of all committee and task group meetings and invited to attend in a non-voting capacity, but his/her attendance is not counted for the purpose of committee or task group quorum requirements.

6. If committees or task groups are established they:

    a. Do not speak or act for the Board except when formally given such authority for specific and time-limited purposes. Such authority will be stated through terms of reference or Board minutes.

    b. Are to assist the Board in doing its job by recommending, analyzing, deciding and/or acting as directed by the Board.

    c. Cannot exercise authority over staff and operations and must work within the organization's mission and policy framework.

    d. Will receive their terms of reference, specific tasks, staffing, reporting process, time lines, etc. from the Board as the committee or task group is established.

    e. Will use a committee or task group work plan, which will specify goals for the committee or task group, strategies to meet the goals and timelines for completion of the goals.

    f. May only establish sub-Committees if approved by the Board.

7. Committee and task group reports that are presented to the Board on matters requiring decisions or actions will generally contain a recommended course of action, with supporting rationale, unless otherwise requested by the Board.

8. Deviations from the approved budget for a committee or task group are to be reported immediately to the Board by the Registrar.

9. Timelines for completion of tasks and submission of reports are to be consistent with the Board's directions or mandate.

10. Once those committees or task groups that have completed their tasks or assignments and where there is no longer a need for their continuation or existence, they will be disbanded automatically.

4.5 Board Work Plan & Meeting Agendas

To govern effectively, the Board must recognize that the work it will do throughout the year is based on fulfilling its governing responsibilities. This means that it will not devote time and energy to the methods and means that will be employed by the Registrar to achieve the Board's stated Vision and Strategic Goals.

Accordingly:

1. At the beginning of each new Board year the Board will, in a special session or as part of its first regular Board meeting, identify the goals, tasks and issues it intends to address, and incorporate these into a 'Board work-plan' and calendar for the coming year.

2. Items on the Board's 'work-plan' will form part of each Board meeting agenda.

3. The agenda will consist of those items that pertain to the Board's areas of governing responsibilities and to matters raised by the Registrar that require Board policy or direction. The agenda will meet all requirements set out in the *Health Professions Act.*

4. The Board authorizes the Chair to develop, in consultation with the Registrar, the 'draft agenda' for each Board meeting.

5. Board members are encouraged to submit to the Chair agenda items that meet the criteria for Board agendas.

6. It will be the practice of the Board not to accept last minute items for additions to the agenda unless, in the combined view of the Chair and the Registrar, they require the immediate attention of the Board.

7. The Board determines the final version of the agenda, and the approval of the agenda is the first item of business at the Board meeting.

8. The Board will, at each meeting, acknowledge the traditional lands of the First Nation on which the meeting is taking place.

9. Agenda items for Board meetings must be circulated to members before the meetings, according to the established procedures.

10. If the agenda item is not completed in its allotted time, the Board will vote whether to continue discussing the topic or table the item until the next meeting.

11. The Board's meeting format should adhere to the most recent edition of Robert's Rules of Order. Consensus agreement is the goal whenever possible.

4.6 Meeting Observers

Once the dates of the Board meetings are determined, they are published on the College's website.

Accordingly:

1. The Board will maintain positive relationships with the public through open access to the Board.

2. The Regular Meetings of the Board are public meetings and may be made available through internet streaming or live video.

3. Individuals or groups may request to make a presentation at a Regular Meeting of the Board.

4. The Board Chair has the prerogative to permit an observer at the Regular Meeting to make a contribution to a topic being discussed.

4.7 Succession Planning

To ensure that the College is able to fulfill its mandate of protecting the public it is the responsibility of the Board to oversee, at all times, that the College is managed by a professionally qualified and competent Registrar.

Accordingly, the Board will:

1. Ensure senior management succession planning policies and processes are in place, including a review of an annual review on such plans and policies by the Registrar.

2. The Registrar will prepare a successor in the event of unexpected incapacity in addition to ongoing management development plans.

4.8 Board Assessment & Evaluation

It is the obligation and responsibility of the Board to govern effectively, to ensure fulfillment of the College's legal mandate and to work together in building a healthy and effective Board team.

Accordingly, the Board will:

1. Assess the effectiveness of its meetings and use the data from the assessment to make changes that will improve meetings of the Board.

2. At least once during any given Board year, conduct a full assessment or evaluation of Board functioning regarding its governing responsibilities, relationship with the Registrar, its committees and task groups, its decision-making processes and practices, and its ability to work effectively as a team.

3. Address areas of concern, focus on team building, encourage participation and mutual understanding on a continual basis.

4.9 Registrar Performance Evaluation

It is the responsibility of the Board to conduct an annual evaluation of the performance of the Registrar. This will be done in a respectful, fair and professional manner employing a process, timelines and data collection and analysis tools agreeable to the Board and the Registrar.

Accordingly, the Board will:

1. Delineate the performance outcomes, expectations regarding attitude and behaviour, and any compliance requirements that will be used to evaluate the Registrar's performance in the employment contract.

2. Have the Chair establish a 'Registrar' performance evaluation task group that will be responsible for conducting and managing the evaluation process on behalf of the Board. At a minimum this task group will have the Chair, Vice-Chair and a public appointee as its members.

3. Identify and agree with the Registrar on the process and timelines that will be employed for the performance evaluation.

4. Articulate how formative and summative data, that acknowledges progress, achievement and provides direction to further the Registrar's role and development, will be provided to the Registrar as feedback.

5. Receive the Task Group's Performance Evaluation Report after it has been hand delivered by the task group to the Registrar.

6. Commit to meeting with the Registrar directly after it has received and accepted the Performance Evaluation Report from its task group to discuss the report and any recommendations determined by the Board.

7. Ensure that the information regarding the performance evaluation of the Registrar is kept confidential.

4.10 The Board/Registrar Relationship

It is in the best interest of the Board and the College that the Board develops a positive, respectful and harmonious working relationship with the Registrar. To that end, both parties need to function as partners in providing leadership, guidance and direction to managing the business of the College.

Accordingly, the Board will:

1. Delegate to the Registrar the necessary power and authority, including spending authorizations, to effectively manage and operate the College.

2. Enter into a legal employment contract with a new Registrar that addresses such matters as responsibilities, accountabilities, deliverables, compensation, benefits, and conditions for terminating the agreement, and the process and timeframe for the annual performance evaluation of the Registrar.

3. Appoint a Board Selection Committee to conduct a search for a new Registrar when required. The Committee will be responsible for establishing the committee's Terms of Reference, to be approved by the Board, which determine the parameters and process for the completion of a successful search.

4.11 Reimbursement of Expenses to Board and Committee Members

1. **Expenses**

    a. For reimbursement of reasonable, budgeted expenses incurred while on College business, all receipts must be affixed to a completed expense claim form. Expenses will be reimbursed as incurred consistent with the College's expense claim guidelines. Expense claim forms (with attached receipts) must be submitted within 20 days of when the expense is incurred.

2. **Travel**

    a. **Air:** Air travel is to be booked through the College-specified travel agent, whenever possible, as per the criteria established for the College of Pharmacists' account. The appropriate College staff will supply the College-specified travel agent's contact information.

    b. **Personal automobile:** Mileage will be reimbursed using the Canada Revenue Agency Automobile Allowance Rate.

    http://www.cra-arc.gc.ca/tx/bsnss/tpcs/pyrll/bnfts/tmbl/llwnc/rts-eng.html

    c. The total mileage claim is to be limited to the cost of the lowest fare for economy class air transportation to the same destination (where applicable). Lower Mainland residents may claim for travel between their homes and the meeting site.

    d. **Other:** Parking, cabs, airport buses or shuttles (Please submit original receipts showing taxes paid – other than for parking meters.)

3. **Accommodation**

    a. Hotel accommodations are to be arranged by the appropriate College staff.

    b. The College maintains a master hotel account at certain hotels. The room rate for a standard single occupancy room and applicable taxes for the day(s) spent on College business or meetings will be automatically billed to the master account. Individuals must arrange to pay all other expenses incurred during their stay (such as mini-bar charges, laundry, in room movies and personal telephone calls); these expenses are not reimbursed by the College of Pharmacists of BC.

c. Board or committee members are eligible to expense hotel accommodation on the night before or between Board or committee meetings. Individuals are expected to exercise prudence when deeming it necessary to stay in hotel accommodation.

d. Board or committee members who stay in non-commercial lodging (i.e. with friends or family) may spend up to $30.00 per night in lieu of commercial lodging on a gift (e.g. meal or gift certificate) for the hosts. Receipts are required and must be attached to the expense claim form with a notation explaining the claim.

4. Meals – General

a. Actual costs, or a per diem allowance where permitted, may be claimed for meals on College of Pharmacists' business. The business purpose should be indicated on the expense claim.

b. There is no reimbursement if the traveler has the opportunity to eat breakfast or lunch before leaving home or eat dinner at home at the end of the day.

c. The names of individuals, or the group, in attendance must be indicated on the claim.

d. Original restaurant receipts are required for reimbursement of actual expenses. The amount of the gratuity may be noted on the receipt for reimbursement.

5. Per Diem Meal Allowance

a. A fixed allowance covering meals and incidentals (e.g. gratuities for housekeeping services, bellhops, etc.) may be claimed without receipts, in lieu of specific expense reimbursement when travelling to conferences or other similar situations. If travelling for more than one meal period, the maximum daily reimbursement will be calculated based on the total for all applicable meals, rather than by individual meal. If travelling for one meal period, the traveler will only be reimbursed up to the amount for that particular meal.

b. Maximum amounts include all taxes and gratuities.

c. In the course of meetings, group breakfasts, lunches, or dinners may be arranged. All participants are encouraged to join in these group functions. There is no reimbursement for meals purchased independently at alternative venues in these situations.

d. There is no reimbursement if the traveler has the opportunity to eat breakfast or lunch before leaving home or eat dinner at home at the end of the day.

e. The College uses the meal allowance rate set by the Government of British Columbia, which is updated periodically. Please contact staff for the most recent per diem rates.

6. Honoraria

a. Honoraria will be paid on an hourly basis at $50.00 per hour, $200.00 for one half-day, or

b. $400.00 for a full 8-hour day for scheduled Board or Committee meetings whether in-person or by teleconference or web-conference. The maximum honoraria of $400.00 will include any travel time on that day.

c. Board or Committee members will be paid the hourly rate for their meeting preparation time. Note: Acceptable billable hours for a particular meeting will be determined by the Committee consensus at that meeting. Board preparation time is to be a maximum of 8 hours per meeting.

d. Honoraria will not be paid for the following (unless approved on a case by case basis)

- Travel time (except for Board and Committee members who travel further than 50 km or one hour from the meeting site.)

- Attending conferences, training sessions, etc.

e. Note: Honoraria payments are subject to statutory deductions (Federal and provincial taxes and Canada Pension Plan contributions).

7. Other Costs (for Board members only)

a. A reimbursement of $20 per Board meeting will be given for miscellaneous supplies or incidentals (up to a maximum of $100 per year.) Receipts are required when available.

8. Submitting Expense Claims

a. Complete the expense claim form (found on the portal) and attach the receipts.

b. Forward the claim form and receipts (by mail or email with scanned attachments) to the appropriate staff member for approval within 60 days from when the expenses were incurred.

c. Reimbursements are made via electric funds transfer.

Part 5 – Standards of Organizational Conduct

5.1 Financial Planning and Budgeting

Financial planning and budgeting for any fiscal year will be based on Board stated goals, maintenance of the on-going operations of the College, and avoidance of financial risk.

Accordingly, the Registrar will:

1. Use credible planning assumptions.

2. Ensure that the budget is based on the College's strategic and operational plans.

3. Develop a balanced budget aligning annual expenditures with projected annual revenues.

4. Construct and submit a budget that shows a separation of capital and operating items.

5. Provide sufficient funds for the Board's annual operating costs.

6. Ensure sufficient cash balance to settle payroll and debts in a timely manner.

7. Invest surplus funds in in accordance with the Investment Policy and Provincial legislation.

8. Submit a draft budget to the Board prior to the beginning of each new budget year that will allow sufficient time for review, comments and changes (if required) prior to final approval.

9. See Reserves Policy (5.3) for further information.

5.2 Financial Management

The Registrar will ensure the College operates with internal controls and a financial management system that protects the organization from risk and meets or exceeds the standards set by the auditors.

1. Regarding the receipt and expenditure of funds, the Registrar will:

    a. Receive, process and disburse funds under controls sufficient to meet Generally Accepted Accounting Principles.

    b. Not expend more funds than have been received in the fiscal year to date unless the amount can be repaid by certain and otherwise unencumbered funds within 30 days of the end of the fiscal year.

    c. Not allow legal, statutory and other operational financial requirements to become delinquent.

    d. Not indebt the College in an amount that cannot be repaid within any conditions that the Board may set from time to time.

    e. Exercise adequate internal controls over receipts and disbursements to avoid unauthorized payments or material dissipation of assets.

    f. Not allow actual allocations to vary materially from those in the Board approved budget.

2. The Board designates the Registrar, Deputy Registrar, Chief Operating Officer, Board Chair and Board Vice-Chair as signatories for cheques, purchase orders and agreements:

    a. Up to and including an amount of $5,000.00 require the signature of one of the following: Registrar, Deputy Registrar or the Chief Operating Officer.

    b. Over the amount of $5,000.00 and up to and including the amount of $200,000.00 require the signature of two of the following: Registrar, Deputy Registrar or the Chief Operating Officer.

    c. Over the amount of $200,000.00 require the signature of two of the following: Registrar, Deputy Registrar or the Chief Operating Officer plus the Chair or Vice-Chair of the Board.

3. The Registrar will establish a Signing Authority Policy, consistent with this Policy. The Signing Authority Policy will be reviewed and approved by the Board annually.

4. The Registrar will establish a Procurement Policy, consistent with this Policy.

5.3 Reserves 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 Balances

The goal of the Board is to maintain the reserve for the following uses:

- 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 create an internal line of credit to manage cash flow and maintain financial flexibility.

Fund Expenditures

Expenditures from the reserve and transfers between reserve and operations 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.

5.4 Investment Policy

All cash and investments are to be used for the general operational expenses of the College of Pharmacists of British Columbia (henceforth referred to as the "College") unless specifically identified for other purposes. Surplus funds are to be invested to meet these operational expenses. These funds must be invested conservatively and should not be subject to speculative situations.

1. **Investment Objectives**

    a. The primary investment objective is to protect the capital from loss.

    b. The secondary objective is to obtain the highest rate of return while preserving capital.

    c. The third objective is to insure the portfolio contains sufficient liquidity to provide the College with the flexibility to meet its anticipated and potentially changing cash requirements.

2. **Investment Restrictions**

    a. All fixed income investments with a maturity of one year or less must have a Dominion Bond Rating (or equivalent) of at least R1 Low.

    b. The total amount of R1 Low fixed income investments at any one time shall not exceed 30% of the total investment portfolio.

    c. All fixed income investments with a maturity of greater than one year must have a Dominion Bond Rating (or equivalent) of A Low or higher (e.g. bonds and strip coupons).

    d. The investment portfolio must, where practicable, produce sufficient cash to meet the College's expected cash demands without relying upon the sale of securities having one year or more until maturity.

    e. At all times, not more than 50% of the portfolio may be invested with any one issuer unless it is the Government of Canada, a Provincial Government, or an entity with a Federal or Provincial guarantee. Investments vehicles meeting the definition of "bank deposits" may also be excepted from this concentration provision provided they are deposit based investments issued by a Schedule I Canadian bank.

f. If the portfolio is less than $500,000 then 100% of the portfolio may be invested with one issuer.

g. GIC exposure to any one issuer must be limited to the CDIC (Canada Deposit Insurance Corporation) limit of $100,000 unless the issuer is a "Big 6" Schedule I Canadian bank; a credit union backed by an unlimited provincial guarantee; or a large scale international issuer that may, from time to time, be identified as having sufficient resources to warrant exceeding the $100,000 per issuer CDIC limit.

3. Investment Guidelines

a. The Investment Guidelines must at all times be in agreement with the Investment Objectives and the Investment Restrictions.

b. For the purposes of the Investment Restriction criteria, GICs can be treated as

    i. Money market vehicles for maturities of one year or less and as bonds for maturities greater than one year.

c. For surplus funds anticipated to be in excess of current and projected operational needs, the maximum remaining term to maturity should not exceed five years.

d. An exception for Guideline C is for funds which are set aside for a specific purpose whose payment date exceeds these terms.

e. An investment should be sold and replaced when its credit rating drops below minimum levels.

f. All investments should be held in segregated accounts.

5.5 Risk Management

Protection of the College's assets is critical to its current and long-term operational viability. As the Registrar has operational control of the assets it is essential that risk management practices be implemented to ensure the assets are protected.

Accordingly, the Registrar will:

1. Purchase insurance and implement controls to protect College assets against theft and casualty losses and prevent access to funds by unauthorized personnel.

2. Take measures to maintain and protect the College premises and its contents.

3. Implement policies and practices that will prevent exposing the College, its Board and staff to claims of liability, as well as ensure that the Board and staff are adequately insured against liability claims. Also, review the policy annually to maintain sufficient coverage.

4. Arrange to have the office premises and contents appraised every 5 years, and insured on a replacement cost basis with the coverage being reviewed annually and retendered every 5 years.

5. Only commit the College to those expenditures that comply with Board directives and policies.

6. When investing or holding the College's operating capital, ensure their liquidity and safety, guided by the future needs of the College and include easily accessible cash reserves equal to the cost of operating the College for six months.

7. Follow Board policies or guidelines to acquire, encumber or dispose of real property.

8. Not reduce the College's current assets without Board knowledge and approval.

9. Observe and enforce the working conditions and standards set out in the Employment Standards Act of the Province of British Columbia.

10. Ensure a business continuity plan is in place, and that all information systems are backed up daily in case of fire, theft or an Act of God in order to prevent business loss and disruption.

11. Ensure a risk management policy is in place.

12. Maintain and report regularly on the College's risk register.

5.6 Employee Relations

A healthy and safe working environment and fair, respectful, dignified and non-discriminatory working conditions are ensured for all employees and volunteers.

1. Regarding the treatment of employees and volunteers: Accordingly, the Registrar will:

    a. Honour the spirit and intent of the College's collective agreement(s).

    b. Not knowingly practice, condone or tolerate harassment of any kind within the College and working environments under the jurisdiction or direct influence of the College.

    c. Be proactive in protecting the staff from unsafe and unhealthy conditions in the workplace.

    d. Provide a fair and equitable complaints and grievance process that is free from retribution.

    e. Have written personnel policies, consistent with any applicable legal requirements that clearly address the College's expectations of employees and volunteers and their obligations.

    f. Promote diversity in the workplace. This includes (but is not limited to) diversity regarding ethnic origin, culture, religion, gender, sexual orientation, age, skill sets and experience.

    g. Ensure that all employees and volunteers are well informed of their rights and the College policies that affect them.

2. Other than their requested attendance at Board meetings or their participation on committees involving Board members, non-unionized staff will only have access to the Board as a 'last resort' on matters regarding their treatment by the Registrar or allegations of illegal activities or actions by the Registrar. On all other matters, staff must deal directly with the Registrar.

3. The Board will ensure that any employee engaged in 'whistle blowing' activity or raising matters with the Registrar will not suffer retribution or discrimination as a result of bringing these matters forward. If the person is not satisfied with the response from the Registrar, he or she can then approach the Board Chair.

5.7 Employee Compensation and Benefits

With respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers, the Registrar must protect the College against financial risk or negative public image.

Accordingly, the Registrar will:

1. Not promise or imply to current or potential employees permanent or guaranteed employment.

2. Make sure that every employee has received and agreed to a letter of employment or a letter of services or a letter of requirements prior to commencement of services.

3. Establish current compensation and benefits which:

    a. Comply with the Board's policies on compensation.

    b. Do not create long-term obligations that the Board believes cannot be met from its normal revenue sources.

4. Not establish deferred or long-term compensation and benefits which:

    a. Cause unfunded liabilities to occur or in any way committing the College to benefits that incur unpredictable future costs.

    b. Deviate from Board approved levels of benefits.

5.8 Contractor Services

With respect to contracting services, the Registrar must protect the fiscal integrity and public image of the Board.

Accordingly, the Registrar will:

1. Employ a tendering process for suppliers, consultant services, service contracts and equipment/facility leases or purchases by obtaining three quotes, or through a competitive process, wherever practical. Any tendering process must be transparent, fair and comply with the College's conflict of interest guidelines.

2. Ensure goods and services are acquired in a manner that results in supply arrangements at the most effective net cost, in the correct quantities, of the appropriate quality and from the most responsive and responsible source.

3. Promote accountability in its use of funds for the acquisition of goods and services.

4. With respect to leases, not enter into individual lease agreements that financially commit the College to terms greater than five years, to total lease payments greater than $250,000.00 and to annual lease payments greater than $50,000.00 for each lease agreement, unless approved by the Board.

5. Ensure all agreements entered into by the Registrar are in writing and signed by both parties

6. Make sure that every consultant and contract worker has received and agreed to a letter of employment or a letter of services or a letter of requirements prior to commencement of services.

7. Not enter into any long-term contractual obligations that exceed the College's ability to ensure that it will have the financial resources to fulfill the terms of the contract unless approved by the Board.

8. Not continue with a contractual agreement if the contractor fails to satisfy the terms and obligations of the contract.

9. Withhold payment or appropriate funds until the agreed upon contracted services have been completed satisfactorily.

10. Ensure a Procurement Policy and a Signing Authority Policy are in place.

5.9 Protection of Registrant Information

Protection of registrant information is essential to ensuring the privacy of those persons registered to practice pharmacy in British Columbia.

Accordingly, the Registrar will:

1. Ensure that the College is in compliance with the privacy sections of the Health Professions Act (*HPA*) and all other Privacy and Protection legislation, provincial and federal.

2. Ensure a Privacy Policy is in place.

5.11 Collaborative Agreements

The Registrar or Deputy Registrar may approve collaborative agreement protocols provided the protocol includes the following:

1. A statement delegating medication therapy management authority from a specific physician to the pharmacist.

2. A description of who will obtain the authority (e.g. the named pharmacist or pharmacists under the supervision of the named pharmacist).

3. A time period for the protocol (not to exceed two years).

4. Patient eligibility criteria.

5. Specified delegated activities (i.e. disease, drugs, and categories).

6. A description of the type of pharmacist medication therapy management authority being delegated (e.g. continuation, modification, initiation).

7. A plan, guideline or algorithm for medication therapy management decisions.

8. Procedures for documenting the decision and actions taken.

9. A plan for periodic reporting/review of decisions with collaborating prescriber.

10. Copies of all forms used, including the patient consent form.

11. A procedure for resubmission to the College when substantive therapeutic changes occur.

12. That each staff approved protocol will be included on the next Board agenda as a consent item.

Part 6 – Professional Practice Policies

(This category includes policies that affect pharmacists, pharmacy technicians and pharmacies).

PPP-3 Pharmacy References
PPP-15 Narcotic Controlled Drug Signing Authorizations
PPP-24 Depot Shipments of Prescriptions
PPP-27 Registration Requirements for Pharm.D. Program Students
PPP-31 Emergency Prescription Refills

PPP-43 Automated Pharmacy Dispensing System
PPP-46 Temporary Pharmacy Closures
PPP-47 Operational Procedures for Complying with Benzodiazepines and Other Targeted Substances Regulations
PPP-50 Centralized Prescription Processing
PPP-54 Identifying Patients and Patient Representatives in Community Pharmacy and Telepharmacy Settings
PPP-56 Standards for Pharmacy Technician Verification of Non-Sterile Products in Hospital Pharmacy Practice
PPP-57 Standards for Pharmacy Technician Verification of Sterile Products in Hospital Pharmacy Practice
PPP-58 Medication Management (Adapting a Prescription)
PPP-59 Pharmacy Equipment
PPP-60 Professional Liability Insurance
PPP-61 Hospital Pharmacy Published Standards
PPP-63 Hospital Pharmacist Role with Respect to Drug Distribution Systems, Drug Administration Devices, Products and Services
PPP-64 Guidelines to Pharmacy Compounding
PPP-65 Narcotic Counts and Reconciliations
PPP-66 Opioid Agonist Treatment
PPP-67 Injectable Opioid Agonist Treatment
PPP-68 Cold Chain Management
PPP-69 Community Pharmacy Manager Education
PPP-71 Delivery of Methadone for Maintenance
PPP-73 Validate Identification and Verify College Registration Status for New and Existing Registrant Staff
PPP-74 Community Pharmacy and Telepharmacy Security
PPP-75 Patient Identification
PPP-76 Criminal Record History Vendor

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
April 17, 2020

2b.iii Approval of February 13, 2019 Draft Committee of the Whole Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the February 13, 2020 draft Committee of the Whole meeting minutes as circulated.

Appendix	
1	February 13, 2020 Draft Committee of the Whole Meeting Minutes (and appendices)

College of Pharmacists of British Columbia

Committee of the Whole Meeting
February 13, 2020
Held at the College of Pharmacists of British Columbia
200-1765 West 8th Avenue, Vancouver, BC

MINUTES

Members Present:
Christine Antler, Chair, District 2
Anca Cvaci, Vice-Chair, District 6
Alex Dar Santos, Board member, District 1
Andrea Silver, Board member, District 3
Steven Hopp, Board member, District 4
Michael Ortynsky, Board member, District 5
Claire Ishoy, Board member, District 7
Bal Dhillon, Board Member, 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
Ashifa Keshavji, Director of Practice Reviews and Quality Assurance
Doreen Leong, Director of Registration and Licensure
Mary O'Callaghan, Chief Operating Officer
Anu Sharma, Acting Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement
Stephanie Kwok, Executive Assistant

Guests:
Bradley Chisholm, Chief Officer, Strategy and Governance, British Columbia College of Nursing Professionals

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1. **WELCOME & CALL TO ORDER**
   Chair Antler called the meeting to order at 8:37am on February 13, 2020.

   Chair Antler acknowledged the Coast Salish People on whose unceded traditional territories we are gathered on, the Coast Salish, Squamish and Tsleil-Waututh First Nations.

2. **PUBLIC POSTING OF CPBC'S RESPONSE TO THE CAYTON REPORT**
   The Board assessed the risks involved with publishing the College of Pharmacists of BC's (CPBC) response to the Cayton report and came to a consensus that due to some sensitive information in the response, the response will not be publicly posted. CPBC's submission to the consultation

College of Pharmacists of British Columbia

paper by the Steering Committee on Modernization of Health Professional Regulation will be made available to the public.

The Board directed Registrar Nakagawa to draft a transparency policy to be discussed at a later Committee of the Whole meeting.

3. BCCNP BOARD MEETING GUIDELINES FURTHER DISCUSSION

Chair Antler discussed further with the Board on Board meeting guidelines and formalities.

The Board suggested the following changes be made to the briefing materials provided by staff:

- To provide guiding questions that would allow more fulsome discussions on issues presented to the Board;
- To specify which decision items are new or follow-ups to a previous decision made; and
- For items that are brought forward by a committee, to include the names of the committee members and Board members serving on the committee. This will allow Board members who took part of the decision making to provide insight to questions and concerns raised at the Board table.
- To consider including a link to the strategic plan and mandate at the top of the meeting agendas

4. RISK REGISTER FURTHER DISCUSSION

Chief Operating Officer O'Callaghan provided a background on College of Pharmacists of BC's (CPBC) Risk Management Policy and Risk Register.

Chair Antler led a discussion on the finance section of CPBC's risk register as it pertains to the approval of the 2020/2021 budget at the February Board meeting.

The Board agreed that the ownership of CPBC's Risk Register will be put on the agenda of the April 2020 Committee of the Whole meeting.

5. SAFE DRUG ADMINISTRATION BY PHARMACISTS UPDATE

Registrar Nakagawa provided to the Board an update on the safe drug administration by pharmacists working group meeting that was cancelled on February 12, 2020.

The Board provided direction to the College to proceed with plans to bring forward the bylaw changes at the April 2020 Board meeting.

6. REGULATORY GOVERNANCE 101

Bradley Chisholm, Chief Officer, Strategy and Governance, British Columbia College of Nursing Professionals facilitated a Regulatory Governance 101 session for the Board.

7. ADJOURNMENT

Chair Antler adjourned the meeting at 2:15pm on February 13, 2020.

College of Pharmacists of British Columbia

BOARD MEETING
April 17, 2020

2b.ix. Practice Review Committee (PRC): Phase 1 and 2 Update

INFORMATION ONLY

Purpose

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

Background

The Practice Review Program is an in-person review of a pharmacy professional's practice and the pharmacy where they work. The program 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 Program'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 Practice Review Program. The results of the Pharmacy Review are shared with the pharmacy manager, and results of all Pharmacy Professionals Reviews are shared confidentially with each individual pharmacist and pharmacy technician.

The Practice Review Program 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
April 17, 2020

Practice Review Program Update

	General	Community Practice	Hospital Practice

Update	• Determined new review targets for 2020-21 Fiscal Year and evaluated program cycle
	• IT: Request For Information (RFI) process initiated to invite and assess solutions which may possibly replace the in-house software system
	• Updated program policies
	• Provided subject matter expertise (SME) for multiple projects
		• Updated questions in the Pharmacy Review and Pharmacy Professionals Review to be consistent with current legislation
		  ○ New PODSA bylaws enforce as of January 2020
		• Published new PRP Insights article
			• Updated questions in the Pharmacy Review and Pharmacy Professionals Review to be consistent with current legislation
			  ○ New PODSA bylaws enforce as of January 2020
			• Published new PRP Insights article

Next Steps	• Finalize 2019-20 fiscal year reports to present to the Board • IT: Initiate the Request For Proposal (RFP) process once the RFI process is complete • Continue to provide SME for projects	• Draft community practice PRP Insights articles • Develop review forms for other services i.e. telepharmacy, central fill, packaging, compounding and other services based on Board direction and resources	• Draft hospital practice PRP Insights articles

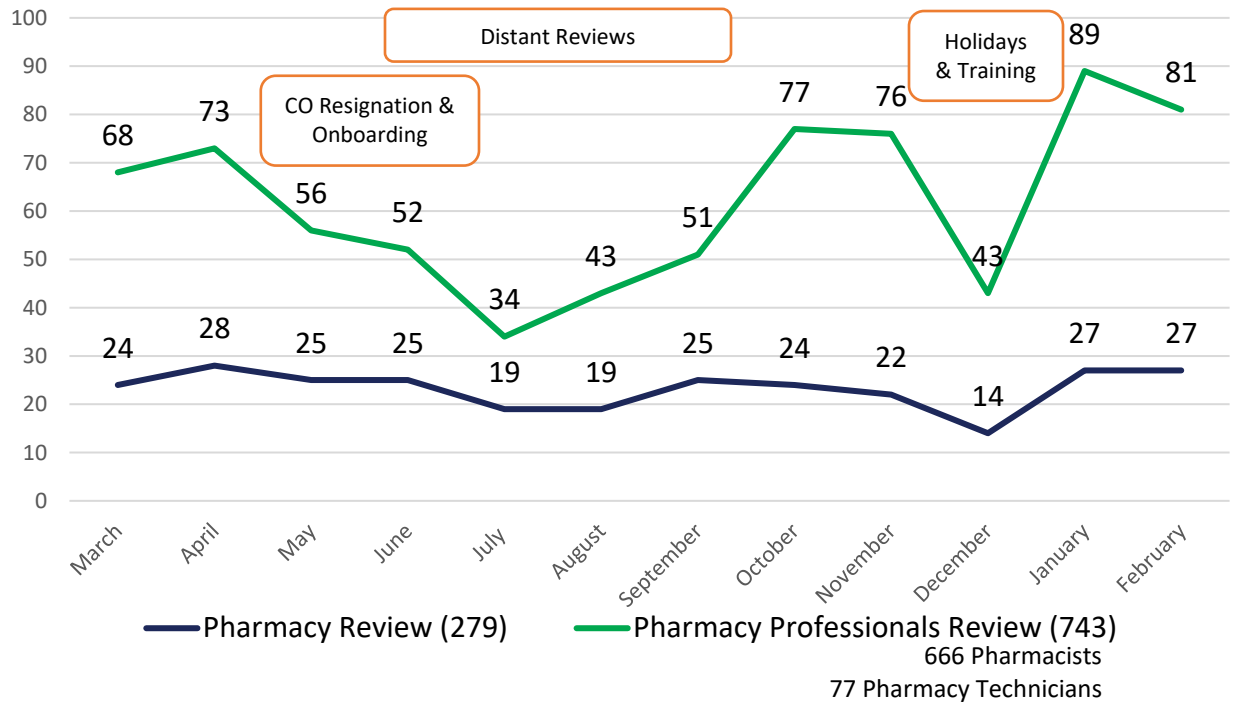
Appendix	
1	PRP Operational Statistics
2	PRP Insights Articles for ReadLinks

Appendix 1

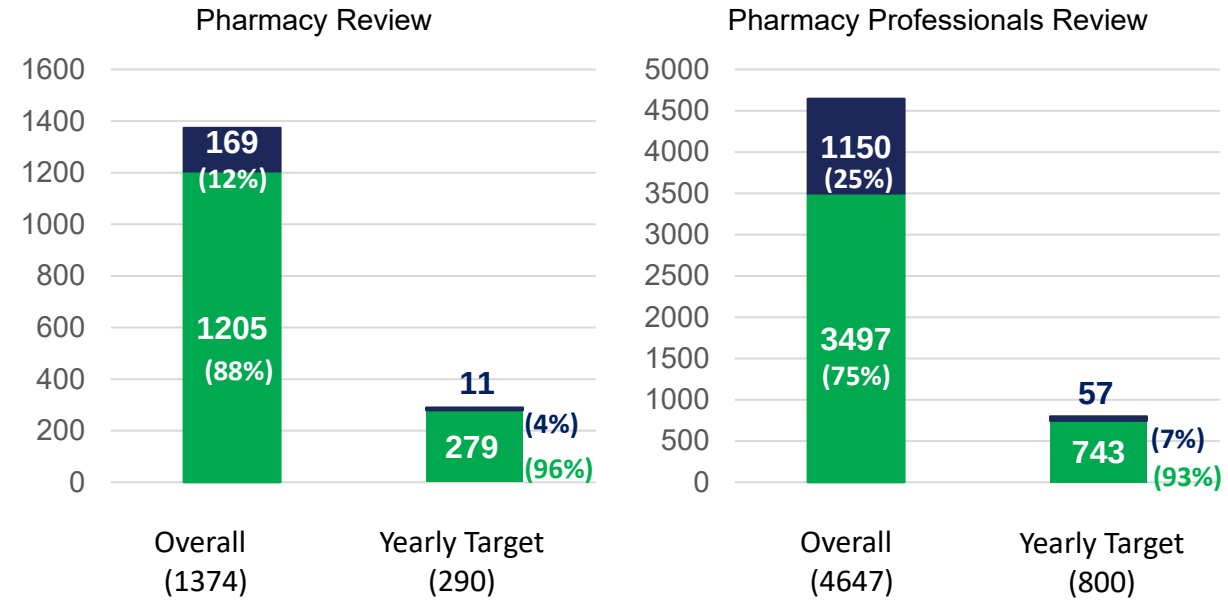
Practice Review Program Operational Statistics: 2019-20 Fiscal Year

COMMUNITY PRACTICE

Fiscal Year:



Overall and Fiscal Year:



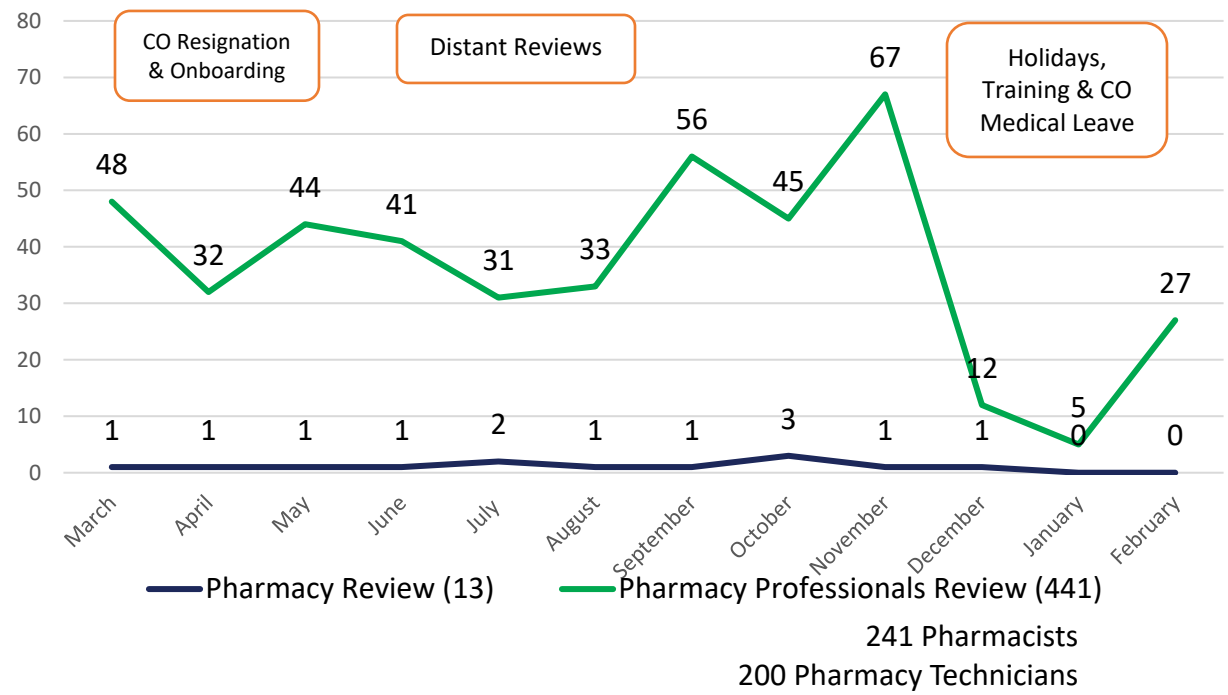
Key

Balance

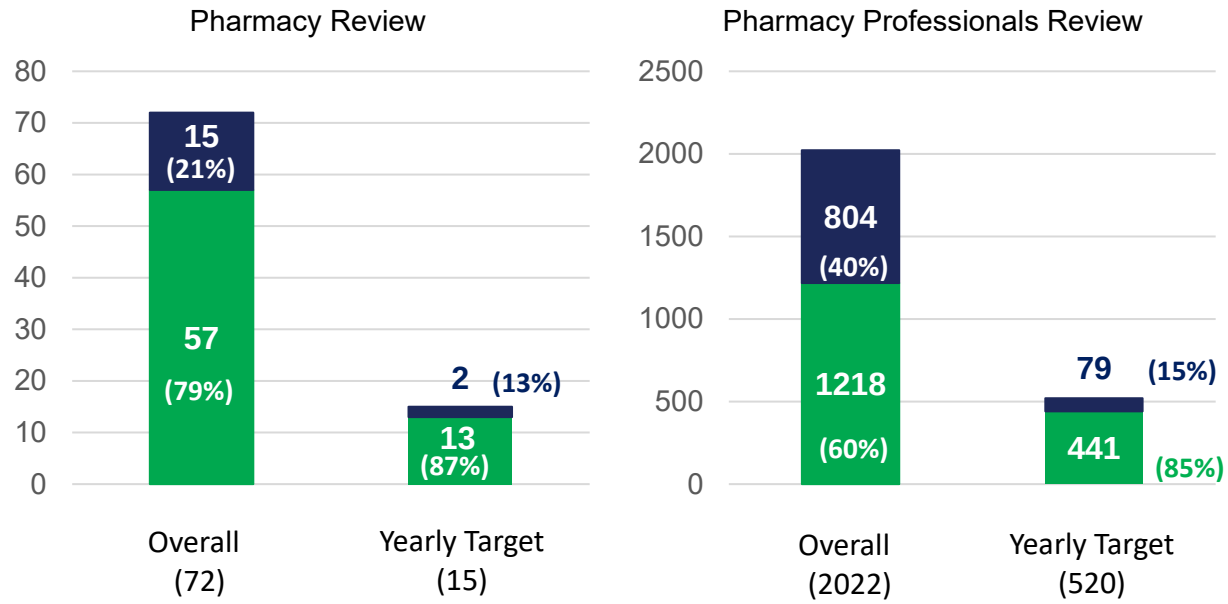
Conducted

HOSPITAL PRACTICE

Fiscal Year:



Overall and Fiscal Year:



Key

Balance

Conducted

Practice Review Program: Insights Articles

February 2020 Article: Pharmacy Managers Role in Scheduling Staff for Professionals Reviews (Hospitals Practice)

PRP INSIGHTS: PHARMACY MANAGERS ROLE IN SCHEDULING STAFF FOR PROFESSIONALS REVIEWS (HOSPITAL PRACTICE)

The College's Practice Review Program (PRP) was established in hospital pharmacies in April 2017. Similar to the Community Pharmacy Practice Review, the Hospital Pharmacy Practice Review consists of two parts: the Pharmacy Review and the Pharmacy Professionals Review.

Pharmacy managers play a vital role in the coordination of both of these components.

Pharmacy managers will receive email notification of their upcoming review at least 60 days in advance of the scheduled start date.

Once their pharmacy has been confirmed for a review, one of the pharmacy managers' key functions is to schedule their registrant staff for their individual Pharmacy Professionals Reviews and provide the Pharmacy Professionals Review Schedule to prphospital@bcpharmacists.org.

In order to help pharmacy managers streamline the scheduling process, we've compiled the following list of frequently asked questions and answers.

HOW DO I CREATE THE PHARMACY PROFESSIONALS REVIEW SCHEDULE?

It is the pharmacy manager's responsibility to schedule individual Pharmacy Professionals Reviews for all registrants employed at their site.

To create the Pharmacy Professionals Review schedule, the pharmacy manager should refer to their existing staff schedule, the staff roster, as well as the *Pharmacy Professionals Review Scheduling Template* provided by the College in the selection email. The pharmacy manager can simply input registrant names into the *Pharmacy Professionals Review Scheduling Template* and send a copy to the PRP Coordinator as soon as it is complete and no later than two weeks prior to compliance officer(s) arriving on-site.

WHICH REGISTRANTS NEED TO BE INCLUDED IN THE PHARMACY PROFESSIONALS REVIEW SCHEDULE?

When determining which registrants need to be scheduled for a Pharmacy Professionals Review, pharmacy managers should refer to The Pharmacy Professionals Review Inclusion Policy – Hospital, which states:

- *"All registrants employed by and practising in a licensed hospital pharmacy, where at least one of the following Pharmacy Professionals Review focus areas – Patient Identification Verification, Profile Check, Counselling, Product Distribution, or Documentation – applies to their job description."*

You can find this at: Policies and Procedures - For Community and Hospital Pharmacy Practice Settings

WHICH REGISTRANTS DO NOT NEED TO BE INCLUDED IN THE PHARMACY PROFESSIONALS REVIEW SCHEDULE?

Some pharmacies have registrants on the staff roster who don't necessarily fit traditional clinical or dispensing roles.

Hospital pharmacy managers whose job duties do not include the criteria on the Pharmacist Review Form are not required to schedule themselves for a review. This decision can be made at their own discretion.

Similarly, if a registrant's job description does not include any of the criteria in the Pharmacist Review Form or the Pharmacy Technician Review Form (excluding Collaboration), he/she is not included in this phase of the PRP and does not need to be scheduled for a Pharmacy Professionals Review.

Examples of roles that would be excluded from undergoing a review are:

- Administrative
- Administrative Pharmacy Assistant/Program Clerk
- Antimicrobial Stewardship
- Clinical Trials Pharmacist
- Drug Use Evaluation Pharmacist

- Drug Information Pharmacist
- Drug Access Navigator Pharmacy Technician
- Educator
- Provincial Academic Detailing Pharmacist
- Pharmacy Assistant
- Pharmacy Information Systems Support Technician/Pharmacist
- Pharmacy Buyer/Purchaser
- Pharmacy Scheduler
- Research/Drug Study Pharmacist

Registrants are only exempt if they are solely in roles listed above or are in other non-patient care roles. If further clarification is required, contact the PRP Coordinator at: prphospital@bcpharmacists.org

WHAT HAPPENS WHEN REGISTRANTS ARE NOT AVAILABLE DURING THE REVIEW PERIOD?

Pharmacists and pharmacy technicians who are absent during the review period will be re-scheduled for a later date. The PRP Coordinator will contact the pharmacy manager on an on-going basis to schedule any outstanding Pharmacy Professionals Reviews.

WHAT TYPES OF DUTIES SHOULD REGISTRANTS BE INVOLVED IN DURING THEIR REVIEW?

Registrants should be reviewed while involved in patient care, such as during dispensary and/or clinical shifts. This allows compliance officers to observe registrants in all focus areas within their practice setting.

QUESTIONS

If you have any questions or concerns, please contact the practice support team at practicesupport@bcpharmacists.org.

To learn more about the Practice Review Program, including how to prepare for your review, visit bcpharmacists.org/prp.

Previous Articles:

December 2019 Article: PRP Insights: Updating a Patient's Allergies, Adverse Drug Reactions and Intolerances in a Hospital Setting

November 2019 Article: PRP Insights - Residential Care

August 2019 Article: Hospital Pharmacies Providing Pharmacy Services to Outpatients: Releasing Medications

June 2019 Article: All Changes to the Approved Pharmacy Diagram Require a Change in Layout Application

February 2019 Article: Undergoing Pharmacy Renovations? Don't Forget to Report Layout Changes to the College

December 2018 Article: New PRP Support Tools Available for Pharmacy Technicians on Collaboration and Product Distribution

October 2018 Article: Patient Identification Verification in Hospital Pharmacies

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
April 17, 2020

2b.x Legislation Review Committee
a) Amendments to *Professional Practice Policy 54- Identifying Patients and Patient Representatives in Community Pharmacy and Telepharmacy Settings*

DECISION REQUIRED

Recommended Board Motion:

Approve amendments to *Professional Practice Policy-54 Identifying Patients and Patient Representatives in Community Pharmacy and Telepharmacy Settings* to update primary and secondary identification examples, as circulated.

Purpose

To propose amendments to *Professional Practice Policy-54 Identifying Patients and Patient Representatives in Community Pharmacy and Telepharmacy Settings* ("PPP-54").

Background

PPP-54 provides guidance for registrants on complying with the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws section 36 which states that a registrant must take reasonable steps to confirm the identity of a patient, patient's representative, registrant or practitioner before providing any pharmacy service that requires accessing, using or disclosing of personal health information. In cases where the patient or patient's representative is not known to the registrant, PPP-54 indicates that the registrant should view one piece of primary identification or two pieces of secondary identification to confirm identification. PPP-54 lists examples of both primary and secondary identification.

In November 2019, the Board approved amendments to PPP-54 to clarify that the policy applies not only to patients, but patient's representatives as well, in both community pharmacy and telepharmacy settings. Other key changes included:

- Removal of specific examples of when a patient should be positively identified;
- The addition of a new provision for situations where a patient or patient's representative does not have primary or secondary identification; and
- Formatting and general wording changes for ease of reference and clarity.

When reviewing the proposed amendments in November, a concern was raised from a Board member regarding the use of a "Certificate of Indian Status Card" as an example of primary identification. It was suggested that Certificates of Indian Status Cards were no longer being issued. Staff were asked to review this concern and report back at a subsequent Board meeting.

Discussion

In 1956, the Government of Canada began issuing the Certificate of Indian Status (status card) as an official identity document confirming the cardholder to be registered under the *Indian Act*. In 2009, a more secure status card, the Secure Certificate of Indian Status, with improved security features, began to be issued to help protect cardholders from identity theft.[1]

Indigenous and Northern Affairs Canada (INAC) is no longer issuing Certificates of Indian Status. INAC is now issuing Secure Certificates of Indian Status. There are only a few cases where band offices, as opposed to INAC, are still issuing Certificates of Indian Status. As a result, it is proposed that PPP-54 be amended to list "Secure Certificate of Indian Status or Certificate of Indian Status" as an example of primary identification.

The College has consulted with the First Nations Health Authority (FNHA) on the proposed amendment. Representatives from the Health Benefits department, which manages a FNHA client registry, have agreed the updated list is an appropriate example of primary identification for First Nations individuals.

In addition to the above, a review of all primary and secondary identification examples listed in PPP-54 some additional minor amendments are also proposed.

Guiding Questions

When reviewing the proposed amendments to PPP-54, the Board is asked to consider:

- Do the proposed amendments address the Board's concerns?
- Do the proposed amendments accurately capture relevant examples of primary and secondary identification for First Nations individuals?
- Do the proposed amendments accurately capture relevant examples of primary and secondary identification?
- Are there any examples of primary or secondary identification missing from the draft?

[1] https://www.sac-isc.gc.ca/eng/1100100032424/1572461852643

Next Steps

The Board has the authority to approve and amend Professional Practice Policies. As such, if approved by the Board, the amendments to PPP-54 would be in effect immediately. The College would inform registrants and the public of the changes via communication tools, such as ReadLinks articles and Frequently Asked Questions articles on the College's website.

Recommendation

The Legislation Review Committee recommends that the Board approve the proposed amendments to *Professional Practice Policy-54 Identifying Patients and Patient Representatives in Community Pharmacy and Telepharmacy Settings*.

Appendix	
1	Proposed amendments to PPP-54 Identifying Patients and Patient Representatives in Community Pharmacy and Telepharmacy Settings (track changes)
2	Proposed amendments to PPP-54 Identifying Patients and Patient Representatives in Community Pharmacy and Telepharmacy Settings (clean)

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY-54**
POLICY FOCUS: **Identifying Patients and Patient Representatives in Community Pharmacy and Telepharmacy Settings**

This policy provides guidance for registrants on complying with the *Pharmacy Operations and Drug Scheduling Act (*"PODSA") Bylaws section 36 in taking reasonable steps to confirm the identity of a patient, patient's representative, registrant or practitioner before providing any pharmacy service that requires accessing, using or ~~dislcosing~~disclosing of patient personal health information.

POLICY STATEMENTS:

1. Registrants should ensure that only one PharmaNet patient record is created and maintained for each person and that only one Personal Health Number (PHN) is assigned to each person. By viewing and confirming appropriate identification documents, duplicate PHNs and patient records can be avoided.

2. Where a patient or patient's representative is personally known to the registrant, the registrant may positively identify the patient or patients' representative. In cases where the patient or patient's representative is not known to the registrant, positive identification is best achieved by viewing one piece of primary identification or two pieces of secondary identification. As a best practice, these steps should be documented. Below are some examples of primary and secondary identification.

PRIMARY IDENTIFICATION:

- Driver's License
- Passport
- ~~Provincial Identity card issued by the Province of BC~~ B.C. Services Card
- Police Identity Card issued by RCMP or Municipality
- Secure Certificate of Indian Status ~~Card~~ or Certificate of Indian Status[1]
- Permanent Resident Card issued by the Government of Canada
- ~~B.C. Services Card~~

SECONDARY IDENTIFICATION:

- CareC~~-c~~ard issued by the Province of B.C.
- Birth Certificate
- Canadian Citizenship Certificate
- Canadian Citizenship Card
- Record of Landing of Permanent Residency
- Work/Visitor/Study Permit issued by the Government of Canada
- Naturalization Certificate
- Marriage Certificate
- Change of Name Certificate
- Identification or Discharge Certificate from External Affairs Canada or Canadian Armed Forces
- Consular Identity Card

3. Where a patient or patient's representative does not have a primary or secondary ~~ID~~identification, the registrant should use their professional judgement in identifying the patient or patient's representative. These steps should be documented.

First approved: 2 May 2003 **PPP-54**
Revised: 25 Sep 2008 / 21 Nov 2008 / 15 Apr 2011 / 12 Apr 2012 / 8 Jan 2015 / 17 Nov 2017 / 16 Jan 2020
Reaffirmed: 27 Mar 2009

[1] https://www.sac-isc.gc.ca/eng/1100100032424/1572461852643#s1

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY-54**
POLICY FOCUS: **Identifying Patients and Patient Representatives in Community Pharmacy and Telepharmacy Settings**

This policy provides guidance for registrants on complying with the *Pharmacy Operations and Drug Scheduling Act (*"PODSA") Bylaws section 36 in taking reasonable steps to confirm the identity of a patient, patient's representative, registrant or practitioner before providing any pharmacy service that requires accessing, using or disclosing of patient personal health information.

POLICY STATEMENTS:

1. Registrants should ensure that only one PharmaNet patient record is created and maintained for each person and that only one Personal Health Number (PHN) is assigned to each person. By viewing and confirming appropriate identification documents, duplicate PHNs and patient records can be avoided.

2. Where a patient or patient's representative is personally known to the registrant, the registrant may positively identify the patient or patients' representative. In cases where the patient or patient's representative is not known to the registrant, positive identification is best achieved by viewing one piece of primary identification or two pieces of secondary identification. As a best practice, these steps should be documented. Below are some examples of primary and secondary identification.

PRIMARY IDENTIFICATION:

- Driver's License
- Passport
- B.C. Services Card
- Police Identity Card issued by RCMP or Municipality
- Secure Certificate of Indian Status or Certificate of Indian Status[1]
- Permanent Resident Card issued by the Government of Canada

SECONDARY IDENTIFICATION:

- CareCard issued by the Province of B.C.
- Birth Certificate
- Canadian Citizenship Certificate
- Canadian Citizenship Card
- Record of Landing of Permanent Residency
- Work/Visitor/Study Permit issued by the Government of Canada
- Naturalization Certificate
- Marriage Certificate
- Change of Name Certificate
- Identification or Discharge Certificate from External Affairs Canada or Canadian Armed Forces
- Consular Identity Card

3. Where a patient or patient's representative does not have a primary or secondary identification, the registrant should use their professional judgement in identifying the patient or patient's representative. These steps should be documented.

First approved: 2 May 2003 **PPP-54**
Revised: 25 Sep 2008 / 21 Nov 2008 / 15 Apr 2011 / 12 Apr 2012 / 8 Jan 2015 / 17 Nov 2017 / 16 Jan 2020
Reaffirmed: 27 Mar 2009

[1] https://www.sac-isc.gc.ca/eng/1100100032424/1572461852643#s1

College of Pharmacists of British Columbia

BOARD MEETING
April 17, 2020

2b.x Legislation Review Committee

b) Amendments to *Professional Practice Policy 59- Pharmacy Equipment*

DECISION REQUIRED

Recommended Board Motion:

Approve amendments to *Professional Practice Policy-59 Pharmacy Equipment* to allow equipment with faxing capability as an alternative to a conventional fax machine, as circulated.

Purpose

To propose amendments to *Professional Practice Policy 59 Pharmacy Equipment* ("PPP-59") to allow equipment with faxing capability as an alternative to a conventional fax machine.

Background

PPP-59 sets out requirements for pharmacy managers on complying with pharmacy equipment obligations under PODSA Bylaws section 18(2)(v).
In November 2019, the Board approved amendments to PPP-59 to modernize bylaws and policies made under *Pharmacy Operations and Drug Scheduling Act* ("PODSA") in accordance with the College's Strategic Plan. The amendments approved were to modernize pharmacy equipment requirements based on current technologies available, and to ensure the requirements are in line with what is necessary to ensure patient safety.

Discussion

Currently, faxing in pharmacies can be done through a conventional fax machine, or other equipment that has faxing capability. This includes pharmacy software systems which have built in faxing capability. As currently written, PPP-59 requires a community pharmacy or telepharmacy to have a "fax machine". In line with the spirit of modernizing pharmacy equipment based on current technology, it is recommended that PPP-59 include a reference to "equipment with faxing capability" in addition to the current reference to a "fax machine".

Guiding Questions

When reviewing the proposed amendments to PPP-59, the Board is asked to consider:

- Do the proposed amendments sufficiently encompass modern technologies for faxing?
- Is any pharmacy equipment commonly found in pharmacies missing from PPP-59?

Next Steps

The Board has the authority to approve and amend Professional Practice Policies. As such, if approved by the Board, the amendments to PPP-59 would be in effect immediately. The College would inform registrants and the public of the changes via communication tools, such as ReadLinks articles and Frequently Asked Questions articles on the College's website.

Recommendation

The Legislation Review Committee recommends that the Board approve amendments to *PPP-59 Pharmacy Equipment* to allow equipment with faxing capability as an alternative to a conventional fax machine.

Appendix	
1	Amendments to PPP-59 Pharmacy Equipment (track changes)
2	Amendments to PPP-59 Pharmacy Equipment (clean)

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY-59**
POLICY FOCUS: **Pharmacy Equipment**

This policy sets out requirements for pharmacy managers on complying with their pharmacy equipment obligations under the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws section 18(2)(v). Additional equipment requirements for drugs that require cold chain management are set out in *PPP-68 Cold Chain Management*. Note that PODSA Bylaws section 25(2) has additional requirements for community pharmacies and telepharmacies.

POLICY STATEMENTS:

1. The dispensary of all community pharmacies or telepharmacies at a minimum must have the following equipment.
   (a) telephone,
   (b) fax machine or other equipment with fax capability,
   (c) digital prescription balance with a readability of 0.01g or smaller, and associated calibration tools,
   (d) at least one 10mL graduated cylinder,
   (e) mortar and pestle,
   (f) spatula,
   (g) funnel,
   (h) stirring rod,
   (i) ointment slab or parchment paper,
   (j) counting tray,
   (k) soap in a dispenser,
   (l) paper towels in a dispenser, and
   (m) plastic or metal garbage containers to be used with plastic liners.

2. All hospital pharmacies and hospital pharmacy satellites must be adequately equipped to provide safe and proper medication compounding, dispensing and/or preparation of medication orders, and for the provision of patient-oriented and administrative pharmacy services.

3. Pharmacy equipment must be clean and sanitary, well-maintained, and properly functioning.

First approved: 27 Mar 2009
Revised: 15 Apr 2011 / 17 Nov 2017 / 16 Jan 2020
Reaffirmed:

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY-59**
POLICY FOCUS: **Pharmacy Equipment**

This policy sets out requirements for pharmacy managers on complying with their pharmacy equipment obligations under the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws section 18(2)(v). Additional equipment requirements for drugs that require cold chain management are set out in *PPP-68 Cold Chain Management*. Note that PODSA Bylaws section 25(2) has additional requirements for community pharmacies and telepharmacies.

POLICY STATEMENTS:

1. The dispensary of all community pharmacies or telepharmacies at a minimum must have the following equipment
   (a) telephone,
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   (d) at least one 10mL graduated cylinder,
   (e) mortar and pestle,
   (f) spatula,
   (g) funnel,
   (h) stirring rod,
   (i) ointment slab or parchment paper,
   (j) counting tray,
   (k) soap in a dispenser,
   (l) paper towels in a dispenser, and
   (m) plastic or metal garbage containers to be used with plastic liners.

2. All hospital pharmacies and hospital pharmacy satellites must be adequately equipped to provide safe and proper medication compounding, dispensing and/or preparation of medication orders, and for the provision of patient-oriented and administrative pharmacy services.

3. Pharmacy equipment must be clean and sanitary, well-maintained, and properly functioning.

First approved: 27 Mar 2009
Revised: 15 Apr 2011 / 17 Nov 2017
Reaffirmed:

College of Pharmacists of British Columbia

Board Meeting
April 17, 2020

2b.x Legislation Review Committee
c) Update on Amendments to Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions

FOR INFORMATION

Purpose

To provide the Board with an update on the Drug Administration Committee ("DAC"), and the status of the recommendation made by the DAC to the Board on February 15, 2019.

Background

In October and December of 2018, the DAC met twice to review the College of Pharmacists of BC ("CPBC") restrictions on pharmacist drug administration in relation to patient safety and public protection. The DAC discussed options for removing restrictions, as conferred by the *Pharmacists Regulation*. The DAC also considered the experience of other pharmacy regulatory authorities in order to formulate evidence-based recommendations for the Board.

At its February 2019 meeting, based on the recommendations of the DAC, the Board directed the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications 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; and
- Maintain the existing "Limits" on the age restrictions for injection and intranasal drug administration.

Safe Drug Administration by Pharmacists Working Group (Working Group)

In response to a request from Mark Armitage, Assistant Deputy Minister, Ministry of Health ("MoH"), the College worked with the Professional Regulation and Oversight Branch of the MoH to establish a working group, comprised of representatives of regulatory colleges of health professions with prescribing authority, to determine the impacts of removing the restrictions on pharmacist injection and intranasal administration of medications.

The first meeting of the Working Group occurred on October 28, 2019 (see Appendix 1). Working Group members discussed key issues and specific questions at this meeting.

Discussion

A presentation for the second meeting of the Working Group was prepared by College staff to address the key issues raised at the first meeting. This included reframing the removal of the College's restrictions on pharmacist injection authority using the elements of Right-touch regulation, a joint presentation by the BC Pharmacy Association and the UBC Faculty of Pharmaceutical Sciences on their drug administration training programs for pharmacists, and presentation of data from the MoH on injectable drugs dispensed from community pharmacies over a one year period.

The second meeting of the Working Group was scheduled to take place on February 12, 2020, but cancelled after staff from the Professional Regulation and Oversight Branch indicated they were unable to participate. Additionally, in December 2019, the Professional Regulation and Oversight Branch announced a temporary moratorium on the submission of new bylaws. The *Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions* are within the *Health Professions Act* bylaws, and are subject to the moratorium. It is unknown when the moratorium will be lifted.

A meeting of the DAC was scheduled to take place on March 19, 2020, to discuss the progress of the Working Group, the findings that were to be presented at the second meeting of the Working Group, and to determine the next steps. The meeting was cancelled in response to DAC members' and CPBC staff members' escalating and urgent priorities with respect to the COVID-19 pandemic.

Next Steps

College staff are working to reschedule the DAC meeting as soon as possible.

Appendix	
1	October 28, 2019 Safe Drug Administration by Pharmacists Working Group Minutes (DRAFT)

College of Pharmacists of British Columbia

Safe Drug Administration by Pharmacists Working Group Meeting
Monday, October 28, 2019
8:30am – 12:00pm

MINUTES

Location: Henderson Board Room, College of Pharmacists of BC, 200-1765 West 8th Avenue Vancouver BC V6J 5C6

Teleconference: 1.855.281.8596, Participant Code 9106345

Attendees: Dr. Justin Asgarpour, Dr. Susan Bouma, John Capelli, Louise Crowe, Alex Dar Santos, Kimberly Hilchie, Cynthia Johansen, Doreen Leong, Dr. Heidi Oetter, Phillipa Stanaway, Dr. Peter Stevenson-Moore, Anu Sharma, Katherine Younker

Facilitators: Bob Nakagawa, Mark MacKinnon

1. Opening Remarks
    a. Bob Nakagawa and Mark MacKinnon provided opening remarks
2. Presentation – Approaching Issues that Span Professions
    a. Mark MacKinnon provided a presentation on how to approach issues that span professions, including how various Colleges can work together.
3. Presentation – Drug Administration by Pharmacists
    a. Bob Nakagawa provided and overview of the current state of drug administration by pharmacists, including the current legislation and standards for pharmacists. The rationale for the decision by the College of Pharmacists of BC's Board to direct the registrar to remove CPBC's restrictions on drug administration was presented.
4. Roundtable
    a. Key items discussed at the meeting included:
        i. Defining the need for removal of the restrictions on pharmacist injection authority using the principles of Right-touch regulation;
        ii. Outlining the impacts of removing the current restrictions on pharmacist drug administration authority including defining the specific drugs or drug classes which would be included or excluded from the authority;
        iii. Determining the potential impacts on the broader healthcare system (including health professional regulatory colleges and the Ministry of Health); and
        iv. Considering existing drug administration issues that could be potentially addressed by pharmacists in the future, including expanding pharmacist administration to include intravenous infusions.

5. Approval of Terms of Reference
    a. Terms of Reference approved with request for timeline to be updated.
6. Next steps
    a. A second meeting of the Working Group will be scheduled in early 2020.
7. Adjournment

College of Pharmacists of British Columbia

BOARD MEETING
April 17, 2020

2b.xi Approval of March 16, 2020 Draft Board Resolution Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the March 16, 2020 draft Board resolution minutes as circulated.

Appendix	
1	http://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Teleconference_Minutes-20200316.pdf

College of Pharmacists of British Columbia

BOARD MEETING
April 17, 2020

2b.xiii Approval of March 17, 2020 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the March 17, 2020 draft Board meeting minutes as circulated.

Appendix	
1	http://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Teleconference_Minutes-20200317.pdf

College of Pharmacists of British Columbia

BOARD MEETING
April 17, 2020

2b.xiv Approval of March 20, 2020 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the March 20, 2020 draft Board meeting minutes as circulated.

Appendix	
1	http://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Teleconference_Minutes-20200320.pdf

College of Pharmacists of British Columbia

BOARD MEETING
April 17, 2020

2b.xv Approval of March 23, 2020 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the March 23, 2020 draft Board meeting minutes as circulated.

Appendix	
1	http://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Teleconference_Minutes-20200323.pdf

College of Pharmacists of British Columbia

BOARD MEETING
April 17, 2020

2b.xvi Approval of March 26, 2020 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the March 26, 2020 draft Board meeting minutes as circulated.

Appendix	
1	http://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Teleconference_Minutes-20200326.pdf

College of Pharmacists of British Columbia

BOARD MEETING
April 17, 2020

2b.xvii Approval of March 31, 2020 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the March 31, 2020 draft Board meeting minutes as circulated.

Appendix	
1	http://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Teleconference_Minutes-20200331.pdf

College of Pharmacists of British Columbia

BOARD MEETING
April 17, 2020

3. Confirmation of Agenda

DECISION REQUIRED

Recommended Board Motion:

Approve the April 17, 2020 Draft Board Meeting Agenda as circulated, or amended.

Appendix	
1	April 17, 2020 Draft Board Meeting Agenda

College of Pharmacists of British Columbia

Board Meeting
Friday, April 17, 2020

AGENDA

9:00am - 9:05am	5	**1.**	Call to Order *Land Acknowledgement*	Chair Antler
		2.	Consent Agenda a) Items for Further Discussion b) Approval of Consent Items **[DECISION]**	Chair Antler
		3.	Confirmation of Agenda **[DECISION]**	Chair Antler
9:05am - 9:30am	25	**4.**	COVID-19 Update	Chair Antler
9:30am - 10:15am	45	**5.**	COVID-19 Impact on the College Budget **[DECISION]**	Chair Antler
10:15am to 10:45am	30	**6.**	Legislation Review Committee: a) Amendments to HPA Standards of Practice - Dispensing Verbal Orders taken by a Hospital Registrant to a Community Pharmacy **[DECISION]** b) Amendments to PODSA Bylaws – Fee Changes **[DECISION]** c) Amendments to HPA Bylaws – Fee Changes **[DECISION]**	Justin Thind
10:45am to 11:00am	15	**7.**	Medical Delegation Request: Anticoagulation Management Clinic **[DECISION]**	Registrar Nakagawa
11:00am - 11:05am	5	**8.**	Items Brought Forward from Consent Agenda	Chair Antler

College of Pharmacists of British Columbia

BOARD MEETING
April 17, 2020

5. COVID-19 Impact on the College Budget

DECISION REQUIRED

Recommended Board Motion:

Direct the Registrar to review the impact of COVID-19 on the finances of the College before proceeding with operationalizing the fee increases planned the end of 2020.

Purpose

To evaluate the impact of the COVID-19 health pandemic on the 2020/21 budget. .

Background

The Board approved the College's 2020/21 budget at the February 14, 2020 Board meeting. Key considerations taken into account in the preparation of the budget were:

- The Strategic Plan activities
- Continuing to implement best business practices throughout the organization
- The multi-year plan and the impact on the closing reserve balance
- Reviewing College processes, looking for efficiencies and cost savings.
- The impact of the accounting principle of deferred revenue which results in annual fee increases mainly generating additional revenue in the following fiscal year.

Approximately 74% of the College budget is fixed – mainly salaries and multi-year contracts (primarily for IT). Particular attention had been given to the variable portion of the budget to see where cost savings could be found and several adjustments had been made prior to finalizing the draft budget.

While the Board was only approving the budget for the fiscal year 2020/21, the Board was particularly concerned about Year 3 in the multi-year plan, where the closing balance of the reserves is projected to be just over $500,000. The Reserve Policy states that the Reserve balance should be $2,000,000.

Noting that fee increases primarily impact the next fiscal year, the budget assumptions included the following fee recommendations:

Pharmacy - $2,474 (5.5% increase) - effective December 1, 2020
Pharmacists - $778 (5.25% increase) – effective November 1, 2020
Pharmacy Technician - $539 (5.25%increase) – effective November 1, 2020

The impact of COVID-19 on Canadian society has been significant and profound. In consideration of the pervasive financial impact, the College should re-assess the proposed fee increase.

Discussion

One month after the budget was approved our world and operational plans changed drastically due to the impact of COVID-19.

At this time we do not know how long this situation will last, nor do we know the impact that it will have on College operations and the 2020/21 finances. We do know that there will be some savings:

- Board expenses, travel and accommodation
- Staff salaries and benefits
- Project management – due to the strategic plan activities that are currently on hold
- Travel and accommodations – practice reviews on hold
- Professional development and conferences – conferences and courses cancelled

The fee increases included in the budget primarily generate revenue in the next fiscal year. This year's revenue calculation included $16,500 from the fee increase, while we project that it will contribute $383,000 towards 2021/22's revenue.

The bylaw changes required for the fee increases are on the April Board meeting agenda.

The profound impact of COVID-19 on the finances of Canadians needs to be recognized. The projected budget requirements and planned fee increases should be reviewed and reconsidered in this context.

Options

1. Direct the Registrar to review the impact of the COVID-19 pandemic on the finances of the College once the State of Emergency has been lifted, or when deemed appropriate by the Registrar in consultation with the Chair. Do not proceed with operationalizing the fee increases approved in the budget.

2. Proceed with the bylaw changes required for the fee increases, as per the approved budget.

Guiding Questions

Key questions for the Board to consider are:

1. What impact will this recommendation have on the financial health of the College?

2. Will the time required for this review unnecessarily delay the fee increase, and adversely affect the operations of the College, and our ability to serve and protect the health of British Columbians?

Recommendation

Option 1. Direct the Registrar to review the impact of the COVID-19 pandemic on the finances of the College once the State of Emergency has been lifted, or when deemed appropriate by the Registrar in consultation with the Chair. Do not proceed with operationalizing the fee increases approved in the budget.

Appendix	
1	February 2020 Budget Briefing note and appendices

College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

5. Audit and Finance Committee
b) Budget 2020/2021

DECISION REQUIRED

Recommended Motion:

Approve the 2020/2021 budget with total expenditures in the amount of $11,329,901 and a transfer from the balance sheet in the amount of $1,114,329 as presented.

Synopsis

The budget being presented funds the new strategic plan's activities. It also funds the activities and planning required in order to apply to be verified for Gold Certification with Excellence Canada in 2021.

The proposed budget continues to draw upon reserve funds as discussed in previous budgets in order to minimize fee increases.

Historical Background

Over the years, the College had accumulated a fairly large surplus. In 2013, the Board approved a plan to reduce this surplus by lowering registrants' fees and by spending some of the funds each year on certain projects, thus budgeting for a loss each year for approximately five years.

In 2016, as we were nearing the midpoint of reducing this surplus, the Audit and Finance Committee scheduled a number of meetings to review significant College expenditures, other College's fee schedules, etc. College expenditures were reviewed according to the HPA Mandate and the CPBC Mission and Vision. As a result, the Board approved some changes to expenditures and increased fees for the first time in three years.

Unfortunately, later that year, the College was served notice that the Ministry of Health was not going to renew the PharmaNet contract that the College had held for many years. This would result in a significant reduction in revenues for the College. Again, management and the Audit and Finance Committee reviewed expenditures and fees and made adjustments.

The Board reduced the amount of the College's Reserves from $4,500,000 to $3,000,000 and allowed the budget planning to "borrow" from the Reserves in order to spread out the time to recover from this revenue loss.

Last year, the Board approved reducing the Reserve even lower to $2,000,000 in order to keep the fee increase to a 2 % increase. Later in the year there was some concern expressed about the Reserves in future years getting too low.

Current Year Background and Approach Taken
The budget planning process began in November with a review of the 2019/20 budget and projected actuals (latest estimates). Finance staff met with Directors and Managers to review anticipated activities and current year expenditures. Revenues,statistics and trends were reviewed. Draft budgets were developed and discussed by the Executive.

The budget for 2020-2021 was developed to ensure support for both core functions and strategic objectives. Cost pressures added additional stress on the current resources available. Budget reductions were made across the organization. A budget package that balanced the need for fee increases while maintaining an acceptable reserve balance was developed.

The Executive Team and Finance staff reviewed draft budgets as they were developed, looking at the impact to:

- the Multi-Year Plan,
- the Closing Reserve Balances
- the inclusion of Strategic Plan activities
- continuing with implementing best practices throughout the organization
- keeping fee increases as low as possible

The Audit and Finance Committee met on February 6, 2020 to review and discuss the draft budget options and recommend this budget for approval by the Board.

Challenges
Accounting rules do present an interesting challenge concerning "recognizing" / recording revenues from registrants' fees. There can be up to three years lag from budget approval to fully earning the fees. The Board approves the budget in February (but the new fees do not go into effect until November / December of the year). Registrants / pharmacies renew throughout the year, so it can take a year until the last have renewed. Then, according to accounting standards, we only recognize one month of revenue at a time, as their registration / licence is for twelve months. This lag significantly complicates budget planning.

Another factor that we've noticed is the original "cohort" of February renewals is decreasing as that group retires. New registrants are primarily registering in the summer (as university students graduate). This means a few months less revenue in that year.

Discussion

During last year's budget discussions, the Board approved using Reserve funds to permit a more gradual approach to accommodating the loss of revenue from the PharmaNet contract and to building up revenue from fees. This is necessary as (as discussed above) any fee increase takes two years to be fully earned and recognized as revenue.

While reviewing draft budgets, the Executive Team was concerned about reducing Reserve Balances below $500,000. In the event of unexpected circumstances the College needs some reserves to be fiscally responsible. This is not as critical as other businesses which recognize revenue as invoiced. Although we "defer" registrants' fees over the year, the College has the use of those funds, which reduces for the need for drawing from reserves.

The year with the most concern (due to the revenue lag) is Year 3. Although the Board will only be approving the budget for 2020/21 (Year 1), the revenue impact is significant in Year 2 and Year 3.

Major Initiatives in 2020/21 that are funded in the draft budgets

- HPA Modernization bylaw review and process review, including project management and legal services.
- Excellence Canada Gold Certification action plan review and submission preparation.
- Records management processes and staff training, including privacy training, continue being rolled out.
- IT improvements – gap analysis, planning and remediation re critical improvements required. Planning re next steps.
- Medication error reporting planning.
- Continued IT development support for iMIS (the College's database).
- Review of the Practice Review Program's software and looking at options for changing the software used and beginning implementing the software later in the year.

The Draft Budget
Version A plans for expenditures of $11,329,901.

In order to earn sufficient revenue in the year 2020/21, this means that fees would increase:

- Pharmacies - $2,474 (a 5.5% increase or an increase of $129) effective December 1, 2020.
- Pharmacists - $778 (a 5.25% increase or an increase of $39) effective November 1, 2020.
- Pharmacy Technicians - $518 (a 5.25% increase or an increase of $26) effective November 1, 2020.
- All other administrative fees also increase by 5.25%.

Recommended Motion:

Approve the 2020/2021 budget with total expenditures in the amount of $11,329,901 and a transfer from the balance sheet in the amount of $1,114,329 as presented.

Appendix	
1	2020/21 Budget Statement of Revenue and Expenses
2	2020/21 Multi-Year Plan

College of Pharmacists of BC
Statement of Revenue and Expenses
Draft Fiscal Budget 2020/21
Prepared on: February 3, 2020

	Budget 2019/20	Latest Estimates 2019/20	YTD Actual November 2019	Budget FY 2020/21
Revenue				
Licensure revenue				
Pharmacy fees	3,527,412	3,515,186	2,599,862	3,688,832
Pharmacists fees	4,856,146	4,793,914	3,545,778	5,098,607
Technician fees	876,048	882,641	654,539	940,653
	9,259,606	9,191,741	6,800,179	9,728,092
Non-licensure revenue				
Other revenue	100,931	118,966	109,742	104,983
Grant Revenue	60,240	10,240	-	13,360
Investment income	142,858	138,922	103,803	122,676
College Place joint venture income	270,300	240,442	202,725	246,454
	574,329	508,570	416,270	487,473
Total Revenue	**9,833,935**	**9,700,311**	**7,216,449**	**10,215,565**
Expenditures				
Board and Registrar's Office	823,536	847,419	662,539	821,568
Finance, Human Resources and Administration	1,952,273	1,986,982	1,427,422	2,021,275
Information Technology	2,021,321	2,145,944	1,614,700	2,246,533
Grant Distribution	58,240	58,240	41,228	10,240
Registration, Licensure and Pharmanet	937,490	974,521	692,916	1,014,031
Quality Assurance	312,501	301,842	210,504	317,163
Practice Reviews	1,543,755	1,489,339	1,085,955	1,698,169
Complaints Resolution	1,668,418	1,539,484	1,106,964	1,781,575
Policy and Legislation	571,753	410,677	305,635	562,211
Public Engagement	437,207	424,999	276,789	436,683
Projects	147,115	88,456	69,444	123,570
Total Expenditures	**10,473,610**	**10,267,902**	**7,494,096**	**11,033,017**
Amortization	**365,058**	**303,557**	**223,889**	**296,884**
Total Expenses including amortization	**10,838,668**	**10,571,459**	**7,717,985**	**11,329,901**
Deficiency of revenue over expenditures	**(1,004,733)**	**(871,148)**	**(501,536)**	**(1,114,329)**

Fee Assumptions:

5.5% increase (Years 1 - 2) for Pharmacy
5.25% increase (Years 1 - 2) for Pharmacist & Pharmacy Technician
1.5% increase for all categories (Years 3 - 6)

College of Pharmacists of BC
Budget 2020-21 & Multi-Year Plan

Prepared on: February 3, 2020

Fee Assumptions:

5.5% increase (Years 1 - 2) for Pharmacy
5.25% increase (Years 1 - 2) for Pharmacist & Pharmacy Technician
1.5% increase for all categories (Years 3 - 6)

	CURRENT			YR 1	MULTI-YEAR PLAN				
	2019-20			2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
	BUDGET	LATEST EST.	9-MO ACTUAL	BUDGET (DRAFT)	PROJECTED				
Revenue deferred	8,744,240	8,701,834	6,486,974	9,173,978	9,879,723	10,765,126	11,438,815	11,964,763	12,529,757
Revenue licensure other	515,366	489,905	313,205	554,113	595,037	631,009	652,863	675,122	699,574
Revenue other	574,329	508,573	416,270	487,475	486,087	497,726	508,384	519,249	530,324
Revenue	9,833,935	9,700,311	7,216,449	10,215,565	10,960,847	11,893,861	12,600,062	13,159,134	13,759,655
Total Expenditures	10,838,668	10,571,459	7,717,985	11,329,901	11,766,786	11,968,810	12,260,124	12,276,873	12,493,783
OpEx	3,727,820	3,800,376	3,611,876	3,793,788	4,008,411	4,055,267	4,188,311	4,043,623	4,095,868
Labour	7,110,848	6,771,083	4,106,109	7,536,113	7,758,375	7,913,543	8,071,813	8,233,250	8,397,915
Excess (Deficiency) of Revenue over Expenditures	(1,004,733)	(871,148)	(501,536)	(1,114,329)	(805,939)	(74,949)	339,937	882,261	1,265,872

	CURRENT			YR 1	YR 2	YR 3	YR 4	YR 5	YR 6
	2019-20			2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
	BUDGET	LATEST EST.	9-MO ACTUAL	BUDGET (DRAFT)	PROJECTED				
Reserves, Opening Balance [1]	3,368,879	3,368,879	3,368,879	2,497,731	1,383,402	577,463	502,515	842,452	1,724,713
Add *: Excess of Revenue over Expenditures*							339,937	882,261	1,265,872
Less *: Deficiency of Revenue over Expenditures*	(1,004,733)	(871,148)	(501,536)	(1,114,329)	(805,939)	(74,949)			
Reserves, Closing Balance	2,364,146	2,497,731	2,867,343	1,383,402	577,463	502,515	842,452	1,724,713	2,990,585
Approved Reserve Balance	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
Excess (Deficiency) of Reserves	364,146	497,731	867,343	(616,597)	(1,422,537)	(1,497,485)	(1,157,548)	(275,287)	990,585

FEE TYPE	CURRENT 2019-20	YR 1 2020-21 BUDGET (DRAFT)	YR 2 2021-22	YR 3 2022-23	YR 4 2023-24	YR 5 2024-25	YR 6 2025-26
			PROJECTED				
Pharmacy ***(licensure renewal)***	***$2,345.*** *Increased from* ***$2,299*** *effective Dec 1, 2019*	$2,474 effective Dec 1, 2020 ($129 incr. or 5.5%)	$2,610 ($136 incr. or 5.5%)	$2,650 ($40 incr. or 1.5%)	$2,690 ($40 incr. or 1.5%)	$2,731 ($41 incr. or 1.5%)	$2,772 ($41 incr. or 1.5%)
Pharmacist ***(full renewal)***	***$739.*** *Increased from* ***$724*** *effective Nov 1, 2019*	$778 effective Nov 1, 2020 ($39 incr. or 5.25%)	$819 ($41 incr. or 5.25%)	$832 ($13 incr. or 1.5%)	$845 ($13 incr. or 1.5%)	$858 ($13 incr. or 1.5%)	$871 ($13 incr. or 1.5%)
Pharmacy Technician ***(full renewal)***	***$492.*** *Increased from* ***$482*** *effective Nov 1, 2019*	$518 effective Nov 1, 2020 ($26 incr. or 5.25%)	$545 ($27 incr. or 5.25%)	$554 ($9 incr. or 1.5%)	$563 ($9 incr. or 1.5%)	$572 ($9 incr. or 1.5%)	$581 ($9 incr. or 1.5%)

Remarks*

1 *Opening 2019/20 reserve balance based on closing balance of audited 2018/19 financial statements.*

College of Pharmacists of British Columbia

5. COVID-19 Impact on College Budget

Christine Antler

Chair

College of Pharmacists of British Columbia

Background

- The College's 2020/21 budget was approved at the February 14, 2020 meeting

- Included in the budget assumptions were the following fee increases:
  - Pharmacy - $2,474 (5.5% increase) - effective December 1, 2020
  - Pharmacists - $778 (5.25% increase) – effective Nov. 1, 2020
  - Pharmacy Technician - $539 (5.25%increase) – effective November 1, 2020

College of Pharmacists of British Columbia

Major Initiatives that are included in the budget

- Strategic Plan initiatives – HPA standards review (Including project management and legal services.)
- IT improvements – ongoing planning and remediation re critical improvements.
- Continued IT development support for iMIS (the College's database).
- Records management processes and staff training.
- Medication error reporting planning.
- Review of the Practice Review Program's software and assessing options.

These are all multi-year initiatives.

College of Pharmacists of British Columbia

Impact of COVID-19 on the budget

While we do not know the impact that the pandemic will have on the budget, we do know that there will be savings:

- Board expenses, travel and accommodation
- Staff salaries and benefits
- Project management – due to the strategic plan activities that are currently on hold
- Travel and accommodations – practice reviews on hold
- Professional development and conferences – conferences and courses cancelled

College of Pharmacists of British Columbia

Fee increases

The fee increases primarily generate revenue in the next fiscal year.

Budget estimates are:

- 2020/21 - $ 16,500 additional revenue
- 2021/22 - $383,000 additional revenue

College of Pharmacists of British Columbia

5. COVID-19 Impact on College Budget

MOTION:

Direct the Registrar to review the impact of the COVID-19 pandemic on the finances of the College once the State of Emergency has been lifted, or when deemed appropriate by the Registrar in consultation with the Chair. Do not proceed with operationalizing the fee increases approved in the budget.

College of Pharmacists of British Columbia

BOARD MEETING
April 17, 2020

6. Legislation Review Committee
a) Amendments to *Health Professions Act* Standards of Practice – Dispensing Verbal Orders taken by a Hospital Registrant to a Community Pharmacy

DECISION REQUIRED

Recommended Board Motions:

1. Approve the following resolution to amend the *Health Professions Act* Bylaws Schedule F Part 1 – Community Pharmacy Standards of Practice relating to verbal prescriptions:

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

2. Approve the following resolution to amend the *Health Professions Act* Bylaws Schedule F Part 3 – Residential Care Facilities and Homes Standards of Practice relating to verbal prescriptions:

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

Purpose

To propose amendments to the Community Pharmacy Standards of Practice ("CSOP") and the Residential Care Facilities and Homes Standards of Practice ("RCSOP") under the *Health Professions Act* ("HPA") regarding verbal prescriptions.

Background

The College has authority under the HPA to establish, monitor and enforce standards of practice[1]. Under this authority the College has established standards of practice that apply to registrants providing pharmacy services in community pharmacies, hospital pharmacies and residential care facilities and homes.

In 2016, the Canadian Society of Hospital Pharmacists' ("CSHP") British Columbia Branch brought forward an issue related to the College's CSOP and Hospital Pharmacy Standards of Practice ("HSOP") regarding verbal prescriptions. Specifically, it was identified that hospital discharge prescriptions written by pharmacists (via a verbal authorization from a physician) are not being accepted by some community pharmacies, as they do not meet the prescription requirements in the CSOP.

To identify a solution to the issue described above, staff worked with the CSHP. After considering possible solutions, the idea of developing infographics and an accompanying ReadLinks Article was explored. The intent of the infographics and ReadLinks article was to use existing legislation (i.e., the CSOP and HSOP) to outline steps to be followed to document and send a verbal order prescription (taken by a hospital pharmacist from a practitioner) to a community pharmacy for filling. This approach was intended as a temporary interim solution until the College's standards could be amended to properly integrate requirements for this situation.

In developing the infographics, it became apparent that this temporary interim solution would not be compliant with the College's existing standards. It was jointly agreed that a more comprehensive review of the existing legislation and possible future amendments would be the recommended approach to address this issue.

Discussion

Both the CSOP and HSOP include standards on receiving a verbal prescription from a practitioner. The CSOP allows registrants to receive verbal authorizations directly from a practitioner or from a practitioner's recorded voice message[2]. It also requires that a registrant make a written record of a verbal authorization, including his or her signature or initial[3]. Taking a slightly different approach, the HSOP allows a person (not necessarily a registrant) to receive

[1] As per section 16(2)(d) of the *Health Professions Act,* "A college has the following objects: to establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants".

[2] Section 6(6) of the CSOP, "A registrant may receive verbal prescription authorizations directly from a practitioner or from a practitioner's recorded voice message."

[3] Section 6(7) of the CSOP, "A registrant must make a written record of a verbal authorization, and include his or her signature or initial."

a verbal order and requires that a full pharmacist must check the drug order for the name and signature of the person who received the order[4].

However, prescription requirements in the CSOP present barriers to implementing verbal prescriptions from hospital to community pharmacy. In accordance with section 6(2) of the CSOP, a prescription must include the following information:

> (a) the date the prescription was written;
> (b) the name of the patient;
> (c) the name of the drug or ingredients and strength if applicable;
> (d) the quantity of the drug;
> (e) the dosage instructions including the frequency, interval or maximum daily dose;
> (f) refill authorization if applicable, including number of refills and interval between refills;
> (g) the name and signature of the practitioner for written prescriptions;

Verbal prescriptions written by a hospital pharmacist via verbal authorization from a practitioner do not include the signature of the practitioner. Therefore, if taken to a community pharmacy for dispensing, it does not meet the CSOP prescription requirements.

Federal Requirements

Federal legislation (the *Food and Drug Regulations*, the *Narcotic Control Regulations* and the *Benzodiazepines and Other Targeted Substances Regulations*) allow a pharmacist to dispense a drug if they received a verbal prescription to do so. It requires the pharmacist to create a written record that includes (among other things) their identity in a variety of formats (e.g., name, initials, signature, or municipal address).

Jurisdictional Scan of other Pharmacy Regulatory Authorities

A jurisdictional scan of other Pharmacy Regulatory Authorities (PRAs) across the country was conducted to determine any prescription and/or verbal prescription requirements. Information was collected from all provinces except Quebec.

All other PRAs stipulated different requirements for written and verbal prescriptions. One PRA took a broad principle-based approach and required that only the "identity and eligibility" of the prescriber was necessary for either type of prescription. The jurisdictional scan is included as Appendix 1.

[4] Section 13(2)(i) of the HSOP, "in the case of verbal and/or telephone orders, the name and signature of the person who received the order."

Proposed Amendments to the Community Pharmacy Standards of Practice

The following amendments are proposed to section 6(2) of the CSOP outlining prescription requirements:

Community Pharmacy Standards of Practice

Prescription

6. (2) ~~Upon receipt from the practitioner, a~~ A prescription must include the following information:

(a) the date of the prescription ~~was written~~;
(b) the name of the patient;
(c) the name of the drug or ingredients and strength if applicable;
(d) the quantity of the drug;
(e) the dosage instructions including the frequency, interval or maximum daily dose;
(f) refill authorization if applicable, including number of refills and interval between refills;
(g) in the case of a written prescription~~s~~, the name and signature of the practitioner ~~for written prescriptions~~;
(h) in the case of a written record of a verbal prescription,
  i. the name of the practitioner and the identification number from the practitioner's regulatory college; and
  ii. the name, college identification number and signature or initial of the registrant who received the verbal prescription.

It is proposed to remove "upon receipt from the practitioner". The term "prescription" is defined in the *Pharmacy Operations and Drug Scheduling Act* as follows:

> **"prescription"** means an authorization from a practitioner to dispense a specified drug or device for use by a designated individual or animal;

Given that the definition of "prescription" includes the requirement that it is from a practitioner, stating "upon receipt from the practitioner" is redundant. Secondly, given that proposed amendments to prescription requirements suggest including verbal prescriptions, removal of this redundancy avoids any potential confusion given that the written record of the verbal prescription does not physically come from the practitioner.

It is proposed to broaden the wording of subsection (a) to "the date of the prescription" to apply to both written and verbal prescriptions.

It is proposed to add subsection (h) to acknowledge verbal prescriptions as valid if the written record includes the name of the practitioner and the identification number from the practitioner's regulatory college as well as the name, college identification number and

signature or initial of the registrant who received the verbal prescription. Ensuring these requirements are included on the written record ensures accountability and traceability.

The following amendments are proposed to sections 6(6) and 6(7) of the CSOP outlining requirements when receiving a verbal prescription:

6. (6) A registrant may receive a verbal prescription ~~authorizations~~ directly from a practitioner or from a practitioner's recorded voice message.

6. (7) A registrant must make a written record of a verbal prescription ~~authorization, and include his or her name, college identification number and signature or initial~~ containing the applicable information in section 6(2).

It is proposed to remove the word "authorization" from "prescription" given that the definition of prescription includes "authorization from a practitioner". It is therefore redundant and unnecessary to use the term "prescription authorization". In addition, it is proposed to refer to the requirements in section 6(2) to ensure consistency throughout the document.

Proposed amendments to the CSOP (track changes and clean) are attached as Appendix 2 and Appendix 3.

Consequential Amendments to the Residential Care Facilities and Homes Standards of Practice

Provisions within the RCSOP mirror the language for prescription requirements in the CSOP. As a result, consequential amendments to the RCSOP are required.

Proposed amendments to the RCSOP (track changes and clean) are attached as Appendix 5 and Appendix 6.

Guiding Questions

When reviewing the proposed amendments to the Community Pharmacy Standards of Practice, the Board is asked to consider:

- Do the proposed amendments address the issue raised by the Canadian Society of Hospital Pharmacists' B.C. Branch?
- Do the proposed amendments ensure clarity?
- Is there anything unclear, ambiguous, or unnecessary in the proposed amendments?
- Is there anything missing from the proposed amendments?

Next Steps

- If approved by the Board, submit proposed amendments to the Community Pharmacy Standards of Practice and the Residential Care Facilities and Homes Standards of Practice to the Ministry of Health for filing; and
- Develop and implement communications on the amendments.

Recommendation

The Legislation Review Committee recommends that the Board approve the proposed amendments to the Community Pharmacy Standards of Practice (Appendix 4) and the Residential Care Facilities and Homes Standards of Practice (Appendix 7) regarding verbal prescriptions.

Appendix	
1	Jurisdictional Scan of other Pharmacy Regulatory Authorities
2	Proposed amendments to Community Pharmacy Standards of Practice (track changes)
3	Proposed amendments to Community Pharmacy Standards of Practice (clean)
4	Schedule of amendments to HPA Schedule F Part 1 Community Pharmacy Standards of Practice
5	Proposed consequential amendments to Residential Care Facilities and Homes Standards of Practice (track changes)
6	Proposed consequential amendments to Residential Care Facilities and Homes Standards of Practice (clean)
7	Schedule of amendments to HPA Schedule F Part 3 Residential Care Facilities and Homes Standards of Practice

Jurisdictional Scan – Prescription/Verbal Requirements

Province	Source	Prescription/Verbal Prescription Provision(s)
British Columbia	*Health Professions Act Bylaws* Schedule F Standards of Practice – Part 1 Community Pharmacy	**Prescription** 6. … (2) Upon receipt from the practitioner, a prescription must include the following information: … (g) the name and signature of the practitioner for written prescriptions; … (6) A registrant may receive verbal prescription authorizations directly from a practitioner or from a practitioner's recorded voice message. (7) A registrant must make a written record of a verbal authorization, and include his or her signature or initial.
	Health Professions Act Bylaws Schedule F Standards of Practice – Part 2 Hospital Pharmacy	**Patient Oriented Pharmacy Practice** 13. (2) The full pharmacist must check the drug order for … (i) in the case of verbal and/or telephone orders, the name and signature of the person who received the order.
	Health Professions Act Bylaws Schedule F Standards of Practice – Part 3 Residential Care Facilities and Homes	**Prescription Authorizations** 6. … (5) If a prescription is transmitted verbally, the registrant must make a written record of the verbal authorization, and include his or her signature or initial. … (9) A registrant may accept a new drug order that is transmitted verbally from a practitioner to a facility's registered nurse, registered psychiatric nurse or licensed practical nurse, if (a) the drug does not contain a controlled drug substance, (b) the registered nurse, registered psychiatric nurse or licensed practical nurse writes the verbal order on a practitioner's order form or electronic equivalent, and (c) transfers the written order to the pharmacy.
Alberta	Standards of Practice	**Determine the appropriateness of each prescription** **Standards 6:** Each time a pharmacist or a pharmacy technician dispenses a Schedule 1 drug or blood product pursuant to a prescription: a) the pharmacist must determine that the prescription is appropriate; and b) the pharmacist or the pharmacy technician must determine that the prescription is current, authentic, and complete. **Determining the completeness of a prescription** 6.7 Prior to dispensing a prescription, a pharmacist or a pharmacy technician must determine the completeness of a prescription by ensuring that the prescription includes the: a) name and address of the patient; b) drug or blood product name; c) drug strength, if applicable; d) dosage, if applicable;

Province	Source	Prescription/Verbal Prescription Provision(s)
		e) route of administration, if applicable; f) quantity of drug or blood product to be dispensed; g) directions for use; h) number of refills authorized and interval between each refill, if applicable; i) prescriber's name and phone number; j) prescriber's signature, in the case of a written prescription; and k) the date of the prescription. **Verbal order to be reduced to writing** 6.8 If a pharmacist or a pharmacy technician receives a verbal order for a drug or blood product from a prescriber, the pharmacist or the pharmacy technician must reduce the prescription to writing and sign or initial the prescription.
Saskatchewan	Saskatchewan College of Pharmacy Professionals *Regulatory Bylaws*	**Verbal Prescriptions** 4 The licensed member reducing a verbal prescription to writing shall indicate on the written record of the prescription: (a) the date and number of the prescription; (b) the name and address of the person for whose benefit the prescription is given; (c) the proper name, common name or brand name of the specified drug and the quantity thereof; (d) his name and the name of the practitioner who issued the prescription; and (e) the directions for use given with the prescription, including whether or not the practitioner authorized the refilling of the prescription and, if the prescription is to be refilled, the number of times it may be refilled.
	Refer to NAPRA Model Standards of Practice.	
Manitoba	*Pharmaceutical Regulation*	**Part 9 PRESCRIPTIONS AND RECORDS** **Prescriptions must be authorized** **69(1)** Except when permitted by this regulation, a drug must not be dispensed unless a practitioner has authorized the prescription in writing or verbally. **69(2)** An authorization given in writing must include the practitioner's signature. **69(3)** An authorization given verbally must be recorded by the person who receives it, and that person must include in the record the name of the practitioner and must sign or initial the record.
Ontario	*Drug and Pharmacies Regulation*	**Prescription information** **156** (1) Every person who dispenses a drug pursuant to a prescription shall ensure that the following information is recorded on the prescription, (a) the name and address of the person for whom the drug is prescribed; (b) the name, strength (where applicable) and quantity of the prescribed drug; (c) the directions for use, as prescribed;

Province	Source	Prescription/Verbal Prescription Provision(s)
		(d) the name and address of the prescriber; (e) the identity of the manufacturer of the drug dispensed; (f) an identification number or other designation; (g) the signature of the person dispensing the drug and, where different, also the signature of the person receiving a verbal prescription; (h) the date on which the drug is dispensed; (i) the price charged.
	Refer to NAPRA Model Standards of Practice.	
Quebec	No information available.	
New Brunswick	*Regulations* of the New Brunswick College of Pharmacists	17.11 Upon receipt from the prescriber, and before the prescription is dispensed, the member must have the following information available: (a) the date the prescription was written; (b) the name and address of the client; (c) the name of the drug or ingredients and strength if applicable; (d) the quantity of the drug; (e) the dosage instructions including the frequency, interval or maximum daily dose; (f) refill authorization if applicable, including number of refills and, where required, interval between refills; (g) the name, and address of the prescriber, and for written prescriptions, the prescriber's signature.
	Refer to NAPRA Model Standards of Practice.	
Nova Scotia	Standards of Practice – General Pharmacy Practice	**Standard #2: Prepare and Distribute Drugs and Devices** Pharmacists manage the preparation and distribution of drugs and devices in response to the needs and desired health outcomes of patients and to ensure the safety, accuracy and quality of supplied products. Pharmacists oversee the staff working in the pharmacy in the achievement of this Standard. **2.1 Receive prescriptions** **2.1.1 Assess the accuracy and validity of prescriptions** • Ensure that at least the following information is obtained and documented before the prescription is dispensed: - Date - Name and address of the patient - Name of the prescribed drug or ingredients - Strength where applicable - Dosage instructions for use by the patient - Route of administration, if applicable - Quantity of the drug that may be dispensed - Refill authorization where applicable - Name of the prescriber, and, in the case of a written prescription, original signature of the prescriber - In the case of a verbal prescription, the signature of the pharmacist or registered pharmacy technician receiving the order from the prescriber • Use effective communication skills when receiving and transcribing verbal prescriptions
Prince Edward Island	*Pharmacy Act General Regulations*	**Information required**

Province	Source	Prescription/Verbal Prescription Provision(s)
		(4) For the purposes of subsection 25(3) of the Act, a prescription shall contain the following information: (a) the date the prescription is given; (b) the name of the patient; (c) the name, business address and business contact information of the prescriber; (d) the name, quantity, form, and strength of the drug prescribed; (e) directions for the use of the drug prescribed; (f) the number of refills and the minimum interval between refills, if applicable; (g) the signature of the prescriber or the transcriber, as the case may be.
	Refer to NAPRA Model Standards of Practice.	
Newfoundland & Labrador	Standards of Pharmacy Operation – Community Pharmacy	**3) Pharmacy Practice** These standards of pharmacy practice apply to ALL licensed community pharmacies in Newfoundland and Labrador. Any person or corporation who operates a pharmacy in Newfoundland and Labrador must meet all of the following practice requirements. 3.2 Prescription Legality/Eligibility Requirements a) Prior to preparing any prescription for dispensing, the pharmacist or pharmacy technician is responsible for ensuring that the prescription is authentic and clear with regards to the following: i) when the prescription was written; ii) the intended patient; iii) the name, strength, and dosage form of the medication to be dispensed; iv) the quantity of medication to be dispensed; v) the dosage instructions including the frequency, interval, or maximum daily dose; vi) any refill or part fill authorization, where applicable; and vii) the identity and eligibility of the prescriber. … d) If the prescription is received verbally from the prescriber, the information noted in 3.2 a) must be recorded in an accessible and auditable manner and the pharmacist or pharmacy technician must sign, initial or otherwise identify him- or herself on the prescription.
	Standards of Pharmacy Operation – Hospital Pharmacy	**3) Pharmacy Practice** These standards of pharmacy practice apply to ALL licenced hospital pharmacies in Newfoundland and Labrador. Any person or corporation who operates a hospital pharmacy in Newfoundland and Labrador must meet all of the following practice requirements. 3.2 Prescription Legality/Eligibility Requirements a) Prior to dispensing any prescription, the pharmacist or pharmacy technician is responsible for ensuring that the prescription is authentic and clear with regards to the following: i) the intended patient;

Province	Source	Prescription/Verbal Prescription Provision(s)
		ii) the name, strength, and dosage form of the medication to be dispensed; iii) the route and frequency of administration; iv) the duration of therapy; v) the dosage instructions including the interval or maximum daily dose; vi) when the medication was prescribed; and vii) the identity and eligibility of the prescriber. … c) If the prescription is received verbally from the prescriber, the information noted in 3.2 a) must be recorded in an accessible and auditable manner and the pharmacist or pharmacy technician must sign, initial or otherwise identify him- or herself on the prescription.
Yukon	No information available.	
Northwest Territories	No information available.	
Nunavut	No information available.	
National Association of Pharmacy Regulatory Authorities	Model Standards of Practice for Canadian Pharmacists	**Pharmacists, when responsible for medication distribution/supply:** 36. ensure that prescriptions received are complete, authentic and meet all legal and professional requirements.
	Model Standards of Practice for Canadian Pharmacy Technicians	**Pharmacy technicians, when distributing drugs,** 19. receive prescriptions in person, electronically, verbally and by fax, including transferred prescriptions … c. use effective communication skills and follow applicable policies and procedures when receiving and transcribing verbal prescriptions e. maintain patient confidentiality when receiving verbal, electronic or transferred prescriptions.

Health Professions Act – BYLAWS

SCHEDULE F

PART 1 - Community Pharmacy Standards of Practice

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Application

1. This Part applies to all registrants providing pharmacy services in a community pharmacy.

Definitions

2. In this Part:

"community pharmacy" has the same meaning as in section 1 of the bylaws of the college under the *Pharmacy Operations and Drug Scheduling Act*;

"drug therapy problem" means a potential or actual adverse consequence of drug therapy that interferes with achieving the goals of the drug therapy;

"final check" means ensuring that:

(a) the prescription product and the prescription product label match the prescription information and the information on the manufacturer's label with respect to:

(i) drug,

(ii) dosage form,

(iii) strength,

(iv) quantity, and

(v) drug identification number;

(b) the prescription product label matches the prescription information with respect to the matters set out in section 6(2)(a) to (g);

(c) the drug has not expired and will not expire within the duration of use; and

(d) a pharmacist has completed a clinical assessment of the prescription after reviewing the patient profile.

"**incentive**" means money, gifts, discounts, rebates, refunds, customer loyalty schemes, coupons, goods or rewards;

"patient representative" means a person who is authorized to act on a patient's behalf;

"personal health number" means a unique numerical lifetime identifier used in the specific identification of an individual patient who has any interaction with the BC health system;

"prescription copy" means a copy of a prescription given to a patient by a registrant for information purposes only;

"prescription transfer" means the transfer via direct communication from a registrant to another registrant of all remaining refill authorizations for a particular prescription to a requesting community pharmacy;

"refill" means verbal or written approval from a practitioner authorizing a registrant to dispense additional quantities of drug(s) pursuant to a prescription;

"renewal" means authorization by a full pharmacist to dispense additional quantities of drug(s) pursuant to a previously dispensed prescription, in accordance with section 25.92 of the *Act*;

"*Residential Care Facilities and Homes Standards of Practice*" means the standards, limits and conditions for practice established in Part 3 of this Schedule.

Patient Choice

3. Registrants, owners and directors must not enter into agreements with patients, patient's representatives, practitioners, corporations, partnerships, or any other person or entity, that limit a patient's choice of pharmacy, except as required or permitted under the bylaws.

Community Pharmacy Technicians

4. (1) Pharmacy technicians in a community pharmacy may prepare, process and compound prescriptions, including

(a) receiving and transcribing verbal prescriptions from practitioners,

(b) ensuring that a prescription is complete and authentic,

(c) transferring prescriptions to and receiving prescriptions from other pharmacies,

(d) ensuring the accuracy of a prepared prescription,

(e) performing the final check of a prepared prescription, and

(f) ensuring the accuracy of drug and personal health information in the PharmaNet patient record.

(2) Despite subsection (1), a pharmacy technician in a community pharmacy may dispense a drug but must not

(a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use, or

(b) do anything described in

(i) sections 6(5), 6(10), 10(2), 11(3), 11(4), 12, 13(2), 13(3) or 13(4) of this Part, or

(ii) Part 4 of this Schedule

(c) dispense a drug pursuant to HPA Bylaws Schedule F, Part 5

(3) A pharmacy technician must identify his or her registrant class in any interaction with a patient or a practitioner.

Pharmacy Assistants

5. A registrant may delegate technical functions relating to the operation of the community pharmacy to a pharmacy assistant if the registrant directly supervises the pharmacy assistant and implements procedures, checks and controls to ensure the accurate and safe delivery of community pharmacy services.

Prescription

6. (1) A registrant must ensure that a prescription is authentic.

(2) ~~Upon receipt from the practitioner, a~~ A prescription must include the following information:

(a) the date of the prescription ~~was written~~;

(b) the name of the patient;

(c) the name of the drug or ingredients and strength if applicable;

(d) the quantity of the drug;

(e) the dosage instructions including the frequency, interval or maximum daily dose;

(f) refill authorization if applicable, including number of refills and interval between refills;

(g) in the case of a written prescription, the name and signature of the practitioner ~~for written prescriptions~~;

~~(g)~~(h) in the case of a written record of a verbal prescription,

i. the name of the practitioner and the identification number from the practitioner's regulatory college; and

~~i.~~ii. the name, college identification number and signature or initial of the registrant who received the verbal prescription.

(3) For the purpose of subsection (4), "prescription" includes a new prescription, a refill, a renewal or a balance owing.

(4) At the time of dispensing, a prescription must include the following additional information:

(a) the address of the patient;

(b) the identification number from the practitioner's regulatory college;

(c) the prescription number;

(d) the date on which the prescription was dispensed;

(e) the manufacturer's drug identification number or the brand name of the product dispensed;

(f) the quantity dispensed;

(g) written confirmation of the registrant who

(i) verified the patient identification

(ii) verified the patient allergy information,

(iii) reviewed the personal health information stored in the PharmaNet database in accordance with section 11.4;

(iv) performed the consultation,

(v) performed the final check including when dispensing a balance owing, and

(vi) identified and addressed a drug therapy problem, if any.

(5) A full pharmacist must

(a) review prescriptions for completeness and appropriateness with respect to the drug, dosage, route and frequency of administration,

(b) review patient personal health information for drug therapy problems, therapeutic duplications and any other potential problems,

(c) consult with patients concerning the patient's drug history and other personal health information,

(d) consult with practitioners with respect to a patient's drug therapy unless s.25.92(2) of the *Act* applies, and

(e) take appropriate action respecting a drug therapy problem.

(6) A registrant may receive a verbal prescription ~~authorizations~~ directly from a practitioner or from a practitioner's recorded voice message.

(7) A registrant must make a written record of a verbal prescription~~authorization, and include his or her signature or initial~~ containing the applicable information in section 6(2).

(8) A registrant must not dispense a prescription issued for more than one patient.

(9) For refill authorizations, a registrant

(a) may accept a refill authorization for Schedule I drugs from a practitioner's agent if confident the agent consulted the practitioner and accurately conveyed the practitioner's direction, and

(b) must

(i) cancel any unused refill authorizations remaining on any previous prescription if a patient presents a new prescription for a previously dispensed drug,

(ii) advise the other pharmacy of the new prescription if unused refills are at another pharmacy, and

(iii) create a new prescription number.

(10) If a full pharmacist authorizes a prescription renewal, he or she must

(a) create a written record,

(b) assign a new prescription number, and

(c) use his or her college identification number in the practitioner field on PharmaNet.

Transmission by Facsimile

7. (1) Prescription authorizations may be received by facsimile from a practitioner to a pharmacy, if

(a) the prescription is sent only to a pharmacy of the patient's choice,

(b) the facsimile equipment is located within a secure area to protect the confidentiality of the prescription information, and

(c) in addition to the requirements of section 6(2), the prescription includes

(i) the practitioner's telephone number, facsimile number and unique identifier if applicable,

(ii) the time and date of transmission, and

(iii) the name and fax number of the pharmacy intended to receive the transmission.

(2) Prescription refill authorization requests may be transmitted by facsimile from a pharmacy to a practitioner, if the pharmacy submits refill requests on a form that includes space for

(a) the information set out in section 6(2),

(b) the name, address and 10 digit telephone number of the pharmacy, and

(c) the practitioner's name, date and time of transmission from the practitioner to the pharmacy.

(3) A registrant must not dispense a prescription authorization received by facsimile transmission for a drug referred to on the Controlled Prescription

Drug List, except in a public health emergency declared by the provincial health officer. In a public health emergency, the pharmacy must receive

(a) a completed copy of the Controlled Prescription Program form transmitted by facsimile prior to dispensing the medication; and

(b) the original form by mail as soon as reasonably possible.

(4) Prescription transfers may be completed by facsimile transmission if

(a) the transferring registrant includes his or her name and the address of the pharmacy with the information required in section 8(4), and

(b) the name of the registrant receiving the transfer is known and recorded on the document to be faxed.

Prescription Copy and Transfer

8. (1) If requested to do so, a registrant must provide a copy of the prescription to the patient or the patient's representative, or to another registrant.

(2) A prescription copy must contain

(a) the name and address of the patient,

(b) the name of the practitioner,

(c) the name, strength, quantity and directions for use of the drug,

(d) the dates of the first and last dispensing of the prescription,

(e) the name and address of the community pharmacy,

(f) the number of authorized refills remaining,

(g) the signature of the registrant supplying it, and

(h) an indication that it is a copy.

(3) Upon request, a registrant must transfer to a pharmacy licenced in Canada a prescription for a drug if

(a) the drug does not contain a controlled drug substance, and

(b) the transfer occurs between a registrant and another registrant or an equivalent of a registrant in another Canadian jurisdiction.

(3.1) Despite section 3(a), a registrant may transfer a prescription for a controlled drug substance if the transfer is permitted under a section 56 exemption to the Controlled Drugs and Substances Act.

(4) A registrant who transfers a prescription to another registrant under subsection (3) must

(a) enter on the patient record

(i) the date of the transfer,

(ii) the registrant's identification,

(iii) identification of the community pharmacy to which the prescription was transferred, and

(iv) identification of the person to whom the prescription was transferred, and

(b) transfer all prescription information listed in subsection (2) (a) to (f).

(5) A registrant must make prescriptions available for review and copying by authorized inspectors of Health Canada.

Prescription Label

9. (1) All drugs dispensed pursuant to a prescription or a full pharmacist-initiated adaptation must be labeled.

(2) The label for all prescription drugs must include

(a) the name, address and telephone number of the pharmacy,

(b) the prescription number and dispensing date,

(c) the full name of the patient,

(d) the name of the practitioner,

(e) the quantity and strength of the drug,

(f) the practitioner's directions for use, and

(g) any other information required by good pharmacy practice.

(3) For a single-entity product, the label must include

(a) the generic name, and

(b) at least one of

(i) the brand name,

(ii) the manufacturer's name, or

(iii) the drug identification number.

(4) For a multiple-entity product, the label must include

(a) the brand name, or

(b) all active ingredients, and at least one of

(i) the manufacturer's name, or

(ii) the drug identification number.

(5) For a compounded preparation, the label must include all active ingredients.

(6) If a drug container is too small to accommodate a full label in accordance with subsection (2),

(a) a trimmed prescription label must be attached to the small container,

(b) the label must include

(i) the prescription number,

(ii) the dispensing date,

(iii) the full name of the patient, and

(iv) the name of the drug, and

(c) the complete prescription label must be attached to a larger container and the patient must be advised to keep the small container inside the large container.

(7) All required label information must be in English, but may contain directions for use in the patient's language following the English directions.

Preparation of Prescription Product

9.1 (1) A registrant who prepares a prescription product must ensure that:

(a) the prescription product label matches the prescription information and the information on the manufacturer's label with respect to:

(i) drug,
(ii) dosage form,
(iii) strength,
(iv) quantity,
(v) drug identification number;

(b) the prescription product label matches the prescription information with respect to the matters set out in section 6(2)(a) to (g);

(c) the drug is not expired and will not expire within the duration of use; and

(d) his or her identity is documented in writing.

(2) A pharmacy manager must ensure that the record in paragraph (1)(d) is readily available and is retained for at least three years from the date on which the prescription product was last dispensed.

Dispensing

10. (1) A registrant may adjust the quantity of drug to be dispensed if

(a) a patient requests a smaller amount,

(b) a manufacturer's unit-of-use standard of package size does not match the prescribed quantity,

(c) the quantity prescribed exceeds the amount covered by the patient's drug plan, or

(d) a trial prescription quantity is authorized by the patient.

(2) A full pharmacist may adjust the quantity of drug to be dispensed, if

(a) he or she consults with a practitioner and documents the result of the consultation, and

(b) if

(i) a poor compliance history is evident on the patient record,

(ii) drug misuse is suspected, or

(iii) the safety of the patient is in question due to the potential for overdose.

(3) If a registrant doubts the authenticity of a prescription, the registrant may refuse to dispense the drug.

(4) All drugs must be dispensed in a container that is certified as child-resistant unless

(a) the practitioner, the patient or the patient's representative directs otherwise,

(b) in the registrant's judgment, it is not advisable to use a child-resistant container,

(c) a child-resistant package is not suitable because of the physical form of the drug or the manufacturer's packaging is designed to improve patient compliance, or

(d) child-resistant packaging is unavailable, or

(e) the drugs are prescribed for medical assistance in dying.

(5) A registrant must not dispense a prescription more than one year from the prescribing date, except for oral contraceptives which may be dispensed for up to two years.

(6) Before dispensing a prescription product, a registrant must perform a final check and record his or her identity in writing.

(7) A pharmacy manager must ensure the record in paragraph (6) is readily available and retained for at least three years after the last date on which that prescription product was last dispensed.

Patient Record

11. (1) A patient record must be established and maintained for each patient for whom a Schedule I drug is dispensed.

(2) For purposes of subsection (1), the patient record must include

(a) the patient's full name,

(b) the patient's personal health number,

(c) the patient's address,

(d) the patient's telephone number if available,

(e) the patient's date of birth,

(f) the patient's gender,

(g) the patient's clinical condition, allergies, adverse drug reactions and intolerances if available including the source and date the information was collected,

(h) the date the drug is dispensed,

(i) the prescription number,

(j) the generic name, strength and dosage form of the drug,

(k) the drug identification number,

(l) the quantity of drug dispensed,

(m) the intended duration of therapy, specified in days,

(n) the date and reason for discontinuation of therapy,

(o) the directions to the patient,

(p) the identification of the prescribing practitioner,

(q) special instructions from the practitioner to the registrant, if appropriate,

(r) past and present prescribed drug therapy including the drug name, strength, dosage, frequency, duration and effectiveness of therapy,

(s) the identification of any drug therapy problem and the description of any action taken,

(t) the description of compliance with the prescribed drug regimen, and

(u) Schedule II and III drug use if appropriate.

(3) If a full pharmacist obtains a drug history from a patient, he or she must request and if appropriate record the following information on the patient record:

(a) medical conditions and physical limitations,

(b) past and current prescribed drug therapy including the drug name, strength, dosage, frequency, duration and effectiveness of therapy,

(c) compliance with the prescribed drug regimen,

(d) Schedule II and III drug use.

(4) A full pharmacist must review the patient's personal health information stored on the PharmaNet database before dispensing a drug and take appropriate action if necessary with respect to any concern regarding the appropriateness of the drug or any drug therapy problem.

Pharmacist/Patient Consultation

12. (1) Subject to subsection (2), a full pharmacist must consult with the patient or patient's representative at the time of dispensing a new or refill prescription in person or, where not practical to do so, by telephone.

(2) Where a patient declines the consultation, the full pharmacist must document that the consultation was offered and declined.

(3) The full pharmacist must conduct the consultation in a manner that respects the patient's right to privacy.

(4) The pharmacist/patient consultation for a new prescription must include:

(a) confirmation of the identity of the patient,

(b) name and strength of drug,

(c) purpose of the drug,

(d) directions for use of the drug including the frequency, duration and route of therapy,

(e) potential drug therapy problems, including any avoidance measures, and action recommended if they occur,

(f) storage requirements,

(g) prescription refill information,

(h) information regarding

(i) how to monitor the response to therapy,

(ii) expected therapeutic outcomes,

(iii) action to be taken in the event of a missed dose, and

(iv) when to seek medical attention.

(i) issues the pharmacist considers relevant to the specific drug or patient.

(5) The pharmacist/patient consultation for a refill prescription must include:

(a) confirmation of the identity of the patient,

(b) name and strength of drug,

(c) purpose of the drug,

(d) directions for use of the drug including frequency and duration,

(e) whether the patient has experienced a drug therapy problem.

(6) If a drug therapy problem is identified during patient consultation for a new or refill prescription, the full pharmacist must take appropriate action to resolve the problem.

(7) If an adverse drug reaction as defined by Health Canada is identified, the full pharmacist must notify the patient's practitioner, make an appropriate entry on

the PharmaNet record and report the reaction to the appropriate department of Health Canada.

Schedule II and III Drugs

13. (1) A registrant must not attribute a new prescription or refill for a Schedule II or Schedule III drug to a practitioner without the authorization of the practitioner.

(2) A pharmacist must offer to consult with the patient or the patient's representative regarding the selection and use of a Schedule II drug at the time of purchase.

(3) The pharmacist/patient consultation for a Schedule II drug must include potential drug therapy problems, including any avoidance measures, and action recommended if they occur.

(4) A pharmacist must be available for consultation with a patient or patient's representative respecting the selection and use of a Schedule III drug.

Sole Pharmacy Services Provider

14. The manager of a pharmacy may enter into an agreement with another person to be the sole provider of pharmacy services in a premise or part of a premise, if

(a) pharmacy services are provided in a manner that is consistent with the *Residential Care Facilities and Homes Standards of Practice,*

(b) patient therapeutic outcomes are monitored to enhance patient safety, and

(c) appropriate provision has been made for safe and effective distribution, administration and control of drugs.

Prohibition on the Provision of Incentives

15. (1) A registrant must not provide or distribute, or be a party to the provision or distribution of, an incentive to a patient or patient's representative for the purpose of inducing the patient or patient's representative to

(a) deliver a prescription to a particular registrant or pharmacy for dispensing of a drug or device specified in the prescription, or

(b) obtain any other pharmacy service from a particular registrant or pharmacy.

(2) Subsection (1) does not prevent a registrant from

(a) providing free or discounted parking to patients or patient's representatives,

(b) providing free or discounted delivery services to patients or patient's representatives, or

(c) accepting payment for a drug or device by a credit or debit card that is linked to an incentive.

(3) Subsection (1) does not apply in respect of a Schedule III drug or an unscheduled drug, unless the drug has been prescribed by a practitioner.

Health Professions Act – BYLAWS

SCHEDULE F

PART 1 - Community Pharmacy Standards of Practice

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Application

1. This Part applies to all registrants providing pharmacy services in a community pharmacy.

Definitions

2. In this Part:

"community pharmacy" has the same meaning as in section 1 of the bylaws of the college under the *Pharmacy Operations and Drug Scheduling Act*;

"drug therapy problem" means a potential or actual adverse consequence of drug therapy that interferes with achieving the goals of the drug therapy;

"final check" means ensuring that:

(a) the prescription product and the prescription product label match the prescription information and the information on the manufacturer's label with respect to:

(i) drug,

(ii) dosage form,

(iii) strength,

(iv) quantity, and

(v) drug identification number;

(b) the prescription product label matches the prescription information with respect to the matters set out in section 6(2)(a) to (g);

(c) the drug has not expired and will not expire within the duration of use; and

(d) a pharmacist has completed a clinical assessment of the prescription after reviewing the patient profile.

"**incentive**" means money, gifts, discounts, rebates, refunds, customer loyalty schemes, coupons, goods or rewards;

"patient representative" means a person who is authorized to act on a patient's behalf;

"personal health number" means a unique numerical lifetime identifier used in the specific identification of an individual patient who has any interaction with the BC health system;

"prescription copy" means a copy of a prescription given to a patient by a registrant for information purposes only;

"prescription transfer" means the transfer via direct communication from a registrant to another registrant of all remaining refill authorizations for a particular prescription to a requesting community pharmacy;

"refill" means verbal or written approval from a practitioner authorizing a registrant to dispense additional quantities of drug(s) pursuant to a prescription;

"renewal" means authorization by a full pharmacist to dispense additional quantities of drug(s) pursuant to a previously dispensed prescription, in accordance with section 25.92 of the *Act*;

"*Residential Care Facilities and Homes Standards of Practice*" means the standards, limits and conditions for practice established in Part 3 of this Schedule.

Patient Choice

3. Registrants, owners and directors must not enter into agreements with patients, patient's representatives, practitioners, corporations, partnerships, or any other person or entity, that limit a patient's choice of pharmacy, except as required or permitted under the bylaws.

Community Pharmacy Technicians

4. (1) Pharmacy technicians in a community pharmacy may prepare, process and compound prescriptions, including

(a) receiving and transcribing verbal prescriptions from practitioners,

(b) ensuring that a prescription is complete and authentic,

(c) transferring prescriptions to and receiving prescriptions from other pharmacies,

(d) ensuring the accuracy of a prepared prescription,

(e) performing the final check of a prepared prescription, and

(f) ensuring the accuracy of drug and personal health information in the PharmaNet patient record.

(2) Despite subsection (1), a pharmacy technician in a community pharmacy may dispense a drug but must not

(a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use, or

(b) do anything described in

(i) sections 6(5), 6(10), 10(2), 11(3), 11(4), 12, 13(2), 13(3) or 13(4) of this Part, or

(ii) Part 4 of this Schedule

(c) dispense a drug pursuant to HPA Bylaws Schedule F, Part 5

(3) A pharmacy technician must identify his or her registrant class in any interaction with a patient or a practitioner.

Pharmacy Assistants

5. A registrant may delegate technical functions relating to the operation of the community pharmacy to a pharmacy assistant if the registrant directly supervises the pharmacy assistant and implements procedures, checks and controls to ensure the accurate and safe delivery of community pharmacy services.

Prescription

6. (1) A registrant must ensure that a prescription is authentic.

(2) A prescription must include the following information:

(a) the date of the prescription;

(b) the name of the patient;

(c) the name of the drug or ingredients and strength if applicable;

(d) the quantity of the drug;

(e) the dosage instructions including the frequency, interval or maximum daily dose;

(f) refill authorization if applicable, including number of refills and interval between refills;

(g) in the case of a written prescription, the name and signature of the practitioner;

(h) in the case of a written record of a verbal prescription,

i. the name of the practitioner and the identification number from the practitioner's regulatory college; and

ii. the name, college identification number and signature or initial of the registrant who received the verbal prescription.

(3) For the purpose of subsection (4), "prescription" includes a new prescription, a refill, a renewal or a balance owing.

(4) At the time of dispensing, a prescription must include the following additional information:

(a) the address of the patient;

(b) the identification number from the practitioner's regulatory college;

(c) the prescription number;

(d) the date on which the prescription was dispensed;

(e) the manufacturer's drug identification number or the brand name of the product dispensed;

(f) the quantity dispensed;

(g) written confirmation of the registrant who

(i) verified the patient identification

(ii) verified the patient allergy information,

(iii) reviewed the personal health information stored in the PharmaNet database in accordance with section 11.4;

(iv) performed the consultation,

(v) performed the final check including when dispensing a balance owing, and

(vi) identified and addressed a drug therapy problem, if any.

(5) A full pharmacist must

(a) review prescriptions for completeness and appropriateness with respect to the drug, dosage, route and frequency of administration,

(b) review patient personal health information for drug therapy problems, therapeutic duplications and any other potential problems,

(c) consult with patients concerning the patient's drug history and other personal health information,

(d) consult with practitioners with respect to a patient's drug therapy unless s.25.92(2) of the *Act* applies, and

(e) take appropriate action respecting a drug therapy problem.

(6) A registrant may receive a verbal prescription directly from a practitioner or from a practitioner's recorded voice message.

(7) A registrant must make a written record of a verbal prescription containing the applicable information in section 6(2).

(8) A registrant must not dispense a prescription issued for more than one patient.

(9) For refill authorizations, a registrant

(a) may accept a refill authorization for Schedule I drugs from a practitioner's agent if confident the agent consulted the practitioner and accurately conveyed the practitioner's direction, and

(b) must

(i) cancel any unused refill authorizations remaining on any previous prescription if a patient presents a new prescription for a previously dispensed drug,

(ii) advise the other pharmacy of the new prescription if unused refills are at another pharmacy, and

(iii) create a new prescription number.

(10) If a full pharmacist authorizes a prescription renewal, he or she must

(a) create a written record,

(b) assign a new prescription number, and

(c) use his or her college identification number in the practitioner field on PharmaNet.

Transmission by Facsimile

7. (1) Prescription authorizations may be received by facsimile from a practitioner to a pharmacy, if

(a) the prescription is sent only to a pharmacy of the patient's choice,

(b) the facsimile equipment is located within a secure area to protect the confidentiality of the prescription information, and

(c) in addition to the requirements of section 6(2), the prescription includes

(i) the practitioner's telephone number, facsimile number and unique identifier if applicable,

(ii) the time and date of transmission, and

(iii) the name and fax number of the pharmacy intended to receive the transmission.

(2) Prescription refill authorization requests may be transmitted by facsimile from a pharmacy to a practitioner, if the pharmacy submits refill requests on a form that includes space for

(a) the information set out in section 6(2),

(b) the name, address and 10 digit telephone number of the pharmacy, and

(c) the practitioner's name, date and time of transmission from the practitioner to the pharmacy.

(3) A registrant must not dispense a prescription authorization received by facsimile transmission for a drug referred to on the Controlled Prescription Drug List, except in a public health emergency declared by the provincial health officer. In a public health emergency, the pharmacy must receive

(a) a completed copy of the Controlled Prescription Program form transmitted by facsimile prior to dispensing the medication; and

(b) the original form by mail as soon as reasonably possible.

(4) Prescription transfers may be completed by facsimile transmission if

(a) the transferring registrant includes his or her name and the address of the pharmacy with the information required in section 8(4), and

(b) the name of the registrant receiving the transfer is known and recorded on the document to be faxed.

Prescription Copy and Transfer

8. (1) If requested to do so, a registrant must provide a copy of the prescription to the patient or the patient's representative, or to another registrant.

(2) A prescription copy must contain

(a) the name and address of the patient,

(b) the name of the practitioner,

(c) the name, strength, quantity and directions for use of the drug,

(d) the dates of the first and last dispensing of the prescription,

(e) the name and address of the community pharmacy,

(f) the number of authorized refills remaining,

(g) the signature of the registrant supplying it, and

(h) an indication that it is a copy.

(3) Upon request, a registrant must transfer to a pharmacy licenced in Canada a prescription for a drug if

(a) the drug does not contain a controlled drug substance, and

(b) the transfer occurs between a registrant and another registrant or an equivalent of a registrant in another Canadian jurisdiction.

(3.1) Despite section 3(a), a registrant may transfer a prescription for a controlled drug substance if the transfer is permitted under a section 56 exemption to the Controlled Drugs and Substances Act.

(4) A registrant who transfers a prescription to another registrant under subsection (3) must

(a) enter on the patient record

(i) the date of the transfer,

(ii) the registrant's identification,

(iii) identification of the community pharmacy to which the prescription was transferred, and

(iv) identification of the person to whom the prescription was transferred, and

(b) transfer all prescription information listed in subsection (2) (a) to (f).

(5) A registrant must make prescriptions available for review and copying by authorized inspectors of Health Canada.

Prescription Label

9. (1) All drugs dispensed pursuant to a prescription or a full pharmacist-initiated adaptation must be labeled.

(2) The label for all prescription drugs must include

(a) the name, address and telephone number of the pharmacy,

(b) the prescription number and dispensing date,

(c) the full name of the patient,

(d) the name of the practitioner,

(e) the quantity and strength of the drug,

(f) the practitioner's directions for use, and

(g) any other information required by good pharmacy practice.

(3) For a single-entity product, the label must include

(a) the generic name, and

(b) at least one of

(i) the brand name,

(ii) the manufacturer's name, or

(iii) the drug identification number.

(4) For a multiple-entity product, the label must include

(a) the brand name, or

(b) all active ingredients, and at least one of

(i) the manufacturer's name, or

(ii) the drug identification number.

(5) For a compounded preparation, the label must include all active ingredients.

(6) If a drug container is too small to accommodate a full label in accordance with subsection (2),

(a) a trimmed prescription label must be attached to the small container,

(b) the label must include

(i) the prescription number,

(ii) the dispensing date,

(iii) the full name of the patient, and

(iv) the name of the drug, and

(c) the complete prescription label must be attached to a larger container and the patient must be advised to keep the small container inside the large container.

(7) All required label information must be in English, but may contain directions for use in the patient's language following the English directions.

Preparation of Prescription Product

9.1 (1) A registrant who prepares a prescription product must ensure that:

(a) the prescription product label matches the prescription information and the information on the manufacturer's label with respect to:

(i) drug,
(ii) dosage form,
(iii) strength,
(iv) quantity,
(v) drug identification number;

(b) the prescription product label matches the prescription information with respect to the matters set out in section 6(2)(a) to (g);

(c) the drug is not expired and will not expire within the duration of use; and

(d) his or her identity is documented in writing.

(2) A pharmacy manager must ensure that the record in paragraph (1)(d) is readily available and is retained for at least three years from the date on which the prescription product was last dispensed.

Dispensing

10. (1) A registrant may adjust the quantity of drug to be dispensed if

(a) a patient requests a smaller amount,

(b) a manufacturer's unit-of-use standard of package size does not match the prescribed quantity,

(c) the quantity prescribed exceeds the amount covered by the patient's drug plan, or

(d) a trial prescription quantity is authorized by the patient.

(2) A full pharmacist may adjust the quantity of drug to be dispensed, if

(a) he or she consults with a practitioner and documents the result of the consultation, and

(b) if

(i) a poor compliance history is evident on the patient record,

(ii) drug misuse is suspected, or

(iii) the safety of the patient is in question due to the potential for overdose.

(3) If a registrant doubts the authenticity of a prescription, the registrant may refuse to dispense the drug.

(4) All drugs must be dispensed in a container that is certified as child-resistant unless

(a) the practitioner, the patient or the patient's representative directs otherwise,

(b) in the registrant's judgment, it is not advisable to use a child-resistant container,

(c) a child-resistant package is not suitable because of the physical form of the drug or the manufacturer's packaging is designed to improve patient compliance, or

(d) child-resistant packaging is unavailable, or

(e) the drugs are prescribed for medical assistance in dying.

(5) A registrant must not dispense a prescription more than one year from the prescribing date, except for oral contraceptives which may be dispensed for up to two years.

(6) Before dispensing a prescription product, a registrant must perform a final check and record his or her identity in writing.

(7) A pharmacy manager must ensure the record in paragraph (6) is readily available and retained for at least three years after the last date on which that prescription product was last dispensed.

Patient Record

11. (1) A patient record must be established and maintained for each patient for whom a Schedule I drug is dispensed.

(2) For purposes of subsection (1), the patient record must include

(a) the patient's full name,

(b) the patient's personal health number,

(c) the patient's address,

(d) the patient's telephone number if available,

(e) the patient's date of birth,

(f) the patient's gender,

(g) the patient's clinical condition, allergies, adverse drug reactions and intolerances if available including the source and date the information was collected,

(h) the date the drug is dispensed,

(i) the prescription number,

(j) the generic name, strength and dosage form of the drug,

(k) the drug identification number,

(l) the quantity of drug dispensed,

(m) the intended duration of therapy, specified in days,

(n) the date and reason for discontinuation of therapy,

(o) the directions to the patient,

(p) the identification of the prescribing practitioner,

(q) special instructions from the practitioner to the registrant, if appropriate,

(r) past and present prescribed drug therapy including the drug name, strength, dosage, frequency, duration and effectiveness of therapy,

(s) the identification of any drug therapy problem and the description of any action taken,

(t) the description of compliance with the prescribed drug regimen, and

(u) Schedule II and III drug use if appropriate.

(3) If a full pharmacist obtains a drug history from a patient, he or she must request and if appropriate record the following information on the patient record:

(a) medical conditions and physical limitations,

(b) past and current prescribed drug therapy including the drug name, strength, dosage, frequency, duration and effectiveness of therapy,

(c) compliance with the prescribed drug regimen,

(d) Schedule II and III drug use.

(4) A full pharmacist must review the patient's personal health information stored on the PharmaNet database before dispensing a drug and take appropriate action if necessary with respect to any concern regarding the appropriateness of the drug or any drug therapy problem.

Pharmacist/Patient Consultation

12. (1) Subject to subsection (2), a full pharmacist must consult with the patient or patient's representative at the time of dispensing a new or refill prescription in person or, where not practical to do so, by telephone.

(2) Where a patient declines the consultation, the full pharmacist must document that the consultation was offered and declined.

(3) The full pharmacist must conduct the consultation in a manner that respects the patient's right to privacy.

(4) The pharmacist/patient consultation for a new prescription must include:

(a) confirmation of the identity of the patient,

(b) name and strength of drug,

(c) purpose of the drug,

(d) directions for use of the drug including the frequency, duration and route of therapy,

(e) potential drug therapy problems, including any avoidance measures, and action recommended if they occur,

(f) storage requirements,

(g) prescription refill information,

(h) information regarding

(i) how to monitor the response to therapy,

(ii) expected therapeutic outcomes,

(iii) action to be taken in the event of a missed dose, and

(iv) when to seek medical attention.

(i) issues the pharmacist considers relevant to the specific drug or patient.

(5) The pharmacist/patient consultation for a refill prescription must include:

(a) confirmation of the identity of the patient,

(b) name and strength of drug,

(c) purpose of the drug,

(d) directions for use of the drug including frequency and duration,

(e) whether the patient has experienced a drug therapy problem.

(6) If a drug therapy problem is identified during patient consultation for a new or refill prescription, the full pharmacist must take appropriate action to resolve the problem.

(7) If an adverse drug reaction as defined by Health Canada is identified, the full pharmacist must notify the patient's practitioner, make an appropriate entry on

the PharmaNet record and report the reaction to the appropriate department of Health Canada.

Schedule II and III Drugs

13. (1) A registrant must not attribute a new prescription or refill for a Schedule II or Schedule III drug to a practitioner without the authorization of the practitioner.

(2) A pharmacist must offer to consult with the patient or the patient's representative regarding the selection and use of a Schedule II drug at the time of purchase.

(3) The pharmacist/patient consultation for a Schedule II drug must include potential drug therapy problems, including any avoidance measures, and action recommended if they occur.

(4) A pharmacist must be available for consultation with a patient or patient's representative respecting the selection and use of a Schedule III drug.

Sole Pharmacy Services Provider

14. The manager of a pharmacy may enter into an agreement with another person to be the sole provider of pharmacy services in a premise or part of a premise, if

(a) pharmacy services are provided in a manner that is consistent with the *Residential Care Facilities and Homes Standards of Practice,*

(b) patient therapeutic outcomes are monitored to enhance patient safety, and

(c) appropriate provision has been made for safe and effective distribution, administration and control of drugs.

Prohibition on the Provision of Incentives

15. (1) A registrant must not provide or distribute, or be a party to the provision or distribution of, an incentive to a patient or patient's representative for the purpose of inducing the patient or patient's representative to

(a) deliver a prescription to a particular registrant or pharmacy for dispensing of a drug or device specified in the prescription, or

(b) obtain any other pharmacy service from a particular registrant or pharmacy.

(2) Subsection (1) does not prevent a registrant from

(a) providing free or discounted parking to patients or patient's representatives,

(b) providing free or discounted delivery services to patients or patient's representatives, or

(c) accepting payment for a drug or device by a credit or debit card that is linked to an incentive.

(3) Subsection (1) does not apply in respect of a Schedule III drug or an unscheduled drug, unless the drug has been prescribed by a practitioner.

SCHEDULE OF AMENDMENTS

Schedule F – Part 1 – Community Pharmacy Standards of Practice of bylaws of the College of Pharmacists of British Columbia made under the authority of the Health Professions Act are amended to clarify verbal prescriptions, as follows:

1. Section 6.(2) is repealed and replaced by the following:

    6. (2) A prescription must include the following information:

    (a) the date of the prescription;

    (b) the name of the patient;

    (c) the name of the drug or ingredients and strength if applicable;

    (d) the quantity of the drug;

    (e) the dosage instructions including the frequency, interval or maximum daily dose;

    (f) refill authorization if applicable, including number of refills and interval between refills;

    (g) in the case of a written prescription, the name and signature of the practitioner;

    (h) in the case of a written record of a verbal prescription,

    i. the name of the practitioner and the identification number from the practitioner's regulatory college; and

    ii. the name, college identification number and signature or initial of the registrant who received the verbal prescription.

2. Section 6.(6) is repealed and replaced by the following:

    6. (6) A registrant may receive a verbal prescription directly from a practitioner or from a practitioner's recorded voice message.

3. Section 6.(7) is repealed and replaced by the following:

    6. (7) A registrant must make a written record of a verbal prescription containing the applicable information in section 6(2).

Health Professions Act – BYLAWS

SCHEDULE F

PART 3 – Residential Care Facilities and Homes Standards of Practice

Table of Contents

Application

1. This Part applies to registrants providing pharmacy services in or to facilities and homes.

Definitions

2. In this Part:

"administration" means the provision of a drug to a resident as prescribed, or for drugs listed in Schedule II or III of the Drug Schedules Regulation, B.C. Reg. 9/98, or unscheduled drugs initiated by a registered nurse;

"audit" means a periodic review of the pharmacy services provided in accordance with this Part;

"*Community Pharmacy Standards of Practice*" means the standards, limits and conditions for practice established in Part 1 of this Schedule;

"facility" means a community care facility licensed under the *Community Care and Assisted Living Act* to provide care to 7 or more persons;

"final check" means ensuring that:

(a) the prescription product and the prescription product label match the prescription information and the information on the manufacturer's label with respect to:

(i) drug,

(ii) dosage form,

(iii) strength,

(iv) quantity and

(v) drug identification number;

(b) the prescription product label matches the prescription information with respect to the matters set out in section 6(8)(a) to (g);

(c) the drug is not expired and will not expire within the duration of use; and

(d) a pharmacist has completed a clinical assessment of the prescription after reviewing the patient profile.

"home" means a community care facility licensed under the *Community Care and Assisted Living Act* to provide care to 3 to 6 persons;

"licensed practical nurse" means a registrant of the College of Licensed Practical Nurses of British Columbia;

"medication safety and advisory committee" means a committee appointed under section 8.2 of the Adult Care Regulations, B.C. Reg. 536/80;

"monitored dose system" means a system of drug distribution in which drugs are dispensed for an individual resident at scheduled times from packaging which protects a dose or doses from contamination until a designated medication time;

"natural product" has the same meaning as in the *Natural Health Products Regulations* under the *Food and Drug Act* (Canada) as amended from time to time;

"registered nurse" means a registrant of the College of Registered Nurses of British Columbia;

"registered psychiatric nurse" means a registrant of the College of Registered Psychiatric Nurses of British Columbia;

"resident" means a person who lives in and receives care in a facility or home;

"Schedule II and III drugs" mean drugs listed in Schedule II or III of the *Drug Schedules Regulation*.

Supervision of Pharmacy Services in a Facility or Home

3. (1) A registrant must not provide pharmacy services in or to a facility or home unless appointed to do so by the licensee of that facility or home.

(2) A registrant must not allow any person to interfere with the provision of pharmacy services in accordance with the *Act* or the *Pharmacy Operations and Drug Scheduling Act*.

(3) The full pharmacist appointed to provide services to the facility or home must do the following:

(a) visit and audit the medication room at the facility at least every 3 months,

(b) visit and audit the medication room or storage area at the home at least once annually,

(c) make a record of all audits and meetings of the medication safety and advisory committee held in accordance with this bylaw, which must be retained in the pharmacy for at least 3 years, and

(d) arrange a meeting of the medication safety and advisory committee at least once in every 6 month period for a facility and once a year for a home.

(4) The full pharmacist appointed to provide services to a facility or home must be a member of and advise the medication safety and advisory committee about the policies and procedures in place for the

(a) safe and effective distribution, administration and control of drugs,

(b) monitoring of therapeutic outcomes and reporting of adverse drug reactions in respect of residents,

(c) reporting of drug incidents and discrepancies, and

(d) training and orientation programs for staff members who store, handle, or administer drugs to residents.

(5) The policies and procedures referred to in subsection (4) must be included in a manual kept in the facility, home and pharmacy.

(6) Except where a person in care self-administers drugs in accordance with regulations under the *Community Care and Assisted Living Act,* the registrant must ensure that all drugs are stored in a separate and locked area that is not used for any other purpose.

(7) The registrant must ensure that a copy of this Part is available in the facility or home.

Quality Management

4. A pharmacy providing services to a facility or home must have a documented ongoing quality management program that

(a) monitors the pharmacy services provided, and

(b) includes a process for reporting and documenting drug incidents and discrepancies and their follow-up.

Pharmacy Technicians

5. (1) Pharmacy technicians providing pharmacy services to a facility or home may prepare, process and compound prescriptions, including

(a) receiving and transcribing verbal prescriptions from practitioners,

(b) ensuring that a prescription is complete and authentic,

(c) transferring prescriptions to and receiving prescriptions from other pharmacies,

(d) ensuring the accuracy of a dispensed prescription,

(e) performing the final check of a dispensed prescription, and

(f) ensuring the accuracy of drug and personal health information in the PharmaNet patient record.

(2) Despite subsection (1), a pharmacy technician providing pharmacy services to a facility or home may dispense a drug but must not

(a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use,

(b) do anything described in

(i) sections 3(3), 3(4), 13(4), 15 or 16 of this Part,

(ii) Part 4 of this Schedule, or

(c) dispense a drug pursuant to HPA Bylaws Schedule F, Part 5.

(3) A pharmacy technician must identify his or her registrant class in any interaction with a patient or a practitioner.

Prescription Authorizations

6. (1) A registrant may only dispense a drug to a resident upon receipt of a prescription.

(2) When a resident is readmitted following hospitalization, new prescriptions must be received for that resident before drugs may be dispensed.

(3) A prescription may be transmitted to the pharmacy servicing the facility or home verbally, electronically or in writing.

(4) If a prescription is transmitted to the pharmacy by facsimile, the registrant must comply with section 7 of the *Community Pharmacy Standards of Practice.*

(5) If a prescription is transmitted verbally, the registrant must make a written record of the verbal prescription~~authorization, and include his or her signature or initial~~ containing the applicable information in section 6(8).

(6) If a prescription is transmitted electronically, the registrant must use the facsimile or make a written copy as the permanent record for dispensing, numbering, initialling and filing.

(7) A prescription, written and signed by a practitioner on a resident's record, may be electronically transmitted to the pharmacy and the registrant may dispense the drug.

(8) ~~Upon receipt from the practitioner, a~~A prescription must include the following information:

(a) the date of the prescription ~~was written~~;

(b) the name of the resident;

(c) the name of the drug or ingredients and strength where applicable;

(d) the quantity of the drug;

(e) the dosage instructions including the frequency, interval or maximum daily dose;

(f) refill authorization if applicable, including number of refills and interval between refills;

(g) in the case of a written prescription, the name and signature of the practitioner ~~for written prescriptions.~~;

~~(g)~~(h)in the case of a written record of a verbal prescription,

i. the name of the practitioner and the identification number from the practitioner's regulatory college; and

~~i.~~ii. the name, college identification number and signature or initial of the registrant who received the verbal prescription.

(9) A registrant may accept a new drug order that is transmitted verbally from a practitioner to a facility's registered nurse, registered psychiatric nurse or licensed practical nurse, if

(a) the drug does not contain a controlled drug substance,

(b) the registered nurse, registered psychiatric nurse or licensed practical nurse writes the verbal order on a practitioner's order form or electronic equivalent, and

(c) transfers the written order to the pharmacy.

Preparation of Prescription Product

6.1 (1) A registrant who prepares a prescription product must ensure that:

(a) the prescription product label matches the prescription information and the information on the manufacturer's label with respect to:

(i) drug,
(ii) dosage form,
(iii) strength,
(iv) quantity; and
(v) drug identification number;

(b) the prescription product label matches the prescription information with respect to the matters set out in section 6(8)(a) to (g);

(c) the drug is not expired and will not expire within the duration of use; and

(d) his or her identity is documented in writing.

(2) A pharmacy manager must ensure the record in paragraph (1)(d) is readily available and is retained for at least three years from the date on which the prescription product was last dispensed.

Patient Identification

6.2 All registrants must use at least two person-specific identifiers to confirm the identity of a resident before providing any pharmacy service to the resident.

Dispensing

7. (1) All prescriptions dispensed to residents must be dispensed in a monitored dose system except where the form of the drug does not permit such packaging, and each package must contain not more than a 35 day supply of medication.

(2) Where directions for the use of a drug are changed by the practitioner, the registrant must, following receipt of the required confirmation, initiate and dispense a new prescription.

(3) Before dispensing a prescription product, a registrant must perform a final check and must record his or her identity in writing.

(4) A pharmacy manager must ensure a record in paragraph (3) is readily available and is retained for at least three years from the date on which the prescription product was last dispensed.

Contingency Drugs

8. (1) A registrant may establish a supply of contingency drugs to permit the commencement of therapy upon receipt of a prescription, until the drug supply arrives from the pharmacy.

(2) Contingency drugs must be prepared by the pharmacy and dispensed in a monitored dose system in accordance with section 7(1).

(3) A list of the contingency drugs must be available in the facility, home and pharmacy.

(4) Records of use of contingency drugs must be kept in the facility or home and must include

(a) the date and time the drug was administered,

(b) the name, strength and quantity of the drug administered,

(c) the name of the resident for whom the drug was prescribed,

(d) the name or initials of the person who administered the drug, and

(e) the name of the practitioner who prescribed the drug.

Nurse Initiated Drugs

9. (1) A registrant may provide Schedule II or III drugs and unscheduled drugs for a resident upon the request of a registered nurse if the medication safety and advisory committee has approved protocols for doing so.

(2) A record of use of all medications must be on the resident's medication administration record.

Standing Orders

10. (1) Standing orders for Schedule II and III drugs and unscheduled drugs that are administered for common self-limiting conditions may be established by the medication safety and advisory committee.

(2) Standing order drugs must be authorized and signed for by a practitioner annually and a record of the signed authorization must be kept in the facility or home.

(3) A record of use of all medications must be on the resident's medication administration record.

Returned Drugs

11. (1) A registrant must provide for the return of all discontinued drugs at the time of the next scheduled delivery.

(2) Policies and procedures must be in place to ensure that upon the hospitalization of a resident, the resident's drugs are returned to the pharmacy.

(3) Previously dispensed drugs must not be re-dispensed unless

(a) they have been returned to the pharmacy in a single-drug, sealed dosage unit or container as originally dispensed,

(b) the labelling is intact and includes a legible drug lot number and expiry date, and

(c) the integrity of the product can be verified.

Drug Containers and Prescription Labels

12. (1) All drugs dispensed pursuant to a prescription must be labeled.

(2) The label for all prescriptions must include

(a) the name, address and 10-digit telephone number of the pharmacy,

(b) the prescription number and dispensing date,

(c) the full name of the resident,

(d) the name of the practitioner or registered nurse,

(e) the strength of the drug,

(f) the dosage instructions including the frequency, interval or maximum daily dose,

(g) the route of administration,

(h) medical indication for use for all “as required” prescription authorizations, and

(i) any other information required by good pharmacy practice.

(3) For single-entity products the label must include

(a) the generic name and at least one of

(i) the brand name,

(ii) the manufacturer’s name, or

(iii) the drug identification number.

(4) For multiple-entity products the label must include

(a) the brand name, or

(b) all active ingredients, and at least one of

(i) the manufacturer’s name, or

(ii) the drug identification number.

(5) For compounded preparations the label must include all active ingredients.

(6) If the pharmacy is unable to supply prescribed Schedule II or III drugs or unscheduled drugs to a resident and the resident has obtained a supply from another source, the drug must be in the original sealed packaging and be sent to the pharmacy for

(a) identification,

(b) repackaging in a monitored dose system if appropriate,

(c) labeling, and

(d) notation on the resident's record and the medication administration record.

(7) If labels are produced to be attached to a resident's medication administration record, the label must state "for MAR".

(8) All drugs must be labelled with the drug expiry date and manufacturer's lot number, except multi-drug sealed dosage units.

(9) A registrant must not delegate the labelling of drugs in a monitored dose system to an employee of a facility or home.

Resident Records

13. (1) A registrant must maintain a record for each resident.

(2) The record must include

(a) the resident's full name, personal health number, birth date, gender, practitioner name, name of the facility or home, and if possible, the resident's location within the facility or home,

(b) diagnoses,

(c) the presence or absence of known allergies, adverse drug reactions or intolerances relevant to drugs,

(d) the prescription number, names and drug identification numbers or natural product numbers for all drugs dispensed,

(e) the medical indication for use for all "as required" prescription authorizations and drugs dispensed,

(f) directions for use, dosage form, strength, quantity, route of administration, dosage times, dates dispensed, and

(g) the dates and reasons for early discontinuation of drug therapy if applicable.

(3) When a drug is to be administered on a "when necessary" basis, the record and prescription label must clearly indicate

(a) the specific indication for which the drug is to be given,

(b) the minimum interval of time between doses, and

(c) the maximum number of daily doses to be administered.

(4) A full pharmacist must review the resident record before dispensing a drug and take appropriate action when necessary with respect to

(a) the appropriateness of drug therapy,

(b) drug interactions,

(c) allergies, adverse drug reactions, and intolerances,

(d) therapeutic duplication,

(e) contraindicated drugs,

(f) the degree of compliance,

(g) the correct dosage, route, frequency and duration of administration and dosage form, and

(h) any other potential drug-related problems.

Resident Medication Administration Records

14. (1) The registrant must provide a medication administration record for each resident.

(2) The medication administration record must be current for each resident based on the information on the resident's record and must be sent to the facility or home each month.

(3) A resident's medication administration record must include

(a) the resident's full name,

(b) the resident's location within the facility or home, where possible,

(c) the name of the practitioner,

(d) allergies,

(e) diagnoses,

(f) the month for which the record is to be used,

(g) the name and strength of all drugs currently being administered, including those to be administered on a "when necessary" basis, and

(h) full directions for use.

Resident Medication Review

15. (1) The full pharmacist responsible for a facility must

(a) review each resident's drug regimen on site or by videoconference at least once every 6 months with a practitioner if available, or a registered nurse and a facility staff member approved by the medication safety and advisory committee, and

(b) review the resident's personal health information stored on the PharmaNet database before releasing any drug to the facility.

(2) A full pharmacist must maintain a record of the reviews referred to in subsection (1) in the resident's record and in the record at the pharmacy, and the record of review must include information about

(a) the people in attendance,

(b) the date of the review, and

(c) recommendations, if any.

(3) At a facility or home, if a resident's practitioner does not attend the review, the full pharmacist must advise the practitioner of any recommendations arising from the review.

(4) The full pharmacist responsible for a home must

(a) review each resident's drug regimen and document the result of the review at least once every 6 months, and

(b) conduct the review on site at least once in every 12 month period.

(5) To continue dispensing drugs for a resident in a facility or home, prescriptions must be received from the resident's practitioner every six 6 months, either by written, verbal or electronic communication.

Resident Oriented Pharmacy Practice

16. (1) When a resident is first admitted to a facility or home, the full pharmacist must obtain a history for the resident, and the following information must be obtained if available:

(a) allergies, adverse drug reactions, and intolerances,

(b) past and present prescribed drug therapy including the drug name, strength, dosage, frequency and duration of therapy,

(c) compliance with prescribed drug regimen,

(d) Schedule II, III and unscheduled drug use, and

(e) laboratory results.

(2) The full pharmacist must routinely provide written or verbal drug information relevant to a resident's drugs to the medical, nursing or other appropriate facility or home staff.

(3) If an adverse drug reaction as defined by Health Canada is identified, a full pharmacist must

(a) notify the resident's practitioner,

(b) make an appropriate entry on the resident's record, and

(c) report the reaction to the Canada Vigilance Program Regional Office.

(4) Where a self-medication program is deemed suitable for a resident, the full pharmacist must comply with all applicable regulations under the *Community Care and Assisted Living Act* and must

(a) participate in the development of policies and procedures for the program, including appropriate storage and security requirements,

(b) ensure a drug consultation with the resident occurs,

(c) ensure authorization from the resident's practitioner and the medication safety and advisory committee is obtained,

(d) include any drugs in the self-medication program in the drug regimen review referred to in section 13(4), and

(e) document the consultation referred to in paragraph (b) in the resident's record.

(5) The drug consultation referred to in subsection (4)(b), should occur in person with the resident or resident's representative and must

(a) confirm the identity of the resident,

(b) identify the name and strength of drug being dispensed,

(c) identify the purpose of the drug,

(d) provide directions for use of the drug including the frequency, duration and route of therapy,

(e) discuss common adverse effects, drug and food interactions, and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,

(f) discuss storage requirements,

(g) provide information regarding

(i) how to monitor response to therapy,

(ii) expected therapeutic outcomes,

(iii) action to be taken in the event of a missed dose, and

(iv) when to seek medical attention, and

(h) provide other information unique to the specific drug or resident.

Respite Care

17. (1) When a resident is admitted for short-stay respite care, the registrant must confirm all prescription authorizations with the resident's practitioner.

(2) The registrant must dispense drugs using a monitored dose system and provide medication administration records.

(3) Emergency stay respite care residents who arrive without notice may be administered drugs from their own supply if it is reasonable and safe to do so only until a supply is obtained from the pharmacy.

Leave of Absence Drugs

18. (1) The registrant must establish a system to ensure that leave-of-absence drugs are prepared correctly.

(2) The label on a leave of absence medication must include

(a) the facility or home name,

(b) the resident's name,

(c) the practitioner's name,

(d) the drug name, strength, quantity and complete directions for use,

(e) the initials of the person preparing the drug, and

(f) the date of issue.

(3) All leave of absence drugs must be documented on the resident's medication administration record.

Health Professions Act – BYLAWS

SCHEDULE F

PART 3 – Residential Care Facilities and Homes Standards of Practice

Table of Contents

Application

1. This Part applies to registrants providing pharmacy services in or to facilities and homes.

Definitions

2. In this Part:

"administration" means the provision of a drug to a resident as prescribed, or for drugs listed in Schedule II or III of the Drug Schedules Regulation, B.C. Reg. 9/98, or unscheduled drugs initiated by a registered nurse;

"audit" means a periodic review of the pharmacy services provided in accordance with this Part;

"*Community Pharmacy Standards of Practice*" means the standards, limits and conditions for practice established in Part 1 of this Schedule;

"facility" means a community care facility licensed under the *Community Care and Assisted Living Act* to provide care to 7 or more persons;

"final check" means ensuring that:

(a) the prescription product and the prescription product label match the prescription information and the information on the manufacturer's label with respect to:

(i) drug,

(ii) dosage form,

(iii) strength,

(iv) quantity and

(v) drug identification number;

(b) the prescription product label matches the prescription information with respect to the matters set out in section 6(8)(a) to (g);

(c) the drug is not expired and will not expire within the duration of use; and

(d) a pharmacist has completed a clinical assessment of the prescription after reviewing the patient profile.

"home" means a community care facility licensed under the *Community Care and Assisted Living Act* to provide care to 3 to 6 persons;

"licensed practical nurse" means a registrant of the College of Licensed Practical Nurses of British Columbia;

"medication safety and advisory committee" means a committee appointed under section 8.2 of the Adult Care Regulations, B.C. Reg. 536/80;

"monitored dose system" means a system of drug distribution in which drugs are dispensed for an individual resident at scheduled times from packaging which protects a dose or doses from contamination until a designated medication time;

"natural product" has the same meaning as in the *Natural Health Products Regulations* under the *Food and Drug Act* (Canada) as amended from time to time;

"registered nurse" means a registrant of the College of Registered Nurses of British Columbia;

"registered psychiatric nurse" means a registrant of the College of Registered Psychiatric Nurses of British Columbia;

"resident" means a person who lives in and receives care in a facility or home;

"Schedule II and III drugs" mean drugs listed in Schedule II or III of the *Drug Schedules Regulation*.

Supervision of Pharmacy Services in a Facility or Home

3. (1) A registrant must not provide pharmacy services in or to a facility or home unless appointed to do so by the licensee of that facility or home.

(2) A registrant must not allow any person to interfere with the provision of pharmacy services in accordance with the *Act* or the *Pharmacy Operations and Drug Scheduling Act*.

(3) The full pharmacist appointed to provide services to the facility or home must do the following:

(a) visit and audit the medication room at the facility at least every 3 months,

(b) visit and audit the medication room or storage area at the home at least once annually,

(c) make a record of all audits and meetings of the medication safety and advisory committee held in accordance with this bylaw, which must be retained in the pharmacy for at least 3 years, and

(d) arrange a meeting of the medication safety and advisory committee at least once in every 6 month period for a facility and once a year for a home.

(4) The full pharmacist appointed to provide services to a facility or home must be a member of and advise the medication safety and advisory committee about the policies and procedures in place for the

(a) safe and effective distribution, administration and control of drugs,

(b) monitoring of therapeutic outcomes and reporting of adverse drug reactions in respect of residents,

(c) reporting of drug incidents and discrepancies, and

(d) training and orientation programs for staff members who store, handle, or administer drugs to residents.

(5) The policies and procedures referred to in subsection (4) must be included in a manual kept in the facility, home and pharmacy.

(6) Except where a person in care self-administers drugs in accordance with regulations under the *Community Care and Assisted Living Act,* the registrant must ensure that all drugs are stored in a separate and locked area that is not used for any other purpose.

(7) The registrant must ensure that a copy of this Part is available in the facility or home.

Quality Management

4. A pharmacy providing services to a facility or home must have a documented ongoing quality management program that

(a) monitors the pharmacy services provided, and

(b) includes a process for reporting and documenting drug incidents and discrepancies and their follow-up.

Pharmacy Technicians

5. (1) Pharmacy technicians providing pharmacy services to a facility or home may prepare, process and compound prescriptions, including

(a) receiving and transcribing verbal prescriptions from practitioners,

(b) ensuring that a prescription is complete and authentic,

(c) transferring prescriptions to and receiving prescriptions from other pharmacies,

(d) ensuring the accuracy of a dispensed prescription,

(e) performing the final check of a dispensed prescription, and

(f) ensuring the accuracy of drug and personal health information in the PharmaNet patient record.

(2) Despite subsection (1), a pharmacy technician providing pharmacy services to a facility or home may dispense a drug but must not

(a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use,

(b) do anything described in

(i) sections 3(3), 3(4), 13(4), 15 or 16 of this Part,

(ii) Part 4 of this Schedule, or

(c) dispense a drug pursuant to HPA Bylaws Schedule F, Part 5.

(3) A pharmacy technician must identify his or her registrant class in any interaction with a patient or a practitioner.

Prescription Authorizations

6. (1) A registrant may only dispense a drug to a resident upon receipt of a prescription.

(2) When a resident is readmitted following hospitalization, new prescriptions must be received for that resident before drugs may be dispensed.

(3) A prescription may be transmitted to the pharmacy servicing the facility or home verbally, electronically or in writing.

(4) If a prescription is transmitted to the pharmacy by facsimile, the registrant must comply with section 7 of the *Community Pharmacy Standards of Practice.*

(5) If a prescription is transmitted verbally, the registrant must make a written record of the verbal prescription containing the applicable information in section 6(8).

(6) If a prescription is transmitted electronically, the registrant must use the facsimile or make a written copy as the permanent record for dispensing, numbering, initialling and filing.

(7) A prescription, written and signed by a practitioner on a resident's record, may be electronically transmitted to the pharmacy and the registrant may dispense the drug.

(8) A prescription must include the following information:

(a) the date of the prescription;

(b) the name of the resident;

(c) the name of the drug or ingredients and strength where applicable;

(d) the quantity of the drug;

(e) the dosage instructions including the frequency, interval or maximum daily dose;

(f) refill authorization if applicable, including number of refills and interval between refills;

(g) in the case of a written prescription, the name and signature of the practitioner;

(h) in the case of a written record of a verbal prescription,

i. the name of the practitioner and the identification number from the practitioner's regulatory college; and

ii. the name, college identification number and signature or initial of the registrant who received the verbal prescription.

(9) A registrant may accept a new drug order that is transmitted verbally from a practitioner to a facility's registered nurse, registered psychiatric nurse or licensed practical nurse, if

(a) the drug does not contain a controlled drug substance,

(b) the registered nurse, registered psychiatric nurse or licensed practical nurse writes the verbal order on a practitioner's order form or electronic equivalent, and

(c) transfers the written order to the pharmacy.

Preparation of Prescription Product

6.1 (1) A registrant who prepares a prescription product must ensure that:

(a) the prescription product label matches the prescription information and the information on the manufacturer's label with respect to:

(i) drug,
(ii) dosage form,
(iii) strength,
(iv) quantity; and
(v) drug identification number;

(b) the prescription product label matches the prescription information with respect to the matters set out in section 6(8)(a) to (g);

(c) the drug is not expired and will not expire within the duration of use; and

(d) his or her identity is documented in writing.

(2) A pharmacy manager must ensure the record in paragraph (1)(d) is readily available and is retained for at least three years from the date on which the prescription product was last dispensed.

Patient Identification

6.2 All registrants must use at least two person-specific identifiers to confirm the identity of a resident before providing any pharmacy service to the resident.

Dispensing

7. (1) All prescriptions dispensed to residents must be dispensed in a monitored dose system except where the form of the drug does not permit such packaging, and each package must contain not more than a 35 day supply of medication.

(2) Where directions for the use of a drug are changed by the practitioner, the registrant must, following receipt of the required confirmation, initiate and dispense a new prescription.

(3) Before dispensing a prescription product, a registrant must perform a final check and must record his or her identity in writing.

(4) A pharmacy manager must ensure a record in paragraph (3) is readily available and is retained for at least three years from the date on which the prescription product was last dispensed.

Contingency Drugs

8. (1) A registrant may establish a supply of contingency drugs to permit the commencement of therapy upon receipt of a prescription, until the drug supply arrives from the pharmacy.

(2) Contingency drugs must be prepared by the pharmacy and dispensed in a monitored dose system in accordance with section 7(1).

(3) A list of the contingency drugs must be available in the facility, home and pharmacy.

(4) Records of use of contingency drugs must be kept in the facility or home and must include

(a) the date and time the drug was administered,

(b) the name, strength and quantity of the drug administered,

(c) the name of the resident for whom the drug was prescribed,

(d) the name or initials of the person who administered the drug, and

(e) the name of the practitioner who prescribed the drug.

Nurse Initiated Drugs

9. (1) A registrant may provide Schedule II or III drugs and unscheduled drugs for a resident upon the request of a registered nurse if the medication safety and advisory committee has approved protocols for doing so.

(2) A record of use of all medications must be on the resident's medication administration record.

Standing Orders

10. (1) Standing orders for Schedule II and III drugs and unscheduled drugs that are administered for common self-limiting conditions may be established by the medication safety and advisory committee.

(2) Standing order drugs must be authorized and signed for by a practitioner annually and a record of the signed authorization must be kept in the facility or home.

(3) A record of use of all medications must be on the resident's medication administration record.

Returned Drugs

11. (1) A registrant must provide for the return of all discontinued drugs at the time of the next scheduled delivery.

(2) Policies and procedures must be in place to ensure that upon the hospitalization of a resident, the resident's drugs are returned to the pharmacy.

(3) Previously dispensed drugs must not be re-dispensed unless

(a) they have been returned to the pharmacy in a single-drug, sealed dosage unit or container as originally dispensed,

(b) the labelling is intact and includes a legible drug lot number and expiry date, and

(c) the integrity of the product can be verified.

Drug Containers and Prescription Labels

12. (1) All drugs dispensed pursuant to a prescription must be labeled.

(2) The label for all prescriptions must include

(a) the name, address and 10-digit telephone number of the pharmacy,

(b) the prescription number and dispensing date,

(c) the full name of the resident,

(d) the name of the practitioner or registered nurse,

(e) the strength of the drug,

(f) the dosage instructions including the frequency, interval or maximum daily dose,

(g) the route of administration,

(h) medical indication for use for all “as required” prescription authorizations, and

(i) any other information required by good pharmacy practice.

(3) For single-entity products the label must include

(a) the generic name and at least one of

(i) the brand name,

(ii) the manufacturer’s name, or

(iii) the drug identification number.

(4) For multiple-entity products the label must include

(a) the brand name, or

(b) all active ingredients, and at least one of

(i) the manufacturer’s name, or

(ii) the drug identification number.

(5) For compounded preparations the label must include all active ingredients.

(6) If the pharmacy is unable to supply prescribed Schedule II or III drugs or unscheduled drugs to a resident and the resident has obtained a supply from another source, the drug must be in the original sealed packaging and be sent to the pharmacy for

(a) identification,

(b) repackaging in a monitored dose system if appropriate,

(c) labeling, and

(d) notation on the resident’s record and the medication administration record.

(7) If labels are produced to be attached to a resident's medication administration record, the label must state "for MAR".

(8) All drugs must be labelled with the drug expiry date and manufacturer's lot number, except multi-drug sealed dosage units.

(9) A registrant must not delegate the labelling of drugs in a monitored dose system to an employee of a facility or home.

Resident Records

13. (1) A registrant must maintain a record for each resident.

(2) The record must include

(a) the resident's full name, personal health number, birth date, gender, practitioner name, name of the facility or home, and if possible, the resident's location within the facility or home,

(b) diagnoses,

(c) the presence or absence of known allergies, adverse drug reactions or intolerances relevant to drugs,

(d) the prescription number, names and drug identification numbers or natural product numbers for all drugs dispensed,

(e) the medical indication for use for all "as required" prescription authorizations and drugs dispensed,

(f) directions for use, dosage form, strength, quantity, route of administration, dosage times, dates dispensed, and

(g) the dates and reasons for early discontinuation of drug therapy if applicable.

(3) When a drug is to be administered on a "when necessary" basis, the record and prescription label must clearly indicate

(a) the specific indication for which the drug is to be given,

(b) the minimum interval of time between doses, and

(c) the maximum number of daily doses to be administered.

(4) A full pharmacist must review the resident record before dispensing a drug and take appropriate action when necessary with respect to

(a) the appropriateness of drug therapy,

(b) drug interactions,

(c) allergies, adverse drug reactions, and intolerances,

(d) therapeutic duplication,

(e) contraindicated drugs,

(f) the degree of compliance,

(g) the correct dosage, route, frequency and duration of administration and dosage form, and

(h) any other potential drug-related problems.

Resident Medication Administration Records

14. (1) The registrant must provide a medication administration record for each resident.

(2) The medication administration record must be current for each resident based on the information on the resident's record and must be sent to the facility or home each month.

(3) A resident's medication administration record must include

(a) the resident's full name,

(b) the resident's location within the facility or home, where possible,

(c) the name of the practitioner,

(d) allergies,

(e) diagnoses,

(f) the month for which the record is to be used,

(g) the name and strength of all drugs currently being administered, including those to be administered on a "when necessary" basis, and

(h) full directions for use.

Resident Medication Review

15. (1) The full pharmacist responsible for a facility must

(a) review each resident's drug regimen on site or by videoconference at least once every 6 months with a practitioner if available, or a registered nurse and a facility staff member approved by the medication safety and advisory committee, and

(b) review the resident's personal health information stored on the PharmaNet database before releasing any drug to the facility.

(2) A full pharmacist must maintain a record of the reviews referred to in subsection (1) in the resident's record and in the record at the pharmacy, and the record of review must include information about

(a) the people in attendance,

(b) the date of the review, and

(c) recommendations, if any.

(3) At a facility or home, if a resident's practitioner does not attend the review, the full pharmacist must advise the practitioner of any recommendations arising from the review.

(4) The full pharmacist responsible for a home must

(a) review each resident's drug regimen and document the result of the review at least once every 6 months, and

(b) conduct the review on site at least once in every 12 month period.

(5) To continue dispensing drugs for a resident in a facility or home, prescriptions must be received from the resident's practitioner every six 6 months, either by written, verbal or electronic communication.

Resident Oriented Pharmacy Practice

16. (1) When a resident is first admitted to a facility or home, the full pharmacist must obtain a history for the resident, and the following information must be obtained if available:

(a) allergies, adverse drug reactions, and intolerances,

(b) past and present prescribed drug therapy including the drug name, strength, dosage, frequency and duration of therapy,

(c) compliance with prescribed drug regimen,

(d) Schedule II, III and unscheduled drug use, and

(e) laboratory results.

(2) The full pharmacist must routinely provide written or verbal drug information relevant to a resident's drugs to the medical, nursing or other appropriate facility or home staff.

(3) If an adverse drug reaction as defined by Health Canada is identified, a full pharmacist must

(a) notify the resident's practitioner,

(b) make an appropriate entry on the resident's record, and

(c) report the reaction to the Canada Vigilance Program Regional Office.

(4) Where a self-medication program is deemed suitable for a resident, the full pharmacist must comply with all applicable regulations under the *Community Care and Assisted Living Act* and must

(a) participate in the development of policies and procedures for the program, including appropriate storage and security requirements,

(b) ensure a drug consultation with the resident occurs,

(c) ensure authorization from the resident's practitioner and the medication safety and advisory committee is obtained,

(d) include any drugs in the self-medication program in the drug regimen review referred to in section 13(4), and

(e) document the consultation referred to in paragraph (b) in the resident's record.

(5) The drug consultation referred to in subsection (4)(b), should occur in person with the resident or resident's representative and must

(a) confirm the identity of the resident,

(b) identify the name and strength of drug being dispensed,

(c) identify the purpose of the drug,

(d) provide directions for use of the drug including the frequency, duration and route of therapy,

(e) discuss common adverse effects, drug and food interactions, and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,

(f) discuss storage requirements,

(g) provide information regarding

(i) how to monitor response to therapy,

(ii) expected therapeutic outcomes,

(iii) action to be taken in the event of a missed dose, and

(iv) when to seek medical attention, and

(h) provide other information unique to the specific drug or resident.

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17. (1) When a resident is admitted for short-stay respite care, the registrant must confirm all prescription authorizations with the resident's practitioner.

(2) The registrant must dispense drugs using a monitored dose system and provide medication administration records.

(3) Emergency stay respite care residents who arrive without notice may be administered drugs from their own supply if it is reasonable and safe to do so only until a supply is obtained from the pharmacy.

Leave of Absence Drugs

18. (1) The registrant must establish a system to ensure that leave-of-absence drugs are prepared correctly.

(2) The label on a leave of absence medication must include

(a) the facility or home name,

(b) the resident's name,

(c) the practitioner's name,

(d) the drug name, strength, quantity and complete directions for use,

(e) the initials of the person preparing the drug, and

(f) the date of issue.

(3) All leave of absence drugs must be documented on the resident's medication administration record.

SCHEDULE OF AMENDMENTS

Schedule F – Part 3 – Residential Care Facilities and Homes Standards of Practice of bylaws of the College of Pharmacists of British Columbia made under the authority of the Health Professions Act are amended to clarify verbal prescriptions, as follows:

1. Section 6.(5) is repealed and replaced by the following:

    6. (5) If a prescription is transmitted verbally, the registrant must make a written record of the verbal prescription containing the applicable information in section 6(8).

2. Section 6.(8) is repealed and replaced by the following:

    6. (8) A prescription must include the following information:

    (a) the date of the prescription;

    (b) the name of the resident;

    (c) the name of the drug or ingredients and strength where applicable;

    (d) the quantity of the drug;

    (e) the dosage instructions including the frequency, interval or maximum daily dose;

    (f) refill authorization if applicable, including number of refills and interval between refills;

    (g) in the case of a written prescription, the name and signature of the practitioner;

    (h) in the case of a written record of a verbal prescription,

    i. the name of the practitioner and the identification number from the practitioner's regulatory college; and

    ii. the name, college identification number and signature or initial of the registrant who received the verbal prescription.

College of Pharmacists of British Columbia

6. Legislation Review Committee

Justin Thind

Chair of Legislation Review Committee

College of Pharmacists of British Columbia

6 a) Amendments to HPA Standards of Practice - Pharmacist Verbal Orders

College of Pharmacists of British Columbia

Background

In 2016, the **Canadian Society of Hospital Pharmacists'** ("CSHP") British Columbia Branch brought forward an issue related to the College's Community Pharmacy Standards of Practice and Hospital Pharmacy Standards of Practice regarding verbal order prescriptions:

- Patients released from hospital are often discharged with a "hospital discharge prescription", which can be written by a hospital pharmacist via verbal authorization from a practitioner.
- Hospital discharge prescriptions may be given to a patient to take to a community pharmacy, or they may be faxed to a community pharmacy.
- Hospital discharge prescriptions written by pharmacists via verbal authorization from a practitioner are not being accepted by some community pharmacies because **they do not meet the prescription requirements** outlined in the College's Community Pharmacy Standards of Practice.

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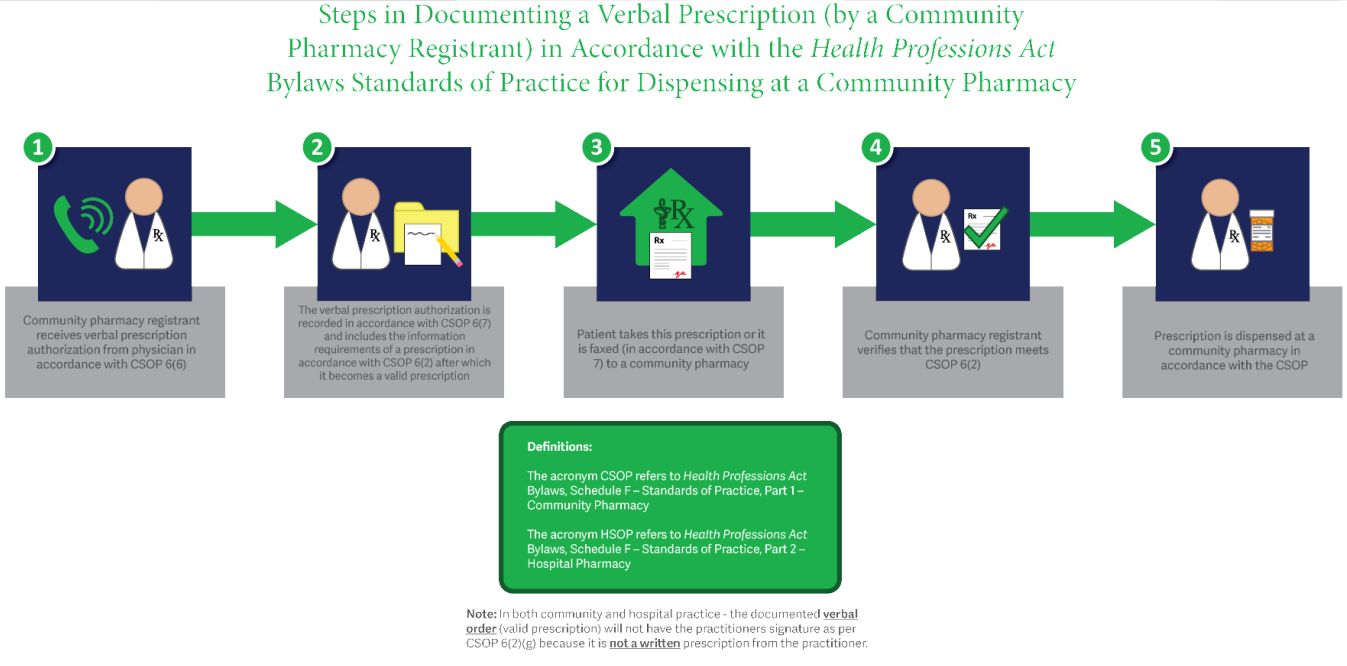
Background, continued



- Staff previously worked with the CSHP to develop infographics and an accompanying ReadLinks Article to address the issue identified temporarily.
- At the time, it was jointly agreed that a more comprehensive review of the existing legislation and possible future amendments would be required to address the issue.

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Federal Requirements

- Federal legislation (the *Food and Drug Regulations*, the *Narcotic Control Regulations* and the *Benzodiazepines and Other Targeted Substances Regulations*) allow a pharmacist to dispense a drug if they received a verbal prescription to do so.
- This legislation commonly requires the pharmacist to create a written record that includes (among other things) their identity (e.g., name, initials, signature, and/or municipal address).

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Other Pharmacy Regulatory Authorities

- A jurisdictional scan of other Pharmacy Regulatory Authorities (PRAs) across the country was conducted to determine any prescription and/or verbal prescription requirements. Information was collected from all provinces except Quebec.
- All other PRAs had prescription requirements which differentiated between written and verbal prescription requirements.

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Consultation

- Internal and external stakeholders were consulted in developing amendments to this policy.
- Positive feedback was received, along with feedback requesting minor changes.

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Proposed Amendments

Section	Brief Description of Amendment	Rationale
6(2)	Remove “upon receipt from the practitioner”	• The term “prescription” is defined in the *Pharmacy Operations and Drug Scheduling Act* as follows: **“prescription”** means an authorization from a practitioner to dispense a specified drug or device for use by a designated individual or animal; • Given that the definition of prescription includes the requirement that it is from a practitioner, stating “upon receipt from the practitioner” is redundant. • Given that this section will now include verbal prescriptions, removal of this redundancy avoids any potential confusion, as a written record of a verbal prescription does not come directly from a practitioner.

College of Pharmacists of British Columbia

Proposed Amendments

Section	Brief Description of Amendment	Rationale
6(2)(a)	Replace “the date the prescription was written” with “the date of the prescription”	• Broaden the wording to apply to both written and verbal prescriptions.
6(2)(g)	Rearrange subsection (g) to start with “in the case of a written prescription”	• Ensure clarity and consistency throughout the document.

6(2)(h)	Add subsection (h) to describe requirements of a written record of a verbal prescription.	• Acknowledges verbal prescriptions as valid if the written record includes:
		  ○ the name and identification number of the practitioner; and
		  ○ the name, identification number and signature/initial of the registrant who received the verbal prescription.
		• These requirements ensure accountability and traceability.

College of Pharmacists of British Columbia

Proposed Amendments

Section	Brief Description of Amendment	Rationale
6(6)	Remove the word “authorizations” after “verbal prescription”	• Given that the definition of prescription includes “authorization”, it is redundant and unnecessary to use the term “prescription authorization”. • Ensures clarity and consistency throughout the document.
6(7)	Refer to applicable requirements in section 6(2)	• Ensures clarity and consistency throughout the document.

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Consequential Amendments – Residential Care Facilities and Homes Standards of Practice

- Provisions within the Residential Care Facilities and Homes Standards of Practice mirror the language for prescription requirements in the Community Pharmacy Standards of Practice.
- As a result, consequential amendments to the Residential Care Facilities and Homes Standards of Practice are required.

College of Pharmacists of British Columbia

Next Steps

- Submit proposed amendments to the Minister of Health for a filing period of 60 days;
- Amendments to the Community Pharmacy Standards of Practice as well as the Residential Care Facilities and Homes Standards of Practice will come into force on **June 18, 2020**; and
- Develop and implement communications on the amendments.

College of Pharmacists of British Columbia

Questions

College of Pharmacists of British Columbia

6a) Amendments to HPA Standards of Practice – Pharmacist Verbal Orders

MOTION 1:

Approve the following resolution to amend the *Health Professions Act* Bylaws Schedule F Part 1 – Community Pharmacy Standards of Practice relating to verbal prescriptions:

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

College of Pharmacists of British Columbia

6a) Amendments to HPA Standards of Practice – Pharmacist Verbal Orders

MOTION 2:

Approve the following resolution to amend the *Health Professions Act* Bylaws Schedule F Part 3 – Residential Care Facilities and Homes Standards of Practice relating to verbal prescriptions:

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

College of Pharmacists of British Columbia

BOARD MEETING
April 17, 2020

7. Medical Delegation Request: Anticoagulation Management Clinic

DECISION REQUIRED

Recommended Board Motion:

Approve the delegation request to authorize pharmacists at the Anticoagulation Management Clinic at the *Jim Pattison Outpatient Care and Surgery Centre to administer low molecular weight heparin injections as delegated by Dr. Mir I. Ali.*

Purpose

To seek Board approval of a Delegation of a Medical Act from Dr. Ali to pharmacists at the Anticoagulation Management Clinic at the Jim Pattison Outpatient Care and Surgery Centre ("AMC") at Surrey Memorial Hospital for the administration of low molecular weight heparin ("LMWH") injections.

Background

Delegation of a Medical Act
The College of Physicians and Surgeons of BC ("CPSBC") allows persons other than physicians to be entrusted with performing a medical act via a Delegation of a Medical Act. According to CPSBC guidelines, when a medical act that is outside the scope of practice of another discipline is delegated, the responsibility for that act is shared. The physician who delegates the act still has a responsibility to the patient, and the person who carries out the act must do so with care and diligence and is legally liable if negligent.

Approval Process for Delegating the Authority for Administering Injections of Drugs and Substances Other than for Immunization Purposes
Currently, the administration of injections, except for immunization, is beyond the scope of practice of B.C. pharmacists. Section 4(1)(c.1) of the *Pharmacists Regulation* under the *Health Professions Act* permits pharmacists to administer Schedule I, IA, or II drugs or substances by intradermal, intramuscular or subcutaneous injection. However, section 4.1 of *Pharmacists Regulation* also states that a pharmacist may perform injections only if the College of Pharmacists of BC ("CPBC") establishes the associated standards, limits, and conditions. At this time, the CPBC has only developed standards, limits and conditions for providing immunizations by injection and intranasal route. Therefore, for B.C. pharmacists to provide injections of drugs or substances other than for the purposes of immunizations, the existing Delegation of a Medical Act process between the CPSBC and CPBC must be followed at this time.

Discussion

Pharmacists at the AMC were Approved to Administer LMWH Injections under a Pilot Project Agreement since 2010

The AMC is a pharmacist-led, physician supported program that services patients diagnosed with acute venous thromboembolism. The AMC was first started in 2010 as a pilot project under an agreement between Fraser Health Authority and CPBC (Appendix 1-2). Pharmacists working at the AMC are required to be certified to administer injections and receive specialized training to inject subcutaneous LMWH injections. Patients are referred to the AMC mostly by the Surrey Memorial Hospital Emergency Department, where patients are being diagnosed with deep vein thrombosis or pulmonary embolism and require urgent and ongoing treatment. The clinic also accepts referrals to help facilitate hospital discharge for patients needing anticoagulation management and for patients who do not have timely access to primary health care providers to manage their anticoagulation. Weekly rounds are conducted between patients, pharmacist(s), and Dr. Mir Ali, who oversees the ACM clinic (Appendix 3).

CPSBC Approved Delegation of a Medical Act from Dr. Ali to pharmacists at the AMC

On Mar 5, 2020 the CPSBC Board approved the request from Dr. Ali to delegate to pharmacists the administration of LMWH injections at the ACM. As per the existing approval process between CPSBC and CPBC, the CPBC Board must also approve this delegation request for it to be effective.

Key Considerations

Key questions for the Board to consider are:

1. Does the request meet the requirements of the approval process of the Delegation of a Medical Act?
2. Does the delegation arrangement (e.g., pharmacists training, physician supervision) appropriately protect patient safety?

Recommendation

The Board approves the Delegation of a Medical Act from Dr. Mir I. Ali to pharmacists at the Anticoagulation Management Clinic at the Jim Pattison Outpatient Care and Surgery Centre for the administration of low molecular weight heparin injections.

Appendix	
1	Pilot Project Proposal
2	CPBC Approval Letter for the Pilot Project
3	Letter of Support
4	CPSBC Approval of Delegation Request

PROPOSAL FOR PILOT PROJECT

December 23, 2009

ONE-STOP ANTICOAGULATION MANAGEMENT AT SURREY MEMORIAL HOSPITAL

Background:

The Surrey Hospital Services Capacity Initiative (SHSCI) includes a new stand-alone outpatient facility (OPF) which will be built and opened by July 2011. Within this new state-of-the-art facility are a number of ambulatory clinics, all designed to provide care in a best-practice model, with the dual objective of providing this type of care entirely outside of a hospital-based setting, as well as improving the general health of the local population. Both objectives will serve to reduce demand on acute care facilities and resources, thereby helping to increase acute care capacity.

One such clinic within the OPF is the anticoagulation management (ACM) clinic. In this practice model, patients will initially be seen in the Emergency Room (ER) at Surrey Memorial Hospital (SMH) following an acute thromboembolic event. The ER physician will then refer the patient to the ACM (after initial treatment with a low molecular weight heparin (LMWH), and possibly the initial dose of warfarin). The ACM will then provide the following services for the patient:

- Provide an initial assessment of the patient for suitability for ongoing warfarin
- Review the PharmaNet medication profile, update medication history, and assess drug interactions and co-morbidities that may modify response to warfarin therapy
- Adjust warfarin doses on a daily basis according to INR results and established algorithms, until such time the warfarin dose is stablized to a therapeutic INR result
- Administer daily injections of subcutaneous LMWH until such time warfarin doses are therapeutic and stable
- Provide medication education and compliance aids, as required, to assist patients to adhere to prescribed medication regimens
- Continue periodic follow-up of patients to ensure that medication therapy is achieving intended outcomes and to minimize or manage adverse effects
- Assess for suitability of candidates for self management of anticoagulation (ie use of point of care testing (POCT) devices for INR measurement), and provide instruction on use of POCT devices as appropriate
- Maintain close communication with physicians responsible for ongoing care on progress and ongoing plans for anticoagulation

In alignment with the philosophy of the OPF, the ACM clinic is designed as a patient-focused clinic, utilizing a “one-stop” concept to minimize redundant wait times, multiple appointments, and clinic-to-clinic travel within the OPF. As such, the new practice models within the OPF require practitioners of many disciplines to possess multiple skills, as appropriate, in order to meet the needs of the patient. Based on the menu of skill sets required for an ACM clinic, it has been decided through a series of interdisciplinary meetings involving pharmacists, nurses, administrators, and physicians, that the pharmacist is best positioned to lead the ACM clinic at the OPF. The specific details are available within the attached business case.

Issue:

In alignment OPF principles, the ACM process is designed as a one-stop process, adopting and adapting from best practice models utilized elsewhere in Canada and in the United States. Based on need, readiness, soundness of concept, and patient safety impact, the ACM clinic has

been selected by the Fraser Health Outpatient Steering Committee as a priority for “early implementation”.

Funding for a pilot implementation has been approved to enable implementation anytime after January 2010. The POCT devices are being reviewed and purchased by the Laboratory, and the pharmacists are reviewing the certification options and training required for administering subcutaneous injections.

During the development of the model of care as outlined in the business case, a preliminary review of the Health Professions Act suggested that specific pharmacist-based activities integral to the ACM model of care, such as administration of subcutaneous injections, were in alignment with existing legislation and evolving scope of practice. A subsequent review of the Bylaws, Schedule F (Standards of Practice), Part 4 (Injection Drug Administration) confirms that the practice at ACM would be in full compliance with all of the specific components detailed in the Standards, Limits, and Conditions for “Certified Practice – Drug Administration by Injection” other than in the general titling of Part 4, which implies that the Standards, Limits, and Conditions applies to the specific context of immunization (and not to the general technique of subcutaneous injection, as would apply for LMWH).

The potentially narrow interpretation that Schedule F, Part 4, applies only to immunizations is problematic for implementation of the ACM clinic’s practice model, and would introduce additional resources (nurses), additional scheduling (for injections), additional waits for patients (waiting for lab, nurses, and pharmacists) and other inefficiencies. In a tight scheduling environment such as the OPF, it threatens to undermine its efficient operation, causing delays for patients and inefficiencies for appointment-based care providers.

Proposed Solution:

As the specific principles of drug administration by subcutaneous injection for the purposes of immunization and for LMWH bridging during warfarin titration are identical, the standards, limits, and conditions currently outlined in Schedule F, Part 4 would be expected to be similarly applicable for the administration of subcutaneous LMWH. It would also be expected that all prescribed education and certification processes required for approval to administer subcutaneous injections for immunizations would also be required for LMWH, such that all practitioners providing this practice will be qualified and competent to do so.

In the specific situation of the ACM clinic in Surrey, there is also an additional and significant layer of safety embedded. The early implementation phase of the ACM pilot project will occur within the walls of Surrey Memorial Hospital from February 2010 to July 2011, so unlike typical situations encountered in immunization clinics, there will be numerous acute care physicians, nurses and other care providers (as well as an Emergency Room) closely available in the unlikely event that clinical complications should arise.

The early implementation of the ACM clinic at SMH is designed as a pilot project to evaluate the new model of practice, from the dual perspective of the practitioner and the patient. As such, an evaluation framework is embedded, upon which additional evaluation parameters for the administration of subcutaneous LMWH can be layered, if required. The data from this evaluation may serve to inform future decision making for College policies regarding injection administration.

The proposed solution requested is to proceed with the ACM early implementation according to the model of care approved by the Fraser Health Outpatient Steering Committee, which includes the administration of subcutaneous LMWH by pharmacists, and use this opportunity to gather evidence about safety and other issues related to pharmacist administered subcutaneous LMWH.

Anticipated Benefits:

Proceeding with the full ACM pilot project, including subcutaneous LMWH administration by pharmacists at Surrey Memorial Hospital (SMH) in preparation for its eventual implementation at the Outpatient Facility (OPF), will provide the following benefits:

- Enable the ACM pilot project to proceed as planned.
- Enable the ACM program to evaluate and refine its processes prior to its establishment at the OPF in July 2011.
- Enable patients to benefit from a one-stop model of care, minimizing queuing and other inconveniences.
- Enable more efficient use of health care resources (e.g. eliminate the scheduling of nurses for the sole purpose of administering an injection)
- Enable pharmacists to gain experience and expertise in all aspects of anticoagulation care, including the administration of LMWH, within the safety of an acute care setting.
- Provide data to the College of Pharmacists of BC that will serve to inform future decision-making

Risk Mitigation

The clinical risks associated with the administration of subcutaneous LMWH are well recognized, and will be mitigated as follows:

- All pharmacists involved will be certified for subcutaneous injection administration, as outlined in the College of Pharmacists of BC (CPBC) application for certification
- As per CPBC certification process, all pharmacists involved will have undergone the necessary education, training, and experiential requirements.
- As per CPBC certification process, all pharmacists involved will have completed and maintained CPR certification and first aid certification.
- Early implementation of the ACM clinic will occur within the walls of an acute care facility (Surrey Memorial Hospital), thereby providing ready access to physicians, nurses, an emergency code process, and an Emergency Room, in the unlikely event of a serious clinical complication related to therapy.
- The model of care was developed through an inter-disciplinary process, and adopts and adapts from best practices from within North America. As such the practice model is evidence-based with respect to outcome and safety benefits, and further customized in recognition of local and regional practices.
- The early implementation process builds in regular follow-up of patients, even after stabilization of the anticoagulation dosage, to monitor for long term outcomes and safety benefits.
- The ACM clinic model has included and budgeted for a regular physician session for the review of complex or unusual cases.

Risks of Not Proceeding:

<u>Not</u> proceeding with having pharmacists administering subcutaneous LMWH within the parameters of ACM pilot project at Surrey Memorial Hospital (SMH) at this time, will introduce or perpetuate the following risks:

- Compromise the status of the ACM pilot project at SMH

- Introduce patient risks if the ACM program opens as an integral service at the OPF in July 2011 without a prior opportunity to evaluate and refine its processes
- Patients will continue to queue and experience other inconveniences of a multi-step models of care
- Continued demand on health care resources (e.g. scheduling of nurses for the sole purpose of administering an injection)
- Loss of opportunity for pharmacists to gain experience in the administration of LMWH within the safety of an acute care setting
- Loss of opportunity to gather data required for evidence-based decision-making

The model of care envisioned for the ACM clinic at the OPF was designed with inter-disciplinary participation (physicians, pharmacists, nurses, and administrators) over a series of meetings, based on literature evidence and best practice models. Not being able to proceed as envisioned may serve to undermine the future involvement of such wide range of participants in future initiatives where inter-disciplinary input is required.

Recommendation:

Enable the application of Health Professions Act Bylaws Schedule F, Part 4, to include the administration of subcutaneous LMWH, to enable pilot project for the Anticoagulation Management Clinic at Surrey Memorial Hospital to proceed, and inform future decision-making.

COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA
Safe and Effective Pharmacy Care

March 18, 2010

Ms. Mits Miata
Director, Pharmacy – Acute Care
Fraser Health
Pharmacy Drug Distribution
Unit B, 8521 – 198A Street
Langley, BC V2Y 0A1

Dear Ms. Miata:

I am pleased to support and approve the pilot project of the new model of care for the pharmacist-lead anticoagulation management clinic at the Surrey Outpatient Clinic. Cam Egli and Alan Samuelson have reviewed your proposal and recommend that we go forward with it. The College of Pharmacists of BC will require periodic reports (every 6 months) on the progress of the project.

The agreed to criteria is as follows:

Monitoring criteria used for an evaluation of the project by FHA

- **The ACM clinic model has included and budgeted for a regular monthly session with a physician for the review of complex or unusual cases.**
- **Performance indicators that will be routinely monitored are:**
  - **Time to therapeutic INR (average, median, and range)**
  - **Duration of days from admission to discharge from the clinic INR (average, median, and range)**
  - **Incidence and nature of adverse events**
    - **e.g. minor and major bleeding episodes**
    - **e.g. re-clotting episodes (i.e. treatment failures)**
  - **Frequency and reason for urgent referral to physician or the Emergency Room**
- **These will be compared to established standards found in the literature in the evaluation phase.**

Safety process for adverse event reporting

- **The ACM pilot builds in regular follow-up of patients as part of each patient's care plan, until such time the patient is transferred to a primary care physician. For example, all patients are seen or contacted:**
  - **on a daily basis for the first week**
  - **every 2 days for the second week**
  - **every 3 days for the third week**
  - **then monthly thereafter**

...continued....

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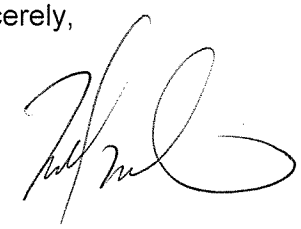
- **Regular follow-up of patients is designed to ensure that medication therapy is achieving intended outcomes and that adverse effects are monitored and minimized through early detection and management.**
- **As previously mentioned, the ACM clinic model includes a regular monthly session with a physician for the review of complex or unusual cases, including those with adverse events, with the intent of prevention of future occurrences.**
- **In addition, there is a process for urgent referral to a physician or the Emergency Room should a serious adverse event occur.**

Indication of the patient satisfaction with the program

- **During periodic follow-up of patients as per schedule above, there is opportunity to ensure that medication therapy is achieving intended outcomes, that adverse effects are detected and managed early, and that patients are satisfied with the level of service.**
- **A formal survey of patient specific to the ACM clinic has not been planned, but as per general hospital routine, these patients may be captured through a general survey process conducted by the health authority designed to measure satisfaction of patients for services offered by the hospitals and associated facilities.**

Congratulations on establishing an excellent program that is in keeping with the commitment to ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health.

Sincerely,



Marshall Moleschi, B.Sc.(Pharm.), R.Ph., MHA
Registrar

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Dr. Rumi McGloin
c\o Pharmacy Department
Surrey Memorial Hospital
13750 96 Ave
Surrey, BC
V3V 1Z2

February 26, 2020

Dr. Heidi M. Oetter
Registrar and CEO
College of Physicians and Surgeons of BC
300–669 Howe Street
Vancouver, BC
V6C 0B4

Dear Dr. Oetter

As the Coordinator of Clinical Pharmacy Services at Jim Pattison Outpatient Care and Surgery Centre (JPOCSC), I am writing you to obtain authorization for delegation under the *Health Professions Act* for a select group of pharmacists to administer low molecular weight heparin (LMWH) injections. As you are aware the current College of Pharmacists of BC, *Health Professions Act* Bylaws Schedule F Part 4 limits certified pharmacists to administer only a drug by injection or intranasal route for the purpose of immunization. The College of Pharmacists of BC has applied for designation of expanded scope of administration of injections to the Ministry of Health of BC and this is currently under review.

The Anticoagulation Management Clinic (ACM) at JPOCSC, is a pharmacist-led, physician-supported program that services patients diagnosed with acute venous thromboembolism, seven days a week. The ACM was first started in 2010 as a pilot project under an agreement between Fraser Health Authority and the College of Pharmacists of BC. This successful pilot has continued to run and we are now seeking to formalize the process until such time as the pharmacist expanded scope of administration is granted by the Ministry of Health. Clinical pharmacists working at the ACM are required to be certified to administer injections and receive specialized training to inject subcutaneous LMWH injections (Appendix 1). Pharmacists not only administer and teach patients to self-administer LMWH, they also, assess the appropriateness of initial anticoagulation selection and duration of treatment and monitor for adverse reactions to the medications and thrombosis recurrence. Furthermore, they provide vital patient education on oral anticoagulants or LMWH at the time of enrollment.

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Patients are referred to the ACM utilizing the referral form (Appendix 2) which delegates authority to the pharmacist on the form. This form has gone through some revisions with the addition of a Thrombosis Clinic (Appendix 3) referral on the same the form. The updated form will replace the original form in late March 2020. The majority of the referral for ACM clinic comes from Surrey Memorial Hospital Emergency Department (SMH ER) where patients are being diagnosed with deep vein thrombosis or pulmonary embolism and require urgent and ongoing treatment. Patients are usually seen within 24-48 hours for urgent referrals. In addition, the clinic also accepts referrals on a case by case basis to help facilitate hospital discharge for patients needing anticoagulation management and for patients who do not have timely access to primary health care providers to manage their anticoagulation. Weekly rounds are conducted between patients, pharmacist(s), and Dr. Mir Ali, who oversees the ACM clinic.

As you can appreciate we are in a bit of a conundrum as we await the response from the Ministry of BC in regards to expanding pharmacist scope to administer injections other than immunizations. If we halt ACM services today, we will have a significant impact on the one of the busiest ER departments in the country. In 2019, 2,180 ACM appointments were delivered to 166 unique patients, the majority of referrals from SMH ER.

Thank you for considering this request and if you require any further information, please do not hesitate to contact me at rumi.mcgloin@fraserhealth.ca or 604-655-4494. I have asked Dr. Mir Ali, who has agreed to continue to act as the medical practitioner overseeing the delegation of authorization for endorsement as well.

Sincerely,

Dr. Rumi McGloin
Coordinator, Clinical Pharmacy Services
Surrey Memorial Hospital & Jim Pattison Outpatient Care and Surgery Centre

This letter has been endorsed by Dr. Mir Ali

CPSBC Reg# 00050.
Feb. 26. 2020.

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March 5, 2020

CPSID #00030

VIA EMAIL (mir31@yahoo.com)

Dr. Mir I. Ali
Surrey Memorial Hospital
13750 96 Ave.
Surrey, BC V3V 1Z2

Dear Dr. Ali,

We acknowledge receipt and thank you for your letter dated February 26, 2020, requesting authority to delegate to pharmacists the administration of low molecular weight heparin (LMWH) injections at the Anticoagulation Management Clinic at Jim Pattison Outpatient Care and Surgery Centre.

At its most recent meeting, the Board reviewed your request. We are pleased to inform you that the Board passed the following Resolution:

RESOLUTION 20-163
RESOLVED that the Board approves the request of Dr. Mir I. Ali (CPSID #00030) to delegate to pharmacists the administration of low molecular weight heparin (LMWH) injections at the Anticoagulation Management Clinic at Jim Pattison Outpatient Care and Surgery Centre.

We thank you for your inquiry and if you have any questions regarding this correspondence, please do not hesitate to contact the undersigned.

Yours truly,

Heidi M. Oetter, MD
Registrar and CEO

HMO/js
cc: Dr. Rumi McGloin, Coordinator Clinical Pharmacy Services,
Surrey Memorial Hospital & Jim Pattison Outpatient Care and Surgery Centre

College of Pharmacists of British Columbia

7. Medical Delegation Request: Anticoagulation Management Clinic

Bob Nakagawa

Registrar

College of Pharmacists of British Columbia

Background

- The *"Pharmacists Regulation"* under the HPA allows pharmacists to administer a Schedule 1, 1A or 2 drugs or substances by intradermal, intramuscular or subcutaneous injection or intranasally.
- That regulation also states that a pharmacist *may only* perform those activities if associated standards, limits, and conditions have been established for them.
- At this time, the CPBC has only established standards, limits and conditions about providing *immunizations* by injection or intranasal route.

College of Pharmacists of British Columbia

Background, continued

- Pharmacists may be permitted to administer other drugs and substances by injection via a Delegation of a Medical Act by the CPSBC.
- Key aspects of a Delegation of a Medical Act are:
  - Requires approval by the Boards of both Colleges involved.
  - The responsibility for the act is shared.
  - The physician who delegates the act still has a responsibility to the patient, and the person who carries out the act must do so with care and diligence and is legally liable if negligent.

College of Pharmacists of British Columbia

A Previously Approved Pilot Project in 2010

March 2010

- Registrar approved the pilot project proposed by Fraser Health Authority for pharmacists at the Anticoagulation Management Clinic at Jim Pattison Outpatient Care and Surgery Centre (ACM) to administer low molecular weight heparin injections.

College of Pharmacists of British Columbia

Delegation Request

- Pharmacists working at the ACM are required to be certified to administer injections and receive specialized training to inject subcutaneous LMWH injections.
- Weekly rounds are conducted between patients, pharmacist(s), and Dr. Mir Ali, who oversees the ACM clinic.
- Formalize the delegation from Dr. Ali for pharmacists at ACM to administer LMWH injections.

College of Pharmacists of British Columbia

Approval Process

Approval:

- The CPSBC approved this delegation on March 5, 2020.
- The final step of the approval process is for the CPBC Board to consider approval of the request.

College of Pharmacists of British Columbia

7. Medical Delegation Request: Anticoagulation Management Clinic

MOTION:

Approve the delegation request to authorize pharmacists at the Anticoagulation Management Clinic at the Jim Pattison Outpatient Care and Surgery Centre to administer low molecular weight heparin injections as delegated by Dr. Mir I. Ali.