COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA
Safe and Effective Pharmacy Care

Present

> Doug Kipp, Chair, District 4
> Beverley Harris, Vice-Chair, District 2
> Agnes Fridl Poljak, District 1
> Blair Tymchuk, District 3
> Robert Craigue, District 5
> Anar Dossa, District 6
> Jerry Casanova, District 7
> Bal Dhillon, District 8
> Kris Gustavson
> Ryan Hoag
> Jeremy Walden
> Jeff Slater

Staff

> Bob Nakagawa, Registrar
> Suzanne Solven, Deputy Registrar
> Ashifa Keshavji, Director, Practice Reviews and Competency
> Cameron Egli, Director – Hospital Pharmacy Practice and Technology
> Doreen Leong, Director – Community Pharmacy Practice and Registration
> Mykle Ludvigsen, Director – Public Accountability and Engagement
> Mike Stonefield, Chief Operating Officer – Office Operations and Business
> Lori Tanaka, Executive Assistant to the Deputy Registrar
> Pina Naccarato, Executive Assistant to the Registrar (Minute-Taker)

1.0   WELCOME & CALL TO ORDER

Chair Doug Kipp called the meeting to order at 9:05 am

2.0   AGENDA – FEBRUARY 15, 2013

2.1 Confirmation of Agenda

Chair Doug Kipp called for any additional agenda items; none were presented.

> It was MOVED (J. Slater) and SECONDED (B. Craigue) that the Board:
>
> *Approve the Agenda for the February 15, 2013 Board Meeting.*
>
> **CARRIED**

2.2 Board Evaluation Form Feedback

- Feedback from the November 16, 2012 Board Evaluation Form was provided for information.

3.0 MINUTES

3.1 Approval of the November 16, 2012 Board Minutes.

- Item 5.2 should indicate October 13 not 12th

  It was MOVED (J. Slater) and SECONDED (B. Craigue) that the Board:

  Approve the November 16, 2012 Board Meeting Minutes as amended.

  CARRIED

3.2 Approval of the January 24, 2013 Board Teleconference Minutes.

  It was MOVED (B. Craigue) and SECONDED (J. Walden) that the Board:

  Approve the January 24, 2013 Board Meeting Minutes as distributed.

  CARRIED

3.3 Approval of the February 1, 2013 Board Teleconference Minutes.

  It was MOVED (J. Casanova) and SECONDED (J. Slater) that the Board:

  Approve the February 1, 2013 Board Meeting Minutes as distributed.

  CARRIED

3.4 Business Arising from Minutes.

- Registrar, Bob Nakagawa, reviewed the business arising from the minutes as circulated

4.0 BOARD GOVERNANCE & DEVELOPMENT

4.1 Chair's Report

- Has not been very busy with College material over the holidays.
- Response to call for comments on the bylaw changes for the loyalty points has been huge.
- Numerous discussions with the Registrar about the bylaws and other College issues.

4.2 Registrar's Report

- Registrar Bob Nakagawa reviewed his report as circulated (Attached - Appendix 1)

4.3 Registrar's Evaluation Task Group

It was MOVED (J. Slater) and SECONDED (A. Dossa) that the Board:

Approve the Registrar's Evaluation Task Group Terms of Reference as circulated

CARRIED

It was MOVED (B. Craigue) and SECONDED (J. Slater) that the Board:
Approve the appointment the following task group members:
- Doug Kipp, Chair
- Bev Harris, Vice Chair
- Jerry Casanova, Board Member
- Kris Gustavson, Board Member

CARRIED

- The terms of reference will be reviewed and refined by the task group at their first meeting

4.4 Board's Process for Addressing Correspondence

- All correspondence to Board members is to be logged and tracked by the College office.
- Board members may request that responses be drafted by staff, or may request the Registrar to respond on their behalf.
- If responding directly, Board members are to copy the Registrar and Board Chair on the reply.
-

4.5 New Board Evaluation Suggestion

- Kris Gustavson presented circulated materials; explained samples provided (governance tools) and suggested that a more comprehensive board evaluation be developed.

It was MOVED (**K. Gustavson**) and SECONDED (**J. Slater**) that the Board:

Approve the development of a new self evaluation tool for the Board.

CARRIED

- Kris Gustavson, Bal Dhillon and Anar Dossa will work with staff in developing the tool.

4.6 Board Policy Manual and Board Handbook

Attached (Appendix 2)

5.0   STRATEGIC PLANNING UPDATE

- 2008 to 2013 strategic plan coming to a close
- Started developing our next plan in the Board Development meeting.
- Staff will be developing material for further discussion and development at the September planning meeting.

6.0   AUDIT COMMITTEE AND FINANCE REPORT

6.1 Audit Timetable for 2012/13 Fiscal Year

- A summary of the timetable for the year was presented.

6.2 Amendments to Audit Committee Terms of Reference

- The audit committee terms of reference will be discussed at either the April or September Board meeting.

6.3 Financial Statements – Q3 Actuals & LE for Full Year 2012/13

It was MOVED (R.Hoag) and SECONDED (B. Craigue) that the Board:

Approve the Q3 and LE3 financials as presented (Attached - Appendix 3*)*

CARRIED

6.4 College Cash Reserves

- Contingency funds will be replenished as necessary in subsequent budgets; amount as needed in subsequent years
- Our Joint Venture partner is also addressing the issue of contingency reserve for their portion

It was MOVED (J. Slater) and SECONDED (K. Gustavson) that the Board:

Approve setting up a $200k JV Contingency reserve on the balance sheet.

CARRIED

It was MOVED (B. Craigue) and SECONDED (B.Tymchuk) that the Board:

Approve drawing down the excess cash by $750k in 2013/14 reviewing and adjusting this amount as needed in subsequent years.

CARRIED

It was MOVED (B. Harris) and SECONDED (J. Slater) that the Board:

Approve changing to a single registration fee for all pharmacists of $530 per year, by December 1, 2013

CARRIED

It was MOVED (R.Hoag) and SECONDED (K. Gustavson) that the Board:

Approve discontinuing all student registrant fees by December 1, 2013.

CARRIED

It was MOVED (*J. Slater*) and SECONDED (*B. Tymchuk*) that the Board:

Approve increasing the community and hospital pharmacy licensing fee to $1331 by December 1, 2013

CARRIED

It was MOVED (B. Harris) and SECONDED (B. Craigue) that the Board:

Approve discontinuing the following fees by December 1, 2013:

- *Application fee for new pharmacy, telepharmacy, satellite hospital pharmacy*
- *Change of manager, director, operating name, corporate name, ownership*, location/renovation*
- *Follow up inspections*
- *Late application for re-instatement*

CARRIED

   * New annual license will still be required

It was MOVED (J. Slater) and SECONDED (B. Tymchuk) that the Board:

Approve $150k to be used in support of pharmacists' participation in professional development programs e.g. ADAPT.

CARRIED

- The Registrar to determine how best to employ the funds.

7.0 COMMITTEES

7.1 Quality Assurance Committee Membership Update

It was MOVED (J. Casanova) and SECONDED (B. Craigue) that the Board:

Approve the appointment of Jeff Slater to the Quality Assurance Committee as a Public Board member

CARRIED

8.0 PORTFOLIO UPDATES

8.1 Recertification of Injection Authority

- It was clarified that the intent of the practitioner's self-declaration is to ensure that he/she has practiced and maintained competencies.
- If a practitioner's self-declaration meets this recommendation, he/she must complete (redo) a full training program. The type of program can be either an in-class or a self-review program.
- CPR and first aid requirements are to be maintained in order for registrants to be re-certified.

It was MOVED (B. Harris) and SECONDED (J. Walden) that the Board:

Approve the recertification requirements as circulated. (Attached - Appendix 4)

CARRIED

*Note that this will require a bylaw change, so it will be added to the list for the next set of revisions.

8.2 Professional Practices Policies

a) Amendments to PPP-3 Pharmacy References

It was MOVED (A. Dossa) and SECONDED (K. Gustavson) that the Board:

Approve the amendments to Professional Practice Policy-3 Pharmacy References as presented. (Attached - Appendix 5*)*

CARRIED

b) Amendments to PPP-31 Emergency Prescription Refills

It was MOVED (B. Craigue) and SECONDED (K. Gustavson) that the Board:

Approve the amendments to Professional Practice Policy-31 Emergency Prescription Refills as circulated. (Attached - Appendix 6*)*

CARRIED

Rescindment of PPP-16 Glucose and Cholesterol Testing by Pharmacists

It was MOVED (B. Tymchuk) and SECONDED (K. Gustavson) that the Board:

Rescind Professional Practice Policy-16

CARRIED

8.3 Proposed Legislation Review Process

It was MOVED (J. Slater) and SECONDED (J. Casanova**)** that the Board:

Approve the proposed legislation review process. (attached)

CARRIED

It was MOVED (A. Dossa) and SECONDED (B. Harris) that the Board:

Approve to direct the Registrar to:
- *Draft a terms of reference for a new Board Legislation Review Committee for approval by the Board at the April 2013 Board meeting;*
- *Propose membership for new committee and appointment of Chair/Vice Chair for approval by the Board at the April 2013 Board meeting.*

CARRIED

8.4 Ministry PhORSEE Funds Presentation

- Dr. Frances Lau and Dr. Morgan Price presented to the Board.

Presentation attached (Appendix 7)

It was MOVED (B. Craigue) and SECONDED (K. Gustavson) that the Board:

Approve the grant requests as presented.

CARRIED

8.5 Draft Bylaws

It was MOVED (J. Casanova) and SECONDED (K. Gustavson) that the Board:

RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act and section 21(1) of the Pharmacy Operations and Drug Scheduling Act, and subject to filing with the Minister as required by section 19(3) of the Health Professions Act and 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 as follows:

SCHEDULE 1

The bylaws of the College of Pharmacists of British Columbia made under the authority of the Health Professions Act are repealed and replaced with the new attached bylaws.

SCHEDULE 2
The bylaws of the College of Pharmacists of British Columbia made under the authority of the Pharmacy Operations and Drug Scheduling Act are repealed and replaced with the new attached bylaws.

CARRIED

Presentation attached (Appendix 8)

8.6 Alternative Model for Competency Assessment

It was MOVED (J. Casanova) and SECONDED (B. Harris) that the Board:

Direct the QAC to develop an assessment program, determine pros and cons, estimate costing, and report back no later than the September Board meeting with its findings. This program will include:
- *Redefined Knowledge Assessment as required for certain purposes (e.g. Recertification)*
- *Enhanced CE plus*
- *Risk based audits*

CARRIED

It was MOVED (B. Tymchuk) and SECONDED (K. Gustavson) that the Board:

Direct staff to investigate the incorporation of practice hours into the previously identified scenario

CARRIED

It was MOVED (B. Tymchuk) and SECONDED (K. Gustavson) that the Board:

Direct staff to investigate the incorporation of internship into the return to practice requirements.

CARRIED

Presentation attached (Appendix 9)

8.7 Bulk Compounding Sterile Products for Injection

It was MOVED (B. Craigue) and SECONDED (B. Harris) that the Board:

1) *Approve the formation of an Extemporaneous Compounding Task Group with the Terms of Reference as presented;*
2) *Grant the Registrar, in consultation with the Chair, the authority to approve the members of this task group without full Board review in order to address this issue in a timelier manner; and*
3) *Direct this task group to provide recommendations to ensure public safety and report back to the Board at the September Board meeting.*

CARRIED

It was MOVED (B. Craigue) and SECONDED (B. Harris) that the Board:

Approve establishing a task group to review of the current standards of all compounding practices in BC pharmacies and provide recommendations to ensure public safety at the September board meeting.

CARRIED

It was MOVED (B. Harris) and SECONDED (K. Gustavson) that the Board:

Approve the proposed pharmacy compounding task group terms of reference and membership as presented.

CARRIED

It was MOVED (B. Craigue) and SECONDED (B. Harris) that the Board:

Approve granting the Chair, Vice Chair and Registrar the authority to expeditiously review and approve the members of the Pharmacy Compounding Task Group without full Board review.

CARRIED

Presentation attached (Appendix 10)

8.8 Inquiry and Discipline Significant Cases
- Deferred to another meeting in the interest of time

8.9   Advanced Practice Pharmacists

Presentation attached (Appendix 11)

8.10   Handling Biohazardous Drugs

- It was suggested that Cam contact Accreditation Canada to provide feedback on the biohazardous drugs that they have missed.

Presentation attached (Appendix 12)

Chair Doug Kipp left the meeting. Vice Chair Bev Harris assumed the role of Chair.

8.11 Vaccine-Preventable Diseases

- Director of Community Pharmacy Practice & Registration, Doreen Leong presented a table of vaccine preventable diseases, along with the relevant vaccines and their scheduling.

8.12 Pharmacy Technician Communication and Engagement

Presentation attached (Appendix 13)

9.0   BOARD HIGHLIGHTS HEADLINES

9.1 February 15, 2013 Board Highlights Headlines

It was MOVED (J. Casanova) and SECONDED (J. Walden) that the Board:

Approve the Board Highlights headlines for February 15, 2013 as presented.

CARRIED

10.0   BOARD EVALUATION FORM

Forms provided.

11.0   INFORMATION ITEMS

11.1 Annual General Meeting 2012 Draft Minutes

11.2 Housekeeping Information 2013 & Expense Form

12.0   CLOSING COMMENTS AND BOARD MEETING ADJOURNED

The College of Pharmacists of British Columbia Board Meeting scheduled February 15, 2013 concluded at 4:56 pm.

4.0 Board Governance & Development

INFORMATION ONLY: ■

or

DECISION REQUIRED: ☐

4.2 Registrar's Report

- Meetings with the Board Chair and Vice Chair re: Board direction and updates.
- The College office has been busy with some minor renovations, as well as hiring of various staff positions. All within the approved budget, and all needed.
- Welcome to Pina Naccarato, my new EA. Pina will be working closely with the Board.
- Reviewed the feedback on the bylaws – met with the Ministry to discuss.
- Lots of activity related to the February Board meeting, and follow up to November meeting.
- Prepared for the Board meeting to approve the form changes required to accommodate the HST to GST change.
- Attended a meeting re: internet pharmacies in Ottawa with Manitoba and Ontario with NABP.
- Participated in the search committee for the Professor in Sustainable Healthcare in the Faculty of Pharmaceutical Sciences at UBC.
- Met with John Scholtens to provide him with his certificate and thank him for his years of service to the Board.
- Met with the Colleges of Registered Nurses, Registered Psychiatric Nurses and Licenced Practical Nurses about nurse dispensing bylaws.
- Attended seminars and interviews with the candidates for the Dean of the Faculty of Pharmaceutical Sciences at UBC.
- Presented to the pharmacy students at UBC to demystify the College and to start to build a relationship with the students on an ongoing basis.

4.0   Board Governance & Development

INFORMATION ONLY: █

or

DECISION REQUIRED: ☐

4.6 Board Policy Manual and Board Handbook

The Task Force was appointed by the Board to review both the Board Policy Manual and the Board Handbook. This task force is appointed by the Board annually to ensure that these documents remain up-to-date and are reflective of current policy and practice. Any changes recommended by the task force are then submitted to the Board for their final approval.

The task force met via teleconference on January 22, 2013 to discuss comments and suggestions for revision that had been submitted by task force members in advance of the meeting, and to come to consensus as a task force on their eventual recommendation to the Board. Due to the nature of the changes, the task force will deliver its recommendations to the Board at the April 2013 meeting.

COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

Report to the Board - Outcomes of the February 13th 2013 Audit Committee Meeting

February 15th, 2013

Henderson Room

Participants

Committee:

- Doug Kipp (Chair)
- Bev Harris (Vice-Chair)
- Ryan Hoag
- Jeff Slater
- Blair Tymchuk - *Regrets*

College Staff:

- Bob Nakagawa (Registrar)
- Mike Stonefield (COO)
- Jesse Hogan (staff Accountant)
- Evangeline Ilumin (staff Accountant)

Invited:

- Grant Thornton (Donna Diskos, Dennis Batin)

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6.1   Audit Plan for 2012/13 Fiscal Year

Auditors

- **Audit Committee endorsed management recommendation to continue with Grant Thornton as the College auditors for fiscal year 2012/13**

- **The fees for 2012/13 will be the same as those for 2011/12**
  - $20,000 guaranteed for 3 years

- **Very competitive with other Audit companies that were approached for competitive bids**

- **The Audit Committee approved the Audit Plan as presented by Grant Thornton**

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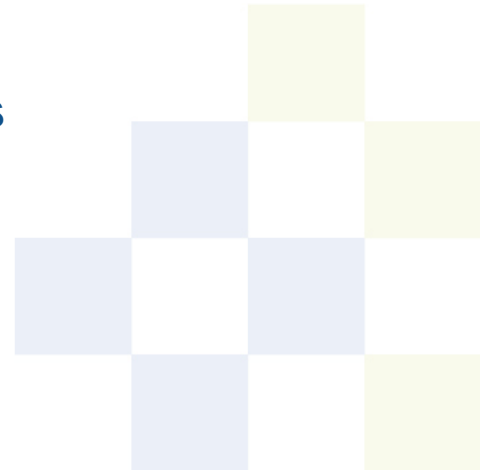
Audit Plan (from Grant Thornton)

- **Audit anticipated most likely in early May**
  - Ties to availability of audited financials from JV
  - Audit report by end of May
  - Presented to Board at June meeting
  - Meets deadline for College Annual report to MoH

- **Management have highlighted areas currently under discussion with Board**
  - Contingency funds
  - Plan to award MoH grant
    - $250K grant (Phorsee – this Board meeting)

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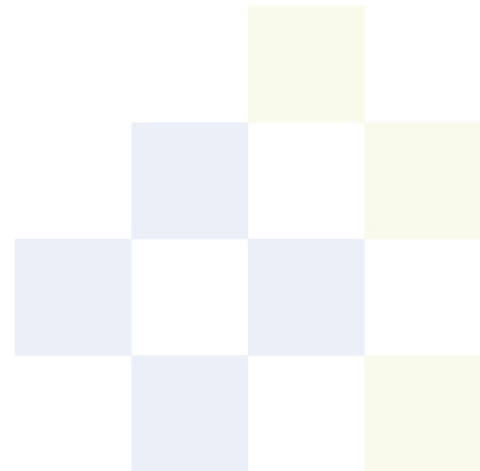
6.2 Review of Proposed New Terms of Reference for the Audit Committee

- **Additional time required by Audit Committee to review the draft terms of reference**
- **Plan to present at next Board meeting in April**
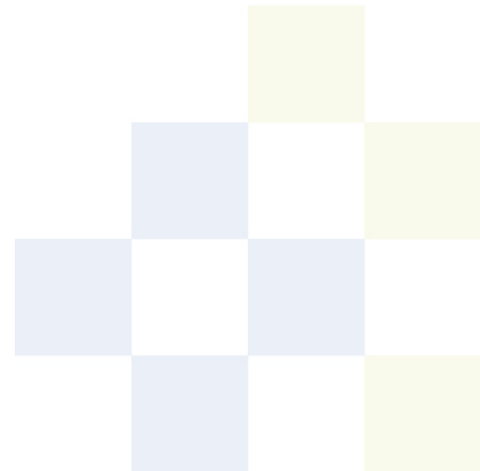
6.3 Report on Q3 Financials (9 months Ending November 30, 2012) and LE3 for Full Year 2012/13
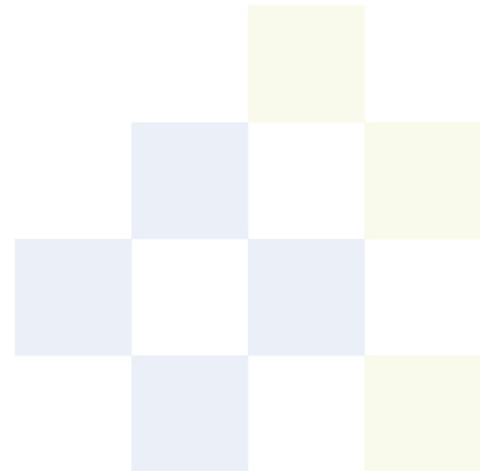
Q3 Actuals vs Budget

	2012-13 BUDGET	YTD BUDGET	YTD ACTUAL	Variance $	Variance %
	12 month	9 month	9 month	9 month	9 month
REVENUE					
Licensure Revenue	**5,196,867**	**3,897,650**	**4,175,463**	**277,813**	**7%**
Non Licensure Revenue	**1,835,500**	**1,375,091**	**1,402,139**	**27,048**	**2%**
TOTAL REVENUE	**7,032,367**	**5,272,741**	**5,577,602**	**304,861**	**6%**
TOTAL EXPENSES BEFORE AMORTIZATION & RESTRICTED FUND	**6,563,453**	**5,027,781**	**4,220,560**	**807,221**	**16%**
NET SURPLUS (DEFICIT) BEFORE THE FOLLOWING:	**468,914**	**244,960**	**1,357,042**	**1,112,082**	
Amortization Expenses	190,000	142,500	121,740	20,760	**15%**
Joint Venture Expenses	215,454	161,591	161,591	0	**0%**
Restricted Building Fund	68,000	51,000	65,730	(14,730)	**(29%)**
TOTAL EXPENSES AFTER AMORTIZATION & RESTRICTED FUND	**7,036,907**	**5,382,872**	**4,569,621**	**813,251**	**15%**
NET SURPLUS (DEFICIT)	**(4,540)**	**(110,130)**	**1,007,982**	**1,118,112**	

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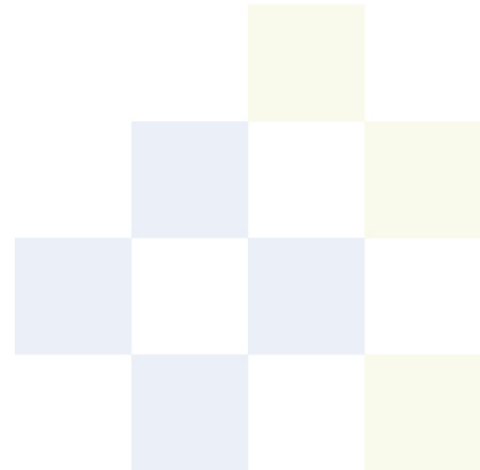
LE3 vs Budget

	2012-13 BUDGET	2012-13 LE3	Variance (BUD vs. LE3) $	Variance (BUD vs. LE3) %	Variance (LE3 vs. LE2) %
		JAN 2013 EST			JAN VS NOV EST
REVENUE					
Licensure revenue	5,196,867	5,572,200	375,333	7%	3%
Non Licensure revenue	1,835,500	2,078,178	242,678	13%	(9%)
TOTAL REVENUE	**7,032,367**	**7,650,379**	**618,012**	**9%**	**(0%)**
TOTAL EXPENSES BEFORE AMORTIZATION & RESTRICTED FUND	**6,563,453**	**6,039,575**	**523,878**	**8%**	**(1%)**
NET SURPLUS (DEFICIT) BEFORE THE FOLLOWING:	**468,914**	**1,610,804**	**1,141,890**		
Amortization expenses	190,000	187,926	2,074	0	8%
Joint Venture expenses	215,454	215,454	0	0%	0%
Restricted Building Fund	68,000	77,858	(9,858)	(14%)	(14%)
TOTAL EXPENSES AFTER AMORTIZATION & RESTRICTED FUND	**7,036,907**	**6,520,812**	**516,095**	**7%**	**(1%)**
NET SURPLUS (DEFICIT)	**(4,540)**	**1,129,567**	**1,134,106**		

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Q3 Actuals and LE3 vs Budget: Exec Summary

- **Essentially identical trends and comments to those made at the November Audit Committee meeting for the Q2 actuals and LE2 vs Budget**

- **Main cause of variances is the fact Budget was set 2 years ago and not updated at the start of 2012/13 (March 1 2012), but actual work and tasks have significantly changed**

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Q3, LE3 Executive Summary

- **Q3 surplus of $1.1MM**

- **LE3 projects a Full Year surplus of $1.1MM**

  - Revenue up by $0.6MM (9%)

  - Expenses down by $0.5MM (7%)

- **Encouraging LE2 to LE3 variance suggests new approach to management of budgets introduced in 2H of fiscal year is working**

- **$250K MoH grant decision in this Board meeting**

- **Main expense variance is from Complaints – moved up spending into 2012/13 in anticipation of legal work in 2013/14**

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JV Revenue and Expenses

- **Tax status of JV has been resolved with Revenue Canada**

- **Timing of credits owed to tenants vs credits owed to JV by Revenue Canada still an issue**

- **JV space now likely to be fully leased in 2013/14**
  - Principal new tenant used significant part of landlord improvement fee allowance., Impact on projected JV revenue in 2013/14 tbd

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Q3 and LE3 Financials

Moved by:

Seconded by:

The Board approves the Q3 and LE3 financials as presented

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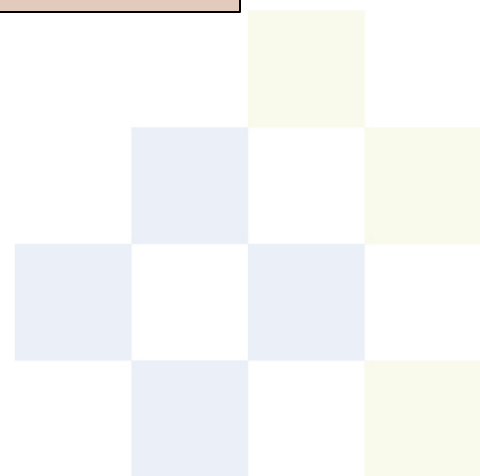
6.4 Review of College Cash Reserves and Options for Use of Cash that is Surplus to Projected Requirements
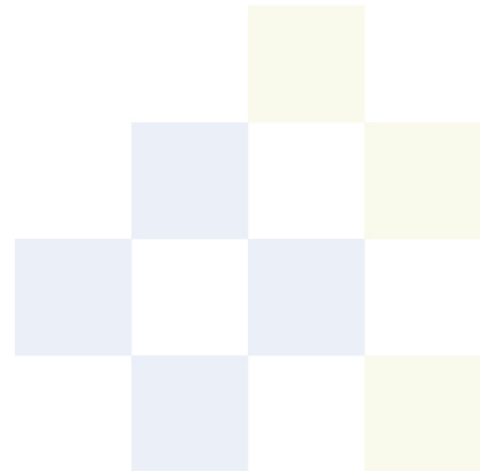
Issue

- **College cash reserves are very high and still increasing**
- **Strong case for deploying excess cash that exceeds operational requirements**
- **Formalized an approach for**
  1. Generating multi-year model for revenue/expenses
  2. Estimating appropriate cash reserve
  3. Determine total excess cash
  4. Model options for rate at which excess is deployed
  5. Determine options for use of deployed cash
  6. Monitor results over time and adjust as needed
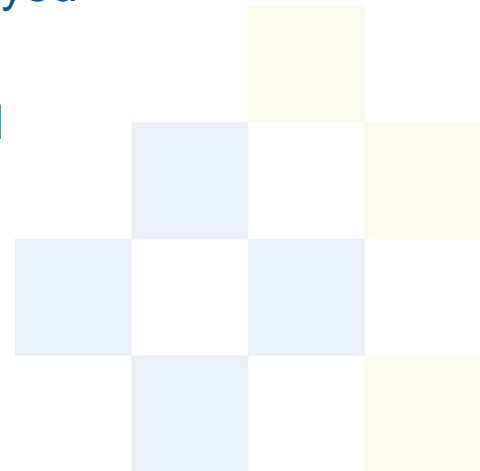
Step 1: Multi-year Revenue-Expense Model

Item	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
total revenue	7,867,512	7,988,906	8,085,619	8,269,639	8,274,076	8,404,094
total expenses	7,748,854	7,903,831	8,061,907	8,223,146	8,198,908	8,296,587
proj surplus	118,658	85,075	23,711	46,493	75,167	107,508

Key assumptions:
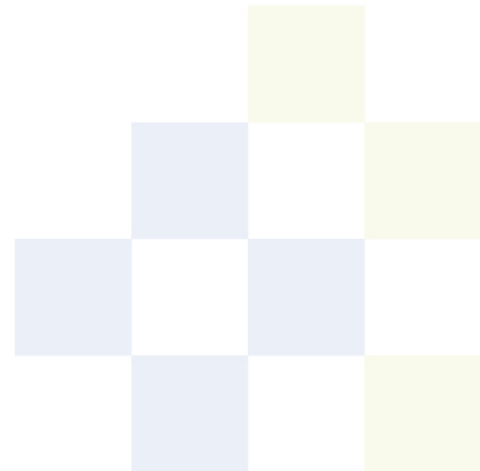
- **Constant fees and conservative revenue growth consistent with last few years**
- **Allows for near term drop in PharmaNet revenue before it rebounds in 2017/18+ (assumes contract renewed)**
- **Expenses increase at 2% (around projected inflation)**

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Step 2: Estimate Required Cash Reserves

Categories

- **Policy 3.1.9**
  - 50% of expected operational expenses in given year
- **Reserve building fund ($300K)**
- **Ministry of Health grants in restricted funds (1.02MM at start of 2013/14)**
- **Other Risks - Contingency fund ($500K)**
- **JV contingency fund (new)**

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JV Contingency Fund - New

- **There is currently no contingency fund for the JV to cover projected expenses of the JV and expenses due to unexpected building problems**

Moved by:

Seconded by:

The Board approve setting up of a $200K JV Contingency Reserve on the Balance sheet

Step 3: Determine Excess Cash

Item	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
total revenue	7,867,512	7,988,906	8,085,619	8,084,639	8,209,076	8,404,094
total expenses	7,748,854	7,903,831	8,061,907	8,223,146	8,198,908	8,296,587
proj surplus	118,658	85,075	23,711	- 138,507	10,167	107,508
reserve	3,874,427	3,951,915	4,030,954	4,111,573	4,099,454	4,148,293
RBF	300,000	300,000	300,000	300,000	300,000	300,000
MoH	815,000	565,000	315,000	65,000	-	
Other risks	500,000	500,000	500,000	500,000	500,000	500,000
JV cont	200,000	200,000	200,000	200,000	200,000	200,000
cash excess	5,123,232	5,380,818	5,575,491	5,606,365	5,693,651	5,752,320
total cash	10,812,658	10,897,733	10,921,445	10,782,938	10,793,105	10,900,613

- **Extend the multi-year revenue and expense model to include the required cash reserves**
- **Excess cash = $5.1MM at end of 2013/14**

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Step 4: How Fast to Draw Down Excess Cash?

- **Modelled options of impact of drawing down excess cash**

- **Options considered**
    1. Do nothing
    2. Draw down all excess in 2013/14
    3. A draw down of the excess at rates between $450,000/yr to $2,000,000/yr

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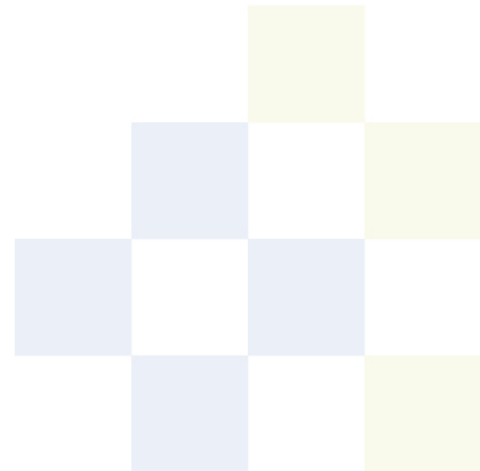
Projected Cash Excess Over Time

Cash Excess Over Time for Varying Cash Draw Down Rates
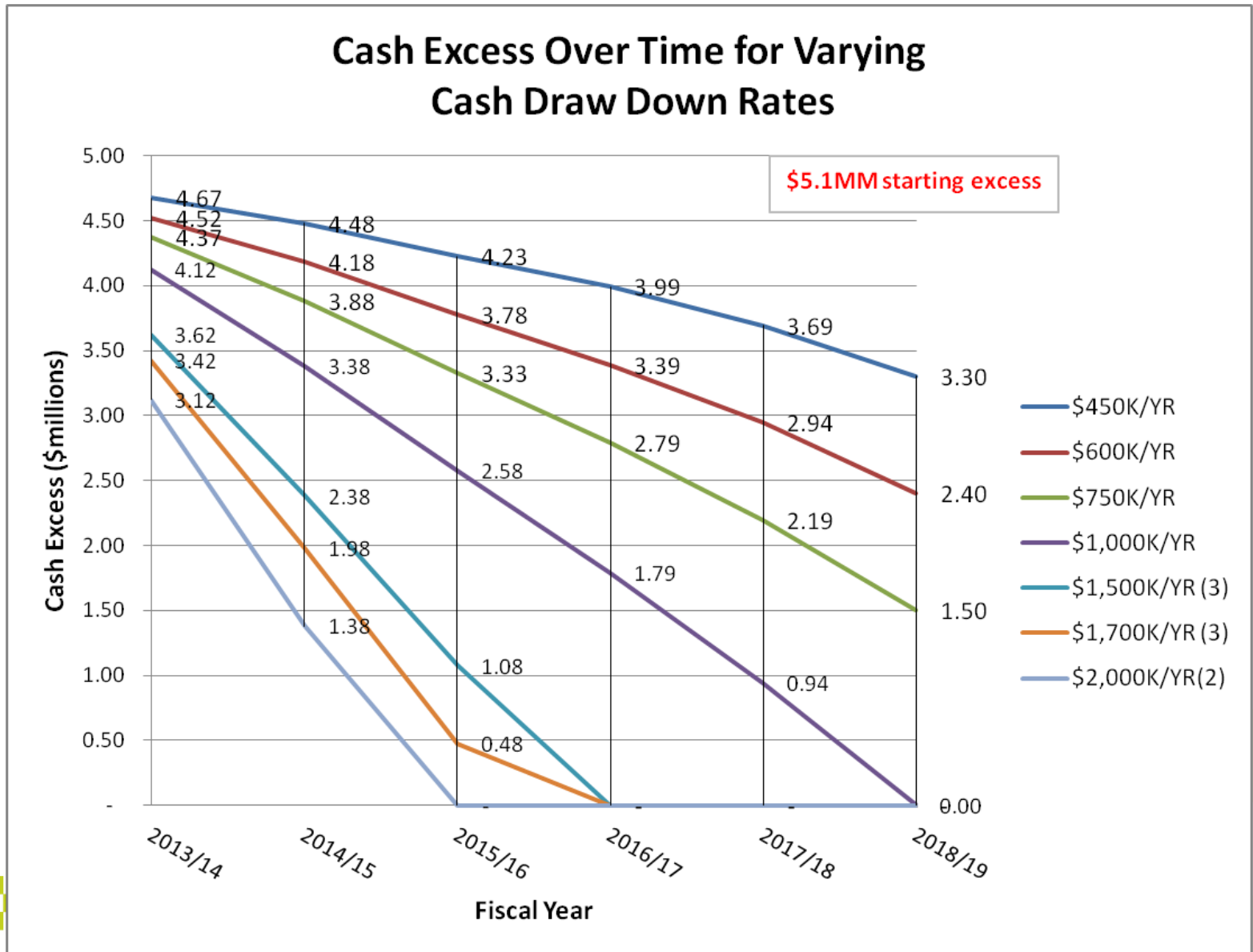
Recommended Cash Draw Down

- **Audit committee recommended drawing down the excess cash by $750K in 2013/14**
  - Balance between desire to see cash drawn down in timely way while retaining long term benefits of cash reserve
  - Fiscally conservative approach

- **Review situation annually within Audit Committee making adjustments as required with the Board's approval**

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Cash Draw Down

Moved by:

Seconded by:

The Board approves drawing down the excess cash by $750K in 2013/14, reviewing and adjusting this amount as needed in subsequent years

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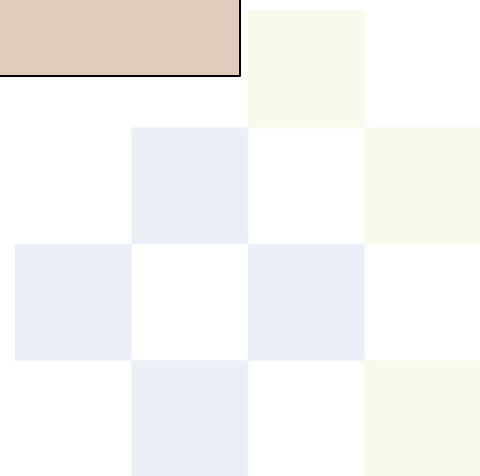
Step 5: Options for Use of Deployed Cash

Audit Committee evaluated

- **Fee reductions**

- **Opportunities to eliminate certain fees**

- **Adding value to grants and bursaries that have not been updated in many years**

- **Advancing strategic goals of College**

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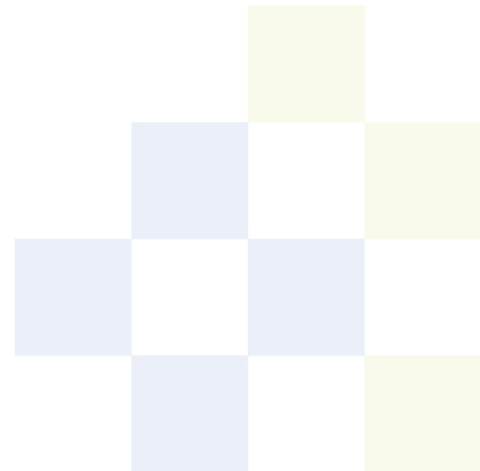
Recommendation (1): Reduce Pharmacist Registration Fees

- **Change current 2 tier registrant fee structure to simple one fee structure**
  - Reduce complexity for registrants
  - Reduce complexity for College administration
- **Reduce fees to $530/year**
- **Budget impact (2013/14): $605K**

Moved by:

Seconded by:

The Board approves changing to a single registration fee for all pharmacists of $530/year, by Dec 1, 2013

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Recommendation (2): Eliminate Student Registration Fees

- **Support students - not cash rich**

- **Budget impact (2013/14): $74K**

Moved by:

Seconded by:

The Board approves discontinuing all student registration fees, by Dec 1, 2013

Recommendation (3): Pharmacy Licensing Fees

- **Create single, annual licensing fee for community and hospital pharmacies that covers all administrative costs**

- **Increase current annual fee from $1,181 to $1,331**
  - Budget impact (2013/14): $186K

- **Eliminate pharmacy application <u>and</u> change fees**
  - Eliminate 11 fee categories
  - All administration built into annual fee
  - Budget impact (2013/14): $99K

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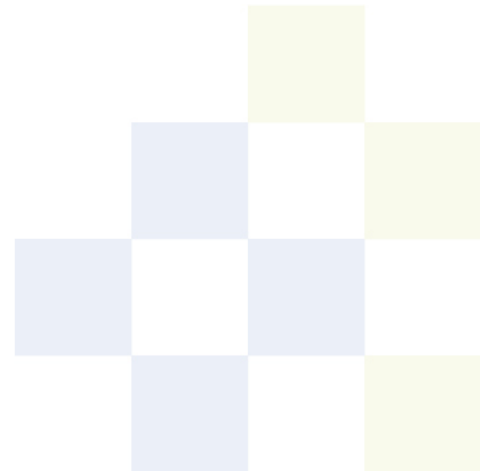
Pharmacy Licensing Fees

Moved by:

Seconded by:

The Board approves increasing the community and hospital pharmacy licensing fee to $1,331/yr, by Dec 1, 2013
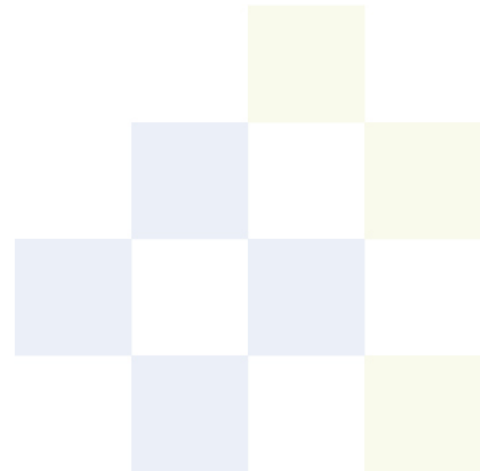
Pharmacy Application and Change Fees

Moved by:

Seconded by:

The Board approves discontinuing the following fees by Dec 1, 2013:

– *Application fee for new pharmacy, telepharmacy, satellite hospital pharmacy*

– *Change of manager, director, operating name, corporate name, ownership*, location/renovation,*

– *Follow up inspections,*

– *Late application for re-instatement*

* New annual license will still be required

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Recommendation (4): Advance Strategic Goals for the College

Moved by:

Seconded by:

The Board approves $150K to be used in support of pharmacists' participation in professional development programs e.g. ADAPT. The Registrar to determine how best to deploy funds

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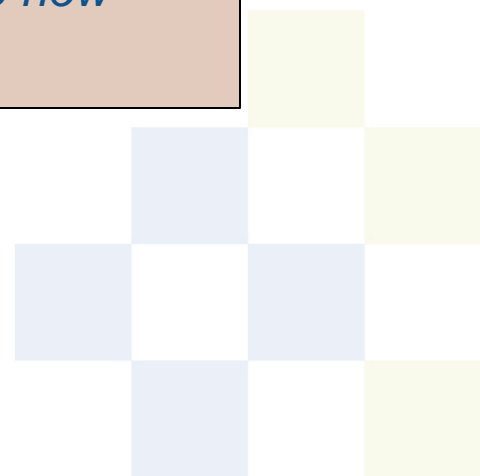
Change Management

- **Will require methodical updating of Bylaws and associated forms and internal systems in College to provide high quality roll out of the approved changes**

  - Will come back to Board to obtain approval of changes, as required to support new resolutions

- **Still have to track updates to registrant/pharmacy records in system, but eliminating fee structures will reduce complexity and the administration costs for everyone**

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Thanks, to the Audit Committee for the time and effort they put into reviewing the materials and direction provided to College Management
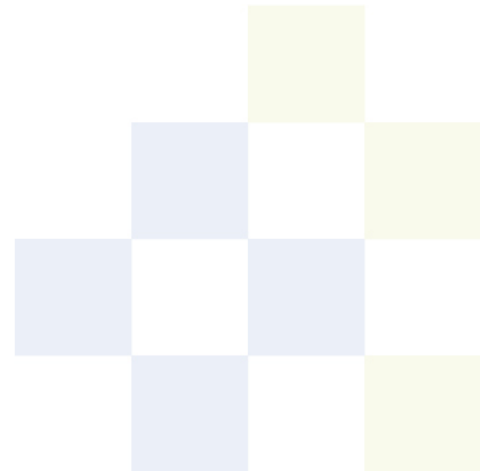
Specific Areas Evaluated

- **Any changes in accounting/audit standards**
- **Internal controls**
- **Fraud - risks**
- **Other risks**
  - e.g. Revenue (PharmaNet, license/registration fees)
- **Deferred contribution**
  - Validity of financial models (specific interest in grants)
- **Investments**
  - Communicate directly with 3rd party investment managers
  - Validity of valuations, investment risk profile
- **JV – accounting practices, HST transition plan**
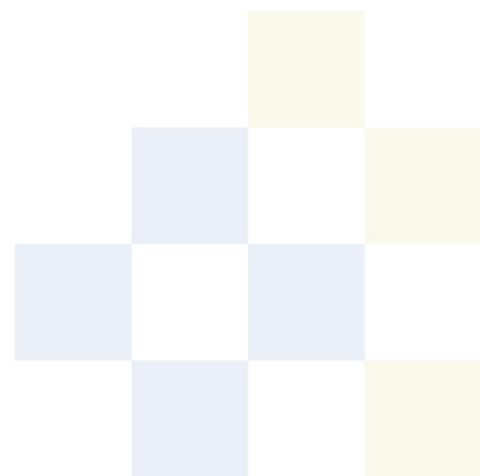
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Q3 Actuals vs Budget: Exec Summary

- **Essentially identical trends and comments to those made at the November Audit Committee meeting for the Q2 actuals vs Budget**

- **Main cause of variances is the fact Budget was set 2 years ago and not updated at the start of 2012/13 (March 1 2012), but actual work and tasks have significantly changed**

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Q3 Revenue – Key Points

- **Overall revenue slightly ahead of forecast ($305K, 6%)**

- **Variance seen in technician fees (-52%) primarily due to**
  - <u>when they pay</u> the fee (not all on March 1), and
  - <u>deferred revenue</u> treatment of payments which was not factored into the budget forecast

- **Positive variance in grant revenue (40%) is due to**
  - <u>MMT grant awarded in Jan 2012</u> that was not factored into the budget ($45K)

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Q3 Expenses – Key Points

Under budget overall ($807K, 16%)

- **Policy & Registration** down by 52% ($42K) due to deferred start of on line Jurisprudence Exam into 2013/14

- **QA** down by 72% ($133K), slow down of KA program, etc

- **Inspections** down by 49% ($24K), transfer of 2 staff to Investigations

- **Complaints Resolution** up by 21% ($90K). Shift in actuals vs budget due to delayed Discipline tasks ($134K) and significantly increased Investigations activity ($224K)

- **PharmaNet eDrug &Tech** down by 54% ($71K) primarily due to PharmaNet Committee responsibility transferring to MoH (they reimburse our expenses directly)

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Q3 Expenses – Key Points

- **Communications** down by 48% ($51K), reduced spend on Annual Reports and cancelled campaign

- **Licensure Services** up by 119% ($70K) mainly due to flow through expenses for UBC SPT

- **Special Projects** down 25% ($17K) relative to budget. All tasks on track

- **Salaries & Benefits** down by 24% ($640K), delay in hiring of new staff

- **Amortization expenses** down by 15% ($21K), delays in purchases of new IT hardware and software, timing of purchase of new furniture and rework of office space

- **Restricted Building Fund** up by 29% ($15K), matching revenue

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LE3 Actuals vs Budget: Exec Summary

- **Essentially identical trends and comments to those made at the November Audit Committee meeting for the LE2 actuals vs Budget**

- **Main cause of variances between LE3 and Budget is the fact Budget was set 2 years ago and not updated, but actual work and tasks has significantly changed**

- **Good correspondence between LE3 and LE2 suggesting that LE forecasting and budgeting is well aligned to work being done**

  - One key increase in variance was in Complaints. Deliberately increased spend to

    - Anticipates increased work load in 2013/14

    - Moved up tasks into 2012/13 to use up budget room across budget portfolio

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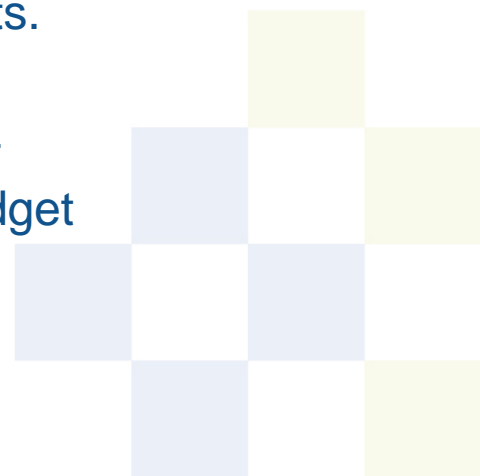
LE3 Revenue – Key Points

- **Overall LE revenue ahead of forecast ($618K, 9%)**

- **Variance seen in technician fees (-48%) primarily due to**
  - <u>when they pay</u> the fee (not all on March 1), and
  - <u>deferred revenue</u> treatment of payments which was not factored into the budget forecast

- **Positive variance in grant revenue (200%) is due to**
  - <u>MMT grant awarded in Jan 2012</u> that was not factored into the budget ($45K)
  - PLUS anticipate $250K grant being issued by College from MoH Grant for Research for Pharmaceutical Services (2008) – matching revenue
    - Review with Board in Feb 15 2013 meeting

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LE3 Expenses – Key Points

Under budget overall ($524K, 8%)

- **Board & Admin** over by 32% ($241K), assumes $250K grant paid out in this fiscal year

- **Policy & Registration** down by 47% ($46K) due to deferred start of new on-line Jurisprudence Exam into 2013/14

- **QA** down by 58% ($127K), slow down of KA program

- **Inspections** down by 48%, transfer of 2 staff to Investigations

- **Complaints Resolution** over budget by 41% ($204K), significant shift in LE vs budget from delayed Discipline tasks ($92) to increased Investigations activity ($240K). Unbudgeted legislation-policy writing support ($56K)

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LE3 Expenses – Key Points

- **PharmaNet eDrug &Tech** down by 47% ($82K) primarily due to PharmaNet Committee responsibility transferring to MoH (they reimburse our expenses directly)

- **Communications** down by 29% ($38K), reduced spend on ReadLinks, Annual Reports and cancelled campaign

- **Licensure Services** up by 121% ($94K) mainly due to flow through expenses for UBC SPT

- **Special Projects** down 26% ($24K) relative to budget. All tasks on track

- **Salaries & Benefits** down by 22% ($779K), delay in hiring of new staff due to timing of hiring of new Registrar and COO

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LE3 Capital – Amortization

	BUDGET 2012-13	LE 2 2012-13	LE 3 2012-13
		Nov 2012	Jan 2013
AMORTIZATION ON FIXED ASSETS			
Leasehold Improvements	35,000	42,332	42,020
Equipment	60,000	48,673	48,673
Furniture & Fixtures	20,000	20,734	21,878
Computer Hardware	60,000	46,509	43,769
Computer Software	15,000	32,296	31,586
	190,000	190,544	187,926
AMORTIZATION ON OTHER ASSETS			
Development Costs	-	14,540	-
	-	14,540	-
TOTAL AMORTIZATION EXPENSE	**190,000**	**205,084**	**187,926**

8.0   Portfolio Updates

INFORMATION ONLY: ☐

or

DECISION REQUIRED: ☑

8.1 Recertification of Injection Authority

Pharmacists have been authorized to provide injections to patients since July 2009. In order to do this, they must be authorized by the College. To obtain authorization, they must: successfully complete a training program from a College approved accredited program in the administration of drugs by injection; successfully complete training in the administration of first aid and CPR and maintain this certification.

As of January 24th, 2013, there are 2239 pharmacists authorized to provide injections in the province.

British Columbia isn't the only province that allows pharmacists to perform injections. Other provinces that provide this authorization include Alberta, New Brunswick and Ontario.

The Council of Pharmacy Registrars of Canada (CPRC), of which BC is a member, have recommended that recertification be required based on:
- Self-declaration of proficiency of knowledge and skills (potentially as part of annual renewal)
- Re-training (of both the knowledge component and technical component), if an injection has not been given in the preceding three years[2]
- Re-training (of both the knowledge component and technical component), if an injection has not been given within one year after completion of training course[3]

The current bylaws require that pharmacists:
- Successfully complete a continuing education program in drug administration by injection approved by the Board and specified in Schedule "C", at least once in every 5-year period after certification under this section has first been granted.

It is recommended that the CPRC recommendation be endorsed in order to provide for consistency across the jurisdictions. If the recommendation is endorsed, it would replace the above noted text in the bylaws.

---

[1] It was clarified that the intent of the practitioner's self-declaration is to assert that he/she has practiced and maintained competencies.
[2] If a practitioner's self-declaration meets this recommendation, he/she must complete (redo) a full training program. The type of program can be either an in-class or a self-review program.

[3] If a practitioner's self-declaration meets this recommendation, he/she must complete (redo) a full training program. The type of program can be either an in-class or a self-review program

RECOMMENDATION/BOARD MOTION:
That the College of Pharmacists Board approves the recertification requirements as stated above.
(Note that this will require a bylaw change, so it will be added to the list for the next set of revisions.)

8.0   Portfolio Updates

INFORMATION ONLY: ☐

or

DECISION REQUIRED: ■

8.2 Professional Practice Policies

a) Amendments to PPP-3 Pharmacy References [Follows]

The College received feedback that as pharmacies dispense veterinary prescriptions from time to time they should have a veterinary reference on hand. This matter was referred to the College inspectors for review and discussed at a Community Pharmacy Advisory Committee. As a result the Professional Practice Policy #3 has been revised to include a veterinary reference and a disclaimer that ensures references are required for other areas that pharmacists may practice outside of the usual (such as specializations).

RECOMMENDATION/BOARD MOTION:

That the College of Pharmacists Board approve the amendments to Professional Practice Policy-3 Pharmacy References as presented.

Recommendations

Enhance PPP-31 to include practice protocols similar to those defined for PPP-58, to ensure continuity of care and to allow time for the patient to find a new prescriber. The pharmacist will be required to exercise their professional judgment and follow defined practice fundamentals when providing an emergency prescription refill, based on individual circumstances.

RECOMMENDATION/BOARD MOTION:

That the College of Pharmacists Board approve the amendments to Professional Practice Policy-31 Emergency Prescription Refills as presented.

eDrug Observatory

Board Update
College of Pharmacists of BC
Francis Lau and Morgan Price
15-Feb-2013

Today's Purpose

To review and discuss the briefing note from 11-Jan-2013 and receive approval on release of remaining funds to the eDrug Observatory.

Outline

- Brief history of the eDrug Observatory

- Proposed work

- Review eDrug Observatory request

(Discussion PRN)

eDrug Observatory History
(First Half)

eDrug Observatory was established with a five-year path finding research plan.

Work Completed

- Multiple publications from first half of the eDrug Observatory

- Multiple field studies looking at range of aspects of medications:

  - Prescribing

  - PharmaNet Design and Use

  - Medication Workflow and Communication Activities

Proposed Work

Goals

- Build off our strengths related to medication communication, ICT, and action research.

- Meet the needs of PSD:
  "PSD would like an evaluation of the quality and efficiency of information sharing and communication, and related operations, for the purpose of managing medications by frontline clinicians."

We propose 2 studies

Study 1

Quality of Communication and Efficiency of Operations

This study will work with front line providers to further understand gaps in the BC context and how Modernized PharmaNet addresses those gaps.

This study would use our Circle of Care Modeling methods.

Study 2

Improving Medication Communication Across Transitions of Care for Complex Patients

An action-research study, engaging a multidisciplinary community of providers and patients to improve medication safety through transitions of care.

Research Question

How can we improve medication safety for complex patients during transitions of care through changes in communication, leveraging ICT and system changes?

Leverage models developed in Study 1 and contextualize and integrate evidence-informed improvements to communication and information flows.

Evaluate changes based on use, behaviour changes, and outcomes.
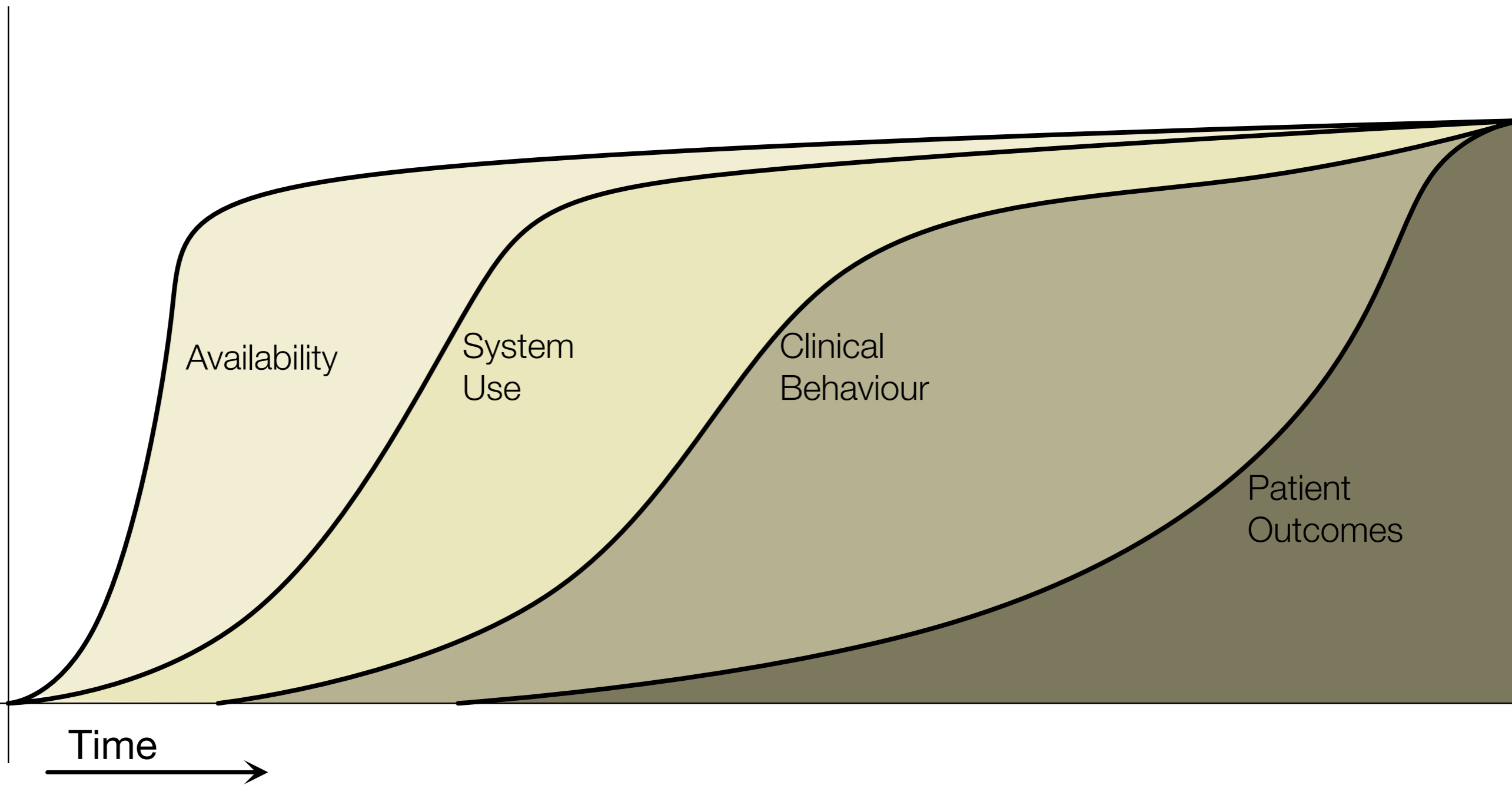
eDrug Observatory Request

Board approval to release remainder of committed funds to UVic to allow eDrug Observatory to pursue remaining studies.

Discussion / Questions

Next Steps

Bylaw Review Update

Update to the Board

Suzanne Solven, Deputy Registrar

February 15, 2013

Bylaw Review

- **Board approved draft bylaws for public posting at September 2012 Board meeting**
- **Bylaws posted September 24, 2012 to December 28, 2012**
- **During posting period active CPBC staff/stakeholder consultation took place**
- **January 2013 CPBC staff & MOH staff met to review public feedback**

Bylaw Review

- **Staff made suggested changes to bylaws based upon feedback from government, as well as other comments/discussion received**

- **Board can make further changes as necessary**

Note: Forms were approved by teleconference on February 1st so are not included here

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Bylaw Review

- **Any substantive changes must be reposted for further public comment**

- **Substantive changes identified:**
  - Mail order/non-dispensing license types
  - Loyalty program prohibition
  - Supervision definition

- **Work on the above to continue as a priority – target September Board meeting for approval to public post**

Bylaw Review

- **Board asked to approve the resolution:**

  RESOLVED THAT, in accordance with the authority established in section 19(1) of the *Health Professions Act* and section 21(1) of the *Pharmacy Operations and Drug Scheduling Act*, and subject to filing with the Minister as required by section 19(3) of the *Health Professions Act* and 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.

  SCHEDULE 1

  The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are repealed and replaced with the new attached bylaws.

  SCHEDULE 2

  The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Pharmacy Operations and Drug Scheduling Act* are repealed and replaced with the new attached bylaws.

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Bylaw Review

- **Bylaws will be filed with the Minister**
- **60 day "filing" period.**

- **Now – lets walk through the Bylaws**

# Questions?

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Board Decisions

- **Direct the Quality Assurance Committee to develop the presented options (including the pros and cons, feasibility, viability and cost) for pharmacist and pharmacy technician assessments for consideration by the Board at the November 2013 Board meeting**

- **Suspend the current Knowledge Assessment Exam pending consideration of the proposed options at the November 2013 Board meeting.**

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PDAP Timeline

2003 – 2009 PDAP Program

Program Evaluation

2010 - Renewed PDAP

Current PDAP Status

Future PDAP

2003 - 2009 PDAP
Board Direction and Principles

Direction:

- Legislation - Pharmacist, Pharmacy Operations and Drug Scheduling Act Act

- Board mandate to ensure safe and effective pharmacy practice outcomes

Principles:

- One standard for all pharmacists (one license)
- Offer a choice of assessment tools (registrant preference)
- All assessment options and procedures should meet the professional standards for testing agencies and must be valid, reliable, and reflect current practice and scope
- Promote continuous learning and professional development

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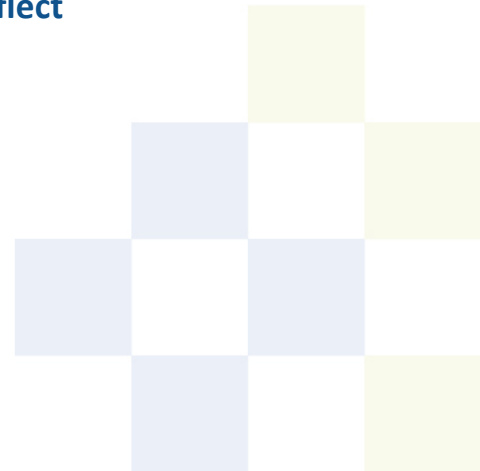
2003-2009 Structure and Timelines
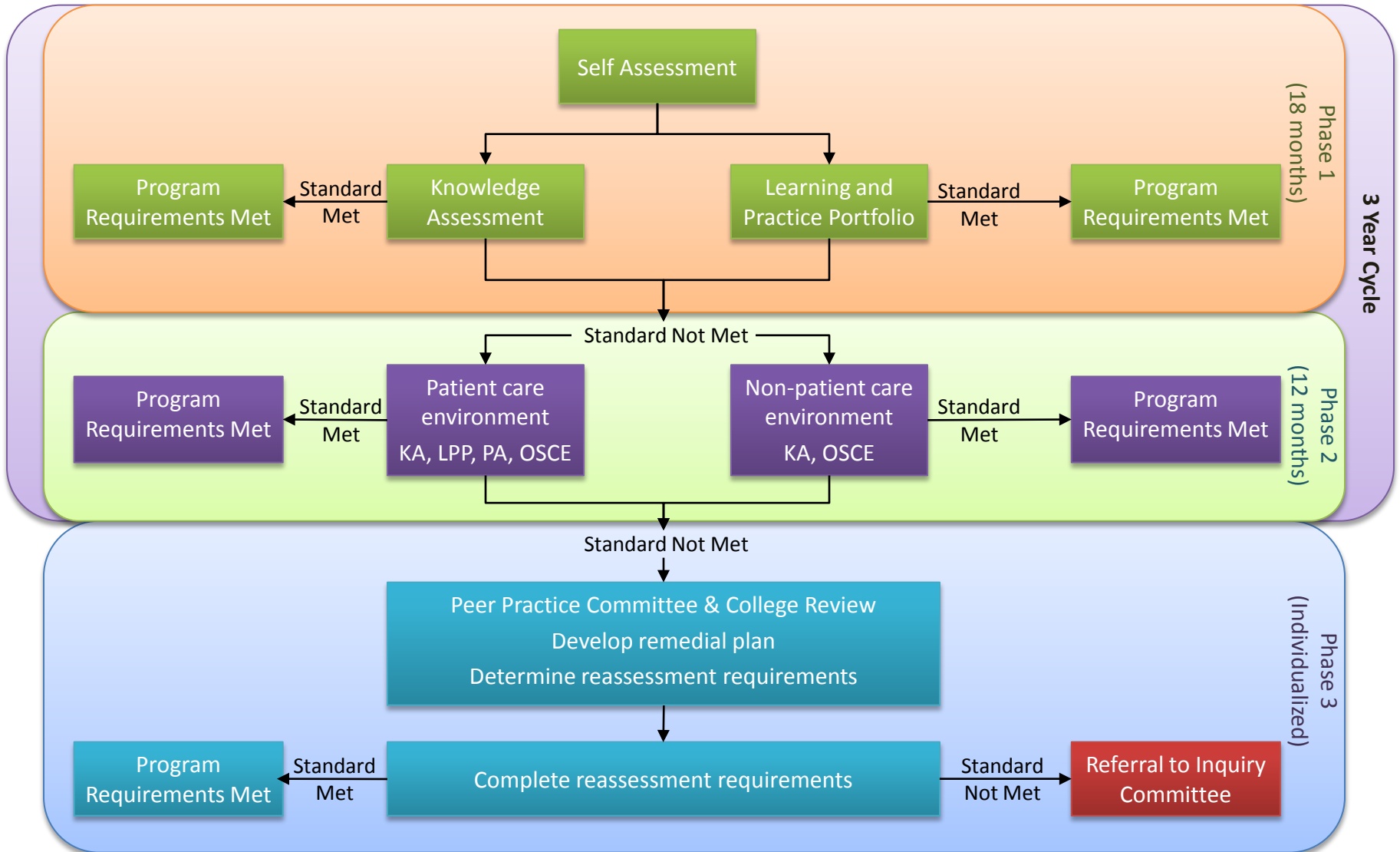
2003 -2009 Participant Results

Phase 1	Phase 2	Phase 3
93%	98%	>99.5%

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Program Evaluation

Qualitative Data	Quantitative Data	Administrative Processes

Program Evaluation

Program Evaluation Task Group	External Evaluation (Michael Obrecht)

Recommendations and principles for renewed PDAP

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2010 Renewed PDAP
Board Direction and Principles

- **Direction: Legislation - Must have both a continuing education and assessment component**

- **Principles: Build on experience and outcomes of 2003-2009 PDAP**
  - Consider using CE-Plus tool to meet requirements of both CE and Assessment component
  - Evaluate validity of PDAP tools
  - Consider registrant feedback and results
  - Environmental scan to identify any alternative assessment tools
  - Streamline program structure and timelines to ensure program is efficient and effective

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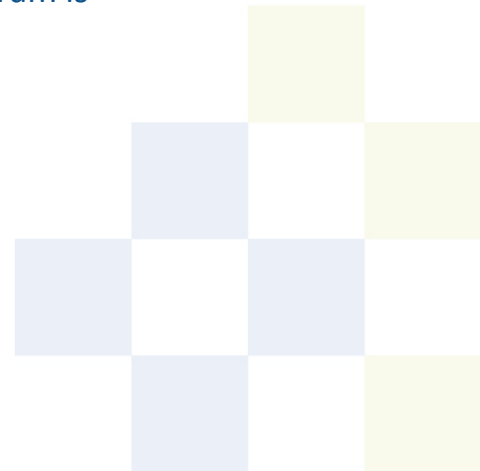
Renewed PDAP Structure & Timelines

TWO REQUIRED COMPONENTS

1. Continuing Education (CE) Component

2. Assessment Component

CE-Plus tool
(annual requirement for all registrants, tied to annual registration renewal)

Knowledge Assessment (KA) tool
(10% of registrants selected annually)

15 hrs of learning recorded on 6 learning records
(yearly minimum requirement)

Open book, multiple-choice exam, computerized format
(10-year cycle requirement)

Each component allows 12 months for completion

'Renewed' PDAP – Current Status

CE Component

- **First cycle began in August 2011 – submission in Aug 2012**
- **Number completed** *(Aug renewal to Jan renewal)* **- 835**
- **All registrants will have completed 1 full cycle for renewal by July 2013**

Assessment Component

- **Volunteer Cycle in 2012 to test the online technology**
- **610 registrants completed**
- **KA Committee currently evaluating results/feedback**

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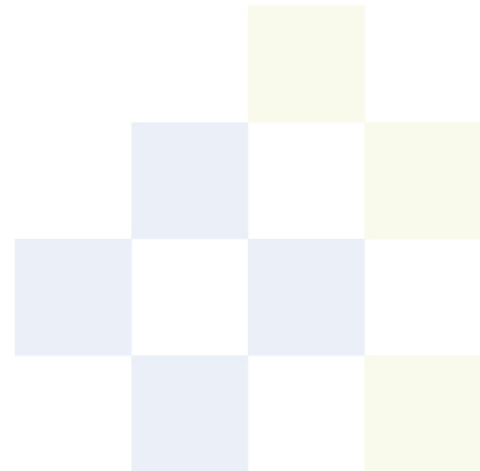
Current Board Direction & Principles

Direction*: "That the College of Pharmacists Board direct staff to work with the QA Committee to develop an alternative model for competency assessment to be considered by the Board"*

Principles:

- ○ **Relevant to all areas of practice – flexible and recognizes context**
- ○ **Reflective of practice – " real" vs hypothetical scenarios**
- ○ **Meaningful for registrant – recognizes/validates practice achievements, motivates improvement in practice**

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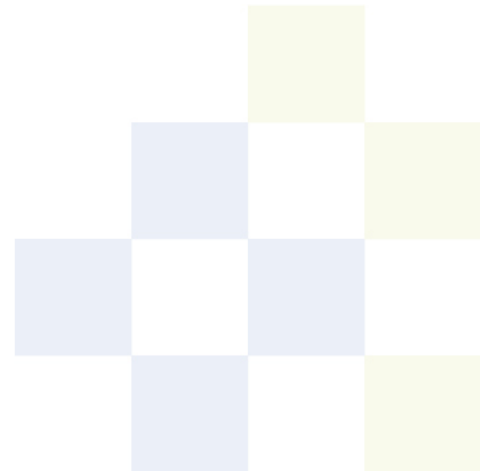
Alternate Options

Practice Based – Peer Reviewed	
Options	Type of Practice
Practice Review (College inspections)	All
Practice Audits (Peer)	All
Grand Round Presentations	Hospital
Case presentations /patient care plans	All
Med Services Reviews	Community/LTC
Adaptations	Community/LTC
Employer Performance Reviews based on Standards of Practice	All
Learning portfolio	All
Structured Practice Education Program (SPEP) – Patient care plans	All

Alternate Options

Advanced Education/Certification	
Options	Type of Practice
Board of Pharmacy Specialties (BPS)	All
Pharm D. program	All
Hospital/Community Pharmacy Residency	All
Canadian Pharmacy Practice Programme (CP3) – therapeutics module – patient care plans	All
Other Specialty Certifications (ex. Certified Diabetic Educator)	All

Alternate Options

Other Jurisdictions	
Options	Type of Practice
360 Review (patient, peer, supervisor, direct report)	All
Self assessment toolkit with peer review (standards, KA, communication module, evaluating your practice environment, education action plan)	All
Multi-tool assessment (KA, OSCE, Peer Review of Learning portfolio) with Small random selection (2-3% yearly)	All

Discussion

- **Are there other options that should be considered?**

- **Are there any options that should not be considered ?**

Options

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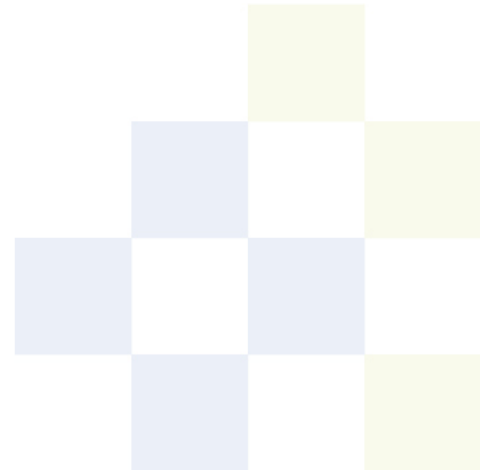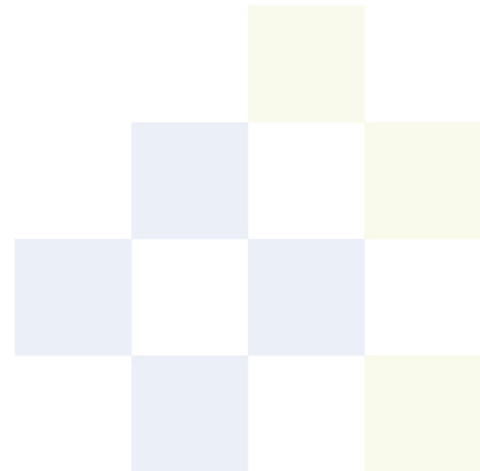
Other Considerations

From Environmental Scan:

- **Legislation (Bylaws)**
- **Multi part registers (Patient Care/Non Patient Care)**
- **Minimum Practice Hours**
- **Relationship of PDAP and registration renewal**
  - Return to practice
  - Assessment Component/CE Component
  - Selection Process
    - Who
    - How often

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Next Steps

Future Assessment Component Options

- **What (Board Decision)**
- **Who (Development)**
- **When (Timeline)**

Current Assessment Component

- **KA Volunteer Cycle Complete**
- **Recommendation from KAS : Technical issues identified need to be resolved before another volunteer cycle occurs (late 2013/early 2014)**

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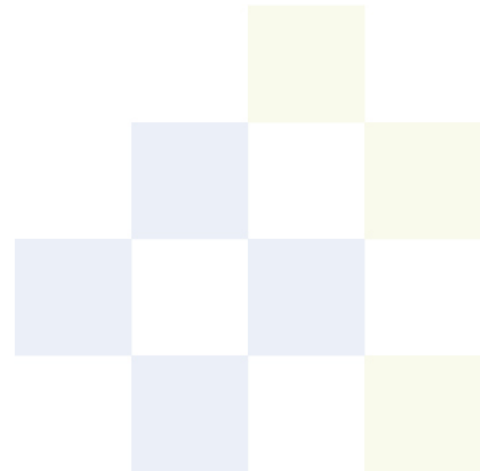
QAC Recommendations:

- **Options**

- **Decision points**
    - Endorsed both decisions with the following amendments....
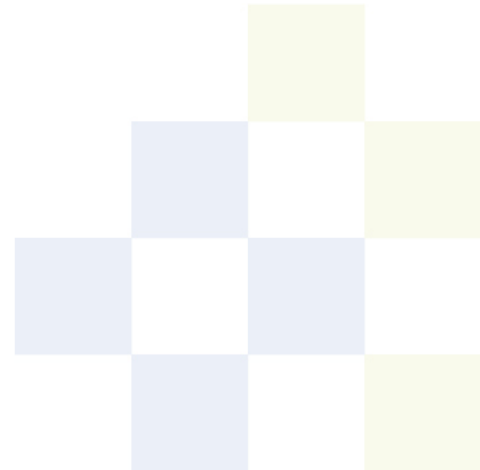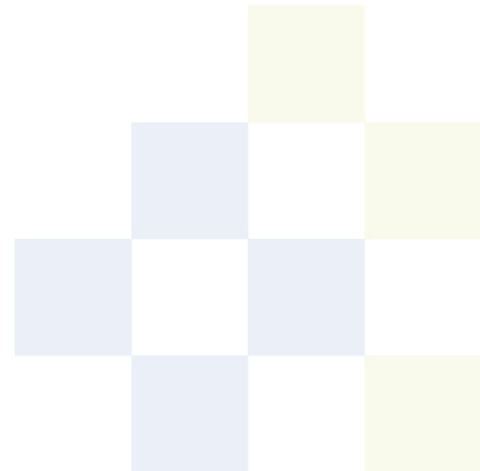
Board Decisions

- **Direct the Quality Assurance Committee to develop the presented options (including the pros and cons, feasibility, viability and cost) for pharmacist and pharmacy technician assessments for consideration by the Board at the November September 2013 Board meeting**

- **Suspend the current Knowledge Assessment Exam pending consideration of the proposed options at the November September 2013 Board meeting.**

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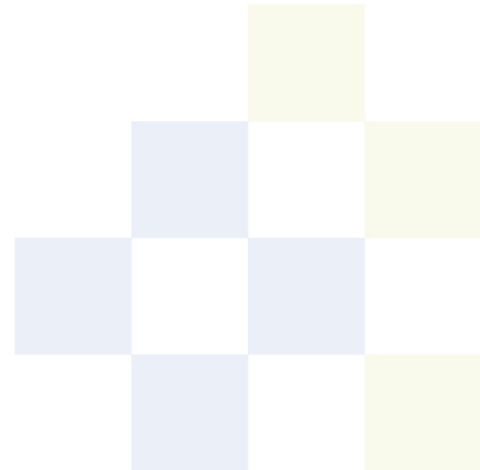
Questions?

Bob Craigue Motion

I move that the Knowledge Assessment no longer be mandatory for all Registrants and that the inspection process be enhanced by increasing the number of inspectors to enable each pharmacist as well as each pharmacy to be assessed no less frequently than every 3 years, and that the CE-plus program be enhanced by including one mandatory program of at least 3 CEUs every year, subject to be determined by the Board, and by making available through UBC continuing education a total of 15 CEUs to meet CE-plus requirements yearly.
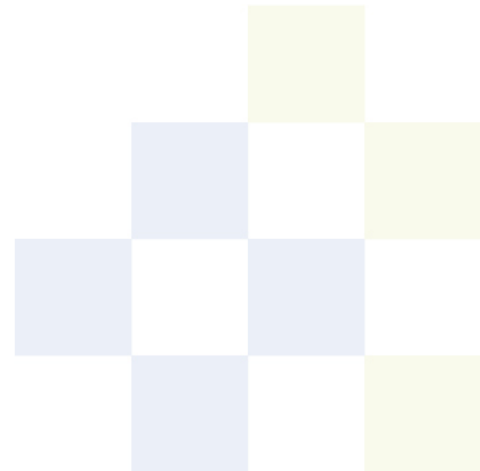
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Bulk Compounding of Sterile Products for Injection

February 15, 2013

Bulk Sterile Compounding

- Report submitted to the Board of the College of Pharmacist of BC (November 2012) regarding issues related to the bulk compounding of sterile products for injection

- College staff have completed a small preliminary survey of current community pharmacy practices within BC with respect to this issue.

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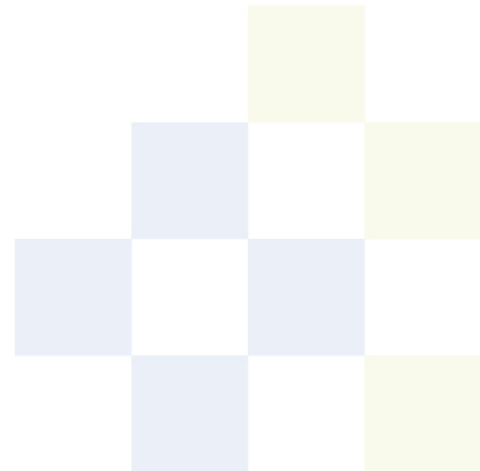
Bulk Sterile Compounding

The goals of this environmental scan were to:

1) Ascertain the degree to which bulk compounding of sterile products for injection is occurring

2) Determine what measures/standards are being employed to ensure patient safety during the creation of these products.

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Bulk Sterile Compounding

Telephone interviews with representative pharmacies that have been known to perform this activity historically.

Questions:

1) Are pharmacies performing bulk compounding of sterile products for injection?

2) What sterile products are being created through bulk compounding?

3) What quality assurance standards do these pharmacies adhere to for this type of compounding?

4) What is the nature of training provided to staff for the preparation of these products?

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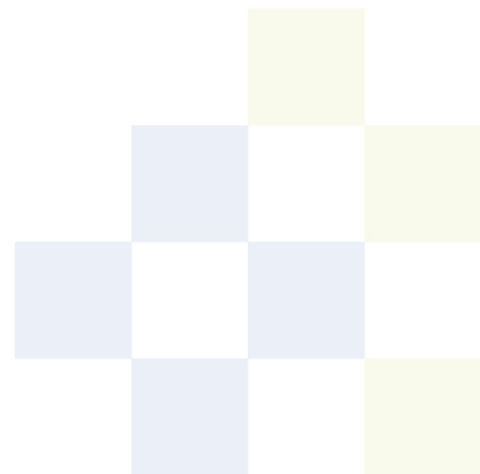
Bulk Sterile Compounding

Survey results:

Bulk compounding of some products does occur but is not the rule.
Eg. mixing of vitamin preps for naturopath physicians

There is a spectrum of standards being adhered to for physical
equipment, product quality assurance and staff training

There is a desire for further direction from the College with respect to
sterile product preparation at community pharmacies.

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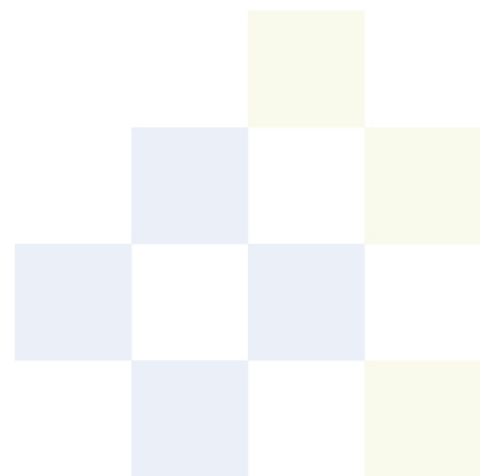
Extemporaneous Compounding

Other Jurisdictions:

1) Alberta, Ontario and Nova Scotia are reviewing standards and would like to collaborate

2) The Tennessee Board of Pharmacy has convened a task force to review the state's compounding regulations

3) Massachusetts is completing a round of surprise inspections of compounding pharmacies. Sterile compounding was the focus of the inspections

4) The Minnesota Board of Pharmacy is making a recommendation to expand the scope of their review to include all compounding practices (sterile and non-sterile) in both community and hospital settings.

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Extemporaneous Compounding

Other jurisdictions:

4) The Texas Board of Pharmacy conducted a survey to determine how many pharmacies in the state are engaging in sterile and non-sterile compounding.

5) Massachusetts, Florida and California are engaging surveys to ascertain the current state of all types of compounding and plan to make amendments based on the findings to their respective regulations.
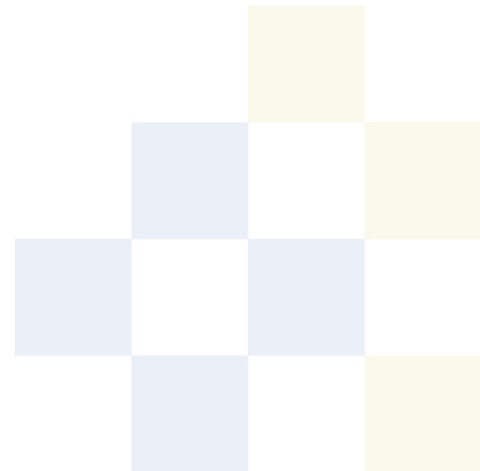
Extemporaneous Compounding

NAPRA (November 2012):

- CPRC motion to establish a working group to address the issue of sterile and non-sterile compounding by pharmacists

  - The mandate of the working group is to review the NAPRA document *Guidelines to Pharmacy Compounding – October 2006* with the view of enhancing the quality controls for non-sterile compounds and sterile preparations.

    Note: CPBC has adopted the NAPRA Guidelines to Pharmacy Compounding (2006) as the Standard of Practice for registrants (PPP-64)

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Extemporaneous Compounding – Next Steps

College staff is seeking the Board's direction to strike a task group of subject matter experts representing the spectrum of pharmacy practice in BC.

The task group's mandate would be to:

1) To perform a review of current compounding practices (sterile and non-sterile) in both hospital and community practice settings

2) To review current and emerging standards for compounding and identify compliance-related issues with these standards

3) To make recommendations to the Board that will ensure public safety with respect to all types of compounding practices.

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RECOMMENDATION/BOARD MOTION:

The College of Pharmacists Board strike a task group to review of the current standards of all compounding practices in BC pharmacies and provide recommendations to ensure public safety.

EXTEMPORANEOUS COMPOUNDING TASK GROUP

Proposed Terms of Reference

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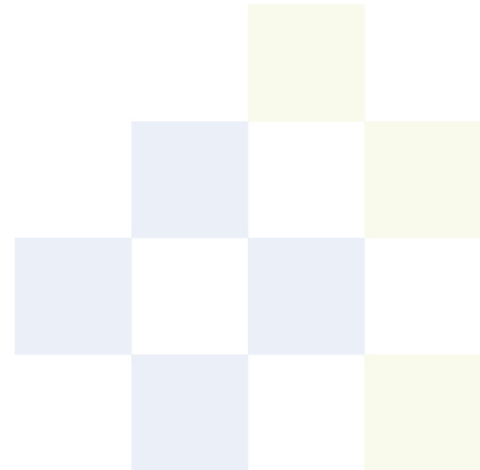
EXTEMPORANEOUS COMPOUNDING TASK GROUP

Mandate

To provide recommendations to the Board on issues relating to pharmacy compounding standards and compliance with those standards.

Responsibilities

- ✓ To perform a review of current compounding practices (sterile and non-sterile) in both hospital and community practice settings
- ✓ To review current and emerging standards for compounding and compliance-related issues with these standards
- ✓ To make recommendations to the Board that will ensure public safety with respect to all types of compounding practices
- ✓ Work collaboratively with other College practice advisory committees to ensure a cohesive approach to anticipated practice issues

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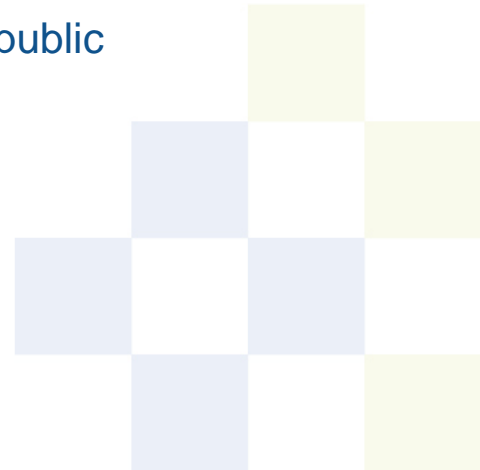
Proposed Membership:

Eight voting members appointed by the Board including:
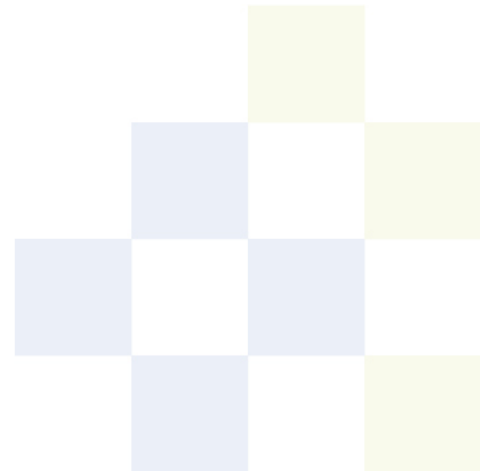
- ✓ Two full pharmacists from community pharmacy

- ✓ Two full pharmacy technicians from community

- ✓ Two full pharmacists from hospital pharmacy
- ✓ Two full pharmacy technicians from hospital pharmacy

Note: The names of the members of the Extemporaneous Compounding Task Group are yet to be identified

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Proposed Deliverables

✓ Board approves Pharmacy Compounding Task Group ToR and membership - Feb 2013

✓ EC Task Group report/ recommendations submitted to Board for approval – September 2013

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RECOMMENDATION/BOARD MOTION

That the College of Pharmacists Board approve the proposed Pharmacy Compounding Task Group terms of reference and membership as presented.

In order to address this issue is a timely manner, we ask that the Board grant the Chair, Vice-Chair and Registrar the authority to expeditiously review and approve the members of this task group without full Board review.
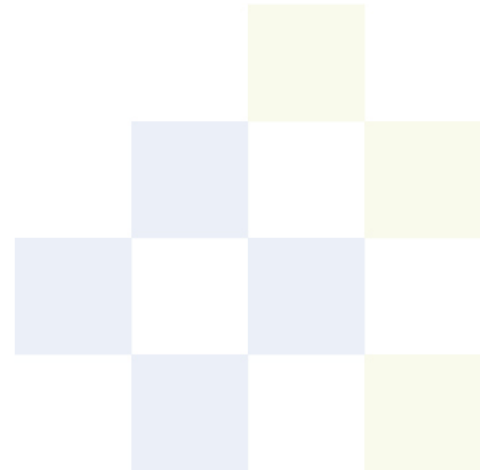
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APP Task Group

- The Advanced Pharmacist Task Group has met on two occasions to date (January 16th and 30th). A third meeting is planned for February 20th, 2013.

- Steve Shalansky and John Shaske were elected co-chairs for the task group.

- Excellent engagement at all levels

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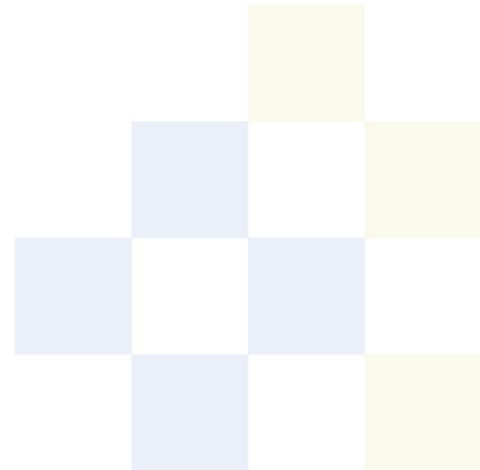
APP Task Group

Discussion topics:

1. Vision of the APP role & authorizations
2. Required "environmental" changes
3. Eligibility criteria
4. Application requirements & processes
5. Application assessment criteria and processes
6. Stakeholder engagement strategies
7. Opportunities and risk mitigation
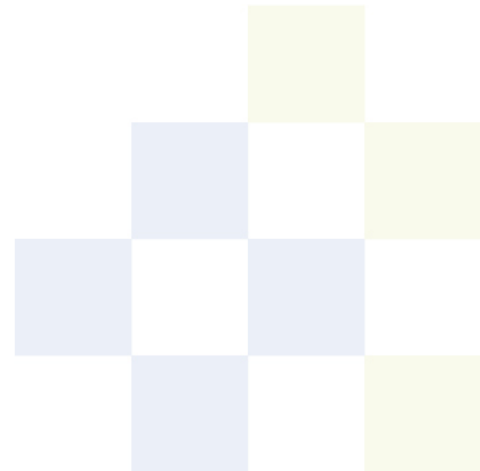
APP Task Group

The APP Task Group discussions were based on Alberta's current Additional Prescribing Authorization Program and took in to consideration recent changes to that program.

"217"

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Alberta's Challenges and Revisions

1. Challenges identified in Alberta.

   - Applicant misinterpretation of information requested
   - Credential requirement can be a barrier
   - Level of detail required by assessors not apparent
   - Assessors qualifications too broad, not always a good fit when assessing community pharmacists

2. Revisions implemented for the Alberta program.

   - Reduced requirement for clinical experience to 1 year

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APP Task Group

The APP Task Group membership has also expressed interest in ongoing participation in the development of advanced practice pharmacist policies, guidelines, and standards.

It is the intention of the APP Task Group to submit the final report to the Board in April 2013.
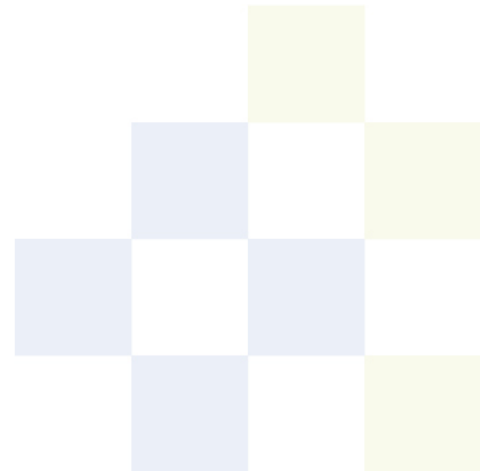
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Biohazardous Drugs

February 15, 2013

Biohazardous Drugs

- Biohazardous drugs are drugs that contain viable microorganisms

    Eg. Bacille Calmette-Guerin (BCG), a vaccine used to treat bladder cancer is also the only biohazardous drug that is currently in use in BC (hence BCCA's interest)

- A new class of agents know as "gene therapy" or "gene medicine "are currently in clinical trials for the treatment of cancer.
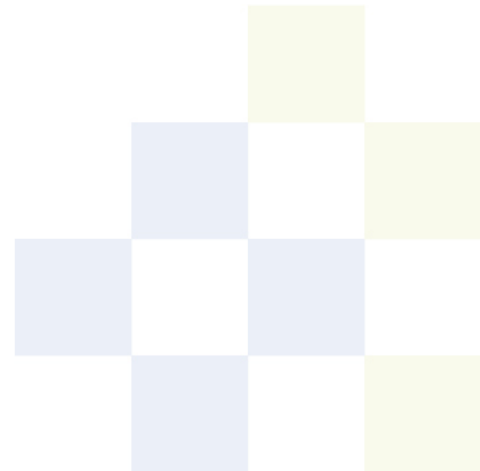
Biohazardous Drugs

Name	Organism	Use	Notes
BCG	Attenuated mycobacterium bovis	Bladder cancer	In use
Alipogene tiparvovec (Glybera)	Adenovirus (vector)	Pancreatitis from lipoprotein lipase deficiency	Gene therapy Clinical trials
Prostvac	2 poxvirus vectors	Prostate cancer	Clinical trials
Reolysin	Reovirus (vector)	Ovarian, lung and colorectal cancer	Clinical trials

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Biohazardous Drugs

- Advaxi (ADXS11-001, ADXS31-001, ADXS31-164)
- ALVAC-CEA vaccine
- Avax Technologies [AC Vaccine]
- Accentia Biopharmaceuticals (BiovaxID)
- BN ImmunoTherapeutics (PROSTVAC)
- Celldex Therapeutics (CDX110, CDX1307 and CDX1401)
- The Center of Molecular Immunology Cuba (CimaVax-EGF)
- Dendreon Corp (Neuvenge)
- Galena Biopharma (NeuVax)
- Generex Biotechnology (Ae-37)
- Geron Corporation (GRNVAC1)
- GlaxoSmithKline is working on a vaccine for melanoma targeting MAGE-A3
- GlobeImmune (Tarmogens, GI-4000, GI-6207, GI-6301)
- Immatics biotechnologies (IMA901)
- Merck (Stimuvax)
- Prima BioMed LTD (Cvac)
- Scancell Holdings, (SCIB1)

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Biohazardous Drugs – The Issue

Due to the presence of live bacteria or genetically-modified viral vectors, biohazardous drugs present an infectious risk to patients and health care workers alike.

Cross-contamination between BCG and other sterile products have been reported in literature and patients receiving these contaminated products have been infected.

Standardized safe handling procedures for biohazardous drugs do not currently exist in Canada

The BCCA approached the CPBC to help develop standards for pharmacy practice

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Biohazardous Drugs

Health Canada's the Human Pathogens and Toxins Act (2009)

- enacted to protect the public

- does not focus on occupational health or quality control issues such as cross contamination

- does not apply to drugs authorized for sale under the Food and Drugs Act, or a human pathogen or toxin contained in such a drug

Current WorkSafe BC's Occupational Health and Safety (OHS) regulations cover cytotoxic agents but do not focus on biohazardous drugs

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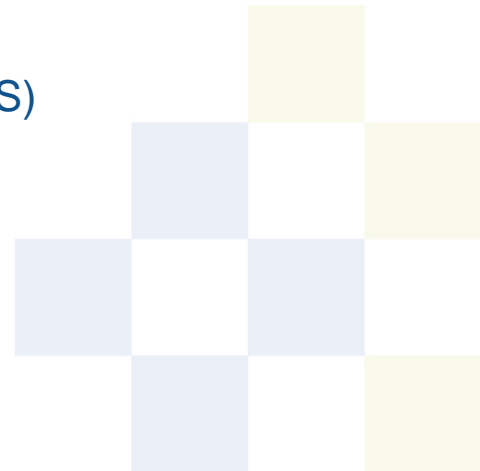
Biohazardous Drugs

- The College met with representatives from BCCA in Dec 2012. Meetings are planned in February and March 2013.

- BCCA will continue to lead the development of appropriate standards

- The College will act as a key stakeholder and facilitate information distribution as appropriate.

- Further progress is expected by mid-2013 and will be reported to the College Board

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Technician Engagement and Communications

Overview

Mykle Ludvigsen

Director – Public Accountability and Engagement

Board Meeting

February 15, 2013

Background

- **Articulated in College's Strategic Plan:**
  - Goal 3 | Objective 1: Develop an engagement strategy for all registrants.

- **Operations Plan**
  - Completion of technician communications/engagement a board reportable item.

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Plan - Overview

- **Objectives:**
  - Create a framework in which the perspectives and viewpoints of pharmacy technicians can be
  - Ensures key achievements by the College in its integration of pharmacy technicians are successfully communicated to all stakeholders.

- **Stakeholder(s):**
  - Smaller base of registrants allows College to pilot the tools before rollout to the entire

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Talking to Pharmacy Technicians

- **Strategy:**
  - Integrate all communications tools targeted to only one type of registrant into one communication to all registrants

- **Key Points:**
  - All successes by the College in integration (committee structures, staff appointments, etc.) will be communicated out over the appropriate channel to all registrants.
  - Opportunity as tools being modernized and transitioned to an online platform.
  - Engagement opportunities will help shape communications

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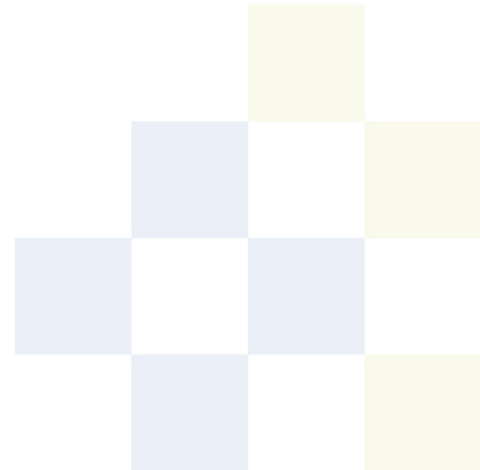
Pharmacy Technicians *Talking with Us*

- **Strategy:**
  - Utilizing engagement tools to solicit ideas and feedback on technician integration, allowing technicians to express their point of view and the College to make better informed decisions.

- **Key Points:**
  1. Survey
  2. Analyze
  3. Discuss
  4. Report out
  5. Learn

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Reporting Back

Questions / Discussion