



College of Pharmacists
of British Columbia

College Engagement 2016/17

INTRODUCTION

There are many different ways for the public and stakeholders to engage with the College. This can include attending a face-to-face meeting, participating in a workshop, completing a survey, leaving a comment on one of our articles, tweeting us an idea or sending us a letter.

Engagement provides the College opportunities to inform, consult, involve, empower and collaborate with stakeholders and the public. Public and stakeholder input is a critical resource in responsible policy-making. Good decision-making requires the knowledge, experiences, views and values of the public. Building trust and establishing support for these decisions also requires stakeholders and the public to understand and participate in the decision making process.

Public and stakeholder engagement is integral to the College's initiative and policy development processes. It helps the College find the "right touch" in regulation and helps build awareness and support for new College initiatives and Provincial policies.

2016/17 saw significant engagement across many topics. The College engaged with over 4,000 pharmacy professionals, patients and others through eight different engagement initiatives.

ENGAGEMENT PLANNING

The College follows the **International Association for Public Participation (IAP2)** best practices and core values in planning and executing engagement initiatives. This involves identifying the level of participation, communicating the engagement process with stakeholders, identifying how feedback will be used and how the results of the engagement will be shared. These elements are essential in hosting an effective and transparent engagement session.

Public Participation Spectrum

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives and/or solutions.	To obtain public feedback on analysis, alternatives and/or decision.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

(IAP2 Spectrum from <http://iap2canada.ca>)

To ensure it is able to meet public engagement best practices, the College uses a series of steps to plan effective engagements, including:

- Determining Purpose
- Determining Scope
- Defining Audience
- Tools and Approach Planning
- Framing the Discussion
- Managing Risk and Issues
- Engaging Leadership
- Spreading the Word
- Reporting Back
- Measuring Success

These steps are outlined in the College's Engagement Guide, developed by its Communications and Engagement Department, to help the College plan and execute effective engagement projects.

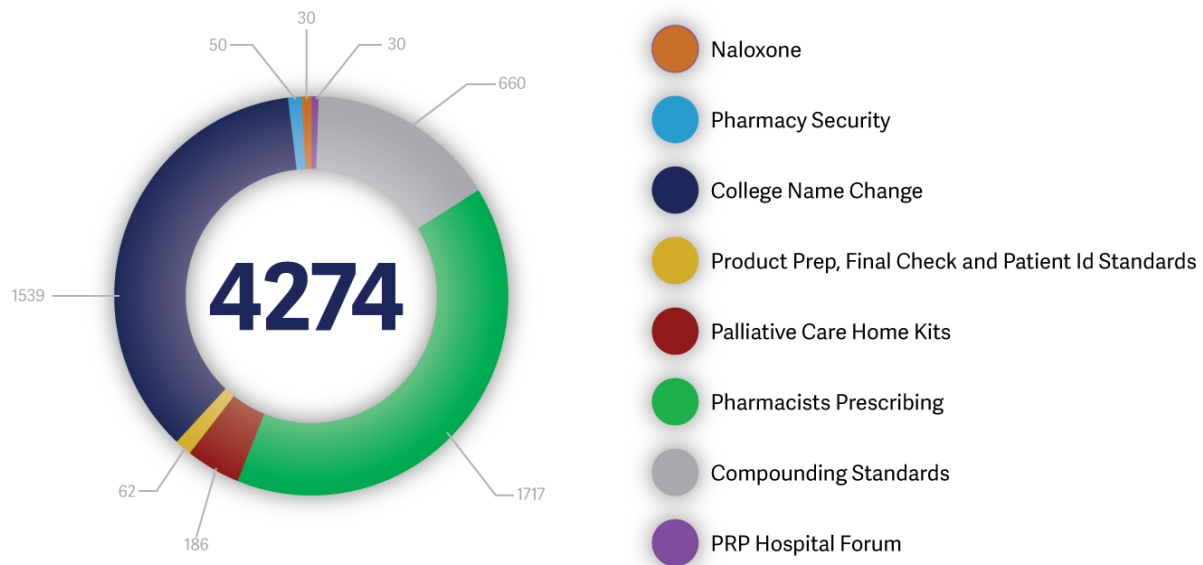
2016/17 ENGAGEMENT SUMMARY

In 2016/17 the College conducted eight different engagement projects on different topics with over 4,200 participants. (Note: this does not include engagement through social media or account for duplication of participation across different topics).

While the number of participants is always important, it is not the only measure of success. Other important measures include the quality of input provided, usefulness in decision making, diversity of the participants and their viewpoints, and opportunities to build trust.

All of the College’s engagements throughout 2016/17 garnered valuable feedback on important topics and proposed changes to pharmacy regulation in BC. While most of the participation came from pharmacy professionals, patients, other health care professionals and stakeholder groups also engaged with the College. Feedback through these eight engagement projects all provided insights that helped the College Board in its decision making throughout the year.

2016/17 Engagement Participation





PRACTICE REVIEW PROGRAM: HOSPITAL FORUM

To help inform the Practice Review Program's expansion into hospital pharmacy practice settings, the College held a forum to seek input from stakeholders on the new program for pharmacy and pharmacy professionals' reviews in hospital practice. In March 2016, over 30 pharmacists and pharmacy technicians in hospital practice from across BC participated in a one day session to provide input into the practice review program for hospital practice.

In May 2016, the College also invited College committee members to provide feedback on the Hospital Pharmacy Review Form and Hospital Pharmacy Professionals Review Form for Pharmacists and Pharmacy Technicians.

Engagement Process

The College used a one day forum to solicit feedback from pharmacy professionals in hospital practice. Participants learned about the fundamentals of the new Practice Review Program and participated in workshop style discussions to provide input on key areas of the new program.

Level of Engagement

This engagement opportunity was at the level of 'involve' on **IAP2's Spectrum of Engagement**, meaning stakeholders were involved in both the planning and design phases to ensure ideas or concerns were considered and reflected in alternatives and recommendations.

How Feedback Was Used

The input received helped provide the College with real examples of how pharmacy professionals would be able to demonstrate their compliance under each focus area in a practice review. The College also gained insight into possible barriers and/or considerations in evaluating a pharmacy professionals' practice. The College used this feedback to make practice reviews more efficient and less disruptive.

The College's Practice Review Committee used the results of the engagement to help shape and adjust the Practice Review Program for Hospital Practice. A summary of engagement results was also shared with the College Board to aid in decision making.

Reporting Back

A summary of the results of the PRP Hospital Forum was shared publicly at the College's **November 2016 Board Meeting, which was broadcast live through Periscope**. They were also shared in the College's Board Meeting highlights which are distributed to all pharmacy professionals in BC.

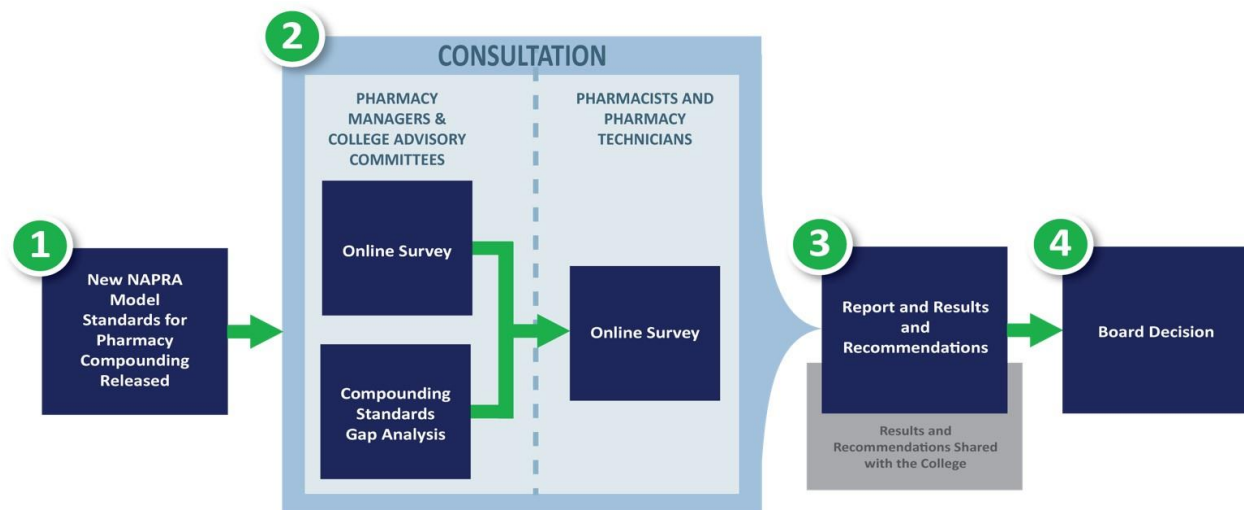


NEW MODEL STANDARDS FOR PHARMACY COMPOUNDING

With the release of new model standards for pharmacy compounding by the **National Association of Pharmacy Regulatory Authorities**, the College engaged with pharmacies and pharmacy professionals involved with compounding, to help inform the approach to adopting and implementing the new model standards across BC.

The College used a multi-step engagement process to seek input and develop a well-informed plan for implementing the new model standards.

Engagement Process



Level of Engagement

This engagement opportunity was at the level of ‘*involve*’ on **IAP2’s Spectrum of Engagement**, meaning stakeholders were involved in both the planning and design phases to ensure ideas or concerns were considered and reflected in alternatives and recommendations.

Engagement Activities

- In May 2017, the College conducted an environmental scan of community and hospital pharmacies to determine how many were engaged in non-hazardous sterile compounding, hazardous sterile compounding and non-sterile compounding. The survey was sent to all pharmacy managers across BC and 261 responses indicating the types of compounding conducted at each pharmacy were received.

The responses to the survey helped the College learn about the types of pharmacy compounding occurring across BC. For example, results suggested that most pharmacies compound non-sterile preparations (evident in over 90% of responses). Results also suggested that more non-hazardous sterile compounding takes place than hazardous sterile compounding.

Respondents of the survey were also asked to participate in a workshop on implementing the new model standards.

- A gap analysis tool was developed and sent to pharmacy managers, pharmacists and pharmacy technicians for each of the two new model standards. The tool allowed them to assess their current compliance with the new Model Standards. Results could be kept private and used internally, or voluntarily self-reported to the College.

While the number that chose to self-report their compliance may have been small, the College was still able to gain insights that were valuable in developing an implementation plan. 16 self-reported compliance reports for each of the new Model Standards provided the College with insight into the average practice gaps present in meeting the new model standards as well as other insights into compliance with specific areas of the new Model Standards.

The Gap Analysis tool continues to be an important resource for all pharmacy professionals involved in pharmacy compounding by enabling them to determine any gaps in practice in meeting the minimum requirements in the new Model Standards. They are available on the College's website at bcpharmacists.org/compounding.

- In May 2015, the College held a workshop with 21 pharmacy managers, pharmacists and pharmacy technicians that included a review of the Gap Analysis results and a series of questions to understand where potential barriers and challenges to meeting the Model Standards may exist. Participants also helped develop the timeframe for implementation, splitting the requirements into four groups and coming to a consensus of a four-phased approach to be complete by 2021.
- In June 2016, the College engaged more broadly with pharmacy managers, pharmacists and pharmacy technicians involved in compounding sterile preparations. 362 responses were received to the survey which was focused on understanding the knowledge gaps front-line compounders might be facing and understanding challenges and barriers from their perspective.

How Feedback Was Used

The results of the Gap Analysis Surveys, engagement session and surveys informed recommendations, timelines and mitigation strategies for the implementation of the new Model Standards. A summary of the feedback received was also shared with the College Board, as part of the briefing package, to aid in decision making.

Reporting Back

A summary of the results of the engagement was shared publically at the College's [April 2017 Board Meeting, which was broadcast live through Periscope](#). They were also shared in the College's Board Meeting highlights which are distributed to all pharmacy professionals in BC.

Information on the engagement process, and plan for implementing the new model standards is available on the College's website at bcpharmacists.org/compounding.



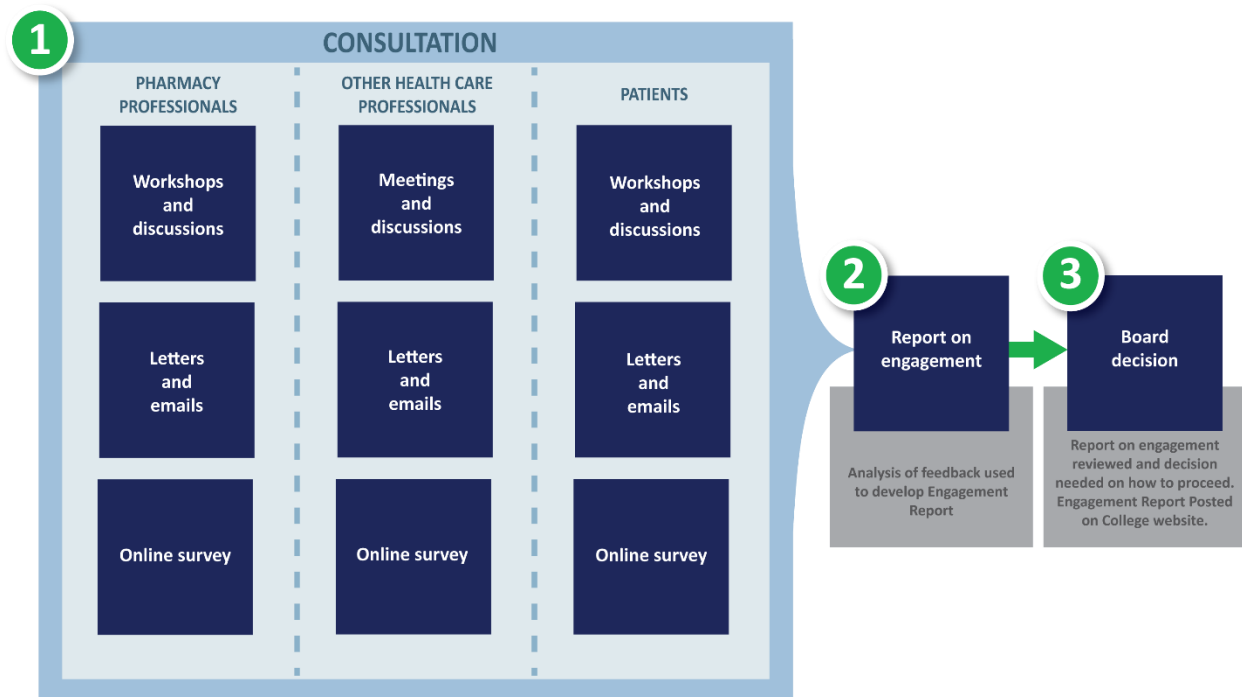
CERTIFIED PHARMACIST PRESCRIBER

The College Board approved a Draft Framework for Pharmacist Prescribing in November 2015 for engagement on the future of pharmacist prescribing in BC.

To solicit feedback on pharmacist prescribing, the College used a multi-step engagement process to conduct extensive stakeholder engagement on pharmacist prescribing.

The level of participation during the Certified Pharmacist Prescriber Engagement was one of the largest the College has ever experienced.

Engagement Process



Level of Engagement

This engagement opportunity was at the level of 'consult' on IAP2's Spectrum of Engagement. This involves listening to stakeholders and acknowledging their ideas and concerns, in addition to providing feedback on how their input affected the decision.

Engagement Activities

- From February to June 2016, the College held 16 different workshops and stakeholder meetings with pharmacy professionals, other prescribers and patients – we heard from over 200 individuals, and over 25 different groups and organizations.
- The College’s online consultation ran from June 3 to July 15, 2016 inviting pharmacy professionals, the public and other stakeholders to review the framework and share their thoughts on pharmacists prescribing in BC through an online survey.

The College received over 1,500 responses and 11,000 comments through the online survey – one of the largest responses the College has ever received to an online engagement survey.

- The College also received 10 official letters of response from other health regulators and associations, in addition to 7 emails from individuals responding to the call for input on pharmacist prescribing.

How Feedback Was Used

The extensive feedback received was summarized into an **Engagement Report** and shared with the College Board to aid in decision making. The results of the engagement brought forward many of the reasons the College Board made the decision to narrow scope of the Draft Framework to pharmacist prescribing within collaborative practice.

Reporting Back

The extensive feedback received was summarized into an **Engagement Report** and made publically available. The results of the engagement were also presented publically (and live streamed) at the College’s **November 2016 Board Meeting**. They were also shared in the College’s Board Meeting highlights which are distributed to all pharmacy professionals in BC. Information on the engagement process, the Board’s decision and the plan for moving forward is available on the College’s website at bcpharmacists.org/certified-pharmacist-prescriber.

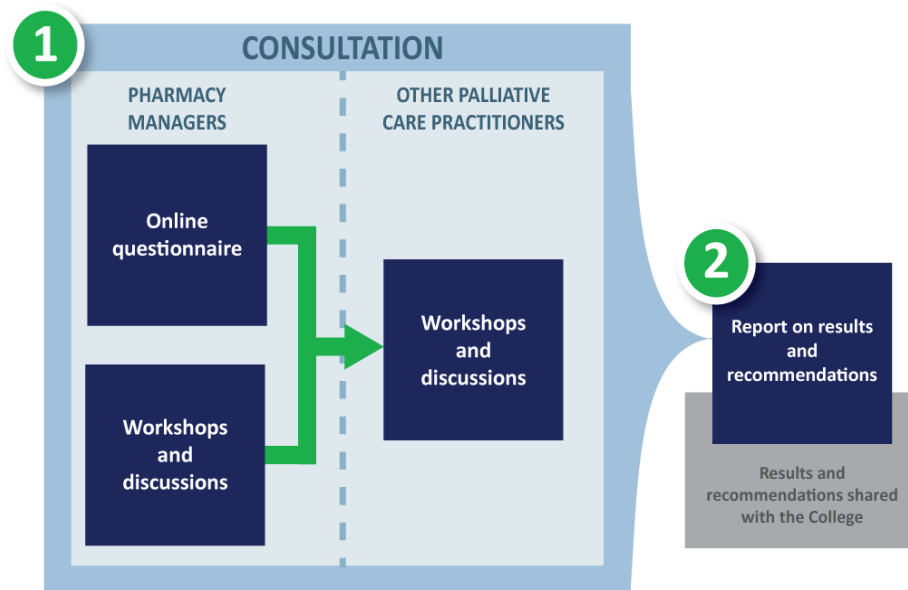


PALLIATIVE CARE HOME KITS

In 2016 the College of Pharmacists reviewed how palliative care home kits were being provided to patients in BC. These kits are used by various Health Authorities throughout the province a valuable tool for helping palliative care patients in their homes. Community pharmacies also play an important role in preparing and dispensing palliative care kits.

To ensure the College’s ability to support community pharmacies in providing palliative care kits in line with the legislative requirements for dispensing drugs, the College needed to learn how these kits are currently being provided. In order to do this, the College conducted a review of current practices related to dispensing the drugs included in palliative care kits.

Engagement Process



Level of Engagement

This engagement opportunity was at the level of ‘consult’ on **IAP2’s Spectrum of Engagement**. This involves listening to stakeholders and acknowledging their ideas and concerns, in addition to providing feedback on how their input affected the decision.

Engagement Activities

- With the help of a contracted subject matter expert, the College conducted an environmental scan of palliative care home medication kits to review the practices and procedures involved in providing the kits and evaluate their compliance with College requirements, identifying any gaps that may need to be addressed. The scan included palliative care programs in BC Health Authorities and also looked at how other jurisdictions regulate similar practices.
- In May 2016, a survey was sent to all community pharmacy managers. 181 pharmacy managers responded and indicated their pharmacies' level of involvement with palliative care medication kits and other related questions regarding how they were being distributed. 15 pharmacies indicated they were directly involved with distributing palliative care kits.
- In June 2016, five community pharmacists from across BC whose pharmacies dispense palliative care kits participated in a workshop to share their experience distributing palliative care kits. Despite being a small group, the consultation provided quality input that provided valuable insight into how the drugs in the medication kits are being dispensed and the challenges faced in providing this service without any clear guidelines.
- A future Interdisciplinary consultation session is planned for the fall of 2017 to discuss the results of the review and a plan forward for distributing palliative care kits.

How Feedback Was Used

Feedback from stakeholders helped the College learn about how palliative care kits are currently distributed in BC. Stakeholder insight also helped the College see where gaps in compliance exist in the dispensing of medications for the kits. Input also helped the College develop a path toward ensuring palliative care kits continue to be available while existing practices are brought into compliance with the requirements for dispensing drugs.

Reporting Back

This consultation is still in progress. Once complete, the College will share the engagement process and results of the engagement with all registrants, in addition to other health stakeholders involved in the provision of palliative care kits.

NEW STANDARDS FOR PRESCRIPTION PRODUCT PREPARATION, FINAL CHECK AND PATIENT IDENTIFICATION



In 2016, the College identified the need for clear requirements for the preparation and final check of prescription products, as well as patient identification requirements for when there is no face-to-face interaction. New standards for prescription product preparation, final check and patient identification were developed together with a new professional practice policy for patient identification. As part of this work, the College engaged with the College's committees to seek input on the draft standards and policy.

More information on the new standards and professional practice policy, which came into effect in January 2017, is available at: bcpharmacists.org/news/new-standards-and-professional-practice-policy-now-effect.

Engagement Process



Level of Engagement

This engagement opportunity was at the level of 'consult' on **IAP2's Spectrum of Engagement**. This involves listening to stakeholders and acknowledging their ideas and concerns, in addition to providing feedback on how their input affected the decision.

Engagement Activities

- In May 2016, the College sought detailed feedback from a variety of stakeholders through a survey on early versions of the new requirements. The survey was sent to:
 - Participants from the Practice Review Program Hospital Forum,
 - All members of College committees in hospital practice,
 - Hospital Pharmacy Advisory Committee,
 - Community Pharmacy Advisory Committee,
 - Residential Care Advisory committee, and
 - Practice Review Committee.

The College received valuable feedback from 12 respondents. Respondents confirmed that the draft content accurately reflected what should be required for product preparation, final check and patient identification or provided feedback on areas where they felt additional work was needed.

- Following the consultation, the College's Policy and Legislation Department updated the draft requirements based on the feedback received and developed them into standards of practice for product preparation, final check and patient identification in addition to a professional practice policy for patient identification.
- In September 2016, the College conducted a broader engagement by inviting further input on the draft standards and professional practice policy through a second survey and received 50 responses. The BC Pharmacy Association, Neighborhood Pharmacy Association, Canadian Society of Hospital Pharmacists - BC Branch, Pharmacy Technician Society of BC, and all College committees had the opportunity to provide input.

Respondents indicated that they understood the draft requirements or indicated where they should be clearer. They were also asked whether they felt the requirements were appropriate for pharmacy practice and would be effective in protecting public safety.

How Feedback Was Used

Feedback from the surveys helped ensure the new standards and policy were effective in reflecting what should be required for product preparation, final check and patient identification. Feedback was also important to confirm that the requirements were clear and understandable, and identify instances where more clarity was required.

Reporting Back

A summary of the results of the engagement on the two new standards was shared publicly at the College's [November 2016 Board Meeting, which was broadcast live through Periscope](#). They were also shared in the College's Board Meeting highlights which are distributed to all pharmacy professionals in BC.



COLLEGE NAME CHANGE

In 2010, the responsibilities of the College of Pharmacists of BC were expanded to include regulating pharmacy technicians in BC. The change rendered the College's name ineffective in reflecting its role in regulating both pharmacists and pharmacy technicians. Several Canadian pharmacy regulators who register pharmacy technicians are facing the same challenge and are considering name changes. Recently, Saskatchewan's regulator changed its official name from the Saskatchewan College of Pharmacists to the Saskatchewan College of Pharmacy Professionals.

The College Board felt that it was important to hear from others on this issue. In September 2015, the College of Pharmacists of BC Board passed a motion for the Registrar to engage with stakeholders on changing the College name and report back at the September 2016 meeting.

Engagement Process

The College used an online survey to invite pharmacy technicians, pharmacists, patients and other health care professionals to provide their thoughts on a College name change.

Level of Engagement

This engagement opportunity was at the level of 'involve' on **IAP2's Spectrum of Engagement** ([IAP2's Spectrum of Engagement](#)), meaning stakeholders were involved in both the planning and design phases to ensure ideas or concerns were considered and reflected in alternatives and recommendations.

Engagement Activities

- In August 2016, the College launched an online engagement session to learn how pharmacy professionals, other health stakeholders and the public felt about a College name change.
- The survey asked whether the College should pursue changing its name to reflect its role in regulating both pharmacists and pharmacy technicians in BC. It also asked for input on suggested new names for the College.
- The College received 1539 responses to its name change survey with the majority of feedback suggesting that the College consider changing its name to better reflect the College's role in regulating both pharmacy technicians and pharmacists in BC.
- While "College of Pharmacy Professionals of British Columbia" received the most support from survey respondents as a new name for consideration. The suggestion of "College of Pharmacy of British Columbia" was the clear consensus among those who suggested alternative names from the initial options provided.

How Feedback Was Used

The feedback received was summarized into an **Engagement Report** and shared with the College Board to aid in decision making. At the September 2016 Board meeting, after reviewing the results of the engagement, the College Board made the decision to pursue officially changing the name of the *College of Pharmacists of British Columbia* to the *College of Pharmacy of British Columbia*.

Reporting Back

The feedback received was summarized in an **Engagement Report** and made publically available.

The results of the engagement were also presented publically (and live streamed) at the College's **September 2016 Board Meeting, which was broadcast live through Periscope**. They were also shared in the College's Board Meeting highlights which are distributed to all pharmacy professionals in BC.

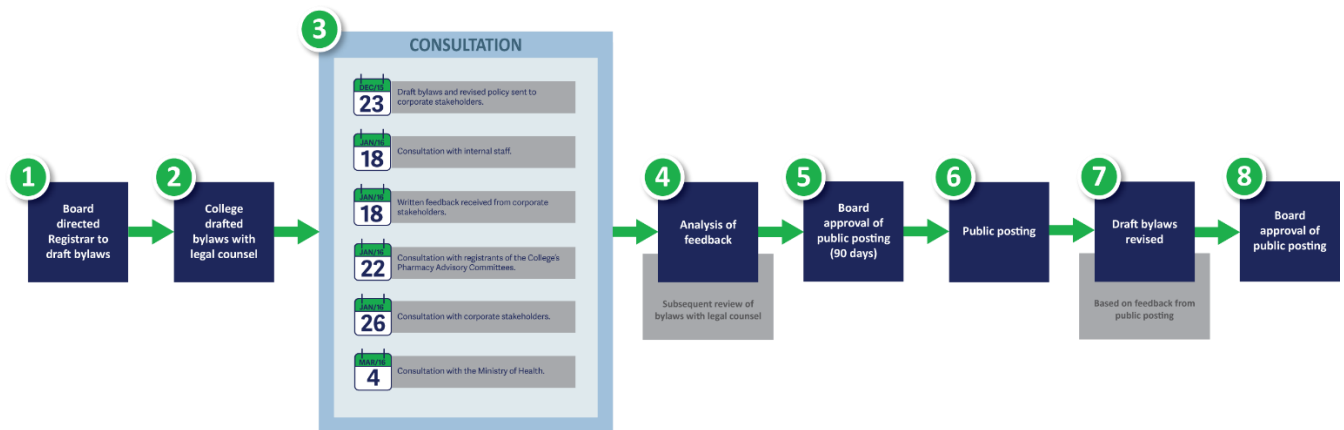


PHARMACY SECURITY

In September 2015, the College launched DrugSafeBC, the public awareness campaign to inform British Columbians about new security measures designed to deter community pharmacy robberies. The central focus of the campaign was to educate the public about the new requirement for time-delay safes for the storage of all narcotic and controlled drugs.

The time-delay safes, and other security measures, were set out in the Professional Practice Policy 74 – *Community Pharmacy Security* (PPP-74) and reflected best practices and recommended courses of action. Following the launch of DrugSafeBC, the College Board felt compelled to continue to strengthen pharmacy security by adding pharmacy security requirements into College bylaws. With direction from the Board, College staff drafted new requirements to be included in a College bylaw based on pharmacy security best practices and stakeholder input.

Engagement Process



Level of Engagement

This engagement opportunity was at the level of ‘consult’ on **IAP2’s Spectrum of Engagement**. This involves listening to stakeholders and acknowledging their ideas and concerns, in addition to providing feedback on how their input affected the decision.

Engagement Activities

- In January 2016, the College sought feedback on the draft bylaws from the College’s Community, Residential Care and Hospital Pharmacy Advisory Committees.
- In January 2016, the College shared draft bylaws for pharmacy security with corporate stakeholders including representatives from corporate pharmacy chains, the BC Pharmacy Association and Neighbourhood Pharmacy Association. The College received nine written responses and used the feedback to help guide further consultation on the draft requirements.
- In January 2016, the College held an in-person engagement session with corporate stakeholders to discuss feedback on the draft bylaws. The analysis of the feedback was presented and participants were asked to comment on those requirements where, with small changes made, an agreement could be reached. Of the 17 requirements, the consultation resulted in some form of agreement on 15. Two issues remained of significant concern to the corporate stakeholders. These were physical barriers and personal information.
- In January 2016, the College also shared the draft bylaws with the Ministry of Health for input.
- In April 2016, the College posted the draft bylaws for pharmacy security for public comment on the College’s website for a period of 90 days. The College received 47 submissions from registrants and corporate stakeholders which were used to help further revise the draft bylaws.
- In September 2016, the College posted the draft bylaws for a second time. This was needed to ensure stakeholders had an opportunity to review and provide feedback on the changes that were made in response to the first public posting. The second public posting demonstrated that the majority of concerns with the draft bylaws had been addressed as only three submissions were received.

How Feedback Was Used

Feedback throughout the development of the draft bylaws for pharmacy security was used to help inform and adjust the requirements. In particular, feedback on challenges with implementing the physical barriers resulted in a phased-in implementation of physical barriers for existing pharmacies. The College Board also used the summary of the feedback received to aid in their decision making.

Reporting Back

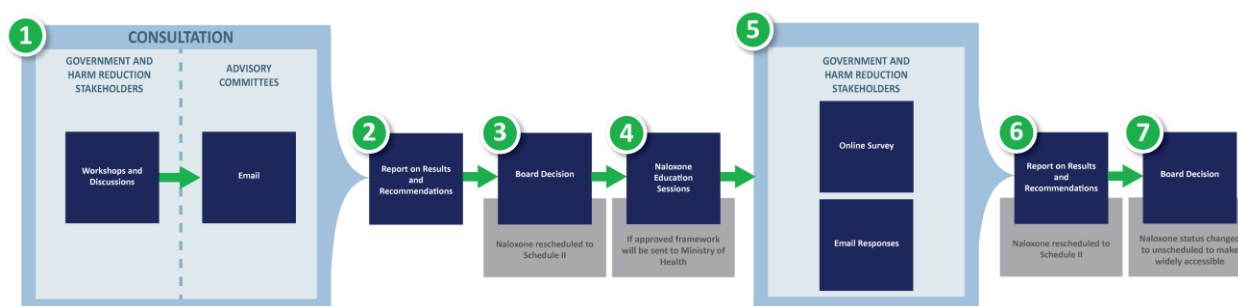
A summary of the results of the initial engagement on the draft bylaws for pharmacy security was shared publically (and live streamed) at the College’s April 2016 Board meeting. A summary of the results of both public posting periods was also shared publically as part of the Board meetings in September 2016 and February 2017. Information was also included in the College’s Board Meeting highlights which are distributed to all pharmacy professionals in BC.



NALOXONE

In response to the Opioid Overdose Crisis, the College engaged with stakeholders on Naloxone Drug Scheduling and the development of resources to support naloxone training for pharmacy professionals and patients.

Engagement Diagram



Level of Engagement

This engagement opportunity was at the level of 'involve' on **IAP2's Spectrum of Engagement**, meaning stakeholders were involved in both the planning and design phases to ensure ideas or concerns were considered and reflected in alternatives and recommendations.

Engagement Activities

- In February 2016, the College held a consultation session to gather insight into the appropriate scheduling of Naloxone. Representatives from the College of Physicians and Surgeons of BC, the College of Registered Nurses of BC, the BC Centre for Disease Control, the First Nations Health Authority, and the Ministry of Health all had the opportunity to share their views. A majority consensus recommend changing naloxone to Schedule II (behind the counter) to remove the requirement for a prescription, making the drug more easily accessible. Feedback indicated that having the drug located behind the pharmacy counter would also allow a pharmacist to provide training to the patient/purchaser along with educational materials.
- In March 2016 the College held a consultation session with Harm Reduction Stakeholders, including the BC Centre for Disease Control, the BC Association of People on Methadone and the Vancouver Area Network of Drug Users, to seek input into the development of naloxone training materials.
- In March 2016, the College asked members of the Community Pharmacy Advisory Committee and the Quality Assurance Committee for input into the Naloxone Education Sessions for pharmacy professionals.

- In July 2016, the College surveyed stakeholders on intranasal naloxone and possible further scheduling changes to increase the accessibility of naloxone. Representatives from the College of Physicians and Surgeons of BC, the College of Registered Nurses of BC, the BC Centre for Disease Control, First Nations Health Authority, the Ministry of Health, BC Emergency Health Services, PainBC, BC Association of People on Methadone and the Vancouver Area Network of Drug Users were all invited to contribute feedback. Over 20 responses were received and feedback was in favour of removing naloxone from the Drug Schedules Regulation to increase accessibility but also emphasize that patient education and training was still important to help patients administer naloxone in the case of an opioid overdose.
- In August 2016, an email was sent to all representatives previously invited to participate in the survey in addition to all College committee members to highlight the College's intention to change naloxone from a Schedule II drug to one that is unscheduled and thus widely accessible. The email asked anyone to share concerns they may have with making the drug available for purchase outside of pharmacies. No significant concerns were raised.

How Feedback Was Used

Input from stakeholders helped form the College's approach to amending BC's Drug Schedules Regulation in order to make naloxone more accessible. Feedback was shared with the College Board to help inform decision making when it was initially changed to Schedule II (behind the counter) in **March 2016**. The additional feedback on removing naloxone (intranasal or injection) from the Drug Schedules Regulation helped again inform the **Board's decision in September 2016** to unschedule naloxone and make it widely accessible. Input from stakeholders, especially those involved in harm reduction, also helped the College develop naloxone educational resources and training to help pharmacy professionals and patients learn how to save a life by administering naloxone. The naloxone educational resources and webinar are available at bcpharmacists.org/naloxone.

Reporting Back

In March 2016, the College Board's decision was shared widely with registrants, patients, harm reduction stakeholders and the media following the change of the drug to Schedule II.

A summary of the results of the feedback received in July and August on removing the scheduling of Naloxone was shared publically (and live streamed) at the College's **September 2016 Board meeting**. They were also shared in the College's Board Meeting highlights which are distributed to all pharmacy professionals in BC. The decision to remove naloxone from the Drug Schedules Regulation was also widely distributed to registrants, patients, harm reduction stakeholders and the media.

2016/17 SOCIAL MEDIA ENGAGEMENT

In addition to specific engagements during 2016/17, the College continued to engage with pharmacy professionals, patients and other stakeholders through its social media channels – most notably, Twitter and Facebook.

Facebook

With an average of over 2,300 followers during 2016/17, stakeholders engaged with the College's content through over 4,000 shares, 2,700 reactions and 500 comments.



Twitter

With an average of over 1,300 followers during 2016/17, stakeholders engaged with the College's content through over 800 retweets, 750 likes and 370 mentions.

