



**Board Meeting
February 11, 2022
Via Video Conference**

MINUTES

Members Present:

Steven Hopp, Chair, District 4
Andrea Silver, Vice-Chair, District 3
Alex Dar Santos, District 1
Terri Gibson, District 2
Michael Ortynsky, District 5
Anca Cvaci, District 6
Claire Ishoy, District 7
Eric Sletmoen, District 8
Tracey Hagkull, Government Appointee
Anne Peterson, Government Appointee
Katie Skelton, Government Appointee
Justin Thind, Government Appointee

Staff:

Suzanne Solven, Registrar and CEO
David Pavan, Deputy Registrar
Mary O'Callaghan, Chief Operating Officer
Ashifa Keshavji, Director of Practice Reviews and Quality Assurance
Doreen Leong, Director of Registration and Licensure
Christine Paramonczyk, Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement
Stephanie Kwok, Executive Assistant and Board Coordinator

Guest:

Aamir Ladak, Sponsorship Coordinator, UBC Pharmacy Undergraduate Society President

Guests Presenter:

Mitch Moneo, Assistant Deputy Minister, Pharmaceutical, Laboratory and Blood Services

1. WELCOME & CALL TO ORDER

Chair Hopp called the meeting to order at 8:56am on February 11, 2022.

Chair Hopp would like to acknowledge and thank the Syilx (pronounced Say-el-ks) Okanagan people on whose unceded territories he is chairing this meeting from. The People of the Okanagan Nation have lived, traded and gathered on these territories since the first people set foot on these lands and have always cared for all living things within their territory.

He also recognized that attendees of the videoconference are joining the call from different locations across BC, he also acknowledged that the Indigenous Peoples are the stewards of the lands and waters where each of us are attending from this morning.

2. CONSENT AGENDA

a) Items for further discussion

b) Approval of Consent Items (Appendix 1)

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

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

CARRIED

3. CONFIRMATION OF AGENDA (Appendix 2)

It was moved and seconded that the Board:
Approve the February 11, 2022 Draft Board Meeting Agenda as circulated.

CARRIED

4. AUDIT AND FINANCE COMMITTEE: BUDGET 2022/23 (Appendix 3)

Steven Hopp, Chair of Audit and Finance Committee presented on the budget recommendations for fiscal year 2022/23.

It was moved and seconded that the Board:
Approve the 2022/2023 budget, Option A, with total revenues in the amount of \$11,331,232 and a transfer from the balance sheet in the amount of \$770,116, as presented.

CARRIED

5. LEGISLATION REVIEW COMMITTEE (Appendix 4)

a) Drug Schedules Regulation - Amendments

Justin Thind, Chair of Legislation Review Committee presented on the proposed amendments to the Drug Schedules Regulation (DSR) under the *Pharmacy Operations and Drug Scheduling Act* (PODSA).

It was moved and seconded that the Board:
Approve the following resolution to improve alignment of the drug scheduling in the Drug Schedules Regulation with the National Drug Schedules and the Prescription Drug List made under the Food and Drugs Act:

RESOLVED THAT, in accordance with the authority established in section 22(1) of the Pharmacy Operations and Drug Scheduling Act, and subject to filing with the Minister as required by section 22(2) of the Pharmacy Operations and Drug Scheduling Act, the board

amend the Drug Schedules Regulation, B.C. Reg. 9/98, in the schedule attached to this resolution.

CARRIED

b) Special Resolution

Justin Thind, Chair of Legislation Review Committee presented on the proposed amendment to the *Health Professions Act* (HPA) Bylaws to define the term special resolution.

It was moved and seconded that the Board:

Approve the following resolution to amend the bylaws under the Health Professions Act to define the term special resolution:

“RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act (HPA), and subject to the requirements in section 19(3) of HPA, the Board of the College of Pharmacists of BC approve the proposed draft bylaws made under the HPA regarding the definition of special resolution, as set out in the schedule attached to this resolution, for filing with the Minister of Health.”

CARRIED

6. AMENDMENTS TO TELEPHARMACY SCHEDULE “G” (Appendix 5)

Chair Hopp presented on the proposed amendments to Schedule “G” under the *Pharmacy Operations and Drug Scheduling Act* (“PODSA”) to reflect an anticipated address change of the McBride Telepharmacy site.

It was moved and seconded that the Board:

Approve the following resolution:

“RESOLVED THAT, in accordance with the authority established in section 21(8) of the Pharmacy Operations and Drug Scheduling Act, the board approve the proposed draft bylaws of the College of Pharmacists of British Columbia regarding a one-time amendment to Schedule “G” to address exceptional circumstances requiring an address change, for public posting, as circulated.”

CARRIED

It was moved and seconded that the Board amend the motion:

Original motion:

Direct the Registrar to conduct a review of the telepharmacy regulatory framework with a focus on standardizing requirements across all telepharmacies including the removal of Schedule “G” within two years.

Amended motion:

Direct the Registrar to conduct a review of the telepharmacy regulatory framework within two years with a focus on standardizing requirements across all telepharmacies.

CARRIED

7. PHARMACEUTICAL CARE MANAGEMENT STRATEGY (PCMS) UPDATE (Appendix 6)

Mitch Moneo, Assistant Deputy Minister, Pharmaceutical, Laboratory and Blood Services provided an update on the Pharmaceutical Care Management Strategy (PCMS) which was developed by the Ministry in collaboration with stakeholders across the province in response to Pharmaceutical, Laboratory Blood Services Division's mandate.

The key topics addressed in the presentation includes:

- Mandate direction of the Ministry of Health's Pharmaceutical, Laboratory Blood Services Division (PLBSD), Provincial Health Services Authority (PHSA) and Regional health Authorities (RHAs);
- Provincial Prescription Management (PPM) Project update;
- Pharmaceutical Care Initiatives updates on:
 - Clinical Pharmacists in Primary Care;
 - Medication Review Services Modernization;
 - Opioid Agonist Treatment Services Optimization;
- Special Authority Transformation Project;
- Prescription Monitoring Program (PMP);
- COVID-19 Oral Antiviral Therapy;
- Vaccine Administration; and
- PCMS next steps.

8. GOVERNANCE COMMITTEE (Appendix 7)

Anne Peterson, Chair of Governance Committee presented on the proposed amendments to the *Health Professions Act* Bylaws to remove Robert's Rules of Order as the document that governs the procedures of College Board meetings, and to replace it with a new College of Pharmacists of British Columbia Board Meeting Guidelines document, based on guidelines followed by the BC College of Nurses and Midwives.

a) Board Meeting Guidelines: Robert's Rules to Adapted BCCNM Board Meeting Guidelines

It was moved and seconded that the Board:

Approve the following resolution to amend the bylaws made under the Health Professions Act regarding Board meetings, including the removal of Robert's Rule of Order as the document governing Board meeting procedures:

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

CARRIED

It was moved and seconded that the Board:

Approve the College of Pharmacists of British Columbia's Board Meeting Guidelines, as circulated, as the document governing Board meeting procedures.

CARRIED

b) Approval of Board Composition Committee Terms of Reference and Appointment of Members

Anne Peterson, Chair of Governance Committee presented on the proposed establishment of a Board Composition Committee to develop a Board Competency Matrix.

It was moved and seconded that the Board:

Approve the establishment of the Board Composition Committee, with the Terms of Reference, as circulated.

CARRIED

Election of Board Member at Large

Chair Hopp called for nominations.

- Eric Sletmoen self-nominated.

Since no further nominations were made, Eric Sletmoen was appointed as the Board Member-at-Large to the Board Composition Committee.

Election of Two Public Board Members

Chair Hopp called for nominations

- Tracey Hagkull self-nominated.
- Katie Skelton self-nominated.

Since no further nominations were made, Tracey Hagkull and Katie Skelton were appointed as the two Public Board Members to the Board Composition Committee.

It was moved and seconded that the Board:

Approve the Board Composition Committee member appointments for terms beginning on February 11, 2022, as presented.

CARRIED

9. DRUG ADMINISTRATION COMMITTEE: AMENDMENTS TO THE DRUG ADMINISTRATION BY INJECTION AND INTRANASAL ROUTE STANDARDS, LIMITS AND CONDITIONS (Appendix 8)

Alex Dar Santos, Member of the Drug Administration Committee presented to the Board the proposed amendment to the *Health Professions Act* Bylaws to lower the patient age limit for drug administration by pharmacists by injection to 4 years of age.

It was moved and seconded that the Board:

Approve the following resolution to amend the Health Professions Act Bylaws Schedule F Part 4 – Certified Practice – Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions to lower the patient age limit for drug administration by injection to 4 years of age, and to include other minor updates as previously approved by the Board, but not remove the limit that restricts pharmacists to administering immunizations only nor the 15-30 minute wait period, as circulated.

“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



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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

10. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA

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

ADJOURNMENT

Chair Hopp adjourned the meeting at 2:33pm on February 11, 2022.



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BOARD MEETING February 11, 2022

2b.i. Chair's Report

INFORMATION ONLY

It is my pleasure to provide this report for the February 2022 meeting. Since the previous Board Meeting report (November 2021), I have been involved in the following activities as Board Chair:

General:

- Liaised with Registrar, Vice Chair and Board to plan for the onboarding of Suzanne Solven as new Registrar/CEO
- Phone call and emails with Suzanne Solven to discuss her needs for training and orientation including what is already being done
- Reviewed draft November 2021 board meeting and Committee of the Whole meeting minutes
- Attended regular videoconferences with Registrar and Vice-Chair to discuss College and Board business
- Conducted phone calls with new board members to assess if they need any further training, information, or resources for further orientation
- Connected with board members regarding progress of new Registrar orientation
- Connected with experts regarding Chairing boards to receive input on how better to fill my role as Chair
- Met with Charles Holmes twice to work on strategy to facilitate upcoming board discussions. One meeting was with Registrar and Vice Chair. Second was with Charles, Vice Chair and I only.

Events:

- Virtually attended the seminar "Two Eyed Seeing in Health Care: Exploring how Indigenous Knowledge and Western Healthcare Can Work Together"
- Bob's Virtual "Surprise" Retirement Event

Committees:

- Legislative Review Committee
- Governance Committee
- Audit and Finance Committee
- Pharmacy Advisory Committee

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, 2021

Non-profit Tax Return – Filed August 11, 2021

Non-profit Information Return – Filed August 11, 2021

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.

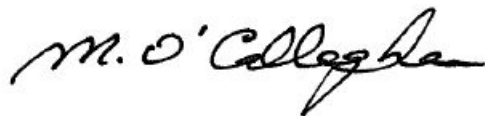
Insurance – all insurance policies are up to date.

Business Licence – current.

Signed by:



Registrar and CEO



Chief Operating Officer



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

INFORMATION ONLY

MOTIONS/ACTION ITEMS		RELEVANT BOARD MEETING	STATUS
1.	<p>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.</p> <p>Status: At their September 2020 meeting, in light of the COVID-19 State of Emergency, the Board approved extending the implementation plan to adopt the Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations and the Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations from May 2021 to July 2022.</p> <p>This item was approved at the November 2021 Board Meeting for public posting. It is anticipated that it will be brought forward to the June 2022 Board meeting for approval to file the bylaw amendments with the Ministry of Health.</p>	04-2017	IN PROGRESS
2.	<p>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.</p> <p>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 began in 2021. This project is underway. No further update at this point. The current status is still in effect.</p>	06-2017	IN PROGRESS
3.	<p>Motion: Direct the Registrar to explore the development of new requirements for the security of information in local pharmacy computer systems.</p>	02-2018	IN PROGRESS

MOTIONS/ACTION ITEMS		RELEVANT BOARD MEETING	STATUS
	<p>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.</p>		
4.	<p>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.</p> <p>Status: Research and analysis has begun. Further, the College has engaged the Ministry of Health on the topic of amending the Drug Schedules Regulation to allow for scheduling by reference. No further update at this point. The current status is still in effect.</p>	11-2018	IN PROGRESS
5.	<p>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.</p> <p>Status: At the November Board meeting, the Board accepted the amendments, in principle to the Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions, as circulated. Registrar Nakagawa reported to the Board on his meeting with Mark Armitage, Assistant Deputy Minister, Health Sector Workforce and Beneficiary Services Division, Mitch Moneo, Assistant Deputy Minister, Pharmaceutical, Laboratory & Blood Services Division and David Byres, Associate Deputy Minister, Clinical Leadership on November 16, 2020. He expressed the Board’s desire to collaborate with the Ministry in this matter. The Board asked Registrar Nakagawa to follow-up with another conversation with the Ministry and keep the Board apprised of the progress.</p> <p>Registrar Nakagawa had a subsequent discussion with Ministry of Health executives on December 10, 2020, who requested a more fulsome report addressing the rationale for removing the restrictions on drug administration. The College has drafted a “Drug Administration by Pharmacists” document to be discussed with the Ministry tentatively planned for February 2021.</p> <p>The “Drug Administration by Pharmacists” document was emailed to Mark Armitage, Assistant Deputy Minister</p>	02-2019	IN PROGRESS

MOTIONS/ACTION ITEMS		RELEVANT BOARD MEETING	STATUS
	<p>Health Sector Workforce and Beneficiary Services Division, and to Mitch Moneo, Assistant Deputy Minister Pharmaceutical, Laboratory and Blood Services Division, of the Ministry of Health on March 9, 2021.</p> <p>A briefing note on the document is included for the consent agenda for the April 2021 Board meeting. Registrar Nakagawa met with Sheila Malcolmson, Minister of Mental Health and Addictions and updated her on this file to see how this fits into her portfolio and the coordinated network of mental health and addictions services. No further update at this point. The current status is still in effect.</p>		
6.	<p>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.</p> <p>Status: The NAPRA Medication Incident Working Group resumed work in August 2020 and met in February 2021 to continue work on the Draft Model Standards for Continuous Quality Improvement and Medication Incident Reporting. The final draft was completed and approved by NAPRA Board in May 2021. An update was presented to the Board at their November 2021 meeting.</p>	09-2019	IN PROGRESS
7.	<p>Direct the Registrar to engage with the Ministry of Health to move the amendments to the Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions forward.</p> <p>Status: See update under: "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."</p>	09-2020	IN PROGRESS
8.	<p>Direct the Registrar to remove natural health products from the Drug Schedules Regulation in a step-wise manner to align with the removal of natural health products from the National Association of Pharmacy Regulatory Authorities' National Drug Schedules.</p> <p>Status: The Board approved the initial set of relevant DSR changes at their September 2021 meeting. The next set is expected to proceed to the Board for their February 2022 meeting.</p>	09-2020	IN PROGRESS
9.	<p>Direct the Registrar to bring forward Board meeting guidelines, based on those from the British Columbia College of Nurses and</p>	11-2021	IN PROGRESS

MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS
<p>Midwives, and associated bylaw amendments for the February 2022 meeting.</p> <p>Status: A draft Board meeting guideline document and associated bylaw amendments are expected to proceed to the Board for their February 2022 meeting, for approval to file with the Ministry of Health.</p>		



17
ACTION ITEMS

4%
ACTION ITEM
COMPLETION

COLLEGE OF PHARMACISTS OF BC STRATEGIC PLAN

THE PUBLIC IS GIVEN EVIDENCE-INFORMED, PATIENT-CENTRED, TEAM BASED CARE

Action Item	Owner	Current Completion	2021	2022	2023	2024	2025	...
To support the provision of evidence-informed, person-centred, team-based care: 100%		17% 17 / 100% 17% ahead						
→ Modernize the Standards of Practice to support this objective: 100%	Director of Practice Reviews & Quality Assurance	17% 17 / 100% -						
→ Enhance practice reviews to include a focus area that reflects this objective: 100%	Director of Practice Reviews & Quality Assurance	17% 17 / 100% -						
→ Enhance Medication Incident Reporting: 100%	Director of Practice Reviews & Quality Assurance	17% 17 / 100% -						

TO ENABLE PRACTICE INNOVATION THROUGH REGULATION THAT ENHANCES HEALTH AND WELLNESS OF THE PUBLIC

Action Item	Owner	Current Completion	2021	2022	2023	2024	2025	2026
Ensure patient safety and health and wellness of the public by implementing a plan that engages registrants and the public in identifying practice innovations and determining the College's role: 100%		0% 0 / 100% -						
→ Review practice innovation impact on the public and consider ongoing opportunities for innovation: 100%	Deputy Registrar	0% 0 / 100% -						
→ Define the regulatory approach to practice innovation: 100%	Director of Policy & Legislation	0% 0 / 100% -						
→ Develop a framework to engage registrants and the public: 100%	Director of Communications & Engagement	0% 0 / 100% -						

TO HAVE THE PUBLIC AND HEALTH PROFESSIONALS TRUST PHARMACY PROFESSIONALS AS VALUABLE RESOURCES

Action Item	Owner	Current Completion	2021	2022	2023	2024	2025	2026
To communicate what the public and health professionals can expect from pharmacy professionals, including services provided during provincial emergencies for example the COVID-19 pandemic and the overdose crisis: 100%		0% 0 / 100% -						
→ Support greater collaboration within the healthcare system, including team-based care, by building awareness of how pharmacy professionals can help ensure all British Columbians receive high quality person-centred care: 100%	Director of Practice Reviews & Quality Assurance	0% 0 / 100% -						
→ Hear from British Columbians on their expectations of pharmacy professionals, and the pharmacy care they provide: 100%	Director of Communications & Engagement	0% 0 / 100% -						
→ Develop a Bill of Rights to increase the transparency and awareness of what British Columbians should expect from pharmacy professionals: 100%	Deputy Registrar	0% 0 / 100% -						

TO ALIGN WITH GOVERNMENT PRIORITIES AND HAVE STRONG, COLLABORATIVE ENGAGEMENT WITH ALL PROVIDERS

Action Item	Owner	Current Completion	2021	2022	2023	2024	2025	2026
Enhance patient health and wellness and align with the new health profession regulatory framework through collaborative engagement with Government and all healthcare providers: 100%		0% 0 / 100% -						
→ Develop a position statement on regulation of pharmacy practice in interdisciplinary care: 100%	Deputy Registrar	0% 0 / 100% -						
→ Review and implement the new health profession regulatory framework: 100%	Director of Policy & Legislation	0% 0 / 100% -						
→ Demonstrate existing front-line collaboration across healthcare providers: 100%	Director of Communications & Engagement	0% 0 / 100% -						
→ Support healthcare provider access to PharmaNet: 100%	Deputy Registrar	0% 0 / 100% -						



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2b.iii Approval of November 26, 2021 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the November 26, 2021 draft Board meeting minutes as circulated.

Appendix	
1	https://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Videoconference_Minutes-20211126.pdf



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BOARD MEETING February 11, 2022

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 Application Committee, Discipline Committee, Inquiry Committee and Registration Committee have provided summaries of their meetings and will not be submitting minutes.

i. **Application Committee**

The Application Committee has met six times since the last Board meeting. The committee reviewed ten pharmacy files. Six files were incomplete renewals, and four pharmacy files were eligibility-related cases. Please note, as this update was submitted on January 21, 2022 the number of pharmacy files reviewed may change dependent on the number of cases reviewed in February. (E.g., late renewals and any new eligibility cases.)

ii. **Audit and Finance Committee**

The Audit and Finance Committee will be meeting on February 7, 2022 to review the latest financial report and discuss the 2022/23 budget process as well as an update re the Joint Venture curtain wall project.

iii. **Discipline Committee**

The Discipline Committee did not have any hearing for the period of October 2021 to December 2021. There are currently seven pending files and one file in progress. Three of the Seven pending cases are HPA section 39.1 files, where registrants committed an act of unprofessional conduct in another jurisdiction or while practising as a registrant of another college.

iv. **Drug Administration Committee**

The Drug Administration Committee (DAC) has not met once since the last Board meeting.

v. Ethics Advisory Committee

The Ethics Advisory Committee has not met since the September Board meeting.

vi. Governance Committee

The Governance Committee (“The Committee”) met on January 18, 2022 via videoconference and discussed five items.

- 1) The Committee reviewed November 26, 2021, Board meeting evaluation survey results and discussed the following survey comments:
 - Response rate
 - Only 8 of 12 Board members responded
 - The Governance Committee will continue to monitor the response rate
 - Board meeting agenda planning and development
 - Training opportunities for Board Chair and Vice-Chair
 - Mentorship for new Board members
 - Framing questions for guest speakers
 - The notion of consensus decision making and creating a safe space for dialogue
 - Enhancing Board cohesion and building better board dynamics
 - Allotting time at the upcoming April Board Retreat for a creative thinking session
- 2) February Board Meeting Agenda Item: Robert’s Rules to Adapted BCCNM Meeting Guidelines
 - The Committee will be recommending the approval of the Adapted BCCNM Meeting Guidelines at the February Board meeting.
- 3) Appointment of Claire Ishoy as Member to the Legislation Review Committee, for a 3-year term
- 4) Board Competency Matrix Working Group
 - The Committee will be recommending the approval of the terms of reference and appointment of members to the Board Composition Working Group at the February Board meeting.
- 5) Annual Review of CPBC Board References and Policies
 - The Committee engaged in preliminary discussions on sections 4.1 - Code of Conduct and 4.11 - Reimbursement of Expenses to Board and Committee Members of the CPBC Board References and Policies. The Committee recommended adding this item to the April Committee of the Whole meeting for further Board discussion.

vii. Inquiry Committee

The Inquiry Committee met six times via videoconference and twelve times via teleconference for the period of October 2021 to December 2021. 57 files were reviewed or disposed of, of which 37 files were new files, 18 were reconsideration files and 2 were *PODSA* s. 18 report files. 229 calls/tips were received during this reporting period and 52 formal complaints were received. All scheduled “in-person” meetings were held virtually via Microsoft Teams. The number of calls received were approximately 60% higher as compared to previous years.

viii. Jurisprudence Examination Subcommittee

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

ix. Legislation Review Committee

The Legislation Review Committee met on January 20, 2022, and discussed the following agenda items:

- Amendments to the Drug Schedules Regulation
- Special Resolution
- The Policy & Legislation Forecasting Document

x. Pharmacy Advisory Committee

The Pharmacy Advisory Committee participated in a consultation on PPP-58 Policy updates on December 8th, 2021.

The College is in the final stages of drafting proposed amendments to [Professional Practice Policy-58 Medication Management \(Adapting a Prescription\)](#) (PPP-58). Implemented in 2009, PPP-58 permits pharmacists to dispense a prescription contrary to the terms of a prescription (adapt a prescription) if it is intended to optimize the therapeutic outcome of treatment. PPP-58 is accompanied by an [Orientation Guide and a table of Amendments to the Orientation Guide](#).

The engagement session was hosted by the Policy and Legislation Department to seek feedback on the proposed amendments to PPP-58 through discussion with the PAC of the policy issues identified along with the proposed changes. PAC members who were unable to attend the virtual session were able to submit feedback in writing.

xi. Practice Review Committee

The Practice Review Committee met on December 9th, 2021 and discussed the following items:

- PRP operational updates including review statistics, risk register, and Insight Articles
- Program Evaluation Update
- Yearly workplan

xii. Quality Assurance Committee

The Quality Assurance Committee has not met since the last Board meeting. The next meeting is scheduled for January 2022.

xiii. Registrar Evaluation and Succession Planning Committee

The Registrar Search Committee will meet in place of the Registrar Evaluation and Succession Planning Committee until a Registrar and CEO is hired.

xiv. Registration Committee

The Registration Committee met twice since the last Board meeting. The committee reviewed three registrant files, in which two were related to Structured Practical Training requirements and one related to the registrant not being unable to check off all points on the statutory declaration. Please note, as this update was submitted on January 21, 2022 the number of registrant files reviewed may change dependent on the number of cases reviewed in February

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



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2b.v Audit and Finance Committee: Finance Report (November 2021 Financials)

INFORMATION ONLY

Purpose

To report on the highlights of the November 2021 financial reports.

Background

The November 2021 financial reports reflect **nine months** of activity. Attached are the Statement of Financial Position, a summary Statement of Revenue and Expenses and more detailed reports on Revenue and on Expenses.

Statement of Financial Position

The College's cash position is well funded to meet payables with a balance of \$1.5 million. Investments totalled \$4.9 million. Payables and accruals are just over \$756,700. The Working Capital Ratio (Current Assets to Current Liabilities) is 1.09. This is almost the same as a year ago when it was 1.12. It is dropping as the College continues to run deficits, but not too quickly.

Revenue

The total *Licensure revenues* continue to be slightly over budget, by \$61,532 or 1%. Likewise, *non-licensure revenues* are also over budget by just over \$12,000, mainly due to fine revenues. As a result, total revenues are over budget, by almost \$74,000 or 1% over budget.

Expenses

Total Year to Date Actual expenses is considerably under budget, by \$611,022 or 7%. See the variance analysis which follows for details. Much of the under-budget variances are due to changes in operations due to COVID-19 or timing as the budget includes some increased activities later in the year.

This leaves the combined (revenue and expenses) under budget position at \$684,799.

Variance analysis by department:

Department	Budget	Actual	Comment
Board & Registrar's Office	545,022	563,100	Board income replacement, facilitators / consultants are over budget, partially offset by other areas that are under budget.
Finance and Administration	1,593,036	1,417,184	Reduced spending on professional development coupled with savings on consulting, rent costs recovery and timing re bank charges.
Information Technology	1,871,140	1,782,948	Deferment of certain activities/ initiatives, timing re software licences and consulting.
Grant Distribution	6,250	7,000	
Registration & Licensure	836,093	737,191	Timing re committee income replacement (honoraria), legal and consulting.
Quality Assurance	237,306	222,773	Timing re outside services (consultant).
Practice Reviews	1,184,592	1,105,790	Gapping savings (budgeted position for September filled in late November) and lower Medication Incident Reporting costs.
Complaints & Investigations	1,541,882	1,379,282	Primarily savings / timing re Discipline – legal and consulting.
Policy & Legislation	415,736	374,438	Gapping savings (budgeted position for September filled in late November).
Communications & Engagement	319,132	316,463	Timing re digital marketing
Projects	15,177	0	Savings re legal and consulting
Amortization	159,912	154,086	
Total Expenses	8,671,279	8,060,257	7% under budget (\$611,022)

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

College of Pharmacists of BC

Statement of Financial Position

As at November 30, 2021

ASSETS	
Cash and Cash Equivalents	1,500,470.14
Investments	4,914,650.72
Receivables	85,497.66
Prepaid Expense and Deposits	410,944.35
Current Assets	6,911,563
Investments in College Place Joint Venture	1,419,610
Development Costs	36,988
Property & Equipment	516,091
Non-current Assets	1,972,689
Total Assets	8,884,252

LIABILITIES AND NET ASSETS	
Payables and Accruals	756,717
Capital Lease Obligations (Current)	2,832
Deferred Revenue	5,585,099
Total Current Liabilities	6,344,648
Capital Lease Obligations (non-current)	21,773
Total Liabilities	6,366,421
Total Net Assets	2,517,831
Total Liabilities and Net Assets	8,884,252

College of Pharmacists of BC

Statement of Revenue and Expenses

For the 9 months ended November 30, 2021

	Prior Year Actual YTD 2020/21	Current Year		Current Year	
		Budget YTD 2021/22	Actual YTD 2021/22	Variance (\$) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue					
Licensure revenue	7,038,242	7,538,094	7,599,627	61,532	1%
Non-licensure revenue	462,138	343,397	355,641	12,245	4%
Transfer from Balance Sheet	-	-	-	-	0%
Total Revenue	7,500,381	7,881,491	7,955,268	73,777	1%
Expenses					
Total Expenses Before Amortization	7,456,650	8,511,368	7,906,171	605,196	7%
Amortization	214,514	159,912	154,086	5,826	4%
Total Expenses Including Amortization	7,671,164	8,671,279	8,060,257	611,022	7%
Net surplus/(deficit) of revenue over expenses after amortization expense	(170,783)	(789,788)	(104,989)	684,799	

College of Pharmacists of BC

Statement of Revenue

For the 9 months ended November 30, 2021

	Prior Year Actual YTD 2020/21	Current Year		Current Year	
		Budget YTD 2021/22	Actual YTD 2021/22	Variance (\$) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue					
Pharmacy fees	2,705,901	2,836,224	2,863,049	26,825	1%
Pharmacists fees	3,673,803	3,969,821	3,994,663	24,842	1%
Technician fees	658,538	732,049	741,914	9,866	1%
Licensure revenue	7,038,242	7,538,094	7,599,627	61,532	1%
Other revenue (fines/assessments, late fees, certificate of letter of standing)	144,808	87,110	102,299	15,189	17%
Grant Revenue	51,560	2,340	1,560	(780)	(33%)
Investment income	80,930	76,258	74,094	(2,164)	(3%)
College Place joint venture income	184,840	177,689	177,689	(0)	(0%)
Non-licensure revenue	462,138	343,397	355,641	12,245	4%
Transfer from Balance Sheet	-	-	-	-	0%
Total Revenue	7,500,381	7,881,491	7,955,268	73,777	1%

College of Pharmacists of BC

Statement of Expenses

For the 9 months ended November 30, 2021

	Prior Year	Current Year		Current Year	
	Actual YTD 2020/21	Budget YTD 2021/22	Actual YTD 2021/22	Variance (\$) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Expenses					
Board and Registrar's Office	455,056	545,022	563,100	(18,078)	(3%)
Finance and General Administration	1,432,960	1,539,036	1,417,184	121,852	8%
Information Technology	1,760,562	1,871,140	1,782,948	88,192	5%
Grant Distribution	50,000	6,250	7,000	(750)	(12%)
Registration and Licensure	650,003	836,093	737,191	98,902	12%
Quality Assurance	207,077	237,306	222,773	14,533	6%
Practice Reviews	1,044,328	1,184,592	1,105,790	78,802	7%
Complaints and Investigations	1,216,319	1,541,882	1,379,282	162,600	11%
Policy and Legislation	340,815	415,736	374,438	41,298	10%
Communications and Engagement	299,531	319,132	316,463	2,669	1%
Projects	-	15,177	-	15,177	100%
Total Expenses Before Amortization	7,456,650	8,511,368	7,906,171	605,196	7%
Amortization	214,514	159,912	154,086	5,826	4%
Total Expenses Including Amortization	7,671,164	8,671,279	8,060,257	611,022	7%



College of Pharmacists
of British Columbia

BOARD MEETING February 11, 2022

2b.vi Approval of November 25, 2021 Draft Committee of the Whole Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the November 25, 2021 draft Committee of the Whole meeting minutes as circulated.

Appendix	
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1	November 25, 2021 Draft Committee of the Whole Meeting Minutes
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**Committee of the Whole Meeting
November 25, 2021
Via Video Conference**

MINUTES

Members Present:

Claire Ishoy, Chair, District 7
Steven Hopp, Vice-Chair, District 4
Alex Dar Santos, Board member, District 1
Christine Antler, Outgoing Board member, District 2
Terri Gibson, Incoming Board member, District 2
Andrea Silver, Board member, District 3
Michael Ortynsky, Board member, District 5
Anca Cvaci, Board member, District 6
Bal Dhillon, Outgoing Board Member, District 8
Eric Sletmoen, Incoming Board Member, District 8
Tracey Hagkull, Government Appointee
Anne Peterson, Government Appointee
Katie Skelton, Government Appointee
Justin Thind, Government Appointee

Staff:

Bob Nakagawa, Registrar and CEO
David Pavan, Deputy Registrar
Mary O'Callaghan, Chief Operating Officer
Ashifa Keshavji, Director of Practice Reviews and Quality Assurance
Doreen Leong, Director of Registration and Licensure
Christine Paramonczyk, Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement
Hilary Leung, Policy and Legislation Analyst
Stephanie Kwok, Executive Assistant and Board Coordinator

Guest Speakers:

Jasmine Buttar, Manager, BDO Canada LLP
Paul Fripp, Partner, BDO Canada LLP
Cheyenne Johnson, Executive Director, British Columbia Centre on Substance Use (BCCSU)
Julia Wagner, Associate Director of Health and Wellness, Ministry of Health, Ministry of Mental Health and Addictions

Guests:

Mona Kwong, Director, Clinical Addiction Pharmacy Fellowship, BCCSU
Priya Patel, Project Manager, BCCSU

1. WELCOME & CALL TO ORDER

Chair Ishoy called the meeting to order at 8:55am on November 25, 2021.

Chair Ishoy acknowledged the Syilx (pronounced Say-el-ks) Okanagan people on whose unceded traditional territories she chaired the meeting from.

She also recognized that attendees of the videoconference are joining the call from different locations across BC, she acknowledged that the Indigenous Peoples are the traditional stewards of the lands and waters from where we attended the meeting

2. FINANCE 101

Paul Fripp, Partner, BDO Canada and Jasmine Buttar, Manager, BDO Canada facilitated a Finance 101 session with the Board.

The key topics addressed in the session includes:

- Tips for reading Non-profit financial statements;
- Planning and accountability;
- Statement of financial position;
- Net assets;
- Liquidity;
- Statement of operations; and
- Statement of cash flow.

3. BOARD SUCCESSION PLANNING & PERSONAL STATEMENTS FOR CHAIR AND VICE-CHAIR ELECTION

Steven Hopp, District 4 Board Member gave his personal statement for the Chair election.

Andrea Silver, District 3 Board Member and Anne Peterson, Government Appointee gave their personal statements for the Vice-Chair election.

The Governance Committee shared questions and thought starters for the candidates to address in their personal statements.

4. MÉTIS PEOPLE AND HEALTH IN BRITISH COLUMBIA

Julia Wagner, Associate Director of Health and Wellness presented on Métis Nation's relationship with the province.

The key topics addressed in the presentation includes:

- Daniels Decision of April 14, 2016;
- Métis National Council;
- Truth and Reconciliation Commission of Canada calls to action;
- Métis Public Surveillance Program;
- COVID-19 vaccination rollout for Métis People 18 years and older; and
- Métis Crisis Line.

5. PHARMACY WORKLOAD

Chair Ishoy presented to the Board the background on current issues and College initiatives regarding pharmacy workload concerns.

The key topics addressed in the presentation includes:

- Pharmacy quotas;
- California legislature;
- Provincial jurisdiction scan of five provincial pharmacy regulators around requirements referencing workload/ workflow or quotas/ target;
- Background around previous College actions on pharmacy workload;
 - Key previous Board decisions;
 - The 2013 survey on pharmacist working conditions conducted by the UBC Collaboration for Outcomes Research and Evaluation (CORE) group on behalf of the College;
 - Corporate engagement and legal advice;
 - Approval of bylaws to include a pharmacy workload standard in 2016; and
 - Articles published on the applicability of the Employment Standards Act to registrants in 2014 and 2018.

The topic will be discussed further at the February 2022 Board Retreat.

6. FRASER HEALTH, VANCOUVER COASTAL HEALTH AND BCCSU OPIOID COOP MODEL

Cheyenne Johnson, Executive Director, British Columbia Centre on Substance Use (BCCSU) provided an overview of the Opioid Co-op Model principles.

The key topics addressed in the presentation includes:

- Lessons learned with Prescribed Safer Supply in BC;
- Preliminary data;
- A public health approach to a safer supply;
- Opioid Co-op principles;
- Drug supply chain;
- Health care providers roles;
- Pharmaceutical alternatives;
- Overdose and harm reduction approach;
- Federal exemption and Provincial controls; and
- Next steps.

7. A REVIEW OF HEALTH PROFESSION ACT REFORM IN BC

Bob Nakagawa, Registrar and CEO provided an overview to the Board of the Health Profession Act Reform in BC.

The key topics addressed in the presentation includes:

- The Cayton Report;
- Establishment of the Steering Committee on Modernization of Health Professional Regulation;



- Initial consultation on modernizing the provincial health profession regulatory framework;
- The College's response to the January 2020 consultation paper; and
- Recommendations to modernize the provincial health profession regulatory framework.

The Governance Committee (The GC) recommended striking a Board working group to develop a Board Competency Matrix. The terms of reference will be brought to the Board for approval at the February 2022 Board meeting.

The item will be brought to the Board for prioritization at the February 2022 Board Retreat.

8. ADJOURNMENT

Chair Ishoy adjourned the meeting at 3:28pm on November 25, 2021.



College of Pharmacists
of British Columbia

BOARD MEETING February 11, 2022

2b.vii Approval of 2021 Draft Annual General Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the 2021 draft Annual General Meeting minutes as circulated.

Appendix	
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1	2021 Draft Annual General Meeting Minutes
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**2021 Annual General Meeting Minutes
Vancouver, British Columbia
November 18, 2021**

CALL TO ORDER

College Chair Ishoy called the 130th Annual General Meeting of the College of Pharmacists of British Columbia to order at 6:00pm. Chair Ishoy welcomed attendees to the meeting and introduced herself as the outgoing Chair.

Chair Ishoy acknowledged and thanked the Syilx Okanagan people on whose unceded traditional territories the meeting is chaired from. As we are meeting virtually with Board members in different locations across BC, she also acknowledged that the Indigenous Peoples are the traditional stewards of the lands and waters from where each of us is attending the meeting this evening.

She encouraged everyone to learn about the First Peoples on whose unceded territory you live and work. Acknowledging territory allows us each to recognize the important relationship between land and people. Take a moment to reflect and appreciate the meaning behind the land acknowledgement and its importance to you individually.

OPENING WORDS FROM ELDER SULKSUN

Elder Sulksun from the Musqueam Nation is a Knowledge Keeper and Elder with strong Indigenous worldviews, ancestral knowledge and traditional teachings, who is widely respected and acknowledged for his work and energy and commitment to his community. Elder Sulksun has been sharing his wisdom with our Board over the past year as we continue our journey in learning about the experiences of Indigenous peoples in BC and how we can help shape a better health care system.

Elder Sulksun led the group with an opening prayer and song.

On behalf of the Board, Chair Ishoy sincerely thanked Elder Sulksun for his continued hope for health care and all the effort he has put into helping create a healthcare system that can provide thoughtful care for First Nations people.

Our College is committed to improving BC pharmacy professionals' work with Indigenous Peoples, and we recognize there is still much to do. We will all need to reflect on his words.

BOARD INTRODUCTIONS

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



Chair Ishoy noted that notice of the AGM was sent out on October 28, 2021 thus meeting the three week bylaw requirement. She also confirmed that the required quorum of 25 registrants had been met, and the meeting was duly convened.

MINUTES OF PREVIOUS MEETING – NOVEMBER 19, 2020

Seeing that there were no comments, Chair Ishoy announced that the November 19, 2020 Annual General Meeting minutes are approved, as circulated.

FINANCIAL STATEMENTS AND AUDITOR'S REPORT

Chair Ishoy reminded registrants that the audited and Board approved financial statements were available for review on the College website. Chair Ishoy noted the financial statements will be placed on file.

CHAIR'S REPORT

Chair Ishoy provided the following report:

Introduction

Before I begin, I'd like to acknowledge those communities that have been devastated by the flooding and landslides caused by the extreme weather event we experienced earlier this week. We recognize the unfortunate toll this has taken on all British Columbians, and the thousands of people that have been forced from their homes or are stranded due to road closures.

On behalf of the College, I'd like to express our deepest gratitude to the pharmacy professionals, emergency service professionals and volunteers who are working to ensure the health and safety of the individuals and communities that have been affected by this catastrophic event.

We want all British Columbians to know that we are continuing to work with the Ministry of Health to support continuity of care for patients during this emergency, and we encourage all of BC's pharmacy professionals to reach out to us with any questions you may have or support you may need during this challenging time.

I'd like to start by thanking my fellow Board members, as well as all the College staff for their hard work that enables us to continue to fulfill our mandate in protecting the public through the regulation of pharmacy practice.

I'm proud of everything the College has accomplished this past fiscal year, which ran from March of 2020 through February of 2021.

From responding to the sudden onset of the COVID-19 pandemic, to continuing to help combat the opioid overdose crisis and working toward dismantling Indigenous-specific racism in BC's healthcare system.



The College has been hard at work striving for better health and pharmacy care in British Columbia.

I recognize that this time has been an immensely challenging time for all health care workers including pharmacists and pharmacy technicians.

While our role as a regulator is to ensure that all pharmacy professionals are practicing safely, I'd like to thank all the registrants joining us here today for their tireless work in continuing to ensure British Columbian's can safely access the pharmacy care they need.

As the situation regarding COVID-19 continues to evolve here in BC, Canada and other jurisdictions in the world, the College will continue to work closely with the Ministry of Health and other partners to support the response to the pandemic as part BC's health system.

COVID-19 Pandemic

The COVID-19 pandemic has brought many challenges to respond to, challenges which will continue to evolve in the coming years.

Since the onset of the COVID-19 public health emergency, the pharmacists, pharmacy technicians and pharmacies we regulate have been vital in ensuring British Columbians continue to receive the medications and the knowledge they need to manage, prevent and treat a multitude of diseases and symptoms.

In order to support the response to the pandemic, and its impact on the ongoing opioid overdose crisis, the College worked closely with the Provincial Health Officer, Ministry of Health, Ministry of Mental Health and Addictions and other partners to share vital information and enact practice changes for pharmacy professionals intended to reduce unnecessary practice strain and provide broader flexibility to continue to ensure adequate continuity of care.

Most recently, those authorized to provide injections through the College's Drug Administration Certification and Standards, Limits and Conditions for Drug Administration by Injection and Intranasal Route, were able to contribute to our province's COVID-19 immunization campaign and help protect British Columbians from COVID-19.

I am grateful for the availability of COVID-19 vaccines for health care workers, and all British Columbians this past year.

The vaccine is instrumental in allowing those in our health system to protect our patients from harm and preserve our ability to safely deliver health services.

Thank you to everyone who has contributed to British Columbia's COVID-19 immunization efforts, from safely providing immunizations, to sharing evidence-based information about the new vaccines with your patients.



Cultural Humility and Safety

The College recognizes that cultural safety and humility for Indigenous Peoples in BC, is vital for the provision of fair and equal health services, as well as the creation of a healthcare environment free of racism and discrimination, where individuals feel safe and respected.

Cultural Safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system.

Cultural Humility is a process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another's experience.

In June of 2020, BC's Minister of Health, Adrian Dix, announced an investigation into disturbing allegations of racism in BC's health system.

We were also appalled to learn of the discovery of the remains of 215 children on the site of the former Kamloops Indian Residential School.

We stand with the Tk'emlúps te Secwépemc, and Ktunaxa First Nations and all Indigenous People in BC as they continue to process this news.

The College, along with BC's Health Regulators were in full support of the investigation, led by Dr. Mary Ellen Turpel-Lafond (Aki-Kwe), and the culminating report, released in December 2020, "In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C Health Care."

The report found that the majority of Indigenous People in BC have encountered racism and discrimination within our health care system, whether as a patient or a health care worker.

Based on consultations with almost 9,000 Indigenous peoples and health care workers, the report's findings illustrated how our current health-care system continues to limit access to medical treatment and negatively affects the health and wellness of Indigenous peoples.

In response to the report, the College has been working with Indigenous experts and other health regulators in BC to take immediate action toward dismantling Indigenous-specific racism within BC's health care system, and to lead a culture of anti-racism among the professionals we regulate.

We encourage all health professionals to review the report and reflect on its findings, and to continue to practice vigilant cultural humility and safety. To learn about and understand the impacts of residential schools on First Nations Communities in Canada; to acknowledge and reflect on the social issues faced by Indigenous Peoples; and to understand the historical contexts from which these issues originate.



I'd also like to remind our registrants that any racist behaviour among regulated health professionals is unprofessional, harmful to patients and unacceptable. It contravenes the professional conduct standards to which health professionals are held and constitutes a danger to the public.

Further to this, as health professionals, we have a collective Duty to Report this behaviour to the appropriate authorities and/or regulatory Colleges.

Anti-Racism Initiative

In addition to the findings in the In Plain Sight Report, 2020 also highlighted a number of social issues that required deeper consideration of our role as a health regulator in BC.

We mourned with Black communities and allies across the US, Canada and abroad, for the deaths of George Floyd, Ahmaud Arbery, Breonna Taylor, Tony McDade and countless others, at the hands of police brutality and a culture of systemic racism and violence.

We were disturbed to learn about the surge in anti-Asian hate crimes in Vancouver during the pandemic.

These events prompted us to recognize and acknowledge the internal biases we may not realize we hold, and to ask ourselves how we may be contributing to the systemic racism and discrimination present throughout North America, and here in British Columbia.

As a regulator, the College governs over 9,000 registered pharmacists and pharmacy technicians in British Columbia, and it is our duty to ensure that the health professionals we regulate provide safe and ethical care to all British Columbians.

As part of this duty, the College acknowledges that we, as an organization and regulator, need to step up and lead the charge for systemic change with the goal of eliminating the everyday impacts of discrimination and racism within BC's health system.

As health professionals, the most important thing we can do is to show our country's Black, Indigenous and other People of Colour our unending support and remind patients in these communities that we are in this together.

While we are encouraged by the progress made leaders and organizations over the past year, we must continue to combat the racism faced by BIPOC and other marginalized communities in BC.

I will let our Registrar, Bob Nakagawa go into more detail about the ways in which the College, as an organization, has worked to address racism within our health system.

Opioid Crisis

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



As you know, we are facing dual public health emergencies with both the opioid overdose crisis the Covid-19 pandemic.

COVID-19 continues to have a significant impact on the opioid overdose crisis.

Following the onset of the pandemic, the BC Coroners Services has detected a sustained increase of illicit drug toxicity deaths.

In total, 1,716 people died of illicit drug overdoses in 2020, a 74% increase in deaths over 2019.

This increase is continuing into 2021 with 1,534 suspected illicit drug toxicity deaths between January and September 2021 – the highest ever recorded in the first nine months of a calendar year and a 24% increase over the number of deaths recorded between January and September 2020.

Much like in recent years, this past year the College continued to work hard to help combat this issue, by implementing a number of policy changes and temporary exemptions across BC to support continuity of care for people with substance use disorders during the COVID-19 pandemic.

The College recognizes there is still so much to be done in this pandemic and continues to reflect on how best to serve the public and those affected by the drug poisoning crisis.

I'll let Registrar Nakagawa speak more in-depth about the various measures taken by the College over the past year in responding to this opioid overdose crisis.

Introduction of the Registrar and CEO

I would now like to introduce the College's Registrar, Bob Nakagawa, who will speak in greater detail about some of the key projects and initiatives undertaken by the College over the past year.

I would also like to acknowledge this is the last AGM that Registrar Nakagawa will be attending in his current position.

I would like to thank Bob for his many years of service to the public of BC in regulating pharmacy practice

Bob has steered this organization through much growth including developing the practice review program, pharmacy manager training and the introduction of time-delay safes to protect the public and pharmacies alike.

Bob has been a calm and steady leader throughout the Covid-19 crisis and has addressed indigenous specific racism with sincerity and integrity as you will hear about in the next portion of the meeting. We are so grateful for Bob's legacy at the College and in the profession of pharmacy.



REGISTRAR'S REPORT

Registrar Nakagawa acknowledged that he is joining today from the unceded Aboriginal territories of the Coast Salish Peoples, and in particular, the Kwikwetlem First Nation. Kwikwetlem refers to the unique sockeye salmon that once ran abundant in Coquitlam River and Coquitlam Lake, sustaining the community for thousands of years.

He noted that it has been an honor to serve as the College's Registrar for the past fiscal year, which ran from March 2020 through to February 2021.

College staff continued to work hard to ensure we are fulfilling our important mandate in protecting the public, both through our ongoing operations as well as through progress on strategic initiatives.

He recognized Chair Ishoy for her efforts as Board Chair over the past year and thanked her for her service.

Registrar Nakagawa provided the following report:

Registration Numbers

To start, I'm pleased to report increases in registration numbers across the Board this past year.

To provide you with a brief snapshot, in the 2020/2021 fiscal year, we had:

- 6477 Full Pharmacists
- 891 Student Pharmacists
- 1687 Pharmacy Technicians
- 5 Student Temporary Pharmacists
- 41 Limited Temporary Pharmacists
- 44 Temporary Pharmacists
- 3 Temporary Pharmacy Technicians
- 1404 Licenced Community Pharmacies
- 73 Hospital Pharmacies

COVID-19 Pandemic

2020 was an unforgettable year. It's now been well over a year and a half since the first cases of COVID-19 were identified, and all our lives were upended as we came together and did our part to help control its spread.

I'd like to start by recognizing all of BC's pharmacy professionals for your unwavering commitment to the people of British Columbia.

For providing continuity of care, embracing additional safety measures within your pharmacies and upholding the highest standards of safe and ethical pharmacy practice.



As Chair Ishoy mentioned, throughout 2020, the College has been working closely with our partners at the Ministry of Health, the Office of the Provincial Health Officer, the BCCDC and other Colleges, to ensure that pharmacy professionals have the tools they need to respond to the growing demands on our healthcare system and provide British Columbians with high quality pharmacy care.

To that end, here are some of the things the College did to support BC's response to the COVID-19 pandemic:

- We provided regular updates and guidance to patients and pharmacy professionals through our dedicated resource page at bcpharmacists.org/COVID-19
- Of particular importance this past year, we shared information on how to access COVID-19 vaccines, and how to help with BC's immunization campaign, including essential steps to protect yourself and your patients from the serious risks COVID-19 presents.

Responding to the pandemic also required us to issue a number of policy amendments to ensure continuity of care for Opioid Agonist Treatment patients.

- We accelerated the implementation of new delivery requirements for Opioid Agonist Treatment to support continuity of care. These requirements allow pharmacists to use their professional judgement to deliver drugs to a patient if they feel it is safe, appropriate and in the best interest of the patient to do so.
- We also amended the PODSA Bylaws and the Community Pharmacy Standards of Practice to permit pharmacists to transfer prescriptions for controlled substances and to accept verbal and faxed prescriptions for controlled substances.

Finally, we also granted a number of exemptions in order to alleviate the added pressure and responsibility placed on BC's pharmacy professionals as a result of COVID-19.

- We granted CE exemptions for the Professional Development and Assessment Program (PDAP) for all registrant renewals between March 2020 and February 2021.
- And we enabled eligible individuals to apply for temporary registration to provide pharmacy services - including COVID-19 vaccinations - during the COVID-19 pandemic, by amending the Health Professions Act Bylaws.

The College was also able to continue to conduct important quality assurance checks through the Practice Review Program by pivoting to virtual Pharmacy Professionals Reviews which began in October 2020.

Indigenous-Specific Racism, Cultural Humility and Safety

As Chair Ishoy mentioned, in December 2020, we were disheartened to read the findings laid out in Dr. Mary-Ellen Turpel-Lafond's In Plain Sight report on Indigenous-specific Racism in BC's Health System.

Indigenous respondents described experiencing stereotyping, unacceptable personal interactions and poorer quality of care, as well as noting that they do not feel safe when accessing health care services and interacting with health providers.



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

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

However, the gravity of the findings in the In Plain Sight Report forced us to take a step back and re-examine our role as health care leaders.

Such unethical and racist behaviour has no place in our society or our health care system, and places extra urgency on us as health regulators to continue to push for a culturally safe health care environment for BC's Indigenous peoples.

This disgraceful behaviour toward individuals who are seeking help within our healthcare system undermines trust in all health care professionals, and we will not tolerate it among our registrants or within our healthcare environments.

Our job is to protect patients and the public by ensuring the professionals we regulate provide safe, ethical and quality care.

And yet, the continued existence of widespread systemic discrimination, and inequitable health outcomes for Indigenous Peoples makes it clear that we have not done enough.

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

While not technically part of the 2020/2021 fiscal year, as an essential first step, in May 2021, the College, along with the Colleges of Nurses & Midwives, Dental Surgeons and Physicians & Surgeons, issued a formal apology to the Indigenous people and communities in BC who have experienced racism while engaging with us and with the health professionals we regulate.

As part of this apology, we committed to a number of concrete actions to uphold Indigenous rights and eliminate racism within the health-care system.

These actions included:

- Becoming anti-racist leaders who will foster a speak-up culture, where stereotypes, discrimination and racism are called out and eliminated
- Establishing clear accountabilities for cultural safety and humility within our leadership teams
- Drawing on Indigenous Knowledge Keepers and professionals to guide our work
- Providing education and developing practice standards to ensure Indigenous people receive culturally safe health care

- Investing in supports and removing barriers to ensure that Indigenous people do not feel isolated or unsafe when filing a complaint
- Ensuring board, staff, and committee members are trained in cultural safety and humility, anti-racism, unconscious bias, and, as appropriate, trauma-informed care
- Broadening Indigenous participation on our boards and committees and staff teams
- Promoting anti-racism and Indigenous cultural safety and humility as core competencies for current and future health-care providers
- Building partnerships with Indigenous-led organizations to promote system change and dismantle racism
- Working with our fellow provincial health regulators to implement the recommendations of the In Plain Sight report, and
- Identifying and supporting changes in legislation and bylaws to deconstruct colonialism, value Indigenous ways of knowing, and eliminate harm for Indigenous people.

To that end, we have established a Dismantling Indigenous-specific Racism Oversight Group at the College, tasked with taking decisive actions to eradicate racism from our health system.

We are committed to taking action to dismantle Indigenous-specific racism and will continue this important work over the coming years.

We encourage all of BC's health professionals to review the In Plain Sight Report and learn more about how to improve cultural safety and humility within your practice.

Addressing Racism and Discrimination in our Health System

In addition to the work continuing to improve Cultural Safety and Humility for Indigenous Peoples, we also recognize that much work still needs to be done to address other forms of racism and discrimination in both our healthcare environments and society as a whole.

Chair Ishoy spoke about the numerous events that occurred over the past year and a half that serve to remind us of how much work we still need to do toward dismantling systemic racism and discrimination from our society and health system.

Racism impacts the care people receive in our healthcare system and we all need to do our part to understand its extent and its effects to help create a healthcare environment free of racism and discrimination, where all individuals feel safe and respected.

Black Lives Matter

It is a common and unfortunate misconception that BC, and Canada are somehow exempt from the racism, discrimination and stigma faced by our neighbours to the south. This misconception, I believe, is at the core of what we need to change as stewards of public health and safety.

The College has pledged its commitment to developing a plan to raise awareness of, and actively combat, the racism faced by Black People in BC.



To help enact this change, we established a Black Lives Matter Working Group focused on identifying ways that the College, as both an organization and regulator, can take action and reinforce the fact that Black Lives Matter, and that racism, in any form, has no place in our health system.

I also recognize the discrimination faced by our Indigenous and Asian Communities, and People of Colour, and want to re-assure members of those communities that we also need to address the injustices and inequalities you face.

Over the coming year, the Black Lives Matter Working Group will continue to develop an Anti-Racism Framework to guide our organization as we work to dismantle systemic racism and eliminate discrimination based on race, ethnicity, culture, gender, and sexual orientation from both our health system and our own policies as an employer.

Additionally, all College staff have already begun to participate in anti-oppression training sessions and will continue with further training over the coming fiscal year.

These sessions are intended to empower and enable staff to view and approach the world, and their work at the College, through an anti-oppressive lens.

This training is an important component of the College's organizational strategy toward holding ourselves accountable as an anti-racist organization, and ensuring that unconscious bias does not impact the work we do as a regulator.

Opioid Overdose Crisis and Opioid Agonist Treatment

As Chair Ishoy mentioned, we are facing dual health emergencies, with the COVID-19 pandemic compounding and escalating the existing opioid overdose crisis, which was declared a public health emergency in April 2016.

Acknowledging the marked increase in overdose deaths following the onset of the COVID-19 pandemic, the College worked closely with the Ministry of Health, Ministry of Mental Health and Addictions, and BC Center on Substance Use to respond.

The College quickly implemented a number of policy changes and temporary exemptions across British Columbia to support continuity of care for people with substance use disorders during the COVID-19 pandemic.

Changes to the Delivery Requirements for Opioid Agonist Treatment (OAT)

In March 2020, the College Board approved new delivery requirements for Opioid Agonist Treatment, allowing pharmacists to use their professional judgement to deliver the drugs to a patient if they feel it is safe, appropriate and in the best interest of the patient to do so. As a result, prescribers no longer need to authorize delivery for OAT drugs.



Previously, Professional Practice Policy-71 allowed pharmacists working in community pharmacies to deliver methadone for maintenance to a patient's home only if the prescribing physician authorized delivery due to the patient's immobility.

These changes aimed to improve access to OAT for patients whose care may benefit from delivery, while ensuring the safety of both the patient and the pharmacist involved.

Given the onset of the COVID-19 pandemic, the College Board decided to accelerate the implementation of these requirements in order to support continuity of care for BC OAT patients.

Temporary Authorizations for the Delivery of Opioid Agonist Treatment by Non-Pharmacists

Further to these changes to the delivery requirements, in April 2020, the College also implemented temporary amendments to PPP-71 that allow pharmacists to authorize regulated health professionals to deliver OAT.

These temporary amendments also allowed pharmacists to authorize pharmacy employees, including pharmacy technicians and pharmacy assistants, to deliver OAT on a pharmacist's behalf in exceptional circumstances where it is not possible for a pharmacist or other regulated health professional to deliver the OAT drug.

These temporary authorizations align with Health Canada's temporary exemption under the Controlled Drugs and Substances Act (CDSA), to maintain Canadian's access to controlled substances as needed for medical treatments during the COVID-19 pandemic which includes permitting pharmacy employees to deliver prescriptions of controlled substances to patient's homes or other locations where they may be (e.g. self isolating).

Amendments to Training Deadlines for Opioid Agonist Treatment

In November 2020, the College Board approved amendments to Professional Practice Policy 66: Opioid Agonist Treatment (PPP-66) to extend the deadline for transitioning to the Opioid Agonist Treatment Compliance and Management Program for Pharmacy (OAT CAMPP), from March 31, 2021 to September 30, 2021.

PPP-66 initially required that registrants complete the applicable components of OAT-CAMPP by March 30, 2021.

However, in March 2020, the in-person OAT-CAMPP training was suspended due to the sudden onset of the COVID-19 public health emergency.

The BCPhA developed an on-line version of OAT-CAMPP which was accredited by the Canadian Council on Continuing Education in Pharmacy (CCCEP), and the first online OAT training workshops began on November 20, 2020.

The 6-month training deadline extension was made to recognize the impact of COVID-19 and the temporary suspension of the OAT-CAMPP.



As of October 1, 2021, all pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to opioid agonist treatment must have completed any applicable components of OAT-CAMPP in order to fulfill the College's OAT training requirements.

Pharmacy technicians only need to have completed the online component of OAT-CAMPP. Registrants who have not completed the required training should do so as soon as possible.

During the ongoing opioid overdose crisis, it is in the public interest to maintain patient OAT treatment wherever possible.

Closing

I would like to close by noting that this is the last AGM that I will be participating in as Registrar and CEO of the College. It has been an honour and a privilege for me to have served the public in this capacity for the past 9 years.

I would like to thank all the hard working and diligent board members whom I have had the pleasure of working with for their dedication and support over the years. In particular, all of the Board Chairs and Vice Chairs. You have been wonderful to work with.

I would also like to acknowledge and thank the amazing staff at the College. You have been a pleasure to work with over these last 9 years.

I know that the Board is close to selecting a new Registrar to take over for me and I am confident that they will thrive in the position and continue to champion patient safety in BC. Thank you.

ADJOURNMENT

Chair Ishoy thanked the assembly for attending and participating in the College of Pharmacists of BC's 130th Annual General Meeting and adjourned the meeting at 6:45pm.



College of Pharmacists
of British Columbia

BOARD MEETING February 11, 2022

2b.viii Approval of December 6, 2021 Draft Board Resolution Minutes
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DECISION REQUIRED

Recommended Board Motion:

Approve the December 6, 2021 draft Board Resolution minutes as circulated.

Appendix

1	December 6, 2021 Draft Board Resolution Minutes
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College of Pharmacists
of British Columbia

Board Resolution Minutes
Sent via email December 6, 2021

The following resolution of the Board of the College of Pharmacists of British Columbia is valid and binding as per section 13(12) of the *Health Professions Act-Bylaws*, and has been signed by the following Board members:

Steven Hopp, Chair & District 4 Board Member
Andrea Silver, Vice-Chair & District 3 Board Member
Alex Dar Santos, District 1 Board Member
Terri Gibson, District 2 Board Member
Michael Ortynsky, District 5 Board Member
Anca Cvaci, District 6 Board Member
Claire Ishoy, District 7 Board Member
Eric Sletmoen, District 8 Board Member
Tracey Hagkull, Government Appointee
Anne Peterson, Government Appointee
Katie Skelton, Government Appointee
Justin Thind, Government Appointee

The Board appoints Suzanne Solven as the Registrar and Chief Executive Officer of the College of Pharmacists of British Columbia, commencing on January 31, 2022.

Appendix	
1	Signed Board Resolution
2	Board Resolution Briefing Note

Resolution of the Board of the College of Pharmacists of British Columbia made in accordance with section 13(12) of the *Health Professions Act – Bylaws.*

The Board appoints Suzanne Solven as the Registrar and Chief Executive Officer of the College of Pharmacists of British Columbia, commencing on January 31, 2022.



Steven Hopp, Chair, District 4

December 6, 2021

Date



Andrea Silver, Vice-Chair, District 3

December 7, 2021

Date



Alex Dar Santos, District 1

December 7, 2021

Date



Terri Gibson, District 2

December 7, 2021

Date



Michael Ortynsky, District 5

December 6, 2021

Date



Anca Cvaci, Vice-Chair, District 6

December 7, 2021

Date



Claire Ishoy, Chair, District 7

December 6, 2021

Date



Eric Sletmoen, District 8

December 7, 2021

Date



Tracey Hagkull, Government Appointee

December 6, 2021

Date



Anne Peterson, Government Appointee

December 8, 2021

Date



Katie Skelton, Government Appointee

December 8, 2021

Date



Justin Thind, Government Appointee

December 6, 2021

Date



College of Pharmacists
of British Columbia

BOARD RESOLUTION December 6, 2021

Appointment of a New College Registrar and CEO

DECISION REQUIRED

Recommended Board Motion:

The Board appoints Suzanne Solven as the Registrar and Chief Executive Officer of the College of Pharmacists of British Columbia, commencing on January 31, 2022.

Purpose

To officially appoint Suzanne Solven as the Registrar and Chief Executive Officer (“CEO”) of the College of Pharmacists (“the College”) starting in January 2022.

Background

One of the key roles of the College Board is appointing a College Registrar, which is required under s.21(1) of the *Health Professions Act* (“HPA”). Section 21(1) of the HPA states: “A board must appoint a registrar and may appoint one or more deputy registrars for its college, who hold office during the pleasure of the board.” Though it is not a requirement under the HPA, the College Registrar also serves as the CEO of the organization.

Discussion

Currently, Bob Nakagawa serves as the College Registrar and CEO. Mr. Nakagawa announced his intention to retire in 2021. Following that announcement, the College’s Registrar Search Committee led the search for a new Registrar and CEO in accordance with that Committee’s [Terms of Reference](#).

The Board has offered Ms. Solven the position of Registrar and CEO, and it has been accepted, with a start date of January 31, 2022.

The next Board meeting is scheduled to take place in February 2022, which is after the date upon which Ms. Solven is set to commence her employment with the College. As such, it is recommended that the Board appointment of Ms. Solven follow the requirements stated in s.13(12) of the HPA Bylaws regarding written resolutions. More specifically, s.13(12) states: “A written resolution signed by all board members is valid and binding and of the same effect as if such resolution had been duly passed at a board meeting.”

Next Steps

Following Board approval, a public announcement of Ms. Solven’s position as the new College Registrar and CEO will be developed.

Recommendation

Approve the appointment of Suzanne Solven as the College Registrar and CEO, commencing on January 31, 2022.

Guiding Questions for the Board

When reviewing the proposal, the Board is asked to consider:

- Is the proposed motion clear?
- Is there anything unclear, ambiguous, or unnecessary in the proposed motion?
- Is there anything missing from the proposed motion?

Appendix	
1	Board Resolution Signature Page

Resolution of the Board of the College of Pharmacists of British Columbia made in accordance with section 13(12) of the *Health Professions Act* – Bylaws.

The Board appoints Suzanne Solven as the Registrar and Chief Executive Officer of the College of Pharmacists of British Columbia, commencing on January 31, 2022.

Steven Hopp, Chair, District 4

Date

Andrea Silver, Vice-Chair, District 3

Date

Alex Dar Santos, District 1

Date

Terri Gibson, District 2

Date

Michael Ortynsky, District 5

Date

Anca Cvaci, District 6

Date

Claire Ishoy, District 7

Date

Eric Sletmoen, District 8

Date

Tracey Hagkull, Government Appointee

Date

Anne Peterson, Government Appointee

Date

Katie Skelton, Government Appointee

Date

Justin Thind, Government Appointee

Date



College of Pharmacists
of British Columbia

BOARD MEETING February 11, 2022

2b.ix Governance Committee: Board Member Appointment to the Legislation Review Committee

DECISION REQUIRED

Recommended Board Motion:

Appoint Claire Ishoy as member to the Legislation Review Committee beginning on February 11, 2022, for a 3-year term.

Purpose

To propose the appointment of Claire Ishoy, District 7 Board Member to the Legislation Review Committee (“LRC”), for a 3-year term.

Background

Claire Ishoy was the elected Board Chair for 2020/21. She attended the LRC meetings as an ex-officio member during her term as Board Chair. After her term as Board Chair ended as of November 2021, Ms. Ishoy expressed an interest in becoming a regular member of the LRC.

The [LRC Terms of Reference](#) states that the Committee’s membership may comprise of at least 3 but no more than 5 Board members appointed by the Board. In addition, the LRC must include at least one full pharmacist, one full pharmacy technician and one public representative.

Currently, there is space in the LRC composition for one additional member of any category (i.e., pharmacist, pharmacy technician or public representative). Justin Thind, Chair of the LRC, has expressed no concerns with the proposed appointment of Ms. Ishoy.

Discussion

The Governance Committee met on January 18, 2022 and discussed about the appointment of Claire Ishoy to the LRC.

Recommendation

The Governance Committee recommends that the Board approve the appointment of Claire Ishoy to the Legislation Review Committee, for a 3-year term.



College of Pharmacists
of British Columbia

BOARD MEETING February 11, 2022

3. Confirmation of Agenda

DECISION REQUIRED

Recommended Board Motion:

Approve the February 11, 2022 Draft Board Meeting Agenda as circulated, or amended.

Appendix	
1	February 11, 2022 Draft Board Meeting Agenda



Board Meeting Friday, February 11, 2022

AGENDA

8:45am - 8:50am	5	1. Call to Order <i>Land Acknowledgement</i>	Chair Hopp
		2. Consent Agenda a) Items for Further Discussion b) Approval of Consent Items [DECISION]	Chair Hopp
		3. Confirmation of Agenda [DECISION]	Chair Hopp
8:50am - 9:35am	45	4. Audit and Finance Committee: Budget 2022/23 [DECISION]	Chair Hopp
9:35am - 10:20am	45	5. Legislation Review Committee: a) Drug Schedules Regulation - Amendments [DECISION] b) Special Resolution [DECISION]	Justin Thind
10:20am - 10:45am	25	BREAK	
10:45am - 11:30am	45	In-Camera Session: Legal	
11:30am - 12:00pm	30	6. Amendments to Telepharmacy Schedule "G" [DECISION]	Chair Hopp
12:00pm - 12:45pm	45	LUNCH	
12:45pm - 1:30pm	45	7. Pharmaceutical Care Management Strategy Overview and Progress Update	Mitch Moneo
1:30pm - 2:15pm	45	8. Governance Committee: a) Board Meeting Guidelines: Robert's Rules to Adapted BCCNM Board Meeting Guidelines [DECISION] b) Approval of Board Composition Committee Terms of Reference and Appointment of Members [DECISION]	Anne Peterson
2:15pm - 3:00pm	45	9. Drug Administration Committee: Amendments to <i>Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions</i> [DECISION]	Alex Dar Santos
3:00pm - 3:05pm	5	10. Items Brought Forward from Consent Agenda	



College of Pharmacists
of British Columbia

BOARD MEETING February 11, 2022

4. Audit and Finance Committee: Budget 2022/23

DECISION REQUIRED

Recommended Board Motion:

Approve the 2022/2023 budget, Option A, with total revenues in the amount of \$11,331,232 and a transfer from the balance sheet in the amount of \$770,116, as presented.

Purpose

The Board has the fiduciary duty to oversee the finances of the College and to ensure that the College is financially secure so that it can fulfill its mandate.

This report and the appendices provide the Board with information concerning the draft budget recommendation for fiscal year 2022/23 so that the Board can review and discuss in order to approve the College's budget for 2022/23.

Executive Summary

The College has budgeted for a deficit each year for the last 8 years. The Reserves balance was reduced according to plan, and cash flow remains fairly strong. This Briefing Note outlines some changes to the College's situation that indicate a need to begin rebuilding the Reserves as soon as possible.

Over the past year, where possible, College staff continue to reduce expenditures. However, there are new activities, including Strategic Plan activities, investigating the feasibility of the iMIS Cloud, legal cases, etc. that require additional expenditures. These are detailed in this Briefing Note.

Given the scenarios outlined in this Briefing Note, access to the reserve funds enables the College to appropriately address the Colleges identified highest risks on our risk register, namely ensuring currency of College IT infrastructure given evolving IT and cybersecurity risks and appropriate planning for current legal risks.

College staff have proposed a budget option that the Audit and Finance Committee reviewed, and is recommending, that works towards returning the Colleges finances to a balanced budget and fully funded reserves while enabling operations to meet the College's Mandate and enabling staff to achieve the Strategic Plan's goals.

The Audit and Finance Committee reviewed two other budget options, with higher fee increases, that would have resulted in returning to a balanced budget more quickly. However, with potential cost savings being looked at in 2022, such as the reduced office footprint, Option A is being recommended for approval, as it provided for the most conservative fee increase for the next year, together with the goal of returning to a balanced budget in the near future and returning to fully funded Reserves within perhaps 6 years. The Committee noted that the new Registrar advised of a detailed operational and budget review that will occur in 2022 and therefore considered that information as part of their Option review.

Historical Background

In 2016 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 resulted in a reduction in revenues of approximately \$1 million/year. As a result, management and the Audit and Finance Committee reviewed expenditures and fees.

Following discussion with the auditors, one adjustment that the Board approved was to reduce the College's Reserves to \$3 million (from \$4.5 million). In 2019, the Board approved further reducing the Reserves to \$2 million. By reducing the amount of the Reserve, the College was able to gradually phase in fee increases, using the available unrestricted retained earnings to cover the shortfall in revenues.

In February 2020, the Board was concerned about the future years' trend of the Reserve balance and approved a higher fee increase. The fee increase was delayed in implementation due to the COVID-19 impact. This fee increase was later approved for implementation at the September 2020 Board meeting.

These factors have resulted in the College budgeting for a deficit since Fiscal Year 2014/15. The proposed budget is again budgeting for a deficit as any approved fee increase takes approximately three years to be billed and earned. (Revenue is recognized monthly throughout the twelve months of the registered / licenced year).

As discussed at the Auditor's presentation in June 2021, the College has now depleted any excess surplus and has begun to borrow from the Reserves.

Discussion

Budget 2022/23 – the Process

The College's budget process:

- Directors and managers reviewed staffing and training requirements over the next few years considering Strategic Plan and other large projects.
- Directors and managers met with Finance staff to review the latest estimates for 2021/22 and forecast estimates for 2022/23.
- Finance met with the Executive Team to review rough drafts of the budget, and updated models several times.
- Finance staff met with the newly hired Registrar and CEO to review draft budget and assumptions.

Particular attention was paid to the following areas:

- COVID-19 – Public Health Officer Orders, new case projections and vaccination roll-out and the impact this would have on operations and the budget.
- The Multi-Year Plan (particularly the Reserve balances in 2023/24 and 2024/25).
- The inclusion of Strategic Plan and operational large projects activities, timelines and resource requirements.
- Continuous improvement, innovation, and the use of best practices.
- Feedback from Customer Satisfaction Surveys and Employee Engagement Surveys as well as the quarterly Staff Pulse Surveys.
- Increased inflation forecast for 2022 and the impact that will have on the College.

Some Considerations

Deferred revenue – Fee increases can take almost three years to become fully recognized as revenue for the College. Initially, time is required for the fees to be brought into effect, then the new rate is billed as the registrant / pharmacy's renewal period comes up. The fee is recognized one month at a time for the duration of the year.

Net Assets – As per the audited Statement of Financial Position, the College's Net Assets are shrinking. By February 2022, the Unrestricted Net Assets will be gone, and the estimate is that the College will be approximately \$400,000 under the approved Reserve Balance.

Cash Position – The College's cash position is quite good due to the Deferred Revenue. While we recognize registrant's fees monthly during their registration year, we receive the cash up front and can invest and use those funds. However, reduced access to Reserves can limit some options for the College.

Joint Venture Curtain Wall Project – This project does not impact the College's operating budget. However, it does impact cash flow. The repairs to the building's curtain wall and

replacement of the windows has begun. This project was not planned for in the Joint Venture’s replacement reserve fund, so the two owners, the College of Pharmacists of BC (30%) and the College of Dental Surgeons of BC (70%) will be paying for the work. We have been told that our share will be approximately \$300,000. As the auditors have explained, this will just be a transfer of assets. We’ll pay out cash but will increase our investment in the Joint Venture.

iMIS Cloud – The move to the Cloud is happening more quickly than anticipated. This will require significant staff input as well as consulting services. Later in the year a decision will be made as to whether the new model of the vendor will meet the College’s needs or if we will issue a Request for Proposals to explore other options.

Budget 2022/23

Revenue

Fee Type *	Current	Option A
Pharmacy	\$2,474	\$2,592 (4.75%)
Pharmacist	\$ 809	\$ 846 (4.5%)
Pharmacy Technician	\$ 539	\$ 564 (4.5%)

* All fee increases would be effective November 2022, so will have little impact to this budget year’s revenues.

Revenue impact (earned) per fiscal year

	Budgeted Revenue: Contribution of Fee Increase			TOTAL
	YR 1	YR 2	YR 3	
	2022-23	2023-24	2024-25	
Option A	19,879	368,083	142,654	530,616

Expenditures

Fixed Expenses (salaries and benefits, contracts, rent, etc.) = <u>76%</u> of College expenditures
Semi-variable Expenses (legal fees, software licence fees, phones, bank charges) = <u>9%</u>
Variable Expenses (travel, professional development, subscriptions, consultants) = <u>10%</u>
Project Expenses (some consulting, cybersecurity, strategic plan, etc.) = <u>5%</u>

	Expenditures		
	YR 1	YR 2	YR 3
	2022-23	2023-24	2024-25
Option A	12,101,341	12,334,573	12,914,475

Expenditure budget considerations

Inflation factor

With the Consumer Price Index increasing and media coverage highlighting inflation, we have taken potential price increases into account. Where possible we have used the fee increases included in contracts. The union collective agreement expires at the end of February 2023 as does the contract with Tecnet, the IT Managed Services Provider. Estimates have been used for the multi-year projections where contracts end or are not available to use for future years' pricing.

Some inflationary pressure noted:

- City of Vancouver property tax increase of 6.35% which will impact the Joint Venture and, thus, the lease cost for tenants (and the College).
- General CPI gain of 3.9% (as of December) will impact consultants and other businesses and could result in price increases from those without contracts stipulating pricing.

A recent Central 1 BC Economic Briefing states: *"There are signs that inflationary trends may have peaked, but consumers are likely to experience elevated headline inflation through mid-2022."* Other, more long-range forecasts, indicate CPI rates gradually reducing over 2022 and 2023 before returning to the desired 2.0%.

Workload factors

The College conducts annual Employee Engagement Surveys and, throughout COVID, quarterly Pulse surveys. Management has been concerned about the change in the response to the question, "My workload is manageable." The response has decreased from a 94% agreement in 2018 to 79% agreement in 2021 in the Employee Engagement Survey. There have been similar changes in feedback in the quarterly Pulse Surveys.

Given that background, there are several 2022/23 plans that will impact staff workload and must be considered. Projects and other departmental workload impacts are covered in Appendix 15. Workload impact areas are:

- Strategic Plan
- iMIS Cloud (Impact to IT, Registration and Licensure, Practice Review, Complaints, Finance, and other departments)
- Privacy
- Complaints and Investigations

- Practice Reviews
- Facilities

NOTE – the draft budget does not include additional staffing in 2022/23 or in 2023/24.

Reductions included in this budget

Salaries & benefits – three positions reduced for 2022/23. Two of them are eliminated permanently.
First floor meeting rooms - lease given up at the end of July 2022.
Information Technology – several licences or support expenditures reduced or eliminated in 2022/23.

Additions included in this budget

Salaries & benefits – scheduled Cost of Living increases
Legal fees contingency
Some travel and accommodation (for Board, committees, and staff)
Information Technology – iMIS Cloud consulting, increased Cloud usage fees and new back up / disaster recovery licences. We have also added in vulnerability and penetration testing as part of the cybersecurity risk prevention plan.

Expenditure details:

Board Consulting

- Mercer contract included
- Cultural Humility training included
- Governance training included

Travel & Accommodations:

- Assumes three in-person Board meetings
- Assumes some in-person committee meetings
- Assumes Compliance Officer travel at 70% of normal
- Assumes very little other employee travel

Reduced professional development, conferences, meeting expenses maintained for 2022/23

Reduced office footprint – the budget includes giving up the first-floor meeting room space in 2022/23. Further office footprint changes will be considered in the first half of the fiscal year.

Legal – the budget includes a contingency for legal fees.

Information Technology – The IT budget includes fees to the Managed Services Provider, licence fees for software, Azure Cloud Storage, telecommunications and continued work on the IT Security review and risk management as well as consulting for the iMIS Cloud project. Some software licences have been eliminated or reduced. Other fees have increased, including Zoom, Telus, cloud storage, the firewall licence, the strategic plan software tracking licence.

Discussion Questions

Two key questions for the Board to consider are:

- Will the proposed budget enable the College to meet its Mandate and Board-directed activities, such as the Strategic Plan?
- Will the proposed budget and Reserve levels enable the College to address risks?

Recommendation

The Audit and Finance Committee recommends the Board approve the draft budget, Option A, with revenues of \$11,331,232. The budgeted expenditures are \$12,101,341, resulting in a deficit of \$770,116 which will be covered by a transfer from the balance sheet (the Reserves).

Appendix	
1	Option A – Multi-year Plan
2	Option A – Statement of Revenue and Expenses
3	Statement of Revenue and Expenses Trends
4	10 Year trend graph of fees
5	10 Year trend graph of Revenues and Expenses
6	Graph of classification of expenses
7	Graph of trend of budget versus actual reserve balances
8	Fee Schedule comparison with other Provinces
9	Reserve Policy and discussion re potential uses of Reserves
10	Potential uses of Reserves

College of Pharmacists of BC
 Draft Budget 2022-23 & Multi-Year Plan
 Option A: 4.75% and 4.5% fee increase

	CURRENT			YR 1 2022-23 BUDGET (DRAFT)	MULTI-YEAR PLAN				
	2021-22				YR 2	YR 3	YR 4	YR 5	YR 6
	BUDGET	9-MO ACTUAL	LATEST EST.		2023-24	2024-25	2025-26	2026-27	2027-28
<i>Revenue deferred</i>	9,632,181	7,194,435	9,639,314	10,229,393	10,923,100	11,690,778	12,353,470	12,982,412	13,575,376
<i>Revenue licensure other</i>	513,089	405,192	596,002	646,195	688,240	725,583	754,441	784,718	815,946
<i>Revenue other</i>	458,176	355,641	444,972	455,644	466,581	477,447	487,913	498,587	509,473
Revenue	10,603,446	7,955,268	10,680,288	11,331,232	12,077,921	12,893,807	13,595,824	14,265,717	14,900,795
Total Expenditures	11,527,812	8,060,257	11,097,017	12,101,341	12,334,573	12,914,475	13,524,038	13,849,455	14,261,194
Excess (Deficiency) of Revenue over Expenditures	(924,359)	(104,989)	(416,727)	(770,116)	(256,653)	(20,668)	71,786	416,263	639,601
Reserves, Opening Balance *	1,933,334	2,047,911	2,047,911	1,631,184	861,069	604,416	583,748	655,534	1,071,797
<i>Add: Excess of Revenue over Expenditures</i>							71,786	416,263	639,601
<i>Less: Deficiency of Revenue over Expenditures</i>	(924,359)	(104,989)	(416,727)	(770,116)	(256,653)	(20,668)			
Reserves, Closing Balance	1,008,975	1,942,922	1,631,184	861,069	604,416	583,748	655,534	1,071,797	1,711,398
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	(991,024)	(57,078)	(368,816)	(1,138,931)	(1,395,584)	(1,416,252)	(1,344,466)	(928,203)	(288,602)

FEE TYPE	CURRENT	YR 1 ** 2022-23 BUDGET (DRAFT)	YR 2	YR 3	YR 4	YR 5	YR 6
	2021-22		2023-24	2024-25	2025-26	2026-27	2027-28
<i>Pharmacy (licensure renewal)</i>	\$2,474. Increased \$129 or 5.50% from \$2,345 effective Apr 1, 2021	\$2,592 (\$118 incr. or 4.75%)	\$2,703 (\$111 incr. or 4.25%)	\$2,758 (\$55 incr. or 2%)	\$2,814 (\$56 incr. or 2%)	\$2,871 (\$57 incr. or 2%)	\$2,929 (\$58 incr. or 2%)
<i>Pharmacist (full renewal)</i>	\$809. Increased \$31 or 4% from \$778 effective Nov 1, 2021	\$846 (\$37 incr. or 4.5%)	\$880 (\$34 incr. or 4%)	\$898 (\$18 incr. or 2%)	\$916 (\$18 incr. or 2%)	\$935 (\$19 incr. or 2%)	\$954 (\$19 incr. or 2%)
<i>Pharmacy Technician (full renewal)</i>	\$539. Increased \$21 or 4% from \$518 effective Nov 1, 2021	\$564 (\$25 incr. or 4.5%)	\$587 (\$23 incr. or 4%)	\$599 (\$12 incr. or 2%)	\$611 (\$12 incr. or 2%)	\$624 (\$13 incr. or 2%)	\$637 (\$13 incr. or 2%)

Remarks:

* Opening 2021-22 reserve balance based on closing balance of audited 2020-21 financial statements.

** Year 1 fee increase - effective November 1, 2022

College of Pharmacists of BC
Statement of Revenue and Expenses
Draft Budget 2022/23

Option A: 4.75% and 4.5% fee increase

	Budget	Latest Estimates	Budget	Variance (\$)	Variance (%)	Comments
	2021/22	2021/22	FY 2022/23	Budget 2022/23 vs Budget 2021/22		
Revenue						
Licensure revenue						
Pharmacy fees	3,813,121	3,835,998	4,052,708	239,587	6%	Fee increase of 4.75% and growth rate of 2.5%.
Pharmacists fees	5,343,502	5,399,973	5,752,171	408,668	7%	Fee increase of 4.5% and growth rate of 2.3%.
Technician fees	988,646	999,345	1,070,709	82,063	8%	Fee increase of 4.5% and growth rate of 3.47%.
	10,145,269	10,235,316	10,875,588	730,318	7%	
Non-licensure revenue						
Other revenue	119,580	122,369	153,106	33,526	22%	Includes cost recovery for sub-letting suite 101.
Investment income	101,678	98,116	80,296	(21,381)	(27%)	Decrease in interest income mainly due to projected liquidation of short-term GIC's.
College Place joint venture income	236,918	224,487	222,242	(14,677)	(7%)	Slight decrease in rental income due to the impact of Covid-19 pandemic.
	458,176	444,972	455,644	(2,531)	(1%)	
Total Revenue	10,603,445	10,680,288	11,331,232	727,787	6%	
Expenditures						
Board and Registrar's Office	744,993	850,549	950,192	205,199	22%	Legal fees for Civil cases; Board training - Governance and Cultural Humility; Three in-person Board meetings
Finance and General Administration	2,058,319	1,960,788	2,144,169	85,850	4%	Position moved to General Admin from Practice Reviews
Information Technology	2,463,139	2,436,106	2,664,356	201,218	8%	Increase in consulting fees due to iMIS cloud initiative; Azure Cloud fees. Partially offset by reduction of one position
Registration and Licensure	1,130,886	1,058,007	1,122,550	(8,337)	(1%)	
Quality Assurance	313,092	305,440	336,943	23,850	7%	two in-person committee meetings
Practice Reviews	1,598,808	1,491,916	1,664,423	65,615	4%	two in-person committee meetings and travel for Compliance Officers. Partially offset by the position moving to General Admin
Complaints and Investigations	1,996,626	1,831,871	1,946,332	(50,294)	(3%)	Reduction of one position
Policy and Legislation	551,815	521,163	555,116	3,301	1%	
Public Engagement	433,340	429,160	459,259	25,918	6%	Increase in engagement activities
Strategic Plan Projects	23,570	-	65,820	42,250	64%	Legal and external subject matter expert consulting fees
Total Expenditures Before Amortization	11,314,589	10,885,001	11,909,159	594,570	5%	
Deficiency of revenue over expenditures	(711,144)	(204,713)	(577,927)	133,217	(23%)	
Amortization	213,215	212,016	192,182	(21,033)	(11%)	
Total Expenditures	11,527,804	11,097,017	12,101,341	573,537	5%	
Deficiency of revenue over expenditures	(924,359)	(416,727)	(770,116)	154,243		

College of Pharmacists of BC

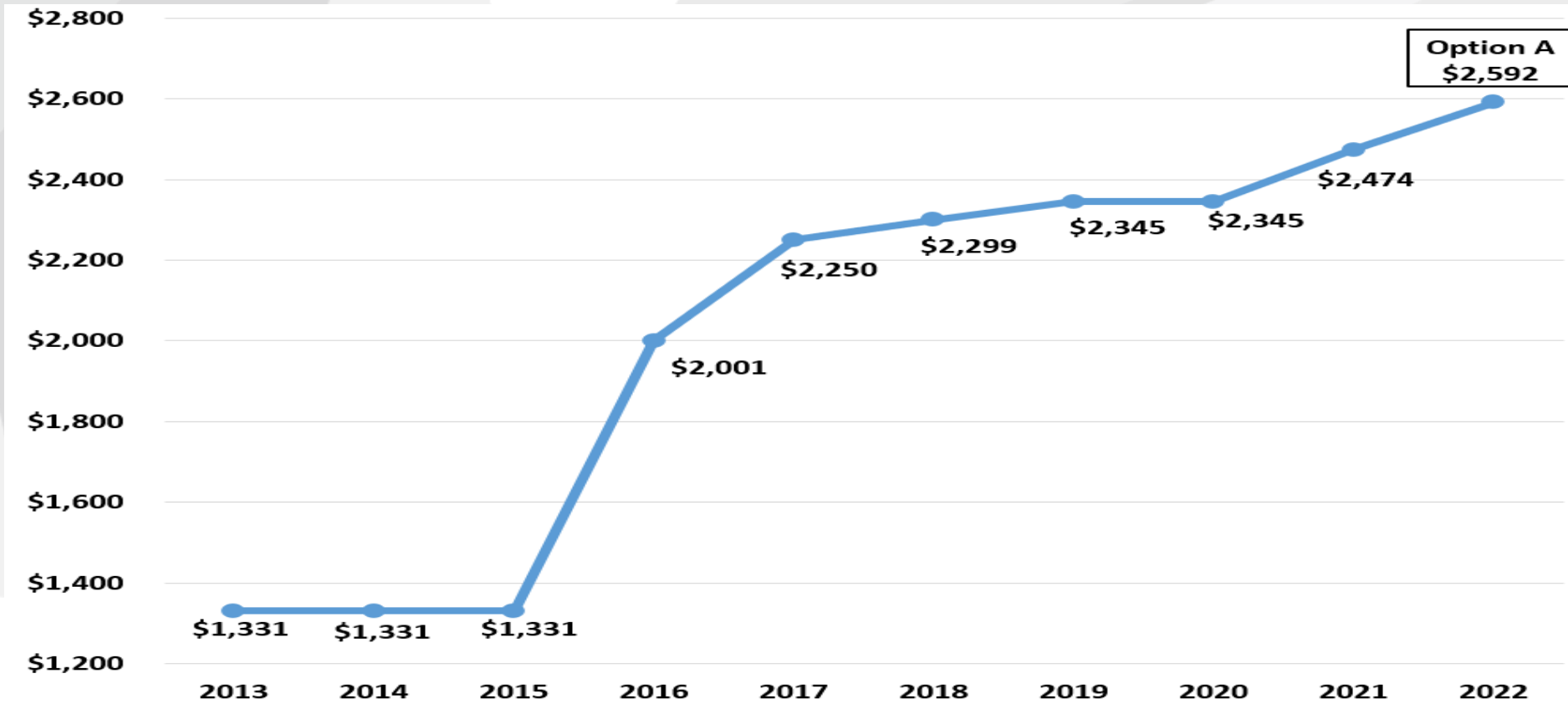
Statement of Revenue and Expenses, with Trends (in thousands)

	Budget 2020/21	Actual 2020/21	Budget 2021/22	Latest Estimates 2021/22	Option A 2022/23
Revenue					
Licensure revenue					
Pharmacy fees	3,689	3,640	3,813	3,836	4,053
Pharmacists fees	5,099	4,923	5,344	5,400	5,752
Technician fees	941	907	989	999	1,071
	<u>9,728</u>	<u>9,470</u>	<u>10,145</u>	<u>10,235</u>	<u>10,876</u>
Non-licensure revenue					
Other revenue (fines/assessments, late fees, certificate of letter of standing)	110	259	125	122	153
Investment income	131	136	97	98	80
College Place joint venture income ¹	246	82	237	224	222
	<u>487</u>	<u>477</u>	<u>458</u>	<u>445</u>	<u>456</u>
Total Revenue	10,216	9,947	10,603	10,680	11,331
Expenses					
Board and Registrar's Office	832	800	745	851	950
Finance and General Administration ¹	2,021	1,784	2,058	1,961	2,144
Information Technology	2,247	2,337	2,463	2,436	2,664
Registration and Licensure	1,014	918	1,131	1,058	1,123
Quality Assurance	317	288	313	305	337
Practice Reviews	1,698	1,410	1,599	1,492	1,664
Complaints and Investigations	1,782	1,680	1,997	1,832	1,946
Policy and Legislation	562	461	552	521	555
Public Engagement	437	416	433	429	459
Strategic Plan Projects	124	-	24	-	66
Total Expenses Before Amortization	11,033	10,095	11,315	10,885	11,909
Amortization	297	289	213	212	192
Total Expenses Including Amortization	11,330	10,384	11,528	11,097	12,101
Net Deficit of revenue over expenses	(1,114)	(437)	(924)	(417)	(770)

¹ FY 2020/21 actual figures include audit adjustment for Joint Venture intercompany transactions.



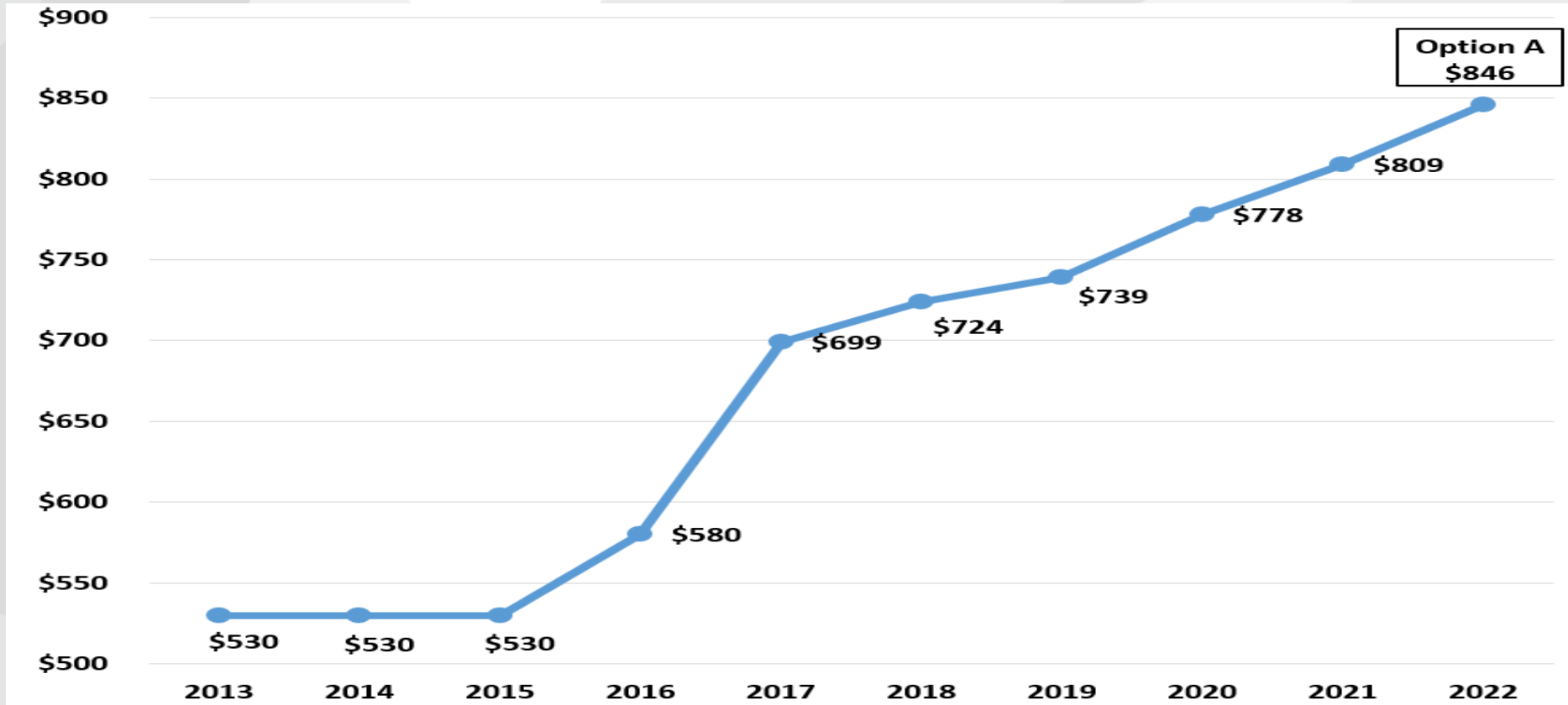
10 Year Trend – Increase in Pharmacy Licence Fee



change (\$)	-	-	-	670	249	49	46	-	129	118
change (%)	-	-	-	50.34	12.44	2.18	2.00	-	5.50	4.75



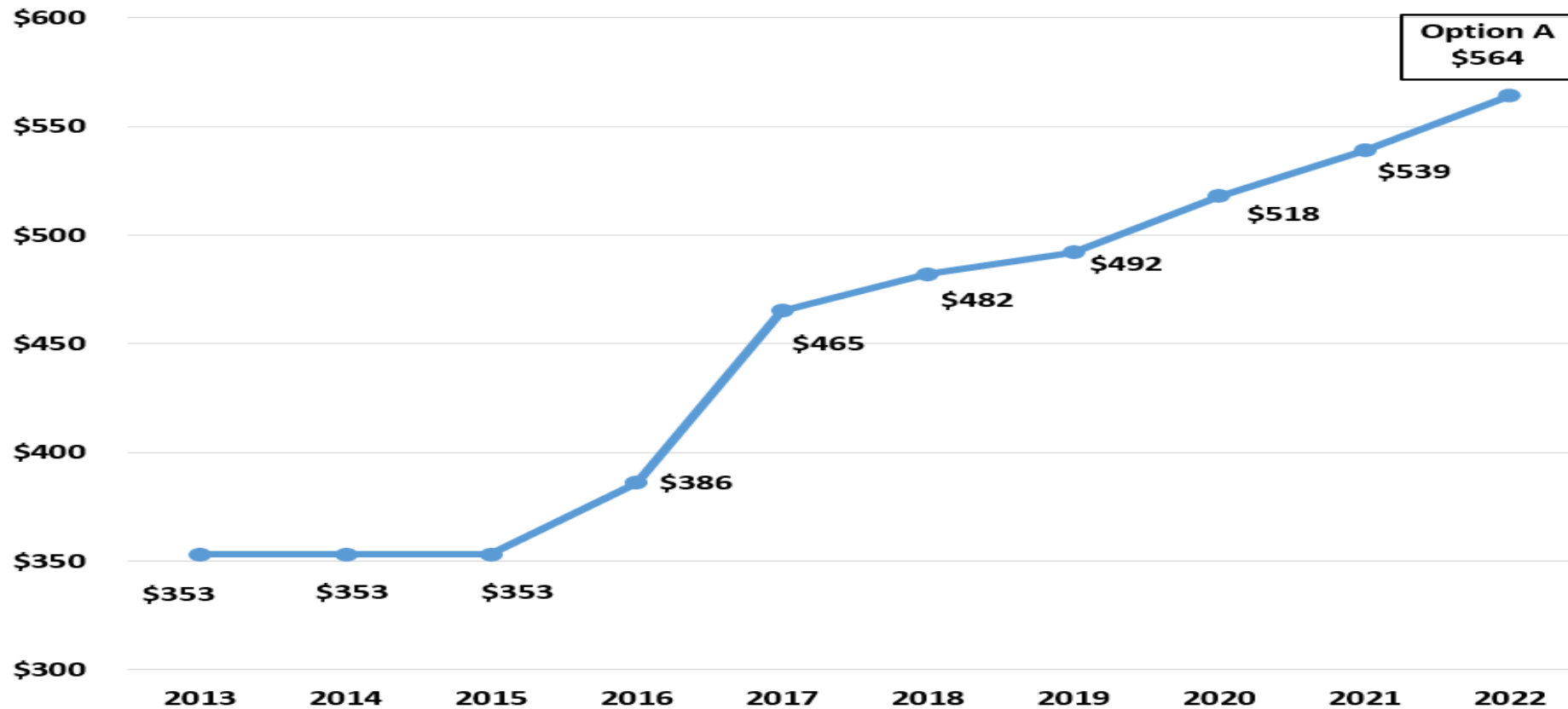
10 Year Trend - Increase in Pharmacist Registration Fee



change (\$)	-	-	-	50	119	25	15	39	31	37
change (%)	-	-	-	9.43	20.52	3.58	2.07	5.28	3.98	4.50



10 Year Trend-Increase in Pharmacy Technician Registration Fee



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
change (\$)	-	-	-	33	79	17	10	26	21	25
change (%)	-	-	-	9.35	20.47	3.66	2.07	5.28	4.05	4.50



Historical Trend – Approved and Actual Reserves Balance (in thousands)

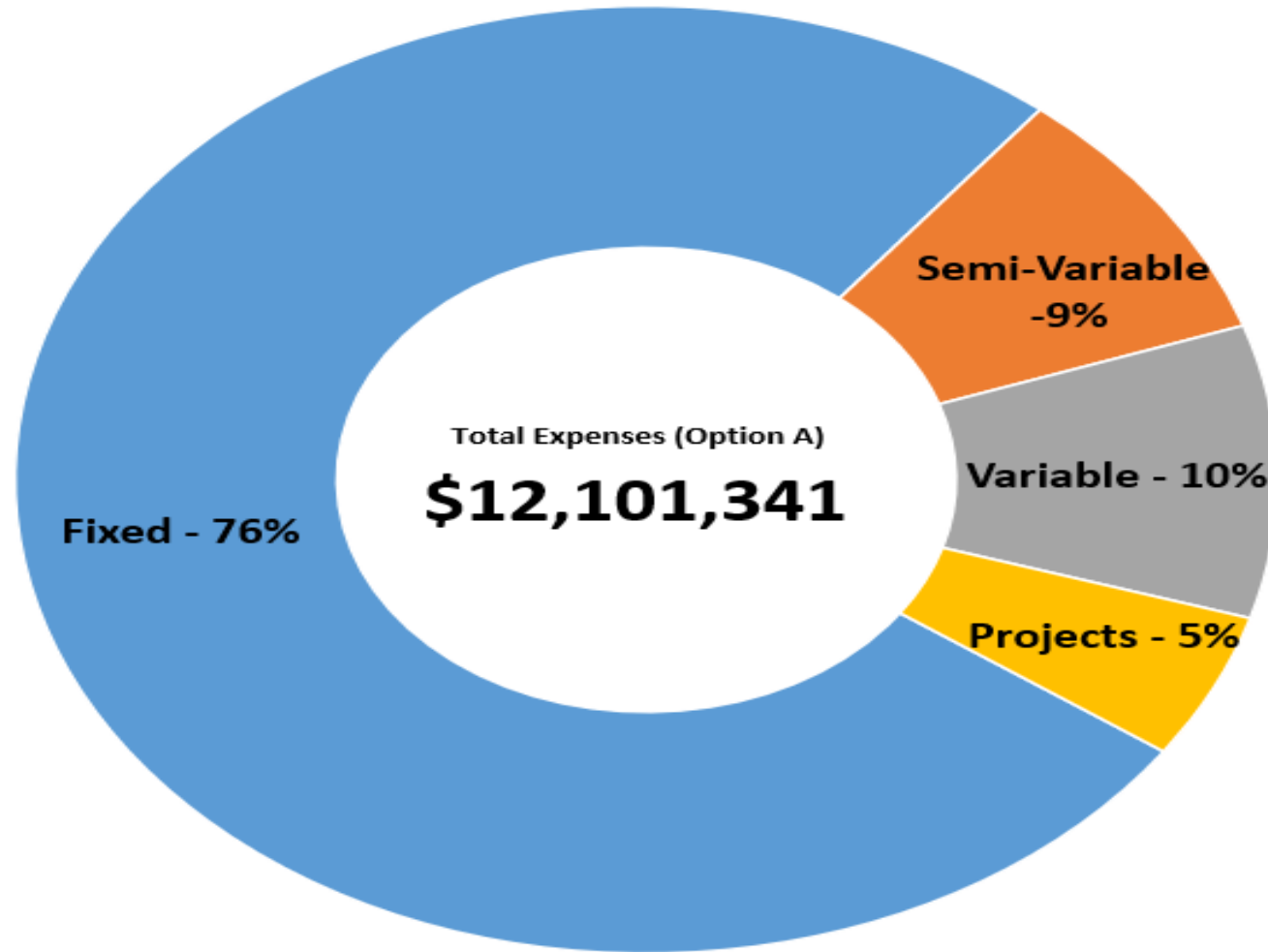


Budgeted Reserve
Balance

Actual/Latest Estimates
Reserve Balance

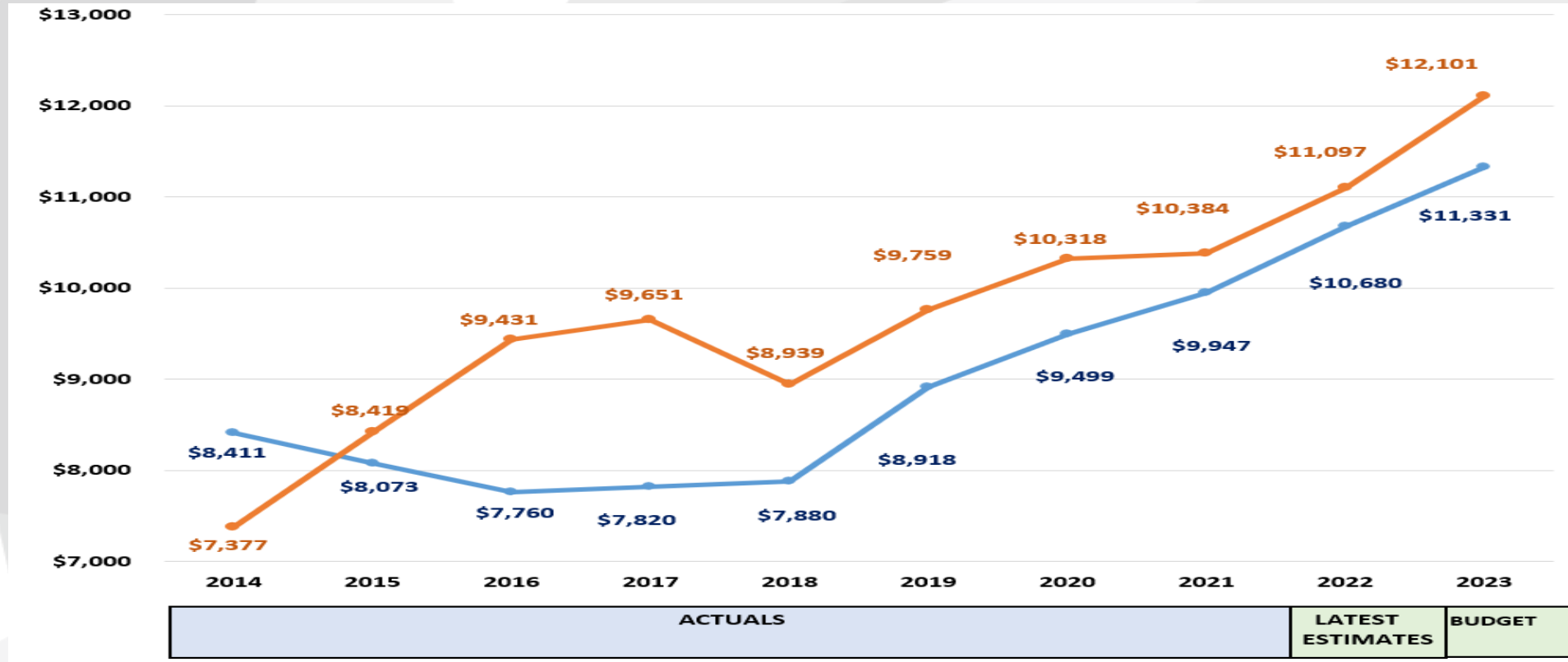


Classification of Expenses – Budget 2022/23





10 Year Trend – Revenue and Expenses (Option A) (in thousands)



*Years are expressed in fiscal years.

Canadian Pharmacy Regulators										
2022 Fee Schedule Comparisons	BC Version C	Alberta	Saskatchewan (April 2021)	Manitoba	Ontario	New Brunswick	Nova Scotia	PEI	Newfoundland	Quebec
<i>Fee Category:</i>										
Pharmacist renewal	\$ 858.00	\$ 921.00	\$ 1,320.00	\$ 971.94	\$ 756.00	\$ 985.00	\$ 1,090.00	\$ 1,045.00	\$ 946.58	\$ 1,146.00
Pharmacy Technician renewal	\$ 572.00	\$ 544.00	\$ 793.00	\$ 150.00	\$ 504.00	\$ 520.00	\$ 695.00	\$ 570.00	\$ 630.38	n/a
Pharmacy renewal	\$ 2,629.00	\$ 1,651.00	\$ 2,400.00	\$ 1,709.22	\$ 1,184.40	\$ 1,325.00	\$ 1,975.00	\$ 1,360.00	\$ 1,812.60	n/a
			COMPASS Surcharge)			(Pharmacy accreditation)				
Link	https://abpharmacy.ca/fee-schedule	https://saskpharm.ca/site/registration-and-licensing/fees	https://saskpharm.ca/site/pharmacy/feespharmacy?na	https://cphm.ca/wp	https://www.ocpi.com/wp	https://nbcpi.in1toch.org/document/2048/Fee%20Schedule=schedulefees	https://www.nspharmacists.ca/?page=schedulefees	https://pepharmacists.ca/wp-content/uploads/2	https://nlpb.ca/registration-and-licensing/fees	https://www.opq.org/wp-content/uploads/2

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.

Potential Uses of the Reserves

The Reserve Policy states that 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.

Leasehold Improvements and other capital acquisitions

- In the past, leasehold improvement costs have not been too significant. However, if the College considers reducing the office footprint due to the changing work from home/work from office environment, considerable renovations will be required to separate the second floor into two parts as well as removing furnishings, changing IT network cables, the server room, etc.
- The notification of iMIS's move to the Cloud will help to address the top risk on the College's risk register, namely IT/cybersecurity, however, this comes with a cost to the College's budget and operations for the next 4 fiscal years. The impact to the 2022/23 budget is to focus on a feasibility assessment and moving to an interim solution in order to maintain security upgrades. The feasibility assessment will determine the path forward for the right balance of decreasing our risks, creating the right infrastructure, and managing the budget implications. A lack of appropriate reserves could impact what would be the best business option for the College to address this risk.

Joint Venture special levies

- The College will be assessed a special levy in 2022 to address the curtain wall project currently underway. This project, which includes replacing the windows in the building, will take place over the next eight to ten months and will require a contribution of approximately \$300,000 from the College. This will not impact the College's budget as it will be a "transfer of assets" from Cash to Investment in the Joint Venture. However, it will have a cash flow impact.

Legal costs

- The College has, in past, considered using Reserves for legal costs in some situations, as per the Board Reserve Policy.
 - Legal costs for Discipline hearings are quite costly and not always predictable during budgeting. Often the case does not proceed as a settlement is reached before the hearing. Currently, there are four cases proceeding to Discipline hearings, anticipated in 2022/23. For budget purposes the College could, in past, assume a minimum number of cases would reach the hearing stage in the fiscal year and plan to draw from Reserves if more cases did

proceed to hearings in the fiscal year. In our current situation, Reserves are not available for this use.

- The College has been named in three legal cases. In two of these cases, the College is not the primary defendant. However, the College is still required to have our lawyers review and respond to these cases and the costs to the College can be significant. Estimates for 2022/23 in one case range from 150 to 450 hours of legal time. Budgeting for this would, ordinarily, propose using the lower range and using Reserves for anything higher.

Research or training opportunities to support the Strategic Plan

- The 2022/23 fiscal year's Strategic Plan's activities do not require any significant expenditures as the focus is on Goal One (HPA Modernization). Future year Strategic Plan Goal activities are not expected to require research or training opportunities.

Create an internal line of credit and maintain financial flexibility

As we have discussed previously, the College is in an admirable position for cash flow with fees being paid up front, so this last point is less important. The "financial flexibility" part of the statement can be considered in some of the points discussed above. As noted above, a lack of appropriate reserves could impact what would be the best business option for the College to address the risk pertaining to the Customer Relationship Management (CRM) (iMIS Cloud) project.



College of Pharmacists
of British Columbia

4. Audit and Finance Committee: Budget 2022/23

Steven Hopp

Chair, Audit and Finance Committee



Budget 2022/23

- Key considerations
 - Strategic Plan
 - Risk Register (e.g. Cybersecurity)
 - Reserves balance
 - iMIS Cloud / new CRM project
 - Legal cases
 - Inflation
- The Audit & Finance Committee reviewed three budget options and are recommending Option A. The Registrar advised that she will be reviewing operations and budget in 2022. This was a consideration in recommending Option A.
- Note: It is only the budget for 2022/23 that is being approved. Future years are for forecasting information only.



Budget Revenue

Revenue

* All fee increases would be effective November 2022

Fee Type	Current	Option A
Pharmacy	\$2,474	\$2,592 (4.75%)
Pharmacist	\$ 809	\$ 846 (4.5%)
Pharmacy Technician	\$ 539	\$ 564 (4.5%)

Revenue impact (earned) per fiscal year

	Budgeted Revenue: Contribution of Fee Increase			TOTAL
	YR 1	YR 2	YR 3	
	2022-23	2023-24	2024-25	
Annual revenue earned	19,879	368,083	142,654	530,616



Budget 2022/23

	Expenditures		
	YR 1	YR 2	YR 3
	2022-23	2023-24	2024-25
Annual budget	12,101,341	12,334,573	12,914,475

- Fixed expenses on average are 76% of College expenditures
- Semi-variable expenses are 9%
- Variable expenses are 10%
- Project expenses are 5%



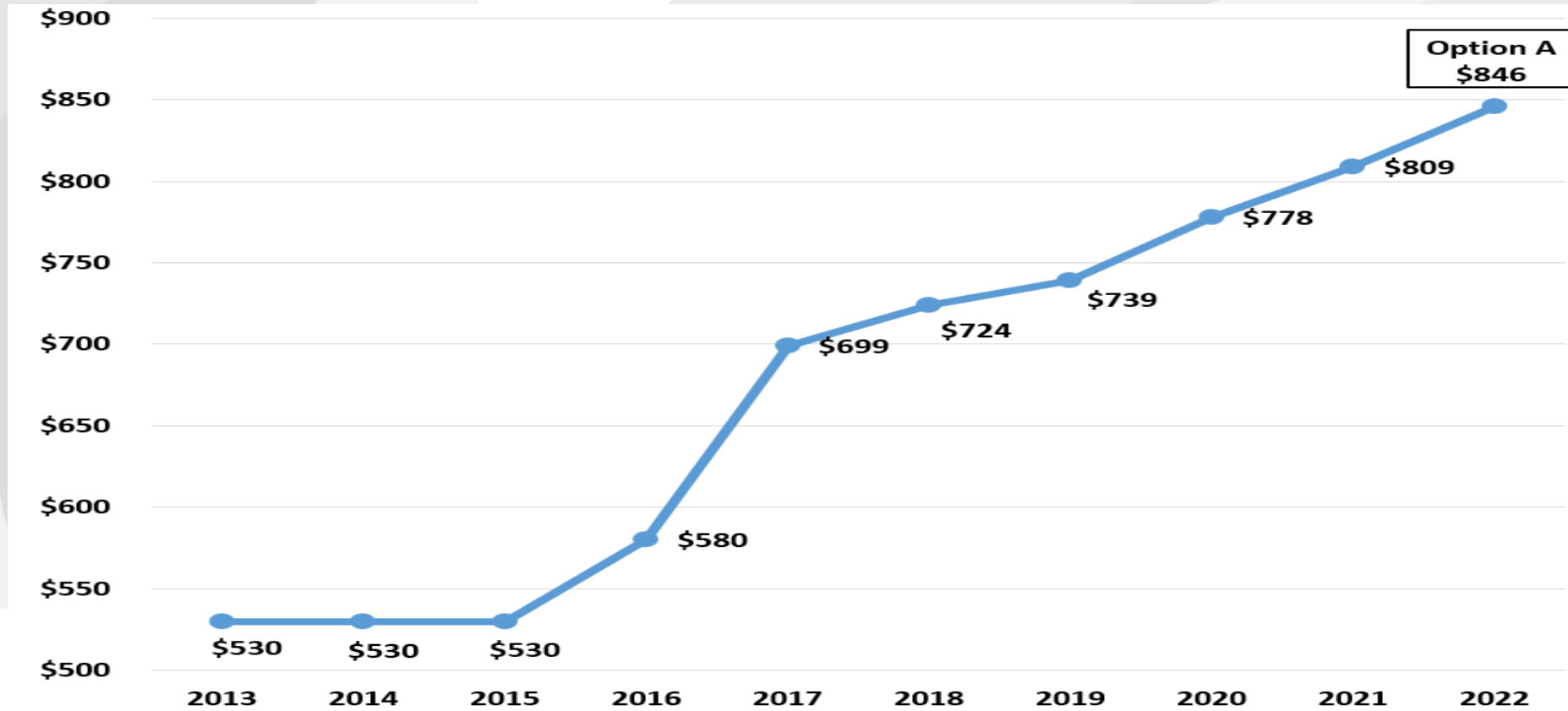
10 Year Trend – Increase in Pharmacy Licence Fee



change (\$)	-	-	-	670	249	49	46	-	129	118
change (%)	-	-	-	50.34	12.44	2.18	2.00	-	5.50	4.75



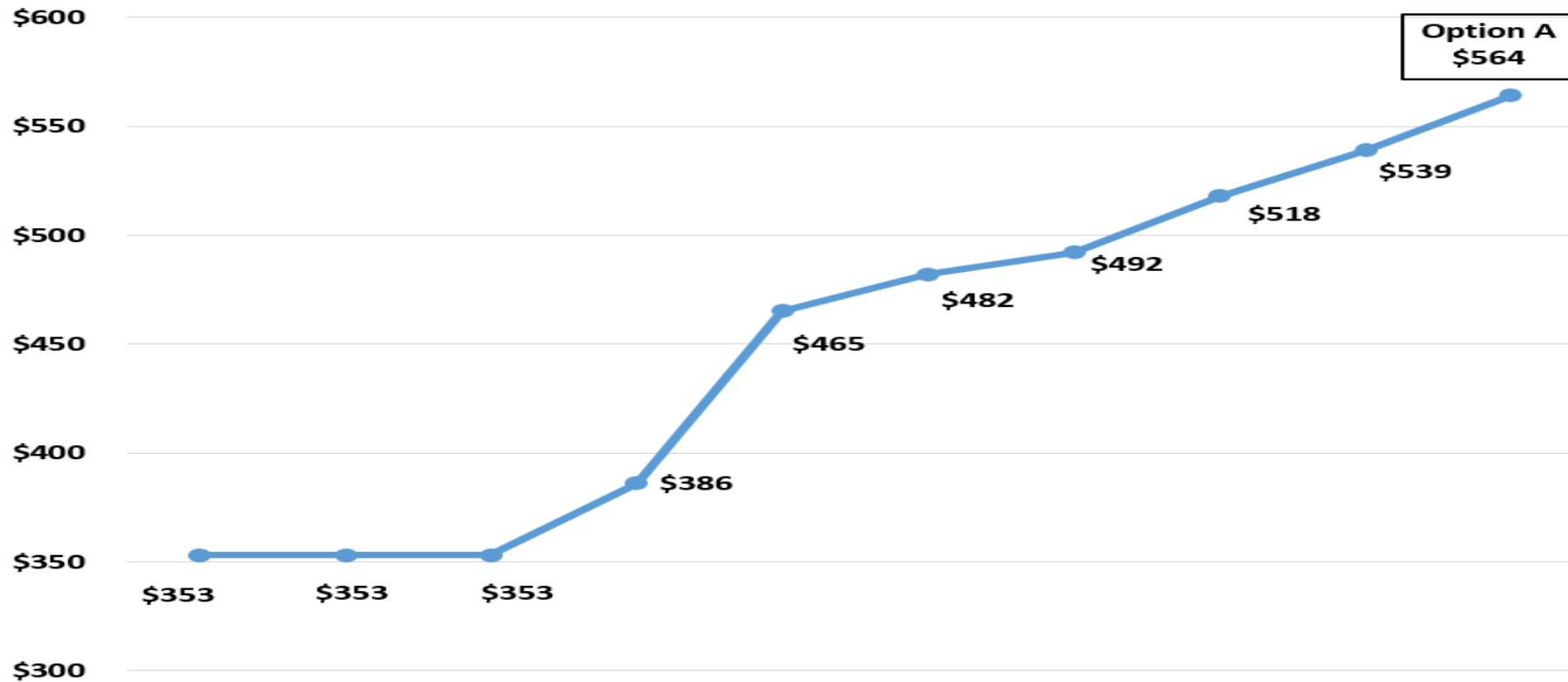
10 Year Trend - Increase in Pharmacist Registration Fee



change (\$)	-	-	-	50	119	25	15	39	31	37
change (%)	-	-	-	9.43	20.52	3.58	2.07	5.28	3.98	4.50



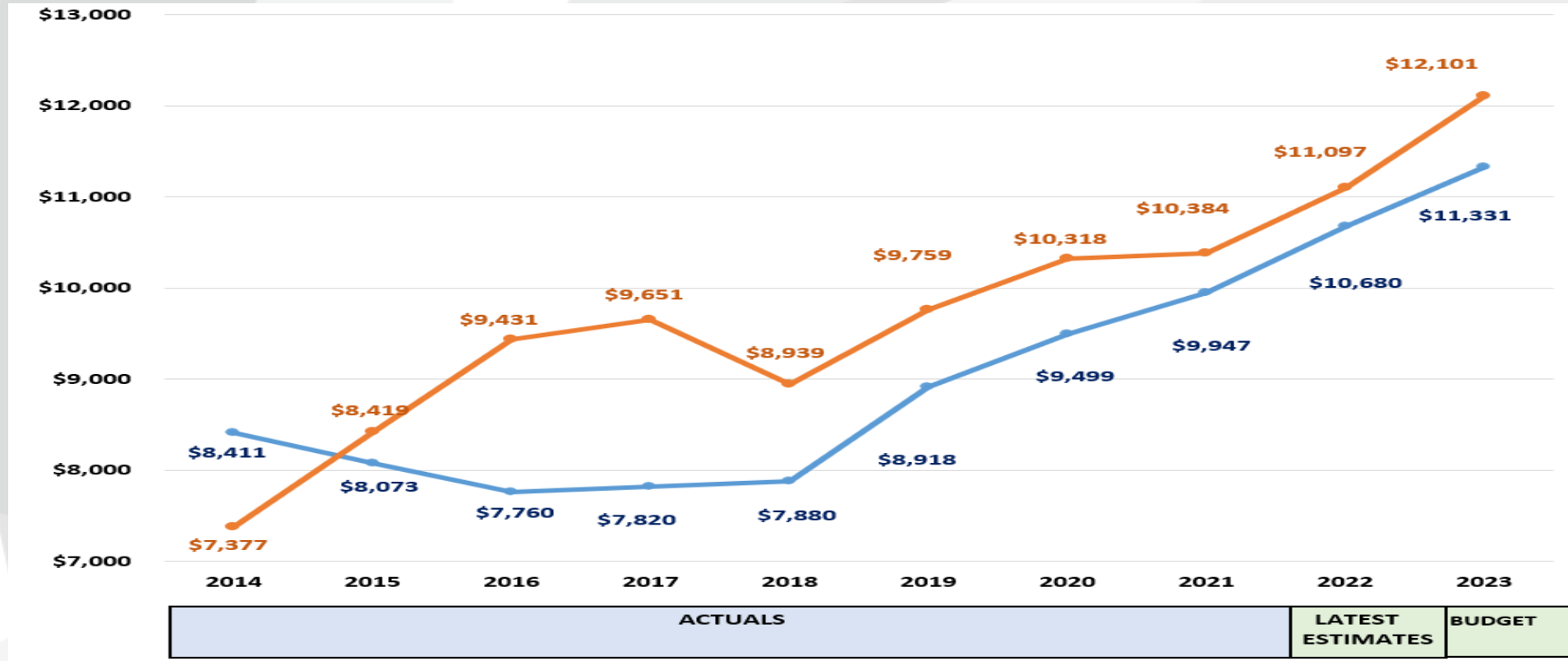
10 Year Trend-Increase in Pharmacy Technician Registration Fee



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
change (\$)	-	-	-	33	79	17	10	26	21	25
change (%)	-	-	-	9.35	20.47	3.66	2.07	5.28	4.05	4.50



10 Year Trend – Revenue and Expenses (Option A) (in thousands)



Revenue

Expenses

*Years are expressed in fiscal years.



4. Audit and Finance Committee: Budget 2022/23

MOTION:

Approve the 2022/2023 budget, Option A, with total revenues in the amount of \$11,331,232 and a transfer from the balance sheet in the amount of \$770,116, as presented.



College of Pharmacists
of British Columbia

BOARD MEETING February 11, 2022

5. Legislation Review Committee: a) Drug Schedules Regulation - Amendments

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution to improve alignment of the drug scheduling in the Drug Schedules Regulation with the National Drug Schedules and the Prescription Drug List made under the *Food and Drugs Act*:

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

Purpose

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

Background

Drug Scheduling in British Columbia

Health Canada determines whether a drug must be sold by prescription only (listed in the Prescription Drug List) or if it can be sold over the counter (non-prescription status). Provincial regulatory authorities can further restrict the conditions of sale of non-prescription products; however, they cannot be less stringent than the federal requirements.

For drugs determined by Health Canada to be non-prescription, most provincial pharmacy regulatory authorities schedule by reference to the National Association of Pharmacy Regulatory Authorities' (NAPRA's) NDS.¹ The NDS supports alignment of provincial drug schedules by providing consistency in the conditions of sale for non-prescription drugs across Canada.

¹ Implementation of the National Drug Schedules, NAPRA, accessed June 22, 2021:
<https://napra.ca/implementation-national-drug-schedules>

NAPRA's National Drug Schedules Advisory Committee (NDSAC) recommends appropriate placement of non-prescription drugs within a three-schedule national model² in the NDS. NDSAC's recommendations include an examination of the scientific evidence to support their rationale, along with allowing for public input through a public posting period.

British Columbia is one of the few provinces in Canada that maintains its own list of scheduled drugs through the DSR.³ Nevertheless, almost all amendments to BC's DSR are based on recommendations from NDSAC. The legislative authority for the Board to amend the DSR is found in subsections 22(1) and (2) of the [Pharmacy Operations and Drug Scheduling Act](#).

Natural Health Products

Natural Health Products (NHPs) became subject to federal regulation in 2004 under the federal [Natural Health Products Regulations](#), under the *Food and Drugs Act*. Prior to this, only a small subset of NHPs had been classified as drugs and scheduled on the NDS and BC's DSR. Many other NHPs were never considered for scheduling. To address this inconsistency, NAPRA announced that it will consider all products with a Natural Product Number or Drug Identification Number-Homeopathic Medicine issued from Health Canada to be outside of its scope as of 2024.

NAPRA began removing NHPs from the NDS in 2020, which started with the removal of Schedule III NHPs in January 2020. On January 2, 2022, NAPRA proceeded with the second phase of removals and changes to Schedule I and II NHP listings in the NDS (see Appendix 1 for NAPRA's table of NDS removals and changes by date).

In September 2020, the Board directed the Registrar to remove NHPs from the DSR in a stepwise manner to align with the removal of NHPs from the NDS. In September 2021, the Board approved the removal of 20 Schedule III NHPs from the DSR. These changes came into effect on November 23, 2021 (see Appendix 2).

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

³ In BC, drugs are scheduled in the DSR as Schedule I, IA, II, III, and IV. The schedules are differentiated as follows:

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

Discussion

To align with the Schedule I and II NHP removals from the NDS that occurred on January 2, 2022, the College proposes removing the corresponding Schedule I and II NHPs from the DSR.⁴ NHPs that are administered by injection do not meet the definition of a NHP in the Natural Health Products Regulations⁵, and so NAPRA determined these products would remain scheduled on the NDS, though their listings were updated to clarify that the listing applies only to products in injectable form. Corresponding changes to the DSR listings are proposed.

Other changes to the DSR not related to NHPs are also proposed, including the addition of esketamine to the DSR as a Schedule I product. Esketamine is an enantiomer of ketamine⁶ and was approved for use by Health Canada in 2020. It requires a prescription for sale as it is considered a narcotic under the federal [Narcotic Control Regulations](#). Esketamine must be added to the DSR in order for nurse practitioners in BC to be allowed to prescribe it. The addition of esketamine to the DSR as a Schedule I drug was discussed with members of the Controlled Prescription Program Advisory Committee, and no concerns were noted.

Lastly, the College proposes amendments to the DSR to align with scheduling changes made to other non-prescription products listed in the NDS, as well as changes to the Prescription Drug List. All proposed amendments to the DSR are provided in Appendix 3, and a brief rationale for each change is provided in Appendix 4.

Next Steps

Once approved by the Board, the Board resolution will require a final approval by the Ministry of Health, and will be filed for a period of 60 days. After 60 days have passed, the College will deposit the tagged schedule with the Registrar of Regulations, at which time the amendments will come into force.

Discussion Question

The key question for the Board to consider is:

- Are the proposed amendments to align the Drug Schedules Regulation with the National Drug Schedules, the Prescription Drug List, and NAPRA's NHP policy in the best interest of the public?

⁴ In consideration of the impact of the COVID-19 pandemic and the substance use crisis in Canada, a decision was made to delay the removal of ephedrine and pseudoephedrine until January 2024, to allow time for the federal government to consider the most appropriate risk mitigation measures for these ingredients. These products will remain scheduled on the NDS and the DSR at this time.

⁵ Natural health products that are administered by puncturing the dermis do not meet the definition of a natural health product in the [Natural Health Products Regulations](#). For this reason, NHPs administered by injection will remain scheduled on the NDS.

⁶ Ketamine is currently a Schedule I drug on the DSR and is not part of the Controlled Prescription Program.

Recommendation

The Board approve the proposed amendments to the DSR as set out in Appendix 3.

Appendix	
1	CONFIDENTIAL (Do not circulate) – NHPs in NDS Confirmed Removals and Changes (by Date of Removal) – August 5, 2021
2	September 2021 Drug Schedules Regulation Amendments Board Briefing Note (without appendices)
3	Tagged Schedule of Drug Schedules Regulation Amendments
4	Table of Proposed Drug Schedule Regulation Amendments with Rationale



College of Pharmacists
of British Columbia

BOARD MEETING September 24, 2021

10. Legislation Review Committee: Drug Schedules Regulation – Amendments

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution to improve alignment of the drug scheduling in the Drug Schedules Regulation with the National Drug Schedules and the Prescription Drug List made under the *Food and Drugs Act*, and to update the definition of Schedule IA (Triplicate/Duplicate Prescription Program):

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

Purpose

To seek Board approval to amend the Drug Schedules Regulation (DSR) under the *Pharmacy Operations and Drug Scheduling Act* (PODSA) to improve alignment with the National Drug Schedules and the Prescription Drug List made under the *Food and Drugs Act* (Canada), and to update the definition of Schedule IA (Triplicate/Duplicate Prescription Program).

Background

Health Canada determines whether a drug must be sold by prescription only (listed in the Prescription Drug List) or if it can be sold over the counter (non-prescription status). Provincial regulatory authorities (PRAs) can further restrict the conditions of sale of non-prescription products; however, they cannot be less stringent than the federal requirements.

Typically, for those drugs determined by Health Canada to be non-prescription, most PRAs schedule by reference to the National Drug Schedules (NDS).¹ The National Association of Pharmacy Regulatory Authorities (NAPRA) created the National Drug Schedules Advisory Committee (NDSAC) to recommend appropriate placement of non-prescription drugs within a three-schedule national model² in the NDS. According to NAPRA, “NDSAC members are chosen for their knowledge and expertise in such areas as pharmacotherapy, drug utilization, drug

¹ Implementation of the National Drug Schedules, NAPRA, accessed June 22, 2021:

<https://napra.ca/implementation-national-drug-schedules>

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

interactions and toxicology, pharmacy practice, academic research, the drug industry and pharmaceutical regulatory affairs at federal and provincial levels".³ Their recommendations include an examination of the scientific evidence to support their rationale, along with allowing for public input through a public posting period.

British Columbia is one of the few provinces in Canada that maintains its own list of scheduled drugs in the DSR. Nevertheless, almost all amendments to BC's DSR are based on recommendations from NDSAC.

The legislative authority for the Board to amend the DSR is outlined in section 22 of the *Pharmacy Operations and Drug Scheduling Act*:

Regulations of the board

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

Discussion

The College proposes amendments to the DSR to align with changes made to the NDS and the Prescription Drug List, in the interest of public safety. The proposed amendments to the DSR are provided in Appendix 1, and a brief rationale for each change is available in Appendix 2.

The College also proposes amendments to the DSR to align with NAPRA's natural health product (NHP) policy, as directed by the Board in September 2020 (Appendix 3). NHPs became subject to federal regulation in 2004 under the [Natural Health Products Regulation](#), under the *Food and Drugs Act*. In late 2019, NAPRA announced that it would begin removing NHPs from the NDS in a step-wise manner. NAPRA stated that "*...given that the interim measure initiated many years ago only addresses the risk of a small subset of NHPs while others are available to consumers without directed conditions of sale, NAPRA has determined that this disparate approach is no longer in the best interest of the public.*"⁴

As of 2024, NAPRA will consider all products with a Natural Product Number or Drug Identification Number-Homeopathic Medicine issued from Health Canada to be outside of its scope.⁵ As the DSR in BC closely aligns with the NDS, all the Schedule I, II and III NHPs that have been, and that will be, removed from the NDS are currently scheduled on the DSR. The DSR, like the NDS, only contains a small subset of NHPs, and many other NHPs were never considered for scheduling. As such, the College proposes striking out the 20 Schedule III NHPs that were removed from the NDS in January 2020, as listed in Appendix 4. Further removals of Schedule I,

³ <http://napra.ca/committee-membership>

⁴ <https://napra.ca/background-update-napra-nhp-policy>

⁵ Note: In consideration of the impact of the COVID-19 pandemic and the substance use crisis in Canada, a decision was made to delay the removal of two ingredients with higher risk (ephedrine and pseudoephedrine) until January 2024, to allow time for the federal government to consider the most appropriate risk mitigation measures for these ingredients.

II and III NHPs will be brought forward to the Board in alignment with NAPRA’s timelines for removal.

Lastly, an amendment to the definition of “Schedule IA (Duplicate/Triplicate Prescription Program)” is proposed. The current definition refers to the *Pharmacist, Pharmacy Operations and Drug Scheduling Act*, which is no longer in existence. The proposed definition refers to the *Pharmacy Operations and Drug Scheduling Act*.

Next Steps

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

Guiding Question

The key question for the Board to consider is:

- Are the proposed amendments to align the Drug Schedules Regulation with the National Drug Schedules, the Prescription Drug List, and NAPRA’s NHP policy in the best interest of the public?

Recommendation

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

Appendix	
1	Tagged Schedule of Drug Schedules Regulation Amendments
2	Table of Proposed Drug Schedule Regulation Amendments with Rationale
3	September 2020 Natural Health Product Board Briefing Note (without appendices)
4	CONFIDENTIAL (Do not circulate) – NHPs in NDS Confirmed Removals and Changes (by Date of Removal) – August 5, 2021

OFFICE OF LEGISLATIVE COUNSEL

Examined by: Rebecca Whitmore

**YELLOW
TAG**

Order in Council Regulation

Cautions/Comments:

I have reviewed the attached regulation and section 22 of the *Pharmacy Operations and Drug Scheduling Act*. It is my opinion that there is legislative authority for this regulation.

These amendments introduce new phrasing that is similar but not identical to existing phrases in the regulation, in order to align with wording on Health Canada's Prescription Drug List and the National Association of Pharmacy Regulatory Authorities' National Drug Schedules. The use of similar but not identical phrases to describe the items in the Schedules may have unintended interpretive consequences.

The statute requires that once enacted by the board of the College of Pharmacists, the regulation must be filed with the Minister of Health, and the board may deposit it with the registrar under the *Regulations Act* if the following conditions are met:

- (a) the minister has not disallowed all or a portion of the regulation within the period prescribed by the minister under that section;
- (b) the regulation is not deposited with the registrar until the prescribed period or another shorter period specified by order of the minister has expired.

Signed: R. Whitmore

Date: February 7, 2022

Confidential: This document and the associated instrument constitute a legal opinion of Legislative Counsel on how to give legislative effect to the enacting authority's policy. This legal opinion is subject to solicitor-client privilege. Provisions of the *Freedom of Information and Protection of Privacy Act* regarding non-disclosure of information apply to this document and the associated instrument.

R10576366

APPENDIX

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

(a) by striking out the following:

- 2 Acetylcysteine
- 2 Allethrins (pyrethrins)
- 1 Alverine and its salts (for parenteral use)
- 1 Amino acid solutions (for parenteral use)
- 2 Arginine and its salts
- 2 Artemisia, its preparations, extracts and compounds (except in trace amounts in homeopathic preparations)
- 2 Belladonna alkaloids, and their salts and derivatives (except in preparations for topical use or in trace amounts in homeopathic preparations)
- 2 Benzocaine and its salts (for parenteral or ophthalmic use)
- 2 Benzyl benzoate
- 3 Bisacodyl and its salts except when sold in
 - (a) concentrations of 5 mg or less per oral dosage unit or 10 mg or less per rectal dosage unit/suppository, and
 - (b) package sizes containing no more than 50 mg of bisacodyl
- 2 Boric acid and its salts (in preparations for systemic use, or ophthalmic preparations in concentrations of greater than 2%) [Note: does not apply to contact lens solutions intended to be rinsed off prior to placement of lens on the eye]
- 2 Camphor (in oleaginous vehicles and in liquid forms in concentrations greater than 11%)
- 2 Cantharides, their preparations and derivatives
- 2 Choline bitartrate (parenteral)
- 2 Chymopapain (parenteral)
- 2 Chymotrypsin (parenteral and ophthalmic)
- 2 Dextrose (sclerosing agents)
- 1 Epinephrine and its salts (other than in pre-filled syringes intended for emergency administration by injection in the event of anaphylactic reactions to allergens)
- 2 Edepallethrin/piperonyl butoxide
- 2 Heparin and its salts (except for topical use)
- 2 Histamine and its salts (except for topical use)
- 2 Hyaluronic acid and its salts (preparations in concentrations of 5% or more)
- 2 Hyaluronidase
- 1 Hydrocortisone or hydrocortisone acetate^V (except when sold in a concentration that provides 1% or less hydrocortisone in preparations for topical use on the skin, for adults and children 2 years of age and over, and in package sizes containing no more than 30 g)
- 1 Hydroquinone or its derivatives, when sold in a concentration greater than 2% in preparations for topical use on the skin

- 2 Hydroquinone or its derivatives, when sold in a concentration less than or equal to 2% in preparations for topical use on the skin
- 2 Hyoscine and its salts and derivatives [scopolamine] (except hyoscine butylbromide, when recommended for parenteral use)
- 2 Hyoscyamine and its salts and derivatives (except for topical use)
- 2 Iodine and its salts and derivatives (except topical preparations or in oral doses of 1 mg or less per day)
- 2 Ipecac and its extracts and derivatives (when used as an emetic)
- 2 Iron and its salts and derivatives (preparations with more than 30 mg elemental iron per solid dosage unit or 5 mL oral liquid)
- 2 Lobelia and its alkaloids and preparations (except internal preparations containing not more than 2 mg lobeline sulphate, external preparations containing not more than the equivalent of 400 mg of crude lobelia or preparations containing 130 mg or less of lobelia inflata)
- 2 Magnesium sulfate (for parenteral use)
- 2 Mannitol and its salts
- 2 Methenamine and its salts (except for topical use)
- 2 Methyl salicylate (in liquid dosage forms in concentrations greater than 30%)
- 2 Nicotinic acid [niacin] in extended-release formulations, except when sold in a modified-release oral dosage form that provides 500 mg or more per dosage unit or per daily dose
- 1 NicotinyI-tartrate
- 2 Norepinephrine and its salts (levarterenol, noradrenaline)
- 2 Phenol (preparations with concentration of more than 20%)
- 2 Physostigmine salicylate (for oral or topical use)
- 2 Potassium salts (in oral preparations containing more than 5 mmol per single dose, except
 - (a) potassium bromide,
 - (b) potassium gluconate when sold or recommended for administration to cats,
 - (c) potassium para-aminobenzoate, and
 - (d) potassium citrate when recommended for the treatment of renal tubular acidosis and kidney stones)
- 2 Povidone - iodine (vaginal preparations, except in concentrations of 5% or less)
- 2 Pyrethrins (allethrins)
- 2 Pyrethrins (allethrins)/piperonyl butoxide
- 1 Quinidine salts
- 1 Quinine salts
- 2 Racemethionine
- 2 Rue and its preparations and extracts
- 2 Salicylic acid (when sold to be applied to warts, corns or calluses in topical preparations in concentrations greater than 40%)
- 2 Scopolamine and its salts (hyoscine)
- 2 Silver nitrate
- 2 Sodium acetate (for parenteral use)

- 2 Sodium biphosphate (for parenteral use)
- 2 Sodium chloride (single ingredient solutions for parenteral or ophthalmic use in concentrations of more than 0.9%) [NOTE: Does not apply to contact lens solutions intended to be rinsed off prior to insertion into eye]
- 2 Sodium citrate (for parenteral use)
- 2 Sodium iodide (for sclerosing)
- 2 Sodium phosphate (for parenteral use)
- 2 Stramonium and its preparations, extracts, and compounds
- 2 Strontium and its salts (for parenteral use)
- 2 Vitamins (any parenterals not otherwise scheduled in Schedule I)
- 2 Xylose , *and*

(b) by adding the following:

- 2 Acetylcysteine in injectable form
- 2 Allethrins
- 1 Alverine and its salts in injectable form
- 1 Amino acid solutions in injectable form
- 2 Benzocaine and its salts in injectable form
- 1 Bilastine or its salts or derivatives
- 3 Bisacodyl and its salts (except when sold in strengths of 5 mg or less per oral dosage unit in package sizes containing no more than 105 mg of bisacodyl and except when sold in strengths of 10 mg or less per rectal dosage unit/suppository in package sizes containing no more than 50 mg of bisacodyl)
- 2 Choline bitartrate in injectable form
- 2 Chymopapain in injectable form
- 2 Chymotrypsin in injectable form
- 2 Dextrose in injectable form, when used as a sclerosing agent
- 1 Epinephrine and its salts in injectable form, except in pre-filled syringes intended for emergency administration by injection in the event of anaphylactic reactions to allergens
- 1 Epinephrine or its salts, when sold as epinephrine topical solution for hemostasis at a concentration equal to or greater than 1 mg/ml (1:1000)
- 1 Esketamine
- 2 Heparin and its salts in injectable form
- 1 Hydroquinone or its derivatives, when sold in a concentration greater than 2% in preparations for topical use on the skin^V
- 2 Hyoscine butylbromide (Butylscopolamine bromide), except when recommended for injectable use
- 2 Hyoscine (scopolamine) in injectable form
- 2 Magnesium sulfate in injectable form
- 2 Norepinephrine and its salts (levarterenol, noradrenaline) in injectable form
- 2 Piperonyl butoxide
- 1 Quinine or its salts or derivatives, except when sold in oral dosage form that provides 50 milligrams or less of quinine base per dosage unit or per daily dose
- 2 Sodium acetate in injectable form

- 2 Sodium biphosphate in injectable form
- 2 Sodium chloride, single ingredient solutions for injectable use in concentrations of more than 0.9%
- 2 Sodium citrate in injectable form
- 2 Sodium iodide in injectable form, when used as a sclerosing agent
- 2 Sodium phosphate in injectable form
- 2 Strontium and its salts in injectable form
- 2 Vitamins in injectable form, except those listed in Schedule I.

[For administrative purposes only - R10576366]

College of Pharmacists of BC Drug Schedule Regulation Amendment Requests & Rationale (Winter 2021/22)

Existing Listing in DSR	Proposed Change	Rationale
<i>None</i>	<p>Adding the following:</p> <p>1 Bilastine or its salts or derivatives</p>	<p>Bilastine was approved by Health Canada in 2016. In reviewing the submission, Health Canada determined this drug should be available by prescription only. It is listed on the Prescription Drug List (PDL), but is not listed on the Drug Schedules Regulation (DSR).</p> <p>The use of this drug is increasing, and the College has received questions about the scheduling of this drug. Many other antihistamines are available without prescription. To provide clarity on the scheduling of this drug, it is recommended that it be added to the DSR as a Schedule I drug in alignment with the PDL.</p>
<i>None</i>	<p>Adding the following:</p> <p>1 Epinephrine or its salts, when sold as epinephrine topical solution for hemostasis at a concentration equal to or greater than 1 mg/ml (1:1000)</p>	<p>Health Canada received a drug submission for topical epinephrine that contains sufficient information to demonstrate that topical epinephrine solution for hemostasis meets the PDL criteria. The PDL was updated to include this listing on December 6, 2021.</p> <p>Because the DSR schedule I epinephrine listing will be changing to only cover injectable products (see page 6), for clarity the DSR should be updated to include this new schedule I listing for topical epinephrine products.</p>
<i>None</i>	<p>Adding the following:</p> <p>1 Esketamine</p>	<p>Esketamine is an enantiomer of ketamine, and is considered a narcotic under the Narcotic Control Regulations. It was approved for use by Health Canada in 2020.</p> <p>Ketamine is a Schedule I drug on the DSR, and is not part of the Controlled Prescription Program. In order for nurse practitioners to prescribe esketamine, it should be added to the DSR, for clarity.</p> <p>The DSR has separate listings for other drugs that are racemic mixtures and enantiomers (e.g., citalopram and escitalopram, omeprazole and esomeprazole).</p>

Existing Listing in DSR	Proposed Change	Rationale
<p>3 Bisacodyl and its salts except when sold in (a) concentrations of 5 mg or less per oral dosage unit or 10 mg or less per rectal dosage unit/suppository, and (b) package sizes containing no more than 50 mg of bisacodyl</p>	<p>Striking out the existing listing and adding the following:</p> <p>3 Bisacodyl and its salts (except when sold in strengths of 5mg or less per oral dosage unit in package sizes containing no more than 105mg of bisacodyl and except when sold in strengths of 10mg or less per rectal dosage unit/suppository in package sizes containing no more than 50mg of bisacodyl)</p>	<p>The National Drug Scheduling Advisory Committee reviewed bisacodyl tablets and agreed to increase the package size of 5mg oral tablets that is available on an unscheduled basis, from a maximum package size of 50mg to 105mg.</p> <p>For more information, see the NDSAC meeting minutes: https://napra.ca/sites/default/files/documents/NDSAC/ND SAC%20Meeting%20Minutes June%202021_FINAL.pdf</p> <p>It is recommended that the College update the DSR listing to align with NAPRA’s National Drug Schedules.</p>
<p>1 Hydrocortisone or hydrocortisone acetate^V (except when sold in a concentration that provides 1% or less hydrocortisone in preparations for topical use on the skin, for adults and children 2 years of age and over, and in package sizes containing no more than 30 g)</p> <p>1 NicotinyI-tartrate</p> <p>1 Quinidine salts</p> <p>2 Arginine and its salts</p> <p>2 Artemisia, its preparations, extracts and compounds (except in trace amounts in homeopathic preparations)</p> <p>2 Belladonna alkaloids, and their salts and derivatives (except in preparations for topical use or in trace amounts in homeopathic preparations)</p> <p>2 Benzyl benzoate</p> <p>2 Boric acid and its salts (in preparations for systemic use, or ophthalmic preparations in concentrations of greater than 2%) [Note: does not apply to contact lens solutions intended to be rinsed off prior to placement of lens on the eye]</p> <p>2 Camphor (in oleaginous vehicles and in liquid forms in concentrations greater than 11%)</p> <p style="text-align: right;"><i>Continued on the next page</i></p>	<p>Striking out the existing listings</p>	<p>NAPRA has scheduled some natural health products (NHPs) on the National Drug Schedules on an interim basis, as they had previously been considered “drugs” before the implementation of the Natural Health Products Regulation in 2004 when they became re-classified as NHPs. The interim measure to maintain these NHPs listed on the National Drug Schedules only captured a very small subset of all NHPs, leaving the potential risks of other NHPs unaddressed and leaving a false sense of security to the public that all NHPs were reviewed and scheduled.</p> <p>Only NHPs that were classified as drugs prior to 2004 have been part of the NDS. NHPs that have always existed as NHPs or new NHPs introduced into the market since then have not been included in the NDS and have not been considered for scheduling.</p> <p>As of 2024, all products with a Natural Product Number (NPN) or Drug Identification Number-Homeopathic Medicine (DIN-HM) from Health Canada will be considered outside the scope of NAPRA’s National Drug Schedules.¹</p> <p style="text-align: right;"><i>Continued on the next page</i></p>

¹ <https://napra.ca/background-update-napra-nhp-policy>

Existing Listing in DSR	Proposed Change	Rationale
<p> 2 Cantharides, their preparations and derivatives 2 Histamine and its salts (except for topical use) 2 Hyaluronic acid and its salts (preparations in concentrations of 5% or more) 2 Hyaluronidase 2 Hydroquinone or its derivatives, when sold in a concentration less than or equal to 2% in preparations for topical use on the skin 2 Hyoscyamine and its salts and derivatives (except for topical use) 2 Iodine and its salts and derivatives (except topical preparations or in oral doses of 1 mg or less per day) 2 Ipecac and its extracts and derivatives (when used as an emetic) 2 Iron and its salts and derivatives (preparations with more than 30 mg elemental iron per solid dosage unit or 5 mL oral liquid) 2 Lobelia and its alkaloids and preparations (except internal preparations containing not more than 2 mg lobeline sulphate, external preparations containing not more than the equivalent of 400 mg of crude lobelia or preparations containing 130 mg or less of lobelia inflata) 2 Mannitol and its salts 2 Methenamine and its salts (except for topical use) 2 Methyl salicylate (in liquid dosage forms in concentrations greater than 30%) 2 Nicotinic acid [niacin] in extended-release formulations, except when sold in a modified-release oral dosage form that provides 500 mg or more per dosage unit or per daily dose 2 Phenol (preparations with concentration of more than 20%) 2 Physostigmine salicylate (for oral or topical use) <i>Continued on the next page</i> </p>		<p>The College of Pharmacists will be following NAPRA's approach and will be removing natural health products from the DSR in a stepwise, risk-based manner, in alignment with their removal from the National Drug Schedules.</p> <p>*Note: Lobelia is a natural health product² scheduled on the Drug Schedules Regulation that is not scheduled in the National Drug Schedules</p> <p style="text-align: right;"><i>Continued on next page</i></p>

² <http://webprod.hc-sc.gc.ca/nhp/ndb/dipsn/ingredsReq.do?srchRchTxt=lobelia&srchRchRole=-1&mthd=Search&lang=eng>

Existing Listing in DSR	Proposed Change	Rationale
<p>2 Potassium salts (in oral preparations containing more than 5 mmol per single dose, except (a) potassium bromide, (b) potassium gluconate when sold or recommended for administration to cats, (c) potassium para-aminobenzoate, and (d) potassium citrate when recommended for the treatment of renal tubular acidosis and kidney stones) 2 Povidone - iodine (vaginal preparations, except in concentrations of 5% or less) 2 Pyrethrins (allethrins) 2 Racemethionine 2 Rue and its preparations and extracts 2 Salicylic acid (when sold to be applied to warts, corns or calluses in topical preparations in concentrations greater than 40%) 2 Silver nitrate 2 Stramonium and its preparations, extracts, and compounds 2 Xylose</p>		
<p>2 Allethrins (pyrethrins)</p>	<p><i>Striking out the existing listing and adding the following:</i></p> <p>2 Allethrins</p>	<p>Pyrethrins are natural health products and will be removed from the National Drug Schedules and the DSR. However, allethrins are not natural health products and will remain scheduled on the DSR. This listing will be updated accordingly.</p>
<p>1 Quinine salts</p>	<p><i>Striking out the existing listing and adding the following:</i></p> <p>1 Quinine or its salts or derivatives, except when sold in oral dosage form that provides 50 milligrams or less of quinine base per dosage unit or per daily dose</p>	<p>Doses of quinine and its salts that are 50mg or less are classified as natural health products. However, doses greater than this require a prescription, as noted on the Prescription Drug List.</p> <p>It is recommended that the College update the DSR to align with the PDL.</p>

Existing Listing in DSR	Proposed Change	Rationale
2 Esdepallethrin/piperonyl butoxide And 2 Pyrethrins (allethrins)/piperonyl butoxide	Striking out the existing listings and adding the following: 2 Piperonyl butoxide	Esdepallethrin and pyrethrins are considered natural health products and should be removed from the DSR. However, piperonyl butoxide is not a natural health product, so it should remain on the DSR. Any combination product will follow the piperonyl butoxide listing.
1 Alverine and its salts (for parenteral use)	Striking out the existing listing and adding the following: 1 Alverine and its salts, in injectable form	The Natural Health Products Regulation says that any natural health product substance that is administered by puncturing the dermis is <u>excluded</u> from the definition of a natural health product. ³
1 Amino acid solutions (for parenteral use)	Striking out the existing listing and adding the following: 1 Amino acid solutions , in injectable form	As these are natural health products that may be administered by injection, NAPRA will be updating the listings to clarify that these NHPs will continue to be scheduled when in injectable form. Some listings already refer to the product being for “parenteral use”, however as “parenteral” technically means “not by mouth or GI tract”, this may capture other routes of administration, such as topical. To be absolutely clear, the listings will be changed to “in injectable form”. The College will update the DSR listings to follow the updates to the National Drug Schedules listings.
2 Acetylcysteine	Striking out the existing listing and adding the following: 2 Acetylcysteine , in injectable form	
2 Benzocaine and its salts (for parenteral or ophthalmic use)	Striking out the existing listing and adding the following: 2 Benzocaine and its salts, in injectable form	
2 Choline bitartrate (parenteral)	Striking out the existing listing and adding the following: 2 Choline bitartrate , in injectable form	
2 Chymopapain (parenteral)	Striking out the existing listing and adding the following: 2 Chymopapain , in injectable form	
2 Chymotrypsin (parenteral and ophthalmic)	Striking out the existing listing and adding the following: 2 Chymotrypsin , in injectable form	

³ Natural Health Product Regulation, Schedule 2 <https://laws-lois.justice.gc.ca/eng/regulations/sor-2003-196/page-15.html#h-701191>

Existing Listing in DSR	Proposed Change	Rationale
2 Dextrose (sclerosing agents)	<p><i>Striking out the existing listing and adding the following:</i></p> <p>2 Dextrose, in injectable form, when used as a sclerosing agent</p>	
<p>1 Epinephrine and its salts (other than in pre-filled syringes intended for emergency administration by injection in the event of anaphylactic reactions to allergens)</p>	<p><i>Striking out the existing listing and adding the following:</i></p> <p>1 Epinephrine and its salts, in injectable form, except in pre-filled syringes intended for emergency administration by injection in the event of anaphylactic reactions to allergens.</p>	
2 Heparin and its salts (except for topical use)	<p><i>Striking out the existing listing and adding the following:</i></p> <p>2 Heparin and its salts, in injectable form</p>	
<p>2 Hyoscine and its salts and derivatives [scopolamine] (except hyoscine butylbromide, when recommended for parenteral use)</p> <p>And</p> <p>2 Scopolamine and its salts (hyoscine)</p>	<p><i>Striking out the existing listing and adding the following:</i></p> <p>2 Hyoscine butylbromide (Butylscopolamine bromide), except when recommended for injectable use</p> <p>and</p> <p>2 Hyoscine (scopolamine), in injectable form</p>	
2 Magnesium sulfate (for parenteral use)	<p><i>Striking out the existing listing and adding the following:</i></p> <p>2 Magnesium sulfate, in injectable form</p>	
2 Norepinephrine and its salts (levarterenol, noradrenaline)	<p><i>Striking out the existing listing and adding the following:</i></p> <p>2 Norepinephrine and its salts (levarterenol, noradrenaline), in injectable form</p>	

Continued on next page

Existing Listing in DSR	Proposed Change	Rationale
2 Sodium acetate (for parenteral use)	<p>Striking out the existing listing and adding the following:</p> <p>2 Sodium acetate, in injectable form</p>	
2 Sodium biphosphate (for parenteral use)	<p>Striking out the existing listing and adding the following:</p> <p>2 Sodium biphosphate, in injectable form</p>	
2 Sodium chloride (single ingredient solutions for parenteral or ophthalmic use in concentrations of more than 0.9%) [NOTE: Does not apply to contact lens solutions intended to be rinsed off prior to insertion into eye]	<p>Striking out the existing listing and adding the following:</p> <p>2 Sodium chloride, single ingredient solutions for injectable use in concentrations of more than 0.9%</p>	
2 Sodium citrate (for parenteral use)	<p>Striking out the existing listing and adding the following:</p> <p>2 Sodium citrate, in injectable form</p>	
2 Sodium iodide (for sclerosing)	<p>Striking out the existing listing and adding the following:</p> <p>2 Sodium iodide, in injectable form, when used as a sclerosing agent</p>	
2 Sodium phosphate (for parenteral use)	<p>Striking out the existing listing and adding the following:</p> <p>2 Sodium phosphate, in injectable form</p>	
2 Strontium and its salts (for parenteral use)	<p>Striking out the existing listing and adding the following:</p> <p>2 Strontium or its salts, in injectable form</p>	<p style="text-align: right;"><i>Continued on next page</i></p>

Existing Listing in DSR	Proposed Change	Rationale
<p>2 Vitamins (any parenterals not otherwise scheduled in Schedule I)</p>	<p><i>Striking out the existing listing and adding the following:</i></p> <p>2 Vitamins, in injectable form, except those listed in Schedule I</p>	
<p>1 Hydroquinone or its derivatives, when sold in a concentration greater than 2% in preparations for topical use on the skin</p>	<p><i>Striking out the existing listings and adding the following:</i></p> <p>1 Hydroquinone or its derivatives, when sold in a concentration greater than 2% in preparations for topical use on the skin^v</p>	<p>The superscript “V” is missing from the current listing. A prescription is not required by Health Canada for hydroquinone preparations greater than 2% for topical use on the skin if sold for veterinary use, provided that the product is labelled by the manufacturer "for agricultural use only" or "for veterinary use only".</p>



College of Pharmacists
of British Columbia

BOARD MEETING February 11, 2022

5. Legislation Review Committee: b) Special Resolution

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution to amend the bylaws under the *Health Professions Act* to define the term special resolution:

“RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act (HPA), and subject to the requirements in section 19(3) of HPA, the Board of the College of Pharmacists of BC approve the proposed draft bylaws made under the HPA regarding the definition of special resolution, as set out in the schedule attached to this resolution, for filing with the Minister of Health.”

Purpose

To seek approval on a proposed amendment to the *Health Professions Act* (“HPA”) Bylaws to define the term special resolution.

Background

At the November 2021 Board meeting, the Governance Committee brought forward an agenda item on the guidelines governing Board meetings. In response, the Board directed the Registrar to bring forward new Board meeting guidelines, based on those from the British Columbia College of Nurses and Midwives, and associated bylaw amendments for consideration at the February 2022 Board meeting.

In developing the HPA Bylaw amendments for the Board meeting guidelines, College staff identified a gap. The term special resolution is used in the HPA Bylaws, but it is not defined.

Discussion

Adding a definition of special resolution to the HPA Bylaws is necessary. That term is used in the following sections of the HPA Bylaws regarding Board elections and terms of office:



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HPA Bylaw Section	Summary of Provision
3(1)(c)	A special resolution is required to change the electoral district boundaries that have been established for the purpose of elections of full pharmacist board members.
8(1)(d)	A special resolution can be used to remove an elected board member from the board. Other reasons why an elected board member would cease to hold office are also outlined in the subsections associated with this section.
10(1)	In the event of a vacancy in an elected board member position, the board may, by special resolution, appoint a pharmacist or pharmacy technician to fill the position until the next election.

In addition, it is anticipated that the draft HPA Bylaw amendments proposed to implement new Board meeting guidelines, as discussed above, will also include the term special resolution.

Other Colleges Established under the HPA

College staff conducted a scan of the bylaws from the other colleges established under the HPA (see Appendix 1 for more information). All regulatory colleges except for three (i.e., the CPBC, the College of Dental Technologists of British Columbia, and the College of Opticians of British Columbia), define the term special resolution within their bylaws.

Two separate definitions for the term were generally identified: a resolution passed with at least **2/3** of the votes cast; or a resolution passed with at least **3/4** of the votes cast.

College staff consulted with ten¹ of the regulatory colleges under the HPA to inquire why they chose one of the two special resolution definitions noted above within their bylaws. It was found that colleges generally chose to align either with the HPA or with a 1999 Ministry of Health bylaw guidance document.

HPA Alignment

It appears that colleges defining special resolution as requiring 2/3 of the votes cast, aimed to align with an HPA provision regarding how the Board may discipline a Board member for contravening the oath of office, including removing a Board member. This way, Board decisions on similar topics, all require the same number of votes. Specifically, s. 17.11(5) of the HPA states:

¹ The ten colleges consulted included five colleges that use the 2/3 vote requirement, and five colleges that use the 3/4 vote requirement. They were: The BC College of Nurses and Midwives, the College of Physicians and Surgeons, the College of Dental Surgeons, the College of Occupational Therapists, the College of Psychologists as well as the College of Chiropractors, the College of Traditional Chinese Medicine Practitioners & Acupuncturists, the College of Speech & Hearing Professionals, the College of Optometrists, and the College of Massage Therapists.



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*“A board may, by **resolution passed by at least 2/3 of the board members** voting on the resolution, reprimand, suspend or remove a member of the board elected under section 17 (3) (a) or (a.1) or appointed under section 17 (3) (a.2), after reasonable notice to the member, if the board is satisfied that the member has contravened a term of the oath of office required under subsection (1) of this section.” [emphasis added]*

It is important to note that s.17.11(5) of the HPA and the current CPBC HPA Bylaws requiring a special resolution are regarding elected Board members only². For example, Board members appointed by the Minister of Health cannot be disciplined under s.17.11(5) nor can they be removed under s. 8(1)(d) of the HPA Bylaws.

1999 Ministry of Health Bylaw Guidance Document Alignment

It appears that colleges defining special resolution as requiring 3/4 of the votes cast aimed to align with a document published in 1999 by the Ministry of Health. That document, titled the [“Guidelines for developing bylaws under the Health Professions Act”](#) (“MOH Guidelines document”) served as a tool for new colleges when first developing bylaws.

It is important to note that colleges were never required to copy the provisions within the MOH Guidelines document. For instance, the document states that, *“Many provisions of the Model Bylaws are intended to provide guidance only and may be modified to reflect the particular requirements and circumstances of each profession.”* Further, it also states that, *“A college may also wish to examine the bylaws of other self-governing professional bodies both within and outside British Columbia to obtain other precedents.”*

Options

Option 1

Define special resolution as a resolution passed by not less than 2/3 of the votes cast.

Pros

- Definition is in alignment with s. 17.11(5) of the HPA.
- Board decisions on important terms of office and election matters, including the removal of an elected Board member, all require the same number of votes.
- Comparable colleges to the CPBC which are of similar size, use this definition (i.e., the British Columbia College of Nurses and Midwives, the College of Physicians and Surgeons of British Columbia, and the College of Dental Surgeons of British Columbia).

Cons

- Definition does not align with the MOH Guidelines document.
- Though the Board size may fluctuate, currently there are twelve CPBC Board members, and 2/3 of the Board is eight members. There are eight elected Board members, and as

² Section 17.11(5) may also apply to certified non-registrants appointed to the Board. However, the College does not regulate that class of individuals and so, certified non-registrants are not appointed to the College Board.



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such, if all elected Board members voted in favour of a special resolution, it would pass. There may be a potential negative public perception regarding a lack of Board cohesion, should a special resolution pass with only elected Board members voting in favour of it.³

Option 2

Define special resolution as a resolution passed by not less than 3/4 of the votes cast.

Pros

- Aligns with the MOH Guidelines document.
- Though the Board size may fluctuate, currently there are twelve CPBC Board members, and 3/4 of the Board is nine members. There are eight elected Board members, and as such, if all elected Board members voted in favour of a special resolution, it would *not* pass. A Board member who is a public appointee would need to support the special resolution for it to pass. As such, the potential negative public perception regarding a lack of Board cohesion outlined in Option 1 may be mitigated.

Cons

- Does not align with s. 17.11(5) of the HPA.
- The number of votes required for important Board decisions on matters such as terms of offices and election matters, including the removal of an elected Board member, would be inconsistent.

Recommendation

It is recommended that Option 1 be used as the definition for special resolution. More specifically, the proposed definition states (please see Appendix 2 for more information):

“special resolution” means a resolution passed at a meeting by not less than two-thirds of the votes cast by persons in attendance and eligible to vote at the meeting”

This option is recommended for the following reasons:

- This definition is consistent with the requirement under s. 17.11(5) of the HPA.
- The number of votes needed on similar important matters, including Board member terms of office issues, elections, and the removal of elected Board members, would be consistent. There does not seem to be a compelling reason why the number of votes required for similar matters effecting elected Board members, including the removal of an elected Board member, should be different.
- This definition aligns with other similar colleges established under the HPA.

³ At their November 2021 meeting, the Board directed the Registrar to develop Board meeting guidelines, based on those from the BC College of Nurses and Midwives. Those guidelines include a focus on consensus-based decision-making, which may also mitigate public perception concerns regarding Board cohesion. The Board will consider approving those guidelines at their February 2022 meeting.



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- The Board has stated an intention to move to a consensus-decision making process, which may also mitigate a negative perception of a lack of Board cohesion.
- If the Board would like to increase the number of votes needed to pass new bylaw provisions in the future to require more than 2/3 of the votes cast, it may still do so.

Next Steps

Bylaw amendments regarding Board resolutions fall under s.19(1)(d) of the HPA Bylaws, which are exempted under the HPA from the legislated public posting period. As such, to implement bylaw amendments on that topic, only a 60-day filing period after Board approval is required.

If approved by the Board, the above-noted bylaw amendments will be filed with the Ministry of Health in February for a 60-day period, and will come into effect in April 2022.

Discussion Questions

1. Is the proposed definition of special resolution clear?
2. Is the rationale for the proposed definition clear?
3. Does the proposed definition of special resolution align with the Board's mandate to protect serve and protect the public interest?

Appendix	
1	Bylaw Scan of Colleges Established under the HPA
2	Schedule to the Resolution

Overview of Bylaws Regarding Special Resolution from Colleges Established under the HPA

Chart A: Special Resolution Requiring at Least 2/3 of the Votes Cast

BC Regulatory College	"Special resolution" Definition	College Board Size and Special Resolution Requirement	Relevant Bylaw Provisions
College of Nurses and Midwives (BCCNM)	<p>"special resolution" means a resolution passed at a meeting by not less than two-thirds of the votes cast by persons in attendance and eligible to vote at the meeting;</p>	<p>10 Board Members</p> <ul style="list-style-type: none"> - 5 appointed - 5 elected <p>Special resolution = 7 votes</p>	<p>Section 10 (3) In addition to the board's powers and duties under section 17.11(5) of the Act, the board may, by special resolution, remove an elected board member from office as an elected board member before the expiry of their term of office, after reasonable notice to the elected board member and giving him or her an opportunity to be heard, if the board is satisfied that the elected board member has contravened a term of the code of conduct approved by special resolution of the board for the purpose of this subsection.</p> <p>Section 11 (1) If an elected board member ceases to hold office under section 10 [Removal from elected board member office], the board may, by special resolution, fill the resulting vacancy on the board by appointing to that vacant office a registrant who is eligible to be elected to the office</p> <p>(3) If an elected board member office becomes vacant for any reason other than as described in subsection (1), the board may, by special resolution, fill the vacancy on the board</p> <p>Section 21 (2) For the purposes of considering or voting on a proposed special resolution, not less than threequarters of the board members constitutes a quorum at a board meeting, as long as not less than one appointed board member is in attendance.</p> <p>Section 23 The board may, by special resolution, adopt or establish additional policies, procedures or rules of order, consistent with these bylaws, for the purpose of regulating the conduct of board meetings.</p> <p>Section 56 (5) The board may, by special resolution, call a special general meeting.</p>

Overview of Bylaws Regarding Special Resolution from Colleges Established under the HPA

BC Regulatory College	"Special resolution" Definition	College Board Size and Special Resolution Requirement	Relevant Bylaw Provisions
			<p>Section 59 The board may, by special resolution, adopt or establish additional policies, procedures or rules of order, consistent with these bylaws, for the purpose of regulating the conduct of general meetings.</p>
<p>College of Physicians and Surgeons:</p>	<p>"special resolution" means a resolution which requires a two-thirds vote of the persons present and entitled to vote at a meeting;</p>	<p>14 Members</p> <ul style="list-style-type: none"> - 5 appointed - 9 elected <p>Special resolution = 9 votes</p>	<p>Section 1-21 (17) A special resolution approved by two-thirds of all board members in writing, including by mail, facsimile or electronic mail, is valid and binding and of the same effect as if such special resolution had been duly passed at a meeting of the board.</p> <p>(18) A report of any resolution or special resolution approved under sections 1-21(16) or 1-21(17) must be verified and made a part of the minutes of the next meeting of the board.</p>
<p>College of Dental Surgeons:</p>	<p>"Special resolution" means a resolution which requires a two-thirds vote of those persons present and eligible to vote at a meeting;</p>	<p>12 Members</p> <ul style="list-style-type: none"> - 6 appointed - 6 elected <p>Special resolution = 8 votes</p>	<p>Section 2.07 (4)(a) The designation by the board of a term of office for an elected board member position under subsection (3) is only effective if made (a) by special resolution, and</p> <p>Section 2.08 (2) In addition to the board's powers and duties under section 17.11(5) of the Act, the board may, by special resolution, remove an elected board member from office, if, after giving the elected board member reasonable notice and an opportunity to be heard, the board is satisfied that the elected board member has</p> <p>Section 2.10 (1) Subject to subsection (2), when no one is appointed to a vacant board member position under section 2.05(1), or an elected board member ceases to hold office before the expiry of his or her term of office, the board may appoint a dentist, dental therapist or certified dental assistant to fill the vacancy, provided (a) the appointment is made by special resolution, and</p>

Overview of Bylaws Regarding Special Resolution from Colleges Established under the HPA

BC Regulatory College	"Special resolution" Definition	College Board Size and Special Resolution Requirement	Relevant Bylaw Provisions
			<p>Section 2.17 (2) A special resolution approved by two-thirds of all board members in writing, including by mail, facsimile, or e-mail, is valid and binding and of the same effect as if such special resolution had been duly passed at a meeting of the board. (3) A report of any resolution or special resolution approved under subsection (1) or (2) must be verified and made a part of the minutes of the next meeting of the board.</p> <p>Section 3.07 (d) The board may establish contingency reserve funds, from which any disbursements must only be authorized by special resolution of the board,</p> <p>Section 3.12 The college may only sell, transfer, dispose of, mortgage, charge, or otherwise encumber its beneficial interest in College Place by special resolution of the board.</p>
<p>College of Dental Hygienists:</p>	<p>"special resolution" means a resolution which requires a 2/3 vote of those persons present and eligible to vote at a meeting.</p>	<p>9 Members - 3 appointed - 6 elected</p> <p>Special resolution = 6 votes</p>	<p>Section 7 (1) The boundaries of an electoral district, or the number of elected board members elected for an electoral district, may only be changed by a special resolution of the board amending Schedule A or subsection (2).</p> <p>(3) If an elected board member ceases to hold office as an elected board member before the expiry of his or her term of office, the board may, by special resolution, appoint a registrant to fill the resulting vacancy who is eligible to be elected to that office, who will immediately assume the former board member's office as an elected board member, and will hold office for the remainder of the former board member's term of office.</p> <p>Section 8 (1) Subject to subsection (4), if no eligible candidate is nominated for election to a vacant or impending vacant elected board member office within the time required under section 5(4), the board may, by special</p>

Overview of Bylaws Regarding Special Resolution from Colleges Established under the HPA

BC Regulatory College	"Special resolution" Definition	College Board Size and Special Resolution Requirement	Relevant Bylaw Provisions
			resolution, appoint a registrant who is eligible to be elected to that office to fill that office.
College of Occupational Therapists:	"special resolution" is a resolution that requires the vote of a two-thirds majority of those present and eligible to vote at a meeting.	9 Members - 3 appointed - 6 elected Special resolution = 6 votes	Section 8 (c) An elected board member ceases to hold office if the member is removed by special resolution of the board Section 11 (5) The board may remove the chair or vice-chair by special resolution of the board members.
College of Psychologists:	"special resolution" means a resolution which requires a two-thirds vote of those persons present and eligible to vote.	9 Members - 3 appointed - 6 elected Special resolution = 6 votes	Section 5 (2) In addition to the power of the board under section 17.11(5) of the Act, an elected board member may be removed from office as an elected board member by special resolution of the registrants in good standing in attendance at a general meeting of the College. Section 6 (1) A vacant elected position on the board may be filled by a registered psychologist registrant in good standing who has been appointed by special resolution of the board Section 9.1 (2) A resolution approved by two-thirds of all board members in writing, including by mail, facsimile or e-mail, is valid and binding and of the same effect as a special resolution duly passed at a meeting of the board. (3) A report of any resolution or special resolution approved under subsection (1) or (2) must be verified and made a part of the minutes of the next meeting of the board. Section 25 (2) The board must not enter into any obligation in the name of the College to secure the repayment of funds or money in an amount in excess of

Overview of Bylaws Regarding Special Resolution from Colleges Established under the HPA

BC Regulatory College	"Special resolution" Definition	College Board Size and Special Resolution Requirement	Relevant Bylaw Provisions
			<p>\$100,000 unless the obligation is first authorized by special resolution at an annual or special general meeting of the registrants.</p> <p>(3) The registrants may, by special resolution at an annual or special general meeting, restrict the borrowing powers of the board.</p> <p>Section 63</p> <p>(1) By special resolution, the board may approve the levy on all registrants of a special fee if the board determines that the College has insufficient funds</p>

Overview of Bylaws Regarding Special Resolution from Colleges Established under the HPA

Chart B: Special Resolution Requiring at Least **3/4** of the Votes Cast

BC Regulatory College	"Special resolution" Definition	College Board Size and Special Resolution Requirement	Relevant Bylaw Provisions
College of Traditional Chinese Medicine Practitioners & Acupuncturists:	"Special resolution": is a resolution that requires $\frac{3}{4}$ vote of those persons present and eligible to vote at a meeting	12 Members - 6 appointed - 6 elected Special resolution = 9 votes	Section 3 (2) The board may change the boundaries of an electoral district by special resolution Section 10 (d) Removal from office by special resolution of the board
College of Speech & Hearing Professionals:	"Special resolution" means a resolution that requires a 75 percent majority vote of those persons present and eligible to vote at a meeting;	12 Members - 4 appointed - 8 elected Special resolution = 9 votes	Section 10 (1) Where there is a vacancy of an elected board member position, the board may, by special resolution, appoint to the position a registrant who is eligible to be nominated for the position under section 4. Section 54 (3) The board must not purchase real property without a special resolution approved by the registrants of the college at a general meeting
College of Chiropractors:	"Special resolution" is a resolution which requires a $\frac{3}{4}$ vote of those persons present and eligible to vote at a meeting;	16 Members - 8 appointed - 8 elected Special resolution = 12 votes	Section 3 (3) The boundaries of an electoral district established under subsection (1) may only be changed by a special resolution of the board amending Schedule "A" Section 8 (2) Despite subsection (1), before the registrar delivers notice of a board election under section 5, the board may by special resolution designate that the term for a vacant or impending vacant elected board member position ends on the date of the annual general meeting in the second year following the date of the election of the board member. Section 9 (2) An elected member of the board may be removed by special resolution of the board, or by special resolution of the registrants at a general meeting in accordance with the provisions of section 36.

Overview of Bylaws Regarding Special Resolution from Colleges Established under the HPA

BC Regulatory College	"Special resolution" Definition	College Board Size and Special Resolution Requirement	Relevant Bylaw Provisions
			<p>Section 10 (1) In the case of any vacancy of an elected board position, the board may by special resolution appoint a registrant eligible under section 4 and from the same electoral district as the outgoing elected board member to fill that elected board member's position for the period of time until the next scheduled board election.</p> <p>(2) If the vacancy referred to in subsection (1) occurs less than 120 days before the next scheduled board election, the board may by special resolution appoint a registrant eligible under section 4 and from the same electoral district as the outgoing elected board member to fill that elected board member's position for the period of time until the following scheduled board election.</p> <p>Section 29 (1) The board must not enter into any security obligation in excess of \$250,000 without a special resolution approved by the registrants of the college at a general meeting.</p> <p>(2) The registrants may, by special resolution at a general meeting, restrict the borrowing powers of the board, but a restriction so imposed expires at the next general meeting.</p>
<p>College of Denturists:</p>	<p>"special resolution" means a resolution which requires a 3/4 vote of those persons eligible to vote on the resolution;</p>	<p>9 Members</p> <ul style="list-style-type: none"> - 3 appointed - 6 elected <p>Special resolution = 7 votes</p>	<p>Section 1.07 (2) Despite subsection (1)(b), before the registrar delivers notice of a board election under section 1.04, the board may by special resolution designate that the term for a vacant or impending vacant board elected member position ends on April 1 in the second year following the year in which a board member is elected to that position.</p> <p>Section 1.08</p>

Overview of Bylaws Regarding Special Resolution from Colleges Established under the HPA

BC Regulatory College	"Special resolution" Definition	College Board Size and Special Resolution Requirement	Relevant Bylaw Provisions
			<p>(2) An elected board member may be removed from office as an elected board member by special resolution of the board or by special resolution of the registrants.</p> <p>Section 1.09 (3) If an elected board member position becomes vacant prior to the expiry of the term of office of the person who was last elected to the position, the board may by special resolution appoint an active registrant who is in good standing to fill the position until the next scheduled board election is held and the person then elected to the position takes office. (4) Despite subsection (3), if a vacancy described in that subsection occurs 90 days or less before the next scheduled board election, the board may by special resolution appoint an active registrant who is in good standing to fill the position until the next scheduled board election or the following scheduled board election, as applicable, is held and the person then elected to the position takes office.</p> <p>Section 2.07 (1) The board may not borrow funds in excess of \$50,000 without a special resolution approved by active registrants, at a general meeting. (2) The borrowing powers of the board may be restricted by a special resolution approved by active registrants at a general meeting, but a restriction so imposed expires at the next annual general meeting of the college.</p>
College of Dieticians:	"special resolution" means a resolution that requires a three-quarters (75%) vote of those persons present and eligible to vote at a meeting;	10 Members - 4 appointed - 6 elected Special resolution = 8 votes	<p>Section 3 (2) The boundaries of an electoral region established under section 3(1) may only be changed by a special resolution of the board amending Schedule "C".</p> <p>Section 9</p>

Overview of Bylaws Regarding Special Resolution from Colleges Established under the HPA

BC Regulatory College	"Special resolution" Definition	College Board Size and Special Resolution Requirement	Relevant Bylaw Provisions
			<p>(2) An elected member of the board may be removed by special resolution of the board, or by special resolution of registrants at a general meeting in accordance with the provisions of section 31.</p> <p>Section 10 In the case of any vacancy of an elected board position the board may by special resolution appoint an eligible registrant under section 4 from the same region as the outgoing elected board member, to fill the vacancy for the remainder of the term for that position.</p> <p>Section 25 (1) The board must not borrow in excess of two hundred fifty thousand dollars (\$250,000) without a special resolution approved by the registrants of the college at a general meeting. (2) Registrants may, by special resolution at a general meeting, restrict the borrowing powers of the board.</p>
<p>College of Massage Therapists:</p>	<p>"Special Resolution" means a resolution which requires a $\frac{3}{4}$ vote of those persons in attendance and eligible to vote at a meeting;</p>	<p>9 members</p> <ul style="list-style-type: none"> - 3 appointed - 6 elected <p>Special resolution = 7 votes</p>	<p>Section 7 (2) the Elected Board Member may be removed from office by a Special Resolution of the Board and the reasons for the removal shall be recorded in the Board minutes.</p> <p>Section 8 (1)(b) the Board may by Special Resolution appoint a Practising Registrant in Good Standing to fill the position until the next Board Election is held and the person elected to the position takes office. (2) Despite subsection (1), if any vacancy of an Elected Board Member position required under section 17 (3) of the Act occurs fewer than 120 days prior to the next scheduled Board Election and the position is not already due to be filled at the next scheduled Board Election, the Board may by Special Resolution appoint a "Practising Registrant in Good Standing</p>

Overview of Bylaws Regarding Special Resolution from Colleges Established under the HPA

BC Regulatory College	"Special resolution" Definition	College Board Size and Special Resolution Requirement	Relevant Bylaw Provisions
			<p>to fill the position until the following scheduled Board Election is held and the person elected to the position takes office</p> <p>Section 15 (4) The Board may, by Special Resolution, adopt or establish additional policies, procedures or rules of order, consistent with these bylaws, for the purpose of regulating the conduct of Board meetings.</p> <p>Section 17 (1)(b)(iii) The Executive Committee may exercise all the powers, and perform all the duties, of the Board under the Act except any power or duty of the Board that must be exercised by Special Resolution under these bylaws.</p> <p>Section 37.1 (1) By Special Resolution, the Board may approve the levy on all Registrants of a special fee if the Board determines that the College has insufficient funds</p>
<p>College of Naturopathic Physicians:</p>	<p>"special resolution" means a resolution which requires a 3/4 vote of those persons present and eligible to vote at a meeting;</p>	<p>7 members</p> <ul style="list-style-type: none"> - 3 appointed - 4 elected <p>Special resolutions = 5 votes</p>	<p>Section 9 (2) An elected board member may be removed from office by special resolution of the board, or by the registrants at a general meeting in accordance with section 36.</p> <p>Section 10 (1) If, before the expiry of his or her term of office, an elected board member the board may, by special resolution, appoint a full registrant to fill the resulting vacant board position.</p> <p>Section 28 (4) Despite subsections (1) to (3), the board must not purchase personal or real property or enter contracts for services in excess of \$100,000 without a special resolution approved by the registrants of the college at a general meeting.</p>

Overview of Bylaws Regarding Special Resolution from Colleges Established under the HPA

BC Regulatory College	"Special resolution" Definition	College Board Size and Special Resolution Requirement	Relevant Bylaw Provisions
			<p>Section 29 (2) The board must not enter into any security obligation in excess of \$100,000 without a special resolution approved by the registrants of the college at a general meeting.</p> <p>(3) The registrants may, by special resolution at a general meeting, restrict the borrowing powers of the board.</p>
College of Optometrists:	"special resolution" means a resolution that requires a three-quarters vote of the persons present and eligible to vote at a meeting;	9 members <ul style="list-style-type: none"> - 3 appointed - 6 elected Special resolution = 7 votes	<p>Section 11 (d) An elected board member ceases to hold office if the member is removed by special resolution of the board</p> <p>Section 13 (5) The board may remove the chair or the vice-chair by special resolution</p> <p>Section 17 (5)(d) A person appointed to a committee as a public representative may be removed from office by special resolution of the board.</p> <p>Section 136 (1) The board may, by special resolution, establish a special levy to be paid by registrants</p>
College of Physical Therapists:	"special resolution" means a resolution which requires the support of three-quarters of those persons present and eligible to vote at a meeting;	9 members <ul style="list-style-type: none"> - 3 appointed - 6 elected Special resolution = 7 votes	<p>Section 10 (d) An elected board member ceases to hold office if they are removed by a special resolution of the board</p>

SCHEDULE OF AMENDMENTS

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended by adding a definition for the term special resolution.

1. The following new definition has been added after the definition of “signature”:

“special resolution” means

a resolution passed at a meeting by not less than two-thirds of the votes cast by persons in attendance and eligible to vote at the meeting;



College of Pharmacists
of British Columbia

5. Legislation Review Committee

Justin Thind

Chair, Legislation Review Committee



College of Pharmacists
of British Columbia

5 a) Drug Schedules Regulation - Amendments



Purpose

- To seek Board approval to amend the Drug Schedules Regulation (DSR) under the *Pharmacy Operations and Drug Scheduling Act* (PODSA) to:
 - Improve alignment with the National Drug Schedules (NDS), and
 - Improve alignment with the Prescription Drug List made under the *Food and Drugs Act* (Canada).



Background

- Health Canada determines whether a drug must be sold by prescription only (listed in the Prescription Drug List) or if it can be sold over the counter (non-prescription status).
- For drugs determined by Health Canada to be non-prescription, most provincial pharmacy regulatory authorities schedule by reference to the National Association of Pharmacy Regulatory Authorities (NAPRA's) National Drug Schedules (NDS).
- BC does not schedule by reference to the NDS, but maintains its own DSR that closely aligns with the NDS.
- The legislative authority for the Board to amend the DSR is found in section 22 of the *Pharmacy Operations and Drug Scheduling Act*.



Natural Health Products and Removal from the NDS

- Natural Health Products (NHPs) became subject to federal regulation in 2004.
 - Only NHPs that were classified as drugs prior to 2004 have been scheduled in the NDS and BC's DSR.
- To address this inconsistency, NAPRA announced that as of 2024, all products with a Natural Product Number or Drug Identification Number-Homeopathic Medicine issued from Health Canada will be considered outside its scope.



Natural Health Products and Removal from the NDS

- NAPRA began removing NHPs from the NDS in 2020, starting with listings under Schedule III.
 - To align with NAPRA, the CPBC Board approved the removal of Schedule III NHPs from the DSR in September 2021. Those changes were effective in November 2021.
- On January 2, 2022, NAPRA proceeded with the second phase of changes to remove and clarify Schedule I and II NHP listings in the NDS.



Proposed DSR Amendments

- Remove Schedule I and II NHPs from the DSR to align with the recent Schedule I and II NHP removals from the NDS.
- NHPs administered by injection remain on the DSR but the listings are clarified to indicate they only apply to these products when in injectable form.
 - Listings for NHPs administered by injection have been updated in the NDS to reflect they do not meet the definition of a NHP in the Natural Health Products Regulations.



Other Proposed DSR Amendments

- Add Esketamine to the DSR as a Schedule I product.
 - Esketamine requires a prescription for sale as it is considered a narcotic under the federal Narcotic Control Regulations.
 - Esketamine must be added to the DSR for nurse practitioners in BC to be allowed to prescribe it.
- Align the DSR to scheduling changes made to other non-prescription products listed in the NDS, as well as to changes in the Prescription Drug List.



Next Steps

- If approved by the Board, amendments will be filed with the Minister of Health for 60 days, and then deposited with the Registrar under the Regulations Act.
- Subject to approval, amendments are expected to come into force in April 2022.



5 a) Drug Schedules Regulation - Amendments

MOTION:

Approve the following resolution to improve alignment of the drug scheduling in the Drug Schedules Regulation with the National Drug Schedules and the Prescription Drug List made under the *Food and Drugs Act*:

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



College of Pharmacists
of British Columbia

5 b) Special Resolution



Background

- At the November 2021 meeting, the Board directed the Registrar to develop Board meeting guidelines and associated bylaw amendments.
- In developing the associated bylaw amendments, a gap was identified.
- The term “special resolution” is used in the following HPA Bylaws, but not defined:
 - Section 3(1)(c) regarding changing electoral districts;
 - Section 8(1)(d) regarding the removal of an elected Board member; and,
 - Section 10(1) regarding the appointment of a new Board member to fill a vacancy of an elected Board member position.



Special Resolution Definition

- Other colleges established under the HPA, generally define “special resolution” in one of two ways:
 - A resolution passed by at least 2/3 of the votes cast; or
 - A resolution passed with at least 3/4 of the votes cast.
- In defining “special resolution” colleges tend to align with either:
 - A provision with the HPA; or,
 - A 1999 Ministry of Health bylaw guidance document.



Alignment with the HPA (2/3 vote)

- Section 17.11(5) of the HPA provides authority for the board to discipline a board member, including removing the member, due to contravening the oath of office.
- A resolution passed under s.17.11(5) **requires at least 2/3 of the board members.**
- Board members appointed by the Minister of Health cannot be disciplined under s.17.11(5).



Alignment with the MOH Guidelines (3/4 vote)

- In 1999, the Ministry of Health published *Guidelines for Developing Bylaws under the Health Professions Act* (MOH Guidelines).
- The MOH Guidelines was a resource for new colleges when first developing bylaws.
- It defines “special resolution” as **requiring a 3/4 vote.**
- Colleges were not required to copy the provisions within the MOH Guidelines in their entirety and may modify them.



Implications on the College Board

Though the College Board size may fluctuate, there are currently:

- 12 Board members: 8 elected members and 4 public appointee members.

Defining “Special Resolution” as Requiring a 2/3 Vote:

- A 2/3 vote would require 8 votes.
- If all elected Board members voted in favour of a special resolution, it would pass.

Defining “Special Resolution” as Requiring a 3/4 Vote:

- A 3/4 vote would require 9 votes.
- If all elected Board members voted in favour of a special resolution, it would *not* pass.
- A public appointee would also need to support the special resolution for it to pass.



Recommendation: 2/3 Vote Requirement

Rationale:

- Consistency with the HPA:
 - Same number of votes needed on similar important matters, including board member terms of office issues, elections, and the removal of elected board members.
- Aligns with other similar colleges established under the HPA.
- The Board intends to move to a consensus-decision making process, which may mitigate a potential negative perception regarding Board decision-making.
- The Board may still explore if specific matters ought to require more than 2/3 of the votes cast.



Next Steps

- If approved by the Board, the Bylaw amendments will be filed with the Ministry of Health for a 60-day period.
- The Bylaw amendments would come into effect in April 2022.



5 b) Special Resolution

Motion:

Approve the following resolution to amend the bylaws under the Health Professions Act to define the term special resolution:

“RESOLVED THAT, in accordance with the authority established in section 19(1) of the *Health Professions Act* (HPA), and subject to the requirements in section 19(3) of HPA, the Board of the College of Pharmacists of BC approve the proposed draft bylaws made under the HPA regarding the definition of special resolution, as set out in the schedule attached to this resolution, for filing with the Minister of Health.”



College of Pharmacists
of British Columbia

BOARD MEETING February 11, 2022

6. Amendments to Telepharmacy Schedule “G”

DECISION REQUIRED

Recommended Board Motions:

- 1) Approve the following resolution:

RESOLVED THAT, in accordance with the authority established in section 21(8) of the Pharmacy Operations and Drug Scheduling Act, the board approve the proposed draft bylaws of the College of Pharmacists of British Columbia regarding a one-time amendment to Schedule “G” to address exceptional circumstances requiring an address change, for public posting, as circulated.

- 2) Direct the Registrar to conduct a review of the telepharmacy regulatory framework with a focus on standardizing requirements across all telepharmacies including the removal of Schedule “G” within two years.

Purpose

To seek Board approval:

- To amend Schedule “G” under the *Pharmacy Operations and Drug Scheduling Act* (“PODSA”) Bylaws to reflect an anticipated address change of one telepharmacy site.
- To direct the Registrar to conduct a review of the telepharmacy regulatory framework with a focus on standardizing requirements including the removal of Schedule “G” within two years.

Background

Telepharmacy is the delivery of traditional pharmacy services, including the dispensing of medications and providing patient counselling, via telecommunications to patients in rural and remote locations. It functions when a telepharmacy, which is in a rural and remote community, is connected to a community pharmacy where a pharmacist is physically located. That pharmacist provides care to telepharmacy patients via telecommunications. The telepharmacy itself is staffed by a pharmacy technician or an unregulated pharmacy assistant.



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BOARD MEETING February 11, 2022

In B.C., the first community telepharmacies were established in 2007, as a pilot project. That model continued, and most of the current community telepharmacies were established in 2009.

Following a concern raised by the Board about the quality of pharmaceutical care being provided at telepharmacies, College staff have conducted multiple reviews and inspections of these sites since 2014. Additionally, the Board has discussed issues pertinent to telepharmacies at their meetings, such as the use of non-regulated staff within these sites.

Informed by research and analysis conducted on telepharmacies and staff reviews of these sites, in 2017 amendments to the PODSA Bylaws regarding telepharmacies as well as telepharmacy-specific Standards of Practice were established (“the 2017 Telepharmacy Bylaws and Standards”) (See Appendix 1 and 2 for further information).

Unregulated Staff Employed at Telepharmacy Sites

When initially established, telepharmacies were permitted to be staffed by pharmacy assistants. However, the PODSA Bylaws were amended in line with the regulation of pharmacy technicians in 2010/11 to require pharmacy technician staffing.

Despite the PODSA Bylaw requirements, telepharmacies continued to be staffed by pharmacy assistants. College staff communicated the staffing requirements to telepharmacy operators, and operators stated concerns regarding the ability to recruit pharmacy technicians in rural and remote communities.

When the College established the above-noted 2017 Telepharmacy Bylaws and Standards, after extensive consultation with the Ministry of Health and the telepharmacy operators, grandfathering provisions were added to help preserve the current level of pharmacy services, and additional requirements were added to grandfathered sites, to balance the need for pharmacy services with the College’s aim of public protection. One grandfathering provision was the ability of telepharmacy sites listed in [Schedule “G”](#) to keep their unregulated staffing model as long as the site did not change their location.

Since that time, two telepharmacies were licensed in 2017 and 2019, which have secured pharmacy technicians to staff those sites. Those sites are located in Granisle, and in Danskin within the Cheslatta Carrier Nation. Further, of the eleven telepharmacies currently licensed with the College, six currently have a pharmacy technician on their pharmacy roster.



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Public Safety Concerns Regarding Telepharmacy Models with Unregulated Staff

Concerns regarding public protection served as the impetus for the requirement for pharmacy technician staffing at telepharmacy remote sites. Public safety concerns are raised by having unregulated pharmacy assistants, responsible for and with access to Schedule I, II and III medications, and in particular controlled drug substances, and to confidential patient personal health information.

Since pharmacy assistants are not registrants, the College does not maintain a register of who they are, their qualifications or employment patterns. Further, the College does not have the legislative authority to require that Criminal Records Checks be conducted on them or to hold them accountable for their actions.

As noted above, the 2017 Telepharmacy Bylaws and Standards grandfathered existing sites to continue to allow a pharmacy assistant staffing model. To address concerns regarding unregulated staffing of these pharmacies, the Bylaws were strengthened with new requirements that aimed to increase the security of drugs and confidential health information and included additional requirements for grandfathered sites.

Current Status

The Robson Valley IDA Telepharmacy (“the McBride Telepharmacy”), owned and operated by Munro’s Sorrento Prescriptions, currently operates as a full-time telepharmacy in McBride out of leased space at a Northern Health Authority acute care facility.

The McBride telepharmacy is grandfathered under Schedule “G” and continues to have an unregulated staffing model.

College staff are advised that the Northern Health Authority is terminating the lease for the McBride Telepharmacy, as they want to use the space for other purposes. College staff understand that McBride Telepharmacy was given a deadline of approximately June 2022 at which point the lease will end. The Board has been asked to consider amending Schedule “G” to allow the telepharmacy to relocate to another site but keep its grandfathered status (please see Appendix 3 for more information)

Discussion

As noted above, when the 2017 Telepharmacy Bylaws and Standards were established, Schedule “G” listed the addresses of grandfathered telepharmacies that were permitted to continue to use an unregulated pharmacy assistant staffing model. If the address of a



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grandfathered site changed, it would no longer be listed on Schedule “G” and as such, it would lose its grandfathered status.

Given the public safety concerns associated by having unregulated pharmacy assistants at the telepharmacy remote sites, the College must carefully consider the implications of amending Schedule “G”. A confidential and privileged legal opinion will be provided for the Board for consideration.

However, the current request to change the address of the McBride Telepharmacy does appear to be exceptional for the following reasons:

- The McBride Telepharmacy operator is required to relocate due to the priorities of the Northern Health Authority. The operator had no intention of relocating to another site.
- In light of the current opioid overdose epidemic, issues regarding continuity of care for patients requiring opioid agonist treatment (“OAT”) via the McBride Telepharmacy are concerning. It has been noted that there are patients receiving daily witnessed ingestion for OAT at the McBride Telepharmacy whose care will likely be disrupted should the telepharmacy close¹.
- Though difficult to substantiate, the McBride Telepharmacy operator has indicated that despite efforts to recruit pharmacy technicians, he has been unsuccessful in recruiting regulated staff. College staff requested information from the McBride Telepharmacy operator in this regard, which can be accessed in Appendix 4.

Recommendation

It is recommended that due to the exceptional circumstances regarding the current request to amend Schedule “G” to change the address of the McBride Telepharmacy, the Board approve the change. More specifically, the address: 1136 5th Ave, McBride British Columbia V0J 2E0, would be amended to 411 Main Street, McBride British Columbia V0J 2E0 (see Appendix 5).

Further, public safety concerns regarding the telepharmacy unregulated staffing model and potential additional requests to amend Schedule “G” remain. To ensure decision-making consistent with the original intent of the 2017 Telepharmacy Bylaws, it is recommended that the Board direct the Registrar to conduct a review of the telepharmacy regulatory framework with a focus on standardizing requirements across all telepharmacies, including the removal of Schedule “G” within two years.

¹ A review of PharmaNet data from 2021 to 2022 indicates that seven unique patients/PHNs appear on record for receiving OAT at the McBride telepharmacy. All patients received methadone and 290 OAT prescriptions were indicated as filled.



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BOARD MEETING February 11, 2022

Next Steps

Pending approval, the amendments to Schedule “G” will be posted on the College’s website for a 90-day public comment period. All feedback will be reviewed and brought forward to the Board at their June 2022 meeting for approval to file the amendments with the Minister of Health for a 60-day period. The amendments would be expected to take effect in August 2022.

In addition, College staff will develop a go-forward plan on a review of the telepharmacy regulatory framework.

Discussion Questions

1. Is there anything unclear about the proposed amendments to the PODSA Bylaws?
2. Is amending Schedule “G” in this regard in alignment with the duty and objects of the College?

Appendix	
1	April 2017 Board Briefing Note: PODSA Bylaws – Public Posting (Telepharmacy)
2	September 2017 Board Briefing Note: Telepharmacy Bylaws (Filing)
3	December 2021 correspondence from Mr. Colin Munro to the College Board Chair
4	February 2022 correspondence from Mr. Colin Munro to the College Registrar/CEO
5	Draft amendments to Schedule “G”



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BOARD MEETING April 21, 2017

4d. PODSA Bylaws – Public Posting (Telepharmacy)

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution:

RESOLVED THAT, in accordance with the authority established in section 21(8) of the Pharmacy Operations and Drug Scheduling Act, the board approve the proposed draft bylaws of the College of Pharmacists of British Columbia regarding telepharmacies, and related schedules and forms for public posting, as circulated.

Purpose

To seek approval from the Board to publicly post bylaw amendments regarding telepharmacies, as circulated, for a period of ninety days.

Background

Telepharmacy is the delivery of traditional pharmacy services, including the dispensing of medications and providing patient counselling, via telecommunications to patients in locations where they may not have local access to a pharmacist. Similar to telemedicine, telepharmacy is designed to provide access to pharmacy services in rural and remote communities by allowing pharmacies to operate, without requiring a pharmacist to be physically present.

Community Telepharmacies in BC

The first community telepharmacies were established ten years ago, in 2007, as a pilot project. That model continued, and most of the current community telepharmacies were established in 2009.

Specific requirements for telepharmacy operations can be found primarily in section 16 of the *Pharmacy Operations and Drug Scheduling Act* (“PODSA”) – Bylaws. The PODSA – Bylaws, states that telepharmacy is the process by which a central pharmacy site operates one or more remote sites, all of which are connected to the central pharmacy site via computer, video and audio link. A telepharmacy remote site, is a pharmacy providing pharmacy services,

- a) without a full pharmacist present,
- b) in a rural or remote community, and
- c) under the supervision and direction of a full pharmacist at a central pharmacy site.

Currently, there are six central community pharmacy sites and 12 community telepharmacy remote sites¹. Four of these central pharmacy sites only have one telepharmacy remote site connected to them. However, there are two larger telepharmacy groupings: one central site has three remote sites connected to it; and, the other central pharmacy site has five remote sites connected to it.

Appendix 1 maps the existing central sites and pharmacy remote sites in the province, as well as the closest community pharmacy to the remote site.

Bylaw Requirement to Staff Telepharmacies with Pharmacy Technicians

According to PODSA – Bylaws s. 16 (8) (b), if a pharmacy technician is not on duty at the telepharmacy remote site, the telepharmacy remote site must not remain open and prescriptions must not be dispensed. This bylaw section was amended in 2010; however, the date to restrict the title of “pharmacy technician” was effective on January 1, 2011. Previous to that date, pharmacy assistants were permitted to staff telepharmacy remote sites.

On June 8, 2015, College staff reminded current telepharmacy operators, of the PODSA-Bylaw requirement that telepharmacy remote sites be staffed by pharmacy technicians, as pharmacy assistants were staffing these sites. In addition, it noted that all remote sites will need to adhere to the staffing requirement by January 1, 2016. This timing aligned with the Pharmacy Technician transition period to have all current pharmacy assistants meet the requirements for a pharmacy technician by December 31, 2015. As telepharmacy operators indicated that they could not meet this deadline, an extension was provided to December 31, 2016.

College Review of Telepharmacies

The College conducted multiple reviews of telepharmacies since 2014, following a concern raised by the Board about the quality of pharmaceutical care being provided at these sites. College staff conducted a review of sites in September 2014, and an update on the status of telepharmacies was presented at the Board’s September 2015 meeting. That presentation focused on the use of unregulated staff in remote sites.

In 2016, the College hired external consultants to conduct research, review options and develop recommendations for these sites. Later that year, the College also conducted in-person reviews of all telepharmacy central sites and remote sites across the province. These site reviews were conducted simultaneously at the central and remote sites, and follow-up site visits were also completed at some sites.

Discussion

Informed by research and analysis conducted on telepharmacies and the recent reviews of these sites across the province, College staff have developed draft amendments to the PODSA-Bylaws

¹ Please note that one central site, Lancaster Prescriptions #2, recently closed as a central site. It was linked to one remote site (Boundary Pharmacy), which is currently seeking to secure another central site.

with respect to telepharmacies. Additionally, a new Standard of Practice for telepharmacies has been developed.

Proposed PODSA Bylaw Amendments

The proposed bylaws regarding telepharmacy significantly amend the current requirements. It is important to note that these provisions apply only to community telepharmacies.

Hospital telepharmacies will be captured under the following current definition of hospital pharmacy satellite in the PODSA-Bylaws: *“hospital pharmacy satellite” means a physically separate area on or outside the hospital premises used for the provision of pharmacy services which is dependent upon support and administrative services from the hospital pharmacy.* Hospital pharmacy satellites are required to follow the Hospital Pharmacy Standards of Practice under the *Health Professions Act (HPA)-Bylaws.*

An overview of the key changes to the PODSA-Bylaws and Standards of Practice with respect to telepharmacies is outlined in Appendix 2 and 3. A ‘track changes’ version of the PODSA Bylaws, indicating all proposed amendments, is attached in Appendix 4.

Grandfathering Provisions

The proposed telepharmacy bylaw amendments have been drafted with a view not to adversely affect the level of pharmacy services currently in place in BC rural and remote communities. Grandfathering provisions have been added to help preserve the current level of pharmacy services, and additional requirements were added to grandfathered sites, to balance the need for pharmacy services with the College’s aim of public protection. Grandfathered sites would need to meet all new requirements, with the particular exceptions, as noted below:

- Existing sites would not have to meet two pharmacy premise requirements (i.e., the dispensary area being at least 160 square feet, and having a dispensing counter with at least 30 square feet of clear working space) until such time as they renovate their premises.
- Four existing sites would be permitted to have a license as a telepharmacy and community pharmacy. These sites would be able to switch from a traditional community pharmacy to a telepharmacy, at times (e.g., switch into “telepharmacy mode”). However, all other telepharmacies must only hold one license type (i.e., a community pharmacy or telepharmacy license).
- All existing sites would be permitted to staff telepharmacies with pharmacy assistants instead of pharmacy technicians, but will be required to meet additional requirements (please see “Public Safety Concerns in Telepharmacies” for more information).

Public Safety Concerns in Telepharmacies

Concerns regarding public protection served as the impetus for the requirement for technician staffing at telepharmacy remote sites. Public safety concerns are raised by having unregulated pharmacy personal, such as pharmacy assistants, with access to Schedule I, II and III medications, and in particular controlled drug substances, and to confidential patient personal health

information. Since pharmacy assistants are not registrants, the College does not maintain a register of who they are, their qualifications or employment patterns. Further, the College does not have the legislative authority to require that Criminal Records Checks be conducted on them or to hold them accountable for their actions.

The proposed bylaws regarding telepharmacy require a pharmacy technician to staff the telepharmacy site. Existing sites will be 'grandfathered' to continue to allow a pharmacy assistant staffing model. To address concerns regarding unregulated staffing of these pharmacies, the bylaws have been strengthened with new requirements that aim to increase the security of drugs and confidential health information, and include additional requirements for 'grandfathered' sites.

New requirements for all telepharmacies to enhance public protection:

- The proposed amendments change telepharmacy from a service to a distinct license type. Potential telepharmacy operators will be required to provide fulsome information about the proposed telepharmacy during the application process, and will be expected to meet licensure requirements. Currently, quite limited information is requested for community pharmacy operators requesting to operate a telepharmacy service².
- Requiring that the new pharmacy security provisions apply to telepharmacies. These pharmacy security provisions are outlined in s.11.1 of the PODSA-Bylaws, and include requirements for security cameras, motion sensors, and time-delay safes, etc. When the telepharmacy is not being directly supervised by a pharmacist and the premise is accessible to non-registrants (e.g., in locations where the pharmacy is not 100% of the premise), monitored alarms will be required in the dispensary and physical barriers³ will be required around Schedule I and II drugs, controlled drug substances and confidential health information.
- Increased number of inspections and audits from three to four times per year. This is consistent with Professional Practice Policy-65: Narcotic Counts and Reconciliations. In addition, these inspections and audits must occur at intervals of not less than two months, to avoid inspections and audits only being done at certain times of the year (e.g., all four inspections being done in the summer months).
- The draft Telepharmacy Standards of Practice requires that all prescription processing⁴ be completed at the central pharmacy, unless a pharmacist is physically present and on duty at the telepharmacy. This will require the pharmacist to be involved with the processing of all prescriptions received at the telepharmacy, as well as being involved in all aspects of the prescription processing where a pharmacist is required.
- To ensure that the full pharmacist has access to, and oversight of, all patient records and related documentation, the draft Telepharmacy Standards of Practice requires that all

² http://library.bcpharmacists.org/7_Forms/7-3_Pharmacy/9040-App_Telepharmacy_Services.pdf

³ Please note that the physical barriers requirement is subject to a three-year transition period.

⁴ Prescription processing includes, entering the prescription information on the pharmacy's local computer system, transmitting the prescription to PharmaNet, reviewing the patient medication history to determining the appropriateness of the therapy, checking for drug interaction, allergies, and conducting the final check of the product to ensure correctness, etc.

original and stamped prescriptions, patient records, invoices and documentation in respect of prescriptions, be stored at the central pharmacy, not at the telepharmacy.

- The draft Telepharmacy Standards of Practice requires that the pharmacist at the central pharmacy must be able to directly supervise the telepharmacy, even if the staff person at the telepharmacy has not requested this supervision.

Additional requirements for 'grandfathered' telepharmacies with pharmacy assistants, include:

- In addition to the above-noted increased number of inspections and audits, 'grandfathered' telepharmacies will be required to perform monthly narcotic counts, signed by the supervising pharmacist, and provided immediately to the College, upon request.
- The requirement of direct supervision of the telepharmacy with a pharmacy assistant is to be greater than when staffed by a technician. When practicing within their scope of practice within a telepharmacy, pharmacy technicians do not need to be supervised by a pharmacist. However, assistants will be required to be supervised when performing any technical pharmacy activities.

Section 56 Exemption

The *Controlled Drugs and Substances Act* (CDSA) provides a framework for the control of import, export, production, distribution and use of substances that can alter mental processes and that may produce harm to health and to society when distributed or used without supervision. Section 56 of that Act states that the Minister can exempt a person, class or persons, or any controlled substance from the application of any of the provisions of the Act or the regulations, if necessary for a medical or scientific purpose or otherwise in the public interest.

College staff have had multiple meetings with Health Canada staff regarding a potential s.56 exemption for telepharmacies. These meetings have been quite positive and productive. Without an s.56 exemption, federal legislation prohibits narcotics and controlled drugs from being available in telepharmacies without a pharmacist physically present. As such, telepharmacies will only be permitted to dispense narcotics and controlled drugs, if an s.56 exemption is secured. College staff expect to have more information on the potential timing of such an exemption in the coming months. Additionally, existing telepharmacy operators have been informed of the need for an s.56 exemption.

Consultation

College staff held a consultation with existing telepharmacy operators and Ministry of Health staff on March 22, 2017. Overall, stakeholders expressed agreement with the proposal. Two main concerns were raised: (1) the proposed requirement to have the term 'telepharmacy' on telepharmacy signage, as it would require operators to obtain new signage and may discourage patients from seeking pharmacy care at a telepharmacy; and (2) requiring direct supervision via video link to occur when a full pharmacist is working on-site at a telepharmacy.

In looking further into the concerns noted above, staff recommend that the telepharmacy signage requirement remain. It is important that patients and the public understand the difference between

a telepharmacy and community pharmacy, and can make an informed decision when seeking healthcare services from a telepharmacy. With respect to the second concern, it has been clarified that there is no requirement for video or audio link to the central site, when a full pharmacist is working on-site at a telepharmacy.

Associated Fee and Form Amendments

The proposed bylaw package includes related schedule and form updates. The key fee change included in Form 2 and 12 is requiring the same fee amount for telepharmacy license applications and renewals, as required by community and hospital pharmacies. This is to reflect the fact that telepharmacies are a license type, and provide pharmacy services to the public.

Recommendation

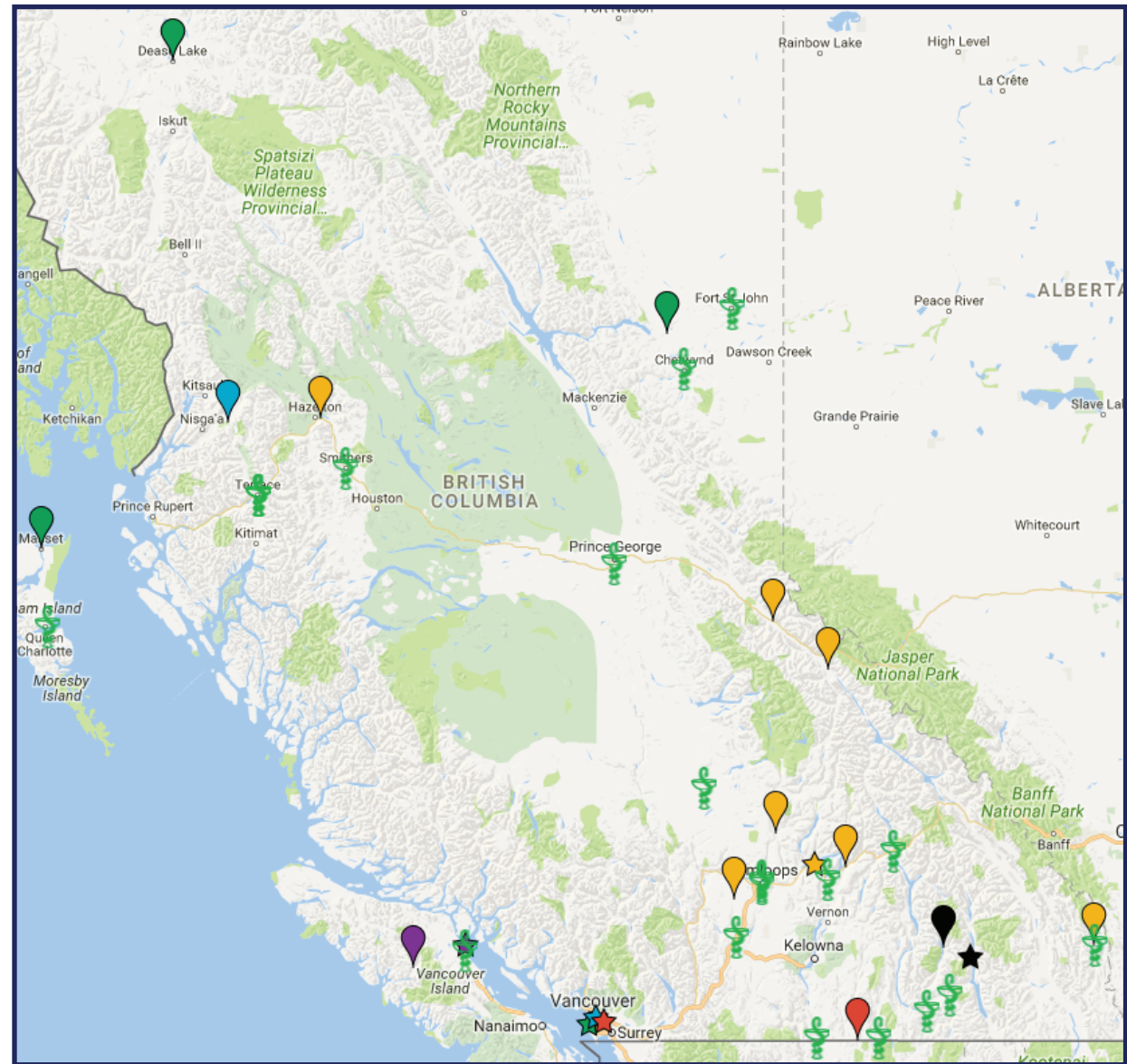
That the Board approve the proposed bylaws for public posting, as presented.

Appendix	
1	Map of Telepharmacies in BC
2	Overview of PODSA-Bylaw and Standard of Practice Amendments
3	PODSA Bylaws (proposed amendments in track changes)
4	Telepharmacy Standards of Practice
5	Schedule A, C, E, F, G
6	Forms 2, 11, 12

Map of Telepharmacies in British Columbia

Legend

★ Pharmasave Health Centre #022 - YVR (Central Site)	📍 Eagle Valley IDA Pharmacy (Sicamous) (Remote Site)
📍 Pharmasave Health Centre #074 - Telepharmacy Dease Lake (Remote Site)	📍 Barriere IDA Pharmacy (Barriere) (Remote Site)
📍 Pharmasave Health Centre #075 - Telepharmacy Hudson's Hope (Remote Site)	📍 Valemount IDA Pharmacy (Valemount) (Remote Site)
📍 Pharmasave Health Centre #076 - Telepharmacy Haida Gwaii (Masset) (Remote Site)	📍 Robson Valley IDA Pharmacy (McBride) (Remote Site)
★ Pharmasave Health Centre #077 (Commercial Ave-Vancouver) (Central Site)	📍 Logan Lake IDA Pharmacy (Logan Lake) (Remote Site)
📍 Nisga'a Valley Pharmasave - Telepharmacy (New Aiyansh Pharmasave (Nass Valley) (Remote Site)	📍 New Hazelton IDA Pharmacy (New Hazelton) (Remote Site)
📍 Peoples Drug Mart #139 (Quathiaski Cove) (Central Site)	📍 Elkford IDA Pharmacy (Elkford) (Remote Site)
📍 Peoples Pharmacy #239 (Gold River) (Remote Site)	★ Lancaster Prescriptions #2 (Burnaby) (Central Site)
★ Munro's Sorrento Prescription (Sorrento) (Central Site)	📍 Boundary Pharmacy (Midway) (Remote Site)
	★ Kaslo Community Pharmacy (Central Site)
	📍 New Denver Community Pharmacy (Remote Site)



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★	Central Site
📍	Telepharmacy Site
📍	Nearest Community Pharmacy

Proposed Amendments Regarding Telepharmacies

PODSA-Bylaws:

The proposed amendments regarding telepharmacies involve PODSA-Bylaw changes as well as a new Standard of Practice. Highlights of key proposed telepharmacy amendments to the PODSA-Bylaws, are outlined in the chart below:

Category	Brief Description	Rationale
Definitions	<ul style="list-style-type: none"> Added a definition of direct supervision of a telepharmacy site: <i>“direct supervision” means real-time audio and visual observation by a full pharmacist of pharmacy services performed at a telepharmacy consistent with a pharmacy manager’s responsibilities as set out in subsection 3(2);</i> 	<ul style="list-style-type: none"> The act of direct supervision is defined, but not the technology to be used. As technology advances very quickly, this definition will be relevant despite technology changes. Provides linkage to the pharmacy manager’s responsibilities (e.g., to actively participate in the day-to-day management of the pharmacy, etc.).
	<ul style="list-style-type: none"> Amended the definition of a central pharmacy site to: <i>“central pharmacy” means a community pharmacy that holds one or more telepharmacy licences;</i> 	<ul style="list-style-type: none"> Clarifies that the central pharmacy is the pharmacy that holds the telepharmacy license.
	<ul style="list-style-type: none"> Amended the definition of telepharmacy to: <i>“telepharmacy” means a pharmacy located in a rural and remote community that is licenced to provide pharmacy services.</i> 	<ul style="list-style-type: none"> The term telepharmacy is now what was previously called the “remote site.” Clarifies that telepharmacies are now licensed sites.
	<ul style="list-style-type: none"> Added a definition of rural and remote community: <i>“rural and remote community” means a community that, as of April 1, 2016, has been given an A, B, C or D designation under the Rural Practice Subsidiary Agreement (RSA) between the Government of BC, Doctors of BC, and the Medical Services Commission;</i> 	<ul style="list-style-type: none"> The current PODSA-Bylaws requires telepharmacies to be located in a rural and remote community; however that term is not defined. The RSA¹ provides premiums to physicians working in rural and remote communities. It uses a criteria-based evaluation to determine the level of isolation of a community. That criteria includes: <ul style="list-style-type: none"> – Number of Designated Specialties within 70 km; – Number of General Practitioners within 35 km; – Community size;

¹ <http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/physician-compensation/rural-practice-programs/rural-practice-subsidiary-agreement>

Category	Brief Description	Rationale
		<ul style="list-style-type: none"> - Distance from major medical community; and - Degree of Latitude. • This definition of rural and remote included in the PODSA-Bylaws, refers to the current RSA list of designated isolated communities².
Telepharmacy License	<ul style="list-style-type: none"> • Creating a distinct telepharmacy license type. 	<ul style="list-style-type: none"> • Telepharmacies are currently authorized as telepharmacy services, not as a distinct license type. • Some telepharmacy sites are at times, staffed by a pharmacist who is practicing pharmacy. In addition, drugs are being stored and sold, and confidential health information is being stored in these premises. As such, it is appropriate for these premises to be licensed as pharmacies. • Community pharmacies would no longer be able to switch from a traditional community pharmacy to a telepharmacy (e.g., switch into “telepharmacy mode”). Instead, sites must select which license type to apply for (i.e., community pharmacy or telepharmacy). • The central pharmacy holds the telepharmacy license, linking both pharmacies during the licensure process. • The central pharmacy and telepharmacy are to have the same owner, as shared ownership provides consistency for the development and application of policies and procedures.
Telepharmacy Location Restrictions	<ul style="list-style-type: none"> • Telepharmacies will only be permitted in the following locations: <ul style="list-style-type: none"> - In a rural and remote community where there is no existing community pharmacy or telepharmacy; and 	<ul style="list-style-type: none"> • Consistent with the concept that a telepharmacy enhances access to pharmacy services, in locations where such services are difficult to access. • Consistent with eligibility criteria for Pharmacare’s Rural Incentive Program³, which includes: the applicant pharmacy is the only pharmacy in the

² http://www2.gov.bc.ca/assets/gov/health/practitioner-pro/rsa_community.pdf

³ <http://www2.gov.bc.ca/assets/gov/health/forms/5384fil.pdf>

Category	Brief Description	Rationale
	<ul style="list-style-type: none"> Where the next telepharmacy or community pharmacy is at least 25km away. 	community, and the nearest pharmacy is at least 25km away.
Telepharmacy Identification	<p>The following provisions were added:</p> <ul style="list-style-type: none"> The proposed business name of the telepharmacy must include the word “telepharmacy.” Managers and owners must use the telepharmacy operating name on advertising, signage, etc. Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy. 	<ul style="list-style-type: none"> Helps ensure that patients and the public can clearly distinguish between a community pharmacy and telepharmacy. The prescription and labelling requirement helps to identify when and where a prescription is being dispensed, for accountability and transparency purposes.
Audits and Inspections	<ul style="list-style-type: none"> Currently, the pharmacy manager must inspect and audit a telepharmacy three times a year. The amendments increase this requirement to four times per year, and require that records of the audit be provided to the College immediately, upon request. ‘Grandfathered’ telepharmacies with an assistant staffing model will be required to also conduct monthly narcotic counts. 	<ul style="list-style-type: none"> Enhances oversight of the telepharmacy by the pharmacist at the central site. Increasing the audits and inspections to four times per year aligns with the number of narcotic counts required in <i>Professional Practice Policy (PPP) 65 – Narcotic Counts and Reconciliation</i>. Requires an additional layer of oversight over ‘grandfathered’ telepharmacies.

Other key amendments include, requiring that provisions regarding the physical requirements of community pharmacy premises (section 11 of the PODSA-Bylaws) and pharmacy security requirements (s.11.1 of the PODSA-Bylaws) apply to telepharmacies. Additionally, the pharmacy technician requirement has been maintained in the bylaws, with specific exceptions (see section on “Grandfathering Provisions” in the April 2017 Board briefing note).

Telepharmacy Standards of Practice:

Telepharmacy Standards of Practice have been developed to address the practice environment of telepharmacies. An amendment to the HPA-Bylaws will be required to implement these new Standards.

It is proposed that telepharmacies be required to follow the Community Pharmacy Standards of Practice and the Telepharmacy Practice of Standards. The draft Telepharmacy Standards of Practice focused on five key areas:

- 1. Direct Supervision:** The supervising pharmacist must be able to directly supervise staff at the telepharmacy, and be available for patient consultation. However, the pharmacist does not need to directly supervise a pharmacy technician, when they are practicing within their scope. Additionally, the supervising pharmacist must be able to directly supervise staff at the telepharmacy, independent of any action or request made by telepharmacy staff.
- 2. Receipt of Prescriptions and Transfer of Prescription Information:** A prescription provided at the central pharmacy can be designated for pick-up at the associated telepharmacy, and a prescription submitted to the telepharmacy must be stamped with the date and telepharmacy name. This will distinguish between prescriptions submitted to the central pharmacy and the telepharmacy.
- 3. Prescription Processing and Product Preparation:** A secure connection between the telepharmacy and central pharmacy must be maintained to transfer prescription and other confidential health information. Prescription processing is to occur at the central site, except when a pharmacist is practicing at the telepharmacy. The prescription processing requirement is an added 'check and balance' to ensure that the supervising pharmacist is involved in the assessment of every prescription, and that they review the PharmaNet profile.
- 4. Patient Counselling:** Clarifies that patient counselling by the supervising pharmacist must occur over real time video/audio link, unless a full pharmacist is physically present and on duty at the telepharmacy.
- 5. Documentation:** Requires that all prescriptions, patient records, invoices, etc., be stored at the central pharmacy. Any of these documents in the telepharmacy must be transferred to the central pharmacy on a quarterly basis. This will ensure that documentation is kept at one site, to better ensure that the pharmacist has immediate access to all pharmacy records.

Pharmacy Operations and Drug Scheduling Act - BYLAWS

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Definitions

1. In these bylaws:

“**Act**” means the *Pharmacy Operations and Drug Scheduling Act*,

“**central pharmacy-site**” means a community pharmacy authorized under Part IV to provide telepharmacy services that holds one or more telepharmacy licences;

“**community pharmacy**” means a pharmacy licensed to sell or dispense drugs to the public, but does not include a telepharmacy;

“**Community Pharmacy Standards of Practice**” means the standards, limits and conditions for practice established under section 19 (1) (k) of the *Health Professions Act* respecting community pharmacies;

“**controlled drug substance**” means a drug which includes a substance listed in the Schedules to the *Controlled Drugs and Substances Act* (Canada) or Part G of the Food and Drug Regulations (Canada);

“**controlled prescription program**” means a program approved by the board, to prevent prescription forgery and reduce inappropriate prescribing of drugs;

“**direct supervision**” means real time audio and visual observation by a full pharmacist of pharmacy services performed at a telepharmacy consistent with a pharmacy manager’s responsibilities as set out in subsection 3(2);

“**dispensary**” means the area of a community pharmacy or a telepharmacy that contains Schedule I and II drugs;

“**drug**” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*,

“**health authority**” means

- (a) a regional health board designated under the *Health Authorities Act*, or
- (b) the Provincial Health Services Authority, or
- (c) First Nations Health Authority;

“**hospital**” has the same meaning as in section 1 of the *Hospital Act*,

“**hospital pharmacy**” means a pharmacy licensed to operate in or for a hospital;

“**hospital pharmacy satellite**” means a physically separate area on or outside the hospital premises used for the provision of pharmacy services which is dependent upon support and administrative services from the hospital pharmacy;

“**Hospital Pharmacy Standards of Practice**” means the standards, limits and conditions for practice established under section 19 (1) (k) of the *Health Professions Act* respecting hospital pharmacies;

“**incentive**” has the same meaning as in Part 1 of Schedule F of the bylaws of the college under the *Health Professions Act*;

“**outsource prescription processing**” means to request another community pharmacy to prepare or process a prescription drug order;

“**patient’s representative**” has the same meaning as in section 64 of the bylaws of the college under the *Health Professions Act*;

“**personal health information**” has the same meaning as in section 25.8 of the *Health Protection Act*;

“**pharmacy education site**” means a pharmacy

- (a) that has Schedule I, II and III drugs, but no controlled drug substances,
- (b) that is licensed solely for the purpose of pharmacy education, and
- (c) from which pharmacy services are not provided to any person;

“**pharmacy security**” means

- (a) measures to prevent unauthorized access and loss of Schedule I, IA, II and III drugs, and controlled drug substances;^{7.1}
- (b) measures providing for periodic and post-incident review of pharmacy security;^{7.1}
- (c) measures to protect against unauthorized access, collection, use, disclosure or disposal of personal health information;^{7.1}

“**pharmacy services**” has the same meaning as in section 1 of the bylaws of the college under the *Health Professions Act*;

“**pharmacy technician**” has the same meaning as in section 1 of the bylaws of the college under the *Health Professions Act*;

“**prescription drug**” means a drug referred to in a prescription;

“**professional products area**” means the area of a community pharmacy that contains Schedule III drugs;

“**professional service area**” means the area of a community pharmacy that contains Schedule II drugs;

“**Residential Care Facilities and Homes Standards of Practice**” means the standards, limits and conditions for practice established under section 19 (1) (k) of the *Health Professions Act* respecting residential care facilities and homes;

“**rural and remote community**” means a community that, as of April 1, 2016, has been given an A, B, C or D designation under the Rural Practice Subsidiary Agreement between the Government of BC, Doctors of BC, and the Medical Services Commission;

“**Schedule I, Schedule IA, Schedule II, or Schedule III**”, as the case may be, refers to the drugs listed in Schedule I, IA, II or III of the Drug Schedules Regulation;

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

“**telepharmacy**” means ~~the process by which a central pharmacy~~ located in a rural and remote community that is licenced to provide pharmacy services~~site operates one or more telepharmacy remote sites, all of which are connected to the central pharmacy site via computer, video and audio link;~~

“**Telepharmacy Standards of Practice**” means the standards, limits and conditions for practice established under subsection 19(1)(k) of the Health Professions Act respecting the operation of telepharmacies.

~~“**telepharmacy services**” means prescription processing or other pharmacy services, provided by or through telepharmacy;~~

~~“**telepharmacy remote site**” means a pharmacy providing pharmacy services to the public, or in or for a hospital,~~

~~(a) — without a full pharmacist present,~~

~~(b) — in a rural or remote community, and~~

~~(c) — under the supervision and direction of a full pharmacist at a central pharmacy site;~~

PART I - All Pharmacies

Application of Part

2. This part applies to all pharmacies except pharmacy education sites.

Responsibilities of Pharmacy Managers, Owners and Directors

3. (1) A full pharmacist may not act as manager of more than one pharmacy location, unless the pharmacy of which the full pharmacist is manager includes

(a) a telepharmacy ~~remote site~~,

(b) a hospital pharmacy,

(c) a hospital pharmacy satellite, or

(d) a pharmacy education site.

(2) A manager must do all of the following:

(a) actively participate in the day-to-day management of the pharmacy;

- (b) confirm that the staff members who represent themselves as registrants are registrants;
- (c) notify the registrar in writing of the appointments and resignations of registrants as they occur;
- (d) cooperate with inspectors acting under section 17 of the *Act* or sections 28 or 29 of the *Health Professions Act*;
- (e) ensure that
 - (i) registrant and support persons staff levels are sufficient to ensure that workload volumes and patient care requirements are met at all times in accordance with the bylaws, Code of Ethics and standards of practice,
 - (ii) meeting quotas, targets or similar measures do not compromise patient safety or compliance with the bylaws, Code of Ethics or standards of practice;
- (f) ensure that new information directed to the pharmacy pertaining to drugs, devices and drug diversion is immediately accessible to registrants and support persons;
- (g) establish policies and procedures to specify the duties to be performed by registrants and support persons;
- (h) establish procedures for
 - (i) inventory management,
 - (ii) product selection, and
 - (iii) proper destruction of unusable drugs and devices;
- (i) ensure that all records related to the purchase and receipt of controlled drug substances are signed by a full pharmacist;
- (j) ensure appropriate security and storage of all Schedule I, II, and III drugs and controlled drug substances for all aspects of pharmacy practice including operation of the pharmacy without a registrant present;
- (k) ensure there is a written drug recall procedure in place for pharmacy inventory;
- (l) ensure that all steps in the drug recall procedure are documented, if the procedure is initiated;
- (m) ensure that each individual working in the pharmacy wears a badge that clearly identifies the individual's registrant class or other status;
- (n) notify the registrar as soon as possible in the event that he or she will be absent from the pharmacy for more than eight weeks;

- (o) notify the registrar in writing within 48 hours of ceasing to be the pharmacy's manager;
- (p) ensure the correct and consistent use of the community pharmacy operating name as it appears on the community pharmacy licence for all pharmacy identification on or in labels, directory listings, signage, packaging, advertising and stationery;
- (p.1) if the pharmacy is a central pharmacy, ensure the correct and consistent use of each telepharmacy operating name as it appears on the telepharmacy licence for all pharmacy identification on or in labels, directory listings, signage, packaging, advertising and stationery associated with that telepharmacy;
- (q) establish and maintain policies and procedures respecting pharmacy security;
- (r) ensure that pharmacy staff are trained in policies and procedures regarding pharmacy security;
- (s) notify the registrar of any incident of loss of narcotic and controlled drug substances within 24 hours;
- (t) in the event of a pharmacy closure or relocation,
 - (i) notify the registrar in writing at least thirty days before the effective date of a proposed closure or relocation, unless the registrar determines there are extenuating circumstances,
 - (ii) provide for the safe transfer and appropriate storage of all Schedule I, II, and III drugs and controlled drug substances,
 - (iii) advise the registrar in writing of the disposition of all drugs and prescription records at the time of a closure,
 - (iv) provide the registrar with a copy of the return invoice and any other documentation sent to Health Canada in respect of the destruction of all controlled drug substances,
 - (v) arrange for the safe transfer and continuing availability of the prescription records at another pharmacy, or an off-site storage facility that is bonded and secure, and
 - (vi) remove all signs and advertisements from the closed pharmacy premises;
- (u) ensure sample drugs are dispensed in accordance with the requirements in the Drug Schedules Regulation;

- (v) advise the registrar if the pharmacy is providing pharmacy services over the internet, and provide to the registrar the internet address of every website operated or used by the pharmacy;
 - (w) ensure the pharmacy contains the reference material and equipment approved by the board from time to time;
 - (x) require all registrants, owners, managers, directors, pharmaceutical representatives, support persons and computer software programmers or technicians who will access the in-pharmacy computer system to sign an undertaking in a form approved by the registrar to maintain the confidentiality of patient personal health information;
 - (y) retain the undertakings referred to in paragraph (x) in the pharmacy for 3 years after employment or any contract for services has ended;
 - (z) be informed of the emergency preparedness plan in the area of the pharmacy that he or she manages and be aware of his or her responsibilities in conjunction with that plan;
 - (aa) ensure that no incentive is provided to a patient or patient's representative for the purpose of inducing the patient or patient's representative to
 - (a) deliver a prescription to a particular registrant or pharmacy for dispensing of a drug or device specified in the prescription, or
 - (b) obtain any other pharmacy service from a particular registrant or pharmacy; and
 - (bb) notify the registrar of persistent non-compliance by owners and directors with their obligations under the bylaws; and
- (3) Subsection (2)(p) does not apply to a hospital pharmacy, hospital pharmacy satellite or a pharmacy education site.
 - (4) Owners and directors must comply with subsection (2) (d), (e), (j), (p), (p.1), (q), (t), (v), (w), (x) and (aa).
 - (5) An owner or director must appoint a manager whenever necessary, and notify the registrar in writing of the appointment and any resignation of a manager.
 - (6) Owners and directors must ensure that the requirements to obtain a pharmacy licence under the *Act* are met at all times.
 - (7) For the purpose of subsection (2)(t), a pharmacy closure includes a suspension of the pharmacy licence for a period greater than 30 days, unless otherwise directed by the registrar.

3.1 Subsection (2)(aa) does not prevent a manager or director, or an owner from

- (a) providing free or discounted parking to patients or patient's representatives,
- (b) providing free or discounted delivery services to patients or patient's representatives, or
- (c) accepting payment for a drug or device by a credit or debit card that is linked to an incentive.

3.2 Subsection (2)(aa) does not apply in respect of a Schedule III drug or an unscheduled drug, unless the drug has been prescribed by a practitioner.

Sale and Disposal of Drugs

4. (1) Schedule I, II, and III drugs and controlled drug substances must only be sold or dispensed from a pharmacy.
- (2) A registrant must not sell or dispense a quantity of drug that will not be used completely prior to the manufacturer's expiry date, if used according to the directions on the label.
- (3) If the manufacturer's expiry date states the month and year but not the date, the expiry date is the last day of the month indicated.
- (4) Every registrant practising in a pharmacy is responsible for the protection from loss, theft or unlawful sale or dispensing of all Schedule I, II, and III drugs and controlled drug substances in or from the pharmacy.
- (5) A registrant must not sell, dispense, dispose of or transfer a Schedule I drug except
 - (a) on the prescription or order of a practitioner,
 - (b) for an inventory transfer to a pharmacy by order of a registrant in accordance with the policy approved by the board,
 - (c) by return to the manufacturer or wholesaler of the drug, or
 - (d) by destruction, in accordance with the policy approved by the board.
- (6) Drugs included in the controlled prescription program must not be sold or dispensed unless
 - (a) the registrant has received the prescription on the prescription form approved by both the board and the College of Physicians and Surgeons of British Columbia, and
 - (b) the prescription form is signed by the patient or the patient's representative upon receipt of the dispensed drug.
- (7) A new prescription from a practitioner is required each time a drug is dispensed, except for

- (a) a part-fill,
 - (b) a prescription authorizing repeats,
 - (c) a full pharmacist-initiated renewal or adaptation, or
 - (d) an emergency supply for continuity of care.
- (8) Subsection (6) does not apply to prescriptions written for
- (a) residents of a facility or home subject to the requirements of the *Residential Care Facilities and Homes Standards of Practice*, or
 - (b) patients admitted to a hospital.

Drug Procurement/Inventory Management

5. (1) A full pharmacist may authorize the purchase of Schedule I, II, or III drugs or controlled drug substances only from
- (a) a wholesaler or manufacturer licensed to operate in Canada, or
 - (b) another pharmacy in accordance with the policy approved by the board.
- (2) A registrant must record a transfer of drugs that occurs for any reason other than for the purpose of dispensing in accordance with a practitioner's prescription.
- (3) All drug shipments must be delivered unopened to the pharmacy or a secure storage area.
- (4) Non-usable and expired drugs must be stored in a separate area of the pharmacy or a secure storage area until final disposal.
- (5) A full pharmacist must not purchase Schedule I, II and III drugs and controlled drug substances unless they are for sale or dispensing in or from a pharmacy.

Interchangeable Drugs

6. When acting under section 25.91 of the *Health Professions Act*, a full pharmacist must determine interchangeability of drugs by reference to Health Canada's Declaration of Equivalence, indicated by the identification of a Canadian Reference Product in a Notice of Compliance for a generic drug.

Returned Drugs

7. No registrant may accept for return to stock or reuse any drug previously dispensed except in accordance with section 11(3) of the *Residential Care Facilities and Homes Standards of Practice* or section 5(2) of the *Hospital Pharmacy Standards of Practice*.

Records

8. (1) All prescriptions, patient records, invoices and documentation in respect of the purchase, receipt or transfer of Schedule I, II and III drugs and controlled drug

substances must be retained for a period of not less than three years from the date

- (a) a drug referred to in a prescription was last dispensed, or
 - (b) an invoice was received for pharmacy stock.
- (2) Registrants, support persons, managers, directors, and owners must not, for commercial purposes, disclose or permit the disclosure of information or an abstract of information obtained from a prescription or patient record which would permit the identity of the patient or practitioner to be determined.
- (3) Despite subsection (1), a registrant must not destroy prescriptions, patient records, invoices or documentation until the completion of any audit or investigation currently underway for which the registrant has received notice.

Pharmacy Licences

9. (1) The registrar may issue a licence for any of the following:

- (a) a community pharmacy~~;~~
- (b) a hospital pharmacy~~;~~
- (c) a pharmacy education site, or
- (d) a telepharmacy.

(2) An applicant for a pharmacy licence other than a telepharmacy licence must submit the following to the registrar:

- (a) a completed application in Form 1~~;~~
- (b) a diagram to scale of ½ inch equals 1 foot scale including the measurements, preparation, dispensing, consulting, storage, professional service area, professional products area, entrances and packaging areas of the pharmacy~~;~~
- (c) the applicable fee set out in Schedule “A”~~;~~ and
- (d) for a community pharmacy, proof in a form satisfactory to the registrar that the jurisdiction municipality in which the pharmacy is located has issued a business licence for the pharmacy to the pharmacy’s owner or manager.

(2.1) An owner of a community pharmacy may apply for a new telepharmacy licence by submitting to the registrar:

- (a) a completed application in Form 2,
- (b) the applicable fee specified in Schedule “A”,

- (c) a diagram professionally drawn to a scale of ¼ inch equals 1 foot, including the measurements and entrances of the telepharmacy, and confirming that the telepharmacy meets the requirements listed in Schedules C and E,
 - (d) photographs or video in Form 11 of the requirements listed in Schedules C and E, and
 - (e) if applicable, a copy of the telepharmacy's business licence issued by the jurisdiction in which the telepharmacy is located.
- (3) The registrar may renew a pharmacy licence other than a telepharmacy licence upon receipt of the following:
 - (a) a completed notice in Form 4, 5 or 6, as applicable, signed by the manager, and
 - (b) the applicable fee set out in Schedule "A".
- (3.1) The registrar may renew a telepharmacy licence upon receipt of the following:
 - (a) an application in Form 12,
 - (b) the fee set out in Schedule "A", and
 - (c) if applicable, a copy of the telepharmacy's business licence issued by the jurisdiction in which the telepharmacy is located.
- (4) A pharmacy's manager must submit to the registrar, in writing, any proposed pharmacy design changes or structural renovations together with a new pharmacy diagram for approval before the commencement of construction or other related activities.
- (5) If a pharmacy will be closed temporarily for up to 14 consecutive days, the pharmacy's manager must
 - (a) obtain the approval of the registrar,
 - (b) notify patients and the public of the closure at least 30 days prior to the start of the closure, and
 - (c) make arrangements for emergency access to the pharmacy's hard copy patient records.
- (6) A pharmacy located in a hospital which dispenses drugs to staff, out-patients or the public and which is not owned or operated by a health authority, must be licenced as a community pharmacy.
- (7) Subsections (4) to (6) do not apply to a pharmacy education site.

PART II – Community Pharmacies

Community Pharmacy Manager – Quality Management

10. (1) A community pharmacy's manager must develop, document and implement an ongoing quality management program that
- (a) maintains and enforces policies and procedures to comply with all legislation applicable to the operation of a community pharmacy,
 - (b) monitors staff performance, equipment, facilities and adherence to the *Community Pharmacy Standards of Practice*, and
 - (c) includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies.
- (2) If a community pharmacy is a central pharmacy, the quality management program in subsection (1) must include all telepharmacies associated with the central pharmacy and must comply with the *Telepharmacy Standards of Practice*.

Community Pharmacy and Telepharmacy Premises

11. (1) In locations where a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy's manager or the central pharmacy manager in the case of a telepharmacy, must ensure that
- (a) the professional products area extends not more than 25 feet from the perimeter of the dispensary and is visually distinctive from the remaining areas of the premises by signage, and
 - (b) a sign reading "Medication Information" is clearly displayed to identify a consultation area or counter at which a member of the public can obtain a full pharmacist's advice.
- (2) Subject to subsection (3), the dispensary area of a community pharmacy or a telepharmacy must
- (a) be at least 160 square feet,
 - (b) be inaccessible to the public by means of gates or doors across all entrances,
 - (c) include a dispensing counter with at least 30 square feet of clear working space, in addition to service counters,
 - (d) contain adequate shelf and storage space,
 - (e) contain a double stainless steel sink with hot and cold running water, and
 - (f) contain an adequate stock of drugs to provide full dispensing services.
- (3) A telepharmacy that was authorized by the registrar to provide pharmacy services as a telepharmacy remote site as of January 1, 2017 is exempt from the requirements in subsections (2)(a) and (c) until such time as it commences a renovation of all or part of the premises.

- (34) In all new and renovated community pharmacies or telepharmacies, an appropriate area must be provided for patient consultation that
- (a) ensures privacy and is conducive to confidential communication, and
 - (b) includes, but is not limited to, one of the following:
 - (i) a private consultation room; or
 - (ii) a semiprivate area with suitable barriers.

- (45) All new and renovated community pharmacies and telepharmacies must have a separate and distinct area consisting of at least 40 square feet reserved as secure storage space.

Community Pharmacy and Telepharmacy Security

- 11.1 (1) A community pharmacy or telepharmacy must:
- (a) ~~K~~keep Schedule IA drugs in a locked metal safe that is secured in place and equipped with a time delay lock set at a minimum of five minutes; ;
 - (b) ~~I~~install and maintain a security camera system that:
 - (i) has date/time stamp images that are archived and available for no less than 30 days, and
 - (ii) is checked daily for proper operation; , and
 - (c) ~~I~~install and maintain motion sensors in the dispensary; ;
- (2) When no full pharmacist is present and the premise is accessible to non-registrants,
- (a) the dispensary area ~~of a community pharmacy~~ must be secured by a monitored alarm, and
 - (b) Subject to subsection (2.1), schedule I and II drugs, controlled drug substances and personal health information, are secured by physical barriers; ;
- (2.1) A community pharmacy or telepharmacy that exists on the date this provision comes into force and is not renovated during the period must comply with section 11.1(2)(b) no later than three years after the date that provision comes into force; ;
- (2.2) For the purposes of subsection (2), a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy.

- (3) Subject to subsection (5), a community pharmacy and a telepharmacy must clearly display at all external entrances that identify the premises as a pharmacy, and at the dispensary counter signage provided by the College;
- (4) The pharmacy manager and owners or directors of a community pharmacy or a telepharmacy that does not stock IA drugs must complete a declaration attesting that Schedule IA drugs are never stocked on the premises;
- (5) A pharmacy that is never open to the public and has no external signage identifying it as a pharmacy is exempt from the requirements in subsection (3).

Operation of a Community Pharmacy Without a Full Pharmacist

- 12. (1) Except as provided in subsection (2), a community pharmacy must not be open to the public unless a full pharmacist is present.
- (2) A community pharmacy ~~that does not have a telepharmacy remote site licence~~ may operate without a full pharmacist present if all the following requirements are met:
 - (a) the registrar is notified of the hours during which a full pharmacist is not present;
 - (b) a security system prevents the public, support persons and other non-pharmacy staff from accessing the dispensary, the professional service area and the professional products area;
 - (c) a pharmacy technician is present and ensures that the pharmacy is not open to the public;
 - (d) Schedule I, II, and III drugs and controlled drug substances in a secure storage area are inaccessible to support persons, other non-pharmacy staff and the public;
 - (e) dispensed prescriptions waiting for pickup may be kept outside the dispensary if they are inaccessible, secure and invisible to the public and the requirements of section 12 of the *Community Pharmacy Standards of Practice* have been met;
 - (f) the hours when a full pharmacist is on duty are posted.
- (3) If the requirements of subsection (2) are met, the following activities may be performed at a community pharmacy by anyone who is not a registrant:
 - (a) requests for prescriptions, orders for Schedule II and III drugs and telephone requests from patients to order a certain prescription may be placed in the dispensary area by dropping them through a slot in the barrier;
 - (b) orders from drug wholesalers, containing Schedule I, II and III drugs, may be received but must be kept secure and remain unopened.

Outsource Prescription Processing

13. (1) A community pharmacy may outsource prescription processing if
 - (a) all locations involved in the outsourcing are community pharmacies,
 - (b) all prescriptions dispensed are labeled and include an identifiable code that provides a complete audit trail for the dispensed drug, and
 - (c) a notice is posted informing patients that the preparation of their prescription may be outsourced to another pharmacy.
- (2) The manager of an outsourcing community pharmacy must ensure that all applicable standards of practice are met in processing prescriptions at all locations involved in the outsourcing.
- (3) In this section, “community pharmacy” includes a hospital pharmacy.

PART III – Hospital Pharmacies

Hospital Pharmacy Manager – Quality Management

14. (1) A hospital pharmacy’s manager must develop, document and implement an ongoing quality management program that
 - (a) maintains and enforces policies and procedures to comply with all legislation applicable to the operation of a hospital pharmacy,
 - (b) monitors staff performance, equipment, facilities and adherence to the *Hospital Pharmacy Standards of Practice*,
 - (c) includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies,
 - (d) documents periodic audits of the drug distribution process,
 - (e) includes a process to review patient-oriented recommendations,
 - (f) includes a process that reviews a full pharmacist’s documentation notes in the hospital’s medical records,
 - (g) includes a process to evaluate drug use, and
 - (h) regularly updates policies and procedures for drug use control and patient-oriented pharmacy services in collaboration with the medical and nursing staff and appropriate committees.
- (2) If sample drugs are used within a hospital, the hospital pharmacy’s manager must ensure that the pharmacy oversees the procurement, storage and distribution of all sample drugs.

After Hours Service

15. (1) If continuous pharmacy services are not provided in a hospital, the hospital pharmacy's manager must ensure that urgently needed drugs and patient-oriented pharmacy services are available at all times by
- (a) providing a cabinet which must
 - (i) be a locked cabinet or other secure enclosure located outside of the hospital pharmacy, to which only authorized persons may obtain access,
 - (ii) be stocked with a minimum supply of drugs most commonly required for urgent use,
 - (iii) not contain controlled drug substances unless they are provided by an automated dispensing system,
 - (iv) contain drugs that are packaged to ensure integrity of the drug and labeled with the drug name, strength, quantity, expiry date and lot number, and
 - (v) include a log in which drug withdrawals are documented, and
 - (b) arranging for a full pharmacist to be available for consultation on an on-call basis.
- (2) When a hospital pharmacy or hospital pharmacy satellite is closed, the premises must be equipped with a security system that will detect unauthorized entry.

PART IV – Telepharmacy

Telepharmacy ~~Licence Services~~

16. (1) The registrar ~~must not issue a telepharmacy licence to a central pharmacy unless may authorize a community pharmacy or hospital pharmacy to provide telepharmacy services, upon receipt of a completed application in Form 2 and if satisfied that the requirements of this section will be met.~~
- ~~(a) the proposed telepharmacy will be the only telepharmacy or community pharmacy located in the rural and remote community,~~
 - ~~(b) the proposed telepharmacy is located at least 25 kilometers away from any other telepharmacy or community pharmacy,~~
 - ~~(c) the proposed business name of the telepharmacy includes the word "telepharmacy",~~
 - ~~(d) except for a pharmacy listed in Schedule F, the proposed telepharmacy does not have a license as a community pharmacy,~~

- ~~(e) the central pharmacy applicant and the telepharmacy will have the same owner, and~~
- ~~(f) the central pharmacy is in compliance, and the telepharmacy will be in compliance, with the *Telepharmacy Standards of Practice*.~~
- (2) A telepharmacy licence issued under subsection (1) is valid only for the location and owner stated on the telepharmacy licence and is not transferrable. Telepharmacy services may only be provided in or through pharmacies authorized under this Part to provide telepharmacy services.
- ~~(3) A telepharmacy remote site must be under the direct supervision of a full pharmacist at the central pharmacy site.~~
- ~~(4) A telepharmacy remote site must be under the responsibility of the manager of the central pharmacy site.~~
- ~~(5) The *Community Pharmacy Standards of Practice* apply to a telepharmacy remote site, unless it is located in, or providing pharmacy services for, a hospital in which case the *Hospital Pharmacy Standards of Practice* apply.~~
- ~~(6) Full pharmacists at a central pharmacy site must comply with section 12 of the *Community Pharmacy Standards of Practice* by using video and audio links.~~
- ~~(7) A sign must be posted at the dispensary counter of a telepharmacy remote site advising patients and staff when the site is operating in telepharmacy mode.~~
- ~~(8) A telepharmacy remote site must not remain open and prescriptions must not be dispensed if~~

 - ~~(a) an interruption in data, video or audio link occurs,~~
 - ~~(a) a pharmacy technician is not on duty at the telepharmacy remote site, or~~
 - ~~(a) a full pharmacist is not on duty at the central pharmacy site.~~
- ~~(9) Prescriptions dispensed at a telepharmacy remote site must be distinguishable from a prescription dispensed at the central pharmacy site and include a unique label and a unique identifier for the prescription.~~
- ~~(10) The manager of a central pharmacy site must~~

 - ~~(a) inspect and audit each affiliated telepharmacy remote site at least 3 times each year,~~
 - ~~(b) make a written record of all inspections and audits, and~~
 - ~~(c) provide a copy of a record described in paragraph (b) to the college on request.~~

- ~~(11) There must be a policy and procedure manual which describes the specific telepharmacy operations that are in place to ensure the safe and effective distribution of pharmacy products and delivery of pharmaceutical care.~~

Telepharmacy Operation

- ~~16.1 (1) A telepharmacy must not remain open and prescriptions must not be dispensed unless~~
- ~~(a) a full pharmacist at the central pharmacy is engaged in direct supervision of the telepharmacy in accordance with the *Telepharmacy Standards of Practice, and*~~
 - ~~(b) subject to subsection (2), a pharmacy technician is physically present on duty at the telepharmacy.~~
- ~~(2) A telepharmacy listed in Schedule G is exempt from the requirements in subsection (1)(b).~~
- ~~(3) A telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the professional services area and the dispensary area, including any area where personal health information is stored.~~
- ~~(4) Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy.~~
- ~~(4.1) Prescriptions and labels relating to prescriptions dispensed at a pharmacy listed in Schedule F must distinguish between those dispensed when it is operating as a telepharmacy from when it is operating as a community pharmacy.~~
- ~~(5) The manager of a central pharmacy, or a full pharmacist designated by the manager, must~~
- ~~(a) inspect and audit its telepharmacy at least 4 times each year, at intervals of not less than 2 months,~~
 - ~~(b) record each inspection and audit in the prescribed form, and~~
 - ~~(c) provide the inspection and audit records to the registrar immediately upon request.~~
- ~~(6) A telepharmacy listed in Schedule G must perform a monthly count of narcotics at the telepharmacy and retain a record of each monthly count signed by the supervising pharmacist for three years at both the central pharmacy and the telepharmacy location, and provide the signed record to the registrar immediately upon request.~~
- ~~(7) A telepharmacy must not continue to provide pharmacy services for more than 30 days after~~
- ~~(a) its location ceases to be a rural and remote community,~~

(b) a community pharmacy is established within the community, or

(c) a community pharmacy is established within 25 kilometers of the location of the telepharmacy.

(8) A telepharmacy must have a policy and procedure manual on site that outlines the methods for ensuring the safe and effective distribution of pharmacy products and delivery of pharmaceutical care by the telepharmacy.

(9) A telepharmacy must connect to PharmaNet independently of the central pharmacy with which it is associated.

PART V – Pharmacy Education Sites

Pharmacy Education Site Manager

17. (1) A pharmacy education site’s manager must ensure that only registrants and instructors are present in the pharmacy education site.
- (2) A pharmacy education site’s manager must comply with section 3(2)(a), (d), (h), (o), (r) and (t)(ii) and (iii).

PART VI – PharmaNet

Application of Part

18. This Part applies to every pharmacy that connects to PharmaNet.

Definitions

19. In this Part:

“**database**” means those portions of the provincial computerized pharmacy network and database referred to in section 13 of the *Act*;

“**in-pharmacy computer system**” means the computer hardware and software utilized to support pharmacy services in a pharmacy;

“**patient keyword**” means an optional confidential pass code selected by the patient which limits access to the patient’s PharmaNet record until the pass code is provided to the registrant;

“**PharmaNet patient record**” means the patient record described in section 11(2) of the *Community Pharmacy Standards of Practice* and in the PharmaNet Professional and Software Compliance Standards as the “patient profile”;

“**PharmaNet Professional and Software Compliance Standards**” means the document provided by the Ministry of Health Services specifying the requirements of an in-pharmacy computer system to connect to PharmaNet;

“**terminal**” means any electronic device connected to a computer system, which allows input or display of information contained within that computer system.

Operation of PharmaNet

20. A pharmacy must connect to PharmaNet and be equipped with the following:
- (a) an in-pharmacy computer system which meets the requirements set out in the current PharmaNet Professional and Software Compliance Standards;
 - (b) a terminal that is capable of accessing and displaying patient records, located in an area of the pharmacy which
 - (i) is only accessible to registrants and support persons,
 - (ii) is under the direct supervision of a registrant, and
 - (iii) does not allow information to be visible to the public, unless intended to display information to a specific patient; and
 - (c) the computer software upgrades necessary to comply with changes to the PharmaNet Professional and Software Compliance Standards.

Data Collection, Transmission of and Access to PharmaNet Data

21. (1) A registrant must enter the prescription information and transmit it to PharmaNet at the time of dispensing and keep the PharmaNet patient record current.
- (2) A registrant may collect and transmit patient record information to PharmaNet or access a patient's PharmaNet record only
- (a) to dispense a drug,
 - (b) to provide patient consultation, or
 - (c) to evaluate a patient's drug usage.
- (3) A registrant may collect and transmit patient record information to PharmaNet or access a patient's PharmaNet record only for the purposes of claims adjudication and payment by an insurer.
- (4) A registrant must revise information in the PharmaNet database pertaining to corrected billings for prescriptions billed to the patient or a payment agency other than PharmaCare and record the reason for the revision within 90 days of the original entry on PharmaNet.
- (5) A registrant must reverse information in the PharmaNet database, for any drug that is not released to the patient or the patient's representative, and record the reason for the reversal no later than 30 days from the date of the original entry of the prescription information in PharmaNet.
- (6) If a registrant is unable to comply with the deadlines in subsections (4) or (5), he or she must provide the information required to make the correction to the college as soon as possible thereafter.

- (7) At the request of the patient, a registrant must establish, delete or change the patient keyword.
- (8) Where a patient or patient's representative requests an alteration to be made to the PharmaNet information, the registrant must
 - (a) correct the information, or
 - (b) if the registrant refuses to alter the information, he or she must inform the person requesting the change of his or her right to request correction under the *Personal Information Protection Act*.

Confidentiality

22. A registrant must take reasonable steps to confirm the identity of a patient, patient's representative, registrant or practitioner before providing any pharmacy service, including but not limited to

- (a) establishing a patient record,
- (b) updating a patient's clinical information,
- (c) providing a printout of an in-pharmacy or requesting a PharmaNet patient record,
- (d) establishing, deleting, or changing a patient keyword,
- (e) viewing a patient record,
- (f) answering questions regarding the existence and content of a patient record,
- (g) correcting information, and
- (h) disclosing relevant patient record information to another registrant for the purpose of dispensing a drug or device, and/or for the purpose of monitoring drug use.

College of Pharmacists of B.C.

COMMUNITY PHARMACY AND TELEPHARMACY DIAGRAM AND PHOTOS/VIDEOS

PODSA Bylaw "Schedule C"

ITEMS

Indicate the location of the following items on the diagram and/or submit photos or videos of the following items with Form 10/Form 11:

Category	Item	Reference & Requirements	Diagram	Photo/Video
External to Dispensary	External View of the Pharmacy (Street view including the External Signage)	<p>Community Pharmacy: PODSA Bylaws s.3(2)(p) The manager ensure the correct and consistent use of the community pharmacy operating name as it appears on the community pharmacy licence for all pharmacy identification on or in labels, directory listings, signage, packaging, advertising and stationery.</p> <p>Telepharmacy: PODSA Bylaws s.3(2)(p.1) The manager must, if the pharmacy is a central pharmacy, ensure the correct and consistent use of each telepharmacy operating name as it appears on the telepharmacy licence for all pharmacy identification on or in labels, directory listings, signage, packaging, advertising and stationery associated with that telepharmacy.</p> <p>Telepharmacy: PODSA Bylaws s.16(1)(b) The registrar must not issue a telepharmacy licence to a central pharmacy unless the proposed business name of the telepharmacy includes the word "telepharmacy".</p>	(Entrance to the pharmacy)	✓
		<p>PODSA Bylaws s.12(2)(f) The hours when a full pharmacist is on duty are posted.</p>		
	Professional products area for schedule 3 drugs (+ Lock and Leave barriers if the premises is opened for business while the pharmacy is closed) OR N/A	<p>PODSA Drug Schedule Regulations s.2(3) Schedule III drugs may be sold by a pharmacist to any person from the self-selection Professional Products Area of a licensed pharmacy.</p> <p>PODSA Bylaws s.11(1)(a) In locations where a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy manager or the central pharmacy manager in the case of a telepharmacy must ensure that the professional products area extends not more than 25 feet from the perimeter of the dispensary.</p> <p>PODSA Bylaws s.3(2)(j) The manager must ensure appropriate security and storage of all Schedule I, II, and III drugs and controlled drug substances for all aspects of pharmacy practice including operation of the pharmacy without a registrant present.</p>	✓	✓
	Signage at 25 feet from dispensary OR N/A	<p>PODSA Bylaws s.11(1)(a) In locations where a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy manager or the central pharmacy manager in the case of a telepharmacy must ensure that the professional products area is visually distinctive from the remaining areas of the premises by signage.</p>	✓	✓
	"Medication Information" Sign OR N/A	<p>PODSA Bylaws s.11(1)(b) In locations where a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy manager or the central pharmacy manager in the case of a telepharmacy must ensure that a sign reading "Medication Information" is clearly displayed to identify a consultation area or counter at which a member of the public can obtain a full pharmacist's advice.</p>	✓	✓
Dispensary	Dispensary area	<p>PODSA Bylaws s.11(2)(a) The dispensary area of a community pharmacy or a telepharmacy must be at least 160 square feet.</p> <p>Telepharmacy: PODSA Bylaws s.11(3) A telepharmacy that was authorized by the registrar to provide pharmacy services as a telepharmacy remote site as of January 1, 2017 is exempted from the requirements in subsections (2)(a) and (c) until such time as it commences a renovation of all or part of the premises.</p>		✓
	Gate/door at the entrance into the dispensary	<p>PODSA Bylaws s.11(2)(b) The dispensary area of a community pharmacy or a telepharmacy must be inaccessible to the public by means of gates or doors across all entrances.</p>	✓	✓
	Placeholder for College license	<p>PODSA s.2(4) The manager must display the College license in a place within the pharmacy where it is conspicuous to the public.</p>		✓
	Professional Service Area for Schedule 2 drugs	<p>PODSA Drug Schedule Regulations s.2(3) Schedule II drugs may be sold by a pharmacist on a non-prescription basis and which must be retained within the Professional Service Area of the pharmacy where there is no public access and no opportunity for patient self-selection.</p>	(Shelving)	✓

Category	Item	Reference & Requirements	Diagram	Photo/Video
	Patient consultation area	PODSA Bylaws s.11(4) In all new and renovated community pharmacies or telepharmacies, an appropriate area must be provided for patient consultation that (a) ensures privacy and is conducive to confidential communication, and (b) includes, but is not limited to, one of the following: (i) a private consultation room, or (ii) a semiprivate area with suitable barriers.	✓	✓
	Dispensing counter and service counter	PODSA Bylaws s.11(2)(c) The dispensary area of a community pharmacy or a telepharmacy must include a dispensing counter with at least 30 square feet of clear working space, in addition to service counters. Telepharmacy: PODSA Bylaws s.11(3) A telepharmacy that was authorized by the registrar to provide pharmacy services as a telepharmacy remote site as of January 1, 2017 is exempted from the requirements in subsections (2)(a) and (c) until such time as it commences a renovation of all or part of the premises.	✓	✓
	Computer terminals for prescription processing	PODSA Bylaws s.20(b) A pharmacy must connect to PharmaNet and be equipped with a terminal that is capable of accessing and displaying patient records, located in an area of the pharmacy which (i) is only accessible to registrants and support persons, (ii) is under the direct supervision of a registrant, and (iii) does not allow information to be visible to the public, unless intended to display information to a specific patient.	✓	✓
	Shelving	PODSA Bylaws s.11(2)(d) The dispensary area of a community pharmacy or a telepharmacy must contain adequate shelf and storage space.	✓	✓
Security	Secure storage space	PODSA Bylaws s.11(4) All new and renovated community pharmacies and telepharmacies must have a separate and distinct area consisting of at least 40 square feet reserved as secure storage space.	✓	✓
	Locked Metal Safe OR Safe Declaration	PODSA Bylaws s.11.1(1)(a) A community pharmacy or telepharmacy must keep Schedule IA drugs in a locked metal safe that is secured in place and equipped with a time delay lock set at a minimum of five minutes. PPP-74 Policy Statement #4 The safe must be an actual metal safe, a "narcotics cabinet" is not sufficient. The safe must be securely anchored in place, preferably to the floor. PODSA Bylaws s.11.1(4) The pharmacy manager and owners or directors of a community pharmacy or telepharmacy that does not stock IA drugs must complete a declaration attesting that Schedule IA drugs are never stocked on the premises.	✓	✓
	Security camera system AND Surveillance signage	PODSA Bylaws s.11.1(1)(b) A community pharmacy or telepharmacy must install and maintain a security camera system that: (i) has date/time stamp images that are archived and available for no less than 30 days, and (ii) is checked daily for proper operation. PPP-74 Policy Statement #4 Under the Personal Information Protection Act (PIPA) pharmacies are required to post visible and clear signage informing customers that the premise is monitored by cameras.		✓
	Motion sensors	PODSA Bylaws s.11.1(1)(c) A community pharmacy or telepharmacy must install and maintain motion sensors in the dispensary.		✓
	Monitored alarm OR N/A	PODSA Bylaws s.11.1(2)(a) When no full pharmacist is present and the premise is accessible to non-registrants, the dispensary area must be secured by a monitored alarm. PPP-74 Policy Statement #4 Independent alarms for the dispensary are optional, when a full pharmacist is present at all times and the premise is accessible by non-registrants. Telepharmacy (in addition to the above): PODSA Bylaws s.11.1(2.2) For the purposes of subsection (2), a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy. PODSA Bylaws s.16.1(3) A telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the professional services area and the dispensary area, including any area where personal health information is stored.		✓
	Physical barriers OR N/A	PODSA Bylaws s.11.1(2)(b) When no full pharmacist is present and the premise is accessible to non-registrants, schedule I and II drugs, controlled drug substances and personal health information, are secured by physical barriers.	✓	✓

Category	Item	Reference & Requirements	Diagram	Photo/Video
		<p>PPP-74 Policy Statement #4 Physical barriers provide an additional layer of security and deter:</p> <ol style="list-style-type: none"> Unauthorized access to drugs, including but not limited to: <ul style="list-style-type: none"> All Schedule I, and II and, controlled drug substances and personal health information. Unauthorized access to personal health information, including but not limited to: <ul style="list-style-type: none"> Hard copies of prescriptions, Filled prescriptions waiting to be picked up, and/or Labels, patient profiles, and any other personal health information documents waiting for disposal. <p>Physical barriers can be tailored to the needs and structure of the particular community pharmacy. Examples of physical barriers include: locked gates, grillwork, locked cabinets, locked doors, and locked shelving units. When a full pharmacist is present at all times, physical barriers are optional.</p> <p>Telepharmacy (in addition to the above): PODSA Bylaws s.11.1(2.2) For the purposes of subsection (2), a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy. PODSA Bylaws s.16.1(3) A telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the professional services area and the dispensary area, including any area where personal health information is stored.</p>		
Equipment & Reference	Double stainless steel sink	<p>PODSA Bylaws s.11(2)(e) The dispensary area of a community pharmacy or telepharmacy must contain a double stainless steel sink with hot and cold running water. PPP-59 Policy Statement #1 The dispensary of all community pharmacies at a minimum must have the following equipment as per PODSA Bylaw 3(2)(w): (n) double sink with running hot and cold water;</p>	✓	✓
	<p>Equipment (basic):</p> <ol style="list-style-type: none"> Telephone Refrigerator Rx filing supplies Rx balance Metric weights Glass graduates Mortar Pestle Spatulas Funnels Stirring rods Ointment slab/ parchment paper Counting tray Disposable drinking cups Soap dispenser Paper towel dispenser Plastic/metal garbage containers Plastic lining Fax machine 	<p>PODSA Bylaws s.3(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time. PPP-59 Policy Statement #1; The dispensary of all community pharmacies at a minimum must have the following equipment as per PODSA Bylaw 3(2)(w): (a) telephone; (b) refrigerator; (c) prescription filing supplies; PPP-12 Policy Statement #3 All prescription hard copies are to be bundled, pegged or otherwise grouped into manageable groups of prescriptions, and are to be enclosed within a jacket or cover. (d) prescription balance having a sensitivity rating of 0.01; (e) metric weights (10 mg to 50 g) for balances requiring weights or instruments with equivalent capability; (f) metric scale glass graduates (a selection, including 10 ml size); (g) mortar and pestle; (h) Spatulas (metal and nonmetallic); (i) funnels (glass or plastic); (j) stirring rods (glass or plastic); (k) ointment slab or parchment paper; (l) counting tray; (m) disposable drinking cups; (o) soap dispenser and paper towel dispenser; (p) plastic or metal garbage containers to be used with plastic liners; (q) fax machine HPA Schedule F Part 1 s. 7(1)(b) The facsimile equipment is located within a secure area to protect the confidentiality of the prescription information</p>	✓ Fridge only	✓
	<p>Equipment (Cold Chain)</p> <ol style="list-style-type: none"> Thermometer Temperature log 	<p>PPP-68 Policy Statement: The Board of the College of Pharmacists of BC adopts the BCCDC guidelines on the Cold Chain Management of Biologicals. Refer to BCCDC's Communicable Disease Control Immunization Program: Section VI – Management of Biologicals. Communicable Disease Control Immunization Program Section VI – Management of Biologicals (2015) s.3.3.2 Use a constant temperature-recording device or digital minimum/maximum thermometer (with probe) to monitor both the current refrigerator temperature and the minimum/maximum temperatures reached. At the start and end of each work day, record the minimum and maximum temperatures reached since the last monitoring, on the Temperature Form. On the Temperature Log, record the date, time and three temperatures (the current refrigerator temperature, the minimum temperature reached since last check, and the maximum temperature reached since last check.) Also record the refrigerator dial setting.</p>		✓

Category	Item	Reference & Requirements	Diagram	Photo/Video
	Equipment (Methadone) <ol style="list-style-type: none"> 1. Calibrated device 2. Auxiliary labels 3. Containers for daily dose 4. Patient/Rx Log <p>OR N/A</p>	<p>PPP-66 Policy Guide MMT (2013) Principle 3.1.1 Methadone doses must be accurately measured in a calibrated device that minimizes the error rate to no greater than 0.1 ml.</p> <p>PPP-66 Policy Guide MMT (2013) Principle 3.3.1 Guidelines All devices used to measure the methadone 10 mg/ml solutions should be distinctive and recognizable and must be used only to measure methadone solutions. Devices must be labeled with a "methadone only" label and a "poison" auxiliary label with the international symbol of the skull and cross bones.</p> <p>PPP-66 Policy Guide MMT (2013) Principle 4.1.6 With respect to take-home doses the first dose (whether it is stated on the prescription or not) must be a witnessed ingestion with all subsequent take-home doses dispensed in child-resistant containers with an explicit warning label indicating that the amount of drug in the container could cause serious harm or toxicity if taken by someone other than the patient.</p> <p>PPP-66 Policy Guide MMT (2013) Principle 4.1.6 Guidelines Each dose must be dispensed in an individual, appropriately sized, child-resistant container.</p> <p>PPP-66 Policy Guide MMT (2013) Principle 4.1.3 Prior to releasing a methadone prescription, the patient and pharmacist must acknowledge receipt by signing a patient/ prescription-specific log.</p>		✓
	References (CPBC) <ol style="list-style-type: none"> 1. BC Pharmacy Practice Manual 2. ReadLinks 	<p>PODSA Bylaws s.3(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.</p> <p>PPP-3 Electronic Database References Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements.</p> <p>PPP-3 Policy Statement 1st Paragraph All community pharmacies are required to have the most current versions of the BC Pharmacy Practice Manual. All community pharmacies are required to have the most recent three years of Read Links.</p>		✓
	References (General) <ol style="list-style-type: none"> 1. Compendium 2. Complementary/ Alternative 3. Dispensatory 4. Drug Interactions 5. Nonprescription Medication (2x) 6. Medical Dictionary 7. Pregnancy and Lactation 8. Pediatrics 9. Therapeutics 	<p>PODSA Bylaws s.3(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.</p> <p>PPP-3 Electronic Database References Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements.</p> <p>PPP-3 Page 2 All community pharmacies at a minimum must have one of the following authorized library references in each of the categories listed as per PODSA Bylaw 3(2)(w). [which are:</p> <ol style="list-style-type: none"> 1. Compendium (current year); 2. Complementary/Alternative (within the last 4 years); 3. Dispensatory (within last 9 years); 4. Drug Interactions (in its entirety every 2 years, or continual updates); 5. Nonprescription Medication (most current issue of BOTH references required); 6. Medical Dictionary (within the last 15 years); 7. Pregnancy and Lactation (within the last 3 years); 8. Pediatrics (within the last 4 years); 9. Therapeutics (within last 4 years)] 		✓
	References (if applicable) <ul style="list-style-type: none"> • Veterinary • Psychiatric • Geriatric • Specialty compounding • Methadone <ul style="list-style-type: none"> ○ PPP-66 ○ CSPBC ○ CAMH ○ Monograph <p>OR N/A</p>	<p>PODSA Bylaws s.3(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.</p> <p>PPP-3 Electronic Database References Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements.</p> <p>PPP-3 Page 2 In addition to the above list, pharmacies must be equipped with references relevant to their practices (e.g. Veterinary, Psychiatric, Geriatric).</p> <p>PPP-66 Required References In addition to the currently required pharmacy reference materials (PPP-3), pharmacies providing methadone maintenance treatment services must also maintain as required references the following:</p> <ol style="list-style-type: none"> (1) CPBC Methadone Maintenance Treatment Policy Guide (2013) and subsequent revisions, (2) most recent version of the CPSBC Methadone and Buprenorphine: Clinical Practice Guideline for Opioid Use Disorder, (3) most current edition of Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorders, and (4) product monographs for the commercially available 10mg/ml methadone oral preparations. 		✓

Category	Item	Reference & Requirements	Diagram	Photo/Video
Prescriptions	Prescription hardcopy (i.e. the label/paper attached to the original prescription, which contains prescription information generated after transmitting to PharmaNet)	<p>HPA Bylaws Schedule F Part 1 s.6(4)(a) to (f)</p> <p>At the time of dispensing, a prescription must include the following additional information:</p> <ul style="list-style-type: none"> (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. 		✓
		<p>Telepharmacy (in addition to the above):</p> <p>PODSA Bylaws s.16.1(4)</p> <p>Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy.</p> <p>PODSA Bylaws s.16.1(4.1)</p> <p>Prescriptions and labels relating to prescriptions dispensed at a pharmacy listed in Schedule F must distinguish between those dispensed when it is operating as a telepharmacy from when it is operating as a community pharmacy.</p>		
Confidentiality	Shredder OR Contract with a Document Destruction Company	<p>HPA Bylaws s.75</p> <p>A registrant must ensure that records referred to in section 74 are disposed of only by (a) transferring the record to another registrant, or (b) effectively destroying a physical record by utilizing a shredder or by complete burning, or by (c) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the information cannot be reconstructed.</p> <p>HPA Bylaws s.78</p> <p>A registrant must ensure that, if personal information about patients is transferred to any person or service organization for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that confidentiality and physical security will be maintained.</p>		✓
	Offsite Storage Contract OR N/A	<p>HPA Bylaws s.74(b)</p> <p>A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored off site.</p>		✓
Inventory Management	Drug Receiving Area	<p>PODSA Bylaws s.5(3)</p> <p>All drug shipments must be delivered unopened to the pharmacy or a secure storage area.</p>	✓	✓
	Drugs	<p>PODSA Bylaws s.11(2)(f)</p> <p>The dispensary area of a community pharmacy or a telepharmacy must contain an adequate stock of drugs to provide full dispensing services.</p>		✓
	Storage area for non-usable and expired drugs	<p>PODSA Bylaws s.5(4)</p> <p>Non-usable and expired drugs must be stored in a separate area of the pharmacy or a secure storage area until final disposal.</p>		✓
Dispensed Products	Prescription product label 1. Single entity product 2. Multiple-entity product	<p>HPA Bylaws Schedule F Part 1 s.9(2)</p> <p>The label for all prescription drugs must include</p> <ul style="list-style-type: none"> (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. <p>HPA Bylaws Schedule F Part 1 s.9(3)</p> <p>For a single-entity product, the label must include</p> <ul style="list-style-type: none"> (a) the generic name, and (b) at least one of <ul style="list-style-type: none"> (i) the brand name, (ii) the manufacturer's name, or (iii) the drug identification number (DIN). <p>HPA Bylaws Schedule F Part 1 s.9(4)</p> <p>For a multiple-entity product, the label must include</p> <ul style="list-style-type: none"> (a) the brand name, or (b) all active ingredients and at least one of <ul style="list-style-type: none"> (i) the manufacturer's name or (ii) the drug identification number (DIN). 		✓
		<p>Telepharmacy (in addition to the above):</p> <p>PODSA Bylaws s.16.1(4)</p> <p>Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy.</p>		

Category	Item	Reference & Requirements	Diagram	Photo/Video
		PODSA Bylaws s.16.1(4.1) Prescriptions and labels relating to prescriptions dispensed at a pharmacy listed in Schedule F must distinguish between those dispensed when it is operating as a telepharmacy from when it is operating as a community pharmacy.		
	Filling supplies (e.g. vials and bottles including caps)	HPA Bylaws Schedule F Part 1 s.10(4) All drugs must be dispensed in a container that is certified as child-resistant unless....		✓
Pharmacy Manager's Responsibilities	Name Badge	PODSA Bylaws s.3(2)(m) A manager must ensure that each individual working in the pharmacy wears a badge that clearly identifies the individual's registrant class or other status.		✓
	Police & Procedure Manual	<p>PODSA Bylaws s.3(2)(g) A manager must establish policies and procedures to specify the duties to be performed by registrants and pharmacy assistants.</p> <p>PODSA Bylaws s.3(2)(h) A manager must establish procedures for</p> <ul style="list-style-type: none"> (i) inventory management, (ii) product selection, and (iii) proper destruction of unusable drugs and devices. <p>PODSA Bylaws s.3(2)(k) A manager must ensure there is a written drug recall procedure in place for pharmacy inventory.</p> <p>PODSA Bylaws s.3(2)(q) A manager must establish and maintain policies and procedures respecting pharmacy security.</p> <p>PPP-74 Policy Statement #1 Pharmacy security policies and procedures should be included in the pharmacy's policy and procedure document. The policies and procedures should contain information on the following:</p> <ul style="list-style-type: none"> • Training, • Pharmacy security equipment, • Emergency responses, • Incident review, and • Pharmacy security evaluation <p>PPP-74 Policy Statement #5 An emergency response kit should include a step-by-step guide on what to do in the event of a robbery or break and enter and be available to all pharmacy staff.</p> <p>PODSA Bylaws s.10(c) A community pharmacy's manager must develop, document and implement an ongoing quality management program that includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies</p> <p>HPA Bylaws s.79 A registrant must take appropriate measures to remedy any unauthorized access, use, disclosure or disposal of personal information about patients under this Part as soon as possible after the breach is discovered.</p>		✓ (or document file)
		<p>Telepharmacy (in addition to the above):</p> <p>PODSA Bylaws s.16.1(8) A telepharmacy must have a policy and procedure manual on site that outlines the methods for ensuring the safe and effective distribution of pharmacy products and delivery of pharmaceutical care by the telepharmacy.</p>		

College of Pharmacists of B.C.
 TELEPHARMACY ADDITIONAL PHOTOS/VIDEOS
 PODSA Bylaw "Schedule E"

ITEMS

Submit photos or videos of the following items with Form 11:

Category	Item	Reference and Requirements
Prescriptions	Prescription stamp	HPA Bylaws Schedule F Part 6 s.5(2) An original physical prescription may be submitted to a telepharmacy and, upon receipt, must be stamped with the date of receipt and the name of the telepharmacy.
Central Pharmacy	Tool/technology enabling direct supervision on dispensary activities	PODSA Bylaws s.16.1(1)(a) A telepharmacy must not remain open and prescriptions must not be dispensed unless a full pharmacist at the central pharmacy is engaged in direct supervision of the telepharmacy in accordance with the <i>Telepharmacy Standards of Practice</i> . PODSA Bylaws Definitions "direct supervision" means real-time audio and visual observation by a full pharmacist of pharmacy services performed at a telepharmacy consistent with a pharmacy manager's responsibilities as set out in subsection 3(2). HPA Bylaws Schedule F Part 6 s.3 "supervising pharmacist" means (a) the manager of a central pharmacy, (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or (c) a full pharmacist who is physically present on duty at the telepharmacy. HPA Bylaws Schedule F Part 6 s.4(3) A supervising pharmacist must be able to engage in direct supervision of the provision of pharmacy services at a telepharmacy independent of any action of or request by persons performing those services.
	Tool/technology used for transmitting prescription and personal health information between sites	HPA Bylaws Schedule F Part 6 s.6(2) Each telepharmacy and central pharmacy must maintain a secure connection to the central pharmacy for transmission of prescription and personal health information.
	Tool/technology used for processing prescriptions at the central pharmacy for prescriptions received at the telepharmacy	HPA Bylaws Schedule F Part 6 s.6(1) All prescription processing must occur at the central pharmacy unless a full pharmacist is physically present on duty at the telepharmacy. HPA Bylaws Schedule F Part 6 s.6(2) Each telepharmacy and central pharmacy must maintain a secure connection to the central pharmacy for transmission of prescription and personal health information.
	Tool/technology enabling direct supervision on product final check	PODSA Bylaws s.16.1(1)(a) A telepharmacy must not remain open and prescriptions must not be dispensed unless a full pharmacist at the central pharmacy is engaged in direct supervision of the telepharmacy in accordance with the <i>Telepharmacy Standards of Practice</i> . HPA Bylaws Schedule F Part 6 s.3 "supervising pharmacist" means (a) the manager of a central pharmacy, (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or (c) a full pharmacist who is physically present on duty at the telepharmacy. HPA Bylaws Schedule F Part 6 s.4(2)(a) A supervising pharmacist must be readily available at all times when a telepharmacy is open to provide direction and support to persons performing pharmacy services at the telepharmacy. HPA Bylaws Schedule F Part 6 s.4(4) A telepharmacy may only provide pharmacy services within the exclusive scope of practice of a registrant while under direct, continuous real-time audio and visual observation and direction of a supervising pharmacist. HPA Bylaws Schedule F Part 6 s.4(5) Direct supervision does not require the supervising pharmacist to conduct real-time observation of a pharmacy technician performing work within his or her scope of practice.
	Tool/technology enabling direct pharmacist/patient consultation	HPA Bylaws Schedule F Part 6 s.3 "supervising pharmacist" means (a) the manager of a central pharmacy, (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or (c) a full pharmacist who is physically present on duty at the telepharmacy. HPA Bylaws Schedule F Part 6 s.4(2)(b) A supervising pharmacist must be readily available at all times when a telepharmacy is open to provide pharmacist/patient consultation. HPA Bylaws Schedule F Part 6 s.7 Unless a full pharmacist is physically present on duty at the telepharmacy, the supervising pharmacist must provide full pharmacist/patient consultation by real-time audio and visual link and otherwise in accordance with the requirements of Part 1 of Schedule F of the <i>Health Professions Act Bylaws</i> .

Category	Item	Reference and Requirements
	Policy and procedure manual (document file acceptable)	<i>PODSA Bylaws s.10(2)</i> If a community pharmacy is a central pharmacy, the quality management program in subsection (1) must include all telepharmacies associated with the central pharmacy and must comply with the <i>Telepharmacy Standards of Practice</i> .



APPLICATION FOR TELEPHARMACY SERVICES

APPLICANT INFORMATION

Company name _____

Central pharmacy _____

Address _____ Tel _____

_____ Fax _____

_____ Email _____

_____ Postal Code _____

PROPOSED REMOTE SITE

Operating name _____ Tel _____

Address _____ Fax _____

_____ Email _____

_____ Postal Code _____

Hours of operation for Telepharmacy _____

PAYMENT OPTION

Cheque/Money order (payable to College of Pharmacists of BC) VISA MasterCard

Card # _____ Exp _____ / _____

Cardholder name _____

Cardholder signature _____

Initial licence fee	210.00
GST	10.50
Total	\$220.50
GST # R106953920	

I attest that:

- The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

Name (please print)

Signature

Position

Date

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



APPLICATION FOR TELEPHARMACY SERVICES

APPLICATION REQUIREMENT CHECKLIST

Application must be received by the College Office at least 60 days prior to the planned operation of the pharmacy.

Application must be approved *PRIOR* to commencement of telepharmacy services.

The following must be submitted together with this application:

- Diagram detailing the layout of the telepharmacy services at the remote site
- Copy of the final Policy and Procedure Manual which outlines specific telepharmacy operations (see template on College website at www.bcpharmacists.org)

PharmaNet connection for both sites? Yes No

PREPARED



APPLICATION FOR TELEPHARMACY SERVICES

PAYMENT OPTION

Pharmacy Name _____

Cheque/Money order (*payable to College of Pharmacists of BC*) VISA MasterCard

Card # _____

Exp / _____

Cardholder name _____

Cardholder signature _____

Initial Licence fee	210.00	300.00
GST	10.50	15.00
Total	\$220.50	315.00
	GST # R106953920	

REPEAL

For office use ONLY

iMIS ID: _____ Finance stamp: _____

Lic initials: _____

Date to Finance: _____



College of Pharmacists
of British Columbia

APPLICATION FOR NEW TELEPHARMACY LICENCE

Community

Form 2
Page 1 of 3

1. TELEPHARMACY INFORMATION			
Proposed Operating Name		Proposed Opening Date	
		MMM	DD YYYY
Telepharmacy Address	City	Province BC	Postal Code
Mailing Address (if different from above)	City	Province	Postal Code
Email Address	Phone Number	Fax Number	
Website		Software Vendor (for dispensing)	
Pharmacy Technician Name		Registration Number (BC)	
OWNER'S INFORMATION			
Name of Company on Notice of Articles/BC Company Summary		BC Incorporation Number	
NEXT CLOSEST COMMUNITY PHARMACY/TELEPHARMACY			
Pharmacy Name		City	
Approximate Distance from Proposed Telepharmacy Location (KM):			

2. CENTRAL PHARMACY INFORMATION			
Operating Name		PharmaCare Code	
Pharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number	Fax Number	
Manager Name	Registration Number (BC)		
OWNER'S INFORMATION			
Name of Company on Notice of Articles/BC Company Summary		BC Incorporation Number	

3. PRIMARY CONTACT PERSON			
Name		Position/Title	
Email Address	Phone Number	Fax Number	



APPLICATION FOR NEW TELEPHARMACY LICENCE

Community

Form 2

Page 2 of 3

College of Pharmacists
of British Columbia

4. APPLICANT INFORMATION

Name of Authorized Representative	Position/Title of Authorized Representative
Signature	Date MMM DD YYYY

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



College of Pharmacists
of British Columbia

APPLICATION FOR NEW TELEPHARMACY LICENCE

Community

Form 2

Page 3 of 3

5. PAYMENT INFORMATION

Telepharmacy (Remote Site) Proposed Operating Name (Auto-populate)		Central Pharmacy Operating Name (Auto-populate)	
Method of Payment: <input type="checkbox"/> Cheque/Money order (<i>payable to College of Pharmacists of BC</i>) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard			
Card Number	Expiry Date (MM/YY)	Application fee	\$ 550.00
Cardholder Name		Initial licence fee	\$ 2250.00
		GST	\$ 140.00
Cardholder Signature		Total	\$ 2940.00
		GST #	R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____



College of Pharmacists
of British Columbia

PHARMACY PRE-OPENING INSPECTION REPORT

TELEPHARMACY

1. TELEPHARMACY INFORMATION				
Operating Name		PharmaCare Code		Proposed Opening Date <small>MMM DD YYYY</small>
Telepharmacy Address	City	Province BC	Postal Code	Software Vendor (for dispensing)
Email Address	Phone Number	Fax Number	Website	

2. CENTRAL PHARMACY INFORMATION				
Operating Name				PharmaCare Code
Pharmacy Address	City	Province BC	Postal Code	Software Vendor (for dispensing)
Email Address	Phone Number	Fax Number	Website	



3. PHARMACY SERVICES

TYPE	YES	NO	TYPE	YES	NO	If "YES", PROVIDE PHARMACY NAME(S) INVOLVED
Methadone (Pain)			Contracts - BC Transplant			
Methadone (Maintenance)			Contracts - Center for Excellence			
Compounding (Specialty)			Other - Delivery			
Compounding (Sterile Product)			Other - Internet			
Compliance Packaging			Other - Drive Thru			
Clinical - Injection Drug Administration			Residential Care Services			
Clinical - Medication Management/Review			Centralized Prescription Processing Services			Provided to:
Clinical - Education Clinics			Outsourced Prescription Processing Services			Received from:
Contracts - Renal Agencies						

4. HOURS OF OPERATION

TYPE	SUN	MON	TUE	WED	THU	FRI	SAT
TELEPHARMACY							
Telepharmacy Hours							
Pharmacy Hours							
Lock & Leave Hours							
CENTRAL PHARMACY							
Pharmacy Hours							
Lock & Leave Hours							



5. TELEPHARMACY ROSTER*

STAFF	REGISTRATION #	FIRST NAME/INFORMAL NAME	LAST NAME	REGISTRATION CLASS
Pharmacy Manager				<input checked="" type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician
Staff #1				<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician
Staff #2				<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician
Staff #3				<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician
Staff #4				<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician
Staff #5				<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician
Staff #6				<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician
Staff #7				<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician

*Include all registrant staff who may be providing pharmacy services or performing inspections/audits at the telepharmacy at any time

6. PRE-OPENING INSPECTION

Confirm whether your new telepharmacy currently complies with each of the following requirements.

- If compliant, mark “✓” under the “Compliant” column and submit digital evidence (e.g. photos/videos) along with this form. Refer to the Licensure Guide for further details.
- If not applicable, enter “N/A” under the “Compliant” column and provide the reason in the comment field.

External to Dispensary

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
1a	External view of the pharmacy (street view including the external signage)	<p><i>PODSA Bylaws s.3(2)(p.1)</i> The manager must, if the pharmacy is a central pharmacy, ensure the correct and consistent use of each telepharmacy operating name as it appears on the telepharmacy licence for all pharmacy identification on or in labels, directory listings, signage, packaging, advertising and stationery associated with that telepharmacy.</p> <p><i>PODSA Bylaws s.16(1)(b)</i> The registrar must not issue a telepharmacy licence to a central pharmacy unless the proposed business name of the telepharmacy includes the word “telepharmacy”.</p>			
1b	Hours of operation sign	<p><i>PODSA Bylaws s.12(2)(f)</i> The hours when a full pharmacist is on duty are posted.</p>			



#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
1c	Professional products area for schedule 3 drugs (+ Lock-and-Leave barriers if the premise is open for business while the pharmacy is closed) OR N/A	PODSA Drug Schedule Regulations s.2(3) Schedule III drugs may be sold by a pharmacist to any person from the self-selection Professional Products Area of a licensed pharmacy. PODSA Bylaws s.11(1)(a) In locations where a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy manager or the central pharmacy manager in the case of a telepharmacy must ensure that the professional products area extends not more than 25 feet from the perimeter of the dispensary. PODSA Bylaws s.3(2)(j) The manager must ensure appropriate security and storage of all Schedule I, II, and III drugs and controlled drug substances for all aspects of pharmacy practice including operation of the pharmacy without a registrant present.			
1d	Signage at 25 feet from dispensary OR N/A	PODSA Bylaws s.11(1)(a) In locations where a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy manager or the central pharmacy manager in the case of a telepharmacy must ensure that the professional products area is visually distinctive from the remaining areas of the premises by signage.			
1e	"Medication Information" Sign OR N/A	PODSA Bylaws s.11(1)(b) In locations where a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy manager or the central pharmacy manager in the case of a telepharmacy must ensure that a sign reading "Medication Information" is clearly displayed to identify a consultation area or counter at which a member of the public can obtain a full pharmacist's advice.			

Dispensary

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
2a	Dispensary area	PODSA Bylaws s.11(2)(a) The dispensary area of a community pharmacy or telepharmacy must be at least 160 square feet. PODSA Bylaws s.11(3) A telepharmacy that was authorized by the registrar to provide pharmacy services as a telepharmacy remote site as of January 1, 2017 is exempted from the requirements in subsections (2)(a) and (c) until such time as it commences a renovation of all or part of the premises.			
2b	Gate/door at the entrance into the dispensary	PODSA Bylaws s.11(2)(b) The dispensary area of a community pharmacy or telepharmacy must be inaccessible to the public by means of gates or doors across all entrances.			
2c	Placeholder for College license	PODSA s.2(4) The manager must display the College license in a place within the pharmacy or telepharmacy where it is conspicuous to the public.			
2d	Professional service area for Schedule 2 drugs	PODSA Drug Schedule Regulations s.2(3) Schedule II drugs may be sold by a pharmacist on a non-prescription basis and which must be retained within the Professional Service Area of the pharmacy or telepharmacy where there is no public access and no opportunity for patient self-selection.			
2e	Patient consultation area	PODSA Bylaws s.11(4) In all new and renovated community pharmacies or telepharmacies, an appropriate area must be provided for patient consultation that (a) ensures privacy and is conducive to confidential communication, and			



#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
		(b) includes, but is not limited to, one of the following: (i) a private consultation room, or (ii) a semiprivate area with suitable barriers.			
2f	Dispensing counter and service counter	PODSA Bylaws s.11(2)(c) The dispensary area of a community pharmacy or telepharmacy must include a dispensing counter with at least 30 square feet of clear working space, in addition to service counters. PODSA Bylaws s.11(3) A telepharmacy that was authorized by the registrar to provide pharmacy services as a telepharmacy remote site as of January 1, 2017 is exempted from the requirements in subsections (2)(a) and (c) until such time as it commences a renovation of all or part of the premises.			
2g	Computer terminals for prescription processing	PODSA Bylaws s.20(b) A pharmacy must connect to PharmaNet and be equipped with a terminal that is capable of accessing and displaying patient records, located in an area of the pharmacy which (i) is only accessible to registrants and support persons, (ii) is under the direct supervision of a registrant, and (iii) does not allow information to be visible to the public, unless intended to display information to a specific patient.			
2f	Shelving	PODSA Bylaws s.11(2)(d) The dispensary area of a community pharmacy or telepharmacy must contain adequate shelf and storage space.			

Security

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
3a	Secure storage space	PODSA s.11(5) All new and renovated community pharmacies and telepharmacies must have a separate and distinct area consisting of at least 40 square feet reserved as secure storage space.			
3b	<input type="checkbox"/> Locked metal safe OR <input type="checkbox"/> Safe declaration	PODSA Bylaws s.11.1(1)(a) A community pharmacy or telepharmacy must keep Schedule IA drugs in a locked metal safe that is secured in place and equipped with a time delay lock set at a minimum of five minutes. PPP-74 Policy Statement #4 The safe must be an actual metal safe, a "narcotics cabinet" is not sufficient. The safe must be securely anchored in place, preferably to the floor. PODSA Bylaws s.11.1(4) The pharmacy manager and owners or directors of a community pharmacy or telepharmacy that does not stock IA drugs must complete a declaration attesting that Schedule IA drugs are never stocked on the premises.			
3c	Security camera system AND Surveillance signage	PODSA Bylaws s.11.1(1)(b) A community pharmacy or telepharmacy must install and maintain a security camera system that: (i) has date/time stamp images that are archived and available for no less than 30 days, and (ii) is checked daily for proper operation. PPP-74 Policy Statement #4 Under the Personal Information Protection Act (PIPA) pharmacies are required to post visible and clear signage informing customers that the premise is monitored by cameras.			
3d	Motion sensors	PODSA Bylaws s.11.1(1)(c) A community pharmacy or telepharmacy must install and maintain motion sensors in the dispensary.			



#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
3e	Monitored alarm OR N/A	<p>PODSA Bylaws s.11.1(2)(a) When no full pharmacist is present and the premise is accessible to non-registrants, the dispensary area must be secured by a monitored alarm.</p> <p>PODSA Bylaws s.11.1(2.2) For the purposes of subsection (2), a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy.</p> <p>PPP-74 Policy Statement #4 Independent alarms for the dispensary are optional, when a full pharmacist is present at all times and the premise is accessible by non-registrants.</p> <p>PODSA Bylaws s.16.1(3) A telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the professional services area and the dispensary area, including any area where personal health information is stored.</p>			
3f	Physical barriers OR N/A	<p>PODSA Bylaws s.11.1(2)(b) When no full pharmacist is present and the premise is accessible to non-registrants, schedule I and II drugs, controlled drug substances and personal health information, are secured by physical barriers.</p> <p>PODSA Bylaws s.11.1(2.2) For the purposes of subsection (2), a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy.</p> <p>PPP-74 Policy Statement #4 Physical barriers provide an additional layer of security and deter:</p> <ol style="list-style-type: none"> 1. Unauthorized access to drugs, including but not limited to: <ul style="list-style-type: none"> • All Schedule I, and II and, controlled drug substances and personal health information. 2. Unauthorized access to personal health information, including but not limited to: <ul style="list-style-type: none"> • Hard copies of prescriptions, • Filled prescriptions waiting to be picked up, and/or • Labels, patient profiles, and any other personal health information documents waiting for disposal. <p>Physical barriers can be tailored to the needs and structure of the particular community pharmacy. Examples of physical barriers include: locked gates, grillwork, locked cabinets, locked doors, and locked shelving units.</p> <p>When a full pharmacist is present at all times, physical barriers are optional.</p> <p>PODSA Bylaws s.16.1(3) A telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the professional services area and the dispensary area, including any area where personal health information is stored.</p>			

Equipment and References

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
4a	Double stainless steel sink	<p>PODSA Bylaws s.11(2)(e) The dispensary area of a community pharmacy or telepharmacy must contain a double stainless steel sink with hot and cold running water.</p> <p>PPP-59 Policy Statement #1 The dispensary of all community pharmacies and telepharmacies at a minimum must have the following equipment as per PODSA Bylaw 3(2)(w): (n) double sink with running hot and cold water;</p>			



#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
4b	Equipment: 1. Telephone 2. Refrigerator 3. Rx filing supplies 4. Rx balance 5. Metric weights 6. Glass graduates 7. Mortar 8. Pestle 9. Spatulas 10. Funnels 11. Stirring rods 12. Ointment slab/ parchment paper 13. Counting tray 14. Disposable drinking cups 15. Soap dispenser 16. Paper towel dispenser 17. Plastic/metal garbage containers 18. Plastic lining 19. Fax machine	<p>PODSA Bylaws s.3(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.</p> <p>PPP-59 Policy Statement #1; The dispensary of all community pharmacies and telepharmacies at a minimum must have the following equipment as per PODSA Bylaw 3(2)(w):</p> <ul style="list-style-type: none"> (a) telephone; (b) refrigerator; (c) prescription filing supplies; <p>PPP-12 Policy Statement #3 All prescription hard copies are to be bundled, pegged or otherwise grouped into manageable groups of prescriptions, and are to be enclosed within a jacket or cover.</p> <ul style="list-style-type: none"> (d) prescription balance having a sensitivity rating of 0.01; (e) metric weights (10 mg to 50 g) for balances requiring weights or instruments with equivalent capability; (f) metric scale glass graduates (a selection, including 10 ml size); (g) mortar and pestle; (h) Spatulas (metal and non-metallic); (i) funnels (glass or plastic); (j) stirring rods (glass or plastic); (k) ointment slab or parchment paper; (l) counting tray; (m) disposable drinking cups; (o) soap dispenser and paper towel dispenser; (p) plastic or metal garbage containers to be used with plastic liners; (q) fax machine <p>HPA Schedule F Part 1 s. 7(1)(b) The facsimile equipment is located within a secure area to protect the confidentiality of the prescription information</p>			A B C D E F G H I J K L M O P Q
4c	Equipment (Cold Chain) 1. Thermometer 2. Temperature log	<p>PPP-68 Policy Statement: The Board of the College of Pharmacists of BC adopts the BCCDC guidelines on the Cold Chain Management of Biologicals. Refer to BCCDC's Communicable Disease Control Immunization Program: Section VI – Management of Biologicals. Communicable Disease Control Immunization Program Section VI – Management of Biologicals (2015) s.3.3.2</p> <p>Use a constant temperature-recording device or digital minimum/maximum thermometer (with probe) to monitor both the current refrigerator temperature and the minimum/maximum temperatures reached.</p> <p>At the start and end of each work day, record the minimum and maximum temperatures reached since the last monitoring, on the Temperature Form.</p> <p>On the Temperature Log, record the date, time and three temperatures (the current refrigerator temperature, the minimum temperature reached since last check, and the maximum temperature reached since last check.) Also record the refrigerator dial setting.</p>			TMM TLOG



#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
4d	Equipment (Methadone) 1. Calibrated device 2. Auxiliary labels 3. Containers for daily dose 4. Patient/Rx Log OR N/A	<p>PPP-66 Policy Guide MMT (2013) Principle 3.1.1 Methadone doses must be accurately measured in a calibrated device that minimizes the error rate to no greater than 0.1 ml.</p> <p>PPP-66 Policy Guide MMT (2013) Principle 3.3.1 Guidelines All devices used to measure the methadone 10 mg/ml solutions should be distinctive and recognizable and must be used only to measure methadone solutions. Devices must be labeled with a "methadone only" label and a "poison" auxiliary label with the international symbol of the skull and cross bones.</p> <p>PPP-66 Policy Guide MMT (2013) Principle 4.1.6 With respect to take-home doses the first dose (whether it is stated on the prescription or not) must be a witnessed ingestion with all subsequent take-home doses dispensed in child-resistant containers with an explicit warning label indicating that the amount of drug in the container could cause serious harm or toxicity if taken by someone other than the patient.</p> <p>PPP-66 Policy Guide MMT (2013) Principle 4.1.6 Guidelines Each dose must be dispensed in an individual, appropriately sized, child-resistant container.</p> <p>PPP-66 Policy Guide MMT (2013) Principle 4.1.3 Prior to releasing a methadone prescription, the patient and pharmacist must acknowledge receipt by signing a patient/ prescription-specific log.</p>			DEV AUX1 AUX 2 DOSE MLOG
4e	References (CPBC) 1. BC Pharmacy Practice Manual 2. ReadLinks	<p>PODSA Bylaws s.3(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.</p> <p>PPP-3 Electronic Database References Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements.</p> <p>PPP-3 Policy Statement 1st Paragraph All community pharmacies are required to have the most current versions of the BC Pharmacy Practice Manual. All community pharmacies are required to have the most recent three years of Read Links.</p>			BPPM RL
4f	References (General) 1. Compendium 2. Complementary/Alternative 3. Dispensatory 4. Drug Interactions 5. Nonprescription Medication (2x) 6. Medical Dictionary 7. Pregnancy and Lactation 8. Pediatrics 9. Therapeutics	<p>PODSA Bylaws s.3(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.</p> <p>PPP-3 Electronic Database References Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements.</p> <p>PPP-3 Page 2 All community pharmacies and telepharmacies at a minimum must have one of the following authorized library references in each of the categories listed as per PODSA Bylaw 3(2)(w). [which are: 1. Compendium (current year); 2. Complementary/Alternative (within the last 4 years); 3. Dispensatory (within last 9 years); 4. Drug Interactions (in its entirety every 2 years, or continual updates); 5. Nonprescription Medication (most current issue of BOTH references required); 6. Medical Dictionary (within the last 15 years); 7. Pregnancy and Lactation (within the last 3 years); 8. Pediatrics (within the last 4 years); 9. Therapeutics (within last 4 years)]</p>			CPS ALT DIS DI OTC1 OTC2 MD P/L PED TH



#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
4g	References (if applicable) <input type="checkbox"/> Veterinary <input type="checkbox"/> Psychiatric <input type="checkbox"/> Geriatric <input type="checkbox"/> Specialty compounding <input type="checkbox"/> Methadone <ul style="list-style-type: none"> ○ PPP-66 ○ CSPBC ○ CAMH ○ Monograph OR N/A	<p>PODSA Bylaws s.3(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.</p> <p>PPP-3 Electronic Database References Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements.</p> <p>PPP-3 Page 2 In addition to the above list, pharmacies must be equipped with references relevant to their practices (e.g. Veterinary, Psychiatric, Geriatric).</p> <p>PPP-66 Required References In addition to the currently required pharmacy reference materials (PPP-3), pharmacies providing methadone maintenance treatment services must also maintain as required references the following:</p> <ul style="list-style-type: none"> (1) CPBC Methadone Maintenance Treatment Policy Guide (2013) and subsequent revisions, (2) most recent version of the CPSBC Methadone and Buprenorphine: Clinical Practice Guideline for Opioid Use Disorder, (3) most current edition of Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorders, and (4) product monographs for the commercially available 10mg/ml methadone oral preparations. 			VET PSY GER CMP MET1 MET2 MET3 MET4

Prescription

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
5a	Prescription hardcopy (i.e. the label/paper attached to the original prescription, which contains prescription information generated after transmitting to PharmaNet)	<p>HPA Bylaws Schedule F Part 1 s.6(4)(a) to (f) At the time of dispensing, a prescription must include the following additional information:</p> <ul style="list-style-type: none"> (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. <p>PODSA Bylaws s.16.1(4) Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy.</p> <p>PODSA Bylaws s.16.1(4.1) Prescriptions and labels relating to prescriptions dispensed at a pharmacy listed in Schedule F must distinguish between those dispensed when it is operating as a telepharmacy from when it is operating as a community pharmacy.</p>			A B C D E F TPY
5b	Prescription stamp	<p>HPA Bylaws Schedule F Part 6 s.5(2) An original physical prescription may be submitted to a telepharmacy and, upon receipt, must be stamped with the date of receipt and the name of the telepharmacy.</p>			



Confidentiality

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
6a	<input type="checkbox"/> Shredder OR <input type="checkbox"/> Contract with a document destruction company	<p>HPA Bylaws s.75 A registrant must ensure that records referred to in section 74 are disposed of only by (a) transferring the record to another registrant, or (b) effectively destroying a physical record by utilizing a shredder or by complete burning, or by (c) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the information cannot be reconstructed.</p> <p>HPA Bylaws s.78 A registrant must ensure that, if personal information about patients is transferred to any person or service organization for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that confidentiality and physical security will be maintained.</p>			
6b	Offsite storage contract OR N/A	<p>HPA Bylaws s.74(b) A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored off site.</p>			

Inventory Management

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
7a	Drug receiving area	<p>PODSA Bylaws s.5(3) All drug shipments must be delivered unopened to the pharmacy or a secure storage area.</p>			
7b	Drugs	<p>PODSA Bylaws s.11(2)(f) The dispensary area of a community pharmacy must contain an adequate stock of drugs to provide full dispensing services.</p>			
7c	Storage area for non-usable and expired drugs	<p>PODSA Bylaws s.5(4) Non-usable and expired drugs must be stored in a separate area of the pharmacy or a secure storage area until final disposal.</p>			

Dispensed Products

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
8a	Prescription product label 1. Single-entity product 2. Multiple-entity product	<p>HPA Bylaws Schedule F Part 1 s.9(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.</p> <p>HPA Bylaws Schedule F Part 1 s.9(3) For a single-entity product, the label must include (a) the generic name, and (b) at least one of</p>			A B C D E F G



#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
		(i) the brand name, (ii) the manufacturer's name, or (iii) the drug identification number (DIN). HPA Bylaws Schedule F Part 1 s.9(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 (DIN). PODSA Bylaws s.16.1(4) Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy. PODSA Bylaws s.16.1(4.1) Prescriptions and labels relating to prescriptions dispensed at a pharmacy listed in Schedule F must distinguish between those dispensed when it is operating as a telepharmacy from when it is operating as a community pharmacy.			A B ----- A B
8b	Filling supplies (e.g. vials and bottles including caps)	HPA Bylaws Schedule F Part 1 s.10(4) All drugs must be dispensed in a container that is certified as child-resistant unless....			

Pharmacy Manager's Responsibilities

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
9a	Name badge	PODSA Bylaws s.3(2)(m) A manager must ensure that each individual working in the pharmacy wears a badge that clearly identifies the individual's registrant class or other status.			
9b	Policy & procedure manual	PODSA Bylaws s.3(2)(g) A manager must establish policies and procedures to specify the duties to be performed by registrants and pharmacy assistants. PODSA Bylaws s.3(2)(h) A manager must establish procedures for (i) inventory management, (ii) product selection, and (iii) proper destruction of unusable drugs and devices. PODSA Bylaws s.3(2)(k) A manager must ensure there is a written drug recall procedure in place for pharmacy inventory. PODSA Bylaws s.3(2)(q) A manager must establish and maintain policies and procedures respecting pharmacy security. PPP-74 Policy Statement #1 Pharmacy security policies and procedures should be included in the pharmacy's policy and procedure document. The policies and procedures should contain information on the following: <ul style="list-style-type: none"> • Training, • Pharmacy security equipment, • Emergency responses, • Incident review, and • Pharmacy security evaluation PPP-74 Policy Statement #5 An emergency response kit should include a step-by-step guide on what to do in the event of a robbery or break and enter and be available to all pharmacy staff.			R/PA INV SEL DES R/C SEC



#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
		<p>PODSA Bylaws s.10(1)(c) A community pharmacy's manager must develop, document and implement an ongoing quality management program that includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies.</p> <p>HPA Bylaws s.79 A registrant must take appropriate measures to remedy any unauthorized access, use, disclosure or disposal of personal information about patients under this Part as soon as possible after the breach is discovered.</p> <p>PODSA Bylaws s.16.1(8) A telepharmacy must have a policy and procedure manual on site that that outlines the methods for ensuring the safe and effective distribution of pharmacy products and delivery of pharmaceutical care by the telepharmacy.</p>			<p>QMP</p> <p>BRE</p> <p>TPY</p>

Central Pharmacy

#	Item	Reference and Requirements	Compliant	Details (Mandatory field)	CPBC Use
10a	Tool/technology enabling direct supervision on dispensary activities	<p>PODSA Bylaws s.16.1(1)(a) A telepharmacy must not remain open and prescriptions must not be dispensed unless a full pharmacist at the central pharmacy is engaged in direct supervision of the telepharmacy in accordance with the <i>Telepharmacy Standards of Practice</i>.</p> <p>PODSA Bylaws Definitions "direct supervision" means real-time audio and visual observation by a full pharmacist of pharmacy services performed at a telepharmacy consistent with a pharmacy manager's responsibilities as set out in subsection 3(2).</p> <p>HPA Bylaws Schedule F Part 6 s.3 "supervising pharmacist" means the manager of a central pharmacy or a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy or, where a full pharmacist is physically present on duty at the telepharmacy, that full pharmacist</p> <p>HPA Bylaws Schedule F Part 6 s.4(3) A supervising pharmacist must be able to engage in direct supervision of the provision of pharmacy services at a telepharmacy independent of any action of or request by persons performing those services.</p>		<p>Name of tool/technology:</p> <hr/> <p>Describe in details how compliance is met:</p>	
10b	Tool/technology used for transmitting prescription and personal health information between sites	<p>HPA Bylaws Schedule F Part 6 s.6(2) Each telepharmacy and central pharmacy must maintain a secure connection to the central pharmacy for transmission of prescription and personal health information.</p>		<p>Name of tool/technology:</p> <hr/> <p>Describe in details how compliance is met:</p>	



#	Item	Reference and Requirements	Compliant	Details (Mandatory field)	CPBC Use
10c	Tool/technology used for processing prescriptions at the central pharmacy for prescriptions received at the telepharmacy	<p>PODSA Bylaws s.16.1(10) A telepharmacy must connect to PharmaNet independently of the central pharmacy with which it is associated.</p> <p>HPA Bylaws Schedule F Part 6 s.6(1) All prescription processing must occur at the central pharmacy unless a full pharmacist is physically present on duty at the telepharmacy.</p>		<p>Name of tool/technology:</p> <hr/> <p>Describe in details how compliance is met:</p>	
10d	Tool/technology enabling direct supervision on product final check	<p>PODSA Bylaws s.16.1(1)(a) A telepharmacy must not remain open and prescriptions must not be dispensed unless a full pharmacist at the central pharmacy is engaged in direct supervision of the telepharmacy in accordance with the <i>Telepharmacy Standards of Practice</i>.</p> <p>HPA Bylaws Schedule F Part 6 s.3 “supervising pharmacist” means the manager of a central pharmacy or a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy or, where a full pharmacist is physically present on duty at the telepharmacy, that full pharmacist</p> <p>HPA Bylaws Schedule F Part 6 s.4(2)(a) A supervising pharmacist must be readily available at all times when a telepharmacy is open to provide direction and support to persons performing pharmacy services at the telepharmacy.</p> <p>HPA Bylaws Schedule F Part 6 s.4(4) A telepharmacy may only provide pharmacy services within the exclusive scope of practice of a registrant while under direct, continuous real-time audio and visual observation and direction of a supervising pharmacist.</p> <p>HPA Bylaws Schedule F Part 6 s.4(5) Direct supervision does not require the supervising pharmacist to conduct real-time observation of a pharmacy technician performing work within his or her scope of practice.</p>		<p>Name of tool/technology:</p> <hr/> <p>Describe in details how compliance is met:</p>	
10d	Tool/technology enabling direct pharmacist/patient consultation	<p>HPA Bylaws Schedule F Part 6 s.3 “supervising pharmacist” means the manager of a central pharmacy or a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy or, where a full pharmacist is physically present on duty at the telepharmacy, that full pharmacist</p> <p>HPA Bylaws Schedule F Part 6 s.4(2)(b) A supervising pharmacist must be readily available at all times when a telepharmacy is open to provide pharmacist/patient consultation.</p> <p>HPA Bylaws Schedule F Part 6 s.7 The supervising pharmacist must provide full pharmacist/patient consultation by real-time audio and visual link and otherwise in accordance with the requirements of Part 1 of Schedule F of the Health Professions Act Bylaws.</p>		<p>Name of tool/technology:</p> <hr/> <p>Describe in details how compliance is met:</p>	
10e	Policy and procedure manual	<p>PODSA Bylaws s.10(2) If a community pharmacy is a central pharmacy, the quality management program in subsection (1) must include all telepharmacies associated with the central pharmacy and must comply with the <i>Telepharmacy Standards of Practice</i>.</p>			



7. INFORMATION OF THE PERSON WHO COMPLETED THE PRE-OPENING INSPECTION

Last Name	First Name	Pre-Opening Inspection Completion Date
Relationship of the person named above to the telepharmacy: <input type="checkbox"/> Pharmacy Manager <input type="checkbox"/> Owner (Registrant) <input type="checkbox"/> Owner (Non-Registrant) <input type="checkbox"/> College Inspector		
Email address of the person named above	Phone number of the person named above	Fax number of the person named above
<input type="checkbox"/> I hereby declare that the information provided above including the accompanying digital evidence is true and correct to the best of my knowledge. If any of the above information is found to be false, untrue, misleading or misrepresenting, I am aware that I may be referred to the Inquiry Committee and the pharmacy licence may not be issued.		
Signature	Date MMM DD YYYY	

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



College of Pharmacists
of British Columbia

APPLICATION FOR TELEPHARMACY LICENCE RENEWAL

Community

Form 12

Page 1 of 2

1. TELEPHARMACY INFORMATION			
Operating Name		PharmaCare Code	
Telepharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number	Fax Number	
Website		Software Vendor (for dispensing)	
Pharmacy Technician Name		Registration Number (BC)	
OWNER'S INFORMATION			
Name of Company on Notice of Articles/BC Company Summary		BC Incorporation Number	
NEXT CLOSEST COMMUNITY PHARMACY/TELEPHARMACY			
Pharmacy/Telepharmacy Name		City	
Approximate Distance from Proposed Telepharmacy Location (KM):			

2. CENTRAL PHARMACY INFORMATION			
Operating Name		PharmaCare Code	
Pharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number	Fax Number	
Manager Name		Registration Number (BC)	
OWNER'S INFORMATION			
Name of Company on Notice of Articles/BC Company Summary		BC Incorporation Number	

3. APPLICANT INFORMATION	
Name of Authorized Representative	Position/Title of Authorized Representative
Signature	Date MMM DD YYYY

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



APPLICATION FOR TELEPHARMACY LICENCE RENEWAL

Community

Form 12

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College of Pharmacists
of British Columbia

4. PAYMENT INFORMATION			
Telepharmacy (Remote Site) Operating Name (Auto-populate)		Central Pharmacy Operating Name (Auto-populate)	
Method of Payment: <input type="checkbox"/> Cheque/Money order (<i>payable to College of Pharmacists of BC</i>) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard			
Card Number		Expiry Date (MM/YY)	Licence fee \$ 2250.00 GST \$ 112.50 Total \$ 2362.50
Cardholder Name			GST # R106953920
Cardholder Signature			

<u>For office use ONLY</u>	
<u>iMIS ID:</u> _____	<u>Finance stamp:</u> _____
<u>Lic initials:</u> _____	
<u>Date to Finance:</u> _____	



College of Pharmacists
of British Columbia

BOARD MEETING September 15, 2017

9. Legislation Review Committee c) Telepharmacy Bylaws (Filing)

DECISION REQUIRED

Recommended Board Motions:

- (1) Approve the following resolution to amend the Pharmacy Operations and Drug Scheduling Act Bylaws regarding telepharmacies:

RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act, and subject to filing with the Minister as required by section 21(4) of the Pharmacy Operations and Drug Scheduling Act, the board amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedules attached to this resolution.

- (2) Approve the following resolution to amend the Health Professions Act Bylaws to implement a Telepharmacy Standards of Practice:

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

- (3) Approve rescinding Professional Practice Policy 55 – Telepharmacy, effective at the same time as the bylaws come into force.

Purpose

To approve the following for filing with the Ministry of Health (MoH):

- Amendments to the *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws regarding telepharmacies; and
- A new Schedule F, Part 6 – Telepharmacy Standards of Practice, under the *Health Professions Act* (HPA) Bylaws.

Additionally, to approve rescinding Professional Practice Policy (PPP) 55 – Telepharmacy, which requires Board approval only.

Background

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

Community Telepharmacies in BC

BC's telepharmacy model is unique in Canada, and began as a pilot project in 2007. Most of the current telepharmacies were established in 2009.

Following a concern raised by the Board about the quality of pharmaceutical care being provided at telepharmacies, College staff have conducted multiple reviews and inspections of these sites since 2014. Additionally, the Board has discussed issues pertinent to telepharmacies at their meetings, such as the use of non-regulated staff within these sites.

Informed by research and analysis conducted on telepharmacies and staff reviews of these sites, draft amendments to the PODSA-Bylaws regarding telepharmacies as well as telepharmacy-specific Standards of Practice were developed in 2017. At their April 2017 meeting, the Board approved the public posting of these proposed bylaws for a 90-day period (See Appendix 1 for the April 2017 Board meeting note on telepharmacy).

Discussion

Public Posting of Proposed Telepharmacy Bylaws

The draft telepharmacy bylaws were publicly posted for a 90 day period on the College's website. That period ended on July 23, 2017. Nine responses were received (See Appendix 2 for all feedback received), from:

- The BC Pharmacy Association (BCPhA);
- Pharmasave (which has some telepharmacies under its banner);
- Five individuals who either operate or work within telepharmacies;
- One owner/pharmacy manager of a community pharmacy in a rural and remote community; and
- One pharmacist who appears to be unaffiliated with telepharmacies.

Of the forty-one draft new or amended provisions within the PODSA Bylaws, and sixteen draft new or amended provisions within the Telepharmacy Standards of Practice:

- Thirty-five provisions were not commented on;
- Seventeen provisions were commented on, but staff do not recommend that further changes be made; and
- Five provisions were commented on, and staff are recommending that further amendments to be made¹.

¹ One of these amendments was previously incorporated into the PODSA Ownership bylaw amendments, which are currently publicly posted.

In general, telepharmacy staff and operators, Pharmasave and the BCPhA raised concerns about the continued viability and expansion of the existing telepharmacy model, given the significant amendments included in the draft bylaws. They also raised concerns about the existing requirement for telepharmacies to be staffed by a pharmacy technician. Conversely, an owner/pharmacy manager of a community pharmacy located in a rural and remote community nearby a telepharmacy, raised concerns about the different requirements for telepharmacies and community pharmacies. In particular, concerns were raised regarding a pharmacy assistant staffing model in telepharmacies without a pharmacist physically present (for “grandfathered” telepharmacies), when this model is not permitted in regular community pharmacies. Grandfathering provisions were included in the draft bylaws to not adversely affect the level of pharmacy services currently in place in the province’s rural and remote communities.

Some of the key areas of concern raised in the feedback received (please see Appendix 3 for an overview of all feedback received and College responses), includes:

- The definition of “direct supervision” which requires real time audio and visual observation by a full pharmacist of pharmacy services performed at a telepharmacy consistent with a pharmacy manager’s responsibilities.
- No longer allowing community pharmacies to switch from a traditional community pharmacy to a telepharmacy (e.g., switch into “telepharmacy mode”).
- While grandfathering provisions were included allowing pharmacy assistants to staff existing telepharmacies, new telepharmacies will be required to be staffed by a pharmacy technician.
- Increasing the audit and inspection requirement from three to four times per year, consistent with an existing policy that applies to community pharmacies.
- Requiring a telepharmacy to cease providing services after thirty days if it is no longer rural and remote or a community pharmacy is established within 25km of the telepharmacy.
- Requiring the business name of the site to include the term ‘telepharmacy’.
- Requiring that all prescription processing² be completed at the central pharmacy, unless a pharmacist is physically present and on duty at the telepharmacy.

Multiple concerns were raised regarding inadequate levels of broadband connectivity in rural and remote locations. Sufficient broadband is needed to comply with direct supervision requirements for the pharmacist of the telepharmacy, which is done via technology. College staff are aware of three existing telepharmacies with broadband issues, and have liaised with Northern Health to help ensure that these sites can use that Health Authority’s internet lines.

Staff are also aware that one telepharmacy site may not continue to offer services should the amended bylaws come into force. In this situation, the central pharmacy operates from a rented space within another owner’s community pharmacy. This situation does not comply with proposed provisions requiring that the central pharmacy and telepharmacy have the same owner. It should be noted that this telepharmacy site operates on a limited basis (currently, once a week for less than a full day). The telepharmacy operator has been notified and alternate arrangements are possible. Once the PODSA Amendment Act comes into force in April 2018 (anticipated) the need for this common ownership provision will be reinforced.

² Prescription processing includes, entering the prescription information on the pharmacy’s local computer system, transmitting the prescription to PharmaNet, reviewing the patient medication history to determine the appropriateness of the therapy, checking for drug interaction, allergies, and conducting the final check of the product to ensure correctness, etc.

Recommended Minor Amendments:

Staff recommend the following minor amendments to the proposed telepharmacy bylaws:

Amendment	Note
The Telepharmacy Standards of Practice allows a pharmacist to be physically present and on duty within a telepharmacy. To better align with those provisions, the PODSA Bylaws have been further amended to allow a pharmacist to work in a telepharmacy, without a pharmacy technician present. If a pharmacist is not physically present, a pharmacy technician would be required (note: a pharmacy assistant staffing model would be permitted in “grandfathered” sites).	Reflects concerns raised by multiple telepharmacy operators.
Permitting prescriptions, patient records and related documents to be transferred to the central pharmacy at least on an <i>annual</i> basis, rather than a <i>quarterly</i> basis. This change still achieves the policy intent of the pharmacist at the central pharmacy having full access to prescription and patient information, while addressing practical concerns (e.g., traveling difficulties, etc.).	Reflects concerns raised by BCPhA, Pharmasave and some telepharmacy operators.
Adding the term “telepharmacy” in s.3(3) of the PODSA Bylaws. This section lists the sites (e.g., hospital pharmacies, etc.) not required to ensure the correct and consistent use of the <i>community</i> pharmacy operating name on pharmacy identification. This clarifies that the provision does not apply to telepharmacies.	Reflects concern raised by BCPhA.
Revising s.16.1(9) requiring telepharmacies to connect to PharmaNet independently of the central pharmacy, to require that all transactions in PharmaNet be distinguishable between the central pharmacy and telepharmacy. While the policy intent remains the same (e.g., clarity and accountability of PharmaNet transactions), the revision allows for operational flexibility.	Issue not directly raised in stakeholder feedback, but addresses concerns raised by MOH, PharmaNet.
“Grandfathered” telepharmacies are listed in Schedules “F” and “G” of the PODSA Bylaws. It is recommended that references to these pharmacies in the PODSA Bylaws and in the Schedules no longer refer to the name of the site, but refer to the location only. This change is recommended as it is expected that telepharmacy operating names will change. Bylaw amendments would otherwise be needed every time the operating name of the telepharmacy changes. Additionally, the address of one telepharmacy site has been revised, due to a recent relocation request.	Issue not directly raised in stakeholder feedback.
The definition of “rural and remote community” in the PODSA Bylaws has been amended from a general statement referring to communities designated under the Rural Practice Subsidiary Agreement ³ . Instead, the definition was amended to refer to a new Schedule “H” under the PODSA Bylaws, which lists each rural and remote community designated under the Rural Practice Subsidiary Agreement. This will enable readers to more easily access the list of rural and remote communities.	Issue not directly raised in stakeholder feedback.
Minor clarifying and wording changes throughout.	Not raised in stakeholder feedback.

³ The Rural Practice Subsidiary Agreement between the B.C. Government, Doctors of BC and the Medical Services Commission aims to enhance patient care and availability of physician services in rural and remote areas of B.C. More information on this agreement can be found via the following link: <http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/physician-compensation/rural-practice-programs/rural-practice-subsidiary-agreement>

In addition to the above-noted amendments, s.16(2) of the PODSA Bylaws has been further amended. The original draft provision stated that a telepharmacy license is valid only for the location and the owner stated on the telepharmacy license, and is not transferrable. One of the implications of this provision is that “grandfathered” telepharmacies would lose their “grandfathered” status, if the owner changed.

- The above-noted provision has been further amended to remove the terms “owner” and “not transferrable”. This permits “grandfathered” telepharmacies to retain that status even if the owners change. That status would be removed if it relocated.
- A key benefit of this change is that it allows the “grandfathered” status to remain intact if ownership changes in the short term. This way, the current level of pharmacy services is not adversely affected. On the other hand, further bylaw amendments would be required should the Board wish to remove the “grandfathered” status of a telepharmacy upon a change in ownership.
- It should be noted that the College’s regular change of pharmacy ownership process would be followed, and has not changed.

College staff have liaised with the MoH on the above-noted additional amendments, and understand that they do not require holding a second public posting. This is due to the changes being considered minor in nature and not deviating significantly from the original policy intent.

Please see Appendices 4 and 5 for an updated revised version of the revised PODSA Bylaws, Telepharmacy Standards of Practice, and the draft Schedules under the PODSA Bylaws.

Additional Engagement:

Following the public posting, the College held two engagements on August 11, 2017. One of these sessions was with telepharmacy operators and MoH, and the other was held with BCPhA. In addition, David Loukidelis, a former BC Information and Privacy Commissioner, attended the engagement with BCPhA to address privacy concerns raised in that organization’s feedback. The aim of these engagements was to discuss: the feedback received; the College and MoH staff review of the concerns raised; and, to clarify the policy intent that the College is aiming to achieve by implementing the draft bylaws. The College previously engaged with the telepharmacy operators earlier in 2017, when drafting the proposed bylaws. See Appendix 6 for a timeline of key events related to telepharmacies.

Rescinding PPP-55 Telepharmacy

PPP-55 Telepharmacy (see Appendix 7) provides further detail regarding the components of a telepharmacy policy and procedure manual. As a more comprehensive set of requirements regarding the operation of telepharmacies and related standards of practice have been developed, staff recommend rescinding PPP-55 Telepharmacy. Further, PPP-55 can be considered duplicative of the proposed general requirement in s.16.1(8) of the PODSA Bylaws

requiring a telepharmacy policy and procedure manual and the requirement in s.10(2) requiring that a quality management program include telepharmacies.

Status Update on Section 56 Exemption

As noted in the April 2017 Board briefing materials on telepharmacy, College staff have met multiple times with Health Canada regarding a s.56 exemption⁴ for telepharmacies. These meetings continue to be positive and productive. At this point, it is not possible to fully confirm the timing of a potential s.56 exemption; however Health Canada staff anticipate that one may be in place by the end of the expected College bylaw filing period.

Next Steps

As per section 21(4) of PODSA and section 19(3) of the HPA, bylaws must be filed with the Minister of Health. The amended bylaws will come into effect 60 days from the filing request date to the Ministry of Health. If approved by the Board, the bylaw amendments will be in effect by mid-November 2017.

The Board has the authority to rescind PPPs. As such, if approved by the Board, PPP 55 – Telepharmacy, will be rescinded when the bylaws come into force.

Recommendation

The Legislation Review Committee recommends that the Board approve the amendments to the PODSA and HPA bylaws (by approving the schedules to the resolutions in Appendix 8), regarding telepharmacies for filing with the Ministry of Health. Additionally, that the Board approves rescinding PPP-55 Telepharmacy.

Appendix	
1	April 2017 Board meeting note on telepharmacy
2	Feedback received during the public posting period
3	Summary and responses of public posting feedback
4	Proposed PODSA Bylaws and Telepharmacy Standards of Practice
5	Proposed Schedules “C”, “E”, “F”, “G” and “H” under PODSA Bylaws
6	Telepharmacy Key Event Timeline
7	PPP-55 Telepharmacy
8	Schedules to the Resolutions

⁴ The *Controlled Drugs and Substances Act* provides a framework for the control of import, export, production, distribution and use of substances that can alter mental processes and that may produce harm to health and to society when distributed or used without supervision. Section 56 of that Act states that the Minister can exempt a person, class or persons, or any controlled substance from the application of any of the provisions of the Act or the regulations, if necessary for a medical or scientific purpose or otherwise in the public interest.

From: [Colin Munro](#)
To: [Steven Hopp](#)
Cc: [David Pavan](#); [Doreen Leong](#); [Chris Kooner](#); [Regan Ready](#); [Colin Munro](#); frances.bryan@gov.bc.ca; Gregory.Marr@northernhealth.ca
Subject: Robson Valley IDA Telepharmacy request for amendment to Schedule G of PODSA bylaws
Date: December 6, 2021 4:44:18 PM
Attachments: [2021_09_07 McBride - Options Summary + Actions.pdf](#)

Hi Steven,

In order to increase access to pharmacy services in rural and remote areas of BC we operate a number of telepharmacy sites, all of which fall under Schedule G of the *Pharmacy Operations and Drug Scheduling Act (PODSA)* bylaws. Two of these sites operate full-time in telepharmacy mode, one of which is Robson Valley IDA Telepharmacy in McBride which currently operates in a space controlled by Northern Health. In order to use the space we now occupy, NH has provided notice of termination of our lease. In order to continue providing community pharmacy services to residents of McBride and area we will need to relocate within the community which will require an amendment to Schedule G of the PODSA bylaws.

We have had a number of meetings with Northern Health and Ministry of Health staff to explore options that would preclude the need to amend Schedule G. The complete background of the situation is detailed in the notes provided Ministry of Health staff following a videoconference meeting on September 7/21. We have been unable to secure an alternate location within the hospital. We have also been unable to facilitate the use of a portable building on the hospital campus at the same address. As such the only viable option appears to be to relocate to another commercial space within the community.

After a videoconference meeting with Northern Health and Ministry of Health staff last Wednesday, December 01/21, Ministry of Health staff contacted College Deputy Registrar David Pavan and Director of Registration and Licensure Doreen Leong. They advised that a request for an amendment to Schedule G must be formally made by us and reviewed by the Board.

We have explored options within McBride and have secured an appropriate location, with a subject to being an amendment to the address in Schedule G. The address is 411 Main Street, McBride. We do not anticipate finding a registered pharmacy technician which would preclude the need for the site to be listed in the Schedule. We are requesting this matter to be placed on the agenda of the upcoming College Board meeting on February 12/22. We will proceed with plans to relocate the pharmacy without delay as it takes a number of months to so, particularly in an environment of Covid, disastrous road closures and staffing concerns. Northern Health has agreed to extend our lease in order to continue to operate from the current location while the Schedule change is sought. We do recognize that the relocation is entirely contingent upon approval of the address change by the Board. Should the amendment not be granted, the progression of events would most likely see the closure of the pharmacy and the loss of pharmacy services to the residents of the area.

In depth background is attached as mentioned. We are also happy to provide any further detail that may be required prior to the consideration of this matter by the Board. Further, we would be pleased to be available during the board meeting on February 11th to address questions and provide any information required.

Thank you for your attention to this matter.

Yours truly

Colin

Colin Munro Pharmacist Owner

Robson Valley IDA Telepharmacy

Cell 250-804-8022

Meeting re: Telepharmacy in McBride - September 7th, 2021, 1:00PM

Participants:

Ministry of Health

Mark Armitage, ADM, Health Sector Workforce and Beneficiary Services Division
Frances Bryan, Director, Pharmaceutical Policy and Regulation, Pharmaceutical, Laboratory and Blood Services Division
Eric Gauf, Manager, Pharmaceutical Policy, Pharmaceutical, Laboratory and Blood Services Division

Northern Health Authority

Gregory Marr, Northern Interior asst/Chief Operating Officer

Robson Valley IDA Pharmacy / Munro's Sorrento Prescriptions

Colin Munro, Pharmacist & Owner
Regan Ready, Pharmacist and Operations Specialist
Chris Kooner, Operations Specialist

Key Issue:

Northern Health has given notice to Robson Valley IDA Pharmacy (RVIDA), a privately-owned community pharmacy, to end their lease at the acute care site in McBride, currently effective as of the end of September. RVIDA faces challenges to relocate within the community to continue community pharmacy services in McBride, including one-time renovation costs, increased ongoing operating costs, and an agreement with the College of Pharmacists to update a bylaw schedule to enable continued operation with the same staff, due to significant recruiting challenges.

Background:

Robson Valley IDA Pharmacy (RVIDA) currently operates as a full-time telepharmacy in McBride, operating out of leased space at the Northern Health acute care facility. RVIDA operates with a pharmacy assistant on site, under an exemption to the College of Pharmacists requirement for a pharmacy technician. The exemption is specific to the current street address of the pharmacy, as recorded in Schedule G of the College of Pharmacists bylaws under the *Pharmacy Operations and Drug Scheduling Act*.

Northern Health reportedly gave notice of the intent to end the lease at the end of December, 2020, providing a 9-month notice period (through to the end of September, 2021). Northern Health requires full use of the available space at the McBride acute care site as part of expanded physician and Inter-Professional Team (IPT) services at that site.

Following the receipt of the notice to end the lease, the implications of the Schedule G exemption were identified to the Ministry of Health in February, 2021. Since that time, discussions have been under way between Northern Health, RVIDA, the Ministry of Health, and the College of Pharmacists as to potential paths to resolve the issue and maintain access to pharmacy services in McBride, with multiple meetings involving different combinations of the relevant parties taking place over the past seven months. Initial discussions focused on the

potential to recruit a pharmacy technician to avoid the need for a bylaw change, however, since August 2021 the discussions have refocused of a potential bylaw change.

Summary of Meeting Outcome:

All participants agreed to the shared goal of enabling continued community pharmacy dispensing services in McBride .

Northern Health has reviewed their space planning and confirmed that there is no viable path for RVIDA to remain in its current location, however, the lease may be able to be extended to the end of the calendar year to enable transition planning. Further extensions may be challenging and will depend on agreement on a specific solution.

Three options were identified for cost analysis:

- 1) RVIDA to relocate within McBride, to a separate commercial space
 - Change of address will require the College of Pharmacists to change Schedule G of the Pharmacy Operations and Drug Scheduling Act, requiring assent of the Board of the College, and action by the Professional Regulation and Oversight Branch of the Ministry of Health (under ADM Armitage).
 - A bylaw change will likely require pre-approval inspection of the new pharmacy space, further increasing the time required.
 - From a commercial enterprise perspective, RVIDA will need assurance of the willingness to amend the bylaw, provided the space meets the necessary requirements, in order to enter contracts for the new space.
 - Relocation will incur one-time renovation expenses and increased operations costs for RVIDA, as compared to the current location, which may limit the economic viability of RVIDA due to the small size of McBride and limited volume of prescription drug dispensing.
 - Local capacity to effect renovations on a new space may necessitate a planned transition of spring 2022 or beyond.
- 2) RVIDA to relocate to a new Northern Health structure on the same site as the McBride acute care facility (ie, a “portable” or other prefabricated structure)
 - No current suitable structure exists; Northern Health would need to acquire, install, and service the structure (ie, plumbing for hot/cold running water, electrical power, internet, climate control solutions for heating and cooling), in addition to any necessary internal renovations to meet pharmacy requirements.
 - No bylaw change would be required, however, the space would be required to pass College of Pharmacists inspection prior to beginning operations.
 - Capacity to acquire and effect renovations on a new space may necessitate a planned transition of spring 2022 or beyond.
- 3) RVIDA to close, community pharmacy services to be enabled by partnership between the acute care facility and the next nearest pharmacy in Valemount, also owned and operated by the same team as RVIDA.
 - McBride would receive “drop-ship” community pharmacy services: prescriptions would be prepared in Valemount for scheduled delivery to the McBride acute

care site, to be held for pickup by the patient or their representative, with patient counselling provided by phone.

- RVIDA currently provides daily witnessed ingestion services for opioid agonist treatment for a number of patients within McBride, who will be at risk of exiting treatment as OAT cannot be “drop-shipped”. To continue serving these patients, a collaborative partnership with the IPT team to support witnessed ingestion of OAT in McBride will be necessary, however the viability of such a service needs to be confirmed.
- The McBride acute care facility will need to re-evaluate its current pharmacy services and ward stock to support emergency patient care and short-notice medication changes, as the site reportedly previously supplemented the established pharmacy services from University Hospital of Northern BC with ad-hoc emergency dispensing from RVIDA

Assigned Actions:

Note: *Commercially sensitive information will be treated as such and handled confidentially, to be used only for the discussion and resolution of this specific issue.*

Robson Valley IDA Pharmacy / Munro’s Sorrento Prescriptions

- For Option 1, identify specific site to relocate within McBride, and provide estimated relocation, renovation, and incremental operating costs to the Ministry of Health (France Bryan), along with a proposed shortest possible implementation timeline.
- For Option 2, assist Northern Health by identifying minimum space and services requirements for a new structure, and provide estimated relocation and interior renovation costs to the Ministry of Health (France Bryan). To be provided as soon as possible to enable Northern Health’s assessment of viability.
- For Option 3, work with Northern Health to propose operational details for this option, and provide this proposal and an estimated incremental cost for drop-ship delivery from Valemount to the Ministry of Health (Frances Bryan).

Northern Health

- Extend current lease agreement to end of calendar year 2021, and identify risks and costs of further extension if required to enable RVIDA transition to one of the three identified options.
- For Option 2, assess viability of new additional structure to meet minimum space and services requirements identified by RVIDA, and provided outcome of assessment with an estimated cost and proposed shortest possible implementation timeline.
- For Option 3, work with RVIDA / Munro’s to propose operational details for this option, and provide any estimated incremental costs for Northern Health for this option to the Ministry of Health (Frances Bryan).

- For Option 3, work with the Ministry of Health and the College of Pharmacists to assess viability of IPT-supported witnessed ingestion of OAT. Following assessment of viability, confirm required details with RVIDA. Incremental costs for this service to be discussed with the Ministry of Health, and may require discussion with other divisions within the Ministry.

Ministry of Health

- For all options, compile information received from RVIDA and Northern Health to support cost analysis of proposed options and executive discussion.
- For Option 3, work with Northern Health and the College of Pharmacists to assess viability of IPT-supported witnessed ingestion of OAT.

Christine Paramonczyk

Subject: FW: Relocation of Robson Valley IDA Telepharmacy in McBride

From: Colin Munro <cmunro@telus.net>

Sent: February 3, 2022 6:11 PM

To: Suzanne Solven <Suzanne.Solven@bcpharmacists.org>

Subject: Fwd: Relocation of Robson Valley IDA Telepharmacy in McBride

Hi Suzanne,

Further to our phone conversation today you're aware that we find ourselves needing to change locations in McBride where we currently operate a full time telepharmacy location. I'm pleased to provide a brief recap of our telepharmacy services and our efforts to recruit pharmacy technicians in order to support whatever legislative changes are required to accommodate the location change in McBride. We started telepharmacy as a pilot project in BC in our stores in 2006 and now have five sites, two of which are full time and three of which use telepharmacy on weekends.

From the inception of telepharmacy, the college allowed pharmacy assistants at the remote site to work under the direct supervision of the pharmacist by videoconference. The college updated the telepharmacy legislation in mid-2015 to require that staff working in telepharmacies are registered pharmacy technicians and did so without consulting the operators of the telepharmacy sites. Once the legislation was passed we, along with the other operators, engaged in much discussion about the reason for the changes in legislation to which we received a response that the college felt that members of the public would be better served if there was a registered pharmacy technician working in a telepharmacy location rather than a pharmacy assistant. When asked, college staff was unable to provide any evidence that the service provided by pharmacy assistants had caused any patient harm. After much dialogue with college staff and even engaging the assistance of Ministry of Health staff, the best we could obtain as operators was a concession by the college to allow the existing telepharmacy locations to be grandfathered to operate with pharmacy assistants rather than registered pharmacy assistants. The locations of the grandfathered sites are stated explicitly in *Schedule G* of the *PODSA Bylaws* including the street address of the site and you are aware of this as we explore the steps needed to relocate in McBride.

To your question of staffing in the telepharmacy sites, during the period of dialogue with the college regarding the bylaw changes, all operators were asked to post ads to recruit pharmacy technicians in all of the sites. We did so for our five sites as the other operators did for their sites. Our ads were placed with the BC Pharmacy Association website and bi-monthly journal as well as cross-posted on the website of the Registered Pharmacy Technicians of BC. From mid-2015 to mid-2017 we did not receive any response for any of our five sites. The other operators advised they had faced the same lack of response. As such, the college was forced to grandfather the existing sites to continue to operate with pharmacy assistants. Had they not, they would have forced the closure of our two full time sites in Valemount and McBride leaving the communities with no pharmacy service. Further, our pharmacies in Sicamous, Barriere and Logan Lake would have lost pharmacy service on the weekends. As well, four full-time sites owned by other operators would be forced to close.

It is extremely difficult to find pharmacy technicians in the more mainstream areas of BC and virtually impossible to find any willing to work in rural BC. We work with just a few registered pharmacy

technicians in our semi-rural pharmacies and those technicians have completed their training during their employment with us and with our financial assistance. Coincidentally, I was speaking with the owner of a busy pharmacy in Kamloops and she recently lost three of her pharmacy technicians to Interior Health and said she was finding it impossible to recruit replacements. My thoughts are if registered pharmacy technicians can't be found in Kamloops then they're not going to be found for Valemount or McBride. Current college legislation basically precludes any new telepharmacy sites from opening in communities where there is a need since it will be nearly impossible to recruit and retain registered pharmacy technicians. While it might be easier to operate a rural pharmacy with pharmacists, in most rural locations it would not be economically viable to do so. For your information, in mid-November we again began recruiting for a registered pharmacy technician in McBride on Indeed; to-date we have received no qualified responses. To recruit pharmacy technicians to our pharmacies, we also gave a presentation over Zoom to the entire Regulated Technician class of Okanagan College. This was in 2021 to their most recent graduates and will give the presentation again this year. Out of the entire class (roughly 15 to 20 students was my estimate) we were able to recruit one single person to one of our Kelowna locations. No one showed any interest in any other locations including McBride. A copy of our Power Point presentation is attached. During our presentation and the Q&A session following it, we include our willingness to provide financial assistance with the cost of the training as part of our recruitment.

I've also attached the slide deck which was produced by the telepharmacy operators in 2016 to offer some background and details during the period of dialogue with the college.

To the current situation facing us in McBride. The location of the current site is stated explicitly in *Schedule G* as mentioned above. In order for us to relocate, the legislation would need to be updated. We checked with Ministry staff at the outset of our discussions with Northern Health area CEO Greg Marr and were advised that even if there was a willingness to update the legislation, it would not be considered a high priority with all the provincial legislation backlogged because of the pandemic. We are taking steps to relocate in McBride and in good faith have secured premises to move into (at 411 Main St., McBride, BC V0J 2E0). We're on slightly shaky ground proceeding along the path of a move without having a clear indication that the necessary legislative changes will be able to be made. However, it is my belief that a way to do so will be found in order to retain pharmacy services in McBride for residents of the area. An indication from the college that the legislative updates can occur in due course would certainly be comforting from a business perspective.

Please advise contact me with further comments or questions.

Regards

Colin

Colin Munro Pharmacist/Owner

Munro Pharmacy Group

Cell 250-804-8022

**TELEPHARMACY
OPERATORS OF BC**

**PARTNERING TO
PROTECT RURAL
ACCESS TO
PHARMACY CARE**

**BENEFITS OF TELEPHARMACY
IN BRITISH COLUMBIA**

DECEMBER 2016

1. Overview of telepharmacy in BC
2. Objectives of the College of Pharmacists
3. A proposal not in the best interest of patients
4. Patient example
5. Size of affected patient population
6. Alternatives

TELEPHARMACY FILLS A GAP IN THE CARE OF RURAL/REMOTE PATIENTS

Telepharmacy is the provision of pharmacy services to ensure that British Columbians in rural and remote communities have access to the pharmacy care they need, when they need it and, as much as possible, without having to leave their communities

- Telepharmacy services support the BC Ministry of Health's priority of "Sustainable and effective health services in rural and remote areas of the province, including First Nations communities" according to the Ministry's 2015 discussion paper
- Telepharmacies fill a gap for patients in rural/remote communities by leveraging the pool of pharmacists in larger centres since 2007
- Telepharmacies are only licensed when no regular pharmacy can be opened in a rural/remote community
- To meet the full and part-time (e.g., for weekend services) staffing needs of telepharmacies, operators have resorted to hiring and training local residents as pharmacy assistants

- ✓ Support initiatives that will help to ensure that individuals and communities receive high quality pharmacy services
- ✓ Ensure that communities have continuity of patient care and pharmacy services
- ? Ensure patient safety by having regulated personnel in telepharmacy sites with access to Schedule 1, II, and III drugs and controlled drug substances as of Jan. 1, 2017

PROPOSED CHANGES PUT OUR MODEL AT RISK

- Though all operators support the concept of Registered Pharmacy Technicians (RPTs) in community telepharmacy sites, there are currently not enough RPTs in rural/remote areas to staff existing sites
- Under current College requirements, most telepharmacies will have to close by January 1, 2017, resulting in 18,350 patients in 11 communities losing access to a pharmacist in 2017

Reduced access to a pharmacist

- Patients would not receive pharmacist care when they need it.
- Broken relationship of care and trust between patient, physician and pharmacist; patients may not seek advice through the health care system.

Reduced access to medications

- Sick patients would need to drive 1-15 hours to pick up their medications (including drugs requiring refrigeration), then return home.
- Subsequent refills are not picked up because of inconvenience.

Reduced patient outcomes

- Limiting a pharmacist's active role in rural/remote areas would undermine the safe, quality health care that patients benefit from today.
- Reduced adherence & drug safety may lead to increased hospitalizations.

“There is more timely availability of prescriptions on hand, and the facility for our patients to be able to consult with a pharmacist is excellent. In Addition, it has been good to have more engagement with a pharmacist, who has a local connection, albeit virtually. It has been great to have their input as part of our team-based care approach here”

- Dr. Ray Markham, Valemount Health Centre



The small town of Valemount, BC, on the south shore of the Shuswap Lake, where Murray's Valemount Prescriptions is located. Photo credit: Tim Thompson

“As someone who is on multiple prescriptions, I really need telepharmacists here”

- Cindy, Valemount resident

“I am very satisfied. I love it that we can get our prescriptions filled the same day. I very much love the great service.”

- Reesa, Valemount resident



Below: Thanks to telepharmacy, patients in remote towns such as Valemount can fill prescriptions in their own communities as well as chat face-to-face with pharmacists. A patient talks via video conference with Ready.

Above: Pharmacist Regan Ready uses video conferencing technology at the central Valemount pharmacy site to talk with his assistants at a remote site in the town of Valemount. He checks the prescriptions they have prepared on a high-resolution camera and then authorizes prescriptions to be dispensed to patients.

TELEPHARMACY SUPPORTS A SMALL, RURAL POPULATION IN NEED OF CARE

Telepharmacy Site	Population Served	Closest Pharmacy	Distance (One Way)	Travel Time (Round Trip)
Barriere	2,500	Kamloops	130 km	1.5 h
Dease Lake	500	Smithers	1,198 km	15.5 h
Gold River	1,800	Campbell River	175 km	3 h
Hudson's Hope	800	Chetwynd	132 km	2 h
Logan Lake	3,000	Kamloops	120 km	1.5 h
Masset	1,250	Queen Charlotte City	218 km	4.5 h
McBride	1,000	Prince George	418 km	4.5 h
Midway	1,000	Grand Forks	110 km	1.5 h
New Aiyansh	1,500	Terrace	200 km	2.6 h
Sicamous	3,500	Salmon Arm	62 km	0.8 h
Valemount	1,500	Clearwater	394 km	4.2 h
TOTAL	18,350			

Many other rural /remote communities could also benefit from telepharmacy services

ALTERNATIVES TO EVOLVE OUR CARE MODEL IN THE INTEREST OF PATIENT CARE

1. Create distinct regulatory framework for telepharmacies to recognize human resource challenges in remote communities
2. Remove narcotics dispensing (as per telepharmacy rules in other provinces)
3. Create provincial economic incentive (e.g. rural grant) aimed at funding to attract pharmacists to remote communities to turn these sites into regular pharmacies
4. Close all telepharmacies

We seek a workable solution that addresses:

- ✓ The concerns of the College and would be consistent with its vision of better health through excellence in pharmacy
- ✓ The challenges facing operators to properly staff telepharmacies and the need to maintain rural/remote patient access



Q&A

THANK YOU!

Dyck's Pharmacists

Serving Kelowna and the surrounding Okanagan area since 1955

Independently Owned & Operated

- ▶ 4 Locations Across Kelowna
 - ▶ Dyck's (St. Paul)
 - ▶ Dyck's (Pandosy)
 - ▶ Dyck's (Springfield)
 - ▶ Dyck's (Glenmore)
- ▶ 2 Sister Locations
 - ▶ Turtle Bay IDA Pharmacy (Lake Country)
 - ▶ Winfield IDA (Lake Country)



Dyck's Pharmacists
Remedy'sRx
The Local Drug Store

MUNRO'S I·D·A PHARMACY GROUP

MUNRO'S I·D·A PHARMACY GROUP

- ▶ Dyck's Pharmacists - Serving Kelowna since 1955
 - ▶ Part of the Munro's Pharmacy Group
- ▶ Munro's Pharmacy Group
 - ▶ Group of 18 Independently Owned and Operated Pharmacies
 - ▶ Situated across B.C. (many locations, many opportunities!)
 - ▶ Work directly with owner and management team to resolve concerns quickly

Company Goals

- ▶ Provide patients with all their pharmacy needs including:
 - ▶ Exceptional Customer Service
 - ▶ The Best in Pharmaceutical Care
 - ▶ Custom Compounding
 - ▶ Compliance Pill Packaging
 - ▶ Home Health Care & Medical Supplies



Dyck's Pharmacists
Remedy'sRx
The Local Drug Store

MUNRO'S I·D·A PHARMACY GROUP

Company Goals (cont'd)

- ▶ A company culture that promotes a positive work environment and work-life balance.
 - ▶ Most schedules are Monday - Friday (9am - 5:30pm)
 - ▶ Occasional Saturdays (select locations only - shortened hours)
 - ▶ Closed Sunday's and Holidays
 - ▶ Enjoy evenings & weekends enjoying your friends, family and beautiful community



Pharmacy Technician Scope of Practice

- ▶ We support a Technician's Full Scope of Practice!
 - ▶ Processing & Final Checks of Prescriptions (obviously!)
 - ▶ Blister Pack Checking (of course!)
 - ▶ Verbal Orders and Communication with Other Health Care Professionals



Pharmacy Technician Scope of Practice

- ▶ Communicating with mental health team, care givers, patients directly
- ▶ Checking if patients have completed their labs, contacting the lab for clozapine blood work
- ▶ Checking final lab compounds (sterile and non-sterile)
- ▶ Checking compounding formulas
- ▶ Checking eye injections for ophthalmologists
- ▶ Checking IV Bags and Baclofen Pumps
- ▶ Wide diversity of tasks because our pharmacies are unique in what we do.



Opportunities for Direct Patient Interactions

- ▶ Technicians do all diabetic and medical device training
- ▶ Opportunities to train patients in private office settings
- ▶ Patient education fairs (post-COVID)



Opportunities for Continuing Education

- ▶ Clinical Pharmacist on staff who arranges continuing education sessions for Regulated Staff.
- ▶ During COVID-19 many sessions were via Zoom - learn from the comfort of your own home.
- ▶ Able to have private sessions for those within the company.



4 Kelowna Locations

Dyck's Pharmacists

St. Paul Street
Downtown Kelowna



- Original Location - Est. 1955
- Compounding Lab
- Home Healthcare
- Nurse On Staff For Foot Care

Dyck's Pharmacists
Remedy'sRx
The Local Drug Store

Store Hours

Monday-Friday

9:00am - 5:30pm

Saturday

10:00am - 4:00pm

Sunday & Holidays

Closed

Dyck's St. Paul

- ▶ Sterile & Non-Sterile Compounding
 - ▶ Sterile
 - ▶ Eye Drops/Eye Injections
 - ▶ IV Bags for Pain/Abx
 - ▶ Injectables
 - ▶ Hormone injections
 - ▶ Intracavernosal injections
 - ▶ Non - Sterile
 - ▶ Formulations for kids
 - ▶ Formulations for pets (dogs, lizards, birds)
 - ▶ Hormone creams (via safety cabinets)
 - ▶ Anything you can think of!



Compounding Cont'd



Compounding Cont'd



Blister Packing Robot

- ▶ Synmed Machine
 - ▶ Central Packing Location for Multiple Stores
 - ▶ Regulated Technician's play an integral role



Dyck's Pandosy

In the "Mission" area



- 3039 Pandosy Street, Kelowna, B.C.
- Next to Lakeview Market on corner of KLO and Pandosy/Lakeshore
- Since 2011
- Adjoined to a Medical Clinic

Store Hours

Monday-Friday

9:00am - 5:30pm

Saturday

10:00am - 4:00pm

Sunday & Holidays

Closed

Dyck's Pharmacists
Remedy'sRx
The Local Drug Store

Dyck's Springfield

Group One Medical Clinic



- 1111 Springfield Rd Kelowna, B.C.
- Corner of Gordon and Springfield
- Since 1984
- Adjoined to a Medical Clinic

Store Hours

Monday-Friday

9:00am - 5:00pm

Saturday

Closed

Sunday & Holidays

Closed

Dyck's I·D·A· Glenmore

Newest Location!



- 116 - 1920 Summit Drive, Kelowna, B.C
- Alongside Hillside Medical Clinic
- Rapidly growing pharmacy

Store Hours

Monday - Friday
9:00am - 6:00pm

Saturday & Sunday 9:00am
- 5:00pm (Pharmacist
Only)

Holidays - Closed

Dyck's Pharmacist's
Remedy'sRx
The Local Drug Store

Turtle Bay I·D·A Pharmacy

Located in Lake Country



- 801 - 11850 Oceola Rd, Lake Country, B.C
- Alongside Turtle Bay Medical Clinic
- Amazing Gift Ware and Front Store Items
- Receive a Store Discount at all Locations!

Store Hours

Monday - Friday

8:00am - 7:00pm

Saturday & Sunday 9:00am
- 5:00pm (Pharmacist
Only)

Holidays - Closed

Dyck's Pharmacists
Remedy'sRx
The Local Drug Store

Winfield I.D.A. Pharmacy

Located in Lake Country



- 50 - 9522 Main St., Lake Country, B.C
- High Volume Location
- Amazing Gift Ware and Front Store Items
- Receive a Store Discount at all Locations!

Dyck's Pharmacists
Remedy'sRx
The Local Drug Store

Store Hours

Monday - Friday
9:00am - 7:00pm

Saturday & Sunday 9:00am
- 5:00pm (Pharmacist
Only)

Holidays - Closed

Remedy'sRx[®]
The Local Drug Store™

Save time

Our average wait time for prescriptions is only

5 minutes

to

7 minutes



We staff our pharmacies accordingly to allow for such quick turn around times

Dyck's Pharmacists
Remedy'sRx[®]
The Local Drug Store™

MUNRO'S I·D·A PHARMACY GROUP

Other Locations Across B.C.

The Kootenays (Super,
Natural B.C.)

Alpine Drug Mart (Rossland)

- ▶ Located on the quaint downtown strip
- ▶ Open Mon-Sat 9:00am - 5:30pm
- ▶ Closed Sundays & Holidays
- ▶ Minutes from world renowned Red Ski Hill



MUNRO'S **IDA** PHARMACY GROUP

Other Locations Across B.C.

The Kootenays (Super,
Natural B.C.)

Fruitvale IDA Pharmacy(Fruitvale)

- ▶ Located on Main Street
- ▶ Open Mon-Sat 9:30am - 5:30pm
- ▶ Closed Sundays & Holidays
- ▶ Minutes from downtown Trail, B.C.



MUNRO'S **I·D·A** PHARMACY GROUP

Other Locations Across B.C.

Shushwap Lake Area

- ▶ Mount Ida Pharmacy (Salmon Arm)
- ▶ Munro's Sorrento Prescriptions (Sorrento)
- ▶ Eagle Valley IDA Pharmacy (Sicamous)
- ▶ Great hours, no evenings, closed holidays



MUNRO'S I·D·A PHARMACY GROUP

Other Locations Across B.C.

100 Mile House

- ▶ Donex Pharmacy and Department Store
- ▶ Home of Screamin' Reel Fly & Tackle
- ▶ Very fast paced store, with one regulated technician
- ▶ Mon - Sat 9am - 5:30pm
- ▶ Minutes to fishing and camping



MUNRO'S I·D·A PHARMACY GROUP

Other Locations Across B.C.

Northern Okanagan

- ▶ Fortune Creek IDA (Armstrong, B.C.)
- ▶ Parkridge IDA (Enderby, B.C.)
- ▶ Great hours, no evenings, closed holidays



MUNRO'S **IDA** PHARMACY GROUP

Other Locations Across B.C.

B.C. Interior

- ▶ Barriere IDA Pharmacy (Barriere, B.C.)
- ▶ Logan Lake IDA Pharmacy (Logan Lake, B.C.)
- ▶ Great hours, no evenings, closed holidays
- ▶ Beautiful communities in remote area, but close proximity to Kamloops



MUNRO'S I·D·A PHARMACY GROUP

Tele-Pharmacies!

- ▶ Use your scope of practice and knowledge to the fullest!
- ▶ Assist the Pharmacist (over Tele-Pharmacy) with daily operations of the Pharmacy.
- ▶ Develop meaningful relationships with your patients.
- ▶ Help the pharmacist ensure compliance with Bylaws of the College of Pharmacists.
- ▶ Work in a supervisory capacity.



MUNRO'S **I·D·A** PHARMACY GROUP Tele-Pharmacies!

McBride

- ▶ Work out of the hospital in a collaborative environment with doctors, nurses and other health care professionals.
- ▶ World famous X-Country Skiing, snowmobiling and ice fishing.
- ▶ Many recreational sites for camping, swimming and fishing in summer!
- ▶ Very affordable cost of living.



MUNRO'S I·D·A PHARMACY GROUP Tele-Pharmacies!

Valemount

- ▶ One of the most beautiful places to live!
- ▶ An outdoor person's paradise including skiing, snowmobiling, ATVing, mountain biking, white water rafting, and much more.
- ▶ Work with a great team off assistants onsite and pharmacists via tele-pharmacy.
- ▶ Very close to Mount Robson and Jasper.



Contact Information

- ▶ Send questions, inquires, resumes, applications to:

Chris Kooner, Rph

Director of Pharmacy Operations

The Munro's Pharmacy Group

chris@teamrx.org

- ▶ Indicate which location you'd like to work

QUESTIONS?

College of Pharmacists of B.C.
TELEPHARMACY STAFF EXEMPTED SITES
PODSA Bylaw "Schedule G"

Telepharmacy Address
7171 Highway #37 Dease Lake British Columbia V0C 1L0
10309 Kylllo Street Hudson's Hope British Columbia V0C 1V0
2520 Harrison Ave. Masset BC V0T 1M0
C/o Nisga'a Valley Health Authority 4920 Tait Avenue New Aiyansh British Columbia V0J 1A0
375 Nimpkish Dr Village Square Shopping Ctre Gold River British Columbia V0P 1G0
411 Main Street McBride British Columbia V0J 2E0
1214 5th Ave Valemount British Columbia V0E 2Z0
317 Main St. Sicamous British Columbia V0E 2V0
4480 Barriere Town Rd Barriere British Columbia V0E 1E0
108 Chartrand Ave. Logan Lake British Columbia V0K 1W0
612 - 6th Avenue Midway British Columbia V0H 1M0
309 6 Ave New Denver British Columbia V0G 1S0



College of Pharmacists
of British Columbia

6. Amendments to Telepharmacy Schedule “G”

Steven Hopp

Chair



Purpose

- To seek Board approval on the following:
 - To amend Schedule “G” under the *Pharmacy Operations and Drug Scheduling Act* (“PODSA”) Bylaws to reflect an anticipated address change of one telepharmacy site.
 - To direct the Registrar to conduct a review of the telepharmacy regulatory framework with a focus on standardizing requirements including the removal of Schedule “G” within two years.



Background

- Telepharmacy is the delivery of traditional pharmacy services via telecommunications to patients in rural and remote locations.
 - A pharmacist provides care to telepharmacy patients via telecommunications. The telepharmacy itself is staffed by a pharmacy technician or an unregulated pharmacy assistant.
- In B.C., the first community telepharmacies were established in 2007, as a pilot project. Most current telepharmacies were established in 2009.
- In 2017, amendments to the PODSA Bylaws regarding telepharmacies as well as specific Standards of Practice (“the 2017 Telepharmacy Bylaws and Standards”) were established. This initiative was prompted by Board concerns and informed by extensive research and analysis.



Unregulated Telepharmacy Staffing Model

- When first established, telepharmacies were permitted to be staffed by unregulated pharmacy assistants.
- To align with the regulation of pharmacy technicians in 2010/11, the PODSA Bylaws were amended to require pharmacy technician staff.
 - However, telepharmacy operators continued to raise concerns regarding the ability to recruit regulated staff in rural and remote sites.
- Following considerable consultation, the 2017 Telepharmacy Bylaws and Standards were developed to include grandfathering provisions to allow existing sites to keep their unregulated staffing model:
 - Sites in addresses listed in Schedule “G” of the PODSA Bylaws may keep their unregulated staffing model as long as the location does not change.



Unregulated Telepharmacy Staffing Model

Public Safety Concerns Regarding Telepharmacy Models with Unregulated Staff

- Unregulated pharmacy assistants are responsible for and have access to Schedule I, II and III medications, including controlled drugs, and confidential patient personal health information.
- Unregulated pharmacy assistants are not registrants:
 - The College does not have a register of who they are, their qualifications or employment patterns.
 - The College does not have the legislative authority to require that Criminal Records Checks be conducted on them or to hold them accountable for their actions.
- To help address these concerns, the 2017 Telepharmacy Bylaws and Standards were strengthened with new requirements that aimed to increase the security of drugs and confidential health information. This included additional requirements for grandfathered sites.



Current Request

Robson Valley IDA Telepharmacy (“the McBride Telepharmacy”),

- The McBride Telepharmacy operates as a full-time telepharmacy out of leased space at a Northern Health Authority acute care facility.
- The McBride telepharmacy is grandfathered under Schedule “G” and continues to have an unregulated staffing model.
- College staff are advised that the Northern Health Authority is terminating the lease for the McBride Telepharmacy, as they want to use the space for other purposes.
- **Request:** The Board has been asked to consider amending Schedule “G” to allow the McBride Telepharmacy to relocate to another site but keep its grandfathered status.



Current Request

- It is recommended that the request to change the address of the McBride Telepharmacy be approved due to the following exceptional circumstances:
 - The Telepharmacy is required to relocate due to the priorities of the Northern Health Authority. The operator had no intention of relocating to another site.
 - There are continuity of care concerns for the Telepharmacy's existing patients, including those requiring daily witnessed ingestion for OAT .
 - The Telepharmacy operator has indicated that despite efforts to recruit pharmacy technicians, he has been unsuccessful in recruiting regulated staff.



Implications of Amending Schedule “G”

- Schedule “G” was not intended to be amended. However, it is recognized that there are exceptional circumstances regarding the current request.
- To ensure decision-making consistent with the original intent of the 2017 Telepharmacy Bylaws and Standards, it is recommended that:
 - A review of the telepharmacy regulatory framework be conducted. This review would focus on standardizing requirements across all telepharmacies, including the removal of Schedule “G” within two years.



Next Steps

- If approved by the Board:
 - Amendments to Schedule “G” will be publicly posted for a 90-day period.
 - All feedback will be reviewed and brought forward to the June 2022 meeting for approval to file the amendments with the Minister of Health.
 - Following the 60-day filing period, the amendments would take effect in August 2022.
- College staff will develop a go-forward plan on a review of the telepharmacy regulatory framework.



6. Amendments to Telepharmacy Schedule “G”

MOTION #1:

“RESOLVED THAT, in accordance with the authority established in section 21(8) of the *Pharmacy Operations and Drug Scheduling Act*, the board approve the proposed draft bylaws of the College of Pharmacists of British Columbia regarding a one-time amendment to Schedule “G” to address exceptional circumstances requiring an address change, for public posting, as circulated.”



6. Amendments to Telepharmacy Schedule “G”

MOTION #2:

Direct the Registrar to conduct a review of the telepharmacy regulatory framework with a focus on standardizing requirements across all telepharmacies including the removal of Schedule “G” within two years.



College of Pharmacists
of British Columbia

BOARD MEETING February 11, 2022

7. Pharmaceutical Care Management Strategy Overview and Progress Update

INFORMATION ONLY

Presentation Synopsis

The Pharmaceutical Care Management Strategy (PCMS) was developed by the Ministry in collaboration with stakeholders across the province in response to PLBSD's mandate and Ministry's Service Plan to "Improve pharmacy services and access through cross-sector planning and coordination of pharmacy services based on building and implementing a coordinated approach for evidence-informed medicine review, listing, planning and budgeting processes to ensure patients have timely access to high-quality, appropriate and cost-effective pharmaceutical therapies and services.

Presenters' Biographies

Mitch Moneo – Assistant Deputy Minister, Pharmaceutical, Laboratory and Blood Services

Mitch Moneo was appointed as Assistant Deputy Minister, Pharmaceutical, Laboratory and Blood Services Division (formerly Pharmaceutical Services) in August 2017. Mitch has had a role within the Division since 2004, taking on increasing responsibility over the years. Prior to his appointment as ADM, he was the Executive Director responsible for policy and evaluation.

His current portfolio includes responsibility for a robust and effective policy framework for provincial pharmaceutical services (including health authority pharmaceutical and life support therapies) in addition to the PharmaCare public drug program. He is also responsible for the overall strategic planning, policy development, and monitoring and evaluation of provincial laboratory medicine and blood services.

Mitch is a well-respected leader formerly serving as a jurisdictional member representing Western Canada and vice-chair of the board of the Canadian Agency for Drug Technology in Health (CADTH), and currently vice-chair of the pan Canadian Pharmaceutical Alliance; a member of CIHR's Drug Safety and Effectiveness (DSEN) steering committee, and co-chair of the ISPOR North American Health Technology Assessment Roundtable.

Mitch and his team have been recognized as Premiers Award Provincial Finalists on five occasions in the categories of organizational excellence and partnership.



College of Pharmacists
of British Columbia

BOARD MEETING February 11, 2022

8. Governance Committee:

a) Board Meeting Guidelines: Robert's Rules to Adapted BCCNM Meeting Guidelines

DECISION REQUIRED

Recommended Board Motions:

- 1) Approve the following resolution to amend the bylaws made under the *Health Professions Act* regarding Board meetings, including the removal of Robert's Rule of Order as the document governing Board meeting procedures:

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

- 2) Approve the College of Pharmacists of British Columbia's Board Meeting Guidelines in-principle, as circulated, as the document governing Board meeting procedures.
- 3) Direct the Registrar to bring forward the College of Pharmacists of British Columbia's Board Meeting Guidelines to the April 2022 Board meeting for consideration for final approval.

Purpose

To seek Board approval:

- On the proposed draft amendments to the *Health Professions Act* Bylaws ("the HPA Bylaws") regarding Board meeting guidelines and procedures.
- In-principle, on the CPBC's Board Meeting Guidelines as the document governing Board meeting procedures.
- To direct the Registrar to bring forward the CPBC Board Meeting Guidelines to the Board's April 2022 meeting for final approval.



College of Pharmacists
of British Columbia

BOARD MEETING February 11, 2022

Background

At the November 2021 meeting, the Board directed the Registrar to, “... bring forward Board meeting guidelines, based on those from the British Columbia College of Nurses and Midwives, and associated bylaw amendments for the February 2022 meeting.”

Discussion

Proposed Bylaw Amendments

Currently, CPBC Board meeting procedures are governed by the most recent edition of Robert’s Rules of Order. More specifically, under s. 13(15) of the HPA Bylaws it states, “*Except as otherwise provided in the Act, the regulations, or these bylaws, the most recent edition of Robert’s Rules of Order governs the procedures at meetings of the Board.*”

To implement the Board’s November 2021 direction, it is proposed that the above-noted provision be removed and replaced with the following: “*The Board may, by special resolution, adopt additional Board meeting guidelines and policies for the purposes of conducting board meetings*” (see Appendix 1 for a full copy of the proposed HPA Bylaw amendments).

This new proposed provision will enable the Board to approve meeting guidelines, as well as make future changes to those guidelines without needing to amend the HPA Bylaws. This approach is more efficient, as filing HPA Bylaw amendments on this topic involves a 60-day legislated process.

It is important to note that the above-noted HPA Bylaw amendments do not need to be posted for public comment but do need to be filed with the Ministry of Health. The HPA exempts bylaws made under s. 19 (1)(c) of that Act, which regulate the time, place, calling and conduct of meetings of the board from the 90-day public comment period. However, they do need to be filed for a 60-day period with the Ministry of Health, prior to taking effect. College staff have discussed these HPA Bylaw amendments with the Ministry of Health who have taken no issue with them proceeding for filing.

CPBC Board Meeting Guidelines

A modified version of BCCNM’s Board Meeting Guidelines, titled CPBC Board Meeting Guidelines (“the draft Meeting Guidelines”), is included in Appendix 2. For comparison purposes, the BCCNM Board Meeting Guidelines document is also included in Appendix 3.



College of Pharmacists
of British Columbia

BOARD MEETING

February 11, 2022

The aim of the draft Meeting Guidelines is to focus on the key processes and procedures of Board meetings. It also states that an annual review cycle is expected. Further, it outlines relevant information and procedural rules on the following topics:

- Types of Meetings
- Ways to Meet
- Meeting Materials
- Board Discussions
- Board Decisions
- Role of the Board Chair

In terms of changes to Board member decision-making procedures, the draft Meeting Guidelines highlights a move to consensus decision-making and no longer requiring a seconder for most Board motions.

In-Principle Approval of the CPBC Board Meeting Guidelines

Subject to approval, the above-noted HPA Bylaw amendments would come into effect after a 60-day filing period. As such, the authority for the Board to officially approve the draft Meeting Guidelines would not be effective until that 60-day filing period is complete. Accordingly, it is recommended that the Board consider in-principle approval of the draft Meeting Guidelines in February 2022, and official approval at their April 2022 meeting. Once approved, the draft Meeting Guidelines take effect immediately.

Recommendation

The Governance Committee recommends that the Board approve the proposed HPA Bylaw amendments, by approving the Schedule to the Resolution in Appendix 4, and in-principle approve the draft CPBC Board Meeting Guidelines.

Next Steps

- If approved by the Board, the HPA Bylaw amendments will be filed with the Ministry of Health in February for a 60-day period.
- The HPA Bylaw amendments will come into effect on April 12th.
- The Board will consider adopting the draft Meeting Guidelines through a special resolution vote at the beginning of their meeting on April 29th 2022. If approved, the draft Meeting Guidelines would take effect immediately.

Discussion Questions

1. Is there anything unclear about the proposed amendments to the HPA bylaws?
2. Is there anything in the CPBC Board Meeting Guidelines that is unclear?
3. Does the Board require any additional training regarding the implementation of the CPBC Board Meeting Guidelines?



College of Pharmacists
of British Columbia

BOARD MEETING February 11, 2022

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1	Proposed Amendments to the HPA Bylaws
2	College of Pharmacists of British Columbia Board Meeting Guidelines
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Definitions

1. In these bylaws:

“Act” means the *Health Professions Act*;

“appointed board member” means

- (a) a person appointed to the board under section 17(3)(b) of the *Act*, or
- (b) prior to the first election referred to in section 17(2)(a) of the *Act*, a person appointed under section 17(2)(a) of the *Act* to represent the public on the first board;

“ballot” means an electronic ballot;

“board” means the board of the college;

“board member” means an appointed board member or an elected board member;

“chair” means the chair of the board elected under section 12;

“child-resistant package” means a package that complies with the requirements of the Canadian Standards Association Standard CAN/CSA-Z76.1-06, published in 2006 as amended from time to time;

“controlled drug substance” means a drug which includes a controlled substance listed in Schedule I, II, III, IV or V of the *Controlled Drugs and Substances Act* (Canada);

“controlled prescription program” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act* Bylaws;

“college” means the College of Pharmacists of British Columbia continued under section 15.1(4) of the *Act*;

“deliver” with reference to a notice or other document, includes mail by post or electronically to, or leave with a person, or deposit in

a person's mailbox or receptacle at the person's residence or place of business;

“director” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

“dispense” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

“drug” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

“elected board member” means a full pharmacist board member or a pharmacy technician board member;

“electronic initial” means

- (a) information in electronic form that a person has created or adopted in order to initial a record, other than with respect to a prescription initialed by a full pharmacist for the purpose of prescribing, that is in, attached to or associated with a record, is secure and is only reproducible and used by that person; and
- (b) with respect to a prescription initialed by a full pharmacist for the purpose of prescribing, the electronic initial must meet the requirements of paragraph (a) and must be a unique mark personally applied by that pharmacist;

“examination” means an examination, given orally or in writing, or a practical examination, or any combination of these, and includes a supplemental examination;

“full pharmacist” means a member of the college who is registered in the class of registrants established in section 41(a);

“full pharmacist board member” means

- (a) a full pharmacist elected to the board under section 17(3)(a) of the *Act* or appointed to the board under section 10, or
- (b) prior to the first election referred to in section 17(2)(a) of the *Act*, a person appointed under section 17(2)(a) of the *Act* to represent the health profession on the first board;

“hospital” has the same meaning as in section 1 of the *Hospital Act*;

“in good standing” in respect of a registrant means

- (a) the registration of the registrant is not suspended under the *Act*, and
- (b) no limits or conditions are imposed on the registrant's practice of pharmacy under section 20(2.1), 20(3), 32.2, 32.3, 33, 35, 36, 37.1, 38, 39, or 39.1 of the *Act*;

“**initial**” on a record means either an original handwritten initial or an electronic initial;

“**limited pharmacist**” means a member of the college who is registered in the class of registrants established in section 41(b);

“**manager**” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

“**medication**” has the same meaning as “drug”;

“**non-practising pharmacist**” means a member of the college who is registered in the class of registrants established in section 41(f);

“**owner**” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

“**personal information**” means “personal information” as defined in Schedule 1 of the *Freedom of Information and Protection of Privacy Act*;

“**pharmacy assistant**” has the same meaning as “support person” in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

“**pharmacy services**” means the services a registrant is authorized under the *Act* to provide;

“**pharmacy technician**” means a member of the college who is registered in the class of registrants established in section 41(e);

“**pharmacy technician board member**” means a pharmacy technician elected to the board under section 17(3)(a) of the *Act* or appointed to the board under section 10;

“**practising pharmacist**” means a full pharmacist, limited pharmacist, student pharmacist, temporary pharmacist, temporary limited pharmacist, and temporary student pharmacist;

“**practitioner**” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

“**prescription**” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

“**public representative**” means a person who

- (a) is not a registrant or former registrant, and
- (b) has no close family or business relationship with a registrant or former registrant,

and includes an appointed board member;

“**quality assurance assessor**” means an assessor appointed under section 26.1(4) of the *Act*;

“**record**” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act* Bylaws;

“**Regulation**” means the Pharmacists Regulation, B.C. Reg. 417/2008;

“**signature**” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act* Bylaws;

“**student pharmacist**” means a member of the college who is registered in the class of registrants established in section 41(d);

“**temporary pharmacist**” means a member of the college who is registered in the class of registrants established in section 41(c);

“**vice-chair**” means the vice-chair of the board elected under section 12 of the *Act*;

PART I – College Board, Committees and Panels

Composition of Board

2. The board consists of
 - (a) 7 full pharmacist board members,
 - (b) 1 pharmacy technician board member, and
 - (c) the appointed board members.

Composition of the Board – Transitional

- 2.1 Despite section 2, until the start of the November 2010 board meeting, the board consists of
 - (a) 7 full pharmacist board members, and
 - (b) the appointed board members

Electoral Districts

3. (1) For the purpose of elections of full pharmacist board members under section 17(3)(a) of the *Act*, electoral districts are established as follows:
 - (a) the province of British Columbia is divided into 7 electoral districts, the boundaries of which are set out in Schedule “B”;
 - (b) the number of full pharmacist board members elected from each electoral district is 1;
 - (c) electoral district boundaries described in paragraph (a) may be changed only by special resolution amending Schedule “B”;

- (d) a full pharmacist who has only 1 place of practice which is not a hospital must be assigned to an electoral district from among Districts 1 to 5, according to the location of the full pharmacist's place of practice;
 - (e) a full pharmacist who has only 1 place of practice which is a hospital must be assigned to District 6 or 7, according to the location of the hospital;
 - (f) a full pharmacist who practices in more than 1 electoral district must be assigned to the electoral district in which the full pharmacist's primary place of practice is located;
 - (g) a full pharmacist who does not practice must be assigned to the electoral district within which he or she resides.
- (2) For the purpose of election of pharmacy technician board members under section 17(3)(a) of the *Act*, the electoral district is the province of British Columbia.

Notice of Election

4. (1) An election under section 17(3)(a) of the *Act* must be held by electronic means approved by the registrar, at a date determined by the registrar that is at least 21 days prior to the date of the November board meeting in each year that an election is held.
- (2) The registrar must deliver a notice of election in Form 1 to every full pharmacist and pharmacy technician assigned to the electoral districts which are to elect board members in the election, at least 60 days prior to the election date.
- (3) The accidental omission to deliver notice of an election to, or the non-receipt of such a notice, by any person entitled to receive notice does not invalidate the election, any proceedings in relation thereto, or the results thereof.

Eligibility and Nominations

5. (1) To be eligible for election to the board under section 17(3)(a) of the *Act*, a registrant must be
- (a) a full pharmacist or pharmacy technician,
 - (b) in good standing, and
 - (c) assigned to the electoral district in which he or she is nominated.

- (2) A full pharmacist or pharmacy technician is not eligible to be elected to the board if he or she is employed by the college or is engaged in a contract or assignment providing goods or services to the college.
- (3) A nomination for a full pharmacist board member must be endorsed by 3 full pharmacists who are in good standing and are assigned to the electoral district in which the nominee is standing for election.
- (4) A nomination for a pharmacy technician board member must be endorsed by 3 pharmacy technicians who are in good standing.
- (5) A nomination must be delivered to the registrar at least 45 days prior to the election date.
- (6) A nomination must be in Form 2.

Election Procedure

6. (1) If there is only 1 nominee for a vacant position at the close of nominations, the nominee for that position is elected by acclamation.
- (2) Only full pharmacists and pharmacy technicians, who are in good standing, are eligible to vote in an election under section 17(3)(a) of the *Act*.
- (3) A full pharmacist or pharmacy technician eligible to vote under subsection (2) is eligible to vote only in the electoral district to which he or she is assigned for an election.
- (4) The registrar must deliver to each full pharmacist and pharmacy technician who is eligible to vote the instructions for voting electronically in the election at least 30 days prior to the election date.
- (5) Each full pharmacist and pharmacy technician who is eligible to vote is entitled to 1 ballot and may vote in favour of 1 candidate for the vacant position.
- (6) A ballot does not count unless it is cast no later than 5:00 p.m. Pacific Time on the election date.
- (7) The candidate for a vacant position receiving the most votes on the return of the ballots is elected.
- (8) In the case of a tie vote, the registrar must select the successful candidate by random draw.
- (9) In the event that there are no nominees for a vacant position, the board may fill the vacant position in accordance with section 10.

- (10) The registrar must supervise and administer all elections under section 17(3)(a) of the *Act* and may establish additional procedures consistent with these bylaws for that purpose.
- (11) The registrar may determine any dispute or irregularity with respect to any nomination, ballot or election.
- (12) The registrar must use Form 3 to certify newly elected members of the board under section 17.1(1) of the *Act*.
- (13) If there is an interruption of electronic service during the nomination period or election, the registrar may extend the deadline for delivery of nominations or casting of ballots for such period of time as the registrar considers necessary in the circumstances.

Terms of Office

- 7. (1) The term of office for an elected board member is 3 years, commencing at the start of the November board meeting following that board member's election.
- (2) An elected board member may serve a maximum of 2 consecutive terms.
- (3) Subsections (1) and (2) do not apply prior to the first election referred to in section 17(2)(a) of the *Act*.

Election Cycle

- 7.1 Commencing with the 2018 elections, elections shall follow a three-year cycle, pursuant to which board members from even-numbered electoral districts are elected in the first year of the cycle, board members from odd-numbered electoral districts are elected in the second year of the cycle, and no election is held in the third year of the cycle.

Ceasing to Hold Office as a Board Member

- 8. (1) An elected board member ceases to hold office if he or she
 - (a) ceases to be a full pharmacist or pharmacy technician, in good standing,
 - (b) submits a written resignation to the chair,
 - (c) becomes an employee of the college or engaged in a contract or assignment providing goods or services to the college,
 - (d) is removed by a special resolution of the board, if notice of the proposal to remove the elected board member has been included with the notice of the board meeting, or

- (e) is absent from 3 or more consecutive board meetings for reasons which the board finds unacceptable.
- (2) Subsection (1) does not apply prior to the first election referred to in section 17(2)(a) of the *Act*.

First Election and Terms of Office

- 9. Despite section 7(1) and (3), the term of office for the first elected full pharmacist board members from Districts 2, 4 and 6 is 1 year, commencing at the start of the November 2009 board meeting.

Vacancy

- 10. (1) In the event of a vacancy in an elected board member position, the board may, by special resolution, appoint a full pharmacist or pharmacy technician, as applicable, eligible under section 5 for election to fill the position until the next election.
- (2) Subsection (1) does not apply prior to the first election referred to in section 17(2)(a) of the *Act*.

Remuneration of Board and Committee Members

- 11. All board members and committee members are equally entitled to be
 - (a) remunerated for time spent on business of the college in the amount approved by the board from time to time, and
 - (b) reimbursed by the college for reasonable expenses necessarily incurred in connection with the business of the college.

Chair and Vice-Chair

- 12. (1) The chair must
 - (a) preside at all board meetings,
 - (b) sign certificates, diplomas and other instruments executed on behalf of the college as required, and
 - (c) act in accordance with the requirements of his or her office for the proper carrying out of the duties of the board.
- (2) At the November board meeting in each calendar year, the board members must elect a chair by a majority vote in accordance with the following procedure:
 - (a) the acting chair for the meeting must call for nominations;
 - (b) if there is only 1 nominee, he or she is elected by acclamation;

- (c) if there is more than 1 nominee, an election must be held by secret ballot, and the person with the most votes is elected;
 - (d) if there is a tie vote, there must be a second vote immediately following the first vote;
 - (e) if there is a second tie vote, the new chair must be selected by random draw.
- (3) The chair's term of office as chair is 1 year, commencing at the election of the vice-chair under subsection (4), and ending at the start of the November board meeting in the next calendar year.
 - (4) Immediately following the election of the chair under subsection (2), the board members must elect a vice-chair by a majority vote in accordance with the procedure set out in subsection (2).
 - (5) The vice-chair's term of office as vice-chair is 1 year, commencing at his or her election under subsection (4), and ending at the start of the November board meeting in the next calendar year.
 - (6) The vice-chair must perform the duties of the chair in the chair's absence.
 - (7) In the absence of both the chair and the vice-chair, an acting chair for a board meeting must be elected by a majority vote of the board members present.
 - (8) Despite subsections (2) to (5), the board members must elect a chair and vice-chair in accordance with the procedure set out in subsection (2), each to serve a term ending at the start of the November 2009 board meeting.

Board Meetings

- 13. (1) The board must meet at least 4 times in each calendar year, including one meeting in November, and must provide reasonable notice of board meetings to board members, registrants and the public.
- (2) The accidental omission to deliver notice of a board meeting to, or the non-receipt of a notice by, any person entitled to receive notice does not invalidate proceedings at that meeting.
- (3) Despite subsection (1), the chair or registrar may call a meeting of the board without providing notice to registrants or the public if necessary to conduct urgent business.
- (4) The registrar must call a board meeting at the request of the chair or any 3 board members.

- (5) The registrar must provide the following to members of the public on request:
 - (a) details of the time and place of a board meeting;
 - (b) a copy of the agenda;
 - (c) a copy of the minutes of any preceding board meeting.
- (6) Subject to subsection (7), board meetings must be open to registrants and the public.
- (7) The board may exclude any person from any part of a board meeting if it is satisfied that
 - (a) financial, personal or other matters may be disclosed of such a nature that the desirability of avoiding public disclosure of them in the interest of any person affected or in the public interest outweighs the desirability of adhering to the principle that meetings be open to the public,
 - (b) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced,
 - (c) personnel matters or property acquisitions will be discussed,
 - (d) the contents of examinations will be discussed,
 - (e) communications with the Office of the Ombudsman will be discussed, or
 - (f) instructions will be given to or opinions received from legal counsel for the college, the board, or a committee.
- (8) If the board excludes any person from a part of a board meeting, it must have its reasons for doing so noted in the minutes of the meeting.
- (9) The registrar must ensure that minutes are taken at each board meeting and retained on file, and must publish them on the college website.
- (10) A majority of the total number of board members constitutes a quorum.
- (11) The chair is entitled to vote on all motions, and is also entitled to speak in debate, but not in preference to other board members.
- (12) A written resolution signed by all board members is valid and binding and of the same effect as if such resolution had been duly passed at a board meeting.

- (13) In case of an equality of votes the chair does not have a casting or second vote in addition to the vote to which he or she is entitled as a board member and the proposed resolution does not pass.
- (14) The board may meet and conduct business using video-conferencing or tele-conference connections or by other electronic means when some or all of the board members are unable to meet in person.
- (15) ~~The board may, by special resolution, adopt or establish additional policies, procedures, or rules of order, consistent with these bylaws, for the purpose of regulating the conduct of board meetings. Except as otherwise provided in the Act, the regulations, or these bylaws, the most recent edition of Robert's Rules of Order governs the procedures at meetings of the board.~~

Registration Committee

14. (1) The registration committee is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the registration committee must consist of public representatives, at least one of whom must be an appointed board member.

Inquiry Committee

15. (1) The inquiry committee is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the inquiry committee must consist of public representatives, at least one of whom must be an appointed board member.

Practice Review Committee

- 15.1 (1) The practice review committee is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the practice review committee must consist of public representatives, at least one of whom must be an appointed board member.
- (3) The practice review committee is responsible for monitoring standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants.
- (4) The practice review committee may receive reports made to the registrar, inquiry committee or discipline committee in respect of

- (a) matters specified in section 17(1) of the *Pharmacy Operations and Drug Scheduling Act*, including without limitation reports under section 18 of that Act, and
 - (b) matters specified in section 28(1) of the *Health Professions Act*, including without limitation reports under section 28(3) of that Act.
- (5) Upon receipt of a report described in subsection (4), the practice review committee may
- (a) review the report, and
 - (b) as it considers appropriate in the circumstances, refer a matter arising from that review to the inquiry committee, quality assurance committee or registrar.

Application Committee

- 15.2 (1) The application committee within the meaning of section 1 of the *Pharmacy Operations and Drug Scheduling Act [SBC 2003] c.77* is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the application committee must consist of public representatives, at least one of whom must be an appointed board member.

Discipline Committee

16. (1) The discipline committee is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the discipline committee must consist of public representatives, at least one of whom must be an appointed board member.

Quality Assurance Committee

17. (1) The quality assurance committee is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the quality assurance committee must consist of public representatives, at least one of whom must be an appointed board member.

Drug Administration Committee

18. (1) The drug administration committee is established consisting of at least 4 and no more than 7 persons appointed by the board.
- (2) The committee must include

- (a) one full pharmacist,
 - (b) one medical practitioner confirmed by the College of Physicians and Surgeons of British Columbia as suitable for membership on the committee,
 - (c) one registered nurse confirmed by the College of Registered Nurses of British Columbia as suitable for membership on the committee, and
 - (d) one person nominated by the Ministry of Health Services.
- (3) The drug administration committee
- (a) 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 Regulation for the purposes of preventing diseases, disorders and conditions, and
 - (b) may
 - (i) review the role of practising pharmacists in regard to the performance of restricted activities under section 4(1) (c.1) of the Regulation, and
 - (ii) 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 Regulation for the purposes of treating diseases, disorders and conditions.
- (4) The committee may consult, as it considers necessary or appropriate, with registrants or other individuals who have expertise relevant to drug administration or on any other matter considered by the committee.

Committees

19. (1) A person appointed to a committee established under these bylaws
- (a) serves for a term determined by the board not exceeding 3 years, and
 - (b) is eligible for reappointment but may not serve for more than 6 consecutive years.
- (2) A committee member may be removed by a majority vote of the board.

- (3) The board must appoint a committee chair and a committee vice-chair from among the members of the committee.
- (4) Each committee must submit a report of its activities to the board annually or as required by the board.
- (5) The registrar is an ex officio non-voting member of the committees established under these bylaws.
- (6) The chair is a non-voting ex-officio member of all committees, except in respect of a committee to which he or she has been appointed under these bylaws, in which case he or she has the right to vote.

Committee Panels

- 20. (1) The registration committee, inquiry committee, practice review committee, application committee, discipline committee and quality assurance committee may meet in panels of at least 3 but not more than 5 persons, and each panel must include at least 1/3 public representatives.
- (2) The chair of a committee referred to in subsection (1) must appoint the members of a panel and must designate a chair of the panel.
- (3) A panel of a committee referred to in subsection (1) may exercise any power or perform any duty of that committee.

Meetings of a Committee or Panel

- 21. (1) A majority of a committee constitutes a quorum.
- (2) All members of a panel constitute a quorum.

PART II – College Administration

Registrar/Deputy Registrar

- 22. (1) The registrar is authorized to establish, by bylaw, forms for the purposes of the bylaws, and to require the use of such forms by registrants.
- (2) If a deputy registrar is appointed by the board,
 - (a) the deputy registrar is authorized to perform all duties and exercise all powers of the registrar, subject to the direction of the registrar, and
 - (b) if the registrar is absent or unable to act for any reason, the deputy registrar is authorized to perform all duties and exercise all powers of the registrar.

Seal

23. (1) The board must approve a seal for the college.
- (2) The seal of the college must be affixed, by those persons designated by the board, to the documents determined by the board.

Fiscal Year

24. The fiscal year of the college commences on March 1st and ends on the last day of February of the following year.

Banking

25. The board must establish and maintain such accounts with a chartered bank, trust company or credit union as the board determines to be necessary from time to time.

Payments and Commitments

26. The board must approve an operating and capital budget for each fiscal year, and may amend the approved budget from time to time.

Investments

27. The board may invest funds of the college in accordance with the board's investment policy which must be consistent with sections 15.1 and 15.2 of the *Trustee Act*.

Auditor

28. (1) The board must appoint a chartered accountant or a certified general accountant to be the auditor.
- (2) The registrar must submit the financial statement to the auditor within 60 days of the end of the fiscal year.
- (3) A copy of the auditor's report must be included in the annual report.

Legal Counsel

29. The board or, with the approval of the registrar, a committee or panel, may retain legal counsel for the purpose of assisting the board, a committee or a panel in exercising any power or performing any duty under the *Act*.

General Meetings

30. (1) General meetings of the college must be held in British Columbia at a time and place determined by the board.

- (2) The first annual general meeting must be held before October 1, 2010, and after that an annual general meeting must be held at least once in every calendar year and not more than 20 months after the holding of the last preceding annual general meeting.
- (3) The following matters must be considered at an annual general meeting:
 - (a) the financial statements of the college;
 - (b) the annual report of the board;
 - (c) the report of the auditor.
- (4) Every general meeting, other than an annual general meeting, is an extraordinary general meeting.
- (5) The board
 - (a) may convene an extraordinary general meeting by resolution of the board, and
 - (b) must convene an extraordinary general meeting within 60 days after receipt by the registrar of a request for such a meeting signed by at least ten percent of all full pharmacists and pharmacy technicians, who are in good standing.

Notice of General Meetings

- 31. (1) The registrar must deliver notice of an annual or extraordinary general meeting to every board member and registrant at least 21 days prior to the meeting.
- (2) Notice of a general meeting must include
 - (a) the place, day and time of the meeting,
 - (b) the general nature of the business to be considered at the meeting,
 - (c) any resolutions proposed by the board, and
 - (d) any resolutions proposed under section 32 and delivered to the registrar prior to the mailing of the notice.
- (3) The accidental omission to deliver notice of a general meeting to, or the non-receipt of a notice by, any person entitled to receive notice does not invalidate proceedings at that meeting.
- (4) General meetings must be open to the public.
- (5) The registrar must

- (a) provide reasonable notice of each general meeting to the public, and
- (b) provide to members of the public on request a copy of the notice given under subsection (1) in respect of the meeting.

Resolutions

32. Any 3 full pharmacists or pharmacy technicians, who are in good standing, may deliver a written notice to the registrar at least 60 days prior to the date of an annual or an extraordinary general meeting requesting the introduction of a resolution.

Voting at a General Meeting

33. (1) A full pharmacist or pharmacy technician present at a general meeting is entitled to 1 vote at the meeting.
- (2) In case of an equality of votes the chair of the general meeting does not have a casting or second vote in addition to the vote to which he or she is entitled as a full pharmacist or pharmacy technician, if any, and the proposed resolution does not pass.
- (3) Except as these bylaws otherwise provide, the most recent edition of Robert's Rules of Order governs the procedures at an annual or extraordinary general meeting.
- (4) A resolution passed at an annual or extraordinary general meeting is not binding on the board.

Proceedings at General Meetings

34. (1) Quorum is 25 registrants consisting of full pharmacists or pharmacy technicians, or both.
- (2) No business, other than the adjournment or termination of the meeting, may be conducted at a general meeting at a time when a quorum is not present.
- (3) If at any time during a general meeting there ceases to be a quorum present, business then in progress must be suspended until there is a quorum present.
- (4) In the case of a general meeting other than an extraordinary general meeting under section 30(5)(b),
- (a) if there is no quorum within 30 minutes from the time appointed for the start of the meeting, or

- (b) if there is no quorum within 30 minutes from any time when there is no quorum during the meeting,

the meeting must be adjourned to one month later, at the same time and place, and those full pharmacists and pharmacy technicians who attend that later meeting will be deemed to be a quorum for that meeting.

- (5) In the case of an extraordinary general meeting under section 30(5)(b),

- (a) if there is no quorum within 30 minutes from the time appointed for the start of the meeting, or

- (b) if there is no quorum within 30 minutes from any time when there is no quorum during the meeting,

the meeting must be adjourned and cancelled and no further action may be taken in respect of the request under section 30(5)(b) for that meeting.

- (6) In the absence of both the chair and the vice-chair of the board, an acting chair for a general meeting must be elected by a majority vote of the full pharmacists and pharmacy technicians present.

- (7) A general meeting may be adjourned from time to time and from place to place, but no business may be transacted at an adjourned meeting other than the business left unfinished at the meeting from which the adjournment took place.

- (8) When a meeting is adjourned in accordance with subsection (4) or by resolution, notice of the rescheduled meeting must be delivered in accordance with section 31.

Notice to Public Representatives

- 35. Every notice or mailing to registrants must also be provided to public representatives serving on the board or a committee.

PART III – College Records

Body Responsible for Administering the *Freedom of Information and Protection of Privacy Act*

- 36. (1) The registrar is the “head” of the college for the purposes of the *Freedom of Information and Protection of Privacy Act*.
- (2) The registrar may authorize the deputy registrar, a person employed by the college or a person who has contracted to perform services for the college to perform any duty or exercise any function

of the registrar that arises under the *Freedom of Information and Protection of Privacy Act*.

Fees for Information Requests

37. Subject to section 75 of the *Freedom of Information and Protection of Privacy Act*, an applicant who requests access to a college record under section 5 of the *Freedom of Information and Protection of Privacy Act* must pay the fees set out in the Schedule of Maximum Fees in B.C. Reg. 323/93 for services required to comply with the information request.

Disclosure of Annual Report

38. The registrar must make each annual report under section 18(2) of the *Act* available electronically and free of charge on the college website, must notify registrants that the report is available, and must provide a paper copy of the report to any person on request upon payment of the fee set out in Schedule “D”.

Disclosure of Registration Status

39. (1) If an inquiry about the registration status of a person is received by the board or the registrar, the registrar must disclose, in addition to the matters required by section 22 of the *Act*,
- (a) whether the discipline committee has ever made an order relating to the person under section 39 of the *Act* and the details of that order,
 - (b) whether the person has ever consented to an order under section 37.1 of the *Act* and the details of that order, and
 - (c) whether the person has ever given an undertaking or consented to a reprimand under section 36 of the *Act* and the details of that undertaking or reprimand.
- (2) When acting under subsection (1), the registrar must not release the name of, or information which might enable a person to identify
- (a) a patient, or
 - (b) another person, other than the registrant, affected by the matter,
- except with the consent of the patient or the other person.

Manner of Disposal of College Records Containing Personal Information

40. The board must ensure that a college record containing personal information is disposed of only by
- (a) effectively destroying a physical record by utilizing a shredder or by complete burning,

- (b) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the information cannot be reconstructed,
- (c) returning the record to the person the information pertains to, or
- (d) returning the record to the registrant who compiled the information.

PART IV – Registration Classes of Registrants

41. The following classes of registrants are established:
- (a) full pharmacist;
 - (b) limited pharmacist;
 - (c) temporary pharmacist;
 - (d) temporary limited pharmacist;
 - (e) temporary student pharmacist;
 - (f) temporary pharmacy technician;
 - (g) student pharmacist;
 - (h) pharmacy technician;
 - (i) non-practising registrant.

Full Pharmacist Registration

42. (1) For the purposes of section 20(2) of the *Act*, the requirements for full pharmacist registration are
- (a) graduation with a degree or equivalent qualification from a pharmacy education program recognized by the board for the purpose of full pharmacist registration and specified in Schedule “C”,
 - (b) successful completion of the jurisprudence examination required by the registration committee,
 - (c) successful completion of an English language proficiency examination acceptable to the registration committee, if the person has not graduated from a pharmacy education program in Canada or the United States accredited by the Canadian Council for Accreditation of Pharmacy Programs or the Accreditation Council for Pharmacy Education,

- (d) successful completion of the structured practical training required by the registration committee, if any,
- (e) successful completion of the Pharmacy Examining Board of Canada Evaluating Examination, if the person has not graduated from a pharmacy education program in Canada or the United States accredited by the Canadian Council for Accreditation of Pharmacy Programs or the Accreditation Council for Pharmacy Education,
- (f) successful completion of the Pharmacy Examining Board of Canada Qualifying Examination - Part I and Part II,
- (g) evidence satisfactory to the registration committee that the person is of good character and fit to engage in the practice of pharmacy, and
- (h) receipt by the registrar of
 - (i) a signed application for full pharmacist registration in Form 4,
 - (ii) the application fee specified in Schedule “D”,
 - (iii) a notarized copy, or other evidence satisfactory to the registration committee, of the person’s degree or equivalent qualification, and that he or she is the person named therein,
 - (iv) a statutory declaration in Form 5,
 - (v) if applicable, the fee for the jurisprudence examination specified in Schedule “D”,
 - (vi) a criminal record check authorization in the form required by the *Criminal Records Review Act*,
 - (vii) if the person has engaged in the practice of pharmacy or another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,
 - (viii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person’s good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession,
 - (ix) a certified passport size photograph of the person taken within one year prior to the date of application,

- (x) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada, and
 - (xi) proof of professional liability insurance as required under section 81.
- (1.1) If an applicant for registration does not complete the requirements for full registration in subsection (1) within 12 months from the date of application, the applicant must provide
- (a) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of full registration, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession, and
 - (b) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada.
- (2) Despite subsection (1), the person may be granted full pharmacist registration if he or she
- (a) is registered in another Canadian jurisdiction as the equivalent of a full pharmacist and has provided notarized evidence, or other evidence satisfactory to the registration committee, of such registration and that he or she is the person named therein, and
 - (b) meets the requirements established in subsection (1)(g) and (h)(i) to (iv) and (vi) to (xi).
- (3) Despite subsection (1), the registration committee has discretion, in satisfying itself under section 20 of the *Act* that the person meets the conditions or requirements for registration as a full pharmacist member of the college, to consider whether the person's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (1)(a), and to grant full pharmacist registration on that basis, if the person also meets the requirements established in subsection (1)(b) to (h).
- (4) A full pharmacist may use only the abbreviation "R.Ph."
- (5) A full pharmacist must not
- (a) delegate any aspect of practice to a pharmacy technician, or

- (b) authorize a pharmacy technician to perform or provide any aspect of practice under supervision.

Certification of Practising Pharmacists for Drug Administration

- 43. (1) A practising pharmacist may apply to the registrar under this section for certification that the practising pharmacist is qualified and competent to perform a restricted activity under section 4(1) (c.1) of the Regulation.
- (2) The registrar must grant certification under this section if the practising pharmacist has
 - (a) provided evidence satisfactory to the registrar that the practising pharmacist has
 - (i) successfully completed within the year prior to application an education program in drug administration, approved by the board for the purposes of section 4.1(c) of the Regulation and specified in Schedule “C”,
 - (ii) a current certificate in cardiopulmonary resuscitation from a program approved by the board and specified in Schedule “C”, and
 - (iii) a current certificate in first aid from a program approved by the board and specified in Schedule “C”,
 - (b) submitted a signed application for certification in Form 13, and
 - (c) paid the fee specified in Schedule “D”.
- (3) If certification is granted under this section, the registrar must enter a notation of certification for drug administration in the register in respect of the practising pharmacist.
- (4) To maintain certification under this section, a practising pharmacist must declare upon registration renewal
 - (a) that he or she has successfully completed a continuing education program in drug administration approved by the board and specified in Schedule “C” if an injection has not been administered in the preceding three years, and
 - (b) that he or she has successfully completed a continuing education program in administering a drug by intranasal route approved by the board and specified in Schedule “C” if a drug has not been administered by intranasal route in the preceding three years, and
 - (c) maintain current certification in cardiopulmonary resuscitation from a program approved by the board and specified in Schedule “C”, and

- (d) maintain current certification in first aid from a program approved by the board and specified in Schedule “C”.
- (5) The registrar must remove a practising pharmacist’s notation of certification from the register if the practising pharmacist fails to meet any of the requirements in subsection (4), and the practising pharmacist must not again perform a restricted activity under section 4(1) (c.1) of the Regulation until
- (a) the requirements in subsection (4) are met to the satisfaction of the registrar, and
 - (b) the registrar has re-entered a notation of certification for drug administration in the register in respect of the practising pharmacist.

Intranasal Drug Administration

43.1 A practising pharmacist who has been certified under section 43(1) must complete the program specified in Schedule C on intranasal drug administration prior to administering an intranasal drug.

Limited Pharmacist Registration

44. (1) An applicant under section 42 or 52 may be granted limited pharmacist registration for a period of up to one year if
- (a) the applicant
 - (i) does not meet the requirements established in section 42(1)(b)(c)(e) and (f) or (3), or section 52(2)(a) and (c), as applicable,
 - (ii) meets the requirements established in section 42(1)(d), or section 52(2)(b), as applicable, and
 - (iii) is capable, in the opinion of the registration committee, of practising as a limited pharmacist without any risk to public health and safety, or
 - (b) the applicant
 - (i) meets the requirements established in section 42(1)(b)(c)(e) and (f) or (3), or section 52(2)(a) and (c), as applicable,
 - (ii) does not meet the requirements established in section 42(1)(d), or section 52(2)(b), as applicable, and
 - (iii) is capable, in the opinion of the registration committee, of practising as a limited pharmacist without any risk to public health and safety.

- (2) Limited pharmacist registration may be renewed twice, but in any case, the total period of registration in this class must not exceed 3 years.
- (3) Full pharmacist registration may be granted to a limited pharmacist who has met all the requirements in section 42(1) or (3), or section 52, as applicable.
- (4) A limited pharmacist may provide pharmacy services as if he or she is a full pharmacist, but only under the supervision of a full pharmacist approved by the registration committee for that purpose.
- (5) A limited pharmacist must not delegate any aspect of practice.
- (6) A limited pharmacist may use only the title “pharmacist (limited)” and must not use any abbreviations.

Temporary Registration

- 45. (1) Despite sections 42, 44, 46 and 47, a person may be granted temporary pharmacist registration, temporary limited pharmacist registration, temporary student pharmacist registration, or temporary pharmacy technician registration if
 - (a) the registrar or the board declares there is immediate need for pharmacy services due to an actual or potential threat of serious harm to public safety, health, or welfare, or
 - (b) at the request of the Federal Minister of Health or the Provincial Health Officer.
- (2) For the purposes of section 20(2) of the *Act*, to be granted temporary pharmacist or temporary pharmacy technician registration, an applicant must:
 - (a) hold registration in another jurisdiction in Canada or the United States as the equivalent of a full pharmacist or a pharmacy technician that is not subject to any practice limitations, restrictions or conditions in that jurisdiction, and provide evidence satisfactory to the registration committee of such registration; or
 - (b) be a former registrant whose registration has not been suspended, cancelled, or subject to any practice limitations, restrictions or conditions under the *Act*, and who was last registered as a full pharmacist or pharmacy technician no more than 3 years ago subject to section 20 and 39 of the *Act*; or
 - (c) be a non-practising registrant whose registration has not been suspended, cancelled, or subject to any practice limitations, restrictions or conditions under the *Act*, and who

was last registered as a full pharmacist or pharmacy technician no more than 3 years ago subject to section 20 and 39 of the *Act*.

- (2.1) For the purposes of section 20(2) of the *Act*, to be granted temporary limited pharmacist registration, an applicant must meet the conditions listed in section 44(1).
- (2.2) For the purposes of section 20(2) of the *Act*, to be granted temporary student pharmacist registration, an applicant must meet the conditions listed in section 46(1)(a) and (b).
- (3) Unless waived by the registrar, an applicant for temporary pharmacist registration, temporary limited pharmacist registration, temporary student pharmacist registration, or temporary pharmacy technician registration must deliver to the registrar
 - (a) a signed application for temporary registration in Form TR,
 - (b) the fees specified in Schedule “D”,
 - (c) a statutory declaration in Form 5,
 - (d) a criminal record check authorization in the form required by the *Criminal Records Review Act*,
 - (e) if applicable, a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person’s good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession,
 - (f) evidence satisfactory to the registration committee of the applicant’s identity,
 - (g) a notarized copy, or other evidence satisfactory to the registration committee, of the person’s Canadian citizenship or authorization to work in Canada, and
 - (h) proof of professional liability insurance as required under section 81.
- (4) A person who is granted temporary pharmacist registration, temporary limited pharmacist registration, temporary student pharmacist registration, or temporary pharmacy technician registration must submit the following information to the College every 12 months:
 - (a) A completed Form TR2 including

- (i) a statutory declaration in Form 5, and
 - (ii) an attestation that the person continues to meet all requirements for temporary registration.
- (5) Each registrant must submit the information in 4(a) on a date established by the registrar.
- (6) If a registrant fails to provide the college the information in (4)(a) before the date required in (5), the registrant ceases to be registered.
- (7) Temporary pharmacist registration, temporary limited pharmacist registration, temporary student pharmacist registration, and temporary pharmacy technician registration may be cancelled on a date determined by the registration committee or the registrar.
- (8) A temporary pharmacist who meets the requirement under section 45(2)(a), (b), or (c) may:
- (a) provide services as if he or she is a full pharmacist, and
 - (i) may apply for certification, and be certified, under section 43 and 43.1, or
 - (ii) may be certified to perform a restricted activity under section 4(1)(c.1) of the *Regulation* for the duration of the temporary registration if the person has
 - 1) equivalent certification to perform drug administration in another jurisdiction in Canada or the United States, or has administered a drug by injection and by intranasal route within the past 3 years, and
 - a) despite subsection (5)(a)(ii)(1), if the equivalent certification does not include administration of a drug by intranasal route, an applicant must not administer a drug intranasally, and
 - 2) current certification in cardiopulmonary resuscitation and first aid; and
 - (b) may use only the title “pharmacist (temporary)” and must not use any abbreviations.
- (9) A temporary pharmacy technician who meets the requirement under section 45(2)(a), (b), or (c) may:
- (a) provide services as if he or she is a pharmacy technician; and
 - (b) use only the title “pharmacy technician (temporary)” and must not use any abbreviations.

- (10) A temporary limited pharmacist who meets the requirements under section 45(2.1) may:
 - (a) only provide pharmacy services under the supervision of a full pharmacist and must not delegate any aspect of practice; and
 - (b) use only the title “limited pharmacist (temporary)” and must not use any abbreviations.
- (11) A temporary student pharmacist who meets the requirements under section 45(2.2) may:
 - (a) only provide pharmacy services under the supervision of a full pharmacist; and
 - (b) use only the title “student pharmacist (temporary)” and must not use any abbreviations.

Student Pharmacist Registration

- 46. (1) A person may be granted student pharmacist registration if the person
 - (a) is enrolled as a student in a pharmacy education program recognized by the board for the purpose of full pharmacist registration and specified in Schedule “C”,
 - (b) provides evidence satisfactory to the registration committee that the person is of good character and fit to engage in the practice of pharmacy, and
 - (c) has delivered to the registrar
 - (i) a signed application for registration in Form 6,
 - (ii) the application fee specified in Schedule “D”,
 - (iii) a notarized copy, or other evidence satisfactory to the registration committee of the person’s enrolment and educational standing, and that he or she is the person named therein,
 - (iv) a statutory declaration in Form 5,
 - (v) a criminal record check authorization in the form required under the *Criminal Records Review Act*,
 - (vi) if the person has engaged in the practice of pharmacy or another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,

- (vii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession,
 - (viii) a certified passport size photograph of the person taken within one year prior to the date of application, and
 - (ix) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada.
- (2) A person described in subsection (1)(a) must be registered under this section
- (a) within 6 months of their enrolment as a student in the pharmacy education program, and
 - (b) before undertaking a period of structured practical training or providing pharmacy services.
- (3) A person who is enrolled as a student in a pharmacy education program that is not recognized by the board for the purpose of registration may be granted student registration if the applicant meets all requirements established in subsection (1)(b) and (c).
- (4) A person described in subsection (3) must be registered under this section before undertaking a period of structured practical training, or providing pharmacy services.
- (5) A student pharmacist may only provide pharmacy services while under the supervision of a full pharmacist
- (5.1) Despite subsection (5), a student pharmacist may only perform a restricted activity under section 4(1)(c.1) of the Regulation while under the supervision of
- (a) a full pharmacist who is certified under section 43, or
 - (b) a person who is
 - (i) not a member of the college,
 - (ii) registered as a member of another college established or continued under the Act, and
 - (iii) authorized under the Act to perform the restricted activity in the course of practising the designated

health profession for which the other college is established or continued.

- (6) The registration of a student pharmacist may be renewed if he or she
 - (a) remains enrolled in a pharmacy education program described in subsection 1(a),
 - (b) applies in writing in a form acceptable to the registration committee,
 - (c) pays any outstanding fine, fee, debt or levy owed to the college, and
 - (d) pays the fee specified in Schedule “D”.
- (7) A student pharmacist must not delegate any aspect of practice.
- (8) A student registrant may use only the title “pharmacist (student)” and must not use any abbreviations.

Pharmacy Technician Registration

47. (1) For the purposes of section 20(2) of the Act, the requirements for pharmacy technician registration are
 - (a) graduation with a diploma or certificate from a pharmacy technician education program recognized by the board for the purpose of pharmacy technician registration and specified in Schedule “C”,
 - (b) successful completion of the jurisprudence examination required by the registration committee,
 - (c) successful completion of an English language proficiency examination acceptable to the registration committee, if the person has not graduated from a pharmacy technician education program in Canada accredited by the Canadian Council for Accreditation of Pharmacy Programs.
 - (d) successful completion of the structured practical training required by the registration committee, if any,
 - (e) successful completion of the Pharmacy Examining Board of Canada Evaluating Examination, if the person has not graduated from a pharmacy technician education program in Canada accredited by the Canadian Council for Accreditation of Pharmacy Programs.
 - (f) successful completion of the Pharmacy Examining Board of Canada Pharmacy Technician Qualifying Examination – Part I and Part II,

- (g) evidence satisfactory to the registration committee that the person is of good character and fit to engage in practice as a pharmacy technician, and
- (h) receipt by the registrar of
 - (i) a signed application for registration in Form 7,
 - (ii) the application fee specified in Schedule “D”,
 - (iii) a notarized copy, or other evidence satisfactory to the registration committee, of the person’s diploma, certificate or equivalent qualification, and that he or she is the person named therein,
 - (iv) a statutory declaration in Form 5,
 - (v) if applicable, the fee for the jurisprudence examination specified in Schedule “D”,
 - (vi) a criminal record check authorization in the form required by the *Criminal Records Review Act*,
 - (vii) if the person has practised as a pharmacy technician or in another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,
 - (viii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person’s good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to practise as a pharmacy technician or in another health profession,
 - (ix) a certified passport size photograph of the person taken within one year prior to the date of application,
 - (x) a notarized copy, or other evidence satisfactory to the registration committee, of the person’s Canadian citizenship or authorization to work in Canada, and
 - (xi) proof of professional liability insurance as required under section 81.

(1.1) If an applicant for registration does not complete the requirements for full registration in subsection (1) within 12 months from the date of application, the applicant must provide

- (a) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of full registration, of the person’s good standing from each body responsible for the regulation of the practice of pharmacy or

another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession, and

- (b) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada.
- (2) Despite subsection (1), the person may be granted pharmacy technician registration if he or she
- (a) is registered in another Canadian jurisdiction as the equivalent of a pharmacy technician and has provided evidence, satisfactory to the registration committee, of such authorization and that he or she is the person named therein, and
 - (b) meets the requirements established in subsection (1)(g) and (h)(i) to (iv) and (vi) to (xi).
- (3) Despite subsection (1), the registration committee has discretion, in satisfying itself under section 20 of the *Act* that the person meets the conditions or requirements for registration as a pharmacy technician member of the college, to consider whether the person's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (1)(a), and to grant full pharmacy technician registration on that basis, if the person also meets the requirements established in subsection (1)(b) to (h).
- (4) Despite subsection (1), the person may be granted pharmacy technician registration if he or she
- (a) applies on or before December 31, 2015,
 - (b) has worked for at least 2000 hours as the equivalent of a pharmacy assistant in the 3 year period immediately preceding the date of application,
 - (c) has
 - (i) successfully completed the Pharmacy Examining Board of Canada Evaluating Examination, or
 - (ii) been certified as the equivalent of a pharmacy technician in the Province of Ontario or Province of Alberta prior to January 1, 2009, or in another jurisdiction recognized by the registration committee, or
 - (iii) successfully completed an accredited pharmacist degree program in Canada or in the continental United States,

- (d) has successfully completed the pharmacy technician bridging programs, and
 - (e) meets the requirements in subsection (1)(b) to (d) and (f) to (h).
- (5) A pharmacy technician must not
- (a) perform a restricted activity under section 4(1)(a) or (c.1) of the Regulation,
 - (b) act under section 25.92 of the *Act*, or
 - (c) be appointed as a pharmacy manager.
- (6) A pharmacy technician may use only the title “pharmacy technician” and may use only the abbreviation “R.Ph.T.”.

Non-Practising Registration

48. (1) A full pharmacist or pharmacy technician may be granted non-practising registration if the registrar has received
- (a) a signed application for non-practising registration in Form 8,
 - (b) the registration fee specified in Schedule “D”,
 - (c) a statutory declaration in Form 5, and
 - (d) a criminal record check authorization in the form required under the *Criminal Records Review Act*.
- (2) A non-practising registrant must not provide pharmacy services in British Columbia.
- (3) A non-practising registrant who was formerly a full pharmacist may use only the title “pharmacist (non-practising)” and must not use any abbreviations.
- (4) A non-practising registrant who was formerly a pharmacy technician may use only the title “pharmacy technician (non-practising)” or “technician (non-practising)” and must not use any abbreviations.

Certificate of Registration and Registration Card

49. (1) The registrar must issue a certificate in Form 9 to a person who is granted full pharmacist or pharmacy technician registration.
- (2) A registration card must be issued to a person who is granted registration, and is valid from the date issued until the date shown on the card.

Examinations

50. (1) An applicant who fails a required examination under this Part, may write the examination again to a maximum of 4 times except where the Pharmacy Examining Board of Canada for its examinations, determines otherwise.
- (2) If an invigilator has reason to believe that an applicant has engaged in improper conduct during the course of an examination, the invigilator must make a report to the registration committee, and may recommend that the registration committee take one or more of the following courses of action:
- (a) fail the applicant;
 - (b) pass the applicant;
 - (c) require the applicant to rewrite the examination;
 - (d) disqualify the applicant from participating in any examination for a period of time.
- (3) After considering a report made under subsection (2), the registration committee may take one or more of the courses of action specified in subsection (2).
- (4) An applicant disqualified under subsection 2(d) must be provided with written reasons for disqualification.

Registration Renewal

51. (1) To be eligible for a renewal of registration, a registrant must
- (a) provide the registrar with a completed Form 10,
 - (b) pay the registration renewal fee specified in Schedule “D”,
 - (c) pay any other outstanding fine, fee, debt or levy owed to the college,
 - (d) attest that he or she is in compliance with the *Act*, the regulations, and these bylaws, and is in compliance with any limits or conditions imposed on his or her practice under the *Act*,
 - (e) meet all applicable requirements of the quality assurance program under Part V,
 - (f) if certified under section 43, meet all applicable requirements of section 43(4),
 - (g) provide proof of professional liability insurance as required under section 81, and

- (h) provide an authorization for a criminal record check in the form required under the *Criminal Records Review Act*, if the college does not have a valid authorization on file.
- (2) Form 10 must be delivered to each registrant no later than 30 days before the registration renewal date and must describe the consequences of late payment and non-payment of fees.
- (3) Each registrant must submit the monies required under subsection (1) and a completed Form 10 to the college on or before the registration expiry date.
- (4) On receipt of the monies required under subsection (1) and a completed Form 10, the registrar must issue a receipt stating that the registrant is, subject to his or her compliance with the *Act*, the regulations, and the bylaws, entitled to practice the profession of pharmacy or practise as a pharmacy technician, as applicable, in the Province of British Columbia as a member of the college.
- (5) If a registrant fails to submit the monies required under subsection (1) and a completed Form 10 on or before the registration expiry date, he or she ceases to be registered.
- (6) In this section, "registrant" does not include a student pharmacist.

Reinstatement

- 52. (1) The registration of a former registrant or a non-practising registrant, whose registration is not suspended or cancelled under the *Act* and who has been out of practice for more than 90 days but less than 6 years must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant or non-practising registrant
 - (a) has met all the applicable requirements of the quality assurance program approved by the board, and
 - (b) has delivered to the registrar
 - (i) a signed application for reinstatement in Form 11,
 - (ii) a statutory declaration in Form 5,
 - (iii) an authorization for a criminal record check in the form required by the *Criminal Records Review Act*, and
 - (iv) the registration reinstatement fee and transfer fee, if applicable, specified in Schedule "D".
- (2) The registration of a former registrant or a non-practising registrant, whose registration is not suspended or cancelled under the *Act* and who has been out of practice for 6 years or more must, subject to

sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant or non-practising registrant

- (a) successfully completes the jurisprudence examination required by the registration committee,
- (b) successfully completes the structured practical training required by the registration committee,
- (c) successfully completes the Pharmacy Examining Board of Canada Qualifying Examination - Part II, and
- (d) has delivered to the registrar
 - (i) a signed application for reinstatement in Form 11,
 - (ii) a statutory declaration in Form 5,
 - (iii) an authorization for a criminal record check in the form required by the *Criminal Records Review Act*, and
 - (iv) the registration reinstatement and transfer fee, if applicable specified in Schedule "D".

Reinstatement Following Late Registration Renewal

53. The registration of a former registrant who ceased to be registered under section 51(5) must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant
- (a) applies for reinstatement in Form 11 not later than 90 days following the expiry of his or her registration,
 - (b) meets the requirements of section 52(1),
 - (c) is not in contravention of the *Act*, the regulations, or these bylaws, and
 - (d) pays the registration reinstatement and late registration renewal fees specified in Schedule "D".

Registration Information

54. (1) For the purposes of section 21(2)(f) of the *Act*, the registrar must enter and maintain on the register the most recent electronic mail address for each registrant.
- (2) A registrant must notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

PART V – Quality Assurance

Quality Assurance Program

55. (1) In this Part, “**program**” means the quality assurance program established by the board in accordance with this section.
- (2) The program consists of the following:
 - (a) continuing professional development;
 - (b) assessment of professional performance.

Continuing Professional Development

56. (1) Each full pharmacist and pharmacy technician must complete learning activities for the purpose of continuing professional development, in accordance with the policy approved by the board.
- (2) Each full pharmacist and pharmacy technician must
 - (a) keep records in a form satisfactory to the quality assurance committee of the learning activities that the full pharmacist or pharmacy technician undertakes for the purpose of meeting the requirement established in subsection (1), and
 - (b) provide, on the request of and in accordance with the direction of the quality assurance committee, copies of the records referred to in paragraph (a).
- (3) The quality assurance committee may conduct a review of the records provided under subsection 2(b).

Assessment of Professional Performance

- 56.1 (1) The quality assurance committee may require a full pharmacist or pharmacy technician to undergo an assessment of professional performance
 - (a) upon referral from the practice review committee under section 15.1(5), or
 - (b) if the quality assurance committee determines an assessment is appropriate in the circumstances upon a review of records conducted under section 56(3).
- (2) For the purpose of an assessment under subsection (1) the quality assurance committee or an assessor appointed by the quality assurance committee may do one or more of the following:
 - (a) conduct an interview of the full pharmacist or pharmacy technician;
 - (b) assess the practice competency of the full pharmacist or pharmacy technician;

- (c) require the full pharmacist or pharmacy technician to undergo any other type of assessment determined by the quality assurance committee to be appropriate in the circumstances.

PART VI – Inquiries and Discipline

Disposition of Complaints by Registrar

56.2 The registrar is authorized to act under section 32(3) of the *Act*.

Consent Orders

57. The record of an undertaking or consent given under section 36 of the *Act*, a consent order under section 37.1 of the *Act*, or an agreement under section 32.2(4)(b) or 32.3(3)(b) of the *Act*, must
- (a) include any consent to a reprimand or to any other action made by the registrant under section 32.2(4)(b), 32.3(3)(b), 36 or 37.1 of the *Act*,
 - (b) include any undertaking made by the registrant under section 36 of the *Act*,
 - (c) specify the length of time that an undertaking specified in paragraph (b) is binding on the registrant,
 - (d) specify the procedure that the registrant may follow to be released from an undertaking specified in paragraph (b), and
 - (e) subject to sections 22 and 39.3 of the *Act* and sections 39(1) and 60(1), specify which limits or conditions of the undertaking, consent order or agreement may be published, disclosed to the public, or both.

Notice of Disciplinary Committee Action Under Section 39.1 of Act

57.1 The discipline committee must deliver notice to a registrant not fewer than 14 days before making an order under section 39.1 of the *Act* in respect of the registrant.

Citation for Disciplinary Hearing

58. (1) On the direction of a panel of the discipline committee, the registrar may join one or more complaints or other matters which are to be the subject of a discipline hearing in one citation as appropriate in the circumstances.
- (2) On the direction of a panel of the discipline committee, the registrar may sever one or more complaints or other matters which are to be the subject of a discipline hearing as appropriate in the circumstances.

- (3) On the direction of a panel of the discipline committee, the registrar may amend a citation issued under section 37 of the *Act*.
- (4) If a citation is amended under subsection (3) prior to a discipline hearing, the amended citation must be delivered to the respondent by personal service or sent by registered mail to the respondent at the last address for the respondent recorded in the register not fewer than 14 days before the date of the hearing.
- (5) If a citation is amended under subsection (3) prior to a discipline hearing, and the amended citation changes the date, time or place of the hearing, the registrar must notify any complainant of the amendment not fewer than 14 days before the date of the hearing.

Hearings of Discipline Committee

59. (1) No person may sit on the discipline committee while he or she is a member of the inquiry committee.
- (2) No member of the discipline committee may sit on the panel hearing a matter in which he or she:
 - (a) was involved as a member of the inquiry committee, or
 - (b) has had any prior involvement.
- (3) Information about the date, time and subject matter of the hearing must be provided to any person on request.
- (4) The discipline committee must provide notice by registered mail or by personal service to a person who is required to attend a hearing under section 38(6) of the *Act* in Form 12.
- (5) All discipline hearings must be recorded and any person may obtain, at his or her expense, a transcript of any part of the hearing which he or she was entitled to attend.

Notice of Disciplinary Decision

60. (1) In addition to any notification required under section 39.3 of the *Act* with respect to any of the actions referred to in section 39.3(1)(a) to (e) of the *Act*, the registrar
 - (a) must notify all registrants,
 - (b) must notify the regulatory bodies governing the practice of pharmacy or the services of pharmacy technicians in every other Canadian jurisdiction, and
 - (c) may notify any other governing body of a health profession inside or outside of Canada.

- (2) Notification provided to all registrants under subsection (1)(a)
 - (a) must include all information included in the public notification under section 39.3 of the *Act*, and
 - (b) unless otherwise directed by the inquiry committee or the discipline committee, as the case may be, must exclude any information withheld from the public notification under section 39.3(3) or (4) of the *Act*.
- (3) Unless otherwise directed by the inquiry committee or the discipline committee, as the case may be, notification provided to other regulatory or governing bodies under subsection (1)(b) or (c) may include information that has been withheld from the public notification under section 39.3(3) or (4) of the *Act*.

Retention of Discipline Committee and Inquiry Committee Records

- 61. Records of the inquiry committee and discipline committee must be retained permanently.

Registrant Under Suspension

- 62. (1) If the registration of a registrant is suspended, the registrant must
 - (a) not engage in the practice of pharmacy or provide the services of a pharmacy technician,
 - (b) not hold himself or herself out as a registrant,
 - (c) not hold office in the college,
 - (d) not be a manager,
 - (e) not make appointments for patients or prospective patients,
 - (f) remove the registrant's name and any sign relating to the registrant's practice from any premises where the registrant practiced pharmacy or provided the services of a pharmacy technician and any building in which any such premises are located,
 - (g) not contact or communicate with patients or prospective patients, except for the following purposes:
 - (i) to advise a patient or a prospective patient of the fact and duration of the suspension, and
 - (ii) to advise a patient or prospective patient that another registrant will continue to act or provide services in the suspended registrant's place, or

- (iii) to refer a patient or prospective patient to another registrant, who is in good standing.
 - (h) pay any fee required by the college when due in order to remain a registrant and any other outstanding fine, fee, debt or levy owed to the college, and
 - (i) immediately surrender his or her registration card to the registrar.
- (2) No registrant or former registrant is entitled to any refund of any fine, fee, debt or levy paid to the college solely on the basis that it was paid during or in relation to a period of suspension from practice.
- (3) During the period of suspension,
- (a) a suspended full pharmacist may permit another full pharmacist in good standing to practice pharmacy, and
 - (b) a suspended pharmacy technician may permit a full pharmacist or another pharmacy technician, in good standing, to provide pharmacy services,

in the premises where the full pharmacist or pharmacy technician formerly practiced pharmacy or provided pharmacy services, as applicable.

Fines

63. The maximum amount of a fine that may be ordered by the discipline committee under section 39(2)(f) of the *Act* is \$100,000.

PART VII –Registrant Records Definitions

64. In this Part, “**patient’s representative**” means
- (a) a “committee of the patient” under the *Patient’s Property Act*,
 - (b) the parent or guardian of a patient who is under 19 years of age,
 - (c) a representative authorized by a representation agreement under the *Representation Agreement Act* to make or help in making decisions on behalf of a patient,
 - (d) a decision maker or guardian appointed under section 10 of the *Adult Guardianship Act*, or
 - (e) a temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*.

Purpose for which Personal Information may be Collected

65. No registrant may collect personal information regarding a patient without the patient's consent unless
- (a) the information relates directly to and is necessary for providing health care services to the patient or for related administrative purposes, or
 - (b) the collection of that information is expressly authorized by or under an enactment.

Record Keeping

- 65.1 (1) All records required to be kept under the bylaws of the college or other legislation that regulates the practice of pharmacy shall be readable, complete and filed systematically by a registrant in a manner that is secure, auditable and allows for easy retrieval.
- (2) Notwithstanding subsection (1), a prescription record that is valid must be retrievable immediately.
- (3) For purposes of subsection (2):
- (a) prescriptions for oral contraceptives are valid for a period of up to two years from the prescribing date; and
 - (b) prescriptions other than for oral contraceptives are valid for a period of up to one year from the prescribing date.
- (4) With respect to prescriptions for drugs included in the controlled prescription program, the original prescription form must be retained, regardless of whether or not such prescription form has also been stored electronically.
- (5) Prescriptions stored electronically must accurately reflect the original prescription, including the colour composition of that prescription.
- (6) A registrant who creates and stores electronic records must do so using the equipment, software and systems prescribed by subsections 23.3(1) and 23.3(2) of the Pharmacy Operations and Drug Scheduling Act Bylaws.

Source of Personal Information

66. (1) A registrant must collect personal information about a patient directly from the patient, unless the patient otherwise consents.
- (2) Despite subsection (1), a registrant may collect personal information about a patient from another person if he or she has reasonable grounds to believe

- (a) that the patient has been made aware of the matters set out in section 67(1) and has authorized collection of the personal information from another person,
- (b) that the patient is unable to give his or her authority and the registrant, having made the patient's representative aware of the matters set out in section 67(1), collects the information from the representative or the representative authorizes collection from another person,
- (c) that compliance with subsection (1) would:
 - (i) prejudice the best interests of the patient,
 - (ii) defeat the purpose or prejudice the use for which the information is collected, or
 - (iii) prejudice the safety of any person,
- (d) that compliance with subsection (1) is not reasonably practicable in the circumstances of the particular case,
- (e) that the collection is for the purpose of assembling a family or genetic history of a person and is collected directly from that person,
- (f) that the information is publicly available,
- (g) that the information:
 - (i) will not be used in a form in which the patient concerned is identified, or
 - (ii) will be used for statistical or research purposes and will not be published in a form that could reasonably be expected to identify the patient.
- (h) that non-compliance with subsection (1) is necessary if the information is about law enforcement or anything referred to in sections 15(1) or (2) of the *Freedom of Information and Protection of Privacy Act*.

Collection of Personal Information

67. (1) If a registrant collects personal information directly from a patient, or from a patient's representative, the registrant must take such steps as are, in the circumstances, reasonable to ensure that the patient or patient's representative is aware of
- (a) the fact that the personal information is being collected,
 - (b) the purpose for which the personal information is being collected,
 - (c) the intended recipients of the personal information,

- (d) whether or not the supply of the personal information is voluntary or mandatory and, if mandatory, the legal authority for collecting the personal information,
 - (e) the consequences, if any, for that patient if all or any part of the requested personal information is not provided, and
 - (f) the rights of access to personal information provided in section 80.
- (2) The steps referred to in subsection (1) must be taken before the personal information is collected or, if that is not practicable, as soon as practicable after the personal information is collected.
 - (3) A registrant is not required to take the steps referred to in subsection (1) in relation to the collection of personal information from a patient, or the patient's representative, if the registrant has taken those steps in relation to the collection, from the patient or patient's representative, of the same information or information of the same kind for the same or a related purpose, on a recent previous occasion.
 - (4) Despite subsection (1), a registrant is not required to comply with subsection (1) if the registrant believes on reasonable grounds
 - (a) that non-compliance is authorized by the patient concerned,
 - (b) that compliance would:
 - (i) prejudice the interests of the patient concerned, or
 - (ii) defeat the purpose or prejudice the use for which the information is collected,
 - (c) that compliance is not reasonably practicable in the circumstances of the particular case, or
 - (d) that the information is about law enforcement or anything referred to in sections 15(1) or (2) of the *Freedom of Information and Protection of Privacy Act*.

Manner of Collection of Personal Information

- 68. Personal information must not be collected by a registrant
 - (a) by unlawful means, or
 - (b) by means that in the circumstances intrude to an unreasonable extent upon the personal affairs of the patient concerned.

Accuracy of Personal Information

69. (1) The registrant must make every reasonable effort to ensure that personal information collected about patients is current and is legibly, accurately and completely recorded.
- (2) In addition to correcting personal information in a record in accordance with section 70, a registrant who discovers an error or omission in such a record must amend the record to correct the error or omission and that amendment must reflect the original record entry, the identity of the registrant amending the record, the date of the amendment and the reasons for the amendment.

Right to Request Correction of Personal Information

70. (1) A person who believes there is an error or omission in a record containing his or her personal information may request that the registrant having the record in his or her custody or control correct the information.
- (2) If, after receiving a request for correction under subsection (1):
- (a) the registrant disagrees that there is an error or omission in the record, the registrant must note the request in the record with particulars of the correction that was sought; or,
 - (b) the registrant agrees that there is an error or omission in the record, the registrant must amend the record to correct the error or omission and that amendment must reflect the original record entry, the identity of the registrant amending the record, the date of the amendment, and the reasons for the amendment.

Use of Personal Information

71. A registrant may use personal information about a patient only
- (a) for the purpose of providing health care services to, or performing health, care services for, the patient, or for a related administrative purpose, or
 - (b) for a use or disclosure consistent with a purpose specified in paragraph (a)
 - (i) if the patient has consented to the use, or
 - (ii) for a purpose for which that information may be disclosed by the registrant under section 72 or otherwise under the *Act*.

Disclosure of Personal Information

72. A registrant must maintain confidentiality of personal information about a patient, and may disclose personal information about a

patient only

- (a) if the patient concerned has consented to the disclosure,
- (b) for the purpose of providing health care services to, or performing health care services for, the patient, or for a related administrative purpose, or for a disclosure consistent with either purpose,
- (c) for the purpose of complying with an enactment of, or an arrangement or agreement made under an enactment of, British Columbia or Canada,
- (d) for the purpose of complying with a subpoena, warrant or order issued or made by a court, person or body with jurisdiction to compel the production of information,
- (e) to an employee of, or contractor providing services to, the registrant, if the information is necessary for the performance of the duties of, or for the protection of the health or safety of, the employee or contractor,
- (f) to a lawyer acting for the registrant, for use in civil or criminal proceedings involving the registrant,
- (g) if necessary to comply with the *Coroners Act*,
- (h) if necessary to comply with the *Ombudsman Act*,
- (i) for the purposes of
 - (i) collecting a debt or fine owing by a patient to the registrant, or
 - (ii) making a payment owing by the patient to a registrant,
- (j) to an auditor, the college or any other person or body authorized by law, for audit purposes,
- (k) if the registrant believes on reasonable grounds that there is a risk of significant harm to the health or safety of any person and that the use or disclosure of the information would reduce that risk,
- (l) so that the next of kin or a friend of an injured, ill or deceased individual may be contacted,
- (m) in accordance with the *Act*, the regulation, or these bylaws, or
- (n) as otherwise required by law.

Definition of Consistent Purpose

73. A use or disclosure of personal information is consistent with the purposes of providing health care services to a patient or related administrative purposes under sections 71 and 72 if the use or

disclosure has a reasonable and direct connection to either purpose.

Storage of Personal Information

74. A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored
- (a) at the pharmacy, or
 - (b) off site.

Manner of Disposal of Records

75. A registrant must ensure that records are disposed of or destroyed only by
- (a) transferring the record to another registrant, or
 - (b) destroying the records in a manner that ensures that they cannot be reconstructed.

Registrant Ceasing to Practice

76. (1) Except where records must be retained for the purpose of Part 3 of the *Act* and Part 3 of the *Pharmacy Operations and Drug Scheduling Act*, in any case where a pharmacy is closed or a registrant ceases to practise, for any reason, the records referred to in section 74 must be transferred in accordance with this Part, and the college must be notified and provided with a written summary of the steps taken to transfer those records.
- (2) A registrant must make appropriate arrangements to ensure that, in the event that the registrant dies or becomes unable to practise for any reason and is unable to dispose of records referred to in section 74 those records will be safely and securely transferred to another registrant.
- (3) A registrant who transfers records containing personal information about a patient transferred in accordance with subsection (1) or (2) must notify the patient.

Protection of Personal Information

77. (1) A registrant must protect personal information about patients by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal.
- (2) A registrant must take reasonable measures to ensure that a third party, including a volunteer, employee or contractor of the registrant, or a limited pharmacist does not access, collect, use,

disclose, store or dispose of personal information about patients except in accordance with this Part.

Contracts for Handling Personal Information

78. A registrant must ensure that, if personal information about patients is transferred to any person or service organization for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that confidentiality and physical security will be maintained.

Remedying a Breach of Security

79. A registrant must take appropriate measures to remedy any unauthorized access, use, disclosure or disposal of personal information about patients under this Part as soon as possible after the breach is discovered, including
- (a) taking steps to recover the personal information or to ensure its disposal if it cannot be recovered,
 - (b) taking steps to ensure that any remaining personal information is secured,
 - (c) notifying
 - (i) anyone affected by the unauthorized access including patients and other health care providers,
 - (ii) the college, and
 - (iii) law enforcement officials, if criminal action may have contributed to the unauthorized action, and
 - (d) modifying existing security arrangements to prevent a re-occurrence of the unauthorized access.

Patient Access to Personal Information

80. (1) For the purposes of this section, “access to” means the opportunity to examine or make copies of the original record containing personal information about a patient.
- (2) If a patient or a patient’s representative makes a request for access to personal information about the patient, the registrant must comply as soon as practical but not more than 45 days following the request by
- (a) providing access to the patient or patient’s representative,
 - (b) providing access to the remainder of the personal information if that information excepted from disclosure under subsection (3) can reasonably be severed, or

- (c) providing written reasons for the refusal of access to the personal information or to any portion thereof.
- (3) The registrant may refuse to disclose personal information to a patient or a patient's representative
 - (a) if there is a significant likelihood of a substantial adverse effect on the physical, mental or emotional health of the patient,
 - (b) if there is a significant likelihood of harm to a third party, or
 - (c) if the disclosure could reasonably be expected to disclose personal information regarding another individual.
 - (4) If a patient or a patient's representative requests a copy of an original record containing personal information about the patient to which a registrant has given the patient or patient's representative access, a copy must be provided if it can reasonably be reproduced.
 - (5) A registrant may charge a reasonable fee for the reproduction of personal information which does not exceed the fee specified in Schedule "G".
 - (6) Subject to subsection (3), a patient under 19 years of age may have access to a record if, in the opinion of the registrant, the patient is capable of understanding the subject matter of the record.
 - (7) Except if authorized by the patient, a registrant must not provide access to the records of a patient who is under 19 years of age to the guardian or parent of the patient if the subject matter of the record is health care which was provided without the consent of a parent or guardian in accordance with the requirements of section 17 of the *Infants Act*.

Part VIII – General Liability Insurance

- 81. (1) Each registrant, other than a student pharmacist or a non-practising registrant, must obtain and at all times maintain professional liability insurance coverage with a limit of liability not less than \$2,000,000 insuring against liability arising from an error, omission or negligent act of the registrant.
- (2) Each registrant, other than a student pharmacist or a non-practising registrant, must obtain and at all times maintain professional liability insurance coverage with a limit of liability not less than \$2,000,000 insuring against liability arising from an error, omission or negligent act of an employee of the registrant.

Part IX – Marketing and Advertising

Definitions

82. In this Part:

"advertisement" means the use of space or time in a public medium, or the use of a commercial publication such as a brochure or handbill, to communicate with the general public, or a segment thereof, for the purpose of promoting professional services or enhancing the image of the advertiser;

"marketing" includes

- (a) an advertisement,
- (b) any publication or communication in any medium with any patient, prospective patient or the public generally in the nature of an advertisement, promotional activity or material, a listing in a directory, a public appearance or any other means by which professional services are promoted, and
- (c) contact with a prospective client initiated by or under the direction of a registrant.

Marketing and Advertising

83. (1) When advertising pharmacy services that are required by legislation, the statement, "Required in all British Columbia Pharmacies", must accompany the advertising and must be of the same size and prominence as all other print in the advertising.
- (2) Schedule I drug price advertising must include
- (a) the proprietary (brand) name, if any, for the drug and/or the device,
 - (b) the drug product's generic name and the manufacturer's name,
 - (c) the dosage form and strength,
 - (d) total price for a specific number of dosage units or quantity of the drug product, and
 - (e) the phrase "only available by prescription".
- (3) Where Schedule I drug price advertising includes direct or indirect reference to a professional fee charged, the total prescription price must also be incorporated into the advertisement, and both figures must be featured equally.

- (4) Schedule I drug price advertising must not include any reference to the safety, effectiveness or indications for use of the advertised prescription drug products or compare the fees charged by the registrant with those charged by another registrant.
- (5) Any marketing undertaken or authorized by a registrant in respect of his or her professional services must not be
 - (a) false,
 - (b) inaccurate,
 - (c) reasonably expected to mislead the public, or
 - (d) unverifiable.
- (6) Marketing violates subsection (5) if it
 - (a) is calculated or likely to take advantage of the weakened state, either physical, mental or emotional, of the recipient or intended recipient,
 - (b) is likely to create in the mind of the recipient or intended recipient an unjustified expectation about the results which the registrant can achieve,
 - (c) implies that the registrant can obtain results
 - (i) not achievable by other registrants,
 - (ii) by improperly influencing a public body or official, or any corporation, agency or person having any interest in the welfare of the recipient,
 - (iii) by any other improper means, or
 - (d) compares the quality of services provided with those provided by another registrant, or a person authorized to provide health care services under another enactment, or another health profession.
- (7) The home page of any pharmacy that advertises on a website must clearly show
 - (a) that the pharmacy is licensed in British Columbia,
 - (b) the contact information for the college,
 - (c) a notice to patients that pharmacy practice issues may be reported to the college,
 - (d) the physical location of the pharmacy operation,
 - (e) the 10 digit pharmacy telephone number, and
 - (f) the name of the pharmacy's manager.

Part X – Patient Relations

Patient Relations Program

84. (1) The board must establish a patient relations program to seek to prevent professional misconduct, including professional misconduct of a sexual nature.
- (2) For the purposes of the patient relations program, the board must
- (a) establish and maintain procedures by which the college deals with complaints of professional misconduct of a sexual nature,
 - (b) monitor and periodically evaluate the operation of procedures established under subsection (a), and
 - (c) develop guidelines for the conduct of registrants with their patients.
- (3) The registrar must provide information to the public regarding the college’s complaint, investigation, and discipline processes.
- (4) In this section, “**professional misconduct of a sexual nature**” means
- (a) sexual intercourse or other forms of physical sexual relations between the registrant and the patient,
 - (b) touching of a sexual nature, of the patient by the registrant, or
 - (c) behavior or remarks of a sexual nature by the registrant towards the patient,
- but does not include touching, behavior and remarks by the registrant towards the patient that are of a clinical nature appropriate to the service being provided.

Part XI – Standards of Practice

Community Pharmacy, Hospital Pharmacy, Residential Care Facilities and Homes

85. Standards, limits, and conditions for the practice of the health profession of pharmacy and the provision of pharmacy technician services by registrants, referred to in section 19(1)(k) of the *Act* are established in Parts 1 to 3 of Schedule “F”.

Drug Administration

86. Standards, limits, and conditions respecting practising pharmacists and drug administration, referred to in section 19(1)(k) of the *Act*, are established in Part 4 of Schedule “F”.

Part XII – Standards of Professional Ethics

Code of Ethics

87. Standards of professional ethics for registrants, including standards for the avoidance of conflicts of interest, referred to in section 19(1)(l) of the *Act*, are established in Schedule “A”.



College of Pharmacists
of British Columbia

College of Pharmacists of BC Board Meeting Guidelines

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First Approved:

Revised:

Reaffirmed:

Monitoring Frequency: **Annually or as required**

Monitoring Method:

Responsibility of: **The Board of CPBC**

Introduction

The Board of the College of Pharmacists of British Columbia (the College or CPBC) plays a vital role in supporting and upholding the safe practice of pharmacy and pharmacy professionals registered in BC. The mandate and objects of the College are outlined in [s.16 of the Health Professions Act](#). As that section states, the duty of the College is to at all times serve and protect the public, as well as exercise its powers and discharge its responsibilities under all enactments in the public interest.

Board meetings are the primary forum for Board discussions and decision-making. An effective meeting is defined as *“the assembly of people gathering to discuss ideas and make decisions that produce an outcome of value”* and the Board builds on this through its drive to cultivate a meeting space that is safe, unoppressive, and inclusive. This includes inviting and empowering Board members to contribute freely to discussions, participate in positive and robust interactions with each other, and engage in learning that will expand their awareness and knowledge of subjects to support their individual contribution to discussions and decision-making.

The purpose of these Board meeting guidelines is to outline the procedures of the Board meetings held throughout the year. These guidelines are a resource to Board members in describing:

- How Board meetings are structured and planned;
- How Board discussions can be optimized;
- How a culture of trust and respect can flourish when space is made for questions, humility, and learning; and,
- Relevant, unbiased, and balanced decisions can be made that meet and support the College’s legislated authorities as set out in the [Health Professions Act](#) and the [Pharmacy Operations and Drug Scheduling Act](#); and,
- The College’s commitment to [cultural safety and humility](#).

These Board meeting guidelines also reflect regulatory and governance best practices. It is anticipated that these guidelines be reviewed annually to continuously be receptive to the changing regulatory environment. They work in conjunction with the duties and responsibilities of Board members as established in the [Oath of Office](#), [CPBC Bylaws](#), and the [CPBC Board Reference and Policies](#) document. In addition, Board members should keep in mind the legislated responsibilities of the College Board as set out in the [Health Professions Act](#) and the [Pharmacy Operations and Drugs Scheduling Act](#).

These guidelines do not apply to general College meetings such as the annual general meeting (AGM). Separate procedural rules govern those types of meeting.

First Approved:
Revised:
Reaffirmed:

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

Types of Meetings

There are three main types of meetings that Board members can expect to attend.

1. Regular Meetings

Regular meetings are generally held on a bi-monthly basis for the discussion of general business. These meetings are typically open to observers¹. The minutes of the meetings are recorded and made available on the College's website. These meetings are typically video-recorded and posted online.

A Board meeting is typically held in September, November, January/February, April, and June. The Board usually does not meet during the summer months.

2. In-Camera Meetings

This is a private meeting of the Board. This type of meeting is typically open to staff involved in discussion items and invited guests may also attend. Section 13(8) of the *Health Professions Act* Bylaws requires that meeting minutes note the reason(s) why the Board held an in-camera meeting.

There are multiple reasons why the Board may want to have an in-camera meeting. For instance, the Board may want to meet with legal counsel regarding a recent legal opinion or a have discussion on the Registrar's performance evaluation.

To have an in-camera meeting, the criteria set out in s. 13(7) of the *Health Professions Act* Bylaws must be met, which states:

"The board may exclude any person from any part of a board meeting if it is satisfied that

- (a) financial, personal or other matters may be disclosed of such a nature that the desirability of avoiding public disclosure of them in the interest of any person affected or in the public interest outweighs the desirability of adhering to the principle that meetings be open to the public,*
- (b) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced,*
- (c) personnel matters or property acquisitions will be discussed,*
- (d) the contents of examinations will be discussed,*
- (e) communications with the Office of the Ombudsman will be discussed, or*
- (f) instructions will be given to or opinions received from legal counsel for the college, the board, or a committee"*

¹ During much of the COVID-19 public health emergency, regular Board meetings were held online. Outsider observers have not been able to attend these meetings due to the online format. Meetings continued to be video-recorded and available publicly online during this time.

3. Committee of the Whole Meetings

A Committee of the Whole meeting is typically scheduled before every Board meeting. This type of meeting is closed to all but Board members, select staff, and guest speakers invited to present on certain topics. No College business is conducted during this session, no formal action can be taken, no recordings are made, and no formal minutes are taken. Due to the lack of transparency to the public, the Board needs to be clear that this type of meeting is appropriate for the matter under discussion.

Some of the key purposes of Committee of the Whole sessions include Board training, and discussion on emerging issues where a Board decision is not needed at the time.

First Approved:
Revised:
Reaffirmed:

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

Ways to Meet

It is important to consider how and when the Board meet. There are multiple ways in which the Board may meet, but typically, in-person meetings are prioritized.

1. In-Person

In-person meetings are the preferred type of meeting for Board members, predominantly because Board meetings involve significant discussion, planning, problem solving, and decision-making. This is the best type of meeting to hold when it is important to reduce distractions and fully engage Board members; being face-to-face with colleagues helps build shared understanding, co-operation, and empathy.

2. Videoconference

The option to attend a meeting remotely (i.e., by videoconference) may be available to Board members unable to participate in person. Remote meetings tend to work best for straightforward discussions where no group work is taking place or rigorous decisions are being made.

Videoconferencing has become the standard Board meeting format because of the global pandemic and hybrid meetings may become more common moving forward, with some Board members attending meetings in person and others choosing to attend remotely.

3. By Email

Email meetings are convened for one specific purpose only, either when information needs to be disseminated quickly, or an urgent decision is required that cannot wait until the next scheduled Board meeting.

Motions approved via email need to be approved by all Board members. Section 13(12) of the *Health Professions Act Bylaws* states, “A written resolution signed by all board members is valid and binding and of the same effect as if such resolution had been duly passed at a board meeting.”

Meeting Material

1. Meeting Agendas

Regular Agendas

The agenda is prepared by staff in consultation with the Board Chair and Vice-Chair. Any Board member may propose an agenda item ahead of the meeting. The Board Chair and Registrar will decide whether to include that item on the meeting agenda for the Board's consideration.

Agendas follow a standard template, which includes the time, date, and location of the meeting. It will also outline each agenda item, the presenter for each item and an estimated allocated time for each item.

Consent Agendas

A consent agenda is typically part of the Board meeting agenda. This is a technique used to address multiple decision requests as a single agenda item so the Board can manage its meeting time. Only items that are routine or non-controversial in nature will appear on a consent agenda, or an item that requires perfunctory approval because the Board has already reached consensus in previous discussions.

Board members are expected to have carefully reviewed the items on a consent agenda prior to the meeting. The Chair will ask at the outset of the meeting if any items from the consent agenda need to be moved to the regular agenda for discussion. Any reason provided by a Board member is sufficient to have the item moved. The Chair may then decide to discuss the matter immediately or move the discussion to an appropriate time on the regular agenda.

When developing agendas, staff and Board leadership need to be confident that:

- The Board is spending the most amount of time on the most important issues.
- The Board will have the information and time to properly discuss each agenda item.
- The agenda is not too ambitious given the time allocated.
- The right people will be in the room for each discussion and, specifically, when discussions or decisions involve or impact BC First Nations, Indigenous, marginalized, or racialized individuals, groups, or communities, that either:
 - Appropriate consultation has occurred prior to the meeting and a process is in place to report out following the meeting; or
 - Representation from the specific group or community is present for the discussion.
- Staff are making the best use of the time they have with the Board when face-to-face.
- Staff are sure the topics under discussion during a closed or in-camera meeting are flagged as confidential and properly fall under s. 13(7) of the *Health Professions Act* Bylaws.
- Staff ensure the design of the meeting aligns with the Board members' level of engagement and capacity (e.g., deep discussion is not happening at a time when Board members might be tired or distracted).

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2. Meeting Package

Briefing notes, with supplemental documents, form the basis of the meeting package. Along with agenda, the meeting package provides Board members with the information they need to understand the goal of each discussion, as well as background information, context, and analysis. Senior Leadership will also be present during the meeting to address any questions that arise.

The meeting package is typically posted on the College's secure document management system (the Dispensary) two weeks prior to the meeting to give Board members time to read and consider the material. Any changes made to the agenda or meeting package will be communicated to Board members either by email in advance of the meeting, or in person by the Chair at the beginning of the meeting.

3. Board Resources

Key documents, including Board manuals and policies that Board members may wish to reference either when preparing for or in-between meetings, are also housed in the online Dispensary site.

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Meeting Attendance

Board members will receive an email invitation from staff for each of their Board meetings, setting out the date, time, location and, if applicable, log-in details for remote access. Board members are advised to notify staff in advance if they are unable to attend a meeting or plan to attend remotely (if the meeting is being held in-person). Board members are also asked to inform the Board Chair in advance if they plan to join the meeting late or leave early.

Board members are expected to arrive on time, with materials and notes ready to participate in the meeting. Devices not in use must be put away with notifications turned off. Where a Board member needs to attend to personal or non-Board related matters, they should, if possible, inform the Board at the outset that an interruption might occur during the meeting.

Board members attending by videoconference or teleconference are advised to:

- Consider how they might appear on camera, for example, avoiding stripes or bold patterns which can be visually distracting, adjusting lighting to minimize shadows, and reducing background noise.
- Test equipment ahead of time to make sure internet access is available and working and, if possible, to have a contingency in place in the event of system glitches.
- Have the dial-in number, access codes, or log-in details ready and join the meeting at least 10 minutes early to resolve technical issues.
- If the meeting is late to begin, email the meeting organizer to say they are ready to join the call.
- Give full attention to the meeting as they would if in the same room.
- Identify themselves if they wish to speak.
- Wait to be acknowledged by the Chair before speaking.
- Speak clearly and address Board members by name if asking specific questions.
- Ask for clarity if any part of the discussion is unclear.
- Be patient if there is a slight delay in transmission.
- Mute the line when not speaking and not place the call on hold to avoid silence fillers being broadcast to the room (i.e., news or music).
- When the meeting concludes, remember to end the call or connection.

Board members may claim expense reimbursement for preparation time and attendance at meetings (see “4.11 Reimbursement of Expenses to Board and Committee Members” in [CPBC’s Board Reference and Policies](#)).

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Board Discussions

1. Opening Protocol

All Board meetings begin with a land/territorial acknowledgment. This is:

- A mark of respect and recognition of the deep, historical, and constitutionally protected connection BC First Nations have with the land occupied by the College;
- A statement to demonstrate understanding that the land on which the Board meets is unceded by BC First Nations peoples; and
- Recognition and humble gratitude to those indigenous to the land from those who are settled here.

When a meeting takes place by teleconference or videoconference, attendees are invited to acknowledge the territory from which they are each joining the meeting. Resources are available to Board members who wish to learn more about territories and the correct pronunciation of the territory names. Board members making a land/territorial acknowledgment are encouraged to speak sincerely, drawing on their personal learning and knowledge (at whatever stage that might be) so their words are neither tokenistic nor performative.

2. Meeting Conduct

The [Code of Conduct](#) included within the Board Reference and Policies document sets out the specific standards of conduct and expectations to which Board members must adhere. Failure to comply with the Code of Conduct may result in corrective action up to and including removal from the Board.

3. Discussion Process

The Chair is responsible for the meeting, ensures that where possible it runs on time, ensures that discussions are robust, respectful and supports good decision-making. The standard process for moving through discussion to decision includes the following:

- Each item on the agenda will be introduced by a committee chair, staff member, or anyone else invited by the Chair to introduce the topic.
- The Chair will open the floor for any questions and discussion arising from the briefing note and background materials.
- The Chair will ensure that every member of the Board has an opportunity to share their perspective without being interrupted or silenced.
- The Chair will ensure that no one board or staff member is dominating the discussion.
- The Chair will ensure that discussion is confined to issues that fall within the Board's authority and are relevant to the issue being discussed.
- Throughout the discussion, the Chair will, where needed, highlight important points, clarify misunderstandings, and keep the discussion focused on the matters at hand.
- When Board members believe they have received the information necessary to

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consider the issue fully and are ready to move to a decision on the matter, the Chair will request a motion for resolution on which the Board will vote (see “*Board Decisions*” below).

- Prior to moving to decision, the Chair will check in with each Board member to ensure they have had an opportunity to share their opinion and ask questions.

4. Timeliness

Timeliness is always a key consideration for the Board. When possible, staff will bring items to the Board incrementally, with information, education sessions, and smaller decisions leading up to the final request for a decision. This ensures the Board is fully informed and comfortable with the subject matter before a decision is required.

There may be occasions where Board members may find that a discussion requires more time than was provided on the agenda. The Chair will consult with the Board to determine whether to continue or adjourn the discussion or decision to another meeting.

When the Board decides to defer a discussion or decision, it is best practice for Board members to think about what the unintended consequences of that deferral might be (e.g., a delay in information reaching registrants or education programs, halting the progress of external processes or successive decisions by other health system players, or delays in filing bylaw amendments with government, etc.).

5. Self-Reflection

One of the key values expected from Board members is self-awareness: the ability to identify the elements and nature of their own reasoning and the influences upon it, knowledge of which can empower Board members in their roles, enhance the integrity of Board discussions, and foster deep trust and respect between colleagues.

While Board members need never openly communicate or share, for example, their personal spheres of power, privilege, or bias during a Board discussion, they may find some utility in privately reflecting on these questions:

- Am I comfortable sharing what I know in the context of this discussion?
- Am I comfortable saying, “*I don’t know*”?
- Am I providing my authentic point of view or am I acquiescing to a majority voice?
- Am I currently anxious, rushed, or otherwise feeling disengaged from this discussion?
- Am I open to listening to what others are saying even though I am uncomfortable or disagree with the perspective being shared?
- How might I be an ally to or support those who have said they are feeling unsafe or marginalized within the scope of this discussion?
- Am I holding myself and others accountable for creating space in this moment for an honest conversation about racism, power, and privilege to occur?
- Am I using my privilege to help those with less privilege at this table, in a way that does not lessen or undermine their power or voice?
- Am I limiting myself from considering perspectives that are different from my

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- own? If yes, why might that be (i.e. is there bias at play)?
- Am I using language that will neither dismiss nor exclude others' skill or lived experience?
- Can I accept that I can offer my perspective but not control anyone's ability to receive it?
- Do I need to seek support outside of the Board space (e.g. an ally, a mentor, or other)?

6. Creating Space and Safety for Equitable Discussions

The most powerful Board discussions take place when all Board members deeply engage with a subject, not because they know everything about it, but because they have a strong sense of wellbeing and safety when contributing their unique views, knowledge, and ideas.

With heavy agendas and limited meeting time, Board members may often only be able to focus on what is immediately before them which, over time, may unintentionally erode trust. It is important that the Board holds itself accountable for creating space, both in and between meetings, to have the deep, challenging, provocative, or difficult conversations essential to reaching a state of equity.

This "space" relies on basic respect being present within Board relationships. Depending on the context or outcomes being sought, Board members can move discussions between:

- A **safe space**, where Board members can share thoughts, concerns, or lived experiences without fear of reprisal, mockery, or the pressure to educate. While learning or greater understanding may well be an outcome, the ultimate goal in this space is support.
- A **culturally safe space**, where Board members actively progress discussions through the application and practice of cultural awareness, sensitivity, and cultural humility.
- A **brave space**, which builds on safe and culturally safe spaces, where Board members can share their vulnerabilities, opinions, and concerns about injustice and inequity, with the specific intent to call for action, educate, or disrupt unfair or unjust systems, policies, or practices.

Note that safety must not be conflated with comfort. The latter is passive and not conducive to equitable or meaningful discussions.

Ideally, Board members will always feel equally valued, trusted, respected, motivated, and free to contribute to Board discussions, whether they are present in person or joining a meeting remotely. However, discussions may derail if, for example, Board members:

- Show disrespect for individuals sharing their views;
- Interrupt or cut-off conversations;
- Express disdain or judgment of those showing emotion or vulnerability;
- Dismiss or disparage new information because it is not within their own personal knowledge or experience;

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- Push for decisions when others may still be processing information;
- Provide unsolicited advice; or
- Breach others' confidence or privacy.

The Board must act when a Board member expresses a lack of safety, and not seek to rationalize or ignore the circumstances before it. Remaining silent, avoiding conflict, or suppressing knowledge are recognized forms of oppressive violence that may cause significant harm.

It is always open to Board members to ask the Chair for a break from the agenda, redirect attention to holding a trusted space, and agree to ground rules. Inviting an experienced or independent facilitator to join the Board for discussions may also help to progress any difficult conversations.

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Board Decisions

1. Staff and Committee Recommendations

Staff or committees typically include a recommendation in the briefing note for the Board to review and consider.

Recommendations are never brought forward in isolation: previous discussions, analysis of strategic priorities, consideration of external factors, consultation with government, system, and community partners, and previous Board discussions, for example, will have been captured when preparing the briefing note. Additionally, a full review of the issues may have already been completed by the committees delegated with such authority by the Board, in which case the Board will get a summary of the process the committee engaged in and a recommendation.

2. Decision-making Process

Board decisions are made predominantly by consensus with a confirmation vote (see further below). Depending on the nature of the discussion and the timelines involved, the Chair may consider other processes that support informed decision-making, such as bringing in an external facilitator to support the discussion.

For a regulatory Board, the primary test for any decision will always be whether the outcome serves and protects the public. It is expected that Board members will keep the College's duty and objects, as stated in s.16 of the *Health Professions Act* as their primary consideration throughout their discussion. Some sample questions are set out below to help Board members approach decisions and they are encouraged to evolve these questions as their own learning progresses:

- Why are we making this decision?
 - Is it in our mandate?
 - Is it tied to our strategic priorities?
 - What are the risk and budget implications?
- Do we trust the process given the importance of the decision that needs to be made? If not, what needs to change?
- Are the right people with the right experience and knowledge in the room to support a good decision?
- Have we understood all the necessary facts and information?
- Is there additional information we need to make a good decision?
- Is there a perspective or opinion we have overlooked?
- Have we considered honestly the complexities of the situation and thought about what the unintended consequences might be?
- Have we received a clear analysis of where racism, power imbalances, harm, or oppression might be in play and is there a plan of engagement/mitigation?
- Will our decision support culturally safe care and aid in the eradication of Indigenous-specific racism?

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- Are the assumptions made reasonable?
- Is there more than one possible course of action?
- Would it be better to defer making a decision now until we have further information or additional time to continue the discussion?
- Do we have agreement on the outcome and are we comfortable with the decision reached?

3. Consensus Decision-Making

The Board has agreed that its decisions will be achieved through consensus whenever possible. Under circumstances where consensus is not achieved, a vote will take place. Even where consensus has been reached, all decisions of the Board are confirmed with a vote in accordance with s. 13 of the *Health Professions Act Bylaws*.

What is consensus?

Consensus means finding a decision, solution or proposal acceptable enough that all members can support it, no member opposes it, and all can see that the decision meets their fiduciary duty to make decisions in the best interest of the College and therefore the public.

When does it work best?

This type of decision-making works best when a group has a common goal, a clear process, and a strong commitment to finding the most balanced solution possible. It works best in an environment that is open and trusting, where Board members are actively engaged, clear information is available to the decision-makers, and a skilled Chair is facilitating the discussion.

When doesn't it work?

Consensus is not easy. It takes time, patience, concentration and the co-operation of each participant, and the absence of any of these elements may derail the process. It is for the Chair to assess the wisdom in employing a consensus model, based on the significance of the decision before the group and the dynamics of the Board members. There will be times when the Chair realizes that consensus is not appropriate, and a vote will proceed.

Process

A consensus process needs to incorporate the following elements:

Step 1: Clarity of the issue that needs to be resolved.

Step 2: Open, but coordinated, discussion where everyone can voice their initial perspectives.

Step 3: Formation of a proposal based on perspectives and information.

Step 4: Test for agreement and amend proposal if required.

Step 5: Clarity of the decision for the minutes and actions required.

A consensus-
decision making
process focuses on
all Board members
agreeing to the
process by which a
decision is made.

4. Board Motions

A Board motion is a written statement of an action approved by the Board. It deals only with single or directly related issues. A draft motion is typically set out in the briefing note for the agenda item, and it is not encouraged that adjustments to that draft motion be made at the meeting. If the Board decides that the motion needs to be amended, it may be possible to do so during a meeting break. Or the item may need to be deferred to another meeting for a new motion to be appropriately crafted.

Once a decision has been reached, the Chair will call for a mover for the motion. Following any further discussion, the Chair will ask the Board to indicate, usually by verbal acknowledgment, that they accept of the motion. For the sake of clarity, the Chair will then restate the motion has been approved, so it can be captured correctly for the minutes.

No motion proposed at a Board meeting needs to be seconded (i.e. a demonstration that there is at least more than one Board member interested in seeing the decision before the Board). However, the Board has agreed that any motion proposed by a Board member that (i) has not been considered by staff, (ii) is not supported with a briefing note, and (iii) is not placed on the written agenda, must be supported by a seconder. Under such circumstances, the Chair will determine how best to deal with the proposed resolution, by:

- Allocating time at the meeting for the discussion;
- Deferring the discussion to a future meeting and directing staff to prepare a briefing note with respect to the issue; or
- Deferring the discussion to a committee, with a recommendation for decision to come to the Board as appropriate.

5. Recording decisions

Once finalized, motions should be explicitly stated and recorded in writing so there is no room for misinterpretation or misunderstanding, and to ensure that anyone reviewing the resolution in the future can understand its meaning and intent.

Individual votes are not recorded unless the Board has agreed to record the vote, or unless an individual Board member requests that their vote be noted.

The minutes are the official record of the meeting. Much like agendas, they follow a standard template to record the time, date, location and type of meeting, the names of Board members who attended the meeting or forwarded their regrets, the names of staff and guests in attendance.

The draft minutes are added to the next meeting agenda for review and approval by the Board. The minutes do not need to be signed once approved.

A log of all motions is kept by staff and is a resource to the Board if required.

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6. Implementing decisions

Staff will ensure that any action items or communications are attended to following the Board meeting, consulting with the Chair and Vice-Chair where necessary. The Chair will also follow up with Board members separately after the meeting if a commitment to discuss matters offline was made.

Progress and status updates may be added to future Board agendas. Where a decision needs to be revised, this will be addressed by an additional teleconference, email meeting, or at the next scheduled Board meeting.

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The Board Chair

As meeting facilitator, the Chair is responsible for setting the tone of the Board meeting and ensuring good governance practices are adhered to. It is an active role to keep Board members engaged while building a safe, cohesive, and collaborative forum in which discussions can take place.

1. Chair as Facilitator

A successful chair will:

- Ensure that every voice on the Board is heard during discussions.
- Have a strong understanding of the College, its strategy, commitments and partnerships, recognizing this knowledge will help them to guide the Board through its discussions.
- Cultivate a strong relationship with the Registrar, recognizing the interdependence of their respective roles and how their relationship affects the success of the College and its purpose.
- Spend time with Board members, staying in touch between meetings wherever possible to help the Board remain connected to its work.
- Open each meeting with a land/territorial acknowledgment, seeking assistance to learn the proper identification and pronunciation of the name(s) of the territory(ies) if uncertain.
- Set a clear direction for each meeting and regularly monitor progress throughout.
- Remember that every agenda item has a purpose but not hurry Board conversations or overlook important perspectives.
- Allow space for differences, trusting that Board members will rely on their shared values and shared understanding to drive discussions forward.
- Recognize that conflict will occur and learn when and which rules to enforce in an equitable way, or from whom to seek assistance.
- Keep a list of issues throughout each meeting that are better discussed at another time or in a different forum.
- Be self-aware and know their own sphere of influence and power as Chair.
- Work to create a culturally safe space at Board meetings through the consistent practice of cultural humility.
- Model behaviour that encourages Board members to speak out, identify, and address unsafe or racist practices, policies, or processes.
- Know when to remove themselves from facilitating a Board discussion when a conflict of interest arises.
- Ensure that Board members who identify as being part of a minority group are not tokenized, or asked what support they might need, and are provided with those supports to succeed in their role.
- Ensure that any decision reached by the Board is based on and supported by facts.
- Close each discussion by ensuring that its purpose has been achieved or another process has been triggered.
- Formally close the proceedings by thanking all Board members and acknowledging all who supported the meeting.

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2. Debrief with Board Members

If Board members have feedback or concerns following a Board meeting or have other board-related issues which they may not wish to share with the whole Board, they are encouraged to communicate directly and confidentially with the Chair or Vice-Chair.

3. Debrief with the Registrar

It is always good practice for the Chair and Vice-Chair to debrief with Registrar as soon as possible after the Board meeting to maintain strong and trusting relationships and ensure that meetings continue to be managed effectively, especially if the Board has a in-camera session without Senior Leadership present.

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Navigating Board Discussions

This section deals with common scenarios that may occur during Board meetings, together with suggested actions or questions that may be employed to support safety, equity, and inclusion.

While the following scenarios are written primarily to assist the Board Chair in facilitating or progressing discussions, it is important to remember that the Board ultimately acts as a whole. All Board members are responsible for ensuring the appropriateness of Board discussions, and contributing to a healthy, effective, and cohesive Board. All Board members may wish to reflect upon and familiarize themselves with this section, both as part of their own work and learning, and to recognize when and how they might support each other.

Scenario:

Some or all Board members are attending the meeting by videoconference or teleconference.

- Before calling the meeting to order, check all Board members have and can access the relevant material and are ready to begin the meeting.
- Verify that Board members can see and hear the meeting properly.
- Review the technical meeting rules with them (e.g. muting the line when not speaking, who to inform if there are connectivity issues, etc.)
- Ask a specific Board member a specific question rather than asking open-ended questions to the group (to avoid multiple Board members speaking at once).
- Ask each Board member on the telephone/video if they have anything further to say on the matter under discussion to ensure no voices are forgotten.
- Make sure there are sufficient pauses after asking a question to give Board members an opportunity to unmute themselves and reply.

Scenario:

A Board member has a conflict of interest.

- At the outset of the meeting (or, if need be, at any time during), ask Board members directly if they have any conflicts of interest with agenda items under discussion.
- During the meeting, if a conflict of interest is identified by a Board member, allow time for them to:
 - outline the nature of the conflict of interest;
 - provide rationale for why they believe their interests are conflicted;
 - ask questions to ascertain if a conflict of interest does in fact exist;
 - ask for advice on how to manage the conflict of interest;
 - ask the Board if it agrees a concern exists and if the approach proposed to manage the conflict of interest is appropriate.
- Allow time, if required, for the conflicted member to leave the room, log off or disconnect their call and, later, rejoin the meeting.

Scenario:

The Board has received its presentation and is ready to begin its discussion.

- Invite Board members at random to ask their questions, or go around the table asking each Board member by name for their questions or comments. No matter which process is adopted, ensure time is taken to seek the views of every Board member.
- Alternatively, give Board members a few moments to quietly consider what they believe are the most important questions to progress discussion.
- Actively promote good debate by asking for alternative or dissenting views when discussions/decisions are not straightforward.
- If these normal procedures do not feel appropriate or engaging enough, ask the Registrar or Chief Officer (Strategy and Governance) for other facilitation options.

Scenario:

The Board has been presented with a number of options from which to make a decision.

- Ask if Board members are clear about the options presented.
- Ask Board members if one option rises clearly above the others and why.
- Ask Board members to articulate the pros and cons of each option as part of a deeper analysis.
- Ask all meeting attendees if there are any other options that have not been considered.
- Ask if further information is required before a decision can be made and, if so, what that might be.

Scenario:

The Board's discussion has stalled.

- Allow for a moment's silence; Board members may be thinking about the matter.
- Read the room: if energy is low or there are signs of boredom, irritation, or discontent, call a break.
- Be watchful for silence or agreeability and consider if this is masking a larger issue where Board members are feeling oppressed.
- Be transparent; ask questions to unearth why the discussion might have stalled to ensure there are no gaps in understanding that need to be addressed.
- If a question is asked, allow Board members time to think of their response, perhaps giving them the opportunity to spend time formulating questions on their own or in small groups.
- Ask Board members who often answer quickly to allow others to answer first to shift the dynamic in the room.
- Possible ways to acknowledge and progress the conversation:
 - *"Take your time. Let's give each other a moment to think."*
 - *"I've noticed that people aren't speaking up. Can we slow down to go around the table and get everyone's views?"*
 - *"Is there anything left to discuss or is the Board ready to reach a decision?"*
 - *"Let's take a quick break. When we get back, I am going to ask if there are any additional things we need to consider before moving to decision?"*

Scenario:

The Board has received too little, too much, or unclear information.

- Ask the presenter(s) or Senior Leadership if there is any additional context, background, or information available.
- Draw attention back to the desired outcome and college mandate to ensure Board members stay on track and help ground the discussion.
- Give space to Board members to ask and address uncomfortable questions.
- Give space to Board members to continue asking questions because they are not satisfied or comfortable with the response they have received.
- If the Board does not have what it needs to make a decision, ensure the gaps are clearly articulated and ask staff when they can bring this information back to the Board to continue the decision-making process.

Scenario:

A Board member will not participate in discussions.

- Speak to the Board member outside of the meeting to enquire if anything is wrong or if there are other concerns affecting their participation.
- Ask the Board member ahead of time how they wish to participate in the meeting and if any additional supports are needed.
- Solicit the Board member's views on agenda items pre-meeting and ask if the Board member is comfortable with the Chair sharing their views with the Board and identifying them as the source (in case this helps prompt them to elaborate on their views in the meeting).
- Possible way to acknowledge and progress the discussion:
 - *"I've noticed that you haven't been speaking up in meetings. Is there anything I can do to help with that/support you?"*

Scenario:

The Board discussion has become tense.

- Remember that vigorous debate is a signal of strong governance so encourage Board members to speak freely and from their conscience and lived experience.
- If Board members are interrupting or speaking over each other, provide each Board member two minutes to speak, uninterrupted, followed by time for others to ask questions.
- Ask if Board members wish to take a break and agree ground rules before continuing their discussion.
- Ensure that scepticism and minority views are given equal time and an equal voice.
- Repeat or summarize the statements made to ensure all positions are clearly understood.
- Adjourn the discussion if the meeting has derailed or you believe there to be no value in continuing the discussion at this particular meeting, and engage an external facilitator for support when bringing the matter back to the Board.
- Possible ways to acknowledge and progress the conversation:
 - *"So, what I am hearing is..."*
 - *"I am curious why the conversation has become tense. Can we please stop and investigate this?"*
 - *"Give me some background on that statement. I sense you have some experience with this."*
 - *"I want to hear from everyone before we move forward."*

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- *"I can see you feel strongly about this. Tell us more about..."*
- *"I want to ensure that x has the space to respond. Can we please give x the floor to speak to that last statement."*

Scenario:

A Board member has said something that may be construed as insensitive.

- Expect emotions to rise to the surface.
- Address the issue immediately so not to normalize or reinforce the statement.
- Draw focus on what was said, not the person who said it.
- Assume positive intent.
- Assess the situation, calling a break if needed:
 - give Board members reacting to the statement an opportunity to explain their objection to what was said and their level of safety in addressing the issue;
 - separately, speak to the Board member who made the statement to: determine their understanding of what was said and their level of safety in addressing the issue; provide time for the Board member to process the concerns raised; and, if applicable, formulate a response;
 - decide whether further discussion is necessary and, if so, whether it will be a private discussion or a "community" discussion with the Board (either option creating a learning opportunity).
- Do not minimize anyone's interpretation or allow the experience of privileged voices to dominate the conversation or become the focus of it.
- On resuming the Board meeting, be transparent about what has occurred and explain next steps, inviting individuals to speak further with you after the meeting.
- Follow up with all parties to ensure there are no concerns left unacknowledged or unaddressed.
- Follow up with the Board member as applicable and, if a full Board discussion is agreed, speak to Senior Leadership to ensure time is made on a future Board agenda.
- Possible ways to acknowledge and progress the conversation:
 - *"When you said...I didn't understand what you meant. Do you have time for us to talk about this more (either now or at another time)?"*
 - *"I want to revisit something that felt like disrespect to me. I'm sure you didn't mean that. May we talk some more?"*
 - *"When you used that word or phrase, I'm not sure what you meant. Can you tell me more?"*
 - *"Tell me how you reached that opinion?"*

Scenario:

A Board member has shared that they feel unsafe during board discussions.

- Offer the Board member the opportunity to speak further or not, during or after the meeting, as they choose.
- Pay close attention to what the Board member is saying without placing any personal interpretation or meaning upon their words.
- State your commitment to help develop sustainable solutions but do not immediately focus on finding solutions or "fixing things".
- Follow up after your conversation to see how the Board member is doing.
- Follow up with the Board to agree or improve ground rules for discussions, referring to the specific issue only with the consent of the Board member who had expressed their lack of safety.
- If you are involved, do not push for details but suggest a process that will separate you from the

First Approved:
Revised:
Reaffirmed:

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

situation and then be open to addressing matters through that process.

- Possible ways to acknowledge and progress the conversation:
 - *"I hear you/I believe you. What do you need from me in this moment?"*
 - *"I am sorry. I can see this has really affected you. How can I help?"*
 - *"Have I got this right? You feel..."*
 - *"What I'm hearing is...is that correct?"*
 - *"This is really important. I need time to reflect on this and seek counsel. May I follow up with you [at a specific time]?"*

Scenario:

A racist comment or statement has been made, or racist action has occurred, or been witnessed, or called out during the board meeting.

- Expect emotions to rise to the surface.
- Address the issue immediately so not to normalize or reinforce the racism.
- Recognize it is your role to address the conduct, not enforce reflection.
- Lead with empathy.
- Speak only from your perspective.
- If appropriate, repeat back what was said or done to help Board members understand its impact.
- Assess the situation, calling a break if needed:
 - focus on what was said, not the person who said it;
 - identify how racism was present;
 - identify and give voice to all parties concerned;
 - speak to the parties separately to ascertain their understanding of what occurred, their level of safety in addressing the issue, and how they wish to proceed; and
 - follow up as agreed, with the support of Senior Leadership, and document fully the nature of the issue and steps taken to address it.
- Acknowledge action may not happen immediately as other processes may be triggered, such as a further review or investigation as provided for in the Code of Conduct.
- On resuming the Board meeting, be transparent about what has occurred and explain next steps.
- Remind the Board of its commitment to anti-racism and the standards of conduct all Board members are required to observe in accordance with the Code of Conduct.
- If you are the target of racism, you must assess your own safety first. If necessary, ask the Vice-Chair to takeover the meeting so you can personally reflect on the situation and seek support as needed.
- If you are responsible for the racist comment or act, try not to become defensive if called out, keeping in mind the risk others are taking in sharing their observations with you. Suggest a process that will separate you from the situation and then be open to addressing matters through that process.
- Possible ways to acknowledge and progress the conversation:
 - *"I would like to repeat back what I have just heard/witnessed..."*
 - *"I'd be grateful if you could clarify what you meant by..."*
 - *"May we pause for a moment. I feel uncomfortable with what was just said and wish to stop and examine what happened."*
 - *"I am not certain if that comment/statement/action was racist but my sense is that it was. Can we please stop and discuss/address this?"*

Scenario:

The Board discussion continues but no longer seems relevant to the matter at hand.

- Be transparent and acknowledge that you feel the conversation has veered off topic.
- Ask how the current discussion relates to the agenda item to give Board members the opportunity to explain why it may be relevant or important.
- Reframe the agenda item and ask a question that fits squarely into the purpose of the topic.
- Summarize the key points that have been articulated and, if necessary, propose a way for the discussion to continue at another time.
- Propose the Board moves to decision.

Scenario:

The Board discussion continues but you question whether there is any value in it.

- Be transparent and state that you believe the Board has the information it needs to move on.
- Ask if Board members agree with your observation and be open to continuing the discussion if others feel more time is required.
- If Board members agree no further discussion is needed, move the process along by asking another question or asking for a decision.

Scenario:

The Board discussion has come to an end.

- Summarize the conclusions reached by the Board and the underlying tone of its discussion.
- When a resolution has been proposed, make sure that Board members understand what is being asked of them.
- After the decision has been made, ask the Board if it has understood the decision reached in the meeting and if Board members share the same expectations as to next steps.

BCCNM STRATEGY AND GOVERNANCE

Board Meeting Guidelines

Approved by BCCNM Board on November 25, 2021



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Introduction

The BCCNM Board recognizes it is uniquely privileged to govern a regulatory college that supports and upholds the safe practice of nursing and midwifery professionals registered in BC. With an ever-shifting regulatory, legislative, economic, and social landscape – all of which have a persistent and significant impact on the public and the health services they access and receive – the Board knows that it must be intentional about the governance tools, knowledge, and resources it chooses to employ if it is to meet its mandate.

Board meetings are the primary forum for board discussions and decision-making. An effective meeting is defined as *“the assembly of people gathering to discuss ideas and make decisions that produce an outcome of value”* and the Board builds on this through its drive to cultivate meeting space that is safe, unoppressive, and inclusive. This includes inviting and empowering board members to contribute freely to discussions, participate in positive and robust interactions with each other, and engage in learning that will expand their awareness and knowledge of subjects to support their individual contribution to discussions and decision-making.

The Board also recognizes that to successfully understand the nature of nursing and midwifery regulation and make strong decisions that support those professionals and the communities they serve, diverse perspectives must be actively sought and included as a part of its deliberations. Only when fully informed can the Board ensure its decisions contribute to the college’s promise to foster unshakeable confidence in nursing and midwifery care.

These meeting guidelines are a resource for board members, to help them understand how:

- meetings are structured and planned;
- board discussions can be optimized;
- a culture of trust and respect can flourish when space is made for questions, humility, and learning;
- relevant, unbiased, and balanced decisions can be made that meet and support
 - BCCNM’s legislated authority as set out in the *Health Professions Act* (the “Act”),
 - the college’s commitment to be anti-racist leaders who foster a speak-up culture and eliminate stereotypes, discrimination, and racism¹, and
 - the Board’s commitment to learn about and respect the specific rights of BC First Nations and Indigenous peoples, and employ distinct Indigenous approaches, protocols, and perspectives where applicable².

¹ Source: BCCNM/CPBC/CDSBC/CPSBC Joint Apology to Indigenous People and a Pledge to Be Anti-Racist (May 11, 2021)

² Source: BCCNM Board Composition Matrix (April 28, 2021)

These guidelines reflect regulatory and governance best practices. They work in conjunction with the duties and responsibilities of board members as established in the Oath of Office, BCCNM Bylaws, and the Code of Conduct, and are grounded by a clear mandate, strong values, and coherent strategic priorities.

The guidelines are also informed by ongoing leadership discussions and board education about: the provincial healthcare system; the impacts of colonialism and structural colonization; the social, legislative, and political history of BC First Nations and Indigenous peoples; the nature of bias; and imperative of allyship in the creation of an anti-racist culture.

These guidelines do not apply to general college meetings such as the annual general meeting or special general meetings (as defined in the bylaws). Separate procedural rules govern those types of meeting.

Types of Meeting

There are several types of meeting that board members can expect to attend during their terms of office. The agenda will indicate the type of meeting and, depending on the nature of the discussion, items can be moved between open and closed agendas (subject to the conditions of section 19(2) of the bylaws).

1. Open Session

This type of meeting is open to all staff, registrants, and the public. Meeting dates, and guidelines for those who wish to attend an open session, are posted on the BCCNM website and interested parties can register in advance (space is usually limited). Minutes are recorded for these meetings and published on the college's website.

When an open board meeting takes place by videoconference only, observers are not permitted to attend in real time. These virtual open sessions are, however, recorded, and observers may request access to the recording upon written request to governance staff.

2. Closed Session

This type of meeting is open to staff involved in discussion items but closed to registrants and the public. Minutes are recorded for these meetings but are not published on the college's website. When a closed meeting takes place by videoconference only, minutes are taken but the virtual session is not recorded due to the confidential nature of these discussions.

Section 19(2) of the bylaws establishes the conditions under which a meeting can be closed, as follows:

“19(2) The board may exclude any person who is not a board member from any board meeting or part of a board meeting if the person’s attendance at the board meeting is disruptive or if the board is satisfied that one or more of the following matters will be discussed:

- (a) financial or personal or other matters of such a nature that the interest of any affected person, or the public interest in avoiding disclosure of those matters, outweighs the public interest in board meetings being open to the public;*
- (b) information concerning an application by any individual for registration under section 20 of the Act or a certified practice designation under section 151 [Certified practice designations], or reinstatement or renewal thereof, the disclosure of which would be an unreasonable invasion of the applicant’s personal privacy;*

- (c) information concerning a complaint against, or investigation of, any individual under Part 3 of the Act, the disclosure of which would be an unreasonable invasion of the individual's personal privacy;*
- (d) information concerning an assessment of the professional performance of a registrant under section 26.1 of the Act or the registrant's compliance with competency or quality assurance requirements established under Part 6 [Quality Assurance and Professional Responsibilities], the disclosure of which would be an unreasonable invasion of the individual's personal privacy;*
- (e) information the disclosure of which may prejudice the interests of any person involved in (i) a proceeding under the Act, including a disciplinary proceeding under Part 3 of the Act or a review under Part 4.2 of the Act, or (ii) any other criminal, civil or administrative proceeding;*
- (f) information described in section 75 [Disclosure of education program review information];*
- (g) personnel matters;*
- (h) property acquisitions;*
- (i) the contents of examinations;*
- (j) information concerning the scoring or results of examinations, a report of the registrar under section 87(6) [Examinations] or a request for approval to take an examination again under section 87(11) or (12) [Examinations], the disclosure of which would be an unreasonable invasion of any individual's personal privacy;*
- (k) communications with the Office of the Ombudsperson;*
- (l) instructions given to or opinions received from legal counsel, or any other matter which is subject to solicitor-client privilege;*
- (m) information that the college would be required or authorized to refuse to disclose to an applicant making a request for records under Part 2 of the Freedom of Information and Protection of Privacy Act;*
- (n) information that the college is otherwise required by law to keep confidential."*

3. In-Camera Session

This type of meeting is a subset of a closed meeting and therefore must meet the criteria set out in section 19(2) of the bylaws. It may be open to certain staff at the invitation of the Board depending on the matter under discussion but is closed to registrants and the public.

An example of an in-camera meeting would be an update from the Chief Officer or HR consultant who support the registrar evaluation process, or a discussion where the Board wishes to speak to the Registrar in private.

Minutes are recorded for these meetings by the staff member in the meeting but are secured with limited access. These minutes are not published on the college's website but are available on request to those who attended the in-camera meeting.

When an in-camera meeting takes place by videoconference only, minutes are taken but the virtual session is not recorded due to the confidential nature of these discussions.

4. Board-Only Session

This type of meeting is closed to all but board members. It too is a subset of a closed meeting and must meet the criteria of section 19(2) of the bylaws. No college business is conducted during this session, no formal action can be taken, no recordings are made, and no minutes are taken; because of this, the Board needs to be rigorous with respect to what is discussed in this forum.

The purpose of a board-only session is for the Board to:

- evaluate its own effectiveness or the effectiveness of its meetings;
- foster board culture by having open and non-judgmental discussions about its performance, journey, intentions, or behaviour;
- examine its relationship with management; or
- reinforce good practices.

If the Board finds itself having conversations that are broader than self-reflection, it must determine if minutes are required and, if so, which members of staff should be included to support and record the discussion.

5. Strategy Session

This type of meeting might be embedded within another scheduled meeting or at a separate time. Its purpose is for the Board to work with Senior Leadership to set the mandate, vision, and strategic direction for the college, and proactively review and assess future-facing issues that may affect or guide college business. Notes are usually kept for this type of meeting to assist Senior Leadership in developing strategy or plans, but no formal minutes are kept.

6. Education Session

The purpose of an education session is to ensure that board members have the knowledge, information, and tools to be most effective in their roles. No minutes are taken for this type of meeting, but educational support materials and recorded presentations are kept for future reference.

Board members may also engage in self-directed learning individually, in smaller groups, or in a community of practice setting. Such learning is informal and valuable in aiding board members' understanding of the complex matters on which they are asked to make decisions.

Ways to Meet

How and where a meeting takes place are important considerations. Technology provides greater flexibility than ever, so multiple channels are available to board members wherever possible to help manage time, availability, cost, and quorum.

1. In-Person

In-person meetings are the preferred type of meeting for board members, predominantly because board meetings involve significant discussion, planning, problem solving, and decision-making. This is the best type of meeting to hold when it is important to reduce distractions and fully engage board members; being face-to-face with colleagues helps build shared understanding, co-operation, and empathy.

2. Teleconference/Videoconference

The option to attend a meeting remotely (i.e. by teleconference or videoconference) is available to any board member unable to participate in person. Remote meetings tend to work best for straightforward discussions where no group work is taking place or rigorous decisions are being made.

Videoconferencing has become the standard board meeting format because of the global pandemic and hybrid meetings may become more common moving forward, with some board members attending meetings in person and others choosing to attend remotely.

3. By Email

Email meetings are convened for one specific purpose only, either when information needs to be disseminated quickly, or an urgent decision is required that cannot wait until the next scheduled board meeting.

4. Other

The Board meets only a limited number of times in the year, during which it is focused on board business or education. While some social events are scheduled, board members are encouraged to interact whenever they can to build relationships, trust, and learn to be with each other as a Board. This effort is important, especially when the Board can only meet in a virtual setting (as has been the case during the pandemic).

Board members are reminded, however, to adhere to the *Code of Conduct for Board Members and Committee Members* when interacting outside of board meetings, particularly with respect to being “aware of their personal power, privilege, and spheres of influence so as to not exercise, or seek to

exercise, individual authority or influence over other board...members, especially outside of meetings, which might have the effect of limiting open discussion, creating factions, or oppressing those from marginalized or racialized populations.³

³ Source: Section 4(c) – Code of Conduct for Board Members and Committee Members [*Communicating with each other*]

Meeting Material

1. Agenda

Agendas are prepared by staff in consultation with the Board Chair and Vice-Chair, based upon emerging issues and the annual work plan for the Board. Any board member may propose an agenda item ahead of the meeting and the Board Chair and Registrar will decide whether to include that item on the meeting agenda for the Board's consideration.

Agendas follow a standard template, which includes the time, date, location and type of meeting, the names of board members who have confirmed their attendance or forwarded their regrets, the name of the college's Knowledge Carrier, the names of staff and guests attending the meeting, and a formal acknowledgment of the traditional and unceded BC First Nations territory on which the meeting is taking place.

The agenda will list each matter being brought forward to the Board, the time estimated for each discussion, whether the Board is receiving the item for information, discussion, or decision, and the material that will be provided to the Board to support its consideration of a matter.

When developing agendas, staff and board leadership need to be confident that:

- the Board is spending the most amount of time on the most important issues;
- the Board will have the information and time to properly discuss each agenda item;
- the agenda is not too ambitious for the time allocated;
- the right people will be in the room for each discussion and, specifically, when discussions or decisions involve or impact BC First Nations, Indigenous, marginalized, or racialized individuals, groups, or communities, that either:
 - appropriate consultation has occurred prior to the meeting and a process is in place to report out following the meeting; or
 - representation from the specific group or community is present for the discussion;
- staff are making the best use of the time they have with the Board when face-to-face;
- staff are sure the topics under discussion during a closed or in-camera meeting are flagged as confidential and properly fall under section 19(2) of the bylaws;
- staff ensure the design of the meeting aligns with the board members' level of engagement and capacity (e.g. deep discussion is not happening at a time when board members might be tired or distracted).

2. Consent Agenda

On occasion, a consent agenda may be used. This is a technique for addressing multiple decision requests as a single agenda item so the Board can manage its meeting time. Only items that are

routine or non-controversial in nature will appear on a consent agenda, or an item that requires perfunctory approval because the Board has already reached consensus in previous discussions.

Board members are expected to have carefully reviewed the items on a consent agenda prior to the meeting. The Chair will ask at the outset of the meeting if any items from the consent agenda need to be moved to the regular agenda for discussion. Any reason provided by a board member is sufficient to have the item moved. The Chair may then decide to discuss the matter immediately or move the discussion to an appropriate time on the regular agenda.

If an item is moved but other matters remain on the consent agenda, the Chair will ask for a motion for the consent agenda to be approved as amended. The Chair will subsequently ask for a motion for the regular agenda to also be approved as amended as it will include the new matter for discussion. If no items are moved from the consent agenda, the Chair will ask for a motion for the consent agenda as a whole to be approved. Whenever the consent agenda is approved, each item appearing on it will have its resolution recorded separately in the minutes.

3. Meeting Package

Briefing notes, with supplemental documents, form the basis of the meeting package. Along with the agenda, the meeting package provides board members with the information they need to understand the goal of each discussion, as well as background information, context, and analysis. Senior Leadership will also be present during the meeting or on call to address any questions that arise.

The meeting package is posted on the college's secure document management system (Collaborations) at least one week prior to the meeting in order to give board members time to read and consider the material. This allows greater time for discussion at the meeting itself. Any changes made to the agenda or meeting package will be communicated to board members either by email in advance of the meeting, or in person by the Chair at the beginning of the meeting.

4. Pre-recorded Presentations

On occasion, pre-recorded presentations will be available to board members as part of the meeting material. These presentations are a tool for optimizing timing at meetings so that agenda time is allocated exclusively for board discussion. It is important that board members watch the presentations and read any accompanying briefing notes prior to attending the meeting.

Pre-recorded presentations are useful for education or new process orientation as board members can pause, rewind, or even re-watch presentations as needed.

5. Reading Package

Reading packages are sometimes provided to board members as a separate resource, posted with the meeting package on Collaborations. The reading package contains information that may help to provide history or broader context to the Board but is neither compulsory nor essential to any discussion or decision being made at the meeting. As such, board members can choose to omit this reading from their preparation if short on time.

6. Annual Board Workplan

The tasks that must be addressed by the Board during the year are set out in a high-level workplan, prepared and reviewed by staff in consultation with the Chair and Senior Leadership. The annual workplan aligns with the Board's responsibilities established in the bylaws, ensuring that no mandated work is overlooked and key reporting and compliance dates are met. The workplan is primarily used by staff as a guide for agenda preparation.

7. Board Resource Site

Legislation, documents, or presentations that board members may wish to reference either when preparing for or between meetings are housed on an online resource site in Collaborations, confidential to board members and governance staff.

The site also contains government reports (such as those relating to the health profession modernization agenda and the investigation into Indigenous-specific racism within the provincial healthcare system), material from board education sessions, monthly governance scans, the board calendar and annual workplan, and contact information should board members wish to contact each other between meetings.

Meeting Preparation

Board members will need to set aside an appropriate amount of time to prepare for meetings. While the actual amount of time may vary for each board member and the type of meeting, a conservative estimate for preparation time is between 2-6 hours per board meeting. The Chair and Vice-Chair will also meet with Senior Leadership ahead of time to review the draft agenda and plan the meeting.

Sometimes technical support may be required ahead of the board meeting. Common issues include expiry of passwords (as board members may not access the system between meetings), difficulties accessing board material, or being unable to log in to the meeting itself. Contact information for the college's technical support team is set out in every email notifying the Board when meeting material is available. Additionally, board members may seek assistance from governance staff.

1. In-person meetings, videoconferences and teleconferences

Upon receipt of the email advising the Board that meeting packages have been electronically posted to Collaborations, board members are asked to check if they can access the meeting package and inform governance staff immediately if not.

Board members should read the meeting material carefully, paying particular attention to the agenda. Prior to the meeting, board members can notify the Chair, Registrar, or Chief Officer (Strategy and Governance), in confidence, if they:

- identify a conflict of interest;
- identify content in the meeting material that may trigger unpleasant feelings, thoughts of past abuse, or memories of culturally unsafe experiences, such that emotional support may be required or board members wish to sit quietly in or be excused from the discussion;
- wish to remove an item from the consent agenda and add it to the regular meeting for discussion;
- require additional information or resources to assist them in preparing for the meeting; or
- have significant concerns or questions so a response can be formulated in time for the meeting.

The Chair will also ask board members these questions at the outset of each board meeting as a matter of process.

2. Email meetings

Board members will receive an email stating that a formal meeting of the Board has been convened and are given a deadline by which to respond (typically 48 hours from the date of the email). The email will contain a high-level summary of the issue, a description of the decision the Board is being asked to consider, and a proposed resolution. Board members will also be directed to a detailed

briefing note and, if applicable, supporting documents. Each board member is asked to read the material provided and respond to all addressees, clearly stating their approval or rejection of the proposed resolution.

Should a board member have a simple question, they may submit it via the email chain. The answer will be shared for all to see, ensuring everyone on the Board has the same information. However, if more questions arise or it becomes clear that board discussion is necessary, the Chair may decide to adjourn the email meeting and convene a teleconference/videoconference instead. Similarly, if quorum or consensus cannot be reached, the Chair will determine if another process is required in place of the email meeting.

A record of each board member's response is maintained with a copy of the minutes for email meetings. If the email meeting is an open session, only the minutes are published on the BCCNM website. Closed minutes are not published.

Meeting Attendees

Aside from board members, the Board can expect to see the following people at meetings:

Knowledge Carrier A respected representative of one of the host First Nations upon whose ancestral and unceded territory the BCCNM offices are located, the Knowledge Carrier is valued and recognized by their community, has extensive Indigenous cultural, historical, and spiritual wisdom, and lives and models traditional BC First Nations teachings and knowledge.

The board meetings attended by the Knowledge Carrier, the scope of their role in those meetings, and the supports they might need, is determined through discussions between the Knowledge Carrier, the Board Chair, and Senior Leadership from time to time. The Board Chair may also invite Indigenous board members to be part of these discussions.

Generally, the Knowledge Carrier will bear witness to the Board’s work and process, keep board members accountable to BC First Nations and Indigenous protocols, and provide advice and guidance to the Board as required through their teachings and lived experience.

Senior Leadership The Registrar and Chief Officers of the college attend all board meetings. They advise the Board on process, provide strategic and operational reports, and are responsible for implementing the Board’s decisions and initiatives.

Staff Presenters Members of college staff may attend meetings to present or advise on specific agenda items to the Board.

Guests External consultants or guests may be invited to attend meetings to assist in discussions or promote understanding of the college’s partnerships with other groups in the healthcare system.

Observers Members of the public may attend open sessions of in-person board meetings. Seating is made available in the boardroom for this purpose. Board members can refer to the guidelines, “*Observing Board Meetings*”, for further information.

Support Staff Members of the governance and technical support teams are present to take minutes and support the smooth operation of each board meeting.

Meeting Attendance

Board members will receive an email invitation from governance staff for each of their board meetings, setting out the date, time, location and, if applicable, log-in details for remote access. Board members are advised to notify staff in advance if they are unable to attend a meeting or plan to attend remotely (if the meeting is being held in-person). Board members are also asked to inform the Chair in advance if they plan to join the meeting late or leave early.

Board members are expected to arrive on time, with materials and notes ready to participate in the meeting. Devices not in use must be put away with notifications turned off. Where a board member needs to attend to personal or non board-related matters, they should, if possible, inform the Board at the outset that an interruption might occur during the meeting.

Board members attending by videoconference or teleconference are advised to:

- consider how they might appear on camera, for example, avoiding stripes or bold patterns which can be visually distracting, adjusting lighting to minimize shadows, and reducing background noise;
- test equipment ahead of time to make sure internet access is available and working and, if possible, to have a contingency in place in the event of system glitches;
- have the dial-in number, access codes, or log-in details ready and join the meeting at least 10 minutes early to resolve technical issues;
- if the meeting is late to begin, email the meeting organizer to say they are ready to join the call;
- give full attention to the meeting as they would if in the same room;
- identify themselves if they wish to speak;
- wait to be acknowledged by the Chair before speaking;
- speak clearly and address board members by name if asking specific questions;
- ask for clarity if any part of the discussion is unclear;
- be patient if there is a slight delay in transmission;
- mute the line when not speaking and not place the call on hold to avoid silence fillers being broadcast to the room (i.e. news or music); and
- when the meeting concludes, remember to end the call or connection.

Technical teams are on standby if connection or system issues occur. If problems arise during the meeting, board members may contact or approach any member of staff to ask for assistance.

At the end of the meeting, board members must ensure that all hard copies of meeting material are left in the room for secure disposal.

Board members can claim salary replacement, compensation, locum coverage, and expense reimbursement for preparation time and attendance at meetings (see *“Board and Committee Compensation and Expense Reimbursement Policy”*). Forms can be obtained from and submitted to governance staff.

Board Discussions

1. Opening Protocol

All board meetings begin with a land/territorial acknowledgment. This is:

- a mark of respect and recognition of the deep, historical, and constitutionally protected connection BC First Nations have with the land occupied by the college;
- a statement to demonstrate understanding that the land on which the Board meets is unceded by BC First Nations peoples; and
- recognition and humble gratitude to those indigenous to the land and from those who are settled here.

Where possible, the Knowledge Carrier is present to bestow a blessing at the outset of each meeting.

When a meeting takes place by teleconference or videoconference, attendees are invited to acknowledge the territory from which they are each joining the meeting. Resources are available to board members who wish to learn more about territories and the correct pronunciation of the territory names.

Board members making a land/territorial acknowledgment are encouraged to speak sincerely, drawing on their personal learning and knowledge (at whatever stage that might be) so their words are neither tokenistic nor performative.

2. Meeting Conduct

Board members are referred to section 4 of the *Code of Conduct for Board Members and Committee Members* which sets out the specific standards of conduct and expectations to which board members must adhere. Failure to comply with the Code of Conduct may result in corrective action up to and including removal from the Board.

3. Discussion Process

The Chair is responsible for the meeting and makes sure that it runs on time. The standard process for moving through discussion to decision includes the following:

- Each item on the agenda will be introduced by a member of staff, a committee chair or anyone else invited by the Chair to introduce the topic.
- The Chair will open the floor for any questions and discussion arising from the briefing note and background materials.

- The Chair will ensure that every member of the Board has an opportunity to share their perspective without being interrupted or silenced.
- For the sake of efficiency and effectiveness, the Chair will ensure that discussion is confined to issues that fall within the Board’s authority and are relevant to the issue being discussed.
- Throughout the discussion, the Chair will, where needed, highlight important points, clarify misunderstandings, and keep the discussion focused on the matters at hand.
- When board members believe they have received the information necessary to consider the issue fully and are ready to move to a decision on the matter, the Chair will request a motion for resolution on which the Board will vote (see “*Board Decisions*” below).
- Prior to moving to decision, the Chair will check in with each board member to ensure they have had an opportunity to share their opinion and ask questions.

4. Timeliness

Timeliness is always a key consideration for the Board. As set out in its annual work plan, the Board must make specific decisions at its meetings throughout the year (for example, approval of the budget, registrant fees, or financial statements). When possible, staff will bring items to the Board incrementally, with information, education sessions, and smaller decisions leading up to the final request for a decision. This ensures the Board is fully informed and comfortable with the subject matter before a decision is required.

There may be occasions where board members may find that a discussion requires more time than was provided on the agenda. The Chair will consult with the Board to determine whether to continue or adjourn the discussion or decision to another meeting.

When the Board decides to defer a discussion or decision, it is best practice for board members to think about what the unintended consequences of that deferral might be (e.g. a delay in information reaching registrants or education programs, halting the progress of external processes or successive decisions by other health system players, or delays in filing bylaw amendments with government, etc.).

5. Self-Reflection

One of the key values expected from board members is self-awareness: the ability to identify the elements and nature of their own reasoning and the influences upon it, knowledge of which can empower board members in their roles, enhance the integrity of board discussions, and foster deep trust and respect between colleagues.

While board members need never openly communicate or share, for example, their personal spheres of power, privilege, or bias during a board discussion, they may find some utility in privately reflecting on these questions:

- Am I comfortable sharing what I know in the context of this discussion?
- Am I comfortable saying, “I don’t know”?
- Am I providing my authentic point of view or am I acquiescing to a majority voice?
- Am I currently anxious, rushed, or otherwise feeling disengaged from this discussion?
- Am I open to listening to what others are saying even though I am uncomfortable or disagree with the perspective being shared?
- How might I be an ally to or support those who have said they are feeling unsafe or marginalized within the scope of this discussion?
- Am I holding myself and others accountable for creating space in this moment for an honest conversation about racism, power, and privilege to occur?
- Am I using my privilege to help those with less privilege at this table, in a way that does not lessen or undermine their power or voice?
- Am I limiting myself from considering perspectives that are different from my own? If yes, why might that be (i.e. is there bias at play)?
- Am I using language that will neither dismiss nor exclude others’ skill or lived experience?
- Can I accept that I can offer my perspective but not control anyone’s ability to receive it?
- Do I need to seek support outside of the board space (e.g. an ally, a mentor, or through a community of practice)?

6. Creating Space and Safety for Equitable Discussions

The most powerful board discussions take place when all board members deeply engage with a subject, not because they know everything about it, but because they have a strong sense of wellbeing and safety when contributing their unique views, knowledge, and ideas.

With heavy agendas and limited meeting time, board members may often only be able to focus on what is immediately before them which, over time, may unintentionally erode trust. It is important that the Board holds itself accountable for creating space, both in and between meetings, to have the deep, challenging, provocative, or difficult conversations essential to reaching a state of equity.

This “space” relies on basic respect being present within board relationships. Depending on the context or outcomes being sought, board members can move discussions between:

- A **safe** space, where board members can share thoughts, concerns, or lived experiences without fear of reprisal, mockery, or the pressure to educate. While learning or greater understanding may well be an outcome, the ultimate goal in this space is support.
- A **culturally safe** space, where board members actively progress discussions through the application and practice of cultural awareness, sensitivity, and cultural humility.
- A **brave** space, which builds on safe and culturally safe spaces, where board members can share their vulnerabilities, opinions, and concerns about injustice and inequity, with the

specific intent to call for action, educate, or disrupt unfair or unjust systems, policies, or practices.

Note that safety must not be conflated with comfort. The latter is passive and not conducive to equitable or meaningful discussions.

Ideally, board members will always feel equally valued, trusted, respected, motivated, and free to contribute to board discussions, whether they are present in person or joining a meeting remotely. However, discussions may derail if, for example, board members:

- show disrespect for individuals sharing their views;
- interrupt or cut-off conversations;
- express disdain or judgment of those showing emotion or vulnerability;
- dismiss or disparage new information because it is not within their own personal knowledge or experience;
- push for decisions when others may still be processing information;
- provide unsolicited advice; or
- breach others' confidence or privacy.

The Board must act when a board member expresses a lack of safety, and not seek to rationalize or ignore the circumstances before it. Remaining silent, avoiding conflict, or suppressing knowledge are recognized forms of oppressive violence that may cause significant harm.

It is always open to board members to ask the Chair for a break from the agenda, redirect attention to holding a trusted space, and agree to ground rules. Inviting the Knowledge Carrier or an experienced or independent facilitator to join the Board for discussions may also help to progress any difficult conversations.

Board Decisions

1. Types of Decision

Board members can expect to see four types of decision being brought forward, each triggering a different decision-making process. These are:

- **Standard Decisions**
Where information is static, the context is well understood, less background information is required, and minimal discussion is necessary.
- **New Decisions**
Where an issue has never been addressed, more information may be necessary, and greater discussion and context is required in order for the Board to understand why it is being asked to make a decision at all.
- **Significant Decisions**
Where issues involve major transactions or commitment to a long-term plan or an action with far-reaching effects that may require longer timeframes for deliberation.
- **Crisis Decisions**
Where an emergency or significant issue arises, which has a very short timeframe in which to act or respond, and often requires concise information to support efficient decision-making.

2. Staff and Committee Recommendations

Staff or committees may include a recommendation or a draft resolution in the briefing note for the Board to review and consider. At other times, staff may lay out the various options without a recommendation or draft resolution if they believe these may limit or impede board discussion.

Recommendations are never brought forward in isolation: previous discussions, analysis of strategic priorities, consideration of external factors, consultation with government, system, and community partners, and previous board discussions, for example, will have been captured when preparing the briefing note. Additionally, a full review of the issues may have already been completed by the committees delegated with such authority by the Board, in which case the Board will get a summary of the process the committee engaged in and a recommendation.

3. Decision-making Process

Board decisions are made predominantly by consensus with a confirmation vote (see further below). Depending on the nature of the discussion and the timelines involved, the Chair may consider other

processes that support informed decision-making, such as bringing in an external facilitator to support the discussion.

For a regulatory board, the primary test for any decision will always be whether the outcome serves and protects the public. It is expected that board members will keep the college's duty and objects⁴ uppermost in mind throughout their discussion. Some sample questions are set out below to help board members approach decisions and they are encouraged to evolve these questions as their own learning progresses:

- Why are we making this decision?
 - Is it in our mandate?
 - Is it tied to our strategic priorities?
 - What are the risk and budget implications?
- Do we trust the process given the importance of the decision that needs to be made? If not, what needs to change?
- Are the right people with the right experience and knowledge in the room to support a good decision?
- Have we understood all the necessary facts and information?
- Is there additional information we need to make a good decision?
- Is there a perspective or opinion we have overlooked?
- Have we considered honestly the complexities of the situation and thought about what the unintended consequences might be?
- Have we received a clear analysis of where racism, power imbalances, harm, or oppression might be in play and is there a plan of engagement/mitigation?
- Will our decision support culturally safe care and aid in the eradication of Indigenous-specific racism?
- Are the assumptions made reasonable?
- Is there more than one possible course of action?
- Would it be better to defer making a decision now until we have further information or additional time to continue the discussion?
- Do we have agreement on the outcome and are we comfortable with the decision reached?

4. Consensus Decision-Making

The Board has agreed that its decisions will be achieved through consensus whenever possible. Under circumstances where consensus is not achieved, a vote will take place. Even where consensus has been reached, all decisions of the Board are confirmed with a vote in accordance with section 22 of the bylaws.

⁴ Section 16 of the Act

What is consensus?

Consensus means finding a decision, solution or proposal acceptable enough that all members can support it, no member opposes it, and all can see that the decision meets their fiduciary duty to make decisions in the best interest of the college and therefore the public.

When does it work best?

This type of decision-making works best when a group has a common goal, a clear process, and a strong commitment to finding the most balanced solution possible. It works best in an environment that is open and trusting, where board members are actively engaged, clear information is available to the decision-makers, and a skilled Chair is facilitating the discussion.

When doesn't it work?

Consensus is not easy. It takes time, patience, concentration and the co-operation of each participant, and the absence of any of these elements may derail the process. It is for the Chair to assess the wisdom in employing a consensus model, based on the significance of the decision before the group and the dynamics of the board members. There will be times when the Chair realizes that consensus is not appropriate, and a vote will proceed.

Process

A consensus process needs to incorporate the following elements:

- Step 1:* Clarity of the issue that needs to be resolved
- Step 2:* Open, but coordinated, discussion where everyone is able to voice their initial perspectives
- Step 3:* Formation of a proposal based on perspectives and information
- Step 4:* Test for agreement and amend proposal if required
- Step 5:* Clarity of the decision for the minutes and actions required

The bylaws do require that some board decisions must have a specific number of votes in order for a resolution to pass. Ordinary resolutions must pass with a majority of votes as cast by board members. Special resolutions require no fewer than two-thirds of board members to agree before a resolution is passed.

5. Resolutions

A resolution is a written statement of an action approved by the Board. It deals only with single or directly related issues, and has two main components:

- the preamble, which begins with the word “WHEREAS”, being a brief, concise sentence about the nature of, or the reason for, the request for a resolution; and
- the proposed action or remedy, which begins with the words “BE IT RESOLVED”.

Once a decision has been reached, the Chair will call for a motion for resolution. If a draft resolution has been set out in the briefing note, the Chair or member of staff will read it to the Board, making any adjustments as necessary. Following any further discussion, the Chair will ask the Board to indicate, usually by a show of hands, or verbal acknowledgment for board members attending remotely, acceptance of the resolution. For the sake of clarity, the Chair will then restate the decision that has been approved, so it can be captured correctly for the minutes.

As per section 22(1) of the bylaws, no resolution proposed at a board meeting needs to be seconded (i.e. a demonstration that there is at least more than one board member interested in seeing the decision before the Board). However, the Board has agreed that any resolution proposed by a board member that (i) has not been considered by staff, (ii) is not supported with a briefing note, and (iii) is not placed on the written agenda, must be supported by a seconder. Under such circumstances, the Chair will determine how best to deal with the proposed resolution, by:

- allocating time at the meeting for the discussion;
- deferring the discussion to a future meeting and directing staff to prepare a briefing note with respect to the issue; or
- deferring the discussion to a committee, with a recommendation for decision to come to the Board as appropriate.

6. Recording decisions

Once finalized, resolutions should be explicitly stated and recorded in writing so there is no room for misinterpretation or misunderstanding, and to ensure that anyone reviewing the resolution in the future can understand its meaning and intent.

Individual votes are not recorded unless the Board has agreed to record the vote, or unless an individual board member requests that their vote be noted.

The minutes are the official record of the meeting. Much like agendas, they follow a standard template to record the time, date, location and type of meeting, the names of board members who attended the meeting or forwarded their regrets, the name of the Knowledge Carrier in attendance, the names of staff and guests in attendance, and a formal acknowledgment of the traditional and unceded BC First Nations territory on which the meeting is taking place. The minutes state the nature of the matter before the Board, the reason the Board was asked to consider it, a note of the questions asked, and what action was taken by the Board, if any.

The draft minutes are added to the next meeting agenda for review and approval by the Board. The minutes do not need to be signed once approved.

A log of all resolutions is kept by staff and is a resource to the Board if required.

7. Implementing decisions

Staff will ensure that any action items or communications are attended to following the board meeting, consulting with the Chair and Vice-Chair where necessary. The Chair will also follow up with board members separately after the meeting if a commitment to discuss matters offline was made.

Progress and status updates may be added to future board agendas. Where a decision needs to be revised, this will be addressed by an additional teleconference, email meeting, or at the next scheduled board meeting.

The Board Chair

As meeting facilitator, the Chair is responsible for setting the tone of the board meeting and ensuring good governance practices are adhered to. It is an active role to keep board members engaged while building a safe, cohesive, and collaborative forum in which discussions can take place.

1. Agenda Review Meetings

Prior to the meeting package being finalized, the Chair and Vice-Chair will meet with the Registrar and Chief Officer (Strategy and Governance) to review the draft board agenda. The format of this meeting will generally cover:

- a high-level review of the matters coming forward to the Board;
- the intention or desired outcome for each matter, including whether there are multiple potential outcomes the Board will need to consider;
- which of the issues coming forward are the most important and how much time is needed for proper discussion;
- a conversation about how to facilitate board discussions for each matter; and
- consideration of potentially contentious matters and how best to approach such discussions.

The Chair may also wish to consider:

- Are any of the agenda items risky, ambiguous, or polarizing? If yes, would the discussion benefit from a different type of facilitation, an independent facilitator, or a subject matter expert?
- Do any matters require a greater level of emotional labour from board members? If yes, what tools can be employed to aid discussion?
- Does the reading material contain sensitive, harmful, or traumatic content that might affect the tone of discussion or board members' ability to engage with the subject? If yes, should the Chair check in with board members ahead of time to gauge/protect their emotional safety?
- In which discussions might the Board benefit seeking guidance from the Knowledge Carrier or a BC First Nations or Indigenous representative(s) and, if the latter, do they need to be invited to attend the board meeting?
- Are there other BC First Nations or Indigenous protocols that may help to purposefully promote learning, cultivate humility, or enhance culturally safe and respectful practices during the meeting (beyond that which is already expected from board members under the Code of Conduct)?

Once the meeting material has been finalized, the Chair will receive a "Chair Agenda" from governance staff. This is an expanded version of the normal board agenda, available either electronically or as a hard copy (depending on the Chair's preference), and includes space for the Chair to add detailed process and facilitation notes.

2. Chair as Facilitator

A successful chair will:

- have a strong understanding of the college, its strategy, commitments and partnerships, recognizing this knowledge will help them to guide the Board through its discussions;
- cultivate a strong relationship with the Registrar, recognizing the interdependence of their respective roles and how their relationship affects the success of the college and its purpose;
- spend time with board members, staying in touch between meetings wherever possible to help the Board remain connected to its work;
- open each meeting with a land/territorial acknowledgment, seeking assistance to learn the proper identification and pronunciation of the name(s) of the territory(ies) if uncertain;
- set a clear direction for each meeting and regularly monitor progress throughout;
- remember that every agenda item has a purpose but not hurry board conversations or overlook important perspectives;
- allow space for differences, trusting that board members will rely on their shared values and shared understanding to drive discussions forward;
- recognize that conflict will occur and learn when and which rules to enforce in an equitable way, or from whom to seek assistance;
- keep a list of issues throughout each meeting that are better discussed at another time or in a different forum;
- be self-aware and know their own sphere of influence and power as Chair;
- work to create a culturally safe space at board meetings through the consistent practice of cultural humility;
- model behaviour that encourages board members to speak out, identify, and address unsafe or racist practices, policies, or processes;
- know when to remove themselves from facilitating a board discussion when a conflict of interest arises;
- ensure that board members who identify as being part of a minority group are not tokenized, are asked what support they might need, and are provided with those supports to succeed in their role;
- ensure that any decision reached by the Board is based on and supported by facts;
- close each discussion by ensuring that its purpose has been achieved or another process has been triggered;
- inject warmth, humour, and fun into the meeting whenever needed, recognizing that while board members may strongly identify their work as an act of service, it need not be dull; and
- formally close the proceedings by thanking all board members and acknowledging all who supported the meeting.

3. Debrief with the Board

The Chair may wish to ask the following questions when debriefing the Board, either with or without staff as appropriate:

- Did our decisions align with our mandate, strategy, and values?
- Did our decisions align with our commitment to be anti-racist leaders?
- Did our decisions align with the principles of justice, equity, diversity, and inclusion?
- Are we asking good questions and providing good insight?
- Was the meeting purpose and agenda clear?
- Did we have the right people in the room?
- Was it easy for each member to contribute to discussions?
- Was there sufficient information available to the Board to make good, informed decisions?
- Do we trust the decision-making process?
- Did we adequately talk through and acknowledge any tension or dissent?
- Are there any outstanding concerns which still need to be addressed?

4. Debrief with Board Members

If board members have feedback or concerns following a board meeting or have other board-related issues which they may not wish to share with the whole Board, they are encouraged to communicate directly and confidentially with the Chair or Vice-Chair.

5. Debrief with the Registrar and Senior Leadership

It is always good practice for the Chair to debrief with Senior Leadership as soon as possible after the board meeting to maintain strong and trusting relationships and ensure that meetings continue to be managed effectively, especially if the Board has a board-only session without Senior Leadership present.

Navigating board discussions

This section deals with some common scenarios that may occur during board meetings, together with suggested actions or questions that may be employed to support safety, equity, and inclusion.

While the following scenarios are written primarily to assist the Board Chair in facilitating or progressing discussions, all board members may wish to reflect upon and familiarize themselves with this section, both as part of their own work and learning, and to recognize when and how they might support each other.

Scenario:

Some or all board members are attending the meeting by videoconference or teleconference.

- Before calling the meeting to order, check all board members have and can access the relevant material and are ready to begin the meeting.
- Verify that board members can see and hear the meeting properly.
- Review the technical meeting rules with them (e.g. muting the line when not speaking, who to inform if there are connectivity issues, etc.)
- Ask a specific board member a specific question rather than asking open-ended questions to the group (to avoid multiple board members speaking at once).
- Ask each board member on the telephone/video if they have anything further to say on the matter under discussion to ensure no voices are forgotten.
- Make sure there are sufficient pauses after asking a question to give board members an opportunity to unmute themselves and reply.

Scenario:

A board member has a conflict of interest.

- At the outset of the meeting (or, if need be, at any time during), ask board members directly if they have any conflicts of interest with agenda items under discussion.
- During the meeting, if a conflict of interest is identified by a board member, allow time for them to:
 - outline the nature of the conflict of interest;
 - provide rationale for why they believe their interests are conflicted;
 - ask questions to ascertain if a conflict of interest does in fact exist;
 - ask for advice on how to manage the conflict of interest;
 - ask the Board if it agrees a concern exists and if the approach proposed to manage the conflict of interest is appropriate.
- Allow time, if required, for the conflicted member to leave the room, log off or disconnect their call and, later, rejoin the meeting.

Scenario:

The Board has received its presentation and is ready to begin its discussion.

- Invite board members at random to ask their questions, or go around the table asking each board member by name for their questions or comments. No matter which process is adopted, ensure time is taken to seek the views of every board member.
- Alternatively, give board members a few moments to quietly consider what they believe are the most important questions to progress discussion.
- Actively promote good debate by asking for alternative or dissenting views when discussions/decisions are not straightforward.
- If these normal procedures do not feel appropriate or engaging enough, ask the Registrar or Chief Officer (Strategy and Governance) for other facilitation options.

Scenario:

The Board has been presented with a number of options from which to make a decision.

- Ask if board members are clear about the options presented.
- Ask board members if one option rises clearly above the others and why.
- Ask board members to articulate the pros and cons of each option as part of a deeper analysis.
- Ask all meeting attendees if there are any other options that have not been considered.
- Ask if further information is required before a decision can be made and, if so, what that might be.

Scenario:

The Board's discussion has stalled.

- Allow for a moment's silence; board members may be thinking about the matter.
- Read the room: if energy is low or there are signs of boredom, irritation, or discontent, call a break.
- Be watchful for silence or agreeability and consider if this is masking a larger issue where board members are feeling oppressed.
- Be transparent; ask questions to unearth why the discussion might have stalled to ensure there are no gaps in understanding that need to be addressed.
- If a question is asked, allow board members time to think of their response, perhaps giving them the opportunity to spend time formulating questions on their own or in small groups.
- Ask board members who often answer quickly to allow others to answer first to shift the dynamic in the room.
- Possible ways to acknowledge and progress the conversation:
 - *"Take your time. Let's give each other a moment to think."*
 - *"I've noticed that people aren't speaking up. Can we slow down to go around the table and get everyone's views?"*
 - *"Is there anything left to discuss or is the Board ready to reach a decision?"*
 - *"Let's take a quick break. When we get back, I am going to ask if there are any additional things we need to consider before moving to decision?"*

Scenario:

The Board has received too little, too much, or unclear information.

- Ask the presenter(s) or Senior Leadership if there is any additional context, background, or information available.
- Draw attention back to the desired outcome and college mandate to ensure board members stay on track and help ground the discussion.
- Give space to board members to ask and address uncomfortable questions.
- Give space to board members to continue asking questions because they are not satisfied or comfortable with the response they have received.
- If the Board does not have what it needs to make a decision, ensure the gaps are clearly articulated and ask staff when they can bring this information back to the Board to continue the decision-making process.

Scenario:

A board member will not participate in discussions.

- Speak to the board member outside of the meeting to enquire if anything is wrong or if there are other concerns affecting their participation.
- Ask the board member ahead of time how they wish to participate in the meeting and if any additional supports are needed.
- Solicit the board member's views on agenda items pre-meeting and ask if the board member is comfortable with the Chair sharing their views with the Board and identifying them as the source (in case this helps prompt them to elaborate on their views in the meeting).
- Possible way to acknowledge and progress the discussion:
 - *"I've noticed that you haven't been speaking up in meetings. Is there anything I can do to help with that/support you?"*

Scenario:

The board discussion has become tense.

- Remember that vigorous debate is a signal of strong governance so encourage board members to speak freely and from their conscience and lived experience.
- If board members are interrupting or speaking over each other, provide each board member two minutes to speak, uninterrupted, followed by time for others to ask questions.
- Ask if board members wish to take a break and agree ground rules before continuing their discussion.
- Ensure that scepticism and minority views are given equal time and an equal voice.
- Repeat or summarize the statements made to ensure all positions are clearly understood.
- Adjourn the discussion if the meeting has derailed or you believe there to be no value in continuing the discussion at this particular meeting, and engage an external facilitator for support when bringing the matter back to the Board.
- Possible ways to acknowledge and progress the conversation:
 - *"So, what I am hearing is..."*
 - *"I am curious why the conversation has become tense. Can we please stop and investigate this?"*
 - *"Give me some background on that statement. I sense you have some experience with this."*
 - *"I want to hear from everyone before we move forward."*
 - *"I can see you feel strongly about this. Tell us more about..."*

- *“I want to ensure that x has the space to respond. Can we please give x the floor to speak to that last statement.”*

Scenario:

A board member has said something that may be construed as insensitive.

- Expect emotions to rise to the surface.
- Address the issue immediately so not to normalize or reinforce the statement.
- Draw focus on what was said, not the person who said it.
- Assume positive intent.
- Assess the situation, calling a break if needed:
 - give board members reacting to the statement an opportunity to explain their objection to what was said and their level of safety in addressing the issue;
 - separately, speak to the board member who made the statement to: determine their understanding of what was said and their level of safety in addressing the issue; provide time for the board member to process the concerns raised; and, if applicable, formulate a response;
 - decide whether further discussion is necessary and, if so, whether it will be a private discussion or a “community” discussion with the Board (either option creating a learning opportunity).
- Do not minimize anyone’s interpretation or allow the experience of privileged voices to dominate the conversation or become the focus of it.
- On resuming the board meeting, be transparent about what has occurred and explain next steps, inviting individuals to speak further with you after the meeting.
- Follow up with all parties to ensure there are no concerns left unacknowledged or unaddressed.
- Follow up with the board member as applicable and, if a full board discussion is agreed, speak to Senior Leadership to ensure time is made on a future board agenda.
- Possible ways to acknowledge and progress the conversation:
 - *“When you said...I didn’t understand what you meant. Do you have time for us to talk about this more (either now or at another time)?”*
 - *“I want to revisit something that felt like disrespect to me. I’m sure you didn’t mean that. May we talk some more?”*
 - *“When you used that word or phrase, I’m not sure what you meant. Can you tell me more?”*
 - *“Tell me how you reached that opinion?”*

Scenario:

A board member has shared that they feel unsafe during board discussions.

- Offer the board member the opportunity to speak further or not, during or after the meeting, as they choose.
- Pay close attention to what the board member is saying without placing any personal interpretation or meaning upon their words.
- State your commitment to help develop sustainable solutions but do not immediately focus on finding solutions or “fixing things”.
- Follow up after your conversation to see how the board member is doing.
- Follow up with the Board to agree or improve ground rules for discussions, referring to the specific issue only with the consent of the board member who had expressed their lack of safety.

- If you are involved, do not push for details but suggest a process that will separate you from the situation and then be open to addressing matters through that process.
- Possible ways to acknowledge and progress the conversation:
 - *"I hear you/I believe you. What do you need from me in this moment?"*
 - *"I am sorry. I can see this has really affected you. How can I help?"*
 - *"Have I got this right? You feel..."*
 - *"What I'm hearing is...is that correct?"*
 - *"This is really important. I need time to reflect on this and seek counsel. May I follow up with you [at a specific time]?"*

Scenario:

A racist comment or statement has been made, or racist action has occurred, or been witnessed, or called out during the board meeting.

- Expect emotions to rise to the surface.
- Address the issue immediately so not to normalize or reinforce the racism.
- Recognize it is your role to address the conduct, not enforce reflection.
- Lead with empathy.
- Speak only from your perspective.
- If appropriate, repeat back what was said or done to help board members understand its impact.
- Assess the situation, calling a break if needed:
 - focus on what was said, not the person who said it;
 - identify how racism was present;
 - identify and give voice to all parties concerned;
 - speak to the parties separately to ascertain their understanding of what occurred, their level of safety in addressing the issue, and how they wish to proceed; and
 - follow up as agreed, with the support of Senior Leadership, and document fully the nature of the issue and steps taken to address it.
- Acknowledge action may not happen immediately as other processes may be triggered, such as a further review or investigation as provided for in the Code of Conduct.
- On resuming the board meeting, be transparent about what has occurred and explain next steps.
- Remind the Board of its commitment to anti-racism and the standards of conduct all board members are required to observe in accordance with the Code of Conduct.
- If you are the target of racism, you must assess your own safety first. If necessary, ask the Vice-Chair to take over the meeting so you can personally reflect on the situation and seek support as needed.
- If you are responsible for the racist comment or act, try not to become defensive if called out, keeping in mind the risk others are taking in sharing their observations with you. Suggest a process that will separate you from the situation and then be open to addressing matters through that process.
- Possible ways to acknowledge and progress the conversation:
 - *"I would like to repeat back what I have just heard/witnessed..."*
 - *"I'd be grateful if you could clarify what you meant by..."*
 - *"May we pause for a moment. I feel uncomfortable with what was just said and wish to stop and examine what happened."*
 - *"I am not certain if that comment/statement/action was racist but my sense is that it was. Can we please stop and discuss/address this?"*

Scenario:

The board discussion continues but no longer seems relevant to the matter at hand.

- Be transparent and acknowledge that you feel the conversation has veered off topic.
- Ask how the current discussion relates to the agenda item to give board members the opportunity to explain why it may be relevant or important.
- Reframe the agenda item and ask a question that fits squarely into the purpose of the topic.
- Summarize the key points that have been articulated and, if necessary, propose a way for the discussion to continue at another time.
- Propose the Board moves to decision.

Scenario:

The board discussion continues but you question whether there is any value in it.

- Be transparent and state that you believe the Board has the information it needs to move on.
- Ask if board members agree with your observation and be open to continuing the discussion if others feel more time is required.
- If board members agree no further discussion is needed, move the process along by asking another question or asking for a decision.

Scenario:

The board discussion has come to an end.

- Summarize the conclusions reached by the Board and the underlying tone of its discussion.
- When a resolution has been proposed, make sure that board members understand what is being asked of them.
- After the decision has been made, ask the Board if it has understood the decision reached in the meeting and if board members share the same expectations as to next steps.

Glossary

In these guidelines:

“**anti-racism**” means the practice of actively identifying, challenging, preventing, eliminating, and changing the values, structures, policies, programs, practices, and behaviours that perpetuate racism. It is more than being non-racist – it is acting to create conditions of greater inclusion, equality, and justice;

“**bias**” means a favourable or unfavourable predetermined inclination, preference, tendency, or perspective;

“**colonialism**” is where groups or countries partially or fully steal land and resources from Indigenous peoples, occupy the land, and exploit the land and resources for economic purposes. Following the acquisition of land and resources, colonizers establish laws and processes that continuously violate the human rights of the Indigenous peoples and force them to conform to the newly established laws and processes of the colonial state; (“**decolonization**” is the undoing of colonialism through a long-term process involving the bureaucratic, cultural, linguistic, and psychological divesting of colonial power);

“**cultural humility**” is a process of self-reflection and introspection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience;

“**cultural safety**” is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care;

“**discrimination**” means targeting an individual or group of people for negative treatment because of specific characteristics such as race, religion, gender, disability, or other protected characteristics as defined by the *BC Human Rights Code*. Discrimination can occur at an individual, organizational, or societal level. It occurs when a particular social group is denied access to goods, resources, and services, either through action or inaction;

“**diversity**” refers to individual and unique human differences, dimensions, qualities, and characteristics such as age, ethnicity, gender, sexual orientation, physical abilities, race, etc.;

“**equity**” is a term that describes fairness and justice in outcomes, recognizing diversity and disadvantages, and directing resources and services towards those most in need to ensure equal outcomes for all;

“**healthcare system**” means the organizations, institutions (including governments), resources, and people whose primary purpose is to improve health;

“Indigenous-specific racism” means the ongoing, systemic, and race-based discrimination experienced by the First Nations, Métis, and Inuit peoples and communities that maintains unequal treatment rooted in colonial practices and policies;

“oppression” means the unjust abuse of power that prevents individuals from having access to opportunities, freedoms, or justice;

“power” refers to social mechanisms such as wealth, citizenship, language, patriarchy, ableism, heterosexism, whiteness, or education that permit some individuals greater access to and control over resources than others;

“privilege” is the unearned (and often unconsidered) cultural, legal, social, and institutional rights, advantages, favours, or benefits afforded to an individual based on their social group membership;

“racism” is the belief that a group of people are inferior based on the colour of their skin, their culture, or spirituality;

“safe” or “safety” refers to a sense of being empowered to be authentically oneself because there is protection from reprisal, harm, or danger, even in spaces that are uncomfortable due to the nature of the environment, the subject matter under discussion, or where beliefs, knowledge, or practices are being exposed or challenged; and

“unceded” refers to land that was not yielded by Indigenous peoples nor turned over to the Crown (government) by treaty, agreement, or other arrangement; (“traditional territories” recognize the geographic areas identified by Indigenous communities as the land they and/or their ancestors traditionally occupied); (“ancestral land” refers to land handed down from generation to generation within Indigenous communities).

Supplemental Resource

We include below supplemental information about the concepts of justice, equity, diversity, and inclusion. This guidance is deemed best practice for organizations wishing to apply an equity lens to their work.

1. Understanding Equity

Equity is not to be confused with equality. Equity is a term that describes fairness and justice in outcomes. It is not about the equal delivery of services or distribution of resources, it is about recognizing diversity and disadvantage, and directing resources and services towards those most in need to ensure equal outcomes for all.

For board members to think more equitably towards minoritized groups, they will need to understand that equity is not achieved by providing identical treatment to everyone regardless of individual circumstance, but that equity is achieved when differences are acknowledged, and the stories, ideas and experiences within our community are recognized and valued.

2. Understanding Diversity

There are many different definitions of diversity, but they all tend to focus on the variations that occur within populations that enhance the survivability of the population. In human populations, many distinct variations reflect dimensions of diversity which are hard to change. They relate to inborn or other human differences that exert an important influence on our socialization and have an ongoing impact throughout the lives of individuals. These are primary dimensions of diversity and include: age, ethnicity, gender, sexual orientation, physical abilities/qualities and race. Secondary dimensions of diversity are ones that may change or be changed over time.

For board members to fully appreciate diversity, they will need to recognize that secondary dimensions of diversity may impact our lives differently at different times, and also include our educational background, geographic location, income, marital status, lived experience, and religious beliefs.

3. Understanding Inclusion

Inclusion is an approach. It is a way of doing business that appreciates and responds to the dimensions of diversity. It is part of the standard operating procedures that are incorporated into the DNA of any community or city.

“Inclusion is the act of creating environments in which any individual or group can feel welcomed, valued, respected, supported, and can fully participate. An inclusive and welcoming climate embraces differences and offers respect in words and actions for all people.”⁵

Many diverse groups have been silenced because they feel excluded and have not seen themselves as full participants within the system. What is most significant in creating an inclusive society is the engagement of the individual in the process by which society is managed, ordered and represented.

For board members to include minoritized groups, they will need to:

- hear voices that have been quiet around the board table;
- listen to viewpoints that have been excluded in discussions and decision-making;
- incorporate knowledge and perspectives from minoritized groups into board dialogue;
- make a conscious effort to validate, honour, and respect diverse views, experiences and realities; and
- actively reach out, recruit, orient, and promote minoritized groups into the board.

4. Understanding Justice

Justice is another word that is often brought up in conversations about equity. Justice is about equal rights and equitable opportunities for all. When justice is implemented in an organization, there is no need for accommodation because the cause(s) of inequity are addressed. The systemic barriers of exclusion and non-representation are removed.

SOURCES:

Canadian Centre for Diversity and Inclusion (CCDI)
Canadian Human Rights Committee
City of Hamilton (2019). *Equity, Diversity & Inclusion Handbook: A guide to equitable, diverse, and inclusive practices in the City of Hamilton*
Council of Europe
Dr. Mary Ellen Turpel-Lafond (2020). *In Plain Sight – Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*
E. Casali (2018). *The Asymmetry of Safe Spaces*
First Nations Health Authority (FNHA)
World Health Organization

⁵ City of Hamilton (2019). *Equity, Diversity & Inclusion Handbook: A guide to equitable, diverse and inclusive practices in the city of Hamilton.*
<https://www.hamilton.ca/sites/default/files/media/browser/2019-02-28/equity-diversity-inclusion-handbook-draft.pdf>

SCHEDULE OF AMENDMENTS

Health Professions Act Bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended for the purposes of Board meeting procedures, as follows:

1. Section 13.(15) is repealed and replaced with the following section:

- (15) The Board may, by special resolution, adopt additional Board meeting guidelines and policies for the purposes of conducting Board meetings.



College of Pharmacists
of British Columbia

BOARD MEETING February 11, 2022

8. Governance Committee: b) Approval of Board Composition Committee Terms of Reference and Appointment of Members

DECISION REQUIRED

Recommended Board Motions:

- 1) Approve the establishment of the Board Composition Committee, with the Terms of Reference, as circulated.
- 2) Approve the Board Composition Committee member appointments for terms beginning on February 11, 2022, as presented.

Purpose

To approve the establishment of the Board Composition Committee, along with the members of that Committee.

Discussion

At its most recent meeting, the Governance Committee discussed proposing the establishment of a Board Composition Committee. In addition, the Governance Committee approved a draft Terms of Reference for a Board Composition Committee (see Appendix 1 for more information).

The aim of the Board Composition Committee will be to develop a Board Competency Matrix, and that Committee will sunset once that Matrix is completed and approved by the Board. More specifically, the mandate of the proposed Board Composition Committee is stated in the draft Terms of Reference as: to develop a list of competencies against which those wishing to serve as Board members, Board chairs and Board vice chairs will be assessed.

As outlined in the draft Terms of Reference, it is proposed that the Board Composition Committee be comprised of the following members:

- The Board Chair
- The Board Vice Chair
- Three Board members-at-large of which a minimum of two will be public Board members.

To fulfil the above-noted membership requirements, it is recommended that the following individuals be appointed to the Board Composition Committee:

Name	Type
[insert name]	Board Chair
[insert name]	Board Vice Chair
[insert name]	Board Public Representative
[insert name]	Board Public Representative
[insert name]	Board Member-at-Large

Recommendation

The Governance Committee recommends that the Board approve the establishment of the Board Composition Committee and its Terms of Reference as well as the proposed appointments to that Committee.

Appendix	
1	Board Composition Committee Terms of Reference



BOARD COMPOSITION COMMITTEE

Background

- The Board has established the Board Composition Committee to develop a list of board competencies.

Authority

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

Mandate

- To develop a Board Composition Matrix which may include a list of competencies and attributes against which those wishing to serve as Board members, Board chairs and Board vice chairs will be assessed.

Reporting relationship

- The committee reports through the chair to the Board.

Membership

- The Board Chair
- The Board Vice Chair
- Three Board members at large of which a minimum of two will be public Board members.

Term of appointment

- The committee term will end with the completion and approval of a Board Composition Matrix by the Board.

Committee officers

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

Voting rights

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



Meeting procedures

- Schedule:* The Board Composition Committee will meet at the call of the current Chair until completion and approval of the Board Competency Matrix by the College Board.
- Format:* In person, by teleconference or by videoconference.
- Agenda:* Developed by College staff in consultation with the committee chair with input from committee members.
- Attendees:* Committee members, College staff and invited guests are entitled to attend Board Composition Committee meetings
- Quorum:* A majority of the committee members.
- Minutes:* Drafted by College staff for review and approval at next committee meeting; filed at the College office.
- Secretariat Support:* Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict-of-interest disclosure

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

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

Confidentiality

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

Remuneration

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

Amendment to terms of reference

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



College of Pharmacists
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8. Governance Committee

Anne Peterson

Chair, Governance Committee



College of Pharmacists
of British Columbia

8 a) Board Meeting Guidelines: Robert's Rules to Adapted BCCNM Board Meeting Guidelines



Purpose

- To seek approval:
 - On the proposed draft amendments to the *Health Professions Act* Bylaws (“the HPA Bylaws”) regarding Board meeting guidelines and procedures.
 - In-principle, on the College’s Board Meeting Guidelines as the document governing Board meeting procedures.
 - To direct the Registrar to bring forward the College’s Board Meeting Guidelines to the April 2022 Board meeting for consideration for final approval.



Background

- At the November 2021 meeting, the Board directed the Registrar to:
“... bring forward Board meeting guidelines, based on those from the British Columbia College of Nurses and Midwives, and associated bylaw amendments for the February 2022 meeting.”



Proposed HPA Bylaw Amendments

- The following provision is proposed for removal:
 - Section 13(15): *“Except as otherwise provided in the Act, the regulations, or these bylaws, the most recent edition of Robert’s Rules of Order governs the procedures at meetings of the Board.”*
- The following provision is proposed as the replacement:
 - Section 13(15): *“The Board may, by special resolution, adopt additional Board meeting guidelines and policies for the purposes of conducting board meetings”*



CPBC Board Meeting Guidelines

- The aim of the Guidelines is to focus on the key processes and procedures for Board meetings.
- Main topics include:
 - Types of Meetings
 - Ways to Meet
 - Meeting Materials
 - Board Discussions
 - Board Decisions
 - The Role of the Board Chair



CPBC Board Meeting Guidelines

- Key changes:
 - A move to consensus decision-making.
 - No longer requiring a seconder for most Board motions.
- It is suggested that the Guidelines be reviewed annually.



In-Principle Approval

- If approved, the HPA Bylaw amendments would be effective after a 60-day filing period.
 - The Board authority to officially approve the Meeting Guidelines would not be effective until that 60-day filing period is complete.
- It is recommended that the Board approve the Meeting Guidelines in-principle, and officially adopt them at the April 2022 meeting.
- Once officially approved in April, the Meeting Guidelines would take effect immediately.



Next Steps

- If approved by the Board, the Bylaw amendments are filed with the Ministry of Health for a 60-day period.
 - The Bylaw amendments are expected to come into effect on April 12, 2022.
- The Board will consider officially adopting the CPBC Board Meeting Guidelines at the beginning of the April Board meeting and would take effect immediately.



8 a) Board Meeting Guidelines: Robert's Rules to Adapted BCCNM Meeting Guidelines

MOTION #1:

Approve the following resolution to amend the bylaws made under the *Health Professions Act* regarding Board meetings, including the removal of Robert's Rule of Order as the document governing Board meeting procedures:

“RESOLVED THAT, in accordance with the authority established in section 19(1)(c) of the *Health Professions Act*, the board approve the proposed draft bylaws of the College of Pharmacists of British Columbia regarding Board meeting guidelines and procedures, as circulated, for filing with the Minister of Health.”



8 a) Board Meeting Guidelines: Robert's Rules to Adapted BCCNM Meeting Guidelines

MOTION #2:

Approve the College of Pharmacists of British Columbia's Board Meeting Guidelines in-principle, as circulated, as the document governing Board meeting procedures.



8 a) Board Meeting Guidelines: Robert's Rules to Adapted BCCNM Meeting Guidelines

MOTION #3:

Direct the Registrar to bring forward the College of Pharmacists of British Columbia's Board Meeting Guidelines to the April 2022 Board meeting for consideration for final approval.



College of Pharmacists
of British Columbia

8 b) Approval of Board Composition Committee Terms of Reference and Appointment of Members



College of Pharmacists
of British Columbia

Purpose

- To approve the establishment of the Board Composition Committee, along with the members of that Committee.



Background

- The aim of the Board Composition Committee will be to develop a Board Competency Matrix, and that Committee will sunset once that Matrix is completed and approved by the Board.
- The mandate of the proposed Board Composition Committee is stated in the draft Terms of Reference as: to develop a list of competencies against which those wishing to serve as Board members, Board chairs and Board vice chairs will be assessed.



Board Composition Committee Membership Requirements

- As outlined in the draft Terms of Reference, it is proposed that the Board Composition Committee be comprised of the following members:
 - The Board Chair
 - The Board Vice Chair
 - Three Board members-at-large of which a minimum of two will be public Board members.



Board Composition Committee Membership Requirements

- To fulfil the above-noted membership requirements, it is recommended that the following individuals be appointed to the Board Composition Committee:
 - *Insert Name*, Board Chair
 - *Insert Name*, Board Vice-Chair
 - *Insert Name*, Board Public Representative
 - *Insert Name*, Board Public Representative
 - *Insert Name*, Board Member-at-large



8 b) Approval of Board Composition Committee Terms of Reference and Appointment of Members

MOTION #1:

Approve the establishment of the Board Composition Committee, with the Terms of Reference, as circulated.



8 b) Approval of Board Composition Committee Terms of Reference and Appointment of Members

MOTION #2:

Approve the Board Composition Committee member appointments for terms beginning on February 11, 2022, as presented.



College of Pharmacists
of British Columbia

BOARD MEETING February 11, 2022

9. Drug Administration Committee: Amendments to the *Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions*

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution to amend the *Health Professions Act* Bylaws Schedule F Part 4 – Certified Practice – Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions to lower the patient age limit for drug administration by injection to 4 years of age, and to include other minor updates as previously approved by the Board, but not remove the limit that restricts pharmacists to administering immunizations only nor the 15-30 minute wait period, as circulated.

“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 Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions (Standards, Limits and Conditions) to lower the age limit for drug administration by injection to 4 years of age.

Background

The [Pharmacists Regulation](#) requires a committee, the Drug Administration Committee (DAC), be established to develop, review and recommend the standards, limits and conditions under which a registrant may administer a drug or substance to patients and the successful completion of a certification program.

On November 1, 2021, the DAC met and recommended that the College’s Standards, Limits and Conditions be amended to lower the patient age limit for drug administration by injection to 4 years of age. This recommendation was presented to the Board on November 26, 2021.

At the meeting, the Board decided to table the motion to lower the patient age limit, and the proposed amendments are to be reconsidered at the February 2022 Board meeting together with additional information requested by the Board. The full briefing materials from the November meeting are available in Appendix A.

The Board requested information on the following, which will be discussed in the next section:

- Further explanation of the need for the policy change,
- Clarification of current drug administration training for pharmacists, and
- More details on the stakeholder consultation and feedback received.

Discussion

Need for Policy Change

As discussed at the November 2021 meeting, many public health resources have been prioritized for the COVID-19 pandemic response.¹ In 2021, Vancouver Coastal Health and Fraser Health were required to temporarily pause or reduce immunization services for children, including school-entry vaccinations. However, certain pharmacies in these health authorities already provided and continue to provide school-entry vaccines to children aged 5 and up in partnership with health authorities.^{2,3}

In October 2021, the BC Centre for Disease Control (BCCDC) and Ministry of Health released updated recommendations on how to prioritize immunization programs during the COVID-19 pandemic response. If there is a need to defer immunization programs, consideration may be given to delay preschool boosters, as these immunizations may be given between 4 and 6 years of age, providing flexibility.⁴

While school-entry vaccines are not mandatory for children and there is flexibility as to when they may be given, it is recommended that they are given as soon as a child is eligible to provide protection from vaccine-preventable diseases.⁵ The pandemic has been ongoing for nearly two years, and the response to the pandemic and resources required have changed over time. Pharmacists already assist with providing school-entry vaccines to children 5 and older,

¹ Baker, R., "Some early childhood vaccinations in B.C. delayed by pandemic response" Canadian Broadcasting Corporation, Nov. 21, 2020. Available from: <https://www.cbc.ca/news/canada/british-columbia/immunization-delays-due-to-covid-19-contact-tracing-1.5811170> [Accessed Nov. 2, 2021]

² School age immunization campaign, Vancouver Coastal Health. Available from: <http://www.vch.ca/public-health/communicable-diseases-immunizations/immunizations/school-age-immunization-campaign> [Accessed Nov. 2, 2021]

³ Children and youth immunizations, Fraser Health. Available from: <https://www.fraserhealth.ca/health-topics-a-to-z/immunizations/children-and-youth-immunization#.YRbrkYhKiUk> [Accessed Nov. 2, 2021]

⁴ Ministry of Health and BCCDC. [Continuity, Prioritization and Safe Delivery of Immunization Services during COVID-19 Response](#) Updated October 15, 2021. [Accessed Jan. 6, 2022]

⁵ ImmunizeBC FAQ. Available from: <https://immunizebc.ca/ask-us/questions/what-reason-kindergarten-boosters-done-having> [Accessed Jan. 6, 2022]

and pharmacies have been recommended as alternative vaccination sites.⁶ A change to the Standards, Limits and Conditions to reduce the patient age limit could have a beneficial impact on those seeking school-entry vaccines from pharmacies. The Drug Administration Committee recommended that the patient age limit be lowered to 4 years of age to allow pharmacists to address this issue.

Routine vaccination coverage in the population is not typically published in real time, as data is analyzed, and trends are released on a periodic basis. There is no publicly available information on routine childhood immunization trends in BC over the past year available for staff to assess if there has been a decrease in immunization rates. The most recent provincial report on [Immunization Coverage in Children by the Seventh Birthday](#) was released in March 2021, with reporting through to September 30, 2020.

Clarification on Current Drug Administration Training

Prior to obtaining injection certification, pharmacists in BC must complete an injection training program nationally accredited by the Canadian Council on Continuing Education in Pharmacy (CCCEP). The competencies are based on the Public Health Agency of Canada's Immunization Competencies for Health Professionals⁷, and programs must include the following learning objectives, among others:

8. Administration of Immunizing Agents

6. Demonstrate the age-appropriate injection sites and proper client positioning used for immunization.
7. Choose the correct needle length and gauge for the age and size of the client.
8. Describe actions taken to increase safety in immunization clinics related to the provider, the recipient, and the environment.
9. Demonstrate the appropriate technique for immunization.
10. Describe techniques to reduce the pain associated with immunization.

In BC, pharmacists who have drug administration certification may administer injections to patients as young as five years of age. Training programs offered in BC do not provide training specific to younger age groups (e.g., infants, toddlers). However, in general, techniques for administering subcutaneous and intramuscular immunizations are not significantly different for patients 4 years of age compared to those who are 5.⁸

⁶ Bains, M., "New Westminster school trustee urges restart of school-based vaccination program," Canadian Broadcasting Corporation, May 19, 2021. Available from: <https://www.cbc.ca/news/canada/british-columbia/new-westminster-school-trustee-urges-restart-of-school-based-vaccination-program-1.6030430> [Accessed Nov. 2, 2021]

⁷ National Association of Pharmacy Regulatory Authorities. [Supplemental Competencies on Injection for Canadian Pharmacists November 2012](#). [Accessed Jan. 6, 2022]

⁸ [BCCDC Communicable Disease Control Manual, Chapter 2: Immunization, Appendix B: Administration of Biological Products](#) (p. 16, 23). [Accessed October 19, 2021]

This means that for intramuscular injections, the recommended sites of administration, needle length range and maximum volume⁹ to be administered is the same for children who are 4 and 5 years of age. Pharmacists must still assess muscle mass and subcutaneous tissue when determining appropriate needle length. For subcutaneous injections, the recommended needle length range and administration site is the same for all individuals 12 months of age and older.¹⁰ Pharmacists who have the competencies to provide a vaccination to a 5-year-old should be able to also safely and effectively provide a vaccination to a 4-year-old.

Training programs that focus solely on drug administration for young children (i.e., under 5 years of age) are available to pharmacists, and include learning objectives on the following topics:

- Demonstrating proper procedures for administering vaccines to young children;
- Choosing appropriate distraction techniques for children, employing additional measures such as pain-relieving ointment, and being knowledgeable about which psychological intervention techniques are effective; and
- Applying techniques to reduce pain and anxiety during vaccination events.

An example of a program available to pharmacists is PharmAchieve's nationally accredited [Injections and Immunizations for Children](#) course.

The College expects that registrants practice within the scope of their education, training, and competence, and sets minimum requirements within the drug administration Standards, Limits and Conditions. The College expects registrants to act professionally which includes seeking out the knowledge and expertise they need to provide competent care, if needed.

Stakeholder Consultation and Feedback Received

Meeting with the BC Immunization Committee

In the process of gathering information for the DAC's consideration, College staff met with the BC Immunization Committee (BCIC) on September 29, 2021. At the time, the DAC was considering lowering the patient age limit for injections to as young as two years of age, and the purpose of the meeting was to gather feedback on this potential change from a provincial public health perspective. The BCIC was not asked to provide an endorsement of the proposal.

The BCIC is tasked with overseeing the implementation of the ImmunizeBC Framework, and is made up of representatives from a variety of organizations, including the following:

- Health authorities, including First Nations Health Authority,
- Medical Health Officers,

⁹ The maximum volume is different for the vastus lateralis site, but is the same for the deltoid site, which is the more common site for vaccinations in this age group.

¹⁰ [BCCDC Communicable Disease Control Manual, Chapter 2: Immunization, Appendix B: Administration of Biological Products](#) (p. 16, 23). [Accessed October 19, 2021]

- BCCDC/Provincial Health Services Authority,
- BC Family Doctors,
- The Ministry of Health, and
- The BC Public Health Association.

At the meeting, the potential benefits or consequences of pharmacists administering vaccines to children as young as 2 was discussed. At the meeting, there was general acknowledgment of the public health benefits to increasing the “pool of immunizers.” BCIC members had questions about pharmacists’ training in pediatric care in general, about their competency and training to administer vaccines to very young children (i.e., toddlers). As the discussion with the BCIC focused on pharmacists vaccinating children as young as 2, BCIC members asked if it might make more sense for the College to consider lowering the age limit to 4 instead, as this would address the policy issue at hand. Further details on the discussion are available in the November 2021 Drug Administration Committee briefing note (see Appendix 6 in Appendix A).

The BCIC is interested in hearing about how the College proceeds with any changes to the age limits for immunization, and College staff will follow up once a decision is made.

The DAC used the information gathered from the BCIC meeting to inform their decision to lower the patient age limit to 4 years of age.

Feedback from the Ministry of Health and Other Colleges

Following the DAC’s recommendation to reduce the patient age limit for drug administration to 4 years of age, College staff discussed the proposed change with the Ministry of Health, the College of Physicians and Surgeons, and the BC College of Nurses and Midwives. None of these groups had concerns with the College proceeding with the age limit change.

The Ministry of Health also had no concerns with the College filing the approved in-principle Standards, Limits and Conditions that the Board approved in November 2020, provided the limit that restricts pharmacists to administering immunizations only remains in place. In addition, the Ministry of Health requested that the reference to the 15-30 minute wait period in the College’s approved in-principle Standards, Limits and Conditions not be changed at this time.

Recommendation

It is recommended that the Board approve the proposed amendments to the Standards, Limits and Conditions to lower the patient age limit for drug administration by injection to 4 years of age, and to include other minor updates as previously approved by the Board, but not to remove the limit that restricts pharmacists to administering immunizations only nor the 15-30 minute wait period, as circulated (see Appendix 8 in Appendix A).

Next Steps

If approved by the Board, the amendments to the Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions will be submitted to the Ministry of Health for filing, for a period of 60 days.

Guiding Questions

When reviewing the proposed amendments, the Board is asked to consider:

- Do the proposed amendments address the concern raised?
- Are the proposed amendments in the interest of the public?
- Is there anything missing, unclear, ambiguous, or unnecessary in the draft proposed amendments?

Appendix	
A	November 2021 Board Briefing Note (with appendices) ¹¹

¹¹ The appendices to the November 2021 Board briefing note were updated to include an additional appendix required for filing.



College of Pharmacists
of British Columbia

BOARD MEETING November 26, 2021

9. Drug Administration Committee - Amendments to the *Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions*

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution to amend the *Health Professions Act* Bylaws Schedule F Part 4 – Certified Practice – Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions to lower the patient age limit for drug administration by injection to 4 years of age, and to include other minor updates as previously approved by the Board, but not remove the limit that restricts pharmacists to administering immunizations only nor the 15-30 minute wait period, as circulated.

“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 Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions (Standards, Limits and Conditions) to lower the age limit for drug administration by injection to 4 years of age.

Background

Age Limitation

Concerns have been raised that some children in British Columbia (BC) have not been able to receive routine vaccines as easily during the COVID-19 public health emergency, as many public health resources have been prioritized for COVID-19 vaccination clinics. Public health nurses have been reassigned to carry out essential duties related to COVID-19 since at least November 2020, including contact tracing and providing COVID-19 vaccinations.¹

¹ Baker, R., “Some early childhood vaccinations in B.C. delayed by pandemic response” Canadian Broadcasting Corporation, Nov. 21, 2020. Available from: <https://www.cbc.ca/news/canada/british-columbia/immunization-delays-due-to-covid-19-contact-tracing-1.5811170> [Accessed Nov. 2, 2021]

In particular, the concern is that some children may not have received the recommended school entry vaccines for children aged 4-6. In BC, there are two vaccines recommended for children aged 4-6 prior to entering school, the tetanus and diphtheria toxoids, acellular pertussis and inactivated polio vaccine (Tdap-IPV), and the measles, mumps, rubella and varicella vaccine (MMRV).^{2,3} In addition, this year the influenza vaccine is recommended for everyone 6 months of age and over, with rare exceptions.⁴

The Ministry of Health has indicated that children can receive necessary publicly funded vaccines from other sources, including community health centres, community pharmacies, and family doctors.⁵ As per the College's Standards, Limits and Conditions, pharmacists are only permitted to administer vaccines by injection to children aged 5 and older.⁶ While school entry vaccines are recommended for children between the ages of 4 and 6, pharmacists are unable to provide school entry vaccines to children who are 4 years of age. Pharmacists are also unable to provide annual influenza vaccinations to children under 5 years of age.

On June 11, 2021, the Drug Administration Committee (DAC) met, and directed the College to look further into this issue.

Approved In-Principle Standards, Limits and Conditions

At the November 2020 Board meeting, the Board approved amendments to the Standards, Limits and Conditions in-principle, but did not file them with the Ministry of Health. This was due to the bylaw moratorium and ongoing work with the Ministry in moving the amendments forward (Appendices 1 & 2).

The approved in-principle Standards, Limits and Conditions included general updates to strengthen requirements and improve clarity, as well as removal of the limit that restricts pharmacists to administering drugs only for the purpose of immunization.

Discussion

Inter-Jurisdictional Scan

The current age limit for drug administration by injection in the Standards, Limits and Conditions aligns with most other Canadian jurisdictions; however, in the past few years, a few provinces have permitted pharmacists and pharmacy technicians to administer injections to

² As per the BCCDC Immunization Manual, separate MMR and varicella vaccine may be recommended for select special populations.

³ [BCCDC Immunization Manual Chapter 2: Immunization, Part 1 – Immunization Schedules](#) (page 5). [Accessed Nov. 2, 2021]

⁴ Influenza: ImmunizeBC, available from: <https://immunizebc.ca/influenza>. [Accessed Nov. 2, 2021]

⁵ Bains, M., "New Westminster school trustee urges restart of school-based vaccination program," Canadian Broadcasting Corporation, May 19, 2021. Available from: <https://www.cbc.ca/news/canada/british-columbia/new-westminster-school-trustee-urges-restart-of-school-based-vaccination-program-1.6030430> [Accessed Nov. 2, 2021]

⁶ Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions, College of Pharmacists of BC. Available from: https://library.bcpharmacists.org/6_Resources/6-1_Provincial_Legislation/5099-HPA_Bylaws_Drug_Administration_Injection_Intranasal.pdf [Accessed Nov. 2, 2021]

patients as young as 2 years of age (Appendix 3, Table 1). In 2020, the United States federal government granted authority to pharmacists in all states to administer vaccinations to children as young as 3 years old during the COVID-19 pandemic.⁷ The rationale for this was to increase access to childhood vaccinations in response to declining rates of vaccination, as access to health care services had likely been impacted by COVID-19.

Safety

There have been no significant safety concerns demonstrated in the literature or reported by other Canadian jurisdictions regarding pharmacist administration of injections to young children. The literature describes instances where pharmacy professionals (including pharmacy technicians) in North America were appropriately trained and successfully administered vaccinations to children as young as 2 months of age (Appendix 4).

Training & Competency

The Canadian Council on Continuing Education in Pharmacy (CCCEP) accredited injection training programs must include learning objectives on demonstrating the age-appropriate injection sites and proper client positioning used for immunization, and on choosing the correct needle length and gauge for the age and size of the client. It is up to accredited programs to deliver content that meets the required learning objectives. Because of BC's current age limit, accredited programs in BC do not provide specific training for injecting patients under the age of 5, but students are provided with resources and information on where to find relevant information should it be required. However, in general, techniques for administering subcutaneous and intramuscular immunizations are not significantly different for patients 4 years of age compared to those who are 5.⁸

There are CCCEP accredited training programs available in Canada for pharmacists to enhance their knowledge about pediatric injections in children under the age of 5 that include learning objectives on selecting appropriate needle and syringe sizes, positioning techniques, and pain management strategies, should a pharmacist determine they need additional training to administer injections to children (Appendix 5).

Need for Policy Change

Access to health care services, including vaccine access, is the responsibility of the Ministry of Health, and is not within the College's jurisdiction. The College has not received a request from the Ministry of Health to amend the Standards, Limits and Conditions to improve vaccine access for children under 5 years of age. However, a change to the College's requirements could have a beneficial impact on public health and safety.

⁷ Third Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19, March 17, 2020, Department of Health and Human Services, USA. Available from: <https://www.hhs.gov/sites/default/files/third-amendment-declaration.pdf> [Accessed Nov. 2, 2021]

⁸ [BCCDC Communicable Disease Control Manual, Chapter 2: Immunization, Appendix B: Administration of Biological Products](#) (p. 16, 23). [Accessed October 19, 2021]

Pharmacists in BC have been involved in administering publicly funded vaccines to patients 5 years and up for many years. Pharmacists in Vancouver Coastal Health are involved in an immunization “catch-up” program for older school age children who have missed routine vaccinations.⁹ Additionally, Fraser Health recommends children may receive school entry vaccines from a pharmacist, for children 5 years of age and older.¹⁰ Reducing the age limit to capture 4-year-old children could have a beneficial impact for children accessing school-entry vaccines through pharmacies.

COVID-19 Vaccine for Children 5-11 Years of Age

COVID-19 vaccines in BC have been offered to the public based on year of birth and not actual age.¹¹ If COVID-19 vaccines are approved in Canada for the 5-11 age group, it is likely that some 4-year-old patients would be eligible for vaccination based on their year of birth (e.g., children aged 4 but turning 5 that calendar year may be eligible to receive the COVID-19 vaccine, depending on final public health recommendations). It is expected that some pharmacies will provide COVID-19 vaccines to the 5-11 age group.¹² Under the current College limitation, pharmacists would only be permitted to vaccinate children who have already turned 5 years old. Depending on the availability of other COVID-19 vaccine centres in the area, this may create a barrier for some children aged 4 to receive a COVID-19 vaccine.

Meeting of the DAC

The DAC met on November 1, 2021, to consider the College’s findings (Appendix 6). The DAC recommended that the Standards, Limits and Conditions be amended to reduce the patient age limit for drug administration by injection to 4 years of age (Appendix 7).

Additional Considerations

The Ministry of Health announced a partial lifting of the bylaw moratorium in the summer of 2021; however, the Ministry will still prioritize bylaw changes based on a number of factors, including alignment with Government priorities, and those that address BC’s public health emergencies.

Because a change in age limit may impact the province’s COVID-19 vaccine roll-out to 5–11-year-olds, it may be prioritized by the Ministry of Health. However, it is unclear if the other general updates to the Standards, Limits and Conditions to strengthen provisions and provide improved clarity would be prioritized based on the current prioritization framework. The

⁹ School age immunization campaign, Vancouver Coastal Health. Available from: <http://www.vch.ca/public-health/communicable-diseases-immunizations/immunizations/school-age-immunization-campaign> [Accessed Nov. 2, 2021]

¹⁰ Children and youth immunizations, Fraser Health. Available from: <https://www.fraserhealth.ca/health-topics-a-to-z/immunizations/children-and-youth-immunization#.YRbrkYhKiUk> [Accessed Nov. 2, 2021]

¹¹ “Which age group do I fit in?...” , ImmunizeBC. Available from: <https://immunizebc.ca/ask-us/questions/covid-19/which-age-group-do-i-fit-my-birthday-year-puts-me-different-group-depending-on-time> [Accessed Nov. 2, 2021]

¹² Sajan, B., “Pharmacies doling out Moderna and Pfizer in pilot project just before younger kids expected to be OKed for vaccine” CTV News, October 14, 2021. Available from: <https://bc.ctvnews.ca/pharmacies-doling-out-moderna-and-pfizer-in-pilot-project-just-before-younger-kids-expected-to-be-ok-ed-for-vaccine-1.5623691> [Accessed Nov. 2, 2021]

College has reached out to the Professional Regulation and Oversight Branch, Ministry of Health to discuss further.

Work with the Ministry of Health regarding the removal of the limit that restricts pharmacists to administering immunizations only is ongoing, and accordingly, it is recommended that this part of the approved in-principle standards not be moved forward at this time.

Recommendation

It is recommended that the Board approve the proposed amendments to the Standards, Limits and Conditions to lower the patient age limit for drug administration by injection to 4 years of age, and to include other minor updates as previously approved by the Board, but not to remove the limit that restricts pharmacists to administering immunizations only, as circulated (Appendix 8).

Next Steps

If approved by the Board, the amendments to the Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions will be submitted to the Ministry of Health for filing, for a period of 60 days.

Guiding Questions

When reviewing the proposed amendments, the Board is asked to consider:

- Do the proposed amendments address the concerns raised?
- Are the proposed amendments in the interest of the public?
- Is there anything missing, unclear, ambiguous, or unnecessary in the draft proposed amendments?

Appendix	
1	November 2020 Board Briefing Note (without appendices)
2	September 2020 Board Briefing Note (without appendices)
3	Inter-jurisdictional Scans – Patient Age Restrictions and Education Requirements
4	Summary of Literature Search
5	Injection Training Programs
6	November 2021 Drug Administration Committee Briefing Note (without appendices)
7	Proposed Amendments to the <i>Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions</i> (clean and track changes)
8	Schedule of Amendments to the <i>Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions</i> ¹³

¹³ Note: Appendix 8 was added for the February 2022 Board meeting, and was not included in the November 2021 meeting materials. It is required for filing with the Ministry of Health.



BOARD MEETING November 20, 2020

7. Drug Administration Committee – Amendments to the *Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions*

DECISION REQUIRED

Recommended Board Motion:

Accept the amendments to the *Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions*, as circulated.

Background

The Board was presented with the proposed amendments to the *Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions (Standards, Limits and Conditions)* at the September 2020 Board meeting (see Appendix A)¹. The Board decided to table the in-principle acceptance of the proposed amendments until the November 2020 Board meeting; however, the Board did direct the Registrar to engage with the Ministry of Health on moving the proposed amendments forward.

Discussion

Since the September Board meeting, the National Advisory Committee on Immunization (NACI) released updated recommendations for post-vaccination observation periods for influenza vaccinations during the COVID-19 pandemic.² Their recommendations were also incorporated into the BC Centre for Disease Control “Guidance for Influenza Vaccine Delivery in the Presence of COVID-19 (October, 2020)” document.³

¹ Note: An updated version of the proposed *Standards, Limits and Conditions* has been included with the September 2020 briefing materials in Appendix A, which includes minor referencing changes within the application section as recommended by legal counsel, and minor updates recommended by the Drug Administration Committee.

² [An Advisory Committee Statement \(ACS\) National Advisory Committee on Immunization \(NACI\): Recommendations on the Duration of the Post-vaccination Observation Period for Influenza Vaccination during the COVID-19 Pandemic](#) (Accessed October 15, 2020)

³ See page 6 of the BCCDC’s “[Guidance for Influenza Vaccine Delivery in the Presence of COVID-19 \(October, 2020\)](#)” (Accessed November 5, 2020)

Appendix 1

The College considered moving forward with the proposed amendments to the *Standards, Limits and Conditions* (not including the removal of the restriction that limits pharmacists to administering immunizations only) in response to the updated recommendations from NACI, as they already include a more principle-based post-vaccination wait-period requirement. The Drug Administration Committee (DAC) met on October 30, 2020 to discuss the proposed amendments to the *Standards, Limits and Conditions* in the context of the NACI recommendation. At that time, the DAC suggested and approved additional minor changes to the *Standards, Limits and Conditions* which include a clarified requirement for ensuring the frequency of drug administration is appropriate, and taking appropriate steps to ensure the right drug is administered to the right patient. These changes are included in the draft amendments in Appendix A.

The College discussed moving the proposed amendments forward (not including the removal of the restriction that limits pharmacists to administering immunizations only) with the Ministry of Health, however the Ministry was not supportive of any changes to the *Standards, Limits and Conditions* in response to the NACI recommendation at this time.

The Registrar continues to engage with the Ministry of Health, as directed by the Board at the September meeting, on the removal of restrictions. A letter was sent to Mark Armitage, the Assistant Deputy Minister, Ministry of Health, on October 16, 2020 in response to the letter dated August 20, 2020 (see Appendix B). As outlined in the letter, the Registrar met with executives from the Ministry of Health on November 16, 2020. The College committed to providing a written response to questions raised at the meeting.

Recommendation

It is recommended that the Board approves, in-principle, the proposed amendments to the *Standards, Limits and Conditions*, as circulated.

Next Steps

The Registrar will continue to engage with the Ministry of Health on moving the proposed amendments to the *Standards, Limits and Conditions* forward.

Appendix	
A	Drug Administration Committee September 2020 Board Briefing Materials (note: contains an updated version of the proposed amendments to the <i>Standards, Limits and Conditions</i> as described in footnote 1)
B	Letter from Christine Antler to Mark Armitage, October 16, 2020



BOARD MEETING September 18, 2020

3. **Drug Administration Committee - Amendments to the *Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions***

DECISION REQUIRED

Recommended Board Motions:

1. Accept the amendments to the *Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions*, as circulated.
2. Direct the Registrar to engage with the Ministry of Health to move the amendments to the *Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions* forward.

Purpose

- To propose amendments to the *Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions*.
- To provide the Board with a recommendation for moving forward with the removal of certain restrictions on pharmacist drug administration authority.

Background

The [Pharmacists Regulation](#) enables pharmacists to administer any drug specified in Schedule I, IA or II of the *Drug Schedules Regulation* or a substance through intradermal, intramuscular or subcutaneous injection or the intranasal route. It also requires a committee (i.e., the Drug Administration Committee (“DAC”)) to be established to develop, review and recommend the standards, limits and conditions under which a registrant may administer a drug or substance to patients and the successful completion of a certification program.

Currently, the College of Pharmacists of British Columbia (“the College”) [Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions](#) (“*Standards, Limits and Conditions*”) only permits a pharmacist to administer a drug for the purpose of immunization. At its February 2019 meeting, based on the recommendations of the DAC, the Board directed the Registrar to remove certain restrictions on pharmacist injection and intranasal administration of medications.

Appendix 2

In April 2019, the College received a letter from the Assistant Deputy Minister, Ministry of Health, inviting the College to work with the Professional Regulation and Oversight Branch to establish a working group to determine the impacts of removing the restrictions on pharmacist drug administration. The first meeting of the Safe Drug Administration by Pharmacists Working Group (“Working Group”) was held on October 28, 2019. A second meeting of the Working Group was scheduled to take place on February 12, 2020, but was cancelled after staff from the Ministry of Health indicated they were unable to participate. Additionally, in December 2019 the Ministry of Health announced a temporary moratorium on bylaws submitted by health professional regulatory Colleges.

The DAC next met on May 25, 2020. At that meeting, an overview of the events following February 2019 was presented. Additionally, the DAC was presented with two options to move forward with their February 2019 recommendation to remove certain restrictions on pharmacist drug administration. In considering the two options, the DAC was informed of a meeting between the Ministry of Health and the College held on May 22, 2020. The DAC was made aware that the Ministry of Health advised that a response would be provided to the College on a collaborative path forward within one week. As a result, the DAC decided to postpone their decision and wait for the response from the Ministry of Health.

Following the College’s meeting with the Ministry of Health in May 2020, the College provided briefing materials to the Assistant Deputy Minister, which contained the findings gathered for the second Working Group Meeting. The briefing note and findings are available in Appendix 1.

At their June 2020 meeting, the Board was given an update on these events (see Appendix 2). The DAC was also to reconvene in June to discuss the response from the Ministry of Health once it was received.

Discussion

The College did not receive a response from the Ministry of Health on a timeline or collaborative path forward in June, as anticipated. In light of this, the College continued working on the *Standards, Limits and Conditions*, and the DAC reconvened on August 14, 2020 to review the proposed amendments and options.

Proposed Amendments to the *Standards, Limits and Conditions*

On August 14, 2020 the DAC was presented with proposed amendments to the *Standards, Limits and Conditions*, to align with the DAC’s previous recommendation to the Board. Amendments were made to the limits to allow administration of Schedule I and II drugs by injection and the intranasal route with the exception of Schedule IA, and to prohibit the injection of cosmetic drugs and substances. As recommended, the existing age limits were maintained.

Appendix 2

In addition to the amendments directed by the Board, the College reviewed the *Standards, Limits and Conditions* and compared them to drug administration standards for pharmacists in Canadian jurisdictions where pharmacists are not limited to administering vaccines only. Overall, the *Standards, Limits and Conditions* align well with the drug administration standards of pharmacy regulatory authorities in other Canadian jurisdictions (see Appendix 3). Despite this, some areas were identified where the *Standards, Limits and Conditions* may benefit from additional provisions or clarification. These additional amendments are summarized in Appendix 4.

The proposed amendments are presented in Appendix 5. The DAC recommends that the Board move forward with the proposed amendments to the *Standards, Limits and Conditions*, as circulated.

Options Presented to the DAC for Moving Forward

The first option presented to the DAC was to proceed with the original DAC recommendations as approved by the Board in February 2019. The Working Group would be provided a summary of the information gathered for the second Working Group meeting, and would be informed of the decision to proceed with the original DAC recommendations.

The second option was to reschedule the second Working Group meeting when the Ministry of Health staff are available and the moratorium has been lifted. The Working Group would then present findings to the DAC, and the DAC would review and present the findings to the Board, if changes to the original recommendation result from the findings.

The new, third option presented to the DAC was to recommend that the Board direct the Registrar to post the proposed amendments to the *Standards, Limits and Conditions* for public comment. It is important to note that the *Health Professions Act* (“HPA”) does not require the public posting of amendments to standards, limits and conditions. However, this option was recommended to the DAC to better ensure transparency and provide an opportunity for all stakeholders, including the public, to provide meaningful feedback, and to allow more time to engage with the Ministry of Health.

The DAC discussed the three options for moving forward. However, since posting the amendments for public comment is not required under the HPA and may be considered a strategic decision, the DAC determined that the Board should decide how to proceed.

Engagement with the Ministry of Health

A letter was received from Mark Armitage, Assistant Deputy Minister, Ministry of Health, two weeks after the DAC meeting on August 28, 2020 (see Appendix 6). In the letter, the Ministry requested that the College not proceed forward with the *Standards, Limits and Conditions* to allow more time for the Working Group to complete its work. Specifically, the letter requested that the *Standards, Limits and Conditions* not be posted for public comment. A timeline on a path forward was not presented.

Appendix 2

The Ministry of Health also advised that the temporary bylaw moratorium is still in effect, and that they would inform of the Colleges when they are in a position to return to regular operations. At this time, the Ministry of Health is only advancing bylaw changes that align with their current priorities: the COVID-19 response, the opioid overdose emergency response, restarting health services to address the needs of the broader population, and modernization of the regulation of health professionals.

Recommendation

It is recommended that the Board accept the amendments to the *Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions* as recommended by the DAC, and direct the Registrar to engage with the Ministry of Health to move the amendments forward.

Guiding Questions:

When reviewing the proposed amendments to the *Standards, Limits and Conditions*, the Board is asked to consider:

- Do the proposed amendments to the *Standards, Limits and Conditions* align with the Board's previous direction to the Registrar to remove certain restrictions on pharmacist drug administration authority?

Appendix	
1	Briefing materials provided to the Ministry of Health, May 26, 2020 (with selected appendices)
2	June 2020 Board Briefing Note (without appendices)
3	Drug Administration by Pharmacists – Jurisdictional Scan Summary
4	Summary of Additional Amendments to the <i>Standards, Limits and Conditions</i>
5	Proposed amendments to the <i>Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions</i> (clean and track changes)
6	August 28, 2020 Letter to CPBC from Mark Armitage, Assistant Deputy Minister

Appendix 3: Inter-Jurisdictional Scans

Table 1. Jurisdictional Scan – Patient age restrictions for pharmacist injection administration

	BC	AB	SK	MB	ON	NB	NL	NS	PEI	YT
Age limit for injection of any drug (not including vaccines)	N/A	5+	5+	5+	N/A	2+	5+	2+	Any age in accordance with a prescription	5+
Age limit for injection of vaccine	5+	5+	9+, or 5+ for flu vaccine	7+	5+, or 2+ for flu vaccine	2+	5+	2+	18+, or 5+ for flu/rabies vaccines. Or, any age in accordance with a prescription	5+

Table 2. Jurisdictional Scan – Educational requirements for pharmacist drug administration to young children

	BC	ON	NB	NS	PEI
Age limit for injection of any drug (not including vaccines)	N/A	N/A	2+	2+	Any age in accordance with a prescription
Age limit for injection of vaccine	5+	5+, or 2+ for flu vaccine	2+	2+	18+, or 5+ for flu/rabies vaccines. Or, any age in accordance with a prescription
Education program must be CCCEP accredited (Stage II) or part of CCAP accredited pharmacy curriculum	✓	✓	✓	✓	✓
Continuing competency declaration – injection administration renewal requirement	At least one vaccine administered every 3 years	Up to pharmacist to determine if competent, no annual declaration	At least one injection administered every 3 years	Declaration that a “sufficient number” of injections have been performed in past 2 years	Declaration that a “sufficient number” of injections have been performed in past 1 year
Additional training for pediatric injections required by PRAs that allow injection of kids <5 years?	N/A	Not required, but available (3 courses listed on website)	Required, but specific courses not specified	Not required but under development	Not required, but pharmacists should seek out opportunities as needed

Appendix 4: Literature Search Results

Table 1. Literature Search Summary – Pharmacy Professional Drug Administration for Pediatrics

Reference	Summary
<p><u>Vaccinating pediatric patients requires preparation, planning</u> – American Pharmacy Association – <i>Pharmacy Today</i> January 2021</p>	<ul style="list-style-type: none"> • The U.S. Department of Health and Human Services (HHS) expanded pharmacists’ authority to immunize children ages 3-18 years during the COVID-19 pandemic • “Overall, for children ages 3 years and up through adolescence, the technique for vaccine administration is the same as for adults. Foster says needle size is important to remember.... Pharmacists need to be fast when giving a vaccine to a child, and a parent or caregiver can provide support by holding the child still”. • The article includes a number of vaccination tips for pediatric vaccination
<p>Hofstetter, A.M., and Schaffer, S. <i>Childhood and Adolescent Vaccination in Alternative Settings. Communities, Public Health and Health Policy</i> Vol 21, 2021.</p>	<ul style="list-style-type: none"> • Delayed and under vaccination exist in certain patient populations and communities in the United States. • A strategy to address this major public health problem is to offer vaccinations in nonprimary care settings, such as schools, emergency rooms, hospitals, and pharmacies. • This will increase the proportion of children and adolescents receiving on-time vaccines • These settings should not replace the medical home, but rather serve as a critical safety net for high-risk individuals and communities in situations where access to traditional locations may be limited such as during the COVID-19 pandemic
<p>Omecene, N.E., et al. <i>Implementation of pharmacist-administered pediatric vaccines in the United States: major barriers and potential solutions for the outpatient setting. Pharmacy Practice</i>, 2019; 17(2).</p>	<ul style="list-style-type: none"> • Pharmacists working in outpatient settings are in a prime position to improve pediatric vaccination rates by recommending, administering, or educating families and patients about vaccines • Pediatric vaccination rates are less than optimal in the US • More than 90% of the US population lives within 2 miles of a community pharmacy, and these present accessible options to improve vaccination rates and capacity • Studies have consistently demonstrated improved adult vaccination rates with community pharmacy involvement, though literature in the pediatric population is lacking, but one could expect similar success • <i>Potential barriers to pharmacist-administered vaccines in outpatient settings and potential solutions</i> <ul style="list-style-type: none"> ○ Regulatory barriers, however states continue to pass legislation to expand pharmacist authority to administer pediatric vaccines; training should be provided to pharmacy students ○ Attitudinal barriers – physician and parental, specifically. For physicians, pharmacists can consider collaborating with them to gain comfort, and implementation of a immunization delivery program for pharmacists. For parental barriers, evidence suggests increasing parental familiarity and experience with pharmacist-administered vaccination through advocacy may improve buy-in ○ Logistical barriers – missed opportunities for vaccination are a relevant risk factor for pediatric patients in the US; injections for patients under 2 require specific positioning for injections into anterolateral thigh muscle – if sole pharmacist, may be difficult. Additionally, anecdotally, pharmacists are less willing to provide injections to kids under 2.

Continued on next page

Reference	Summary
<p><i>McKeirnan, K., and Sarchet, G. Implementing Immunizing Pharmacy Technicians in a Federal Healthcare Facility. Pharmacy, 2019; 152(7).</i></p>	<ul style="list-style-type: none"> • Pharmacy technicians are legally allowed to administer immunizations in specific US states, provided they meet certain criteria, including the completion of an accredited immunization training course • This research sought to gather information about implementing immunizing pharmacy technicians in a federal facility serving a large rural and medically underserved population • From July 2018 to June 2019, seven immunization-trained pharmacy technicians administered over 4,000 injections • Injections were administered to patients ranging from 2 months old to 85 years old • Pharmacy technicians trained and certified to administer immunizations increase access to vaccination care and have the potential to drastically increase the number of immunizations given and reduce the number of deaths from vaccine preventable diseases
<p><i>Terriff, C.M, and McKiernan, K. Training student pharmacists to administer emergency pediatric influenza vaccine: a comparison of traditional vs. just-in-time training. Currents in Pharmacy Teaching and Learning, 2017 (9).</i></p>	<ul style="list-style-type: none"> • In this study, traditional training (TT) and just-in-time training (JITT) of third year pharmacy students was compared for injection training, including injection of pediatrics/infants. Evaluation included a simulated emergency infant vaccination • The American Pharmacist Association (APhA) Pharmacy-Based Immunization Delivery Program includes pediatric content, but the assessment and final certification are only for adolescent and adult immunization administration • JITT for student pharmacists to learn skills required to immunize infants elicits similar outcomes (interest, confidence, comfort and administration competency) as TT for emergency pediatric influenza vaccination
<p><i>Taddio, Anna. New clinical practice guideline for pain management during routine childhood vaccination – What pharmacist need to know. Canadian Pharmacists Journal, May/June 2011; 144(3).</i></p>	<ul style="list-style-type: none"> • This summary article was published in 2011 to inform pharmacists of updated pain management for young children during routine vaccinations (note, this article was published in 2011 and there may be new guidance now) • The guidance includes recommendations for infants and young children

Appendix 5: Injection Training Programs

Table 1. Summary of Pediatric Injection Educational Programs Available for Pharmacists in Canada

Course Name	Course Type	Province	Topics/Learning Objectives
Administering Injections to Young Children (Online Modules) (2020 - 2021) , Pear HealthCare Solutions	Online, CCCEP Accredited (note there is an associated in-person workshop that seems to be optional, but is only available in Ontario)	Ontario	<ul style="list-style-type: none"> • Accurately identify the appropriate injection site for both intramuscular (IM) and subcutaneous (SC) injections for children between the ages of two and five through landmarking • Select the appropriate needle and syringe size for administration of vaccines to toddlers and young children • Demonstrate how to position a young child to prepare for an IM or SC injection • Identify strategies to deal with challenging situations, including highly active children and those who fear needles, and offer approaches to increase comfort and reduce pain in children • Engage the parent/caregiver prior to and during the injection process and discuss vaccination with children and their parent/caregiver • Document injection administration for young children • Discuss how and what to communicate with the interprofessional team within the child's circle of care regarding injection administration • Review what to expect after administering a vaccine to a young child and how to discuss this with the child and parent/caregiver
Injections and Immunizations for Children , PharmAchieve	Online, CCCEP Accredited	Ontario (Available in BC)	<ol style="list-style-type: none"> 1. Demonstrate proper procedures for administering vaccines to children under five years of age 2. Become familiar with routine immunizations for children and possible precautions or contraindications associated with each vaccine: <ul style="list-style-type: none"> ○ Choose appropriate distractions for children to redirect focus away from the site of injection ○ Employ additional measures such as use of a sucrose solution, a pain-relieving ointment, or a cooling spray ○ Be knowledgeable of which psychological intervention techniques are effective 3. Understand and apply techniques to reduce pain and anxiety during vaccination events 4. Demonstrate a good understanding of vaccine side effects and reactions 5. Prepare to monitor and follow up with patients after immunization
Mastering Injections in Pediatrics , Ontario Pharmacists Association	Online, CCCEP Accredited	Ontario	<ul style="list-style-type: none"> • Describe the administration technique for children under five, including the selection of the appropriate supplies, land marking and injection techniques. • Identify the appropriate type and dose of vaccine based on the child's age and previous immunization history. • Demonstrate awareness of the different pain management and comfort techniques that can be used specifically for children. • Recognize potential adverse reactions and understand the appropriate treatment, monitoring and follow-up considerations. • Identify the appropriate documentation and communication procedures necessary for the parent/caregiver and other relevant healthcare professionals.

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Course Name	Course Type	Province	Topics/Learning Objectives
Administering Injections to Young Children , Pear Healthcare Solutions	Online and Live Workshop, CCCEP Accredited	New Brunswick	Learning Objectives 1: Accurately identify the appropriate injection site for both intramuscular (IM) and subcutaneous (SC) injections for children between the ages of two and five through landmarking Learning Objectives 2: Engage the parent/caregiver prior to and during the injection process and discuss vaccination with children and their parent/caregiver Learning Objectives 3: Demonstrate how to position a young child for an IM and SC injection
Pediatric Injection Techniques , Dalhousie Continuing Education	Online Webinar, Accredited	New Brunswick	This webinar will review intramuscular and subcutaneous injection techniques in pediatric patients, including site selection, needle length, the maximum volume to be administered, and administration process. It will also review common methods of holding pediatric patients during injections.



DRUG ADMINISTRATION COMMITTEE November 1, 2021

Amendments to Pharmacist Drug Administration Age Limit

DECISION REQUIRED

Recommended Drug Administration Committee Motion:

The Drug Administration Committee (DAC) recommends that the *Health Professions Act* Bylaws Schedule F Part 4 – Certified Practice – Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions, be amended to lower the patient age limit for drug administration by injection to 4 years of age, as circulated.

Purpose

To provide a recommendation for amendments to the Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions (Standards, Limits and Conditions) to lower the age limit for drug administration by injection to 4 years of age.

Background

Concerns have been raised that some children in British Columbia (BC) may not be able to receive routine vaccines as easily during the COVID-19 public health emergency, as many public health resources have been prioritized for COVID-19 vaccination clinics. The particular concern is that some children may not be able to receive the recommended school entry vaccines for children aged 4-6.

In BC, there are two vaccines recommended for children aged 4-6 prior to entering school: tetanus and diphtheria toxoids, acellular pertussis and inactivated polio vaccine (Tdap-IPV), and measles, mumps, rubella and varicella vaccine (MMRV).^{1,2} In addition, an annual influenza vaccine is recommended for children between 6 months and 4 years of age.³

¹ As per the BCCDC Immunization Manual, separate MMR and varicella vaccine may be recommended for select special populations

² [BCCDC Immunization Manual Chapter 2: Immunization, Part 1 – Immunization Schedules](#)

³ <https://www.healthlinkbc.ca/healthlinkbc-files/inactivated-influenza-vaccine>

Public health nurses have been reassigned to carry out essential duties related to COVID-19 since at least November 2020, including contact tracing and providing COVID-19 vaccinations.⁴ The Ministry of Health has indicated that children can receive necessary publicly funded vaccines from other sources, including community health centres, community pharmacies, and family doctors.⁵ Pharmacists are currently permitted to administer publicly funded vaccines by injection to children age 5 and older.⁶ While school entry vaccines are recommended for children between the ages of 4 and 6, pharmacists are unable to provide school entry vaccines to children who are 4 years of age. Pharmacists are also unable to provide annual influenza vaccinations to children under 5 years of age.

On June 11, 2021, the Drug Administration Committee (DAC) directed the College to conduct a literature review on decreasing the age restrictions for both immunizations and injections overall and the findings brought back to DAC for further consideration (Appendix 1). The DAC asked the College to consider both the need for the policy change, and to consider what age would be safe and appropriate for the age limit to be lowered to.

Discussion

The current age limit for drug administration by injection in the Standards, Limits and Conditions is in alignment with most other Canadian jurisdictions; however, in the past few years, a few provinces have permitted pharmacists and pharmacy technicians to administer injections to patients as young as 2 years of age (Appendix 2, Table 1). Additionally, in 2020, the United States federal government granted authority to pharmacists in all states to administer vaccinations to children as young as 3 years old during the COVID-19 pandemic.⁷ The rationale for this was to increase access to childhood vaccinations in response to declining rates of vaccination, as access to health care services had likely been impacted by COVID-19.

Safety

There have been no significant safety concerns demonstrated in the literature or reported by other Canadian jurisdictions regarding pharmacist administration of injections to young children. The literature describes instances where pharmacy professionals (including pharmacy

⁴ <https://www.cbc.ca/news/canada/british-columbia/immunization-delays-due-to-covid-19-contact-tracing-1.5811170>

⁵ <https://www.cbc.ca/news/canada/british-columbia/new-westminster-school-trustee-urges-restart-of-school-based-vaccination-program-1.6030430>

⁶ https://library.bcpharmacists.org/6_Resources/6-1_Provincial_Legislation/5099-HPA_Bylaws_Drug_Administration_Injection_Intranasal.pdf

⁷ <https://www.hhs.gov/sites/default/files/third-amendment-declaration.pdf>

Appendix 6

technicians) in North America were appropriately trained and successfully administered vaccinations to children as young as 2 months of age (Appendix 3, Table 1).

Nova Scotia and New Brunswick both allow pharmacists and pharmacy technicians to administer injections to children as young as 2, including vaccines and other drugs. To date, neither regulatory body has received any complaints due to this activity, suggesting it is safe and not a public safety risk. Additionally, there have been no complaints received in Ontario, where pharmacists may administer the flu vaccine to children as young as 2.

Training

Pharmacist injection training programs that are accredited by the Canadian Council on Continuing Education in Pharmacy (CCCEP) must include learning objectives on demonstrating the age-appropriate injection sites and proper client positioning used for immunization, and on choosing the correct needle length and gauge for the age and size of the client. It is up to accredited programs to deliver content that meets the required learning objectives. Because of BC's current age limit, there is no specific training for injecting patients under the age of 5, however students are provided with resources and information on where to find relevant information should it be required.

The literature suggests pharmacists should be aware of several considerations when vaccinating children as young as two, particularly administration sites, needle size, positioning and pain management strategies (Appendix 3, Table 1). Pharmacists may require additional training to ensure they are competent in these areas when administering vaccines to young children. However, in general, techniques for administering subcutaneous and intramuscular injections are not significantly different for patients 4 years of age compared to those who are 5.⁸

There are CCCEP accredited training programs available in Canada for pharmacists to learn about pediatric injections in children under the age of 5 that include learning objectives on selecting appropriate needle and syringe sizes, positioning techniques, and pain management strategies (Appendix 4). Most programs are only available in certain provinces, and only one program appears to be available to pharmacists across Canada (the PharmAchieve program). Most focus on vaccination of pediatric patients, but don't appear to be limited to training on vaccines only.

⁸ [BCCDC Communicable Disease Control Manual, Chapter 2: Immunization, Appendix B: Administration of Biological Products](#) (p. 16, 23). Accessed October 19, 2021.

Appendix 6

Of the jurisdictions that permit pharmacists to administer vaccines to children as young as 2 years of age, only one (New Brunswick) requires pharmacists undertake additional training (Appendix 2, Table 2).

Need for Policy Change

Access to health care services, including vaccine access, is the responsibility of the Ministry of Health, and is not within the College's jurisdiction. The College has not received a request from the Ministry of Health to amend the *Standards, Limits and Conditions* to improve vaccine access for children under 5 years of age. However, a change to the College's requirements could have a beneficial impact on public health and safety.

Pharmacists in BC have been involved in administering publicly funded vaccines to patients 5 years and up for many years. Pharmacists in Vancouver Coastal Health are involved in an immunization "catch-up" program for older school age children who have missed routine vaccinations.⁹ Additionally, Fraser Health recommends children may receive school entry vaccines from a pharmacist, for children 5 years of age and older.¹⁰

In general, the literature suggests there are many demonstrated public benefits to pharmacists administering vaccines to adults, including increased vaccination coverage of high-risk populations, improvement in the patient experience of care, and benefits to the health system (Appendix 3, Tables 2 and 3). Increased vaccination rates are due to the availability of pharmacists, the convenience of receiving a vaccine at a local pharmacy, and health promotion activities conducted by pharmacists. These benefits reported for adult patients are expected to extend to the pediatric population as well. Pharmacies have been recommended as alternative vaccination sites to improve vaccination uptake for children and adolescents where access may be an issue.

To further explore this issue, the College had a discussion on September 29, 2021 with the BC Immunization Committee (BCIC), a group tasked with overseeing the implementation of the ImmunizeBC Framework, about the potential benefits or consequences of pharmacists administering vaccines to children as young as 2.^{11,12} Several issues were discussed:

- The general public health benefits to increasing the "pool of immunizers".

⁹ <http://www.vch.ca/public-health/communicable-diseases-immunizations/immunizations/school-age-immunization-campaign>

¹⁰ <https://www.fraserhealth.ca/health-topics-a-to-z/immunizations/children-and-youth-immunization#.YRbrkYhKiUk>

¹¹ <https://www.health.gov.bc.ca/library/publications/year/2007/immunizebc.pdf>

¹² <https://www2.gov.bc.ca/assets/gov/health/health-drug-coverage/pharmacare/vaccine-guide.pdf>

Appendix 6

- Questions about pharmacists' training regarding pediatric care in general and competency to administer injections to very young kids, and about how those competencies would be maintained.
- Questions about why age "2" was chosen, vs. age "4" which would capture the children eligible for school-entry vaccines. It was noted that there is added complexity when it comes to immunization "catch-up" for children who missed their 18-month vaccines, and may be needing them at 2 years of age.
- Existing operational concerns with pharmacists administering publicly funded vaccines, including documentation, recordkeeping, and communication with health authorities.

The Pharmacists and Immunization Working Group, a working group of the BCIC, published a guidance document for pharmacists in early 2021 that addresses some of the existing operational concerns identified by the BCIC.¹³ Pharmacists would continue to be expected to offer publicly funded vaccines by working with their local public health units and in accordance with the recommendations of the BC Centre for Disease Control. Many operational issues identified exist today and are managed at the program level, as they are not in the jurisdiction of the College. The BCIC indicated they are interested in hearing about how the College expects to proceed with any changes to the age limits for immunization.

Regarding continuing competency, it would be up to each pharmacist to ensure they maintain the competencies required to administer an injection to a young child. BC's drug administration re-certification process requires a pharmacist administer at least one injection every 3 years to maintain competency; this is in general alignment with other Canadian jurisdictions that permit pharmacists to administer injections to young children (Appendix 2, Table 2).

COVID-19 Vaccination for Children Age 5-11

COVID-19 vaccines in BC have been offered to the public based on year of birth and not actual age.¹⁴ If COVID-19 vaccines are approved in Canada for the 5-11 age group, it is likely that some 4-year-old patients would be eligible for vaccination based on their year of birth (e.g., children aged 4 but turning 5 that calendar year may be eligible to receive the COVID-19 vaccine, depending on final public health recommendations). It is expected that some pharmacies will provide COVID-19 vaccines to the 5-11 age group.¹⁵ Under the current College limitation,

¹³ Pharmacists and Publicly Funded Vaccines in B.C. General Information. Available from:

<https://www2.gov.bc.ca/assets/gov/health/health-drug-coverage/pharmacare/vaccine-guide.pdf>

¹⁴ <https://immunizebc.ca/ask-us/questions/covid-19/which-age-group-do-i-fit-my-birthday-year-puts-me-different-group-depending-on-time>

¹⁵ <https://bc.ctvnews.ca/pharmacies-doling-out-moderna-and-pfizer-in-pilot-project-just-before-younger-kids-expected-to-be-oked-for-vaccine-1.5623691>

Appendix 6

pharmacists would only be permitted to vaccinate children who have already turned 5 years old. Depending on the availability of other COVID-19 vaccine centres in the area, this may create a barrier for some children aged 4 to receive a COVID-19 vaccine.

Recommendation

That the DAC recommend the Standards, Limits and Conditions be amended to lower the age limit for drug administration by injection to 4 years of age, as circulated (Appendix 5).

This recommendation is supported by the absence of any known public safety concerns, and by similar policy changes in Canada and the United States. Injection techniques do not differ significantly between children aged 4 and 5.

Implementing this change addresses the key issues discussed by the DAC by allowing pharmacists already involved in health authority-based immunization “catch-up” programs to administer school entry vaccines to children who are 4 years of age, and, in the future, allow pharmacists to provide COVID-19 vaccines to eligible children who are turning 5.

Next Steps

If approved, the recommendation from the DAC will be presented to the Board for further approval and filing with the Ministry of Health.

Appendix	
1	June 2021 Drug Administration Committee Briefing Note (without appendices)
2	Inter-jurisdictional Scans – Patient Age Restrictions and Education Requirements
3	Summary of Literature Search
4	Injection Training Programs
5	Proposed Amendments to the <i>Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions</i> (clean and track changes)



HPA BYLAWS SCHEDULE F
Part 4 – CERTIFIED PRACTICE – DRUG ADMINISTRATION BY INJECTION
AND INTRANASAL ROUTE
STANDARDS, LIMITS AND CONDITIONS

APPLICATION

This Part applies to all practising pharmacists, and should be read in conjunction with sections 4 (c.1) and 4.1(1) of the *Pharmacists Regulation*, B.C. Reg. 417/2008 under the *Health Professions Act*, R.S.B.C. 1996 c. 183, and in conjunction with sections 43, 43.1 and 46(5.1) of the College bylaws made under the *Health Professions Act*.

STANDARDS

1. A pharmacist who administers a drug acts in the best interest of the patient and takes all appropriate steps to ensure that the drug is administered safely.
2. A pharmacist who administers a drug does so within the scope of their education, training and competence.
3. A pharmacist must assess the appropriateness of the drug for a patient, including:
 - (a) Appropriate indication for the patient
 - (b) Appropriate dose and route of administration
 - (c) Appropriate time and frequency for administration
 - (d) Allergy status
 - (e) Risk factors, including immunosuppression and pregnancy
 - (f) Contraindications and precautions including anaphylaxis and fainting
 - (g) Prior immunization history, if applicable
4. Obtain informed consent from the patient or patient's representative with regards to:
 - (a) Drug to be administered
 - (b) Purpose of the drug
 - (c) Benefits and risks of the drug
 - (d) Expected reaction
 - (e) Remaining for a 15-30 minute wait period following administration of the drug
5. If administering a drug by injection, prepare and provide care of the injection site including:
 - (a) Assessing the injection site
 - (b) Selecting and landmarking the injection site
 - (c) Determining the requirement for dressings
6. Prepare for drug administration including:
 - (a) Taking appropriate steps to ensure the right drug is administered to the right patient
 - (b) Ensuring the drug is stable, and has been stored and labelled appropriately prior to administration
 - (c) Using aseptic technique and universal precautions for infection control in preparation, administration, and disposal of the drug



HPA BYLAWS SCHEDULE F
Part 4 – CERTIFIED PRACTICE – DRUG ADMINISTRATION BY INJECTION
AND INTRANASAL ROUTE
STANDARDS, LIMITS AND CONDITIONS

7. Following drug administration, a pharmacist must
 - (a) Ensure devices, supplies and any remaining drug are disposed of safely and appropriately
 - (b) Ensure the patient is appropriately monitored
 - (c) Notify and provide relevant information to other health professionals, as appropriate
 - (d) Report adverse events or reactions to the applicable government agency, as required

8. A pharmacist must document for each drug given:
 - (a) Informed consent
 - (b) Assessment of the appropriateness of the drug for the patient
 - (c) Drug and dose administered
 - (d) Lot number and expiry date of the drug
 - (e) Route of administration
 - (f) Site of administration
 - (g) Date and time of administration
 - (h) The identification of the pharmacist who administered the drug
 - (i) Patient response
 - (j) Any adverse reaction experienced due to the drug administered and management provided
 - (k) Patient or patient's representative contact information
 - (l) Providing patient or patient's representative with the administering pharmacist's contact information
 - (m) Patient teaching done, including adverse reactions and management and plans for follow-up

9. Ensure there is ready access to drugs, devices and other necessary equipment and supplies used to treat reactions to administered drugs.

10. Respond appropriately to complications and emergencies if they arise.

11. Develop, maintain and review, at least annually, a policy and procedure manual including:
 - (a) Emergency procedure and treatment protocol
 - (b) Precautions required for patients with latex allergies

12. Maintain a setting within which the drug is to be administered that is clean, safe, comfortable and appropriately private and furnished for the patient.

LIMITS

1. A practising pharmacist must not administer a drug by injection or intranasal route unless it is for the purpose of immunization.
2. A practising pharmacist must not administer an injection to a child under 4 years old.
3. A practising pharmacist must not administer a drug by intranasal route to a child under 2 years old.



HPA BYLAWS SCHEDULE F
Part 4 – CERTIFIED PRACTICE – DRUG ADMINISTRATION BY INJECTION
AND INTRANASAL ROUTE
STANDARDS, LIMITS AND CONDITIONS

CONDITIONS

1. A practising pharmacist must apply to the College of Pharmacists of B.C. for certification to administer immunizations within 1 year of successful completion of the required certification program.
2. A practising pharmacist must not provide immunization services in B.C. prior to receiving notification from the College of Pharmacists of B.C. of their certification to administer immunizations.

DRAFT



HPA BYLAWS SCHEDULE F
Part 4 – CERTIFIED PRACTICE – DRUG ADMINISTRATION BY INJECTION
AND INTRANASAL ROUTE
STANDARDS, LIMITS AND CONDITIONS

APPLICATION

This Part applies to all practising pharmacists, and should be read in conjunction with sections 4 (c.1) and 4.1(1) of the *Pharmacists Regulation*, B.C. Reg. 417/2008 under the *Health Professions Act*, R.S.B.C. 1996 c. 183, and in conjunction with sections 43, 43.1 and 46(5.1) of the College bylaws made under the *Health Professions Act*.

STANDARDS

1. A pharmacist who administers a drug acts in the best interest of the patient and takes all appropriate steps to ensure that the drug is administered safely.
2. A pharmacist who administers a drug does so within the scope of their education, training and competence.
3. A pharmacist must assess the appropriateness of the drug for a patient, including:
 - (a) Appropriate indication for the patient
 - (b) Appropriate dose and route of administration
 - (c) Appropriate time and frequency for administration
 - (d) Allergy status
 - (e) Risk factors, including immunosuppression and pregnancy
 - (f) Contraindications and precautions including anaphylaxis and fainting
 - (g) Prior immunization history, if applicable
4. Obtain informed consent from the patient or patient's representative with regards to:
 - (a) Drug to be administered
 - (b) Purpose of the drug
 - (c) Benefits and risks of the drug
 - (d) Expected reaction
 - (e) Remaining for ~~an appropriate~~ 15-30 minute wait period following administration of the drug
5. If administering a drug by injection, prepare and provide care of the injection site including:
 - (a) Assessing the injection site
 - (b) Selecting and landmarking the injection site
 - (c) Determining the requirement for dressings
6. Prepare for drug administration including:
 - (a) Taking appropriate steps to ensure the right drug is administered to the right patient
 - (b) Ensuring the drug is stable, and has been stored and labelled appropriately prior to administration
 - (c) Using aseptic technique and universal precautions for infection control in preparation, administration, and disposal of the drug



HPA BYLAWS SCHEDULE F
Part 4 – CERTIFIED PRACTICE – DRUG ADMINISTRATION BY INJECTION
AND INTRANASAL ROUTE
STANDARDS, LIMITS AND CONDITIONS

7. Following drug administration, a pharmacist must
 - (a) Ensure devices, supplies and any remaining drug are disposed of safely and appropriately
 - (b) Ensure the patient is appropriately monitored
 - (c) Notify and provide relevant information to other health professionals, as appropriate
 - (d) Report adverse events or reactions to the applicable government agency, as required

8. A pharmacist must document for each drug given:
 - (a) Informed consent
 - (b) Assessment of the appropriateness of the drug for the patient
 - (c) Drug and dose administered
 - (d) Lot number and expiry date of the drug
 - (e) Route of administration
 - (f) Site of administration
 - (g) Date and time of administration
 - (h) The identification of the pharmacist who administered the drug
 - (i) Patient response
 - (j) Any adverse reaction experienced due to the drug administered and management provided
 - (k) Patient or patient's representative contact information
 - (l) Providing patient or patient's representative with the administering pharmacist's contact information
 - (m) Patient teaching done, including adverse reactions and management and plans for follow-up

9. Ensure there is ready access to drugs, devices and other necessary equipment and supplies used to treat reactions to administered drugs.

10. Respond appropriately to complications and emergencies if they arise.

11. Develop, maintain and review, at least annually, a policy and procedure manual including:
 - (a) Emergency procedure and treatment protocol
 - (b) Precautions required for patients with latex allergies

12. Maintain a setting within which the drug is to be administered that is clean, safe, comfortable and appropriately private and furnished for the patient.

LIMITS

1. A practising pharmacist must not administer a drug by injection or intranasal route unless it is for the purpose of immunization.
- ~~1. A practising pharmacist must not administer any Schedule IA drug by injection or intranasal route.~~
- ~~2. A practising pharmacist must not administer drugs and substances for cosmetic purposes by injection.~~
- ~~3.2. A practising pharmacist must not administer an injection to a child under 5-4 years old.~~



HPA BYLAWS SCHEDULE F
Part 4 – CERTIFIED PRACTICE – DRUG ADMINISTRATION BY INJECTION
AND INTRANASAL ROUTE
STANDARDS, LIMITS AND CONDITIONS

4.3. A practising pharmacist must not administer a drug by intranasal route to a child under 2 years old.

CONDITIONS

1. A practising pharmacist must apply to the College of Pharmacists of B.C. for certification to administer ~~Schedule I and II drugs by injection or intranasal route~~ immunizations within 1 year of successful completion of the required certification program.
2. A practising pharmacist must not ~~administer a drug or substance by injection or intranasal route~~ provide immunization services in B.C. prior to receiving notification from the College of Pharmacists of B.C. of their certification to administer ~~drugs and substances by injection or intranasal route~~ immunizations.

DRAFT

SCHEDULE OF AMENDMENTS

Schedule F – Part 4 – Certified Practice – Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended by repealing and replacing Schedule F – Part 4 – Certified Practice – Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions.

HPA BYLAWS SCHEDULE F
Part 4 – CERTIFIED PRACTICE – DRUG ADMINISTRATION BY INJECTION
AND INTRANASAL ROUTE
STANDARDS, LIMITS AND CONDITIONS

Application

This Part applies to all practising pharmacists, and should be read in conjunction with sections 4 (c.1) and 4.1(1) of the *Pharmacists Regulation*, B.C. Reg. 417/2008 under the *Health Professions Act*, R.S.B.C. 1996 c. 183, and in conjunction with sections 43, 43.1 and 46(5.1) of the College bylaws made under the *Health Professions Act*.

Standards

1. A pharmacist who administers a drug acts in the best interest of the patient and takes all appropriate steps to ensure that the drug is administered safely.
2. A pharmacist who administers a drug does so within the scope of their education, training and competence.
3. A pharmacist must assess the appropriateness of the drug for a patient, including:
 - (a) Appropriate indication for the patient
 - (b) Appropriate dose and route of administration
 - (c) Appropriate time and frequency for administration
 - (d) Allergy status
 - (e) Risk factors, including immunosuppression and pregnancy
 - (f) Contraindications and precautions including anaphylaxis and fainting
 - (g) Prior immunization history, if applicable
4. Obtain informed consent from the patient or patient's representative with regards to:
 - (a) Drug to be administered
 - (b) Purpose of the drug
 - (c) Benefits and risks of the drug
 - (d) Expected reaction
 - (e) Remaining for a 15-30 minute wait period following administration of the drug
5. If administering a drug by injection, prepare and provide care of the injection site including:
 - (a) Assessing the injection site
 - (b) Selecting and landmarking the injection site
 - (c) Determining the requirement for dressings
6. Prepare for drug administration including:
 - (a) Taking appropriate steps to ensure the right drug is administered to the right patient
 - (b) Ensuring the drug is stable, and has been stored and labelled appropriately prior to administration
 - (c) Using aseptic technique and universal precautions for infection control in preparation, administration, and disposal of the drug

7. Following drug administration, a pharmacist must
 - (a) Ensure devices, supplies and any remaining drug are disposed of safely and appropriately
 - (b) Ensure the patient is appropriately monitored
 - (c) Notify and provide relevant information to other health professionals, as appropriate
 - (d) Report adverse events or reactions to the applicable government agency, as required

8. A pharmacist must document for each drug given:
 - (a) Informed consent
 - (b) Assessment of the appropriateness of the drug for the patient
 - (c) Drug and dose administered
 - (d) Lot number and expiry date of the drug
 - (e) Route of administration
 - (f) Site of administration
 - (g) Date and time of administration
 - (h) The identification of the pharmacist who administered the drug
 - (i) Patient response
 - (j) Any adverse reaction experienced due to the drug administered and management provided
 - (k) Patient or patient's representative contact information
 - (l) Providing patient or patient's representative with the administering pharmacist's contact information
 - (m) Patient teaching done, including adverse reactions and management and plans for follow-up

9. Ensure there is ready access to drugs, devices and other necessary equipment and supplies used to treat reactions to administered drugs.

10. Respond appropriately to complications and emergencies if they arise.

11. Develop, maintain and review, at least annually, a policy and procedure manual including:
 - (a) Emergency procedure and treatment protocol
 - (b) Precautions required for patients with latex allergies

12. Maintain a setting within which the drug is to be administered that is clean, safe, comfortable and appropriately private and furnished for the patient.

Limits

1. A practising pharmacist must not administer a drug by injection or intranasal route unless it is for the purpose of immunization.
2. A practising pharmacist must not administer an injection to a child under 4 years old.
3. A practising pharmacist must not administer a drug by intranasal route to a child under 2 years old.

Conditions

1. A practising pharmacist must apply to the College of Pharmacists of B.C. for certification to administer immunizations within 1 year of successful completion of the required certification program.
2. A practising pharmacist must not provide immunization services in B.C. prior to receiving notification from the College of Pharmacists of B.C. of their certification to administer immunizations.



College of Pharmacists
of British Columbia

9. Drug Administration Committee: Amendments to the *Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions*

Alex Dar Santos

Member, Drug Administration Committee



Purpose of Presentation

- To provide a recommendation for an amendment to the Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions (Standards, Limits and Conditions) to lower the patient age limit for drug administration by injection to 4 years of age.



Background

- On November 1, 2021, the Drug Administration Committee (DAC) met and recommended that the Standards, Limits and Conditions be amended to lower the patient age limit for drug administration by injection to 4 years of age
- This recommendation was presented to the Board on November 26, 2021
- The Board decided to table the motion until the February 2022 meeting, and asked for additional information.



Background

- The Board requested information on the following:
 - Further explanation of the need for the policy change,
 - Clarification of current drug administration training for pharmacists, and
 - More details on the stakeholder consultation and feedback received.



Need for Policy Change

- As previously discussed, many public health resources have been prioritized for the COVID-19 pandemic response
- In 2021, Vancouver Coastal Health and Fraser Health were required to temporarily pause or reduce immunization services for children, including school-entry vaccinations
- Certain pharmacies in these health authorities already provided and continue to provide school-entry vaccines to children aged 5 and up in partnership with the health authorities
- School-entry vaccines are recommended for children aged 4-6



Need for Policy Change

- There is flexibility as to when school-entry vaccines may be given, although it's recommended to give them as soon as a child is eligible to provide protection from vaccine-preventable diseases
- The pandemic has been ongoing for nearly two years, and the response to the pandemic and resources required have changed over time
- Pharmacists already assist with providing school-entry vaccines to children 5 and older
- A change to the Standards, Limits and Conditions to reduce the patient age limit could have a beneficial impact on those seeking school-entry vaccines from pharmacies, and was recommended by the DAC



Need for Policy Change

- Routine vaccination coverage in the population is not typically published in real time, as data is analyzed, and trends are released on an aperiodic basis
- Staff are not able to assess if there has been a decrease in childhood immunization rates over the past year, as there is no publicly available information on routine childhood immunization trends in BC
- The most recent provincial report on *Immunization Coverage in Children by the Seventh Birthday* was released in March 2021, with reporting through to September 30, 2020



Clarification on Current Drug Administration Training



- Prior to injection certification, pharmacists in BC must complete a training program nationally accredited by the Canadian Council on Continuing Education in Pharmacy (CCCEP)
- The competencies are based on the Public Health Agency of Canada's *Immunization Competencies for Health Professionals*



Clarification on Current Drug Administration Training

- CCCEP accredited programs must include the following learning objectives, among others:

8. Administration of Immunizing Agents

6. Demonstrate the age-appropriate injection sites and proper client positioning used for immunization.
7. Choose the correct needle length and gauge for the age and size of the client.
8. Describe actions taken to increase safety in immunization clinics related to the provider, the recipient, and the environment.
9. Demonstrate the appropriate technique for immunization.
10. Describe techniques to reduce the pain associated with immunization.



Clarification on Current Drug Administration Training

- In BC, pharmacists who have drug administration certification may administer injections to patients as young as 5 years of age.
- Training programs offered in BC do not provide training specific to younger age groups (e.g., infants, toddlers).
- However, for intramuscular deltoid injections, the recommended sites of administration, needle length range and maximum volume to be administered is the same for children who are 4 and 5 years of age.
- For subcutaneous injections, the recommended needle length range and administration site is the same for all individuals 12 months of age and older.
- Pharmacists who have the competencies to provide a vaccination to a 5-year-old should be able to also safely and effectively provide a vaccination to a 4-year-old.



Clarification on Current Drug Administration Training

- The College expects that registrants practice within the scope of their education, training, and competence.
- The College expects registrants to act professionally which includes seeking out the knowledge and expertise they need to provide competent care, if needed.
- There are CCCEP accredited training programs available to pharmacists that focus solely on drug administration of young children, if a pharmacist identifies they need additional training.



Stakeholder Consultation

- To gather information for the DAC, College Staff met with the BC Immunization Committee (BCIC) in September 2021 to seek feedback on lowering the patient age limit for injection from a public health perspective.
- The BCIC is tasked with overseeing the implementation of the ImmunizeBC Framework, and is made up of representatives from a variety of organizations, including the regional health authorities, and the BC Centre for Disease Control.



Stakeholder Consultation

- At the time of the meeting with the BCIC, the proposal considered lowering the age limit to as young as 2 years of age.
- Discussion with the BCIC included questions about pharmacists training and competency to administer vaccines to children as young as 2, and why an age limit decrease to age 4 wasn't considered, since that would be more likely to address the policy issue at hand.
- The BCIC noted they are interested in hearing how the College proceeds with any changes.
- The information gathered at the meeting was used by the DAC to inform their decision to lower the patient age to 4 years of age.



Stakeholder Consultation

- Following the DAC's recommendation, College staff discussed the proposed change with the following:
 - the Ministry of Health,
 - the College of Physicians and Surgeons, and
 - the BC College of Nurses and Midwives.
- None of these groups had concerns with the College proceeding with the change to the patient age limit.



Stakeholder Consultation

- The Ministry of Health also did not have any concerns with the College filing the approved in-principle standards, provided the limit that restricts pharmacists to administering immunizations only remains in place.
- The Ministry also requested that the reference to the 15-30 minute wait period not be changed at this time.



Recommendation

- The Board approve the proposed amendments to the Standards, Limits and Conditions and file with the Ministry of Health, to lower the patient age limit for drug administration by injection to 4 years of age, and
- Include the other minor updates for filing as previously approved by the Board, but not to remove the limit that restricts pharmacists to administering immunizations only, nor change the 15-30 minute wait period.



Next Steps

- If approved by the Board, amendments to the Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions will be submitted for filing with the Ministry of Health, for a period of 60 days.



9. Amendments to the *Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions*

MOTION:

Approve the following resolution to amend the *Health Professions Act* Bylaws Schedule F Part 4 – Certified Practice – Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions to lower the patient age limit for drug administration by injection to 4 years of age, and to include other minor updates as previously approved by the Board, but not remove the limit that restricts pharmacists to administering immunizations only nor the 15-30 minute wait period, as circulated.

“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.”