



College of Pharmacists  
of British Columbia

**Board Meeting**  
**April 16<sup>th</sup> and 17<sup>th</sup>, 2015**  
**200-1765 West 8<sup>th</sup> Avenue,**  
**Vancouver, BC**

## **MINUTES**

**Thursday, April 16<sup>th</sup>, 2015**

### **Members Present:**

Anar Dossa, Chair & District 6 Board Member  
Oswald Chu, District 1 Board Member  
Ming Chang, District 2 Board Member  
John Shaske, District 3 Board Member  
Blake Reynolds, District 4 Board Member  
Bob Craigue, District 5 Board Member  
Aleisha Enemark, District 7 Board Member (*via videoconference for items 9 to 12*)  
Bal Dhillon, District 8 Board Member  
Norman Embree, Public Board Member  
George Walton, Public Board Member

### **Regrets:**

Kris Gustavson, Public Board Member  
Jeremy Walden, Public Board Member

### **Staff:**

Bob Nakagawa, Registrar  
Suzanne Solven, Deputy Registrar and Director – Legislation, Discipline and Investigations  
Mary O’Callaghan – Chief Operating Officer  
Cameron Egli, Director – Hospital Pharmacy Practice and Technology  
Ashifa Keshavji, Director – Practice Reviews and Competency  
Doreen Leong, Director – Community Pharmacy Practice and Registration  
Mykle Ludvigsen, Director – Public Accountability and Engagement  
Lilith Swetland, Executive Assistant to the Registrar  
Lori Tanaka, Executive Assistant to the Deputy Registrar  
Tien Huynh, Business and Systems Analyst

---

## **1. WELCOME & CALL TO ORDER**

Chair Dossa called the meeting to order at 1:36pm on April 16<sup>th</sup>, 2015.

## 2. WELCOME TO NEW BOARD APPOINTEES

- Chair Dossa welcomed newly appointed Board Members Oswald Chu, District 1 and John Shaske, District 3.

## 3. CONFIRMATION OF AGENDA

It was MOVED (N. Embree) and SECONDED (J. Shaske) that the Board:

*Approve the April 16 - 17, 2015 Draft Board Meeting Agenda meeting as amended.*

**CARRIED**

## 4. APPROVAL OF MINUTES

### a) February 19 – 20, 2015 (Appendix 1)

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

*Approve the February 19 – 20, 2015 Draft Board Meeting Minutes as circulated.*

**CARRIED**

### b) March 16, 2015 (Appendix 2)

It was MOVED (M. Chang) and SECONDED (B. Reynolds) that the Board:

*Approve the March 16, 2015 Draft Board Teleconference Minutes as circulated.*

**CARRIED**

## 5. BOARD MEETING EVALUATION FEEDBACK

Chair Dossa went over the results of the Board Meeting Evaluation Feedback and suggested having the answer scale clarified for future evaluations.

## 6. CHAIR'S REPORT

Chair Dossa provided a report of College activities she has been involved in since the last Board meeting:

- Continue getting up to speed on the duties and responsibilities of the position
- Participated in regular meetings with the Registrar regarding Board and College issues
- Chaired Audit and Finance Committee
- Chaired Legislative Committee
- Discussions re: Committee composition and approach
- Attended monthly Canadian Society of Hospital Pharmacists council meetings and discussed:
  - Advanced Practice Pharmacist Designation
  - Entry to Practice Pharm D and its challenges and how to prepare and continue dialogue collaboratively with BC Pharmacy Association, UBC, CSHP and the College
  - Robbery prevention task group update
  - Thanked them for their collegial response to the CBC Marketplace broadcast
  - Legislative changes and public posting procedure update
  - Addition of Technology Advisory Committee, Interdisciplinary Advisory Committee
  - Practice Review update
- Met with Board members Ming, Blake, John (goal is to meet with Board members on an ongoing basis)
- Received media training

- Interviewed with CBC Marketplace
- Met with consultant regarding practice reviews in hospital
- Provided College update at the Canadian Society of Hospital Pharmacists Harrison Leadership Conference
- Attended the UBC Donor Celebration
- Met with the President and Vice President of McKesson Canada

## 7. REGISTRAR'S REPORT

Registrar Nakagawa provided a report of activities he has been involved in that are of particular interest to the Board:

- Attended the CSHP Harrison conference with Chair Dossa and Board Member Dhillon on Feb 27th.
- Met with Associate Dean Zed about the new models of care project.
- Presented at the CSHP Western Branches Banff Seminar on changes to pharmacy practice in my life.
- Participated in the technicians' integration into community practice workshop.
- Attended inquiry panel.
- Attended the BC Chain Drug store meeting.
- Attended a Ministry of Health briefing on their new policy papers.
- Met with Nick Shaw, visiting professor from the University of Queensland.
- Met with Chair Dossa and the President of McKesson Canada, Alain Champagne. He apologized for the correspondence on tobacco sales that they were a signatory to.
- Presented on a panel at the Execs and Registrars luncheon with the Bar Association and APEG on dealing with high profile media issues. I spoke about the CBC marketplace issue.
- Administered Oaths of Office to John Shaske and Oswald Chu.
- Prepared the Registrar's report for the Annual Report.
- Prepared a Registrar's message for ReadLinks.
- Met with Barb Walman, ADM and Mitch Moneo, Executive Director from the Ministry of Health re: methadone review.
- Numerous meetings and phone calls with Chair Dossa.
- Several budget preparation meetings with staff.

### a) Action Items & Business Arising

It was MOVED (B. Craigie) and SECONDED (G. Walton) that the Board:

*RESOLVE that the Municipal Pension Board of Trustees be requested to declare, effective July 5, 2015, the provisions of the Municipal Pension Plan Rules to apply to all employees of the College of Pharmacists of British Columbia under subsection 2(1)(c) of the Municipal Pension Plan Rules, and the employee eligibility rules as set out in section 3 of the Municipal Pension Plan Rules are to apply to those employees.*

**CARRIED**

### b) Strategic Plan Items for this Board Meeting (Appendix 3)

Registrar Nakagawa presented an update on the status of strategic plan objectives

## 8. POLICY: BOARD CORRESPONDENCE FROM THE PUBLIC

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

*Approve the amended Board Policies regarding the redirection of enquiries to the Registrar, as follows:*

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

*2.1.23 only issue oral or written statements on behalf of the College if authorized to do so by the Board. Individual Board members will re-direct enquiries from registrants, members of the public, and media to the Registrar, so that proper action can be taken.*

**DEFEATED**

It was MOVED (B. Reynolds) and SECONDED (N. Embree) that the Board:

*Approve the amended Board Policies regarding the redirection of enquiries to the Registrar, as follows:*

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

*2.1.23 Only issue oral or written statements on behalf of the College if authorized to do so by the Board.*

*2.1.24 Individual Board members will re-direct enquires from members of the public, and media to the Registrar, and copy the Board Chair, so that proper action can be taken.*

**CARRIED**

## 9. REQUEST FOR SUPPORT

Emergency Physician Corinne Hohl and Clinical Pharmacist Kathrin Badke gave a presentation on an enhanced PharmaNet-based adverse drug event reporting platform entitled *Pill Talk – Generating Data on Adverse Drug Events to Improve Safety (Appendix 4)*.

It was MOVED (J. Shaske) and SECONDED (M. Chang) that the Board:

*Approve a grant of \$315,500 for the 'Implementation of an Enhanced PharmaNet-Based Adverse Drug Event Reporting Platform' project.*

**CARRIED**

## 10. FINANCE REPORT

### a) Fiscal 2014/15 12-Month Financials (unaudited) (Appendix 5)

Board member Norman Embree presented.

### b) Budget 2015/16 (Appendix 5)

Board member Norman Embree presented.

It was MOVED (N. Embree) and SECONDED (J. Shaske) that the Board:

*Approve the 2015/16 budget totaling \$10,244,111 as presented.*

**CARRIED**

## 11. COMMITTEES AND TASK GROUPS

### a) Membership (Appendix 6)

It was MOVED (J. Shaske) and SECONDED (M. Chang) that the Board:

*Approve committee volunteer appointments for terms beginning May 1, 2015 and ending April 30, 2016, as circulated.*

**CARRIED**

### b) Annual Reports (Appendix 7)

College committee and task group annual reports were provided to the Board for information.

### c) Terms of Reference Updates (Appendix 8)

It was MOVED (N. Embree) and SECONDED (J. Shaske) that the Board:

*Approve the amended Terms of Reference for each committee as circulated.*

**CARRIED**

## 12. REVIEW OF THE 2014 ONLINE VOTING PROCESS (Appendix 9)

Board member Ming Chang presented results of a review of the 2014 online voting process.

### ADJOURN FOR THE DAY

The meeting adjourned for the day at 5:03pm.

Friday, April 17<sup>th</sup>, 2015

**Members Present:**

Anar Dossa, Chair & District 6 Board Member  
Oswald Chu, District 1 Board Member  
Ming Chang, District 2 Board Member  
John Shaske, District 3 Board Member  
Blake Reynolds, District 4 Board Member  
Bob Craigue, District 5 Board Member  
Aleisha Enemark, District 7 Board Member (*via videoconference for items 14, and 18 to 25*)  
Bal Dhillon, District 8 Board Member  
Norman Embree, Public Board Member  
Kris Gustavson, Public Board Member (*via teleconference for items 14, 18, 19, and 25*)  
Jeremy Walden, Public Board Member  
George Walton, Public Board Member

**Staff:**

Bob Nakagawa, Registrar  
Suzanne Solven, Deputy Registrar and Director – Legislation, Discipline and Investigations  
Mary O’Callaghan – Chief Operating Officer  
Cameron Egli, Director – Hospital Pharmacy Practice and Technology  
Ashifa Keshavji, Director – Practice Reviews and Competency  
Doreen Leong, Director – Community Pharmacy Practice and Registration  
Mykle Ludvigsen, Director – Public Accountability and Engagement  
Lilith Swetland, Executive Assistant to the Registrar  
Lori Tanaka, Executive Assistant to the Deputy Registrar  
Tien Huynh, Business and Systems Analyst

---

**13. CALL TO ORDER**

Chair Dossa called the meeting to order at 9:04am on April 17<sup>th</sup>, 2015.

**14. ELECTION OF VICE-CHAIR**

Chair Dossa called for nominations:

- Bob Craigue nominated Blake Reynolds, and
- George Walton nominated Bal Dhillon

After 12 votes were cast and tallied electronically, Blake Reynolds was declared Vice-Chair by majority vote. His term as Vice Chair will conclude at the start of the November 2015 Board meeting.

## 15. LEGISLATION REVIEW COMMITTEE

### a) Drug Schedule Regulation Changes: bisacodyl, minoxidil topical, diclofenac topical and omeprazole

It was MOVED (J. Shaske) and SECONDED (M. Chang) that the Board:

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

**CARRIED**

### b) PODSA – ownership provisions (Appendix 10)

Deputy Registrar Suzanne Solven presented the information that was provided in the briefing package.

## 16. COLLEGE BOARD COMPOSITION

It was MOVED (B. Dhillon) and SECONDED (G. Walton) that the Board:

*Direct the Registrar to further explore potential College Board composition adjustments, and provide a recommendation at the September 2015 Board Meeting.*

**CARRIED**

## 17. METHADONE MAINTENANCE PAYMENT PROGRAM REVIEW

Barb Walman, Assistant Deputy Minister of the Pharmaceutical Services Division of the Ministry of Health and Mitch Moneo, Executive Director of Policy and Outcomes Evaluation and Research also with the Ministry of Health gave a presentation on their review of the Methadone Maintenance Payment Program.

## 18. MINIMUM PRACTICE HOURS AND STRUCTURED PRACTICAL TRAINING REQUIREMENTS – RECOMMENDATIONS FROM TRI-COMMITTEES MEETING (Appendix 11)

Chair of the Registration Committee Ray Jang presented the recommendations from the Tri-Committees meeting.

It was MOVED (B. Craigie) and SECONDED (J. Shaske) that the Board:

*Directs the Quality Assurance Committee to change their policies as follows:*

*If an individual has been in the non-practicing registration category and/or former status for more than 90 days but less than six years, the following is required:*

- *Successful completion of at least 15 CE units per year or partial year of absence, up to 45 CE units. A minimum of 1/3 (up to 15 units) of the CE units must be accredited.*
- *All CE units are required to be completed in the year immediately prior to application*

**CARRIED**

## 19. INTEGRATION OF PHARMACY TECHNICIANS INTO COMMUNITY PRACTICE (Appendix 12)

Facilitator of the *Evaluation of Pharmacy Technician Regulation* Focus Group, Sam Louie, and Focus Group participant Maria Ton along with Board member Bal Dhillon updated the Board on the College's work regarding integrating pharmacy technicians into community practice.

**20. NON-REGULATED PHARMACY EMPLOYEE REGISTRATION**

Board member Jeremy Walden presented information for consideration by the Board.

It was MOVED (B. Dhillon) and SECONDED (J. Shaske) that the Board:

*Direct the Registrar to further explore the issue of non-regulated pharmacy staff.*

**CARRIED**

**21. REQUEST FOR SUPPORT – PRIMARY CARE INITIATIVE (Appendix 13)**

Associate Professor and Associate Dean of Practice Innovation at the Faculty of Pharmaceutical Sciences at UBC, Peter Zed, and Barbara Gobis the Director of the UBC Pharmaceutical Science's Pharmacists Clinic presented.

It was MOVED (J. Shaske) and SECONDED (N. Embree) that the Board:

*Endorse the proposal from UBC entitled 'Pharmacists in Community-based Primary Health Care Teams in British Columbia' as presented.*

**CARRIED**

**22. PRACTICE REVIEW PROGRAM UPDATE (Appendix 14)**

Board member Bob Craigie provided an update of the Practice Review Program.

**23. BOARD SELF-EVALUATION TOOL KIT**

Board member Bal Dhillon provided an update of the progress of the Board Self-Evaluation Task Group in developing a Board Self-Evaluation tool that will be piloted in fall 2015.

**24. ADVANCED PRACTICE PHARMACIST – UPDATED PROJECT PLAN (Appendix 15)**

Board member John Shaske provided an updated project plan on the Advanced Practice Pharmacist strategic goal.

**25. A REVIEW OF PROFESSIONAL DEVELOPMENT FOR COLLABORATIVE PRACTICE WORKSHOPS – ROLES AND VALUES ANALYSIS AND OPTIONS FOR NEXT STEPS**

Victoria Da Costa instructor of the Life and Careers Programs at the University of British Columbia presented an overview of the Professional Development Program for Collaborative Practice

It was MOVED (B. Reynolds) and SECONDED (J. Shaske) that the Board:

*Approve the 'Professional Development Program for Collaborative Practice' as presented.*

**CARRIED**

**26. ADJOURNMENT**

Chair Dossa adjourned the meeting at 3:33pm.



College of Pharmacists  
of British Columbia

**Board Meeting  
February 19<sup>th</sup> and 20<sup>th</sup>, 2015  
200-1765 West 8<sup>th</sup> Avenue,  
Vancouver, BC**

## **MINUTES**

**February 19<sup>th</sup>, 2015**

### **Members Present:**

Anar Dossa, Chair & District 6 Board Member  
Blair Tymchuk, Vice-Chair, District 3 Board Member  
Ming Chang, District 2 Board Member  
Blake Reynolds, District 4 Board Member  
Bob Crague, District 5 Board Member  
Aleisha (Thornhill) Enemark, District 7 Board Member  
Bal Dhillon, District 8 Board Member  
Norman Embree, Public Board Member (*via videoconference*)  
Kris Gustavson, Public Board Member  
George Walton, Public Board Member

### **Regrets:**

Agnes Fridl Poljak, District 1 Board Member  
Jeremy Walden, Public Board Member

### **Staff:**

Bob Nakagawa, Registrar  
Suzanne Solven, Deputy Registrar and Director – Legislation, Discipline and Investigations  
Mary O’Callaghan – Chief Operating Officer  
Cameron Egli, Director – Hospital Pharmacy Practice and Technology  
Ashifa Keshavji, Director – Practice Reviews and Competency  
Doreen Leong, Director – Community Pharmacy Practice and Registration  
Mykle Ludvigsen, Director – Public Accountability and Engagement  
Lilith Swetland, Executive Assistant to the Registrar  
Lori Tanaka, Executive Assistant to the Deputy Registrar  
Tien Huynh, Business and Systems Analyst

---

## **1. WELCOME & CALL TO ORDER**

Chair Dossa called the meeting to order at 1:03pm on February 19<sup>th</sup>, 2015.

## **2. CONFIRMATION OF AGENDA**

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

*Approve the Agenda for the February 19 - 20, 2015 Board meeting as circulated.*

**CARRIED**

## **3. APPROVAL OF MINUTES**

### **a) November 21, 2014 (Appendix 1)**

- Correction - spelling of Bal Dhillon's name

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

*Approve the November 21, 2014 Board Meeting Minutes as amended.*

**CARRIED**

### **b) January 21, 2015 (Appendix 2)**

It was MOVED (A. (Thornhill) Enemark) and SECONDED (G. Walton) that the Board:

*Approve the January 21, 2015 Board Meeting Minutes as circulated.*

**CARRIED**

## **4. BOARD MEETING EVALUATION FEEDBACK**

Chair Dossa went over the results of the Board Meeting Evaluation Feedback and suggested having the answer scale clarified for future evaluations

## **5. CHAIR'S REPORT**

Chair Dossa provided a report of College activities she has been involved in since the last Board meeting:

- Getting up to speed on the duties and responsibilities of the position, signing authority, etc.
- Participated in regular meetings with the Chair and Vice-Chair
- Discussed how to deal with the budget in the absence of an Audit and Finance Committee
- Numerous phone conversations with Registrar on Board and College issues
- Discussions re: Committee composition and approach
- Participated in the 3 committee meeting to resolve issues around Minimum Practice Hours and Structured Practical Training Requirements for return to practice
- Presented on Team Based Care at the National Association Board of Pharmacy meeting in Northbrook Illinois
- Attended monthly Canadian Society of Hospital Pharmacists council meetings and discussed
  - Advanced Practice Pharmacist Designation
  - Entry to Practice Pharm D and its challenges and how to prepare and continue dialogue collaboratively with BC Pharmacy Association, UBC, CSHP and the College
- Met with David Pavan: BCPhA president, Anthony Leung: Vice President, Government Affairs, McKesson Canada, and Board member Bal Dhillon regarding technician representation

- Participated in Practice Review Program Committee meeting and Board Self-Evaluation meeting
- Met with Deputy Registrar to discuss Legislative Committee composition and representation
- Met with Registrar regarding CBC marketplace pharmacy coverage and media training for Board members
- Met with Alberta College of Pharmacists Registrar and President

## **6. REGISTRAR'S REPORT**

Registrar Nakagawa provided a report of activities he has been involved in that are of particular interest to the Board:

- Participated in the College, BCPhA and CSHP AGMs
- Participated in regular meetings with the Chair, Vice-Chair and senior staff
- CBC Marketplace interview and numerous meetings and teleconferences on the issues that arose
- Meeting with the CEO of the Doctors of BC re: APP
- Meeting with the Registrar of the College of Physicians and Surgeons of BC (CPSBC) re: APP
- Meeting with COPE 378 re: union issues arising out of collective bargaining
- Successfully recruited a new Chief Operating Officer – Mary O'Callaghan
- Meeting with Ministry of Health re: ePrescribing
- Discussion with Registrars of AB and SK re: tri provincial cooperation
- Meeting with Anthony Leong, McKesson re: correspondence to the Board re: tobacco
- Meeting with Zahid Merali – outstanding pharmacy practice
- Welcome to new compliance officers
- Meeting with Northwest Telepharmacy
- Discussion with NWT and CPSBC re: dispensing physicians
- Regular meeting with Dean Coughtrie, UBC
- Christmas and New Year's!
- Robbery Prevention Working Group meeting
- Prep for, and participation in 3 Committees meeting to resolve issues around Minimum Practice Hours and Structured Practical Training Requirements for return to practice
- Budget discussions and preparation
- NAPRA ad hoc working group meeting re: compounding
- Administered the Oath of Office to Norm Embree
- Attended the BCPhA Board meeting
- Attended Court of Appeal to hear the application of Shopper's Drug Mart to intervene in our appeal of the incentives Supreme Court decision

### **a) Strategic Plan (Appendix 3)**

It was MOVED (B. Craigie) and SECONDED (M. Chang) that the Board:

*Approve the Three Year Strategic Plan & Detailed Operational Plan for 2014/15 to 2016/17 as tabled.*

**CARRIED**

**7. FINANCE REPORT (Appendix 4):**

**a) Audit and Finance Committee**

**i) Terms of Reference**

It was recommended that the membership of the Audit and Finance Committee include a finance professional with at least 5 years accounting experience who would not be required to be a College Board member.

It was MOVED (K. Gustavson) and SECONDED (M. Chang) that the Board:  
*Approve the Audit and Finance Committee Terms of Reference as amended.*

**DEFEATED\***

*\*Tie vote, therefore motion does not pass as per HPA Bylaws s. 13(13).*

**ii) Membership Appointment**

It was MOVED (B. Craigie) and SECONDED (B. Tymchuk) that the Board:  
*Appoint Norman Embree as the Board public member of the Audit and Finance Committee.*

**CARRIED**

**b) Quarter 3 2014 and Latest Estimates Current Year**

**c) Municipal Pension Plan**

It was MOVED (K. Gustavson) and SECONDED (N. Embree) that the Board:  
*RESOLVE that the Municipal Pension Board of Trustees be requested to declare, effective July 5, 2015, the provisions of the Municipal Pension Plan Rules to apply to all employees of the College of Pharmacists of British Columbia under subsection 2(1)(c)(v) of the Municipal Pension Plan Rules, and the employee eligibility rules as set out in section 3 of the Municipal Pension Plan Rules are to apply to those employees.*

**CARRIED\***

*\*Blair Tymchuk requested that his negative vote be recorded.*

**8. NAZ WELLNESS PHARMACY HOME CARE PROGRAM**

Zahid Merali (RPh) gave a presentation on the Naz Wellness Pharmacy Home Care Program (**Appendix 5**).

**9. OVERVIEW OF PRIVACY LAWS AND THE PROFESSION OF PHARMACY: GOVERNANCE AND PRACTICE**

David Loukidelis QC, who has been advising the College on a number of privacy matters, presented an overview of BC's privacy and freedom of information law (**Appendix 6**).

**10. LEGAL AVICE – IN CAMERA**

As per HPA Bylaws section 13(7)(f):

*'instructions will be given or opinions received from legal counsel for the college, the board, or a committee'*

**ADJOURN FOR THE DAY**

The College of Pharmacists of British Columbia Board Meeting adjourned for the day at 4:35pm and will resume February 20, 2015.

**February 20<sup>th</sup>, 2015**

**Members Present:**

Anar Dossa, Chair & District 6 Board Member  
Blair Tymchuk, Vice-Chair, District 3 Board Member (*present for items 11 to 18*)  
Agnes Fridl Poljak, District 1 Board Member (*present for items 11 to 18*)  
Ming Chang, District 2 Board Member  
Blake Reynolds, District 4 Board Member  
Bob Craigie, District 5 Board Member  
Aleisha (Thornhill) Enemark, District 7 Board Member  
Bal Dhillon, District 8 Board Member  
George Walton, Public Board Member  
Norman Embree, Public Board Member (*via videoconference*)  
Kris Gustavson, Public Board Member (*present for items 15 to 25*)  
Jeremy Walden, Public Board Member (*via videoconference*)

**Staff:**

Bob Nakagawa, Registrar  
Suzanne Solven, Deputy Registrar and Director – Legislation, Discipline and Investigations  
Mary O’Callaghan – Chief Operating Officer  
Cameron Egli, Director – Hospital Pharmacy Practice and Technology  
Ashifa Keshavji, Director – Practice Reviews and Competency  
Doreen Leong, Director – Community Pharmacy Practice and Registration  
Mykle Ludvigsen, Director – Public Accountability and Engagement  
Lilith Swetland, Executive Assistant to the Registrar  
Lori Tanaka, Executive Assistant to the Deputy Registrar  
Tien Huynh, Business and Systems Analyst

---

**11. CALL TO ORDER**

Chair Dossa called the meeting to order at 9:00am on February 20<sup>th</sup>, 2015.

**12. PRACTICE REVIEW COMMITTEE (PRC):**

**a) Launch of the Practice Review Program (PRP)**

Board member and Chair of the Practice Review Committee Bob Craigie presented an update on the launch of the Practice Review Program (**Appendix 7**).

**b) Community Pharmacy Practice Reviews Early Results**

College Compliance Officer Jane Xia presented the early results of the community pharmacy Practice Reviews (**Appendix 8**).

### **13. COMMITTEE APPOINTMENTS:**

#### **a) Committee Volunteer Recruitment and Recognition**

Vice-Chair Tymchuk presented information as circulated in the briefing package regarding committee volunteer recruitment and recognition (**Appendix 9**).

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

*Adopt the guidelines as circulated:*

- 1. Guidelines for Recruiting Public Members to Committees*
- 2. Guidelines for Recognizing Committee Members*

**CARRIED**

### **14. TECHNOLOGY ADVISORY COMMITTEE (TAC) – TERMS OF REFERENCE**

Vice-Chair Tymchuk presented information as circulated in the briefing package regarding the creation of the Technology Advisory Committee (**Appendix 10**).

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

*Approve the creation of a Technology Advisory Committee with the terms of reference as circulated.*

**CARRIED**

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

*Approve a maximum six year membership term for all College committees.*

**CARRIED**

### **15. INTERDISCIPLINARY RELATIONSHIPS ADVISORY COMMITTEE – TERMS OF REFERENCE**

Vice-Chair Tymchuk presented information as circulated in the briefing package regarding the creation of the Interdisciplinary Relationships Advisory Committee (**Appendix 11**).

It was MOVED (M. Chang) and SECONDED (B. Dhillon) that the Board:

*Approve the creation of an Interdisciplinary Relationships Advisory Committee with the terms of reference as circulated.*

**CARRIED**

### **16. PHARMACY EXAMINING BOARD OF CANADA (PEBC) UPDATE**

The College's representative to the Pharmacy Examining Board of Canada (PEBC), Omar Alasaly, presented background information on the purpose and responsibilities of PEBC and an update of PEBC examination results (**Appendix 12**).

Chair Dossa handed the Chair to Vice-Chair Tymchuk.

### **17. LEGISLATION REVIEW COMMITTEE:**

#### **a) Bylaw Revisions:**

Board Chair and Chair of the Legislation Review Committee Anar Dossa presented information as circulated in the briefing package regarding proposed revisions to HPA and PODSA Bylaws (**Appendix 13**).

**i) Community Pharmacy Standards of Practice**

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

*Approve the draft Health Professions Act Bylaws – Schedule F – Part 1 – Community Pharmacy Standards of Practice for public posting for a period of 90 days, as circulated.*

**CARRIED**

**ii) Pharmacy Operations and Drug Scheduling Act – Bylaws**

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

*Approve the draft Pharmacy Operations and Drug Scheduling Act Bylaws for public posting for a period of 90 days, as circulated.*

**CARRIED**

**b) PPP-54 Identifying Patients for PharmaNet Purposes**

Board Chair and Chair of the Legislation Review Committee Anar Dossa presented information as circulated in the briefing package regarding proposed revisions to PPP-54 (**Appendix 14**).

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

*Approve the amendments to Professional Practice Policy 54 – Identifying patients for PharmaNet Purposes, as amended.*

**CARRIED**

**c) PPP-65 Narcotic Counts and Reconciliations**

Board Chair and Chair of the Legislation Review Committee Anar Dossa presented information as circulated in the briefing package regarding proposed revisions to PPP-65 (**Appendix 15**).

It was MOVED (A. Dossa) and SECONDED (A. (Thornhill) Enemark) that the Board:

*Approve the amendments to Professional Practice Policy 65 – Narcotic Counts and Reconciliations, as amended.*

**CARRIED**

Vice Chair Tymchuk returned the Chair to Chair Dossa

**18. ROBBERY PREVENTION WORKING GROUP**

- Bev Harris, Chair, along with the following representatives of the Robbery Prevention Working Group (RPWG) presented information as circulated in the briefing package (**Appendix 16**):
  - Deputy Chief Adam Palmer
  - Sgt. Stephen Thacker (VPD)
  - Brad Davie (RPh)
  - Parveen Mangat (RPh)

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

*Approve Professional Practice Policy 74 – Community Pharmacy Security and the accompanying resource guide, as circulated.*

**CARRIED\***

\*Blair Tymchuk and Agnes Fridl-Poljak requested that their negative votes be recorded.

## **19. NATIONAL ASSOCIATION OF PHARMACY REGULATORY AUTHORITIES (NAPRA) UPDATE:**

### **a) NAPRA Board Representative 2015:**

NAPRA Board Representative Bob Craigue provided information as circulated in the briefing package requesting that the College Board nominate a NAPRA representative as per the new yearly requirement.

It was MOVED (G. Walton) and SECONDED (B. Reynolds) that the Board:

*Confirm Robert Craigue as the British Columbia nominee to the NAPRA Board of Directors.*

**CARRIED**

## **20. LEGAL ADVICE – IN CAMERA**

As per HPA Bylaws section 13(7)(f):

*'instructions will be given or opinions received from legal counsel for the college, the board, or a committee'*

## **21. EXTEMPORANEOUS COMPOUNDING TASK GROUP: PHARMACY COMPOUNDING STANDARDS – RECOMMENDATIONS**

- Michelle Koberinski (RPhT), presented an update of the Extemporaneous Compounding Task Group (**Appendix 17**).

## **22. EPRESCRIBING UPDATE: MOVING FORWARD**

- Tracee Schmidt, Executive Director of the Strategic Projects Branch in the Ministry of Health presented an update on ePrescribing (**Appendix 18**).

## **23. HARNESSING THE POWER OF BC PHARMACISTS TO REDUCE THE BURDEN OF PAIN**

- Maria Hudspith, Executive Director of Pain BC accompanied by clinical pharmacists Thuy Nguyen (PharmD) and Marylene Kyriazis (PharmD), also of Pain BC, presented an update of the program *Chronic Pain 101* (**Appendix 19**).

## **24. PHARMACOGENOMICS IN PHARMACY PRACTICE**

- Mark Kunzli (RPh), Project Manager and Associate Director of the UBC Sequencing Centre, Corey Nislow (PhD), Associate Professor in the UBC Faculty of Pharmaceutical Sciences and the Director of the UBC Sequencing Centre, and Ron Reid (PhD), Professor in the UBC Faculty of Pharmaceutical Sciences and Senior Consultant – Project Design & Management at the UBC Sequencing Centre presented an update of their project *Reducing Adverse Drug Reactions caused by 2<sup>nd</sup> Generation Atypical Antipsychotics (ReADress)* (**Appendix 20**).

## **25. ADJOURNMENT**

The meeting adjourned at 3:10pm.



College of Pharmacists  
of British Columbia

**Board Teleconference  
March 16, 2015  
7 pm**

**MINUTES**

**Members Present:**

Anar Dossa, Chair & District 6 Board Member  
Ming Chang, District 2 Board Member  
Blake Reynolds, District 4 Board Member  
Bob Craigue, District 5 Board Member  
Aleisha (Thornhill) Enemark, District 7 Board Member  
Bal Dhillon, District 8 Board Member  
Norman Embree, Public Board Member  
Kris Gustavson, Public Board Member  
Jeremy Walden, Public Board Member  
George Walton, Public Board Member

**Regrets:**

None.

**Staff:**

Bob Nakagawa, Registrar  
Lilith Swetland, Executive Assistant to the Registrar

---

**1. WELCOME & CALL TO ORDER**

Chair Dossa called the meeting to order at 7:02 pm.

Registrar Nakagawa conducted a roll call to confirm attendance on the call and confirm quorum.

## **2. BOARD APPOINTMENTS**

### **BACKGROUND**

Formal resignations from Agnes Fridl Poljak (District 1 representative) and Blair Tymchuk (District 3 representative) were received shortly after the February 20, 2015 Board Meeting. Email communication was sent out on February 27, 2015 to all District 1 and District 3 College of Pharmacists of BC registrants, inviting expressions of interest to serve on the Board until the next scheduled election in fall 2015, at which time successful appointees could seek nomination for election.

The purpose of this teleconference meeting is to appoint new members by special resolution in accordance with HPA bylaw s. 10 (1). There is no provision in the Health Professions Act for by-elections to fill vacancies.

Expressions of interest for appointment were received from nine District 1 pharmacists and eight District 3 pharmacists who met the requirements.

In preparation for decision making and having reviewed the 17 expressions of interest received, Board members considered the urgency of appointing new members to the Board in advance of the April Board Meeting. They considered the importance of Districts 1 and 3 being represented at the Board Meeting in April.

#### **a) District 1 Representative Appointment**

It was MOVED (B. Reynolds) and SECONDED (M. Chang) that by special resolution, the Board:

*Appoint Oswald Chu as the District 1 representative to fill the position until the election in fall 2015.*

**CARRIED**

#### **b) District 3 Representative Appointment**

It was MOVED (B. Reynolds) and SECONDED (M. Chang) that by special resolution, the Board:

*Appoint John Shaske as the District 3 representative to fill the position until the election in fall 2015.*

**CARRIED**

## **3. ADJOURNMENT**

The meeting was adjourned at 7:50 pm.

---

# Strategic Goals 2015/16

## Progress Report

**Presented by:**

**Bob Nakagawa, Registrar**

**April 16, 2015**



College of Pharmacists  
of British Columbia

# Strategic Milestones – Reporting Process

---

## Review milestone status at each Board meeting

- Detail is in the strategic plan document
- Additional information will be provided on major events during Board meeting when appropriate



- Red
- Yellow
- Green

## At end of year (Feb 2016 Board meeting)

- 12 month summary for 2015/16
- Review forward looking milestones for 2016/17
  - Align with 2016/17 fiscal plan (approved in Feb meeting)



# 1. Public Expectations

Milestone	Board Meeting	Status
<b>1a) Role and value of profession</b>		
Decision: Board review outcomes of roles and values analysis with pharmacy profession stakeholders	Apr '15	Item 25
Decision: Board refine plan based on outcomes of 2nd year of networking meetings reviewing roles and values with pharmacy profession stakeholders	Feb '16	
<b>1b) Public Awareness Strategy</b>		
Update: Results of baseline public awareness survey available for Board review	Sep '15	
Decision: Board endorse plan for public awareness program in 16/17	Nov '15	
Decision: Board approves launch of program	Feb '16	



## 2. Interdisciplinary Relationships

Milestone	Board Meeting	Status
<b>2a) Work with other regulated professionals to identify interdisciplinary opportunities for collaboration and improvement in healthcare services.</b>		
Presentation to Board on outcomes of collaborative opportunities program	Apr '15	Item 25
Update: Report on outcomes of collaborative opportunities program	Nov '15	
Decision: Options presented to Board on refinements to program	Feb '16	



## 2. Interdisciplinary Relationships

Milestone	Board Meeting	Status
<b>2b) Create opportunities for pharmacists and pharmacy technicians to improve and enhance their practice by establishing a means in which they can deepen their relationships and understanding each other's role.</b>		
Update: Report on outcomes of pharmacist/pharmacy technician networking sessions	Apr '15	Item 19 Item 25
Update: Report on outcomes of pharmacist/pharmacy technician networking sessions	Feb '16	



## 3. Scope of Practice

Milestone	Board Meeting	Status
<b>3a) Support pharmacists and pharmacy technicians to practice to their current scope</b>		
<b>3(a)(i) Enhance availability of continuous education tools and programs</b>		
Decision: Report on new CE tools and programs, decision on program direction for next fiscal year	Nov '15	
<b>3(a)(ii) Encourage BC pharmacist to enrol in programs that support best practices</b>		
Update: Report on numbers of pharmacists participating in clinical skills development programs	Nov '15	



## 3. Scope of Practice

Milestone	Board Meeting	Status
<b>3a) Support pharmacists and pharmacy technicians to practice to their current scope</b>		
<b>3(a)(iii) Ensure required knowledge skills and abilities required of pharmacist and pharmacy technicians are integrated into pharmacy and pharmacy technician programs</b>		
Update: Report on process developed for tracking changes in legislation and jurisprudence exam results, and advising educational institutions	Jun '15	
<b>3(a)(iv) Encourage uptake of pharmacy technicians into community practice settings</b>		
Decision: Board decides whether it wishes to pursue registration of all currently nonregulated pharmacy staff (i.e. all people who will touch drugs)	Apr '15	Item 20
Decision: Board reviews/approves action plan for further registration	Nov '15	

## 3. Scope of Practice

Milestone	Board Meeting	Status
<b>3b) Develop and update legislation, policy, and tools to support future scope of practice</b>		
<b>3(b)(i) Improve the quality of current adaptations by updating the standards, limits and conditions</b>		
Decision: Board approves updated standards, limits and conditions and policy changes (Phase 1)	Nov '15	
<b>3(b)(ii) Changes to standards/limits/conditions for injection authority</b>		
Decision: Board approves public posting of proposed bylaw changes of updated standards, limits and conditions for injection authority that removes limitation to immunization only and provides guidance around injections of all appropriate drugs	Sep '15	



## 3. Scope of Practice

Milestone	Board Meeting	Status
<b>3b) Develop and update legislation, policy, and tools to support future scope of practice</b>		
<b>3(b)(iii) Advanced Pharmacist Practice certification</b>		
Update: Report on updated project plan	Apr '15	Item 24
Update: Report on Board Chair meeting with Minister of Health in Spring 2015 (to include proposed regulation submission)	Jun '15	
Update: Results of request for regulation changes from MoH.	Nov '15	



## 4. Standards

Milestone	Board Meeting	Status
<b>4a) Review and map standards (HPA/PODSA/PPP/NAPRA) to ensure relevancy and consistency</b>		
Decision: Board approve public posting of proposed bylaw changes supporting package of legislation updating 6 standards	Feb '15	✓
Decision: Board approve filing of proposed bylaw changes updating 6 standards	May '15	Nov '15
Update: Package of legislation in force	Sep '15	
<b>4b) Develop a comprehensive, integrated policy guide that incorporates standards, guidelines and indicators of good practice and standards</b>		
Decision: Board approve policy guide for publication incorporating standards and indicators for standards of 4(a)	Sep '15	Nov '15
Update: Report on Tools and communication plan developed to support standards of 4(a)	Feb '16	

## 4. Standards

Milestone	Board Meeting	Status
<b>4c) Develop standards for pharmacy workload</b>		
Decision: Board approve public posting of proposed bylaw changes supporting standards for pharmacy workload	Feb '15	✓
Decision: Board approve filing of bylaw changes of standards for pharmacy workload	May '15	Nov '15
Update: Legislation in force for new standards for pharmacy workload	Sep '15	



## 4. Standards

Milestone	Board Meeting	Status
<b>4d) Strengthen enforcement to improve compliance</b>		
Update: Results from Community Pilot Practice Reviews	Feb '15	✓
Update: Launch of formal Community Practice Review program	Apr '15	Item 22
Update: Practice Review Program results, metrics, learnings Update: Progress report on setting up of hospital Practice Review Program infrastructure (compliance officer hired/trained, roll out of communications plan, tools and processes in place, launch of pilot program)	Sep '15	
Update: Confirmation of Hospital Pharmacy Pilot Program launch	Nov '15	
Update: Report on results from Hospital Pharmacy Pilot Practice Reviews	Feb '16	
Update: Report on Practice Review Program results, metrics, learnings	Feb '16	

## 4. Standards

Milestone	Board Meeting	Status
<b>4e) Align CE requirements with evolving practice and standards</b>		
Decision: Board prioritizes required CE tools and programs to support evolving practices and standards arising from new Practice Review Program	Nov '15	
<b>4f) Prohibit tobacco products in premises where a pharmacy is located</b>		
Update: Legislation in place that prohibits tobacco products in premises where a pharmacy is located	Feb '15	On Hold
<b>4g) Prohibit use of loyalty programs related to the provision of pharmacy services</b>		
Update: Summary report on loyalty point prohibition complaints for 2015/16	Feb '15	On Hold



## 5. Technology

Milestone	Board Meeting	Status
<b>5a) Act as a key stakeholder in order to facilitate enhancements to the PharmaNet database such that a more complete drug history is available for clinicians</b>		
Formalized in the PharmaNet Services Agreement that establishes the Colleges role in ensuring the clinical accuracy of the PharmaNet data.	Apr '15	
<b>5b) Provide e-access to current and comprehensive drug information</b>		
Update: Report on results of survey on uptake and effectiveness of e-library. Review if any changes required	Nov '15	
<b>5c) Provide e-access to view patient lab information</b>		
Update: Outcomes of discussions with Ministry of Health regarding access to lab data	Jun '15	

# **Generating Data on Adverse Drug Events to Improve Safety**



**Corinne Hohl**  
Emergency Physician, Vancouver General Hospital  
Associate Professor, University of British Columbia  
Scientist, Centre for Clinical Epidemiology & Evaluation  
New Investigator, CIHR

**Katherin Badke**  
Clinical Pharmacist  
Emergency Medicine & Internal Medicine  
Department of Pharmaceutical Sciences  
Vancouver General Hospital

# Our Team

- Dr. Corinne Hohl
- Dr. Ellen Balka
- Dr. Katherin Badke
- Dr. Susan Troesh
- Dr. Chantelle Bailey
- David Peddie
- Serena Small
- Maeve Wickham

# Objectives

- Rationale for our work
- Approach
- Mock demonstration of the system we envision (early design phase)
- Request

# The ADE Screening Program

**Rationale:** 12% of Emergency Department (ED) visits result from adverse drug events (ADEs). ADEs are also among the most common admitting diagnoses. Yet, 40% are misdiagnosed by physicians in EDs and on hospital wards.

**Aim:** Evaluate the effect of pharmacist-led medication review in the ED on health outcomes.

**Approach:** Nested a prospective comparator study into a large-scale quality improvement program funded by VHCA and the Ministry of Health.

**Results:** Among 10,807 enrolled patients, those receiving medication review spent fewer days in hospital compared to control: -0.48 days (95%CI -0.96 to 0.00; p=0.058). There was no difference in mortality, admissions, readmissions or ED revisits.

**Conclusion:** Medication review in the ED reduces the length of time spent in hospital.

# Example



*“I saw a diabetic today who was discharged from hospital A, where he presented comatose because of low blood sugar due to glyburide. The physician there asked him to stop the glyburide, and gave him a prescription for gliclazide, an agent with a lower risk of causing hypoglycemia. The patient presented to hospital B a few days later with a critically low blood sugar, was treated, and then became hypoglycemic again.*

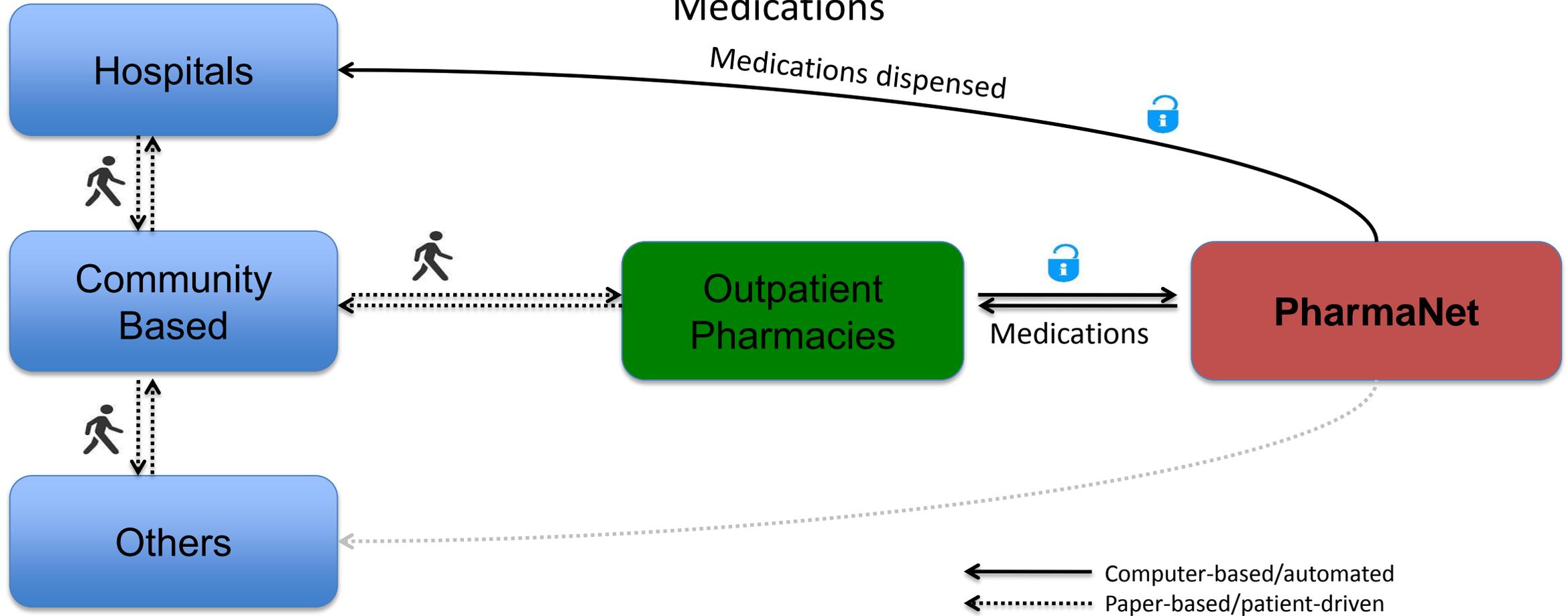
*When I looked at the patient's blister pack I was horrified to discover both glyburide and gliclazide had been dispensed. It turns out the patient had been given a discharge prescription for gliclazide, and had been told to discontinue the glyburide. Neither the GP nor the community pharmacist were aware of what had happened, and the patient didn't understand the instructions.”*

# Status Quo

Health Care Provider

Outpatient Medications

Ministry of Health

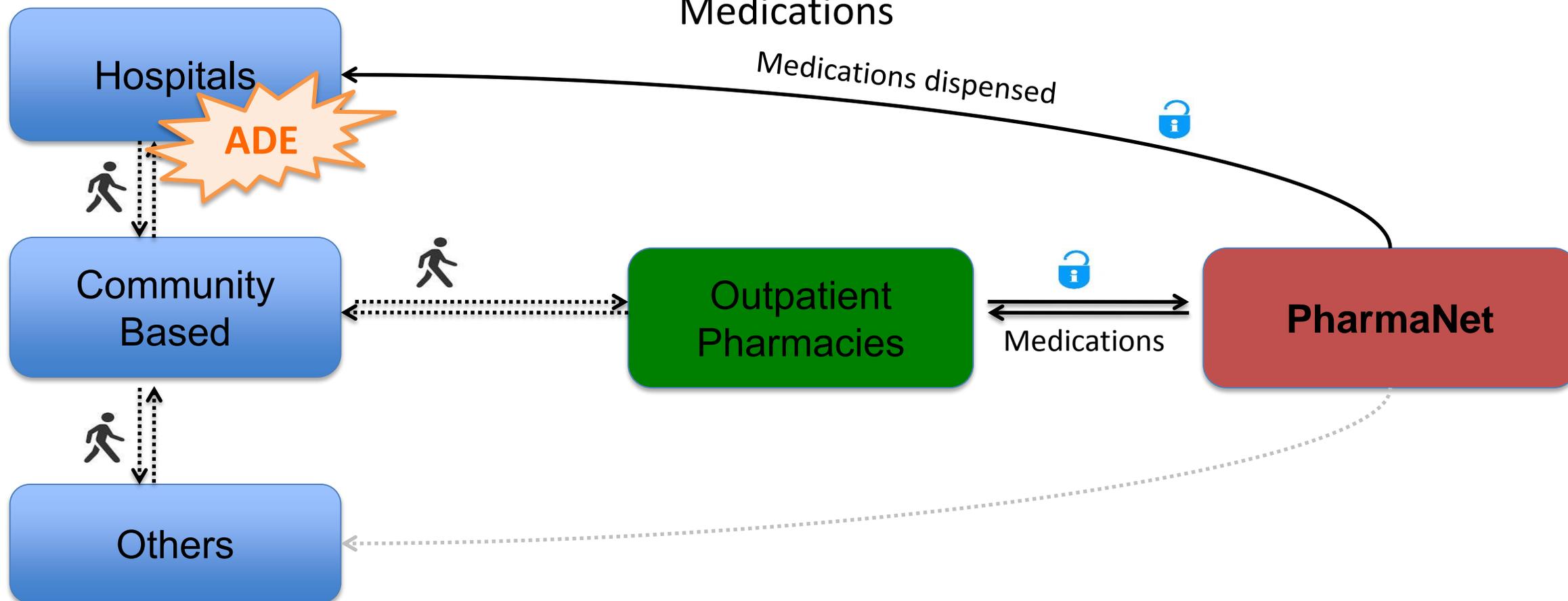


# Status Quo

Health Care Provider

Outpatient Medications

Ministry of Health



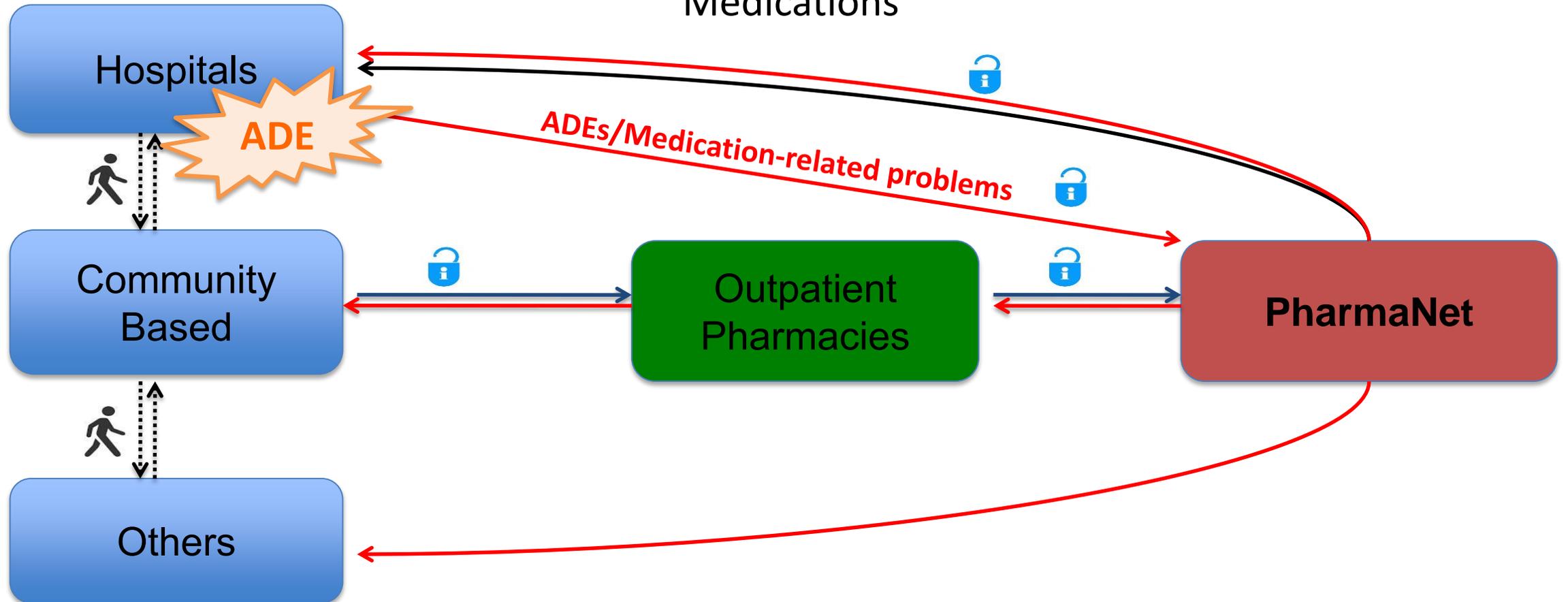
Zhang, 2007: 30% of ADRs are repeat events, 50% due to same drugs/class.

# A Partnership for Health System Improvement

Health Care Provider

Outpatient Medications

Ministry of Health



PharmaNet becomes a “de facto” provincial medication information “EHR”

# A Partnership for Health System Improvement

**Partners:** MoH (PharmaNet), HAs, Health Canada, CIHI, BC PSQC

**Objective:** Develop an electronic ADE-reporting platform in PharmaNet.

## Goals:

1. Improve patient safety by meeting the information needs of clinicians through electronic documentation and communication of ADEs between care providers, and across healthcare sectors.
2. Provide high-quality patient-level data about ADEs to outpatient medications to support quality improvement, drug safety and effectiveness research, and surveillance.



# A Partnership for Health System Improvement

**Partners:** MoH (PharmaNet), HAs, Health Canada, CIHI, BC PSQC

**Objective:** Develop an electronic ADE-reporting platform in PharmaNet.

## Goals:

1. Improve patient safety by meeting the information needs of clinicians through electronic documentation and communication of ADEs between care providers, and across healthcare sectors.
2. Provide high-quality patient-level data about ADEs to outpatient medications to support quality improvement, effectiveness research, and surveillance.

**Meet reporting  
requirements for  
Bill C-17**

# Approach

- Reviewed 105 adverse drug event/reaction reporting systems.
- Engaged clinician groups (pharmacists, physicians and nurses) in community, hospitals and other care facilities:
  - Workplace ethnography and participant observations
  - Workshops
  - Interviews
- Designed an ADE-reporting platform for integration into PharmaNet.

# A Preview ...

# Anticipated Safety Benefits



- Real-time link between community settings (e.g., pharmacies) and hospitals: creating a community of practice around medication safety.
- Personalized medication/patient-level alerts to prevent dispensing culprit/contra-indicated drugs.
- Standardized care through link to pre printed orders (e.g., C.dif).
- Minimal added documentation for clinicians as integrated into EMRs.
- Standardized information enhances common understanding.
- Link to electronic prescribing (stop orders).

# Request:

## CIHR Knowledge Translation Grant: Letter of support

- Engage with providers across the province to understand practice environment and needs, and disseminate initiative across BC.
- Adapt the early design prototype to local contexts for provincial implementation.

## CIHR eHIPP Grant (requires 1:1 match): Letter of support, advisory board participation, in cash support (\$315,500)

- Design and program modules of the interface for implementation across the province with multiple software vendors (community pharmacy, chronic care facilities, hospitals).
- Implement the ADE reporting interfaces.
- Evaluate impact on health outcomes and health services.

[chohl@mail.ubc.ca](mailto:chohl@mail.ubc.ca)

[katherin.badke@vch.ca](mailto:katherin.badke@vch.ca)



College of Pharmacists  
of British Columbia

# 10. Finance Report

## a) Fiscal 2014/15 12-month Financials

---

Presented by:

**Norman Embree**, Audit and Finance Committee

April 16, 2015

# Statement of Financial Position

Assets (\$)		Remarks
Current		
<b>Cash</b>		<b>1,312,936</b>
<b>Short term investments</b>		<b>9,898,825</b>
Prepays and deposits	175,647	
Investment in Joint Venture	1,628,738	
	13,107,122	
Development costs	108,449	
Property and equipment	726,819	Major projects include video conferencing, office renovations and data management initiatives.
<b>Total Assets</b>	<b>13,942,390</b>	
Liabilities and Net Assets (\$)		Remarks
Liabilities		
Current		
<b>Payables and accruals</b>		<b>1,276,501</b>
Unearned revenue	366,685	Remaining balance of ministry grants.
	4,572,404	
Capital lease obligations	101,116	
	4,673,520	
<b>Net Assets</b>		
Opening Balance	9,577,270	
Unrestricted Surplus (Deficit)	(308,401)	
Closing Balance	9,268,870	
<b>Total Liabilities and Net Assets</b>	<b>13,942,390</b>	



# Summary

	2014/15 BUDGET	2014/15 LE	Variance (BUD vs. LE) \$	Variance (BUD vs. LE) %
	12 months	12 months	12 months	12 months
<b>REVENUE</b>				
Licensure	5,445,180	5,703,107	257,928	5%
Non Licensure	2,162,697	2,394,221	231,524	11%
<b>Total Revenue Before Transfer from Balance Sheet</b>	<b>7,607,877</b>	<b>8,097,329</b>		
<b>Transfer from Balance Sheet</b>	<b>1,011,635</b>	<b>308,401</b>		
<b>TOTAL REVENUE</b>	<b>8,619,512</b>	<b>8,405,730</b>	<b>(213,782)</b>	<b>(2%)</b>
<b>TOTAL EXPENSES BEFORE AMORTIZATION</b>	<b>8,350,002</b>	<b>8,165,930</b>	<b>184,072</b>	<b>2%</b>
<b>NET SURPLUS (DEFICIT) BEFORE THE FOLLOWING:</b>	<b>269,510</b>	<b>239,799</b>	<b>(397,855)</b>	
Amortization expenses	269,510	239,799	29,712	11%
<b>TOTAL EXPENSES AFTER AMORTIZATION</b>	<b>8,619,512</b>	<b>8,405,730</b>		
<b>NET SURPLUS(DEFICIT)</b>	<b>(0)</b>	<b>0</b>	<b>0</b>	



# Revenue

	2014/15 BUDGET	2014/15 LE	Variance (BUD vs. LE) \$	Variance (BUD vs. LE) %	REMARKS
	12 months	12 months	12 months	12 months	
<b>REVENUE</b>					
<b>Licensure</b>					
Pharmacy Fees	1,691,608	1,798,355	106,747	6%	
Pharmacist Fees	3,352,325	3,543,744	191,419	6%	
Pharmacy Technician Fees	401,247	361,008	(40,238)	(10%)	Actual no. of Ptech applicants is lower than forecasted figures.
	<b>5,445,180</b>		<b>5,703,107</b>	6%	
<b>Non Licensure</b>					
Other revenue	<b>1,201,900</b>		<b>1,543,917</b>	13%	Increase in pharmanet profiles processed, budgeted at 19,462 versus actual profiles processed of 21,397.
Grant revenue	535,385	383,500	(151,885)	(28%)	Planned grant activities not materialized in the current year, pushed back in FY 2015/16.
Investment Income - GIC	213,954	234,836	20,882	10%	Draw down of investment account not fully done this year.
Investment Income - JV	211,457	231,969	20,511	10%	
	2,162,697	2,394,221	231,524	11%	
<b>Total Revenue</b>	<b>7,607,877</b>	<b>8,097,329</b>	<b>489,452</b>	<b>6%</b>	
<b>Transfer from Balance Sheet</b>	<b>1,011,635</b>	<b>308,401</b>	<b>(703,234)</b>	<b>(70%)</b>	
<b>TOTAL REVENUE</b>	<b>8,619,512</b>	<b>8,405,730</b>	<b>(213,782)</b>	<b>(2%)</b>	



# Expenses

	2014/15 BUDGET	2014/15 LE	Variance (BUD vs. LE) \$	Variance (BUD vs. LE) %	REMARKS	
	12 months	12 months	12 months	12 months		
<b>EXPENSES</b>						
<b>Board &amp; Registrar's Office</b>			<b>433,946</b>		<b>526,516</b>	<b>(92,570)</b>
Grant Distribution	699,000	507,460	191,540	27%	pushed back in FY 2015/16.	
Registration and Licensing	259,800	283,833	(24,033)	(9%)		
Quality Assurance	464,716	417,198	47,519	10%	Savings from therapeutic e-library initiative.	
Inspections	226,760	235,718	(8,959)	(4%)		
<b>Discipline &amp; Investigations</b>			<b>543,437</b>		<b>452,649</b>	<b>90,788</b>
<b>Hospital Pharmacy and Practice</b>			<b>153,827</b>		<b>81,778</b>	<b>72,048</b>
<b>Finance and Administration</b>			<b>1,172,938</b>		<b>1,328,530</b>	<b>(155,592)</b>
TOTAL EXPENSES BEFORE AMORTIZATION	8,350,002	8,165,930	184,072	2%		

<b>TOTAL EXPENSES AFTER AMORTIZATION</b>	<b>8,619,512</b>	<b>8,405,730</b>	<b>213,784</b>
--	------------------	------------------	----------------





College of Pharmacists  
of British Columbia

## 10. b) Budget 2015/16

---

Presented by:

**Norman Embree**, Audit and Finance Committee

April 16, 2015

# 10. Finance Report:

## b) Budget 2015/16

---

### **MOTION:**

Approve the 2015/16 budget totaling \$10,244,111 as presented.



# 2015/16 Budget

---

**A Three Year Financial Plan was approved in September 2013 as part of the Strategic Plan.**

**Goal - to draw-down some of excess surplus reserves over the three years.**

## **Our Budget Planning Principle**

- **Draw-down funds to be used for one-time expenses.**
- **Recurring expenses should be covered by revenues without having to raise registrants fees.**



# 2015/16 Budget

---

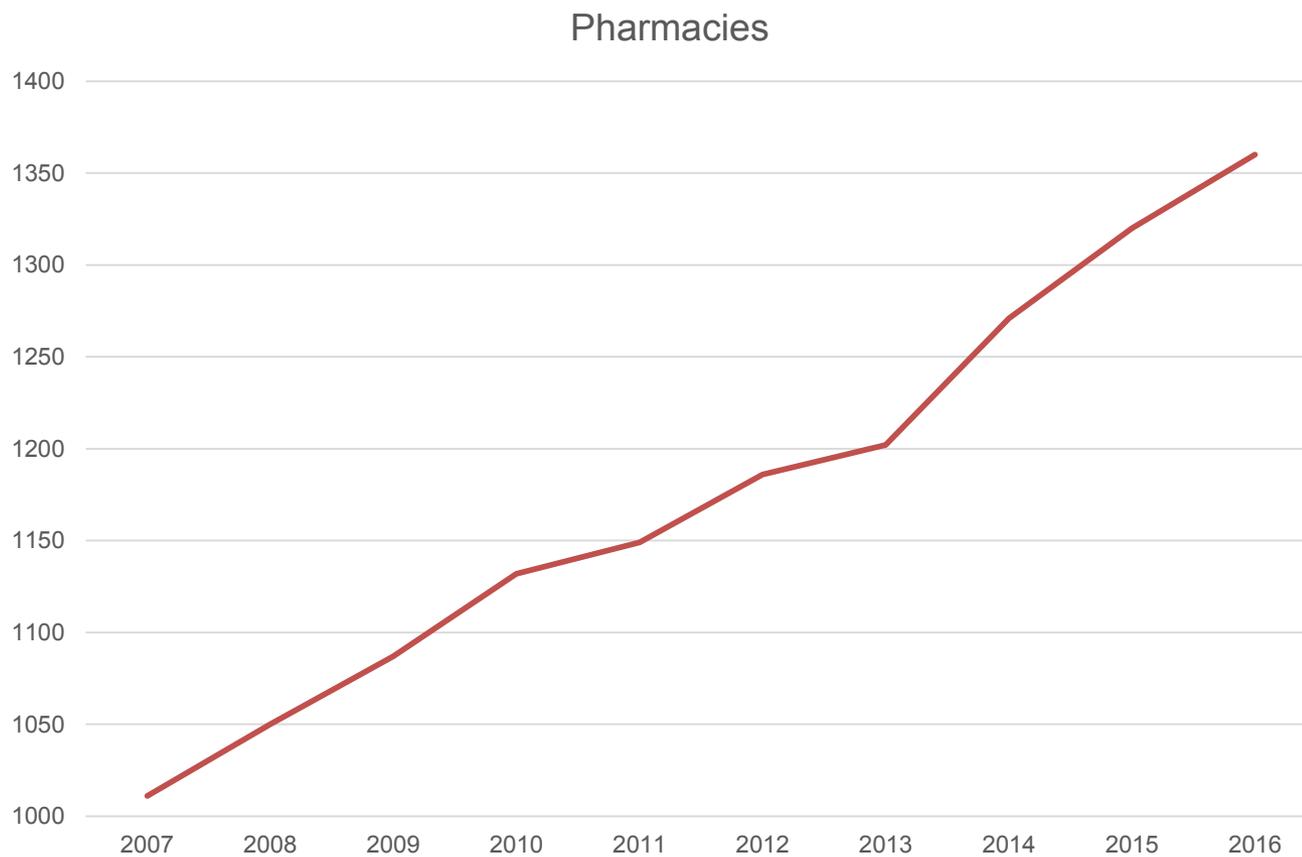
**One-time expenses should meet one of these criteria:**

- **Provide an additional benefit to registrants**
- **Aid in the start-up of major initiatives**
- **Improve efficiencies**



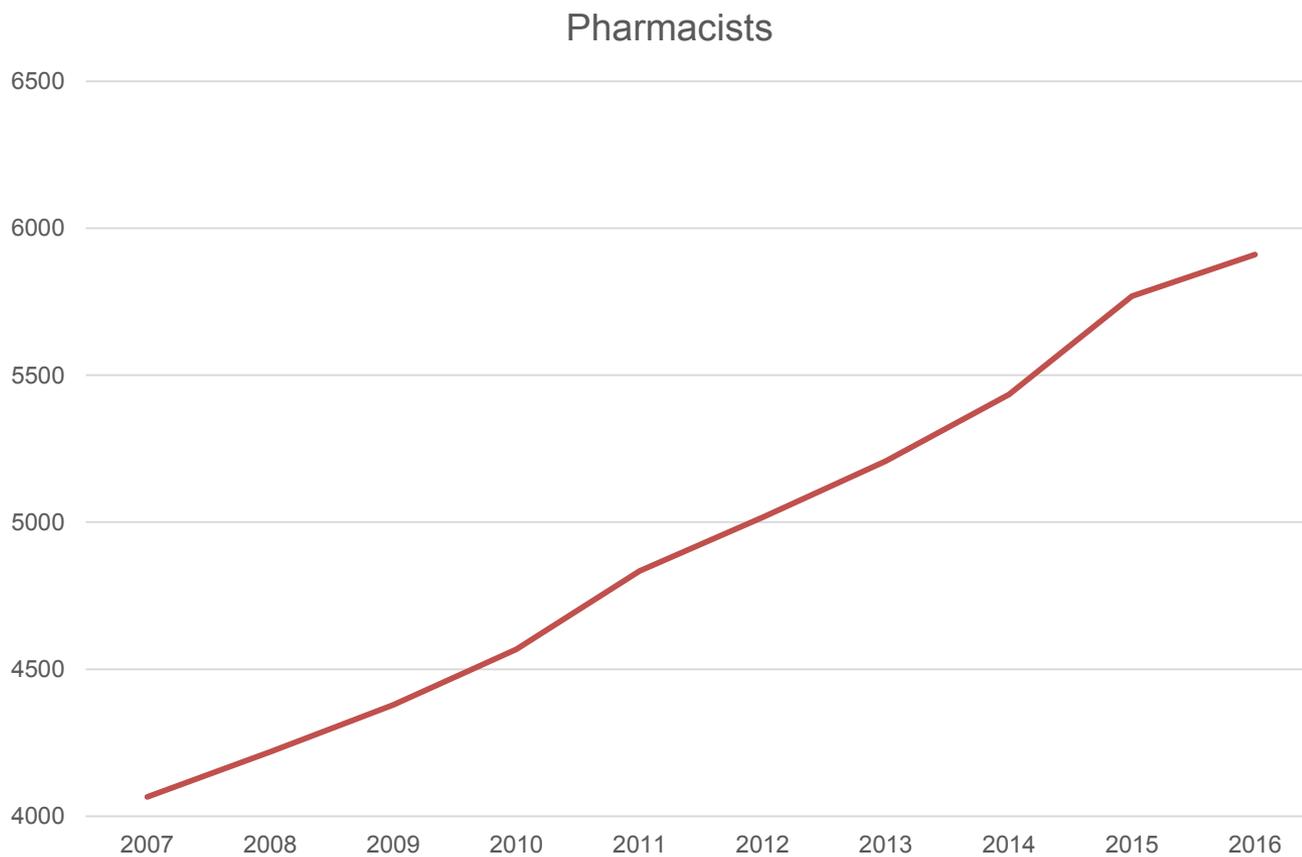
# Growth in Licenced Pharmacies

---



# Growth in Registered Pharmacists

---



College of Pharmacists  
of British Columbia

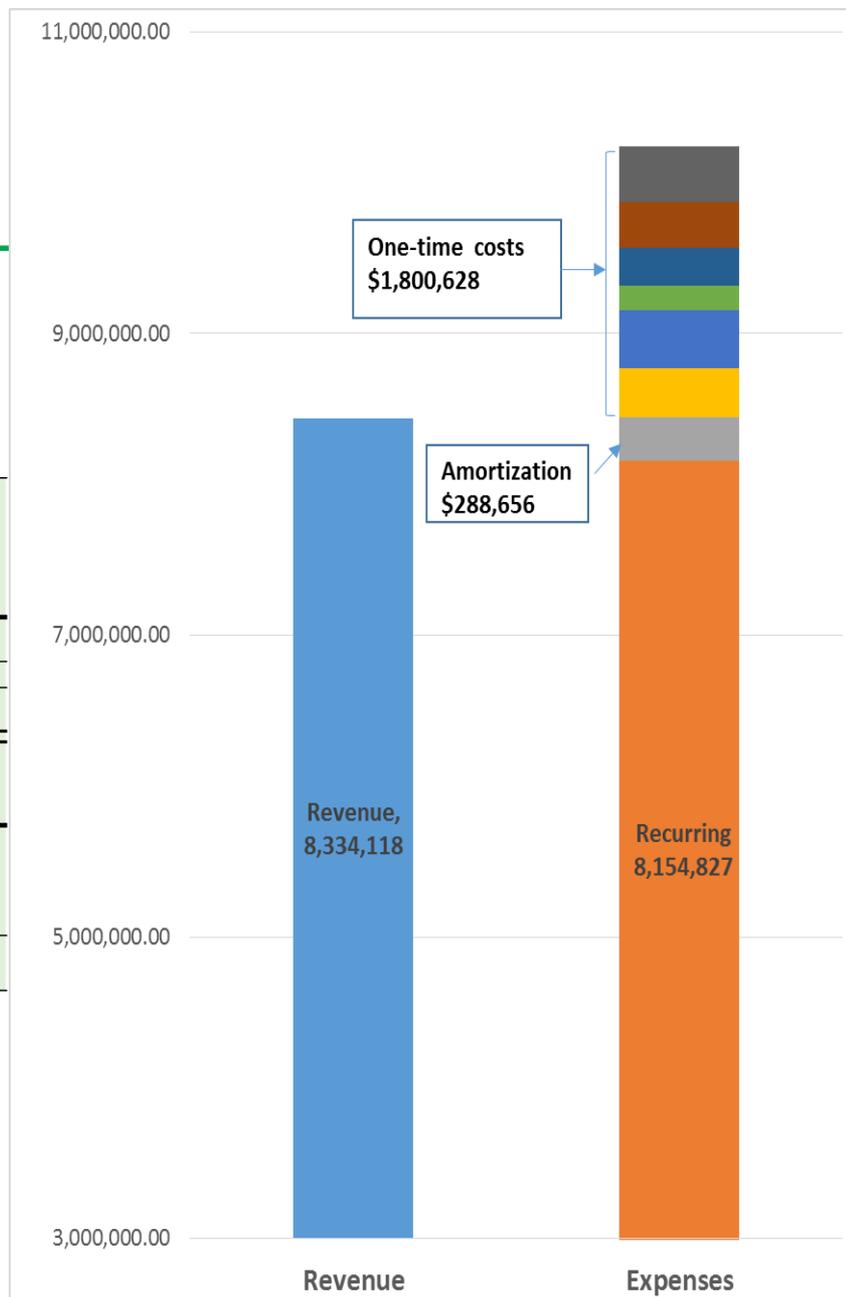
# Growth in Registered Pharmacy Techs

---



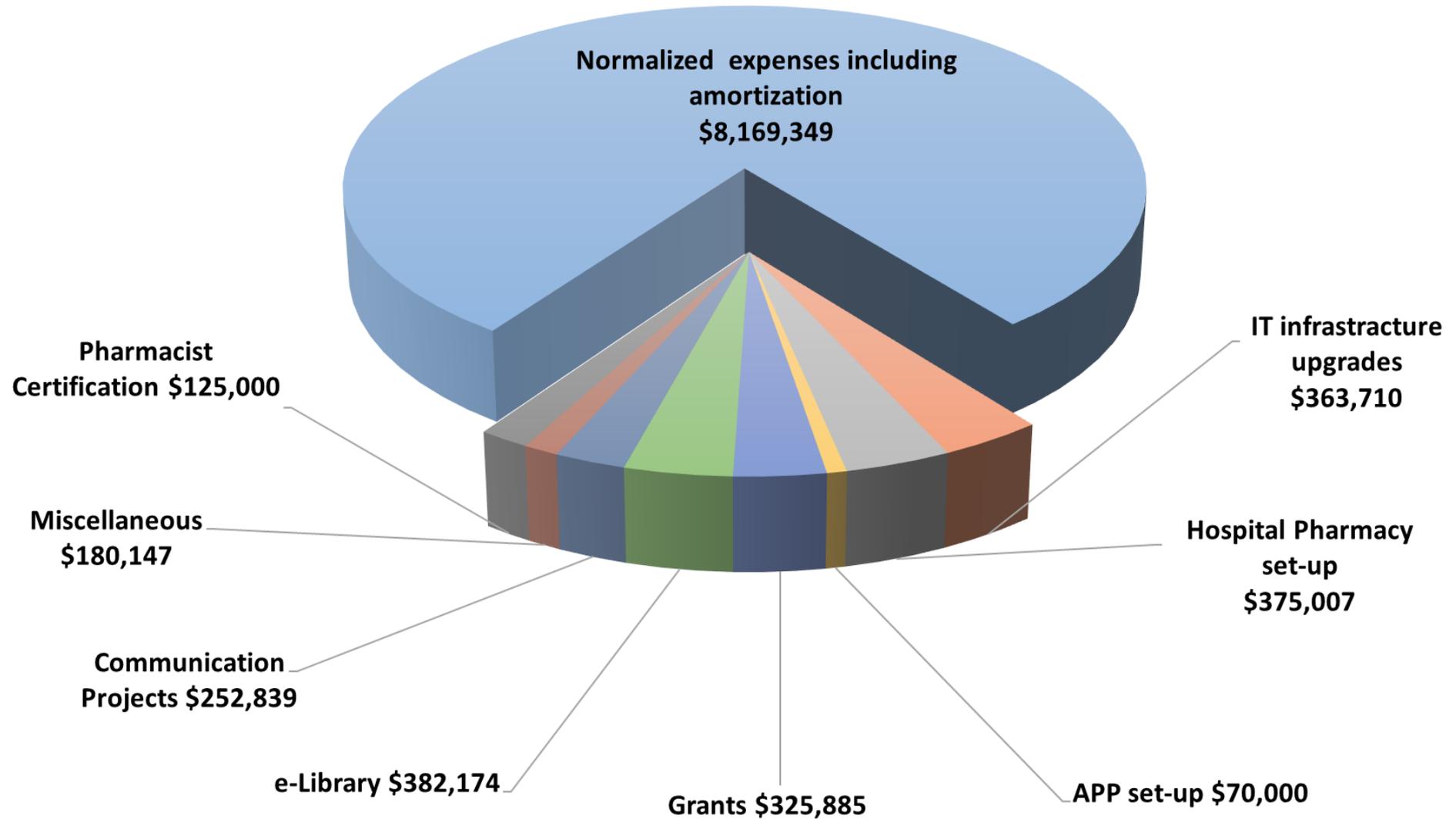
# Fiscal Budget 2015/16 Revenues and Expenses

	2015/16 BUDGET	Recurring	One-time
<b>TOTAL REVENUE</b>	<b>8,334,118</b>	<b>8,008,263</b>	<b>325,855</b>
Transfer from Balance Sheet	1,909,993	-	1,909,993
<b>TOTAL REVENUE AFTER TRANSFER FROM BALANCE SHEET</b>	<b>10,244,111</b>	<b>8,008,263</b>	<b>2,235,848</b>
<b>TOTAL EXPENSES AFTER AMORTIZATION</b>	<b>10,244,111</b>	<b>8,443,483</b>	<b>1,800,628</b>
<b>NET SURPLUS(DEFICIT)</b>	<b>0</b>	<b>(435,220)</b>	<b>435,220</b>



# Fiscal Budget 2015/16 Expenses

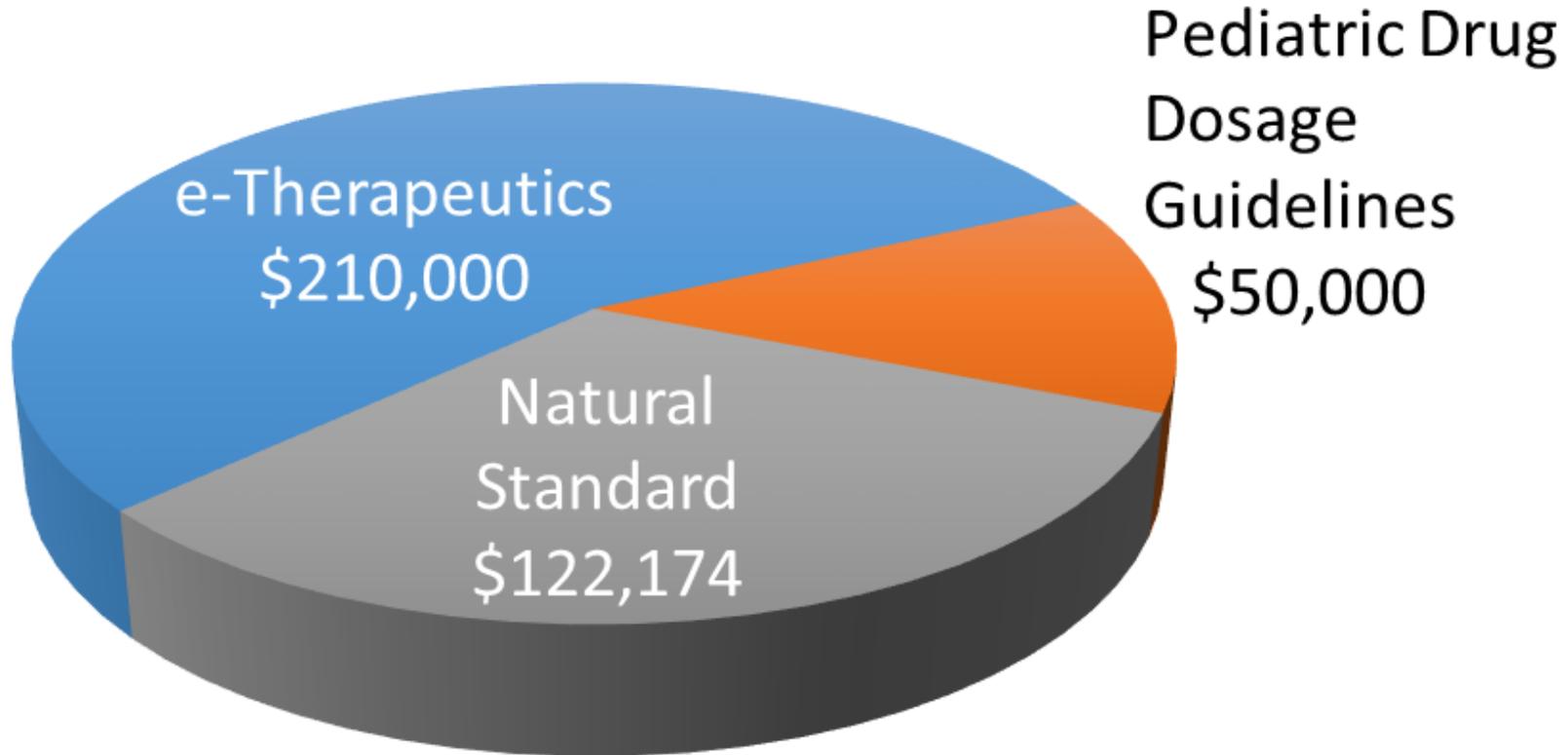
**Total Expenses \$10,244,111**



# 2015/16 Budget – Major Initiatives

Appendix 5

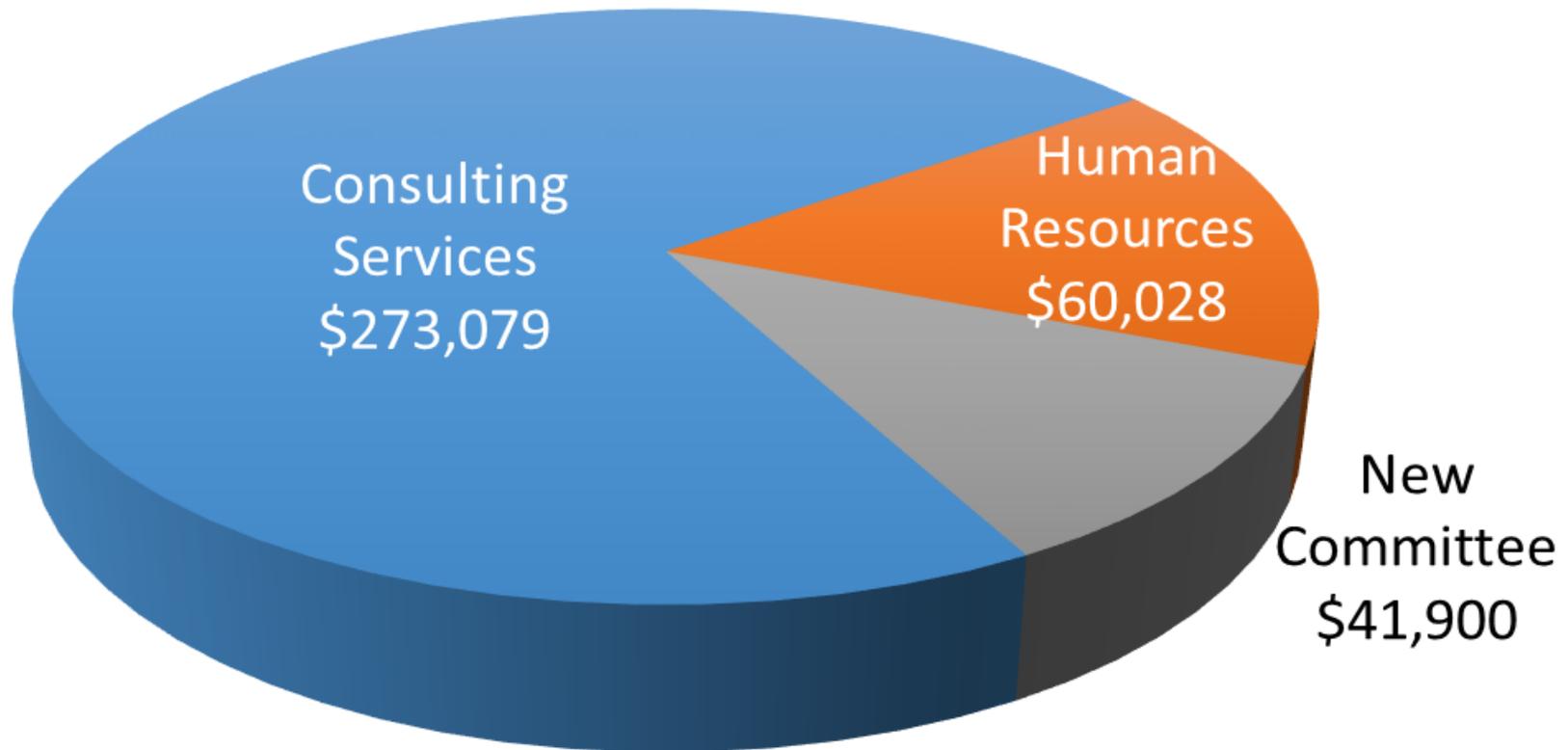
## e-Library



**One Time Costs - \$382,174**

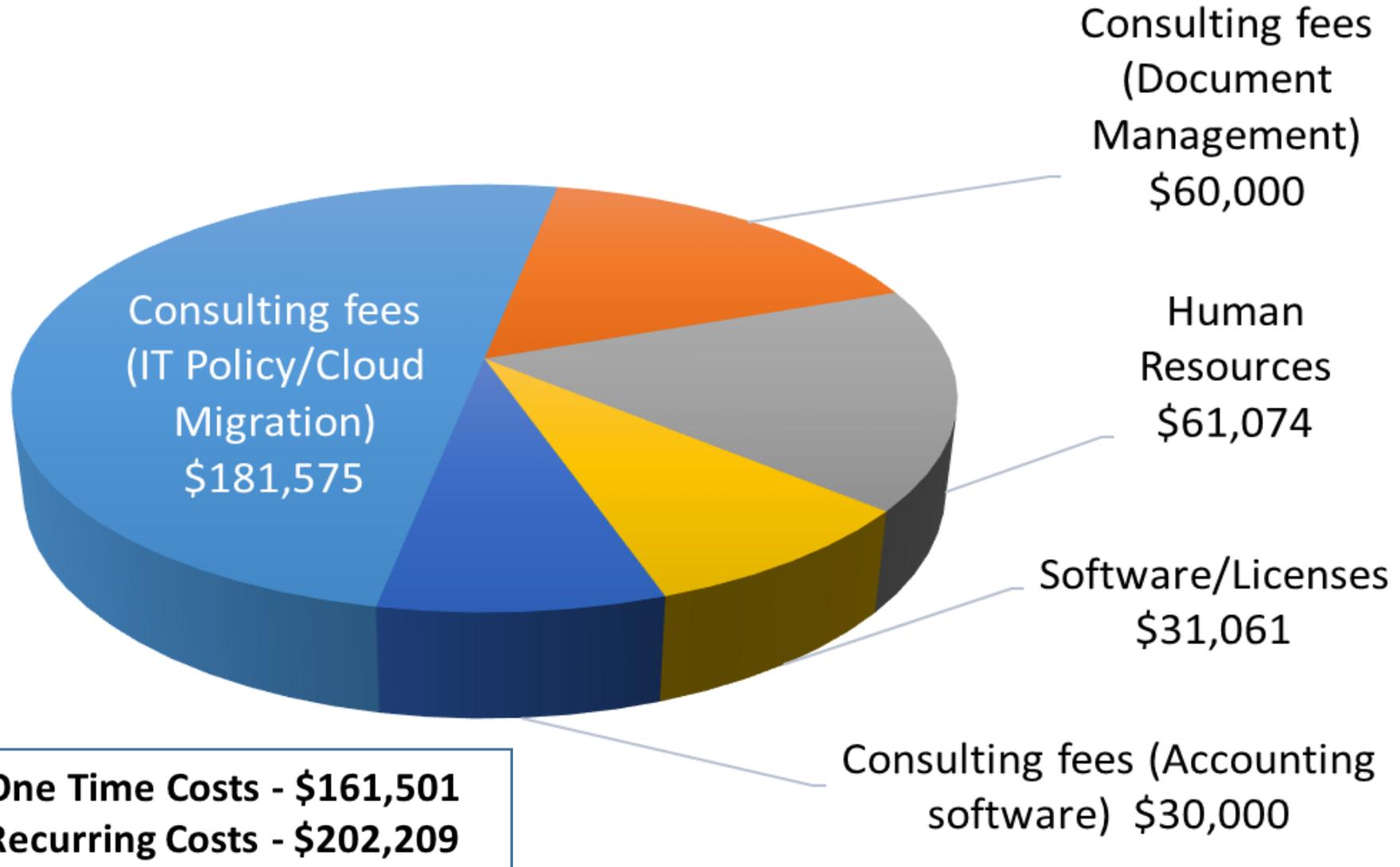
# 2015/16 Budget – Major Initiatives

## Hospital Pharmacy Inspection Set-up



**One Time Costs - \$303,079**  
**Recurring Costs - \$71,927**

## IT Infrastructure Upgrades



# 2015/16 Budget – Revenues

	2014/15 LE	2015/16 STRAT PLAN	2015/16 BUDGET	VARIANCE (BUD vs. STRAT PLAN) \$	VARIANCE (BUD vs. STRAT PLAN) %	RECURRING	ONE-TIME
	12 months	12 months	12 months	12 months	12 months	12 months	12 months
<b>REVENUE</b>							
<b>Licensure</b>							
Pharmacy Fees	1,798,355	1,772,603	1,781,100	8,497	0%	1,781,100	-
Pharmacist Fees	3,543,744	3,295,949	3,418,567	122,618	4%	3,418,567	-
Pharmacy Technicians				70,167	11%	686,674	-
<b>Total Licensure Revenue</b>			<b>5,886,341</b>	201,282	4%	5,886,341	-
<b>Non Licensure</b>							
Other revenue				305,346	26%	1,499,646	-
Grant revenue	383,500	312,513	457,855	145,342	47%	457,855	325,855
Investment Income - GIC	234,836	178,625	240,276	61,651	35%	240,276	-
Investment Income - JV	231,969	216,769	250,000	33,231	15%	250,000	-
	2,394,221	1,902,207	2,447,777	545,570	29%	2,447,777	325,855
<b>Total Revenue</b>	8,097,329	7,587,266	8,334,118	746,852	10%	8,008,263	325,855
<b>TOTAL REVENUE AFTER TRANSFER FROM BALANCE SHEET</b>					69%	-	1,909,993
			<b>10,244,111</b>		18%	8,008,263	2,235,848



# 2015/16 Budget - Expenses

	2014/15 LE	2015/16 STRAT PLAN	2015/16 BUDGET	VARIANCE (BUD vs. STRAT PLAN) \$	VARIANCE (BUD vs. STRAT PLAN) %	RECURRING	ONE-TIME
<b>EXPENSES</b>							
Board & Registrar's Office	526,516	419,262	697,475	(278,213)	(66%)	472,475	225,000
Grant Distribution	507,460	726,000	655,185	70,815	10%	329,300	325,885
Registration and Licensing	283,833	219,330	264,232	(44,902)	(20%)	246,032	18,200
Quality Assurance	417,198	350,473	713,170	(362,697)	(103%)	330,996	382,174
Inspections	235,718	195,597	240,200	(44,603)	(23%)	210,200	30,000
Discipline and Investigations	452,649	633,074	619,852	13,222	2%	619,852	-
Legislation	121,833	125,724	87,614	38,110	30%	87,614	-
Hospital Pharmacy and Practice	81,778	65,993	378,720	(312,727)	(474%)	98,716	280,004
Public Accountability and Engagement	322,294	299,371	535,200	(235,829)	(79%)	282,361	252,839
Finance and Administration	1,328,530	1,098,524	1,354,426	(255,902)	(23%)	1,165,366	189,060
Salaries and Benefits	3,888,122	4,291,930	4,409,380	(117,450)	(3%)	4,311,914	97,466
<b>TOTAL EXPENSES BEFORE AMORTIZATION</b>	<b>8,165,930</b>	<b>8,425,278</b>		(530,177)	(18%)	<b>8,154,82</b>	<b>1,800,628</b>
<b>NET SURPLUS (DEFICIT) BEFORE THE FOLLOWING:</b>	<b>239,799</b>	<b>288,980</b>	<b>288,656</b>	<b>(323)</b>	<b>(0%)</b>	<b>(146,564)</b>	<b>435,220</b>
Amortization expenses	239,799	288,980	288,656	324	0%	288,656	-
<b>TOTAL EXPENSES AFTER AMORTIZATION</b>	<b>8,405,729</b>	<b>8,714,258</b>	<b>10,244,111</b>	<b>(1,529,853)</b>	<b>(18%)</b>	<b>8,443,483</b>	<b>1,800,628</b>
<b>NET SURPLUS (DEFICIT)</b>	<b>0</b>	<b>(0)</b>	<b>0</b>	<b>0</b>	<b>(0%)</b>	<b>(435,220)</b>	<b>435,220</b>



# Questions?

---



# 10. Finance Report:

## b) Budget 2015/16

---

### **MOTION:**

Approve the 2015/16 budget totaling \$10,244,111 as presented.





College of Pharmacists  
of British Columbia

## 2015 Committee, Subcommittee and Task Group Appointments

---

### Criteria

The following criteria were applied by staff in identifying committee members:

- Composition requirements from terms of reference
- Gender balance
- Type of practice (community/hospital/others)
- Years of practice
- Previous/type of volunteer experience
- Geographic area of practice
- Specialty areas of practice
- Relevant education
- Technician and pharmacist balance
- Former pharmacists were not considered eligible as public representatives
- Continuity of committee members
- New committee members

### Advanced Practice Pharmacist Task Group

Name	Comment
Kris Gustavson	Public / Board
John Shaske (Co-Chair)	Community / Board
Cameron Egli	Staff Resource
<b>Pharmacists</b>	
Steve Shalansky (Co-Chair)	Community
Shirin Abadi	Hospital
Marylène Kyriazis	Community
David Forbes	Hospital
Richard Bachand	Hospital
Greg Shepherd	Community
Melissa Patton	UBC Student
Shakeel Bhatti	Community
Jordan Stewart	Hospital

### Audit and Finance Committee

Name	Comment
Anar Dossa (Chair)	Board Chair
vacant	Board Vice Chair
Norman Embree (Vice Chair)	Public / Board
John Shaske	Community / Board
Oswald Chu	Community / Board
Bob Nakagawa	Staff Resource
Mary O'Callaghan	Staff Resource

### Communications and Engagement Advisory Committee

Name	Comment
Bal Dhillon (Chair)	Board / Pharmacy Technician
Mykle Ludvigsen	Staff Resource
<b>Pharmacist</b>	
Jagpaul Deol	Community
Shavinder Badyal	Community
David Wang	Community
<b>Pharmacy Technician</b>	
Tiffany Tam	Community
<b>Public</b>	
David Wilson	
Norman Nichols	
Gillian Vrooman (Vice-Chair)	

### Community Pharmacy Advisory Committee

Name	Comment
Ming Chang	Board / Community
Fady Moussa (Chair)	Community
Ashifa Keshavji	Staff Resource
<b>Pharmacist</b>	
Mohinder Jaswal (Vice-Chair)	Community
Cassandra Elstak-Blackwell	Community
Elijah Ssemaluulu	Community
Aaron Sihota	Community
Cindy Zhang	Community
Parveen Mangat	Community
<b>Pharmacy Technician</b>	
Tiffany Tam	Community

### Discipline Committee (HPA required committee)

Name	Comment
Bal Dhillon	Board / Pharmacy Technician
Jeremy Walden	Public / Board
Suzanne Solven	Staff Resource
<b>Pharmacist</b>	
Jerry Casanova (Chair)	Hospital
Wayne Chen	Community
Jody Croft	Community
Patricia Gerber (Vice-Chair)	Academia
Chris Kooner	Community
Derek Lee	Community
Annette Robinson	Community
Mable Yan	Community
Maria Yen	Hospital
<b>Pharmacy Technician</b>	
Suzanne Coughtry	Hospital
<b>Public</b>	
Anil Aggarwal	
Anneke Driessen	
James Ellsworth	
Howard Kushner	
Carol Williams	

### Ethics Advisory Committee

<b>Name</b>	<b>Comment</b>
Bashir Jiwani (Chair)	Public / Ethicist
Suzanne Solven	Staff Resource
<b>Pharmacist</b>	
Cristina Alarcon	Community
Shavinder Badyal	Community
Tara Lecavalier	Hospital
Jing-Yi Ng	Hospital
<b>Pharmacy Technician</b>	
Robyn Miyata (Vice-Chair)	Hospital
Vanessa Lee	Hospital
<b>Public</b>	
Alison Dempsey	Lawyer/Ethicist

### Extemporaneous Compounding Task Group

<b>Name</b>	<b>Comment</b>
Cam Egli	Staff Resource
<b>Pharmacists</b>	
Sebastien Denison (Co-Chair)	Community
Mark Chambers	Community
Keith McDonald	Hospital
John Forster-Coull	Community
Marianne Tofan	Hospital
<b>Pharmacy Technician</b>	
Michelle Koberinski (Co-Chair)	Hospital
Yvonne Dresen	Hospital
Susan Robson	Community
Kyle Marshall	Community

### Hospital Pharmacy Advisory Committee

<b>Name</b>	<b>Comment</b>
Aleisha Enemark	Hospital / Board
Jonathan Lau	Staff Resource
<b>Pharmacist</b>	
Keith McDonald (Chair)	Hospital
Anita Lo (Vice-Chair)	Hospital
Joshua Batterink	Hospital
Anca Jelescu Bodos Cvaci	Hospital
Lily Cheng	Hospital
Gordon Harper	Hospital
Elissa Aeng	Hospital
Jennifer Dunkin	Hospital
Karen Lapointe	Hospital
Fruzsina Pataky	Hospital
<b>Pharmacy Technician</b>	
Aita Munroe	Hospital
Ashley Fairfield	Hospital

### Injection Drug Administration Committee (HPA required committee)

<b>Name</b>	<b>Comment</b>
Doreen Leong	Staff Resource
<b>Pharmacist</b>	
Cameron Zarembo (Chair)	Hospital
Omar Alasaly (Vice-Chair)	Community
Aileen Mira	Academia
Jagpaul Deol	Community
<b>Public</b>	
Mitch Moneo	
Elizabeth Brodtkin	
Chris Salgado	

### Inquiry Committee (HPA required committee)

Name	Comment
Norm Embree	Public / Board
Suzanne Solven	Staff Resource
<b>Pharmacist</b>	
Jing-Yi Ng	Hospital
Carla Ambrosini	Hospital
Cindy Bondaroff	Community
Sally Chai	Hospital
Sukhvir Gidda	Hospital
John Hope (Chair)	Hospital
Fatima Ladha	Community
Kristoffer Scott	Community
Cynthia Widder	Community
Susan Troesch	Community
<b>Pharmacy Technician</b>	
Karen Callaway	Hospital
Alana Ridgeley	Hospital
<b>Public</b>	
Dorothy Barkley (Vice-Chair)	
Michael Dunbar	
George Kamensek	
Patricia Kean	
Jim Mercer	
Alison Rhodes	
Ann Wicks	

### Interdisciplinary Relationships Advisory Committee

Name	Comment
Kris Gustavson (Chair)	Public / Board
Doreen Leong	Staff Resource
<b>Pharmacist</b>	
Anoop Khurana (Vice-Chair)	Community
Tamar Koleba	Hospital
Tommy Pan	Community
Karen Dahri	Hospital
<b>Pharmacy Technician</b>	
Dana Elliott	Hospital
<b>Public</b>	
Dr. Peter Stevenson-Moore	Dentist
Hilda Xiao Min Liu	
Dr. Christie Newton	Physician

### Jurisprudence Examination Subcommittee

Name	Comment
Doreen Leong	Staff Resource
<b>Pharmacist</b>	
Melanie Johnson (Vice-Chair)	Community
Tony Seet	Academia
Maria Ton	Community
David Wang	Community
Asal Taheri	Hospital
<b>Pharmacy Technician</b>	
Kathleen Keelan	Community
Roberta Walker (Chair)	Hospital

### Legislation Review Committee

Name	Comment
Bal Dhillon (Chair)	Board / Pharmacy Technician
Anar Dossa	Hospital / Board Chair
Jeremy Walden	Public / Board
Suzanne Solven	Staff Resource

### Practice Review Committee

Name	Comment
Bob Craigue (Chair)	Community / Board
Aleisha Enemark (Vice-Chair)	Hospital / Board
Kris Gustavson	Public / Board
Ashifa Keshavji	Staff Resource
<b>Pharmacist</b>	
Perry Tompkins	Community
Sean Gorman	Hospital
Mike Ortynsky	Community
Fady Moussa	Community
<b>Pharmacy Technician</b>	
Patrick Chai	Hospital
<b>Public</b>	
Alison Rhodes	
Joanne Konnert	
Nerys Hughes	

### Quality Assurance Committee (HPA required committee)

Name	Comment
Bal Dhillon (Vice-Chair)	Hospital / Pharmacy Technician
George Walton	Board
Ashifa Keshavji	Staff Resource
<b>Pharmacist</b>	
Hani Al-Tabbaa	Community
Sukhvir Sunny Gidda	Hospital
Gary Jung (Chair)	Community
Glenda MacDonald	Academia
Dorothy Li (Zahn)	DPIC
<b>Public</b>	
Emily Hamilton	
Jaspaul Hundal	

### Registrar Evaluation Task Group

Name	Comment
Anar Dossa (Chair)	Board
TBD (Vice-Chair)	Board
Kris Gustavson	Board

### Registration Committee (HPA required committee)

Name	Comment
Jeremy Walden	Public Appointee / Board
Doreen Leong	Staff Resource
<b>Pharmacist</b>	
Ray Jang (Chair)	Hospital
Thuy Phoang Hoang (Vice-Chair)	Hospital
Carolyn Cheung	Hospital
Derek Lee	Community
Charles Park	Community
<b>Pharmacy Technician</b>	
Ashley Foreman	Community
Vanessa Lee	Community
Yonette Harrod	Hospital
<b>Public</b>	
Laura Bickerton	
Nathan Roeters	
Joy Sisson	
Leonard Ma	

### Residential Care Advisory Committee

<b>Name</b>	<b>Comment</b>
Ming Chang	Community / Board
Ashifa Keshavji	Staff Resource
<b>Pharmacist</b>	
Douglas Danforth (Chair)	Community
Maria Ton (Vice-Chair)	Community
Anna Kownacki	Community
Joyce Quon	Community
Alvin Singh	Community
Aileen Mira	Community / Hospital
<b>Pharmacy Technician</b>	
Rapinder Chahal	Hospital

### Technology Advisory Committee

<b>Name</b>	<b>Comment</b>
Blake Reynolds (Chair)	Community / Board
Cameron Egli	Staff Resource
<b>Pharmacist</b>	
Alvin Singh (Vice- Chair)	Community
Jason Park	Hospital
<b>Pharmacy Technician</b>	
Khush Sander	Community
Brenda Zacharuk	Hospital
<b>Public</b>	
Tessa Cheng	
Rebecca Siah	



College of Pharmacists  
of British Columbia

## **Annual Report to the Board for Audit & Finance Committee**

**Reporting Period:** Mar 1, 2014 – Feb 28, 2015

**Membership:**

Doug Kipp (chair)	Mike Stonefield (staff resource)
Bev Harris (vice-chair)	Ryan Hoag
Bob Nakagawa (staff resource)	Blair Tymchuck

**Chair:** Doug Kipp

**Vice Chair:** Bev Harris

**Staff Resource:** Bob Nakagawa, Mike Stonefield

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

**Responsibilities:**

***Annual Audit Planning and preparation***

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

***Audit results***

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



College of Pharmacists  
of British Columbia

### ***Auditors' appointment***

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

### ***Financial oversight***

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

### **Relevant Statistical information:**

- Number of meetings: 2

### **Accomplishments:**

- Reviewed annual audit and auditor's recommendations with the auditors.
- Recommended renewal of the current contract with Grant Thornton for the 2014/15 audit.
- Reviewed and recommended approval of the new Fee Schedule.
- Reviewed the investment policies and portfolio.
- Reviewed insurance policies and risk management.
- Recommended approval of changes to the Terms of Reference for the Audit and Finance Committee.
- Recommended approval of changes to the Finance and Operations sections of the Board Policy Document.

### **Goals for Next Fiscal Year:**

- Review the annual audit.
- Consider an RFP for audit services as Grant Thornton's contract ends this year.
- Review annual budget.
- Review financial reports.



College of Pharmacists  
of British Columbia

## **Annual Report to the Board for Communications and Engagement Advisory Committee**

**Reporting Period:** Mar 1, 2014 – Feb 28, 2015

**Membership:**

Anita Jalzabetic-Maravic	Tiffany Tam
Joy Jason	Rosanne Thalakada
Parveen Mangat	Gillian Vrooman
Norman Nichols	

**Chair:** Aleisha Enemark

**Vice-Chair:** n/a

**Staff Resource:** Mykle Ludvigsen

**Mandate:** To provide recommendations to the Board on matters related to communication and engagement.

**Responsibilities:**

- Review the College's Engagement and Communications Strategy annually to ensure that it continues to meet the needs of the College in communicating its mission, vision, and mandate.
- Provide the College's professional communications staff with regular opportunities to utilize the knowledge, skills, ability, and experience of pharmacists, pharmacy technicians, and public members serving on the committee to enhance the quality of College communications.
- Provide advice, oversight and make recommendations to the Board on strategies designed to ensure the successful achievement of Strategic Goal 1 (Public Expectations) and that the roles and values of the profession that have been established are aligned with the expectations of the public.
- Make suggestions on topics or issues that should be addressed by the College in its various communications tools, and provide perspective during the development stages of various communications and engagement activities.

**Relevant Statistical information:**

- Number of meetings: 1

**Accomplishments:**

- Committee established in late 2014 and reviewed College communications and engagement efforts to date
- Reviewed College social media efforts and provided feedback regarding tone and voice of social media efforts.

**Goals for Next Fiscal Year:**

- To review any items forwarded by the Board for consideration.
- To provide advice regarding College public awareness campaign as outlined in the strategic plan.



College of Pharmacists  
of British Columbia

## **Annual Report to the Board for Community Pharmacy Advisory Committee**

**Reporting Period:** Mar 1, 2014 – Feb 28, 2015

**Membership:**

Sukhjit Bains  
Cassandra Elstak-Blackwell  
Mohinder Jaswal  
Dinah Purewal  
Elijah Ssemaluulu

**Chair:** Salima Wali

**Vice Chair:** Fady Moussa

**Staff Resource:** Ashifa Keshavji

**Mandate:** To provide recommendations to the Board on matters relating to community pharmacy practice.

**Responsibilities:**

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

**Relevant Statistical information:**

- Number of meetings: 1

**Accomplishments:**

- Attended the Practice Review Program Forum to provide feedback on program design and implementation in Community Pharmacy
- Provided feedback on the Practice Review Program Forms
- Provided feedback on the bylaw/standards of practice/policy review as identified by the College Board in its current Strategic Plan

**Goals for Next Fiscal Year:**

- Continue to support the Practice Review Committee (PRC) in development of the Practice Review Program (PRP)



College of Pharmacists  
of British Columbia

### **Annual Report to the Board for Discipline Committee**

**Reporting Period:** Mar 1, 2014 – Feb 28, 2015

**Membership:**

Jerrold Casanova	Onnolee Osbourne
Wayne Chen	Karla Pederson
Jody Croft	John Scholtens
James Ellsworth	Jeff Slater
Patricia Gerber	Shirazali Thobani
Maria Jaizebetic-Maravic	Susan Troesch
Sanjiv Khangura	Jeremy Walden
Chris Kooner	Carol Williams

**Chair:** Jerrold Casanova

**Vice Chair:** Patricia Gerber

**Staff Resource:** Suzanne Solven

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

**Responsibilities:**

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

**Relevant Statistical information:**

- Number of meetings: 1
- Number of hearing days: 1
- Number of discipline files heard in court:
  - Manijeh Farbeh : 1
  - Nikhil Buhecha: 1
- Number of pending files: 2 registrants



College of Pharmacists  
of British Columbia

### Accomplishments:

- **Ali Laal**

Ali Laal has a long-standing history of complaint and discipline proceedings before the College for professional misconduct, conduct unbecoming, possession of loaded firearms on registered premises and breach of condition. He was found to have engaged in sexual and inappropriate personal relations with female patients and as a result, his pharmacist licence was cancelled by an order of the discipline committee on September 6, 2013. Despite cancellation of his licence, Laal continued to work as a pharmacist delivering methadone to patients in the Downtown Eastside. He was able to secure employment as a pharmacist because he used aliases such as Alejandro Farris, Alejandro Fernandez, Jansen Farris, Alistair Farris and Jasbir Alistair Lail, fabricated his CV to apply for jobs and used the College IDs of other pharmacists to process prescriptions on PharmaNet in the course of his employment.

On November 29, 2013, the College brought an application for injunction prohibiting Laal from practising as a pharmacist and holding himself out as such. Mr. Laal consented to the application on the eve of hearing. In February 2014, the College learned that Mr. Laal had been working as a “pharmacist” in Burnaby since early November 2013. He had used the name of his former colleague pharmacist to apply for the job and used that pharmacist’s College ID to process prescriptions. In the spring of 2014, the College brought a contempt proceeding against Mr. Laal which was scheduled for December 2014. However, due to the withdrawal of Mr. Laal’s counsel that court proceeding was delayed to February 2015. Mr. Laal now has a new lawyer who is not available until September 2015. A firm date of the court proceeding is pending.

- **Manijeh Farbeh**

On June 29, 2010, by order of the Panel of the Discipline Committee Manijeh Farbeh’s registration as a pharmacist was cancelled. This penalty was imposed following findings of significant and profound practise deficiencies.

Since that date there have been a number of court challenges brought by Ms. Farbeh to overturn the findings of liability and imposition of penalty.

1. On April 29, 2011 an application for interim reinstatement pending the hearing of an appeal was dismissed.
2. On December 24, 2011, the Supreme Court heard the appeal and set aside two of the findings of liability on the basis that they were not freely admitted by Ms. Farbeh. The Panel was directed to reconsider its decision on penalty in light of the fact that these two matters were no longer to be part of the consideration for appropriateness of penalty.
3. On July 16, 2012, Ms. Farbeh’s cancellation of registration was re-affirmed by a further decision of the Panel of the Discipline Committee.
4. On February 1, 2013, the Court of Appeal held that the two findings of liability which had been set aside should be considered anew by the Panel of the Discipline Committee.
5. On March 12, 2014, the Panel of the Discipline Committee reconvened to consider the two matters pursuant to the Court of Appeal decision. At the hearing, Ms. Farbeh signed an agreed statement of facts and admitted the two charges.



College of Pharmacists  
of British Columbia

6. On April 14, 2014 the Panel of the Discipline Committee issued an addendum decision to the July 16, 2012 penalty decision again re-affirming the cancellation of registration, but reducing the amount of hearing costs to be paid by Ms. Farbeh.
7. On November 5 and 6, 2014, Ms. Farbeh's appeal against cancellation of registration was argued before the Supreme Court of British Columbia.

Following the completion of submissions by counsel for the parties, the Court reserved its decision. The decision remains outstanding. The College is unable to predict when the decision will be delivered.

**Goals for the Next Fiscal Year:**

- Prepare and conduct hearings for Isidor Andres Rudy Sanchez and Nikhil Buhecha.



College of Pharmacists  
of British Columbia

### **Annual Report to the Board for Ethics Advisory Committee**

**Reporting Period:** Mar 1, 2014 – Feb 28, 2015

**Membership:**

Frank Archer	Nafisa Merali
Cristina Alarcon	Robyn Miyata
Dr. Bashir Jiwani	Omar Saad
Berny Leung	

**Chair:** Frank Archer

**Vice-Chair:** Cristina Alarcon

**Staff Resource:** Suzanne Solven

**Mandate:** To provide recommendations to the Board and the registrar on matters relating to the code of ethics, conflict of interest standards and any related policies or guidelines.

**Responsibilities:**

- Provide advice and guidance regarding ethical questions and dilemmas that have been directed to the committee from the Board, Board committees or College staff.
- Review and recommend updates to the code of ethics and conflict of interest standards as necessary.
- Consult on education program proposals relating to ethics issues.

**Relevant Statistical information:**

- Number of meetings: 0

**Accomplishments:**

- Some email discussion occurred between the committee members regarding a couple of ethical questions arising from registrants, but no actions/decisions/meetings resulted.

**Goals for Next Fiscal Year:**

- To review any items forwarded by the Board for consideration.



College of Pharmacists  
of British Columbia

## **Annual Report to the Board for Hospital Pharmacy Advisory Committee**

**Reporting Period:** Mar 1, 2014 – Feb 28, 2015

**Membership:**

Anca Jeiescu Bodos	Sarah Jorgensen
Anita Lo	Joshua Betterink
Ashley Fairfield	Keith McDonald
Dawn Robb	Lily Cheng
Fruzsina Pataky	Yvonne Dresen
Gordon Harper	

**Chair:** Keith McDonald

**Vice Chair:** Anita Lo

**Staff Resource:** Jonathan Lau  
Cam Egli

**Mandate:** To provide recommendations to the Board on matters relating to hospital pharmacy practice issues.

**Responsibilities:**

- Review issues related to the practice of hospital pharmacy that have been directed to the committee by the Board, Board committees or College staff.
- Assist in the development of policies, guidelines and proposed legislation pertaining to hospital pharmacy issues and standards.
- Assist in the identification and definition of hospital pharmacy issues that promote safe medication standards of practice.
- Recommend appropriate action to the Board regarding hospital pharmacy issues.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to common practice issues.

**Relevant Statistical information:**

- Number of meetings: 2  
(May 22, 2014 and Nov 18, 2014)

**Accomplishments:**

- Reviewed and resolved 11 hospital pharmacy practice issues identified by Committee members;
- Worked with CRNBC to develop standards for medication inventory management;
- Developed a position statement on the latest changes to the joint statement on Nurse Dispensing;
- Reviewed PPP-43 “Automated Pharmacy Dispensing System”;



College of Pharmacists  
of British Columbia

- Reviewed a new policy regarding “Hospital Record Retention;
- Reviewed and made recommendations to issues referred from the Extemporaneous Compounding Task Group.

**Goals for Next Fiscal Year:**

- Continue to discuss and review current hospital pharmacy issues (e.g. dispensing requirements for Leave of Absence medication);
- Draft a new policy for medication inventory management;
- Draft standards regarding outsourced compounded products;
- Finalize the draft policy for Hospital Record Retention;
- Continue to support and review recommendations from the following task groups:
  - Extemporaneous Compounding Task Group,
  - Pharmacy Automation Task Group;
- Support and provide input to the new Hospital Pharmacy Practice Review process.



College of Pharmacists  
of British Columbia

## Annual Report to the Board for Injection Drug Administration Committee

**Reporting Period:** Mar 1, 2014 – Feb 28, 2015

**Membership:**

Omar Alasaly	Mitch Moneo
Elizabeth Brodtkin	Chris Salgado
Mona Kwong	Cameron Zaremba
Aileen Mira	

**Chair:** Cameron Zaremba

**Vice Chair:** Omar Alasaly

**Staff Resource:** Doreen Leong

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

**Responsibilities:**

- Must review, develop and recommend to the Board standards, limits and conditions respecting the performance by full pharmacists of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation for the purposes of preventing diseases, disorders and conditions.
- May review the role of full pharmacists in regard to the performance of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation.
- May make recommendations to the Board, for submission to the Ministry of Health Services, respecting the standards, limits and conditions for practice and any other requirements it considers necessary or appropriate to support the performance by full pharmacists of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation for the purposes of treating diseases, disorders and conditions.
- May consult, as it considers necessary or appropriate, with registrants or other individuals who have expertise relevant to drug administration by injection or on any other matter considered by the committee.

**Relevant Statistical information:**

- Number of meetings: 0

**Accomplishments:**

- The Committee did not meet

**Goals for the Next Fiscal Year:**

- Review and recommend changes to the standards, limits and conditions for Injection Authority including to remove the restrictions on injection authority.



College of Pharmacists  
of British Columbia

### Annual Report to the Board for Inquiry Committee

**Reporting Period:** March 1, 2014 – February 28, 2015

**Membership:**

Carla Ambrosini	John Hope
Gregory Atherton	Nerys Hughes
Dorothy Barkley	George Kamensek
Heather Baxter	Patricia Kean
Cindy Bondaroff	Fatima Ladha
Karen Callaway	Susan May
Sally Chai	Smita Natha
Norman Embree	Jing-Yi Ng
Bev Harris	Errol Povah
Yonette Harrod	Nancy Slater
Ryan Hoag	Cynthia Widder

**Chair:** Jing-Yi Ng

**Vice-Chair:** John Hope

**Staff Resource:** Suzanne Solven

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

**Responsibilities:**

- Investigate complaints on its own motion or raised by a complainant as soon as possible,
- Investigate registrants that fail to authorize a criminal records review check as well as registrants presenting a risk of physical or sexual abuse to children as determined by the Registrar of the Criminal Records Review Act,
- Determine disposition of items (1) and (2),
- Inform registrants, complainants and the Health Professions Review Board about the inquiry process and complaint outcomes, as necessary, and
- Report to the Board as applicable.

**Relevant Statistical Information:**

- Number of in-person meetings: 28
- Number of teleconferences: 33
- Breakdown of formal complaint files heard by the Inquiry Committee in fiscal 2014/2015:



College of Pharmacists  
of British Columbia

Total	Complaint Types (may be more than one type)	Disposition Status:
Total # of complaints received: 718	Medication-related: 36	<b>Total files reviewed by IC: 154</b>
Total # of official complaints: 80	Privacy/Confidentiality: 3	Total new files reviewed: 114
Total # of registrants: 110	Professional Conduct/ Competency: 43	Total reconsiderations: 40*
Total # of calls/tips/FYI files: 638	Fitness to practice: 2	Active/Pending: 63**
Total # of investigations: 141	Business-related: 1	Disposed and Closed: 82
	Unlawful activity: 2	Disposed and Monitoring: 6
Total # of complaints via HPRB: 3	Sexual misconduct: 0	

\* Some files have been reconsidered more than once.

\*\* 21 files were carried over from previous fiscal years.

### Accomplishments:

Below is a summary of some of the more complicated files that have been reviewed this year and the dispositions of the Inquiry Committee:

- **Marigold Compounding and Natural Pharmacy / Isidor Andres Rudy Sanchez**

The Inquiry Committee has directed the Registrar of the College to issue a citation against registrant Isidor Andres Rudy Sanchez. Mr. Sanchez was the owner, sole pharmacist and manager of Marigold Compounding and Natural Pharmacy ("Marigold"). Mr. Sanchez was the subject of previous investigations which led to an extraordinary suspension of his pharmacy practice. The first suspension lasted 14 months.

In 2013, another complaint was lodged against Mr. Sanchez which led to serious concerns about his competence. In March 2014, College inspectors attended Marigold based on the Inquiry Committee's direction. A preliminary analysis of the evidence revealed that Mr. Sanchez had continued to engage in same practice infractions that were addressed in the past. Mr. Sanchez's practice was once again suspended in 2014, as the Inquiry Committee had serious concerns about public safety.



College of Pharmacists  
of British Columbia

In January 2015, the Inquiry Committee completed its review of the evidence and directed that this matter be referred to discipline (along with 2 other citations) while the extraordinary suspension remains in place pending a hearing before the discipline committee. This was necessary to protect the public. Follow-up investigations are still pending and College inspectors are looking into new issues that arose in the course of last year's investigation. The discipline hearing is expected to take place in late 2015/early 2016.

- **Nikhil Buhecha**

- Director of an “online pharmacy” operating out of an unlicensed premises, where the practice of pharmacy was occurring
- Director of three pharmacies (A Pharmacy, B Pharmacy, and C Pharmacy) that had been subject to undercover investigations – numerous practice infractions and incentives (cash, cigarettes) found to have taken place at all three pharmacies during the respective undercover periods
- In addition to being director, was also pharmacy manager of C Pharmacy during the undercover investigation period
- All three issues reviewed by the Inquiry Committee in October 2014
- The registrant has been a licensed pharmacist in BC since September 2000. Since then he has been the director of ten licensed pharmacies.
- The Inquiry Committee concluded that the most appropriate disposition to these matters is to direct the registrar to issue a citation under section 37 of the *HPA* rather than attempt to remediate the matter via a consent agreement process under s. 36 of the *HPA*. The Inquiry Committee considered that due to the nature and gravity of the allegations and their alleged risks to public safety, it would be more appropriate for the Discipline Committee to assess the investigation results in a formal hearing process.
- The discipline hearing is expected to take place in late 2015/early 2016.

- **Pharmacy X**

Pharmacy X, located in Vancouver, was the subject of undercover investigation which was conducted from about February to September 2012. The Undercover investigation revealed a number of practice deficiencies at Pharmacy X, such as lack of counselling, improper labelling, unethical billing for medication reviews, providing cash incentives to the patient, among many other infractions. In March 2012, the College was alerted of a separate issue at Pharmacy X involving an illegitimate drug delivery scheme wherein a non-pharmacist was allegedly transporting methadone and prescription medications from Pharmacy X to a residential facility in another City on Vancouver Island. The Methadone Delivery Scheme occurred from March to early April 2012.



College of Pharmacists  
of British Columbia

- Pharmacist A was the manager of Pharmacy X from April 30, 2010 to April 23, 2012. He was the manager when the Methadone Delivery Scheme was fully engaged and during a portion of the Undercover period. Pharmacist B was the manager of Pharmacy X from April 24, 2012 to July 1, 2013.
  - Collectively, five pharmacists and one non-registrant owner were implicated in the two files. Both files were reviewed by the Inquiry Committee on July 3, 2014 and arrived at a disposition that requested Pharmacists A and B to consent to a 24-month suspension. Their undertakings are being negotiated at this time.
  - The non-registrant owner consented to a fine of \$70,000. The remaining three pharmacists consented to their undertakings, one of whom received a Letter of Reprimand.
- **CBC complaints**

On September 2, 2013, CBC News Segment "Go Public" reported that narcotic prescriptions had been filled at multiple pharmacies over a period of six years using two sisters' Care Card numbers, unbeknownst to them.

This matter was discovered when the alleged impersonator (an old friend of the sisters') was charged with stealing a bottle of 208 Oxycodone tablets at the counter of a Shoppers Drug Mart. The prescription that the impersonator used had been under one of the sisters' names.

According to the news report, 260 individual prescriptions had been dispensed under the sisters' names, mostly for Oxycodone 20mg, between January 2007 and January 2013.

Many physicians had been involved in writing these prescriptions and the prescriptions had been dispensed at multiple pharmacies around the Lower Mainland. According to the sisters' PharmaNet records, the impersonator had these prescriptions dispensed in large amounts with short intervals between each dispense.

The main issues that were investigated and reviewed by the Inquiry Committee in August 2014:

Are pharmacy staff taking reasonable steps to check patient ID in accordance with legislation and Professional Practice Policy #54 (Identifying Patients for PharmaNet Purposes)?

Are pharmacists checking PharmaNet thoroughly when processing the prescription to note that the PharmaNet record showed patterns of multi doctoring, multi-pharmacy, and the same target medication being constantly refilled too early?



College of Pharmacists  
of British Columbia

If the pharmacists did note the early refills and other issues on PharmaNet, did they take appropriate action in addressing the duplicate therapy and/or dispensing patterns?

**Disposition and Numbers:**

- 34 pharmacies involved in dispensing to impersonator between January 2007 and January 2013
- 111 registrants (including ones that went on former status prior to the start of investigation)
- 1 registrant – requires further investigation
- 1 registrant – no further action
- 6 registrants – went on former pharmacist status before investigation began, no further action but note put into College register regarding this investigation should they ever reinstate
- 44 registrants – letters of advice
- 49 registrants – letters of undertaking
- 10 registrants – letters of undertaking with reprimand

**Goals for Next Fiscal Year:**

- Further committee orientation and development in areas of medication safety.



College of Pharmacists  
of British Columbia

## **Annual Report to the Board for Jurisprudence Examination Subcommittee**

**Reporting Period:** Mar 1, 2014 – Feb 28, 2015

**Membership:**

Salima Wali (chair)	Kathleen Keelan
Roberta Walker (vice-chair)	Soroush Rabiei
Maggie Chui	Tony Seet
Melanie Johnson	Maria Ton

**Chair:** Salima Wali  
**Vice Chair:** Roberta Walker

**Staff Resource:** Doreen Leong

**Mandate:** To ensure that the Jurisprudence Examination continues as a valid and reliable assessment instrument.

**Responsibilities:**

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

**Relevant Statistical information:**

- Number of meetings: 3

**Accomplishments:**

- All items were recoded using the new blueprint and new exam forms developed.
- Statistical data collated and available to provide feedback to CCAPP accredited pharmacy technician programs.
- Items reviewed for any legislative changes.
- Review of results of three Jurisprudence Exam sittings, item refined based on statistical analysis.

**Goals for Next Fiscal Year:**

- Conduct psychometric analysis of items.
- Conduct item review/item writing workshops.
- Explore the feasibility of administering the Jurisprudence Exam online.



College of Pharmacists  
of British Columbia

### **Annual Report to the Board for Legislation Review Committee**

**Reporting Period:** Mar 1, 2014 – Feb 28, 2015

**Membership:**

Anar Dossa  
Bal Dhillon

Jeremy Walden

**Chair:**

Anar Dossa

**Staff Resource:**

Suzanne Solven

**Mandate:**

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

**Responsibilities:**

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

**Relevant Statistical information:**

- Number of meetings: 4

**Accomplishments:**

- The Legislation Review Committee brought forward the following changes to the Board with respect to legislation and policy:

<b><u>Legislation</u></b>	<b><u>Amendments</u></b>	<b><u>New</u></b>	<b><u>Delegation approval</u></b>
Health Professions Act Bylaws	Permit electronic voting  Update to education sites  Registration corrections	Recertification requirements for injection authority	Depot injection pilot



College of Pharmacists  
of British Columbia

Community Pharmacy Standards of Practice	6 priority standards (strategic plan) Changes to requirements of a prescription		
Pharmacy Operations and Drug Scheduling Act Bylaws	Pharmacy workload standards Fee schedule & forms	Tobacco prohibition bylaws	
Code of Ethics		Tobacco prohibition	
Professional Practice Policies	#65 <i>Narcotic Counts and Reconciliations</i>  #54 <i>Patient Identification Verification</i>  #3 <i>Pharmacy References</i>	#73 <i>Validate Identification &amp; College Registration status for new Pharmacy hires.</i>  #72 <i>Inquiry and Discipline Publication Policy</i>	

**Goals for Next Fiscal Year:**

- Amend the legislation review schedule to include new Board priorities, staff and external requests and to align with new Ministry of Health submission process.
- Amended Legislation review schedule will be brought forward to the Board at the June Board meeting.



College of Pharmacists  
of British Columbia

## **Annual Report to the Board for Practice Review Committee**

**Reporting Period:** Mar 1, 2014 – Feb 28, 2015

**Membership:**

Joanne Konnert  
Karen Callaway  
Aleisha (Thornhill) Enemark  
Kris Gustavson  
Fady Moussa  
John Scholtens  
Perry Tompkins

**Chair:** Robert Craigie

**Vice Chair:** Anar Dossa

**Staff Resource:** Ashifa Keshavji

**Mandate:** To monitor and enforce standards of practice to enhance the quality of pharmacy care for British Columbians.

**Responsibilities:**

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

**Relevant Statistical information:**

- Number of meetings: 6

**Accomplishments:**

**Phase 1: Community Pharmacy Practice**

- Created and monitored development plan including:
  - Engaging with stakeholders through meetings and forums to get preliminary feedback on program plan and implementation



College of Pharmacists  
of British Columbia

- Conducting a Joint Application Design Session
- Liaising with the Community Pharmacy and Residential Care Advisory Committee on development of review forms
- Developing PRP policies for selection, deferral and exemption
- Successfully launched Release 1: Basic Review
- Requested that the Quality Assurance Committee explore the development of CE for preparation and remediation for registrants for the four focus areas in community pharmacy practice and for hospital pharmacy practice when those focus areas are identified.

**Goals for Next Fiscal Year:**

- Develop Practice Review Program Phase 1- Community Practice – Release 2: Incorporate Specialty Services (Compounding, Methadone, Injections)
- Develop Practice Review Program Phase 2 - Hospital Practice



College of Pharmacists  
of British Columbia

### **Annual Report to the Board for Quality Assurance Committee**

**Reporting Period:** Mar 1, 2014 – Feb 28, 2015

**Membership:**

Bal Dhillon  
Gary Jung  
Glenda MacDonald  
John Scholtens  
Jeff Slater  
George Walton  
Dorothy Zahn

**Chair:** Agnes Fridl Poljak

**Vice Chair:** Barry Wilson

**Staff Resource:** Ashifa Keshavji

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

**Responsibilities:**

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

**Relevant Statistical information:**

- Number of meetings: 2

**Accomplishments:**

- Developed an online feedback survey that is now on the PDAP Portal
- Developed Communications Module for pharmacists that is now on the PDAP Portal
- Conducted an educational needs assessment survey with UBC Continuing Pharmacy Professional Development (CPPD) division for all BC pharmacy professionals



College of Pharmacists  
of British Columbia

- Made recommendations to the Board for future CE development based on the results of the educational needs assessment survey that were approved at their November 2014 meeting

**Goals for Next Fiscal Year:**

- Enhance PDAP Portal: Phase 2
  - Develop Practice Based Clinical Questions
  - Develop Communications Module for pharmacy technicians
- Continue to work with UBC CPPD division to develop and deliver CE based on Board approval



College of Pharmacists  
of British Columbia

## **Annual Report to the Board for Registration Committee**

**Reporting Period:** Mar 1, 2014 – Feb 28, 2015

**Membership:**

Raymond Jang (chair)	Ashley Foreman
Thuy Hoang (vice-chair)	Yonette Harrod
Doreen Leong (staff resource)	Charles Park
Shakeel Bhatti	Nathan Roeters
Laura Bickerton	Joy Sisson
Carolyn Cheung	Jeremy Walden

**Chair:** Raymond Jang

**Vice Chair:** Thuy Phuong Hoang

**Staff Resource:** Doreen Leong

**Mandate:** To ensure that registrants are qualified to practice.

**Responsibilities:**

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

**Relevant Statistical information:**

- Number of meetings: 3

**Accomplishments:**

- Key policies, processes and exam results reviewed and approved including the International Pharmacy Technician regulation requirements, Exam Appeal Policy, English Language Proficiency Policy and Jurisprudence Exam results.



College of Pharmacists  
of British Columbia

- Applications reviewed whereby applicant had issues related to the statutory declaration:
  - Pharmacist Reinstatement application, less than 6 years in Non-practising or former pharmacist register (N=2)
  - Pharmacist Pre-registration - International Pharmacy Graduate application (N=1)
  - Pharmacist Pre-registration - Agreement on Internal Trade application (N=1)
  - Pharmacy Technician Pre-registration Application
- Jurisprudence Exam Appeal (N=1)
- English Language Proficiency Appeal (N=1)
- Implemented re-certification process for Injection Authority
- Requirements / policies / implementation issues related to incorporating structured practical training for reinstatement less than 6 years, reviewed and recommendation forwarded to the Board
- Requirements / policies / implementation issues related to requiring minimum practice hours for registration renewal reviewed and recommendation forwarded to the Board

**Goals for Next Fiscal Year:**

- Annual review of all registration policies
- Review and recommend bylaw changes related to pre-registration and registration requirements and transfer from former category to non-practising register and from former to reinstatement
- Review and recommend bylaw changes related to changes to the Standards, Limits and Conditions for Injection Authority
- Finalize the requirements and processes for International Pharmacy Technician Registration
- Roll-out online pharmacy licensure renewals and registration pre-registration process



College of Pharmacists  
of British Columbia

### **Annual Report to the Board for Residential Care Advisory Committee**

**Reporting Period:** Mar 1, 2014 – Feb 28, 2015

**Membership:**

Rapinder Chahal  
Anna Kownacki  
Wendy Letoria  
Joyce Quon  
Alvin Singh

**Chair:** Douglas Danforth

**Vice Chair:** Maria Ton

**Staff Resource:** Ashifa Keshavji

**Mandate:** To provide recommendations to the Board on matters relating to residential care pharmacy practice issues.

**Responsibilities:**

- To review issues related to the practice of pharmacy for residential care facilities and homes that have been directed to the attention of the committee by the Board, Board committees or College staff.
- To assist in the development of policies, guidelines and legislation pertaining to residential care pharmacy practice and standards.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to common practice issues.

**Relevant Statistical information:**

- Number of meetings: 1

**Accomplishments:**

- Attended the Practice Review Program Forum to provide feedback on Practice Review Program design and implementation in Community Pharmacy
- Provided feedback on the Practice Review Program Forms
- Provided feedback on the bylaw/standards of practice/policy review as identified by the College Board in its current Strategic Plan

**Goals for Next Fiscal Year:**

- Review and update the Interpretation Manual for Residential Care and submit it to the Board for approval.
- Continue to propose legislation changes to the Residential Care Facilities and Homes Standards of Practice.
- Continue to support the Practice Review Committee (PRC) in development of the Practice Review Program (PRP)

## AUDIT AND FINANCE COMMITTEE

### Background

The Board has established the Audit and Finance Committee (Committee) to provide oversight of the annual College of Pharmacists of British Columbia (College) audit. The auditors' report, is incorporated into the College Annual Report which is submitted to the BC Ministry Of Health, as required by the Health Professions Act (HPA) and College Bylaws. In addition, the Committee is responsible for governance oversight of the financial management of the College.

### Authority

Health Professions Act; HPA Bylaws.

### Reporting relationship

The committee reports through the committee chair to the Board after each committee meeting. The Committee will report to the Board during the year as required to meet its responsibilities defined in this Terms of Reference document. A summary report of its activities will be presented to the Board annually.

### Mandate

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

### Responsibilities

#### *Annual Audit*

#### *Planning and preparation*

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

***Audit results***

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

***Auditors' appointment***

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

***Financial oversight***

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

## Membership

~~A minimum of three and a maximum of five Board members. All members will be appointed by the Board. At least one of the committee appointees will be a Board public representative. The chair and vice chair of the Board will be two of the appointed committee members.~~

- At least 3 but no more than 5 Board members appointed by the Board.
- Must include:
  - Board chair and vice-chair
  - Board public representative

## Term of appointment

~~Terms of appointment must not exceed two years. Members are eligible for reappointment by the Board for up to three terms.~~

Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 3 consecutive terms.

Any committee member may resign upon written notification to the committee chair.

## Committee officers

The chair and vice chair of the Board Audit and Finance Committee will be the chair and vice chair of the Audit and Finance Committee determined annually.

## Voting rights

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

## Meeting procedures

<i>Schedule:</i>	At least four times annually to address the tasks identified in the attached Schedule A.
<i>Format:</i>	In person <del>or</del> , by teleconference or <u>by</u> videoconference.
<i>Agenda:</i>	Developed by College staff in consultation with the committee chair with input from committee members.
<i>Attendees:</i>	The Registrar and COO should attend. Other College staff and the external auditors will be invited as needed to participate in specific meetings.
<i>Quorum:</i>	At least 3 committee members.
<i>Minutes:</i>	Drafted by College staff for review and approval at the next committee meeting; filed at the College office.
<i>Secretariat Support:</i>	Provided by the College e.g. meeting coordination, preparation and distribution of materials.

**Conflict-of-interest disclosure**

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

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

**Confidentiality**

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

**Committee performance review**

Annually, the committee will conduct an assessment of its responsibilities and performance. This will take into account its interactions with the Board, Registrar, COO, external auditors and other College staff with regard to meeting its mandate under these Terms of Reference. The outcomes of this self assessment will be used to make changes that will improve the effectiveness of the Committee going forward.

**Amendment to terms of reference**

The Board may amend the committee terms of reference at any time, and should formally review the terms of reference on an annual basis.

## **SCHEDULE A**

The following is a guideline for the tasks that are to be addressed by the committee in each of the meetings through the year. The month in which the meeting takes place corresponds to the known Board meetings in each year. The need for a September meeting is optional e.g. to provide a review of the proposed multi-year financials supporting the College strategic plan, although this can also be done in the November meeting.

### **February Meeting**

- Review Q3 and LE3<sup>1</sup> financials for current year
- Review proposed fiscal budget for upcoming year, including capital budget, contingency funds, insurance
- Meet with auditors and review audit plan for current fiscal year

### **April Meeting**

- Review un-audited year end actuals (Q4) for prior year
- Review investment policy and actual investments
- Review insurance policies, contingency fund allocations
- Committee self-assessment of performance

### **June Meeting**

- Review Q1 and LE1 financials for current year
- Meet with auditors' and review their report
- Review outcomes of audit with College management and Board
- Formally recommend whether Board should accept auditors report. Required to support submission of the audited financials with the College annual report that is filed with the Ministry of Health not later than 120 days after the end of the College fiscal year (June 28<sup>th</sup>).
- Propose Board retains existing auditors or inform Board that the Committee is putting a plan into place to find new auditors

### **September Meeting (as required)**

- Review multi-year financial plan as part of strategic plan review (if applicable, or in Nov meeting)
- If needed from June meeting decision - review options on alternative auditors provided by management, and make recommendation to Board on which auditor to hire for current fiscal year.

### **November Meeting**

- Review Q2 and LE2 for current year
- Annual summary report for Board
- Update membership of Committee as required by results of annual Board elections
- Recommend auditors for current fiscal year (Board to approve)

Other agenda items can be added as needed at each of the above meetings.

Additional meetings can be added as needed by the committee to address unexpected or special issues that require more time.

<sup>1</sup> LE = latest estimate of projected full year budget. There are three estimate updates during the year LE1, LE2, LE3.

## COMMUNICATIONS AND ENGAGEMENT ADVISORY COMMITTEE

### Background

The Board has established the Communications and Engagement Advisory Committee.

### Authority

Health Professions Act (HPA); HPA Bylaws; ~~Pharmacy Operations and Drug Scheduling Act (PODSA), and PODSA Bylaws.~~

### Mandate

To provide recommendations to the Board on matters related to communication and engagement.

### Responsibilities

- Review the College's Engagement and Communications Strategy annually to ensure that it continues to meet the needs of the College in communicating its mission, vision, and mandate.
- Provide the College's professional communications staff with regular opportunities to utilize the knowledge, skills, ability, and experience of pharmacists, pharmacy technicians, and public members serving on the committee to enhance the quality of College communications.
- Provide advice, oversight and make recommendations to the Board on strategies designed to ensure the successful achievement of Strategic Goal 1 (Public Expectations) and that the roles and values of the profession that have been established are aligned with the expectations of the public.
- Make suggestions on topics or issues that should be addressed by the College in its various communications tools, and provide perspective during the development stages of various communications and engagement activities.

### Reporting relationship

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

### Membership

- Eight total members including a member of the Board ~~who will act as Chair.~~
- At least four full pharmacists or pharmacy technicians appointed by the Board. Of those ~~four plus the Chair (if he or she is a full pharmacist or pharmacy technician)~~ four, at least one must be ~~practising in a hospital pharmacy setting and one must be~~ a pharmacy technician.
- One communications professional with a minimum of five years generalist practice and holding either ABC (*Accredited Business Communicator*) or APR (*Accreditation in Public Relations*) professional accreditation, a post-secondary degree or diploma in a communications or public relations discipline, or demonstrated knowledge, skills, and abilities in public relations/communications practice.
- Two public members

## Term of appointment

- ~~• Appointments are for one year terms. Appointees may be reappointed at the discretion of the Board, balancing the need to continuity and experiment with the need to refresh the committee. Notwithstanding that, the term of this committee ends at the same time as all other committees.~~
- ~~• Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 3 consecutive terms.~~
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the chair. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

## Committee officers

~~The committee will recommend to the Board the appointment of a Vice Chair and/or new committee members as vacancies or extraordinary needs arise.~~

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

## Voting rights

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

## Meeting procedures

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

### **Conflict-of-interest disclosure**

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

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

### **Confidentiality**

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

### **Remuneration**

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

### **Amendment to terms of reference**

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

## COMMUNITY PHARMACY ADVISORY COMMITTEE

### Background

The Board has established the Community Pharmacy Advisory Committee.

### Authority

Health Professions Act (HPA); HPA Bylaws; ~~Pharmacy Operations and Drug Scheduling Act (PODSA), and PODSA Bylaws.~~

### Mandate

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

### Responsibilities

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

### Reporting relationship

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

### Membership

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

### Term of appointment

~~Committee appointments are for one year terms. Appointees may be reappointed at the discretion of the Board, balancing the need to continuity and experiment with the need to refresh the committee.~~

Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 3 consecutive terms.

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

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

## Committee officers

~~The committee members will recommend to the Board the appointment of a chair and vice-chair from amongst the committee's members for a term of one year. The committee members will recommend to the Board the appointment of new committee members as vacancies or extraordinary needs arise.~~

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

## Voting rights

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

## Meeting procedures

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

## Conflict-of-interest disclosure

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

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

## Confidentiality

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

## Remuneration

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

**Amendment to terms of reference**

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

## DISCIPLINE COMMITTEE

### Background

The Board is required to establish a Discipline Committee.

### Authority

Health Professions Act (HPA); HPA Bylaws; Pharmacy Operations and Drug Scheduling Act (PODSA) and PODSA Bylaws.

### Mandate

Hear and make a determination of a matter referred to the committee regarding a registrants conduct, competency and/or ability to practice, pursuant to legislation.

### Reporting relationship

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

### Responsibilities

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

### Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board- (there must be representation from both groups of registrants).
- At least 1/3 of its members must be public representatives, of which at least one of whom must be an appointed Board member.

### Panels

The committee may meet in panels of at least 3 persons but not more than 5 persons, and each panel must include at least 1/3 public representatives, which must include at least 1 public representative, at least 1 full pharmacist for pharmacist hearings and at least 1 technician for technician hearings.

The chair of the discipline committee must appoint the members of a panel and must designate a chair of the panel.

The panel may exercise any power, duty or function of the discipline committee.

## Term of appointment

~~Committee appointments are for one year terms. Appointees may be reappointed at the discretion of the Board, balancing the need to continuity and experiment with the need to refresh the committee.~~

Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 3 consecutive terms.

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

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

## Committee officers

~~The Discipline Committee will recommend to the Board the appointment of a chair and vice-chair from amongst the committee's members for a term of one year.~~

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

## Voting rights

Each Discipline Committee member, including each public representative, is entitled to one vote on all matters coming before the committee or a panel of the committee.

## Meeting procedures

*Schedule:* As required to fulfill its mandate and responsibilities.

*Format:* In person.

*Hearing agenda:* Developed by discipline panel chair.

*Attendees:* Discipline hearings must be in public unless otherwise directed by the discipline committee.

*Quorum:* A majority of the committee or all members of a panel.

## Conflict-of-interest disclosure

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

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

## **Confidentiality**

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

Any public notification required by legislation will be made by the registrar at the direction of the discipline committee.

## **Remuneration**

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

## **Amendment to terms of reference**

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

## ETHICS ADVISORY COMMITTEE

### Background

The Board has established the Ethics Advisory Committee.

### Authority

Health Professions Act (HPA); HPA Bylaws; ~~Pharmacy Operations and Drug Scheduling Act (PODSA), and PODSA Bylaws.~~

### Mandate

To provide recommendations to the Board and the registrar on matters relating to the code of ethics, conflict of interest standards and any related policies or guidelines.

### Responsibilities

- Provide advice and guidance regarding ethical questions and dilemmas that have been directed to the committee from the Board, Board committees or College staff.
- Review and recommend updates to the code of ethics and conflict of interest standards as necessary.
- Consult on education program proposals relating to ethics issues.

### Reporting relationship

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

### Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board- (there must be representation from both groups of registrants).
- A credentialed ethicist (ie; doctorate in philosophy with a specialization in medical or bioethics or a doctorate in philosophy with experience in medical ethics, such as a chair or committee member of an ethics review Board).
- One public member

## Term of appointment

~~Committee appointments are for one year terms. Appointees may be reappointed at the discretion of the Board, balancing the need to continuity and experiment with the need to refresh the committee.~~

Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 3 consecutive terms.

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

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

## Committee officers

~~The committee members will recommend to the Board the appointment of a chair and vice chair from amongst the committee's members for a term of one year. The committee members will recommend to the Board the appointment of new committee members as vacancies or extraordinary needs arise.~~

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

## Voting rights

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

## Meeting procedures

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

### **Conflict-of-interest disclosure**

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

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

### **Confidentiality**

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

### **Remuneration**

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

### **Amendment to terms of reference**

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

## HOSPITAL PHARMACY ADVISORY COMMITTEE

### Background

The Board has established the Hospital Pharmacy Advisory Committee.

### Authority

Health Professions Act (HPA); HPA Bylaws; ~~Pharmacy Operations and Drug Scheduling Act (PODSA) and PODSA Bylaws.~~

### Mandate

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

### Responsibilities

- Review issues related to the practice of hospital pharmacy that have been directed to the committee by the Board, Board committees or College staff.
- Assist in the development of policies, guidelines and proposed legislation pertaining to hospital pharmacy issues and standards.
- Assist in the identification and definition of hospital pharmacy issues that promote safe medication standards of practice.
- Recommend appropriate action to the Board regarding hospital pharmacy issues.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to common practice issues.

### Reporting relationship

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

### Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board who are practicing in hospital pharmacy.

## Term of appointment

- ~~— Committee appointments are for one year terms. Appointees may be reappointed at the discretion of the Board, balancing the need to continuity and experiment with the need to refresh the committee.~~
- Appointments are determined by the Board not exceeding 2 years and appointees are eligible for reappointment by the Board but may not serve more than 3 consecutive terms.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

## Committee officers

~~The committee members will recommend to the Board the appointment of a chair and vice chair from amongst the committee's members for a term of one year. The committee members will recommend to the Board the appointment of new committee members as vacancies or extraordinary needs arise.~~

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

## Voting rights

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

## Meeting procedures

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

### **Conflict-of-interest disclosure**

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

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

### **Confidentiality**

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

### **Remuneration**

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

### **Amendment to terms of reference**

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

## INJECTION DRUG ADMINISTRATION COMMITTEE

### Background

The Board is required to establish an Injection Drug Administration Committee.

### Authority

Health Professions Act (HPA); HPA Bylaws; [HPA](#) Pharmacists Regulation.

### Mandate

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

### Responsibilities

- Must review, develop and recommend to the Board standards, limits and conditions respecting the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation for the purposes of preventing diseases, disorders and conditions.
- May review the role of practising pharmacists in regard to the performance of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation.
- May make recommendations to the Board, for submission to the Ministry of Health Services, respecting the standards, limits and conditions for practice and any other requirements it considers necessary or appropriate to support the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation for the purposes of treating diseases, disorders and conditions.
- May consult, as it considers necessary or appropriate, with registrants or other individuals who have expertise relevant to drug administration by injection or on any other matter considered by the committee.

### Reporting relationship

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

### Membership

- At least 4 and no more than 7 persons appointed by the Board.
- Must include, one full pharmacist, one medical practitioner confirmed by the College of Physicians and Surgeons of British Columbia as suitable for membership on the committee, one registered nurse confirmed by the College of Registered Nurses of British Columbia as suitable for membership on the committee, and one person nominated by the Ministry of Health Services.

## Term of appointment

~~Committee appointments are for one year terms. Appointees may be reappointed at the discretion of the Board, balancing the need to continuity and experiment with the need to refresh the committee.~~

Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 3 consecutive terms.

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

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

## Committee officers

~~The Injection Drug Administration Committee will recommend to the Board the appointment of a chair and vice-chair from amongst the committee's members for a term on one year. The Injection Drug Administration Committee members will recommend to the Board the appointment of new Injection Drug Administration Committee members as vacancies or extraordinary needs arise.~~

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

## Voting rights

Each Injection Drug Administration Committee member, including each public representative, is entitled to one vote on all matters coming before the committee.

## Meeting procedures

*Schedule:* As required to fulfill mandate and responsibilities; to be determined at first meeting.

*Format:* In person, ~~or~~ by teleconference or by videoconference.

*Agenda:* Developed by College staff in consultation with the committee chair with input from committee members.

*Attendees:* Only Injection Drug Administration Committee members and College staff are entitled to attend committee meetings, unless specifically invited by the committee as a guest.

*Quorum:* A majority of the committee.

*Minutes:* Drafted by College staff for review and approval at next committee meeting; filed at the College office.

*Secretariat Support:* Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

### **Conflict-of-interest disclosure**

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

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

### **Confidentiality**

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

### **Remuneration**

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

### **Amendment to terms of reference**

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

## INQUIRY COMMITTEE

### Background

The Board is required to establish an Inquiry Committee.

### Authority

Health Professions Act (HPA); HPA Bylaws; Pharmacy Operations and Drug Scheduling Act (PODSA) and PODSA Bylaws.

### Mandate

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

### Responsibilities

- Investigate complaints on its own motion or raised by a complainant within timelines as prescribed by the Minister.
- Investigate registrants that fail to authorize a criminal records review check as well as registrants presenting a risk of physical or sexual abuse to children as determined by the Registrar of the Criminal Records Review Act.
- Determine disposition of items (1) and (2).
- Inform registrants, complainants and the Health Professions Review Board (as required) about the inquiry process and complaint outcomes.
- Report to the Board as applicable.

### Reporting relationship

The committee as a whole, reports through the chair to the Board. The committee must submit a report of its activities to the Board annually.

### Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board (there must be representation from both groups of registrants).
- At least 1/3 of its members must be public representatives, of which at least one of whom must be an appointed Board member.

### Panels

The committee may meet in panels of at least 3 persons but not more than 5 persons, and each panel must include at least 1/3 public representatives, which must include at least 1 public representative, at least 1 full pharmacist for pharmacist complaints and at least 1 technician for technician complaints.

The chair of the inquiry committee must appoint the members of a panel and must designate a chair of the panel.

The panel may exercise any power, duty or function of the inquiry committee.

## Term of appointment

~~Committee appointments are for one year terms. Appointees may be reappointed at the discretion of the Board, balancing the need to continuity and experiment with the need to refresh the committee.~~

Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 3 consecutive terms.

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

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

## Committee officers

~~The Inquiry Committee will recommend to the Board the appointment of a chair and vice chair from amongst the committee's members for a term of one year.~~

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

## Voting rights

Each Inquiry Committee member, including each public representative, is entitled to one vote on all matters coming before the committee or a panel of the committee.

## Meeting procedures

<i>Schedule:</i>	As required to fulfill its mandate and responsibilities.
<i>Format:</i>	In person, <del>or</del> by teleconference <u>or by videoconference.</u>
<i>Agenda:</i>	Developed by College staff.
<i>Attendees:</i>	Only Inquiry Committee members, College staff and inspectors, legal advisors as required and registrants upon request are entitled to attend committee and panel meetings.
<i>Quorum:</i>	A majority of the committee or all members of a panel.
<i>Minutes:</i>	Drafted by College staff for review and approval by the Chair or Vice Chair; filed at the College office.
<i>Secretariat support:</i>	Provided by the College including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

**Conflict-of-interest disclosure**

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

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

**Confidentiality**

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

**Remuneration**

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

**Amendment to terms of reference**

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

## JURISPRUDENCE EXAMINATION SUBCOMMITTEE

### Background

The Board has established the Jurisprudence Examination Subcommittee to assist the Registration Committee with the development of and revisions to the Jurisprudence Examination.

### Authority

Health Professions Act (HPA); HPA Bylaws; ~~Pharmacy Operations and Drug Scheduling Act (PODSA) and PODSA Bylaws.~~

### Mandate

To ensure that the Jurisprudence Examination continues as a valid and reliable assessment instrument.

### Responsibilities

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

### Reporting relationship

The subcommittee as a whole reports through the chair to the Registration Committee. The subcommittee must submit a report of its activities to the Registration Committee annually.

### Membership

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

### Term of appointment

~~Subcommittee appointments are for one year terms. Appointees may be reappointed at the discretion of the Board, balancing the need to continuity and experiment with the need to refresh the subcommittee.~~

Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 3 consecutive terms.

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

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

## Subcommittee officers

~~The subcommittee members will recommend to the Board the appointment of a chair and vice-chair from amongst the subcommittee's members for a term of one year.~~

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

The subcommittee members will recommend to the Board the appointment of new subcommittee members as vacancies or extraordinary needs arise.

## Voting rights

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

## Meeting procedures

- Schedule:* As required to fulfill its mandate and responsibilities.
- Format:* In person, ~~or~~ by teleconference or by videoconference.
- Agenda:* Developed by College staff in consultation with the subcommittee chair, with input from subcommittee members.
- Attendees:* Only Jurisprudence Examination Subcommittee members and College staff are entitled to attend subcommittee and panel meetings, unless specifically invited by the subcommittee chair as a guest.
- Quorum:* A majority of the subcommittee.
- Minutes:* Drafted by College staff for review and approval at next subcommittee meeting; filed at the College office.
- Secretariat support:* Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

## Conflict-of-interest disclosure

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

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

## Confidentiality

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

## **Remuneration**

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

## **Amendment to terms of reference**

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

## LEGISLATION REVIEW COMMITTEE

### Background

The Board has established the Legislation Review Committee.

### Authority

Health Professions Act (HPA); HPA Bylaws; ~~Pharmacy Operations and Drug Scheduling Act (PODSA); and PODSA Bylaws.~~

### Mandate

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

### Responsibilities

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

### Reporting relationship

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

### Membership

- Three Board members appointed by the Board:
  - Must include:
    - One pharmacist
    - One pharmacy technician
    - One public

## Term of appointment

~~Terms of appointment must not exceed two years. Members are eligible for reappointment by the Board but may not serve more than three consecutive terms.~~

Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 3 consecutive terms.

A member appointed to the committee ceases to be a member if they are no longer a Board member.

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

## Committee officers

The Board will appointment a chair from amongst the committee's members for a term of one year.

## Voting rights

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

## Meeting procedures

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

## Conflict-of-interest disclosure

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

### **Confidentiality**

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

### **Remuneration**

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

### **Amendment to terms of reference**

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

## **PRACTICE REVIEW (~~PR~~) COMMITTEE TERMS OF REFERENCE**

### **Background**

The Board has established the Practice Review Committee to develop and maintain the Pharmacy Review and the Pharmacy Professionals' Review components of the Practice Review Program (PRP).

### **Authority**

Health Professions Act (HPA); HPA Bylaws; Pharmacy Operations and Drug Scheduling Act (PODSA); PODSA Bylaws.

### **Mandate**

To monitor and enforce standards of practice to enhance the quality of pharmacy care for British Columbians.

### **Responsibilities**

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

### **Reporting relationship**

The committee reports to the Board and must submit a report of its activities to the Board annually.

### **Membership**

- At least six full pharmacists or pharmacy technicians appointed by the Board (there must be representation from both groups of registrants).
- At least 1/3 of its members must be public representatives, of which at least one of whom must be an appointed Board member.

## Panels

The committee may meet in panels of at least 3 persons but not more than 5 persons, and each panel must include at least 1/3 public representatives. ~~which must include at least 1 public representative.~~

The ~~Practice Review Committee~~Chair must appoint the members of a panel and must designate a chair for each panel.

The panel may exercise any power, duty or function of the Practice Review Committee.

## Term of appointment

~~Committee appointments are for one year terms. Appointees may be reappointed at the discretion of the Board, balancing the need to continuity and experiment with the need to refresh the committee.~~

Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 3 consecutive terms.

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

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

## Committee officers

~~The committee members will recommend to the Board the appointment of a chair and vice chair from amongst the committee's members for a term of one year. The committee members will recommend to the Board the appointment of new committee members as vacancies or extraordinary needs arise.~~

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

## Voting rights

Each committee member, including the public representative, is entitled to one vote on all matters coming before the committee.

## Meeting procedures

<i>Schedule:</i>	As required to fulfill its mandate and responsibilities.
<i>Format:</i>	In person, <del>or</del> by teleconference <u>or by videoconference</u> .
<i>Agenda:</i>	Developed by College staff in consultation with the committee chair with input from committee members.
<i>Attendees:</i>	Only Practice Review (PR) Committee members and College staff are entitled to attend committee and panel meetings, unless specifically invited by the committee chair as a guest.
<i>Quorum:</i>	A simple majority of the committee.
<i>Minutes:</i>	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
<i>Secretariat support:</i>	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

## Conflict-of-interest disclosure

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

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

## Confidentiality

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

## Remuneration

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

## Amendment to terms of reference

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

## QUALITY ASSURANCE COMMITTEE

### Background

The Board is required to establish a Quality Assurance Committee.

### Authority

Health Professions Act (HPA); HPA Bylaws, ~~Pharmacy Operations and Drug Scheduling Act (PODSA) and PODSA Bylaws.~~

### Mandate

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

### Responsibilities

- Monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants.
- Establish and maintain a quality assurance program to promote high practice standards among registrants and continuous learning and professional development.
- Recommend standards of practice for continuing competency for the Board's approval.
- Establish and maintain a quality assurance program in accordance with current testing standards and assessment practices.
- Develop, update and maintain the CE-Plus content, requirements, and forms.
- Establish standards for monitoring and auditing CE-Plus submissions for compliance with requirements.
- Establish sub-committees and ad hoc working groups for Board appointment, to develop, administer and maintain assessments for the purposes of the quality assurance program.

### Reporting relationship

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

### Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board- (there must be representation from both groups of registrants).
- At least 1/3 of its members must be public representatives, of which at least one of whom must be an appointed Board member.

## Panels

The committee may meet in panels of at least 3 persons but not more than 5 persons, and each panel must include at least 1/3 public representatives. ~~which must include at least 1 public representative.~~

The chair of the quality assurance committee must appoint the members of a panel and must designate a chair of the panel

The panel may exercise any power, duty or function of the quality assurance committee.

## Term of appointment

~~Committee appointments are for one year terms. Appointees may be reappointed at the discretion of the Board, balancing the need to continuity and experiment with the need to refresh the committee.~~

Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 3 consecutive terms.

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

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

## Committee officers

~~The Quality Assurance Committee members will recommend to the Board the appointment of a chair and vice-chair from amongst the committee's members for a term of one year. The Quality Assurance Committee members will recommend to the Board the appointment of new Quality Assurance Committee members as vacancies or extraordinary needs arise.~~

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

## Voting rights

Each Quality Assurance Committee member, including each public representative, is entitled to one vote on all matters coming before the committee or a panel of the committee.

## Meeting procedures

<i>Schedule:</i>	At least three times annually.
<i>Format:</i>	In person, <del>or</del> by teleconference <u>or by videoconference</u> .
<i>Agenda:</i>	Developed by College staff in consultation with the committee chair, with input from committee members.
<i>Panels:</i>	The committee chair, who also designates the panel chair, must appoint panel members. A panel of a committee may exercise any power, duty or function of the committee.
<i>Attendees:</i>	Only Quality Assurance Committee members and College staff are entitled to attend committee and panel meetings, unless specifically invited by the committee or panel chair as a guest.
<i>Quorum:</i>	A majority of the committee or all members of a panel.
<i>Minutes:</i>	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
<i>Secretariat support:</i>	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

## Conflict-of-interest disclosure

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

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

## Confidentiality

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

## Remuneration

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

## Amendment to terms of reference

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

## REGISTRAR EVALUATION TASK GROUP

### Background

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

### Authority

Board policy.

### Mandate

To evaluate the performance of the Registrar and advise the Board on its findings.

### Responsibilities

The Task Group will:

1. Consider the Registrar's success in:
  - a. Providing leadership to the College staff;
  - b. Carrying out the direction of the Board in an efficient and timely fashion;
  - c. Ensuring compliance with the board approved budget;
  - d. Communicating in a timely and respectful way with the membership and the Board; and
  - e. Liaising with government ~~representatives~~ officials to advise on College activities and to seek advice on government issues and priorities.
2. Recommend increases in compensation for the Registrar to the Board for consideration.
3. Delineate the performance outcomes, expectations regarding attitude and behavior, and any compliance requirements that will be used to evaluate the Registrar's performance in the employment contract.
4. Identify and agree with the Registrar on the process and timelines that will be employed for the performance evaluation.
5. Articulate how formative data, that acknowledges achievement and provides direction to further the Registrar's role and development, will be provided to the Registrar for feedback.
6. Ensure that the information regarding the performance evaluation of the Registrar is kept confidential.

### Reporting relationship

The task group reports through the chair to the Board.

## Membership

- The Board Chair, who will chair the Task Group;
- The Board Vice-Chair;
- A government appointee; and
- Other members as appointed by the Board.

## Term of appointment

~~Committee appointments are for one year terms. Appointees may be reappointed at the discretion of the Board, balancing the need to continuity and experiment with the need to refresh the committee.~~

Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 3 consecutive terms.

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

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

## Voting rights

Each member, including each public representative, is entitled to one vote on all matters.

## Meeting procedures

*Schedule:* To be determined by the task group.

*Format:* In person, ~~or~~ by teleconference or by videoconference.

*Agenda:* To be developed by staff in consultation with the chair.

*Attendees:* Only task group members and invited guests are permitted to attend meetings.

*Quorum:* A majority of the task group.

*Minutes:* ~~Drafted by staff for review and approval~~Approved by the chair or vice chair; filed at the College office.

~~*Secretariat support:* Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.~~

**Conflict-of-interest disclosure**

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

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

**Remuneration**

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

## REGISTRATION COMMITTEE

### Background

The Board is required to establish a Registration Committee.

### Authority

Health Professions Act (HPA); HPA Bylaws; ~~Pharmacy Operations and Drug Scheduling Act (PODSA) and PODSA Bylaws.~~

### Mandate

To ensure that registrants are qualified to practice.

### Responsibilities

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

### Reporting relationship

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

### Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board (there must be representation from both groups of registrants).
- At least 1/3 of its members must be public representatives, of which at least one of whom must be an appointed Board member.

## Panels

The committee may meet in panels of at least 3 persons but not more than 5 persons, and each panel must include at least 1/3 public representatives, which must include at least 1 public representative at least 1 full pharmacist for pharmacist applications and at least 1 pharmacy technician for pharmacy technician applications.

The chair of the registration committee must appoint the members of a panel and must designate a chair of the panel.

The panel may exercise any power, duty or function of the registration committee.

## Term of appointment

~~Committee appointments are for one year terms. Appointees may be reappointed at the discretion of the Board, balancing the need to continuity and experiment with the need to refresh the committee.~~

Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 3 consecutive terms.

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

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

## Committee officers

~~The Registration Committee members will recommend to the Board the appointment of a chair and vice-chair from amongst the committee's members for a term of one year. The Registration Committee members will recommend to the Board the appointment of new Registration Committee members as vacancies or extraordinary needs arise.~~

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

## Voting rights

Each Registration Committee member, including each public representative, is entitled to one vote on all matters coming before the committee or a panel of the committee.

## Meeting procedures

<i>Schedule:</i>	At least three times annually.
<i>Format:</i>	In person <del>or</del> , by teleconference <u>or by videoconference</u> .
<i>Agenda:</i>	Developed by College staff in consultation with the committee chair with input from committee members.
<i>Panels:</i>	The committee chair, who also designates the panel chair, must appoint panel members. A panel of a committee may exercise any power, duty or function of that committee.
<i>Attendees:</i>	Only Registration Committee members and College staff are entitled to attend committee and panel meetings, unless specifically invited by the committee or panel chair as a guest.
<i>Quorum:</i>	A majority of the committee or all members of a panel
<i>Minutes:</i>	Drafted by College staff for review and approval at next committee meeting; filed at the College office
<i>Secretariat Support:</i>	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

## Conflict-of-interest disclosure

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

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

## Confidentiality

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

## Remuneration

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

## Amendment to terms of reference

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

## RESIDENTIAL CARE PHARMACY ADVISORY COMMITTEE

### Background

The Board has established the Residential Care Pharmacy Advisory Committee.

### Authority

Health Professions Act (HPA); HPA Bylaws; ~~Pharmacy Operations and Drug Scheduling Act (PODSA) and PODSA Bylaws.~~

### Mandate

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

### Responsibilities

- To review issues related to the practice of pharmacy for residential care facilities and homes that have been directed to the attention of the committee by the Board, Board committees or College staff.
- To assist in the development of policies, guidelines and legislation pertaining to residential care pharmacy practice and standards.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to common practice issues.

### Reporting relationship

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

### Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board who are practicing in the area of residential care.

### Term of appointment

~~Committee appointments are for one year terms. Appointees may be reappointed at the discretion of the Board, balancing the need to continuity and experiment with the need to refresh the committee.~~

Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 3 consecutive terms.

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

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

## Committee officers

~~The committee members will recommend to the Board the appointment of a chair and vice chair from amongst the committee's members for a term of one year. The committee members will recommend to the Board the appointment of new committee members as vacancies or extraordinary needs arise.~~

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

## Voting rights

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

## Meeting procedures

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

## Conflict-of-interest disclosure

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

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

## Confidentiality

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

## Remuneration

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

**Amendment to terms of reference**

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

## ADVANCED PRACTICE PHARMACIST TASK GROUP

### Background

The Board has established the Advanced Practice Pharmacist Task Group.

### Authority

Health Professions Act (HPA); HPA Bylaws; ~~Pharmacy Operations and Drug Scheduling Act (PODSA) and PODSA Bylaws.~~

### Mandate

To provide recommendations to the Board on matters relating to Advanced Practice Pharmacist policy development, program design, implementation and evaluation.

### Responsibilities

- Provide recommendations regarding Advanced Practice Pharmacist program requirements including but not limited to eligibility criteria, application requirements, application assessment criteria and processes, advanced practice authorization and stakeholder engagement.
- Assist in the review and development of advanced practice pharmacist policies, guidelines, and standards.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to anticipated practice issues.

### Reporting relationship

The task group as a whole reports through the chair to the Board. The task group must submit a report of its activities to the Board at the end of the task group term.

### Membership

- Ten voting members appointed by the Board including:
  - Four full pharmacists from community pharmacy practice (two from chain drug pharmacies and two from independent pharmacies),
  - Four full pharmacists from hospital pharmacy practice
  - A pharmacy undergraduate student
  - A public member

### Term of appointment

Appointments by the Board are for the duration of the task group term as required by the project.

### Task group officers

~~The task group members will recommend to the Board the appointment of a chair and vice chair from amongst the task group's members for the task group. The task group members will recommend to the Board the appointment of new task group members as vacancies or extraordinary needs arise.~~

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

## Meeting procedures

<i>Schedule:</i>	As required to fulfill its mandate and responsibilities.
<i>Format:</i>	In person (preferred), <del>or</del> by teleconference <u>or by videoconference</u> .
<i>Agenda:</i>	Developed by College staff in consultation with the task group chair with input from task group members.
<i>Attendees:</i>	Only Advanced Practice Pharmacist Task Group members and College staff are entitled to attend task group meetings, with the exception of invited guests.
<i>Quorum:</i>	A majority of the task group.
<i>Minutes:</i>	Drafted by College staff for review and approval at next task group meeting; filed at the College office.
<i>Secretariat Support:</i>	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

## Conflict-of-interest disclosure

Members must declare conflicts of interest prior to the discussion of individual files.

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

## Confidentiality

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

## Remuneration

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

## Amendment to terms of reference

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

## EXTEMPORANEOUS COMPOUNDING TASK GROUP

### Background

The Board has established the Extemporaneous Compounding Task Group.

### Authority

Health Professions Act (HPA); HPA Bylaws; ~~Pharmacy Operations and Drug Scheduling Act (PODSA) and PODSA Bylaws.~~

### Mandate

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

### Responsibilities

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 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
4. Work collaboratively with other College practice advisory committees to ensure a cohesive approach to anticipated practice issues

### Reporting relationship

The task group as a whole reports through the chair to the Board. The task group must submit a report of its activities to the Board at the end of the task group term.

### Membership

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

### Term of appointment

Appointments by the Board are for the duration of the task group term as required by the project.

### Task group officers

~~The task group members will recommend to the Board the appointment of a chair and vice chair from amongst the task group's members for the task group. The task group members will recommend to the Board the appointment of new task group members as vacancies or extraordinary needs arise.~~

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

## Meeting procedures

<i>Schedule:</i>	As required to fulfill its mandate and responsibilities.
<i>Format:</i>	In person (preferred), <del>or</del> by teleconference <u>or by videoconference</u> .
<i>Agenda:</i>	Developed by College staff in consultation with the task group chair with input from task group members.
<i>Attendees:</i>	Only Extemporaneous Compounding Task Group members and College staff are entitled to attend task group meetings, with the exception of invited guests.
<i>Quorum:</i>	A majority of the task group.
<i>Minutes:</i>	Drafted by College staff for review and approval at next task group meeting; filed at the College office.
<i>Secretariat Support:</i>	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

## Conflict-of-interest disclosure

Members must declare conflicts of interest prior to the discussion of individual files.

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

## Confidentiality

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

## Remuneration

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

## Amendment to terms of reference

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

## INTERDISCIPLINARY RELATIONSHIPS ADVISORY COMMITTEE

### Background

The Board has established the Interdisciplinary Relationships Advisory Committee.

### Authority

Health Professions Act (HPA); HPA Bylaws; ~~Pharmacy Operations and Drug Scheduling Act (PODSA), and PODSA Bylaws.~~

### Mandate

To provide recommendations to the Board on matters relating to pharmacy and interdisciplinary relationships.

### Responsibilities

- Review issues related to pharmacy and interdisciplinary relationships that have been directed to the committee by the Board, Board committee or College staff.
- Promote and enhance collaborative relations with other colleges established under the HPA, regional health boards designated under the Health Authorities Act and other entities in the Provincial health system, post-secondary education institutions and the government.
- Promote and enhance interprofessional collaborative practice between registrants and persons practicing in another health profession.
- Promote and enhance the ability of registrants to respond and adapt to changes in practice environments and other emerging issues related to interdisciplinary relationships.
- Assist in the development of policies, procedures, guidelines and legislation pertaining to pharmacy and interdisciplinary relationship issues and standards.
- Recommend appropriate action to the Board regarding pharmacy and interdisciplinary relationship issues.
- Work collaboratively with other College advisory committees to ensure a cohesive approach related to interdisciplinary relationship issues.

### Reporting relationship

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

## Membership

- ~~• Up to at least six full pharmacists or pharmacy technicians appointed by the Board.~~
- ~~• At least one of its members must be public representatives, of whom must be an appointed Board member.~~
- Up to at least three of its members must be members of other health professions.
- At least 8 persons appointed by the Board
- At least 4 of its members must be full pharmacists or pharmacy technicians
- At least 3 of its members must be members of other regulated health professions
- At least 1 of its members be a Board member (public or registrant)

## Term of appointment

~~Committee appointments are for one year terms. Appointees may be reappointed at the discretion of the Board, balancing the need for continuity and experience with the need to refresh the committee.~~

Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 3 consecutive terms.

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

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

## Committee officers

~~The committee members will recommend to the Board the appointment of a chair and vice chair from amongst the committee's members for a term of one year. The committee members will recommend to the Board the appointment of new committee members as vacancies or extraordinary needs arise.~~

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

## Voting rights

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

## Meeting procedures

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

## Conflict-of-interest disclosure

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

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

## Confidentiality

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

## Remuneration

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

## Amendment to terms of reference

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

## TECHNOLOGY ADVISORY COMMITTEE

### Background

The Board has established the Technology Advisory Committee.

### Authority

Health Professions Act (HPA); HPA Bylaws; ~~Pharmacy Operations and Drug Scheduling Act (PODSA), and PODSA Bylaws.~~

### Mandate

To provide recommendations to the Board on matters related to current and emerging technologies employed in pharmacy practice.

### Responsibilities

- Provide advice, oversight and make recommendations to the Board on strategies designed to ensure the appropriate integration of emerging technologies in to pharmacy practice.
- Review the College's Technology Strategy annually to ensure that it continues to meet the needs of the College in furthering its mission, vision, and mandate.
- Assist in the identification and definition of technology-related issues that influence safe standards of practice.
- Provide guidance in the development of policies and standards pertaining to technology-related issues.

### Reporting relationship

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

### Membership

- ~~Up to seven total members including at least one member of the Board.~~
- ~~Up to four full pharmacists or pharmacy technicians appointed by the Board.~~
- ~~Up two public members~~
- At least 7 persons appointed by the Board.
- At least 4 of its members must be full pharmacists or pharmacy technicians.
- At least 2 of its members are public representatives.
- At least 1 of its members is a Board member (public or registrant).

## Term of appointment

- ~~Appointments are for one year terms. Appointees may be reappointed at the discretion of the Board, balancing the need for continuity and experience with the need to refresh the committee. Notwithstanding that, the term of this committee ends at the same time as all other committees.~~
- Appointments are determined by the Board not exceeding 2 years and appointees are eligible for reappointment by the Board but may not serve more than 3 consecutive terms.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the chair. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

## Committee officers

~~The committee members will recommend to the Board the appointment of a chair and vice chair from amongst the committee's membership for a term of one year. The committee members will recommend to the Board the appointment of new committee members as vacancies or extraordinary needs arise.~~

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

## Voting rights

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

## Meeting procedures

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

**Conflict-of-interest disclosure**

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

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

**Confidentiality**

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

**Remuneration**

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

**Amendment to terms of reference**

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



College of Pharmacists  
of British Columbia

# 19. Review of the 2014 Online Voting Process

---

Presented By:

**Ming Chang**, Board Member

April 16, 2015

## Elections Review:

---

- Elections in 2014 were held electronically after adoption of bylaws that ended the previous postal vote system.
- College contracted with BigPulse, a provider of online polling and electoral solutions. The company provides services to many self-regulating organizations, including the OCP.
- College developed materials to help raise awareness of this new voting system as it has rarely been deployed at the federal, provincial, or municipal levels.
- Conducted a test election for all registrants in those districts to explore the voting site and mark their X after only a few clicks.
- Utilized timelines similar to the previous postal voting system.



# 2014 Board Elections

---

## The following were the three key results in Election 2014:

- In Districts 2 and 4, high profile incumbents were defeated by challengers
- In District 6, Anar Dossa was acclaimed as the Board Member. This marked the second year that no official election was held in a hospital pharmacy district
- In District 8 Bal Dhillon was re-elected but turnout down by half, while holding steady in all other districts.



# Analysis

---

## **The task group discussed and came to the following conclusions:**

- No evidence of interference in election process by outside parties;
- Ongoing monitoring of election process a priority;
- Process used in Districts 2, 4, 6, and 8 should be used in Districts 1, 3, 5, and 7 in 2015 for comparison purposes.
- No recommendation for change at this time.





College of Pharmacists  
of British Columbia

**15. Legislation Review Committee:**  
**b) *Pharmacy Operations and Drug Scheduling Act (PODSA) Pharmacy – Ownership Provisions***

## INFORMATION ONLY

### Purpose

Update the Board on proposed changes to the *Pharmacy Operations and Drug Scheduling Act* (PODSA) regarding pharmacy ownership provisions.

### Background

Amendments are required to PODSA to enhance the accountability and transparency of the ownership of pharmacies in the province, and ensure that owners are appropriate for pharmacy operations.

Currently there is a lack of transparency and accountability of pharmacy ownership in BC. PODSA does not provide the authority for the CPBC to determine who the owners of pharmacies are, ensure that they are suitable, and confirm that they have not been previously convicted of serious criminal offenses. PODSA authority currently only allows the CPBC to request company directorship information, for the purpose of determining that the majority of directors are pharmacists. The CPBC feels that it is inappropriate for individuals convicted of drug offences to own a pharmacy. Legislative amendments are being considered to provide authority to the CPBC to request pharmacy ownership information, including shareholders and sole proprietors, assess their suitability to own a pharmacy, and choose to disallow unsuitable persons from owning pharmacies.

This change is supported by the Medical Beneficiary and Pharmaceutical Services Division (MBPSD) of the Ministry of Health. MBPSD recently brought into force the Provider Regulation of the *Pharmaceutical Services Act*. “The Regulation sets out new enrollment criteria for pharmacies, facilities, and other places where drugs, devices, substances or related services are provided (“sites”). It also sets out the commercial terms for the Province of British Columbia’s relationship with enrolled providers.”

### Discussion

#### ***Lack of Transparency Regarding Pharmacy Ownership***

While one of the key functions of the College is to license and regulate pharmacies in the province, the CPBC has limited information on pharmacy ownership. For instance, the College is regularly provided with the name of a corporation for licensure purposes, and cannot require documentation on the identities of who owns that corporation. Further, section 20 (1) (a) of PODSA allows the College to investigate and reprimand an owner of a pharmacy, as if they were a College registrant. However, without the ability to identify who pharmacy owners are, the College is not able to take action pursuant to this section.

Section 21 of the *Health Professions Act* (HPA) outlines requirements for a register of college registrants that must be maintained by the college Registrar. This register includes information such as, the registrant's name, business address, telephone number, any imposed limits or conditions, and a notation of each cancellation or suspension. In contrast, there is no similar requirement for a registry of owners, who are not already registrants of the College (i.e., non-pharmacist owners, including sole proprietors or shareholders).

This issue of transparency of pharmacy owners is particularly significant for privately-held companies. Whereas publicly-held companies can have a very high number of shareholders and are obliged to disclose corporate financial information, privately-held companies generally have few owners and obligations for transparency. Many small businesses, including community pharmacies, are privately-held. Given the high number of shareholders typically found with publicly-held companies, it would likely be unmanageable to register all of these individuals. These issues will need to be taken into account as this proceeds with proposed amendments.

Overall, the lack of transparency of pharmacy owners constrains the College's public protection mandate, as pharmacy owners can influence the direction and decision-making of a pharmacy. In addition they have access to personal health information of pharmacy patients and access to drugs, including narcotic and controlled drug substances. Further, the CPBC cannot hold these owners accountable for their actions if they do not know who they are. This is an issue for pharmacy regulatory colleges across the country. Ontario and Alberta have taken steps to remedy this issue, through legislation (see 'Legislation' section below for further information).

#### ***Inability to Assess Pharmacy-Owner Suitability***

Provisions in PODSA allow the College to assess the suitability of potential pharmacy premises (under s. 2 (1) (b) (iv)). In addition, s. 19(1)(m) of the HPA provides bylaw-making authority for establishing conditions or requirements for college registrants, including requirements for providing evidence of good character.

In contrast, there are currently no provisions in PODSA that provide authority for the CPBC to assess the suitability of potential owners of pharmacy operations, and their character. Given the role of pharmacies in providing health care services which includes access to confidential patient health records as well as narcotic and controlled drugs to members of the public, it is imperative that pharmacy owners, who influence pharmacy operations, be considered suitable for their position. Given that the CPBC is unable to refuse an unsuitable individual from being a pharmacy owner, its ability to take a proactive role in addressing potential public safety issues is restricted.

#### ***Lack of Authority to Require Criminal Records Checks from Pharmacy Owners***

One of the means by which the CPBC ensures that potential pharmacists and pharmacy technicians are suitable for registration with the College, is by assessing information provided through criminal records checks. The HPA (referred to in s.20(3)) and bylaws under them (s.42(1)(h)(vi)), allows the CPBC to request authorization for criminal record checks of applicants for registration with the College.

Conversely, the CPBC has no authority to request non-pharmacist owners of pharmacies to provide authorization for criminal record checks. Without this ability, the College cannot confirm if potential pharmacy owners have previously been charged with an offence that may direct the College to consider that individual unsuitable. For instance, a pharmacy owner who has been convicted of drug trafficking offences, fraud or privacy breaches, would not be identified through the current pharmacy licensure process. That potential owner may pose a

serious public safety risk should they have access to patient health records and narcotic and controlled drugs.

Below are examples of actual situations where the College's public safety functions would have benefited from enhanced transparency and accountability of pharmacy owner information:

Example One:

In 2010, the Disciplinary Panel of the College of Pharmacists of British Columbia ("the Panel") found that a pharmacist was guilty of incompetence and of a failure to manage two pharmacies. The pharmacist was also found guilty of professional misconduct. In its decision, the Panel noted that while some of the deficiencies in the pharmacist's practice were minor, many were serious and put patient safety at risk.

In deciding on a penalty, the Panel cancelled the individual's registration. In making its decision, the panel considered "that there is a dangerous gulf between the Member's perception and understanding of the responsibilities of a retail pharmacist and the College's requirements and the standards of the profession."

Since the penalty was imposed, the CPBC has continued to receive numerous "tips" that this particular former pharmacist is involved in the ownership of at least 2 pharmacies and recovery homes. However, the College is not able to determine if this individual is an owner of the pharmacy given the limitations of PODSA.

Example Two:

The College previously investigated a pharmacy located in Vancouver, BC, regarding a number of complaints related to methadone dispensing (e.g., complaints about providing money to patients in exchange for methadone prescriptions, etc.). A non-pharmacist was listed as officer of the company on corporate documents; however, it is unclear whether he owned any shares in the pharmacy. Undercover surveillance showed that this individual was very involved in the day-to-day operations of the pharmacy, and regularly interacted with patients. It also showed that he was providing money to patients, which is a contravention of pharmacy standards of practice and conflict of interest standards of the College.

During the College's investigation of this matter, it became apparent that this individual had a lengthy involvement with the criminal justice system. It is likely that he has relevant criminal convictions, which would call into question his suitability to own a pharmacy. Should such an individual have an ownership stake in a pharmacy, it would be beneficial for the College to make a suitability assessment in advance of licensure approval.

**Legislation**

At present, there is no ability for the College to determine whether shareholder owners have criminal records. In addition, there is no ability to know and keep track of who the owners of a corporation are. Further, the legislation does not provide a comprehensive mechanism whereby the College may refuse to license owners and directors, or impose conditions on a pharmacy license if the owners are unsuitable for some reason.

Legislation in Alberta (*Pharmacy and Drug Act RSA 2000, cP-13*) and Ontario (*Drug and Pharmacies Regulation Act RSO 1990 CH.4*) empowers regulatory authorities for pharmacy to keep track of the names and addresses of shareholders, and require that changes be reported. In addition, the Ontario College has a special committee known as the Accreditation Committee that assesses eligibility of applicants (including shareholders) for certificates of accreditation and renewal thereof. There is an appeal system if a certificate of accreditation is not issued, or is issued with terms and conditions. This committee functions similar to a registration

committee but with respect to pharmacy licensing, including overseeing eligibility of the owners of corporations applying for licensure.

### **Next Steps**

As changes to the PODSA are within the domain of the Ministry of Health, the CPBC is being consulted as a key stakeholder in the development of the proposed changes to the ownership provisions. The CPBC is advised that the timeline for the proposed changes is tentatively being scheduled for spring 2016.

The Board will be updated as the work progresses.



College of Pharmacists  
of British Columbia

## 18. Minimum Practice Hours and Structured Practical Training Requirements – Recommendations from Tri-Committees Meeting

---

Presented By:

**Ray Jang**, Registration Committee Chair

April 17, 2015

# Previous College Direction

---

- In February 2013, the Board directed the Quality Assurance Committee to develop an assessment component to replace the Knowledge Assessment (“KA”) exam.
  - The KA exam was not eliminated at this point, since it was used for reinstatement purposes.
- In anticipation of eliminating it in the future, the Board directed the Registration Committee to review and make recommendations regarding the potential of incorporating Structured Practical Training requirements for reinstatement purposes and minimum practice hours for registration renewal.



# Previous College Direction

---

- Since February 2013, there has been a lack of consensus between the committees on whether or not to require:
  - Minimum practice hours for annual registration renewal.
  - Structured practical training for reinstatement, for those in the non-practicing registration category and/or former status for greater than 90 days but less than six years.
- At their November 2014 meeting, the Board directed the Registrar to convene a meeting of the Chairs and Vice-Chairs of the Quality Assurance, Practice Review and Registration committees to develop a consensus recommendation on how to proceed with Minimum Practice Hours and Structured Practical Training Provisions.



# Current CPBC Requirements

---

## Registration Renewal (Annual)

- 15 hours of learning (accredited or non.).
- No minimum practice hour requirement.

## Reinstatement

Length of Absence from Full Register	Key Requirements
Less than 6 years	<ul style="list-style-type: none"> <li>• 15 hours of learning (accredited or non-accredited)</li> </ul>
6 years or more	<ul style="list-style-type: none"> <li>• Structured Practical Training (500 hours)</li> <li>• Jurisprudence Exam</li> <li>• PEBC Qualifying Exam (OSCE/OSPE)</li> </ul>



# Tri-Committees Meeting

---

- On January 26, 2015, a meeting of the Chairs and Vice-Chairs of the Quality Assurance, Practice Review and Registration Committees was convened.
- Members were guided by a number of principles, including:
  - Self-Regulation: Purpose is to protect the public, and professionals are to practice only within the scope of their education, training and competence.
  - Accountability Mechanisms of the College: There are a number of existing accountability mechanisms in place (e.g., legislation, bylaws, Practice Review Program, etc.).
  - Right Touch Regulation: Finding the minimum regulatory force required to achieve the desired outcome.
  - A Broad Definition of Practice: Pharmacy practice has expanded from its traditional role.



# Minimum Practice Hours

---

## Key considerations included:

- Minimum practice hour requirements do not ensure the quality of the practice experience.
- Requirements vary considerably across pharmacy regulatory authorities in Canada and internationally.
- Pharmacy practice is broad; so, setting a specific number of hours applicable to all practice types is very challenging.
- 2013-2014 inquiry/discipline data does not support minimum practice hour requirements.
- Registrants will participate in the College's new Practice Review Program every six years.
- Annual renewal requirements should not be overly onerous.



# Minimum Practice Hours – Recommendation

---

Do not establish a minimum practice hour requirement. The existing requirements applicable to registrants applying for annual registration renewal were considered sufficient:

- Payment of the required fee;
- Successful completion of at least 15 CE units per year; and
- Participate in the Practice Review Program approximately every six years.



# Structured Practical Training

---

## Key considerations included:

- Requirements vary considerably across pharmacy regulatory authorities in Canada and internationally.
- 2013-2014 inquiry/discipline trends do not support heightened requirements for those who recently reinstated to practice.
- Pharmacy practice is broad; so, setting a specific number of practice hours for all practice types and roles, is challenging.
- Registrants may need supports in reinstating to practice, and a period of absence of up to six years is considerable.
- Entry-to-practice requires “training”, while reinstatement requires “re-orientation” or “refreshing” practice processes.
- Other options including mentoring and Continuing Education are appropriate.



## Structured Practical Training - Recommendation

---

Do not require SPT for reinstatement if an individual has been in the non-practicing registration category and/or former status for more than 90 days but less than six years. In such cases, the following additional requirements should be established:

- Successful completion of at least 15 CE units per year or partial year of absence, up to 45 CE units. A minimum of 1/3 (up to 15 units) of the CE units must be accredited.
- All CE units are required to be completed in the year immediately prior to application.



## Recommendations from Tri-Committees Meeting

---

### **MOTION:**

Direct the Quality Assurance Committee to change their policies as follows:

If an individual has been in the non-practicing registration category and/or former status for more than 90 days but less than six years, the following is required:

- Successful completion of at least 15 CE units per year or partial year of absence, up to 45 CE units. A minimum of 1/3 (up to 15 units) of the CE units must be accredited.
- All CE units are required to be completed in the year immediately prior to application.





College of Pharmacists  
of British Columbia

## 19. Integration of Pharmacy Technicians into Community Practice

---

Presented By:

**Bal Dhillon**, Board member and focus group member

**Sam Louie**, Focus group facilitator

**Maria Ton**, Focus group member

April 17, 2015

# College's 2014 Strategic Plan

---

## Five major strategic areas:

1. **Public Expectations**
2. **Interdisciplinary Relationships**
3. **Scope of Practice**
4. **Standards**
5. **Technology**

## An objective under “Scope of Practice” is:

- *Encourage uptake of registered pharmacy technicians into community pharmacy practice settings.*



# November 2014 Board Direction

---

## **The Board received information on the College's *Community Pharmacy Technician Integration Survey* from June 2014:**

- Aim of the survey: To gather information on pharmacy technician and pharmacy operations issues in general, and on how best to encourage the uptake of pharmacy technicians in community practice.
- 263 responses (58 technicians, 196 pharmacists, and 9 did not indicate role).
- Close to 90% knew of assistants who decided not to become technicians.
- Over 50% do not believe that regulated pharmacy technicians are largely practicing to their full scope.
- Most respondents indicated that regulated pharmacy technicians add value to a pharmacy practice.
- Comments often noted that pharmacy technicians add value by “freeing up” pharmacists’ time to concentrate more on patient care services, such as patient counselling and medication reviews.



## November 2014 Board Direction, continued

---

**The Board directed the Registrar to develop a plan that incorporates all of the following recommendations and to report back by April 2015:**

- Evaluate the implementation of pharmacy technician regulation;
- Ensure compliance officers understand the role of pharmacy technicians and their scope; and
- Enhance communications.



## November 2014 Board Direction, continued

---

**Evaluation of the implementation of pharmacy technician regulation is to involve focus group discussions, on the following topics:**

- Individuals' experiences with the implementation of the regulation of pharmacy technicians.
- Has the goal of enhanced responsibility and accountability been met as a result of pharmacy technician regulation?
- Have previous concerns about practicing to one's full scope of practice, and the delegation of responsibilities been addressed through pharmacy technician regulation? If not, why?
- Recommendations on next steps to improve the regulation of pharmacy technicians. What role should the College play in these recommendations?



## Evaluation of Pharmacy Technician Regulation

---

- **The College is holding multiple focus groups and surveying all registrants. The survey builds on a June 2014 CPBC survey.**
- **The initial focus group was held on March 17, 2015. Twenty-two pharmacy professionals attended, including:**
  - 11 pharmacy technicians: four from the hospital sector, six from community pharmacy and one from the CPBC.
  - 10 pharmacists: one from the hospital sector, one who is a recent graduate, and eight from the community sector. There was also a mix of management and non-managers.
  - One pharmacy assistant.
- **The March 2015 focus group was led by an external facilitator.**



## Evaluation of Pharmacy Technician Regulation, continued

**The March 2015 Focus Group consisted of small and large group discussion on the following topics:**

- Experiences with the implementation of the regulation of pharmacy technicians;
- If the goals of pharmacy technician regulation have been achieved;
- Scope of practice and concerns regarding delegation of responsibilities; and
- Recommendations for improvement.



## Evaluation of Pharmacy Technician Regulation, continued

### **Key challenges and issues identified:**

- The lack of understanding about the role and responsibilities of pharmacy technicians.
- The need for better communication within teams and between professional groups on the role and responsibilities of pharmacy technicians.
- A gap in trust between pharmacists and pharmacy technicians.
- Pharmacy technicians may want variety in their jobs, but may only be hired for one particular task. In this case, they cannot practice to full scope.
- Flexibility in, and proper management of, community pharmacy workflows are key to effectively integrating pharmacy technicians into community pharmacies.



## Evaluation of Pharmacy Technician Regulation, continued

### **Recommendations:**

- Holding workshops, town halls, meetings, etc., to help improve the understanding of the role/responsibility of pharmacy technicians.
- Informing companies of the benefits of pharmacy technicians and of investing now to create change in the future.
- Developing examples of business models/workflows for smaller stores, to highlight the benefits of incorporating technicians.
- Identifying studies that explore how to successfully integrate technicians into pharmacy workflows.
- Individuals within the pharmacy profession, including pharmacy technicians, need to advocate for change.



## Evaluation of Pharmacy Technician Regulation, continued

### **The College's potential roles in the recommendations:**

- Enhancing communication by publishing case studies and real-life examples on the roles and responsibilities of pharmacy technicians.
- Developing workshops and focus groups on collaborative pharmacy practice.
- Developing Continuing Education courses on the roles and responsibilities of pharmacy technicians.
- Liaising with community pharmacy management to enhance understanding of pharmacy technician roles.
- Publish information on professional liability issues.



## Evaluation of Pharmacy Technician Regulation, continued

### **The potential roles of other organizations in the recommendations:**

- Professional pharmacy organizations could include pharmacy technicians as members. They can also educate their members on pharmacy technicians' roles and responsibilities.
- Employers in community pharmacies must drive change to better integrate technicians within their pharmacies.
- University pharmacy programs could develop workshops and courses on the roles of pharmacy technicians, including continuing education courses.



## Evaluation of Pharmacy Technician Regulation, continued

---

### Next Steps:

- Development of survey questions based on the focus group discussion:
  - April 2: Draft survey questions were sent to focus group attendees for feedback.
  - End of April 2015: Survey to be sent to all CPBC registrants and pre-registration pharmacy technicians, with May 11<sup>th</sup> deadline (two weeks to complete survey).
  - Summer 2015: Second focus group will be held to discuss the survey finding and next steps.



## Evaluation of Pharmacy Technician Regulation, continued

### **The Evaluation of Pharmacy Technician Regulation Survey, includes questions on the following:**

- Demographic and role information;
- Current staff composition;
- The actual tasks being performed by pharmacy technicians;
- Understanding of the pharmacy technician scope of practice;
- If pharmacy technicians have become more responsible and accountable in the dispensing process;
- The value pharmacy technicians add to a pharmacy; and
- If respondents agree with the key challenges and recommendations identified during the March 2015 Focus Group.



# PRP - Compliance Officers

---

- New College Compliance Officers received training on legislation and standards to ensure they had a clear understanding of the standards of practice requirements for both pharmacists and pharmacy technicians, including:
  - Reviewing all the Federal and Provincial legislation that outlines the requirements that need to be met.
  - Reviewing the NAPRA Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice and Pharmacy Technicians Model Standards of Practice.
  - Reviewing and discussing the checklist criteria that they will use for the Pharmacy Professionals Reviews to ensure a common understanding and consistency amongst all Compliance Officers.



# Enhance Communications

---

A three-pronged approach to better communicate the role and value of a pharmacy technicians to three key stakeholder groups. This consists of:

- 1. Enhance Communications to registrants:** Profiling pharmacy technicians and promoting practices that utilize pharmacy technicians, etc.
- 2. Enhance communications by creating opportunities for discussion and collaborating:** Supporting collaboration at conferences and ‘Professional Development through Collaborative Practice’ regional workshops; working with Health Professional Regulators of BC; and, reviewing achievements/what more can be done.
- 3. Enhance communications to the public:** Creating an online video on the new website; encouraging pharmacy technicians to engage stakeholders; and, ensuring that pharmacy technician roles are a key element of the College’s 2016 public awareness campaign.





a place of mind

THE UNIVERSITY OF BRITISH COLUMBIA

**Faculty of Pharmaceutical Sciences**

# BC Pharmacists in Community-Based Primary Health Care Teams

April 17, 2015

# Outline

- Practice Innovation
- Opportunities in Primary Health Care
- UBC Pharmacists Clinic
- BC Pharmacists in Primary Health Care Teams
- Collaboration with UBC

# Practice Innovation



THE UNIVERSITY OF BRITISH COLUMBIA  
**PHARMACEUTICAL  
SCIENCES**

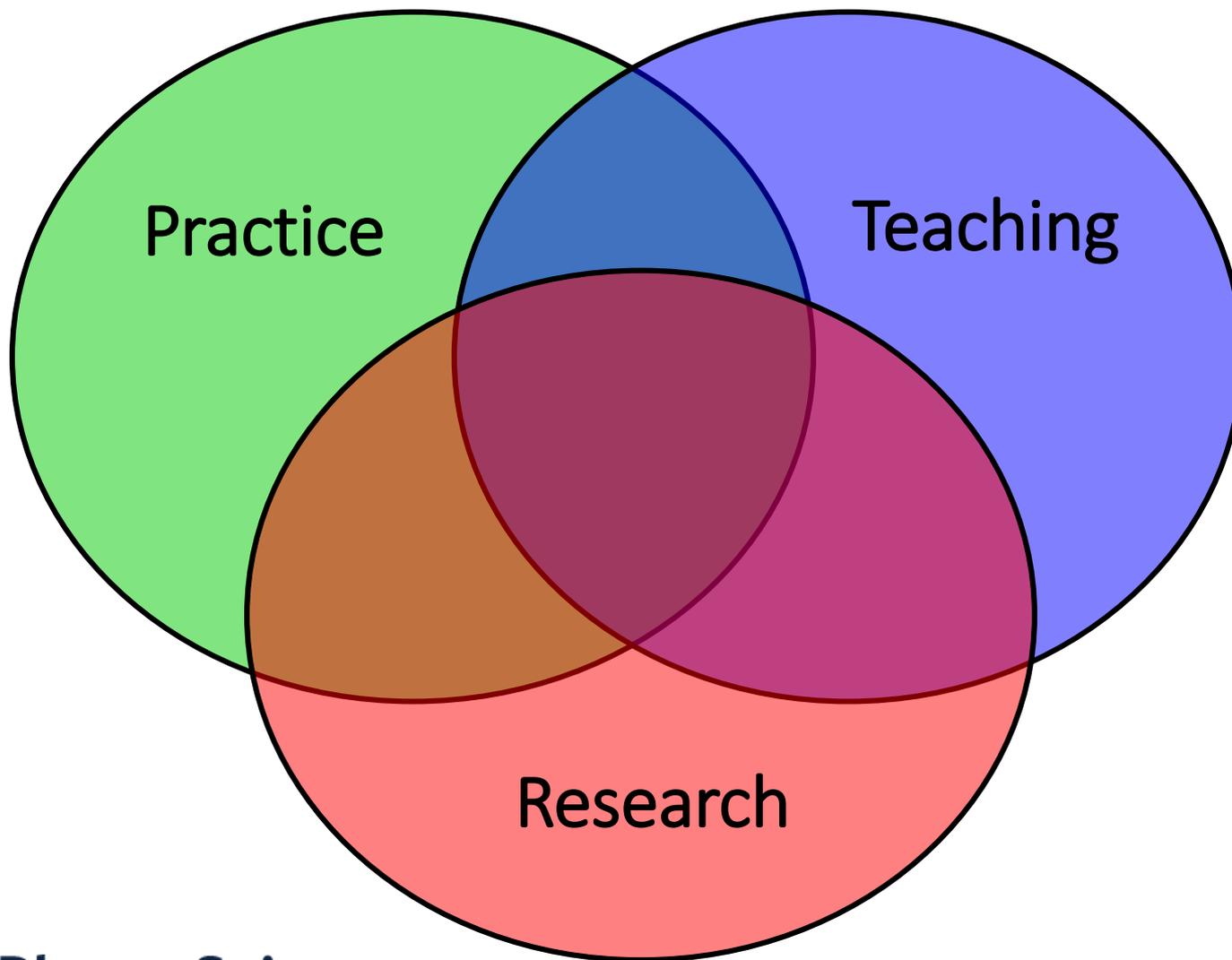
# 2012-2017 Strategic Plan



**Practice Innovation**  
Pharmacy Leadership Through

**Innovation &  
Engagement**

# Practice Innovation Portfolio



# Practice Innovation Portfolio

*Provide leadership in developing contemporary practice models that focus on collaborative team-based, patient-centered care and promote practice change and innovation.*

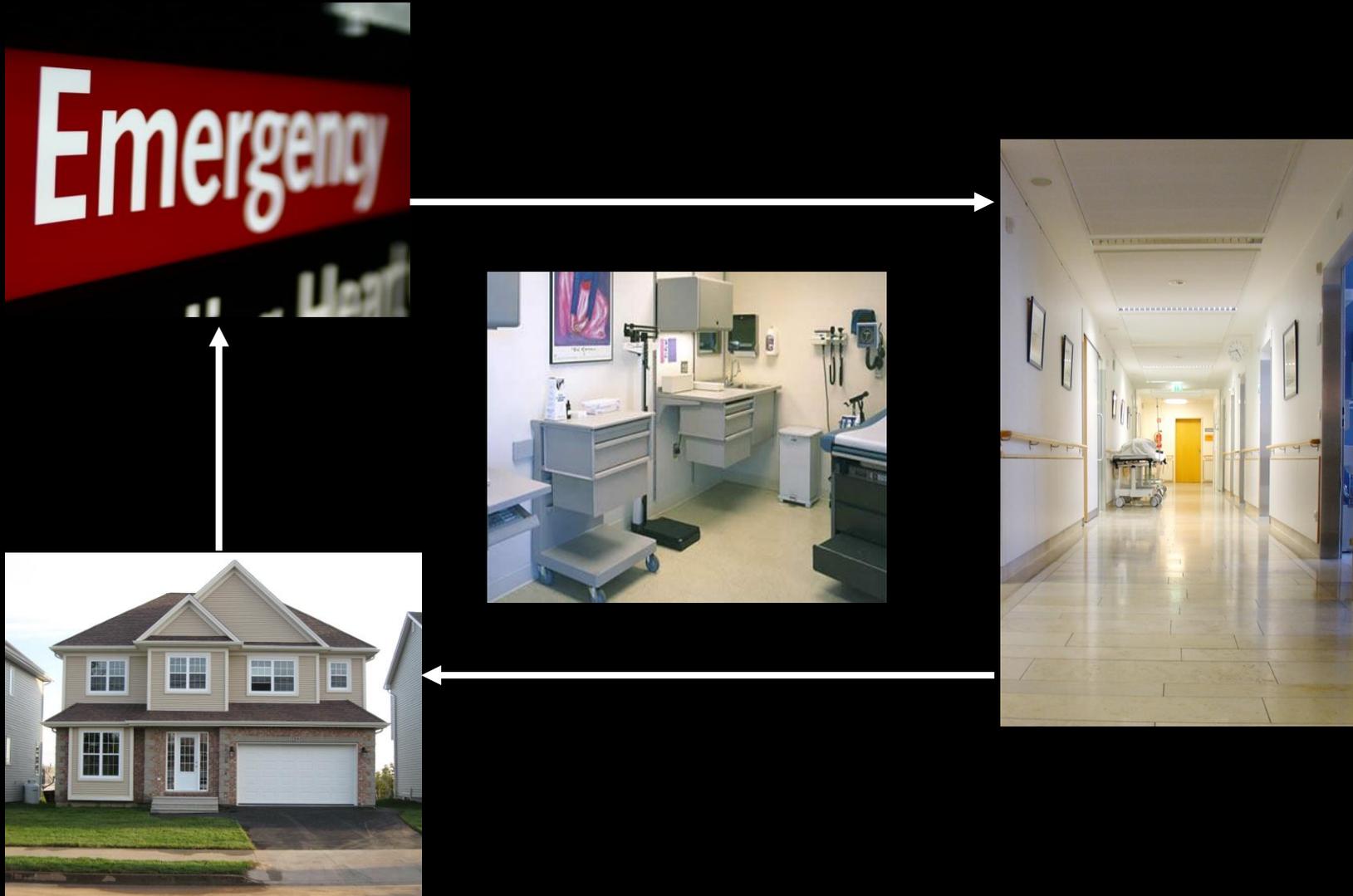


# Practice Innovation Portfolio

- Pharmacists Clinic
- Coordinator, Practice Innovation Primary Care
- Initiative in Medication Adherence
- Initiative in Sustainable Health Care
- AGILE Project (**A**dvancing **E**xperiential Learning **I**n Institutional **L** Pharmacy **P**ractice **E**)
- Partner Appointments
- Pharmacy Practice Residency Programs

# Opportunities in Primary Health Care

# The Care Continuum





Emergency



# Opportunities

- Patient attachment to pharmacists in primary health care
- Physician-pharmacist collaborative relations in primary health care
- Bridge the gap of pharmaceutical care throughout the continuum of care
- Further optimize medication use and implementation of evidence-based therapies
- Reduce preventable ADEs and associated health care resource consumption

# Adverse Drug-Related Events in Canada



# Other Jurisdictions in Canada

- >100 pharmacists in Family Health Teams, Ontario
  - provide on-site, in-office care to patients
  - lead quality improvement efforts focused on better prescribing and medication use
  - documentation is part of the electronic medical record
- >50 pharmacists in Primary Care Networks, Alberta
- ~25 pharmacists in Primary Health Teams, Saskatchewan

Ontario Ministry of Health and Long-Term Care (2005). *Family Health Teams, Advancing Primary Care. Guide to Interdisciplinary Team Roles and Responsibilities*. Retrieved on November 15, 2014 from [http://www.health.gov.on.ca/en/pro/programs/fht/fht\\_guides.aspx](http://www.health.gov.on.ca/en/pro/programs/fht/fht_guides.aspx)

Alberta Health Services (2014). *Primary Care Networks*. Retrieved on November 14, 2014 from <http://www.health.alberta.ca/services/primary-care-networks.html>



## Improving the health of Ontarians through better medication management

Launched in May 2013, OPEN — the Ontario Pharmacy Research Collaboration — is a [multi-institutional](#) and multidisciplinary [research program](#) that's examining the quality, outcomes and value of medication management services that pharmacists and other healthcare professionals provide. OPEN is driven by and is responsive to its [knowledge users](#) — partner organizations that apply OPEN's findings to improve pharmacy practice, the cost-effectiveness of services pharmacists provide, and the quality of healthcare in Ontario.

OPEN is supported primarily by a [\\$5.77 million grant](#) from the [Government of Ontario](#).

### Focus

Ontario has seen significant changes in its healthcare system, some of which have resulted in new and expanded roles and responsibilities for pharmacists, such as the introduction of the various [MedsCheck](#) and [Pharmaceutical Opinion](#) programs, to the recently expanded authority to [administer influenza immunizations and to renew and adapt prescriptions](#).

The province has made a significant investment in these new pharmacist services and may expand pharmacist scope of practice in the future. We need to know more about how effective current services are, if patients are making the best use of them, how they assist other healthcare providers deliver quality care and what new medication management services would benefit patients.



# Beyond Dispensing: The Voice of a Pharmacist Working as a Member of an Interdisciplinary Primary Health Care Team



A Medicare@50 blog post by:

Susan Troesch – Clinical Pharmacist

Mid-Main Community Health Centre (Vancouver, BC)

Follow them [@Mid\\_MainCHC](#)

*“Sadly, though I was one of the first pharmacists in primary care family practice (in the late 1990s) in Canada, I remain one of the very few currently working in British Columbia”*

move toward an entry to practice PharmD program, it will become even more important that health care professionals learn to practice collaboratively in the interest of providing the best care for Canadians. Sadly, though I was one of the first pharmacists in a primary health care family practice (in the late 1990s) in Canada, I remain one of very few currently working in British Columbia.

# UBC Pharmacists Clinic



## The future of pharmacy arrives early at UBC Patients book hour-long sessions, receive advice not drugs

BY PAMELA FAYERMAN, VANCOUVER SUN APRIL 28, 2014

Recommend 430 Tweet 100 g+1 3 Pin it 1 Comment 22 ShareThis

STORY PHOTOS ( 1 )



Director of the new UBC Pharmacists Clinic Barbara Gobis, right, demonstrates the ability to monitor consultations from a control room to students Nina Bredekamp, left, and Erika Jensen. (Ric Ernst / PNG) (Story by Pamela Frayerman) TRAX #: 00028836A

Photograph by: Ric Ernst, VANCOUVER SUN

VANCOUVER -- It's touted as the best and future model of pharmacy care — not to mention it's the first clinic in Canada where you can get an hour's worth of free advice on all your medications.

### MORE ON THIS STORY

- [Blog: Pamela Fayerman's Medicine Matters](#)
- [B.C. man waits three years for hernia surgery](#)
- [Oregon incinerator stops accepting B.C. medical waste because it contains aborted fetuses](#)
- [Family appeals court ruling that refused to let Margot Bentley die](#)
- [B.C. patients go online in a big way for test results](#)
- [Exercise is the best medicine, B.C. doctors say](#)
- [Availability of junk food...](#)



Kajabi Ne...  
If you teach...  
Next @ her

### HEALTH V



### IN OTHER

22 confirme  
voyage with  
10 warning  
Woman acc  
B.C. real es  
Shark Tank  
Vancouver

# Pharmacists Clinic

- Established innovative practice model
  - pharmacists integrated & working to maximum scope in primary care practice sites
- Prepares learners for inter-professional collaborative practice
  - students and pharmacists
- Site for practice innovation and research



# Approach

- Relationships, trust, respectful collaboration
  - UBC Pharm Sci and Medicine
  - pharmacists and physicians as clinicians
  - existing pharmacist-patient relationships are supported and enhanced
- Value proposition
  - standardized service, expertise, time
  - focus on outcomes, unmet patient needs
- Funding

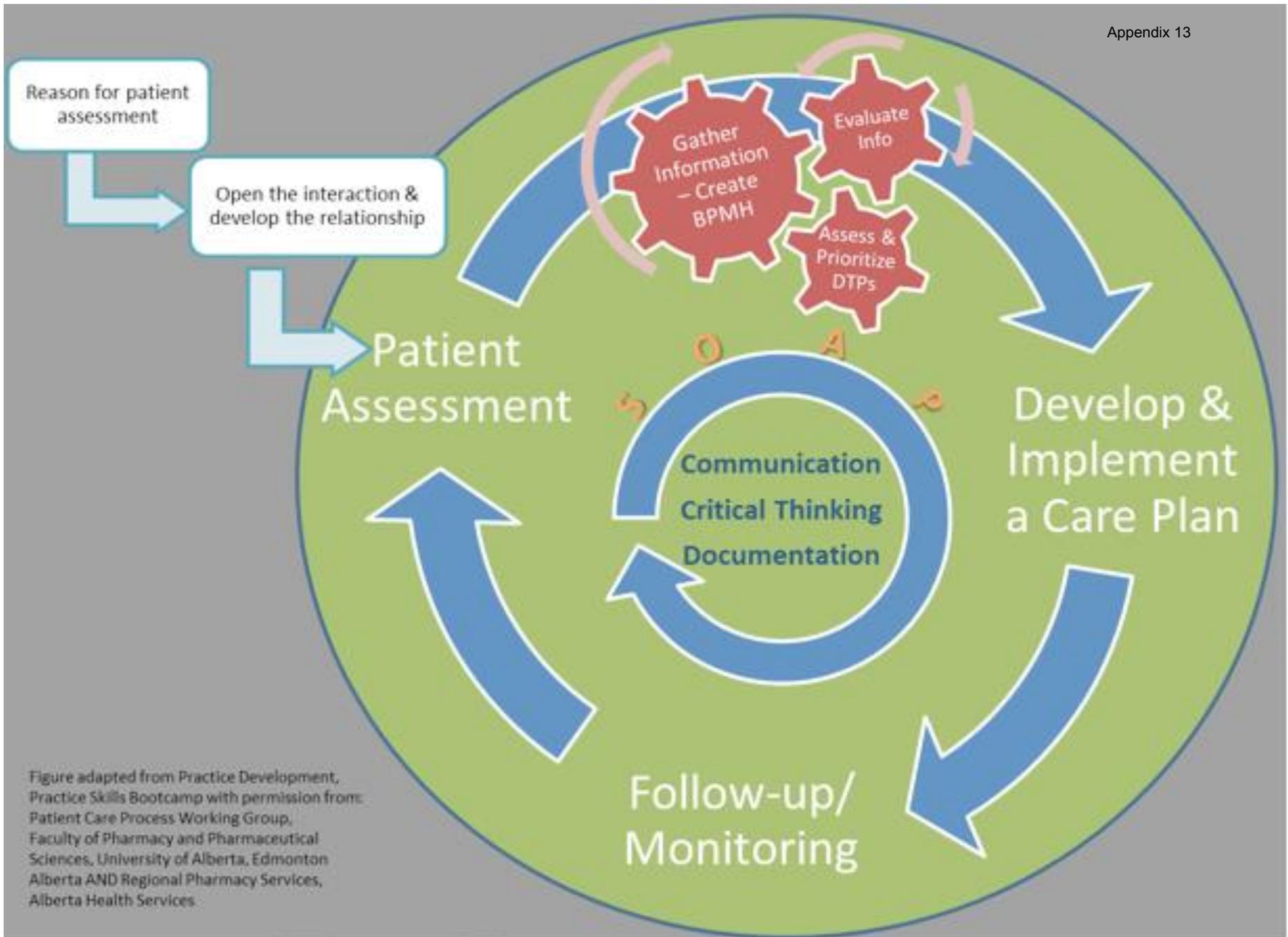


Figure adapted from Practice Development, Practice Skills Bootcamp with permission from: Patient Care Process Working Group, Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta, Edmonton Alberta AND Regional Pharmacy Services, Alberta Health Services

# Patients

- Older and younger
- Multiple health conditions and medications
- Mental health concerns
- Waiting to see a specialist
- With questions and concerns
- Need more time and more help
- Want to be part of their health care process

# Metrics

Parameter	Count *
Patients	2228
Service Episodes	2390
Students	181 undergraduate (rotation or other) 7 resident/graduate
Pharmacist Volunteers	29
Outreach efforts	58

\* First ~ 16 months of operation (Nov 12/13-Mar 31/15)

# Sub-Analysis

November 2013 – 2014

Parameter	Count
Patients	1501
Physician referral	954 (63.5%)
Referral sources	54 Family Physicians 8 Specialists
Location of care	43% Pharmacists Clinic 57% Co-located with Physician
Total Medication Review Claims	1036
MR-S (<0.5%)	5
MR-PC	398
MR-F	190
Unbillable Medication Review Services	443
Publically Funded Vaccinations	473

# Service Models

- Pharmacist located at UBC Pharmacists Clinic
  - pharmacist as consulting clinician
  - virtual inter-professional collaboration
  - patients seen in-person, telephone, telehealth
- Pharmacist co-located in physician's office
  - patients scheduled for 1:1 appointments
  - direct inter-professional collaboration
  - patients seen in-person, phone follow-up option

# UBC Headache Clinic

- Collaboration with Neurologist
  - patient care protocol established
- Patients referred to HC come to PC first
  - complete medication history
  - resolve medication misuse, under-use, over-use problems
  - preparations for Neurologist visit
- Preliminary results (n=25)
  - HC wait time reduced from 12 to 3 months
  - most patients improved before initial appointment at HC

*“The initial consultation with the pharmacist makes the appointment with me a lot more effective.”*



# UBC News

- Home
- Latest News
- Media Resources
- UBC Experts
- Services for UBC
- Media Contacts
- UBC Okanagan News Room

Home / 2015 / January / 14 / Taking the pain out of waiting

## Taking the pain out of waiting

Media Release | January 14, 2015

- Email
- Tweet 8
- Like 9



The UBC Pharmacists Clinic is helping ease headache sufferers' pain.

### UBC Pharmacists Clinic helps headache sufferers find relief before their first specialist appointment

For patients dealing with chronic, debilitating headaches, the wait to be seen by the UBC Headache Clinic can seem like an eternity. But a new partnership with the Faculty of Pharmaceutical Sciences is helping patients before they even step foot inside the clinic.

### Contact

**Lou Corpuz-Bosshart**  
 Assistant Media Relations Specialist  
 Tel: 604.822.3213  
 Cell: 778.240.7589  
[lou.bosshart@ubc.ca](mailto:lou.bosshart@ubc.ca)

### Tweets

Follow

**UBC** @ubcplaceofmind 2h  
 Join @ArvindUBC in his first Twitter Town Hall on Jan 29. Ask your question with #AskArvind president.ubc.ca/askarvind/ Retweeted by UBC Public Affairs  
 Show Media

**UBC News** UBC Public Affairs @ubcnews 44m  
 @UBCSauderSchool prof says low oil prices will stem tide of British Columbians moving to Alberta: ow.ly/HzR7u via @News1130radio  
 Expand

Tweet to @ubcnews

# First Nations Communities

## Direct Patient Care and Telehealth

Community	Pharmacist Services
Bella Bella	September 15 to 26, 2014 Patients receiving care 75 Patient encounters 123 (including 4 home visits, 4 elder centre visits and 11 telehealth appointments) Drug therapy problems identified (estimated) = 337
Mount Currie	October 20 to 31, 2014 Patients receiving care 57 Patient encounters 61 (including 16 home visits and 1 telehealth appointment) Drug therapy problems identified (estimated) = 220



# Fraser NW Division of FP

- Pharmacist on-site
- Test with 10 physicians
  - 60 complex patients seen by on-site pharmacist
- First visit (1 hour)
  - complete medication history
  - identify and resolve issues
  - engage patient
- Follow-up

# Fraser NW Success Factors

- Physician support
  - needs assessment
  - space available
  - physician champion
- Phased approach
  - Fall 2014 – 10 physicians
  - Jan 2015 – 17 more scheduled or interested
- Administrative support
  - on-line booking
  - help for admin staff with the first booking
  - on-line instructions (patient selection, on-site set-up, schedule, integration with GP time, script)

# Pharmacist Consultation Services - Fraser Northwest Division of Family Practice and the UBC Pharmacists Clinic

Please review [this linked document](#) before the Pharmacist's visit

Please prepare a private consultation room, access to a printer for connection to a laptop, and a patient schedule. For initial patient visits please book 60 min. Subsequent visits can be 30-45 min. Physicians may join for the last 15 min.

The Pharmacist is normally booked for a full day at a clinic, which can include multiple physicians. To schedule less time, please indicate the hours requested in the booking form under special instructions.

Please click on a green available day below.

For feedback or to schedule a recurring visit, please contact [itay.wand@fnwdivision.ca](mailto:itay.wand@fnwdivision.ca).

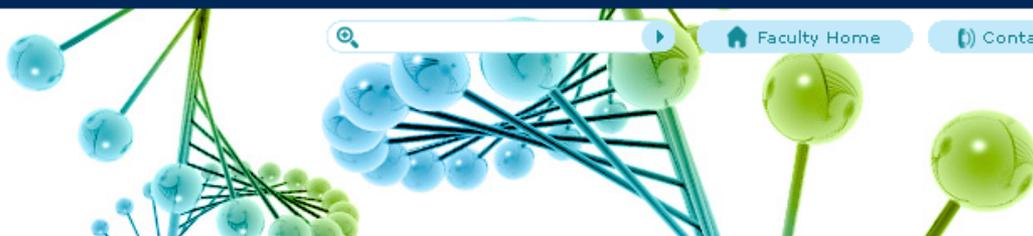
---

<b>Monday, Mar. 23, 2015</b>	<b>Thursday, Mar. 26, 2015</b>	<b>Monday, Mar. 30, 2015</b>	<b>Thursday, Apr. 2, 2015</b>	<b>Monday, Apr. 6, 2015</b>	<b>Thursday, Apr. 9, 2015</b>	<b>Monday, Apr. 13, 2015</b>	<b>Thursday, Apr. 16, 2015</b>
9-5pm	9-5pm	9-5pm	9-5pm	9-5pm	9-5pm	9-5pm	9-5pm





THE UNIVERSITY OF BRITISH COLUMBIA  
PHARMACEUTICAL SCIENCES



Faculty Home



Contact

- About Us
- Programs + Admissions
- Research
- Practice Innovation
- Alumni + Donors
- Careers

- DEAN'S MESSAGE
- OVERVIEW
- FACTS & FIGURES
- STRATEGIC PLAN
- PHARMACEUTICAL SCIENCES BUILDING
- STORY OF MEDICINES
- FACULTY & STAFF
- SAFETY COMMITTEE
- NEWS
- ROOM AND SPACE BOOKING FORM
- VIDEO CONFERENCE ROOM BOOKING FORM
- CONTACT US

## UBC Faculty of Pharmaceutical Sciences and the Department of Family Medicine at McMaster University partner to create new OSCAR module for pharmacists in collaborative care teams

Like

Tweet 18

Calendar

Quick Links

- ▶ [News](#)
- ▶ [Events Calendar](#)
- ▶ [Story of Medicines](#)
- ▶ [Student Societies](#)
- ▶ [CPPD](#)
- ▶ [OEE](#)
- ▶ [Pharmacists Clinic](#)
- ▶ [Pharmaceutical Sciences Analytical Suite \(PSAS\)](#)
- ▶ [Pharmaceutical Sciences Sequencing Centre](#)
- ▶ [Start an evolution](#)
- ▶ [UBC PSSJ](#)
- ▶ [UBC Library: Pharmacy](#)

Media Release: November 12, 2014

The University of British Columbia (UBC) Faculty of Pharmaceutical Sciences and the Department of Family Medicine at McMaster University have recently partnered to create a new module within the open-source OSCAR Electronic Medical Record (EMR). The new module will support pharmacists working in care teams and will mark the first time that both pharmacist and physician functionality is located in the same made-in-Canada EMR.

Health care professionals rely on EMRs to manage patient information, test results, care plans and progress notes. The majority of EMR systems currently available meet the specific needs of family physicians only. It is now recognized that patients have better health outcomes when they receive care from collaborative teams of doctors, nurses, pharmacists and other health professionals.

"We currently use OSCAR and have a special interest in integrating pharmacist and physician needs within the software," says Barbara Gobis, director of the UBC Faculty of Pharmaceutical Sciences' Pharmacists Clinic. "We are making this investment in the spirit of moving pharmacist-physician collaboration to a new level for the benefit of the patients in our care."



- ROOM AND SPACE BOOKING FORM
- VIDEO CONFERENCE ROOM BOOKING FORM
- CONTACT US

# BC Pharmacists in Primary Health Care Teams

# Practice Innovation Model

- Pharmacists in primary health care teams to collaborate in the care of high need patients
  - based on pharmacist co-location model at PC
  - focus on prevention & early intervention, CDM, shifting from secondary to primary care settings
- Scalable model with 50-100 pharmacists linked to Divisions of Family Practice across the Province

# Benefits

- Patient-centered, team-based care
- Pharmacist focus on managing drug therapy problems and preventing/reducing adverse drug events
- Quality assurance
- Optimize health outcomes
- Better physician-pharmacist relations in primary care
- Better pharmacist-pharmacist collaboration in the primary health care continuum

# Benefits

- Existing patient-pharmacist relationships are respected and preserved
- Pharmacists work together across primary care and community pharmacy sites
- Collaboration in patient assessment, care planning, follow-up and evaluation
- Pharmacist access to clinical and education support for continued professional development
- Network of pharmacists across acute care, primary care, tertiary care and community-based practice

# Administration of the Program

- UBC Faculty of Pharm Sci provides provincial oversight
- Human resources, finance, and communications support from UBC
- Operational support from the Pharmacists Clinic
- Quality Assurance
  - Working in a system that expects quality and excellence
  - Overseen and mentored by exemplary clinicians
- Training by UBC available to all pharmacists in BC
- Research and evaluation by UBC CORE

# Administration of the Program

- Coordinate pharmacist placements/schedules
- Identify workspace
- Establish communication systems for information sharing
- Provide electronic documentation of care
- Train standardized comprehensive medication management service

# Without Administrative Support

- Pharmacists often depend on other team members to assist in their integration, creating additional work for nurses and physicians
- Difficulties in collaborating successfully
- Physician resistance, lack of pharmacist assertiveness, inadequate pharmacist support, lack of space and inadequate pharmacist training
- Lack of role clarity
- Unclear expectations of the pharmacists' responsibilities by other team members
- Lack of workflow, appointments, communication systems, documentation system and standardized service delivery
- Poor utilization of pharmacist skills and knowledge
- Less direct patient care provided
- Less value-add outcomes

# Evaluation

- Clinical endpoints
- Humanistic endpoints
- Economic endpoints

# Collaboration with UBC

# Setting Priorities for the B.C. Health System

**SUPPORTING** the health and well-being of B.C. citizens. | **DELIVERING**  
a system of responsive and effective health care services for patients across  
British Columbia. | **ENSURING** value for money.

February 2014



**a place of mind**  
THE UNIVERSITY OF BRITISH COLUMBIA  
**Faculty of Pharmaceutical Sciences**

Appendix 13

## **Primary Health Care Reform with BC Pharmacists**

*Through Team-Based Care and Practice Innovation*

Written Submission to the Select Standing Committee on Health on  
“How can we create a cost-effective system of primary and community care built  
around interdisciplinary teams?”

December 2014



University of British Columbia

# Blueprint for UBC Health



Strengthened **UBC impact and capacity for excellence in health education and research** advancing the national and international reputation of the University in health sciences;

Improved capability and positioning of UBC to play a leadership role in the **creation of an Academic Health Sciences Centre and Network (AHSC/N)** linking UBC's health programs and research institutes, other universities / colleges, the Health Authorities and other stakeholders to improve research and training effectiveness, accelerate the translation of innovation into practice and foster private sector participation.

## B.C. Health System Strategy Implementation

---

### Academic Health Sciences Network

Policy Framework Update, December 7, 2014

In order to succeed, stakeholders within the network must embrace a deep commitment to create a culture of collaboration among patients, health authorities, universities, clinical partners, government and industry – thinking and acting in partnership to serve the public and communities across the province. The principal strategic goals of a provincial AHSN, driven through all work on service improvement, education and research, will therefore be to:

*Improve health: support and facilitate measurable improvements (scale and pace) in the health, healthcare and wellbeing of BC's population, while significantly reducing health inequalities*

*Create wealth: enhance economic gain for our population through improved health outcomes, innovation and implementation, while improving the return on research and healthcare investment.*

# UBC Pharmacists Clinic

## A catalyst for effective practice change

By Barbara Gobis, Jason Min, Larry Leung, Michele Mayorga and Peter J. Zed.<sup>1</sup>

The pharmacy profession is in a time of rapid transition within a health care system that is also undergoing transformation. Anchored by the vision of "optimal drug therapy outcomes for Canadians through patient-centred care," pharmacy stakeholders are making significant changes.<sup>2</sup>

The Faculty of Pharmaceutical Sciences at the University of British Columbia is responsible for educating and training pharmacists in this province, and for research and innovation within the profession.<sup>3</sup> The Faculty has increased its commitment to support the profession within the Practice Innovation portfolio by recently establishing the Pharmacists Clinic.

The Pharmacists Clinic is Canada's first university-affiliated, licensed, pharmacist-led patient care clinic. The Clinic provides the highest possible standard of health consultation services to patients, learning opportunities for health professionals and students, and research opportunities for the health care community.

Located on the mezzanine level of the Faculty of Pharmaceutical Sciences Building, the Clinic complies with all standards for privacy, security, liability, risk mitigation, communications, experiential education, inter-professional (IP) education, ethics and research as set forth by UBC and the

Freedom of Information and Protection of Privacy Act (FIPPA).

The Clinic also meets all the licensing requirements for a community pharmacy; however it only provides patient care services and not prescription filling services.<sup>4</sup> The Clinic has five consultation rooms, meeting rooms, and a reception area. Technology is employed throughout to optimize the collection of, access to and sharing of information. The Clinic runs the Kroll pharmacy software system with an active PharmaNet connection, the Oscar Electronic Medical Record for charting patient care, and Excelleris™ to access diagnostic and medication data. It also uses state-of-the-art, point-of-care testing equipment for patient monitoring, including the WatchBP® Office ABI (blood pressure, atrial fibrillation), DCA Vantage® Analyzer (hemoglobin A1c, renal function), Cholestech LDX® System (lipid panel), INRatio®2 (INR, prothrombin time) and Easy on-PC Spirometer (lung function).

The Clinic team is committed to providing patients with exemplary care that optimizes their drug therapy outcomes. Patients come by referral for appointments with experienced, expert staff pharmacists. Each patient visit follows a standard best practices service model that engages the patient and other members of the health care team in the care process. Services provided include administration of immunizations, comprehensive medication management (including medication reviews), patient education, therapeutic counselling and IP consultation services. As a member of the UBC community, the Pharmacists Clinic team also participates with other departments in initiatives to support the health and well-being of employees on campus (see side bar).

### Collaborations on Campus

### Appendix 13

**UBC Influenza Immunization Program:** UBC Risk Management Services coordinates influenza immunizations for UBC students, faculty and staff each November. In 2013, the Pharmacists Clinic team participated as supervisors of newly authorized student immunizers administering vaccinations across campus. They also coordinated the immunization of people at UBC who did not qualify for the program. The students gained valuable experience immunizing patients with supervision from community pharmacist mentors.

**BC Medications Return Program:** The Pharmacists Clinic promoted the BC Medications Return Program to UBC faculty and staff at the Vancouver campus in January 2014 and takes medication returns in for safe disposal throughout the year.

**UBC Traveling Health Fairs:** Pharmacists Clinic staff and student volunteers worked with UBC Health and Wellbeing and provided Framingham risk assessments and pharmacist consultations to hundreds of faculty and staff in February 2014.



The Pharmacists Clinic reception area during a recent flu clinic.

Consistent with the Faculty's mandate, the Pharmacists Clinic is a place of learning. As an experiential education site, students can spend time using the knowledge they are acquiring in the classroom to develop their patient care skills so they are more practice-ready when they graduate. Students learn how to engage with patients, gather information, prioritize patient needs, provide services, answer patient questions and build rapport and trust in a real-world environment.

Currently, undergraduate students can participate in patient care activities at the Clinic in several ways - as a volunteer for specific patient care initiatives, within an experiential education rotation, as an independent study project or as an observer. The Clinic also offers experiential education opportunities to Doctor of Pharmacy (PharmD) students and pharmacy residents who work and learn alongside the Clinic team in the collaborative care of patients. While at the Clinic, learners also have the opportunity to gain experience in peer teaching and administrative aspects of running a patient care clinic.

As a member of the UBC College of Health Disciplines, the Faculty of Pharmaceutical Sciences is committed to advancing IP education, practice and research by supporting patient-centered learning opportunities between the health professions at UBC and across the health sector in BC.<sup>5</sup>

# BC Pharmacists in Community-Based Primary Health Care Teams

peter.zed@ubc.ca

barbara.gobis@ubc.ca



**a place of mind**

**THE UNIVERSITY OF BRITISH COLUMBIA**

**Faculty of Pharmaceutical Sciences**

Vancouver Campus  
2405 Wesbrook Mall  
Vancouver, BC Canada V6T 1Z3

Phone 604 827 2673  
Fax 604 822 3035  
[www.pharmacy.ubc.ca](http://www.pharmacy.ubc.ca)



College of Pharmacists  
of British Columbia

# Practice Review Program Update

---

Presented by:

**Bob Craigue**, Chair, Practice Review Committee

April 17, 2015

# Launch of Formal Community Practice Review Program

---

## Business Stream: Phase 1 Community Practice

Update	Next Steps
Full roll out of Practice Review Program <ul style="list-style-type: none"><li>○ Incorporated risk prioritization</li></ul>	Schedule pharmacies for June and July 2015 reviews
Scheduled pharmacies for March, April and May 2015 reviews	Incorporate specialty services (Compounding, Methadone, Injections)



# Launch of Formal Community Practice Review Program

---

## Business Stream: Phase 2 Hospital Practice

Update	Next Steps
Governance structure established	Convene workshop to seek broad input on Phase 2 scope and principles
Identified and contracted 2 hospital practice subject matter experts	Develop detailed project plan to guide the development
Further define High-Level requirements and plan	Complete development of High-Level requirements and plan to present to Board at their next meeting



# Launch of Formal Community Practice Review Program

---

## Communications / Stakeholder Stream:

Update	Next Steps
Readlinks: Standing article called PRP Insights	Review of hospital pharmacy consultation to begin
Identified registrants who have undergone reviews and are interested in sharing experiences	Continue to make required adjustments to materials based on registrant feedback
Public Facing materials translated to other languages	



# Launch of Formal Community Practice Review Program

---

## Legislation / Enforcement Stream:

Update	Next Steps
Implemented weekly meetings with Deputy Registrar to discuss issues arising from reviews	Continue to monitor non-compliance items from reviews for feedback on bylaw review process
Monitor non-compliance items from reviews for feedback on bylaw review process	



# Launch of Formal Community Practice Review Program

---

## Human Resources / Operations Stream:

Update	Next Steps
Conducted Compliance Officer's Post-Training Feedback survey	Hire 0.6 FTE

## IT Stream:

Update	Next Steps
Finalization of PRP application	Build reports for administrative use



# Pharmacy Reviews (PR) & Pharmacy Professionals Reviews (PPR) selected/scheduled to date (March 31)

District	Feb 16 <sup>th</sup> -28 <sup>th</sup>		March		April		May	
	PR	PPR	PR	PPR	PR	PPR	PR	PPR
1 & 2	9	14	16	24	16	33	9	26
3	5	7	5	16	3	12	4	15
4	5	7	7	20	4	13	5	17
5	0	0	0	0	4	9	0	0
<b>Total:</b>	19	28	28	60	27	67	18	58



# Compliance Officer Perspective

---

- Onsite review is a good opportunity for registrants to ask questions, ensure they are doing things correctly and ask for clarification if needed
- The pharmacy manager took feedback really well – in some cases they made immediate corrections and discussed them with their staff
- Difficult to see registrants who mean well yet the system/workflow/operation of the pharmacies they work in is weak which results in multiple non-compliance items that require immediate corrective actions



# Registrant Perspective

---

- Although I was stressed, the Pharmacy Pre-Review gave me an opportunity to work on areas that needed improvement before the actual review
- After observing my interactions with five patients, the Compliance Officer was able to point out the different things I missed when interacting with each patient. These pointers will help me strive for more completeness in my patient counselling
- I think this new Practice Review Program is very fair and more relevant to my practice. I think the College has finally developed a program the pharmacists can embrace



# Questions

---





College of Pharmacists  
of British Columbia

# Advanced Practice Pharmacist – Project Update

---

Presented by:

**John Shaske**, Advanced Practice Pharmacist Task Group

April 17, 2015

# Background

---

## Strategic Goal: Scope of Practice 3.B(iii)

- The Board has set as a strategic goal to establish Advanced Practice Pharmacist (APP) certification
- The APP will improve access to the best drug therapy for patients
- The APP certification will make better use of pharmacists who possess specialized clinical expertise and advanced training



# Background

---

- APP certification would expand the pharmacists “tool kit” to include prescriptive authority and the authority to order laboratory tests for their patients
- Inter-professional collaboration is a key requirement of APP certification
- The Ministry of Health (MoH) has requested that the College prepare a supporting document to accompany our request for legislative change



# Discussion

---

- Recently, the MoH requested CPBC *not* to draft any proposed Regulation changes but rather develop supporting documentation that clearly articulates:
  - the societal need for APP
  - proposed certification requirements
  - proposed standards, limits, conditions and
  - barriers and risks to implementing the APP
- The MoH has indicated that the supporting documentation needs to be circulated for external stakeholder consultation prior to submission.



# Next Steps

---

1. Finalize supporting documentation.
2. Circulate supporting documentation to key stakeholders.
3. Respond to stakeholder feedback and complete revisions to supporting documentation.
4. Make the request for regulatory changes to support the establishment of APP.





**COLLEGE *of* PHARMACISTS  
*of* BRITISH COLUMBIA**

# **Professional Development Program for Collaborative Practice**

## **Overview**

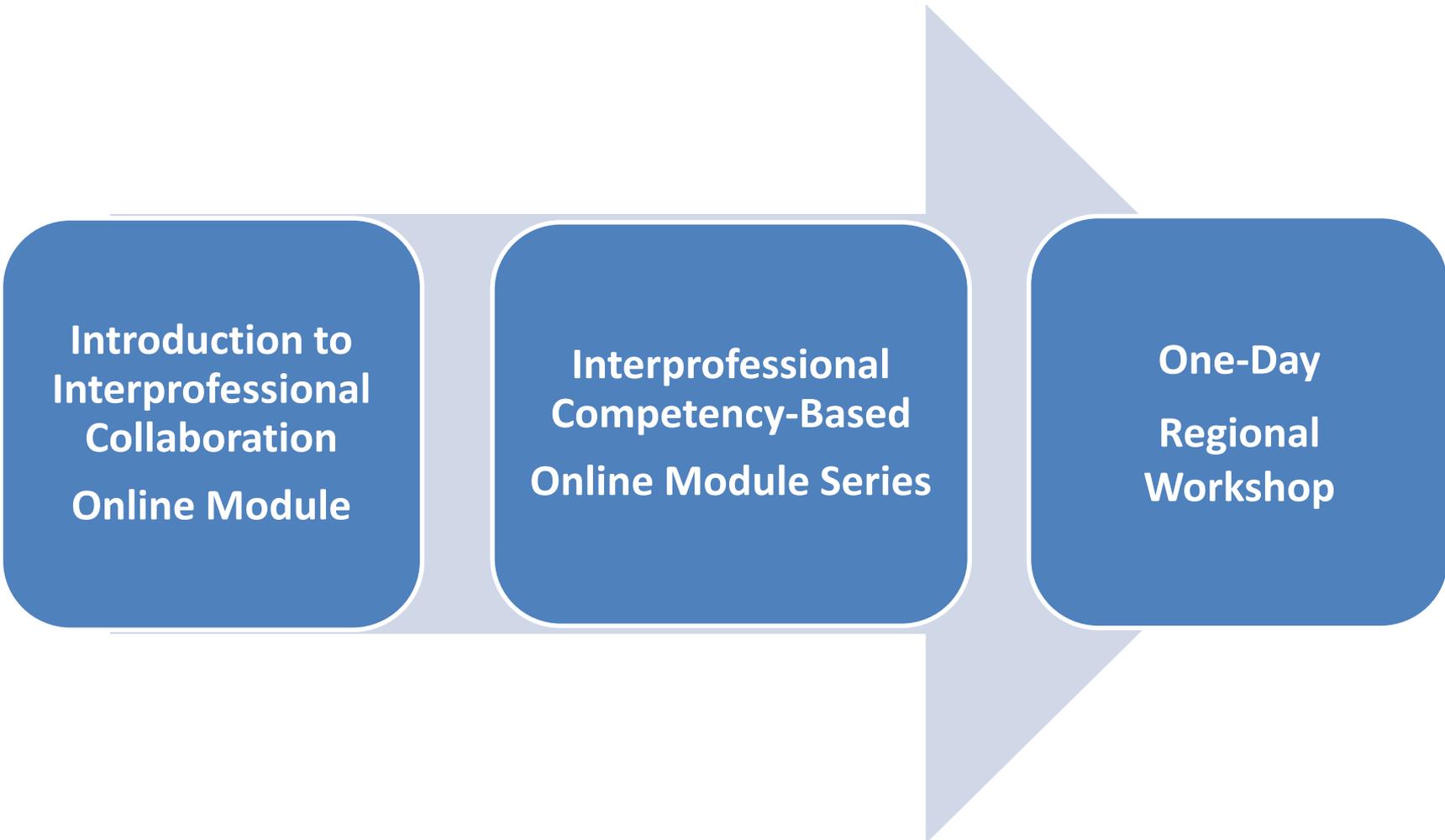
# Goal of the Program

- ✓ Support pharmacists and pharmacy technicians to build relationships with other healthcare professionals.
- ✓ Seek ways to improve the relationships between pharmacists and pharmacy technicians to enhance the quality of patient care.
- ✓ Provide pharmacists and pharmacy technicians opportunities to work together to build a common understanding of their roles, skills and abilities.

# National Interprofessional Competency Framework



# Program Overview



**Introduction to  
Interprofessional  
Collaboration  
Online Module**

**Interprofessional  
Competency-Based  
Online Module Series**

**One-Day  
Regional  
Workshop**

# Online Modules

Total Participants: 274

MODULE	COMPLETE	INCOMPLETE	NOT ATTEMPTED
Introduction to Interprofessional Collaboration	93	106	75
Interprofessional Communication	40	116	118
Patient/Client/Family/Community-Centred Care	41	86	147
Role Clarification	4	108	162
Team Functioning	69	36	169
Interprofessional Conflict Resolution	10	82	182
Collaborative Leadership	48	46	180

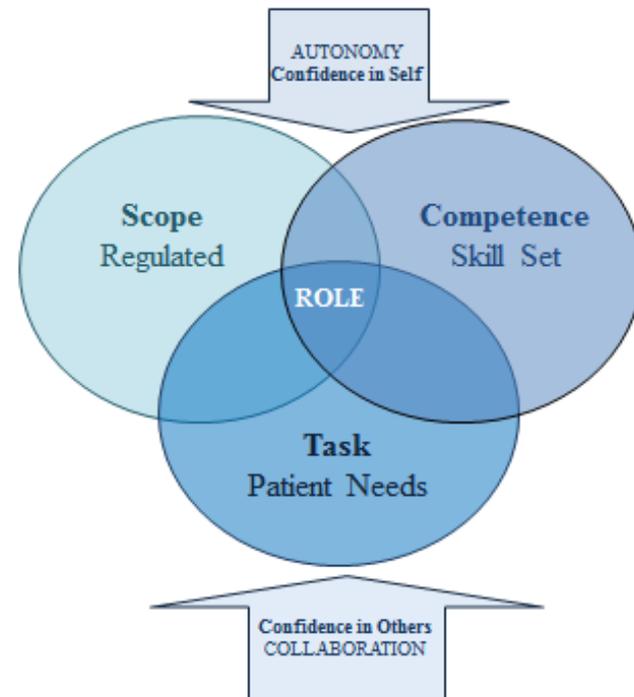
# Module Evaluation

N = 24

- ✓ Short and user-friendly
- ✓ Flexible
- ✓ Informative
- ✓ Easy to understand
- ✓ Liked the videos and interactivity
- ✓ Promoted reflection
- ✓ Provided a good understanding about collaborative communication and how to apply learning with a team
- ✓ Accommodated various learning styles
- ✓ Would like more case studies
- ✓ Would be better if done as part of a team
- ✓ Would like more examples for community settings

# Workshop Learning Objectives

- ✓ Implement communication strategies to ensure role understanding amongst all members
- ✓ Demonstrate the ability to share discipline specific knowledge with other health care professionals
- ✓ Assess how others' skills and knowledge compliment and may overlap with one's own
- ✓ Negotiate actions with others based on an understanding of disciplinary role constraints, overlap of roles, and discipline specific ethical and legal practices



# Recommendations

- ❑ Provide online modules earlier
- ❑ Only require completion of relevant modules (those focused on in the workshop)
- ❑ Include content on interprofessional communication and conflict management
- ❑ Encourage participation of teams

# Next Steps

- ❑ Longitudinal Evaluation – Impact on Practice
  - ✓ What 2 or 3 learnings have stuck with you?
  - ✓ How has your practice changed?
  - ✓ How have your collaborative practice competencies changed?  
(National Competency Framework Self-Assessment Tool)
  
- ❑ Final Report
  - ✓ Completion report
  - ✓ Participant feedback
  - ✓ Recommendations

# QUESTIONS?

**Victoria Da Costa, MA**

[victoria.dacosta@ubc.ca](mailto:victoria.dacosta@ubc.ca)

[www.chd.ubc.ca](http://www.chd.ubc.ca)



**COLLEGE *of* PHARMACISTS  
*of* BRITISH COLUMBIA**