



Board Meeting
September 15, 2017
Held at the College of Pharmacists of British Columbia
200-1765 West 8th Avenue, Vancouver, BC

MINUTES

Members Present:

Anar Dossa, Chair, District 6
Mona Kwong, Vice-Chair, District 1
Tara Oxford, District 3
Christopher Szeman, District 4
Frank Lucarelli, District 5
Arden Barry, District 7
Sorell Wellon, District 8
Norman Embree, Public
Kris Gustavson, Public
Jeremy Walden, Public

Regrets:

Ming Chang, District 2
George Walton, Public

Staff:

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

1. WELCOME & CALL TO ORDER

Chair Dossa called the meeting to order at 11:04am on September 15, 2017.

2. CONSENT AGENDA

a) Items for further discussion

Item 2.b.ii. a) Registrar's Update – Activity Report and item 2.b.ii. b) Registrar's Update – Action Items & Business Arising were removed from the consent agenda and placed onto the regular agenda under item 13.

b) Approval of Consent Items (Appendix 1)

It was moved and seconded that the Board:

Approve the Consent Agenda as amended.

CARRIED

3. CONFIRMATION OF AGENDA (Appendix 2)

It was moved and seconded that the Board:

Approve the September 15, 2017 Draft Board Meeting Agenda as circulated.

CARRIED

4. COMMITTEE UPDATES

a) Discipline Committee

Jeremy Walden, Chair of the Discipline Committee, provided an update.

- For the year 2017:
 - Number of Discipline hearings – 1
 - Number of files in progress – 2
 - Number of pending files – 2
- Fairly consistent number of files being heard by the Discipline Committee each year

b) Governance Committee

Norman Embree, Chair of the Governance Committee, provided an update.

- The Governance Committee met by teleconference on September 13, 2017 and discussed the following:
 - i. Update on the process of populating the Application Committee
 - ii. Combining the Patients Relations Committee with the Ethics Committee
 - Decision would be put forward for discussion at the next Ethics Committee meeting and then presented to the Board for review by this committee
 - iii. Board members as Chairs of committees
 - Proposed for discussion that the list of committees mandating Board members as chairs be amended by adding the ADDITIONAL following four committees to be exempted from this list:
 - Inquiry Committee
 - Discipline Committee
 - Registration Committee
 - Application Committee
 - CURRENT UPDATED EXEMPTED LIST MANDATING BOARD MEMBERS AS CHAIRS NOW INCLUDE:
 - Community Pharmacy Advisory Committee
 - Ethics Advisory Committee
 - Hospital Pharmacy Advisory Committee
 - Residential Care Advisory Committee

iv. **Governance Committee Work-plan**

- Agreed that the Governance Committee work-plan needs to be updated to include scheduled events that are done each year at specific times
- Discussed about the development of a Board calendar to highlight significant requirements of the Board on an annual basis

c) Inquiry Committee

In Ming Chang's absence, Jeremy Walden, Chair of the Discipline Committee provided an update on behalf of the Inquiry Committee.

- For the year 2017:
 - Number of in-person meetings – 2
 - Number of teleconferences – 13
 - Total number of files disposed – 35
- Consistent number of complaint files reviewed as previous years
- Usual types of issues making their way to inquiry level

d) Jurisprudence Examination Subcommittee

Christopher Szeman, Chair of the Jurisprudence Examination (JE) Subcommittee, provided an update.

- The JE Subcommittee meets 3 times a year after each JE sitting
- The JE Subcommittee met on June 28, 2017 and discussed the following:
 - Results of the JE written on June 5, 2017
 - Reviewed statistical data and comments candidates provided
 - Approved the JE results

e) Legislation Review Committee

Jeremy Walden, Chair of the Legislation Review Committee, provided an update under item 9a of the regular agenda.

f) Practice Review Committee

Kris Gustavson, Chair of the Practice Review Committee, provided an update under item 10a of the regular agenda.

g) Quality Assurance Committee

Frank Lucarelli, Chair of the Quality Assurance Committee, provided an update.

- PDAP Mobile App was published on Android, waiting for approval from Apple
 - PDAP Mobile App allows online submission of Continuing Education (CE) credits in a much more efficient manner
 - Soft launch planned for the end of 2017, with the App being fully launched in 2018
- Started conducting audits on the validity of CE submissions from registrants

h) Registration Committee

Jeremy Walden, Chair of the Registration Committee, provided an update.

- For the year 2017:
 - Number of in-person meetings – 1
 - Number of teleconferences – 5
 - Exploring options for fixed meeting dates and ability to meet in panels of 3 to 5

5. AUDIT AND FINANCE COMMITTEE – AUDITOR APPOINTMENT (Appendix 3)

In George Walton's absence, Mona Kwong, Vice-Chair of the Audit and Finance Committee presented on the committee's competitive bid to find a new auditor.

It was moved and seconded that the Board:

Approve the Appointment of BDO Canada LLP as the CPBC auditor for fiscal years ending February 28, 2018 through February 28, 2021, with the option to extend for an additional two years.

CARRIED

6. OUR COMMITMENT TO CULTURAL HUMILITY (Appendix 4)

Gillian Vrooman, Director of Communications and Engagement, presented an overview of the College's strategy to fulfill its pledge to improve BC pharmacy professionals' work with the First Nations and Aboriginal People.

- The Board has agreed:
 - To recommend Board members complete the provincial San'yas Indigenous Cultural Safety Training and various Cultural Safety and Humility training offered by the First Nations Health Authority and BC Patient Safety & Quality Council
 - To commence every Board Meeting with the acknowledgement of the Coast Salish People and the ancestral lands of the Musqueam, Squamish and Tsleil-Waututh First Nations in which we carry out our work on

7. PATIENT VOICES NETWORK PRESENTATION (Appendix 5)

Ben Ridout, Director of Patient & Public Engagement, presented on Patient & Public Engagement. He provided a high level review of how it is being integrated into different sectors of health delivery in BC, followed by a discussion as to how it can be integrated to the work done at the College.

8. COLLEGE ENGAGEMENT IN 2016/17 (Appendix 6)

Gillian Vrooman, Director of Communications and Engagement, presented an overview of the College's engagement process and the scale of engagements completed in the 2016/2017 fiscal year.

9. LEGISLATION REVIEW COMMITTEE (Appendix 7)

Jeremy Walden, Chair of the Legislation Review Committee, presented.

a. Committee Update

Jeremy Walden, Chair of the Legislation Review Committee, provided an update.

- The Legislation Review Committee met on August 15, 2017 and reviewed and recommended two items for Board approval:
 - PODSA Fees and Forms (Filing)
 - Telepharmacy Bylaws (Filing)
- Provided status updates on three projects:
 - Records Management – Electronic Record Keeping
 - Medication Management
 - Opioid Agonist Therapy Policy

b. PODSA Bylaws – Fees and Forms (Filing)

Jeremy Walden, Chair of the Legislation Review Committee, presented on the amendments to the PODSA Bylaws Schedule A – Fee Schedule and related forms for filing. This comes after the Board approved these amendments for a legislated 90 days public posting period at its April 2017 Board meeting.

It was moved and seconded that the Board:

Approve the following resolution to file the amended bylaws that actualize fee changes from the College's 2017/2018 budget and related fee changes for telepharmacy:

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

CARRIED

c. Telepharmacy Bylaws (Filing)

Jeremy Walden, Chair of the Legislation Review Committee, presented on the amendments to the PODSA Bylaws regarding telepharmacies, and a new Schedule F, Part 6 – Telepharmacy, which requires Board approval. This comes after the Board approved the public posting of these proposed bylaws for a 90-day public posting period.

It was moved and seconded that the Board:

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

RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act, and subject to filing with the Minister as required by section 21(4) of the Pharmacy Operations and Drug Scheduling Act, the

Board amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedules attached to this resolution.

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

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

- (3) *Approve rescinding Professional Practice Policy 55 - Telepharmacy*

CARRIED

10. PRACTICE REVIEW COMMITTEE (Appendix 8)

Kris Gustavson, Chair of the Practice Review Committee, presented.

a) Committee Update

Kris Gustavson, Chair of the Practice Review Committee, provided an update.

- The Practice Review Committee met four times in 2017
- For the year 2017:
 - First practice review in hospital practice was conducted April 3, 2017
 - Reviewed results from practice reviews in community practice and feedback from registrants
 - Reviewed forms for pharmacy technicians to reflect new focus areas
 - Launched registrant support tools around preparation and remediation

b) Phase 1 – Community Pharmacy Practice Review Results Summary Report

James Van, Compliance Officer, presented the Practice Review Program's Community Practice Review Results Summary Report.

c) Phase 1 – Community Pharmacy Practice Review Feedback Survey Report

Kris Gustavson, Chair of the Practice Review Committee, presented results from the Practice Review Program's Community Practice Review Feedback Survey.

11. RISK MANAGEMENT POLICY AND RISK REGISTER (Appendix 9)

Mary O'Callaghan, Chief Operating Officer, presented.

It was moved and seconded that the Board:

Approve the College of Pharmacists of British Columbia's Risk Management Policy.

CARRIED

12. NAPRA BYLAWS AMENDMENTS (Appendix 10)

Bob Nakagawa, the Registrar, presented.

It was moved and seconded that the Board:

- (1) *Endorse the proposed NAPRA Bylaws that amend the structure of the NAPRA Board of Directors.*
- (2) *Recommend Blake Reynolds as the representative from British Columbia for the NAPRA meeting on November 9, 2017.*
- (3) *Recommend Bob Nakagawa as a Director on the NAPRA Board, pending final approval of the proposed NAPRA Bylaws.*

CARRIED

13. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA (Appendix 11)

a) Item 2.b.ii. a) Registrar's Update – Activity Report

Kris Gustavson, Chair of the Practice Review Committee, requested clarification from the Registrar on the following items:

Strategic Plan:

The Registrar clarified the progress of the Strategic Plan in an update.

Excellence Canada - Excellence, Innovation & Wellness – Silver Assessment:

The College has been actively engaging with Excellence Canada in establishing a process that engages all level of staff and to ensure that our strategic initiatives are being realized.

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

Chair Dossa requested an update from the Registrar on the MMT Action Plan.

The College has completed MMT reviews as directed by the Board. The Complaints Resolution Department is currently assessing the data and Deputy Registrar, David Pavan anticipate that his department will be able to report back the findings to the Board by early 2018.

ADJOURNMENT

Chair Dossa adjourned the meeting at 3:23pm.



College of Pharmacists
of British Columbia

BOARD MEETING September 15, 2017

<p>2. Consent Agenda b) Approval of Consent Items</p>

DECISION REQUIRED

Recommended Board Motion:

Approve the Consent Agenda as circulated, or amended.

- i. Chair's Report
- ii. Registrar's Update
 - a. Activity Report
 - b. Action Items & Business Arising
- iii. June 23, 2017 Draft Board Meeting Minutes **[DECISION]**
- iv. Committee Updates (Links to Minutes)
- v. Audit & Finance Committee – Finance Report – July Financials
- vi. Practice Review Committee: Phase 1 and 2 Update



College of Pharmacists
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BOARD MEETING September 15, 2017

2.b.i. Chair's Report

INFORMATION ONLY

Since the June Board meeting, I have been involved in the following activities:

- Participated in regular meetings with the Registrar, Deputy Registrar and Vice-Chair regarding Board and College issues
- Participated in Registrar Evaluation Task Group meetings
- Attended Canadian Society of Hospital Pharmacists Council meeting
- Addressed member concerns regarding mandatory Manager course
- Addressed member concerns regarding opioid crisis and pharmacy involvement
- Reviewed and approved agenda for September Board meeting
- Reviewed education session for September Board meeting
- Attended CPhA conference
- Tour BioScript Pharmacy in Richmond



College of Pharmacists
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BOARD MEETING September 15, 2017

2.b.ii. Registrar's Update a) Activity Report

INFORMATION ONLY

Activities

Since the June Board meeting, I have been involved in the following activities:

- Weekly meetings with the Chair, Vice Chair and Deputy Registrar
- Ministry of Health meeting with health researchers
- Meetings with the Ministry of Health Executive about the new administration and transition
- Networking meetings with Deputy Ministers, Associate DMs and ADMs in government
- Internal staff, management, executive, and Excellence Council meetings
- Conversations with OPQ and NAPRA about HC opioid labelling consultation and the NAPRA response
- Co-chaired several Governance Implementation meetings with NAPRA
- Conversations with VCH about injectable opioids in the community
- Attended the BC Health Regulators' meeting
- Meetings with the Dean of Pharmaceutical Sciences and the new Registrar of the Dietitians
- Attended the July and August Inquiry Committee meetings
- Meetings re: Opioid guidelines with MoH and BCCSU; Tour of Pier Health
- Meeting with Michele Babich, Regional Director, LMPS re: sterile compounding requirements
- Meeting of the .Pharmacy Executive Board
- Meetings of the Joint Venture with the College of Dental Surgeons
- Telepharmacy meetings with Owners and Managers re: bylaws

Strategic Plan

- Management Team recently spent a day reviewing the progress of the Strategic Plan and analysing the Operations Plan, Action Items and Tasks set out in the Strategic Planning software, Cascade.
- We continue to refine the structure and use of Cascade.
- The strategy snapshot is attached.
- Some action items are behind because of interconnectivity and resource limitations. Overall, we are doing well in implementing the Strategic Plan

Excellence Canada

The Excellence Council and Project Teams have had a productive summer. Some activities included:

- Developed and approved an Excellence Council Communications Plan (Copy attached.)
- Staff meeting presentation to update all staff.
- The Council reviewed draft policies / plans prepared by Project Teams:
 - Healthy Workplace Policy
 - Risk Management Policy and Risk Register
- Other Action Plan projects were reviewed by the Executive Team
 - Leadership Development opportunities
 - Institute on Governance proposal

The Project Teams continue to work on other Action Plan projects and the Excellence Council will review them at their monthly meeting.

The Business Coach, Catherine Neville, will conduct two half day training sessions in November:

- Change Management
- Rewards and Recognition

She will also work with the Project Team Leads and the Excellence Council, assisting with planning, progress updates and reinforcing the Business Process Improvement training that she delivered in May.

She will provide an updated plan forward for the Excellence Council after the session

Appendix	
1	Strategy Snapshot



STRATEGY SNAPSHOT

Aug 18, 2017 by Mary O'Callaghan

4
STRATEGIC GOALS

9
OBJECTIVES

34
ACTION ITEMS

39%
OBJ COMPLETION

Draft Not started On Track Behind Overdue Complete

LEGISLATIVE STANDARDS & MODERNIZATION

Action Item	2018	2019	Completion
Implement PODSA Modernization (Phase 2) by 31st Aug 2020			Not started
Define any related IT systems business requirements by 31st Aug 2020 (Doreen Leong)			On Track
Design, build, test and implement IT systems needed to support bylaw modernization by 31st Aug 2020 (Mary O'Callaghan)			On Track
Draft new bylaws and policies by 30th Jun 2019 (Christine Paramonczyk)			Behind
Provide business direction for PODSA Ownership changes by 31st Aug 2020 (Doreen Leong)			Not started
Public posting of proposed new bylaws by 30th Sep 2019 (Christine Paramonczyk)			On Track
Stakeholder engagement on new bylaws and policies by 31st Aug 2020 (Gillian Vrooman)			On Track
Implement PODSA ownership changes (Phase 1) by 1st Apr 2018			On Track
Appointment of committee members to Application Committee by 30th Sep 2017 (David Pavan)			On Track
Define Licensure business processes and related IT systems business requirements by 30th Sep 2017 (Doreen Leong)			On Track
Design build, test and implement IT systems needed to support new pharmacy ownership requirements by 15th Feb 2018 (Mary O'Callaghan)			On Track
Distribute Communications on the new licensure process: 100% by 1st Mar 2018 (Gillian Vrooman)			Behind
Draft new bylaws, policies and forms by 30th Sep 2017 (Christine Paramonczyk)			Complete

Establish an Application Committee in bylaw: 100% by 30th Sep 2017 (Doreen Leong)				On Track
Final bylaws and forms approved by the College Board to file with Ministry of Health by 17th Nov 2017 (Christine Paramonczyk)				On Track
New ownership requirements come into effect by 1st Apr 2018 (Christine Paramonczyk)				On Track
Public posting of proposed new bylaws by 30th Sep 2017 (Christine Paramonczyk)				On Track
Stakeholder engagement on new bylaws and pharmacy licensing process by 30th Sep 2017 (Gillian Vrooman)				On Track

DRUG THERAPY ACCESS & MONITORING

Action Item	2018	2019	Completion
Recommend to the Minister of Health that pharmacists be granted the authority to prescribe by 17th Nov 2017			Behind
Board approval to submit proposal for pharmacist prescribing to the Minister of Health by 17th Nov 2017 (Doreen Leong)			On Track
Develop proposal for pharmacist prescribing for submission to the Minister of Health by 17th Nov 2017 (Christine Paramonczyk)			Behind
Revise Draft Framework to reflect collaborative practice pharmacist prescribing by 31st May 2017 (Doreen Leong)			Overdue
Stakeholder engagement on collaborative practice pharmacist prescribing by 31st Aug 2017 (Gillian Vrooman)			Behind
Seek greater access to patient lab values to enhance pharmacists' ability to provide quality, timely service to patients by 28th Feb 2019			Not started

PROFESSIONAL EXCELLENCE

Action Item	2018	2019	Completion
Complete Implementation of Methadone Action Plan by 31st Dec 2018			On Track
Engage stakeholders to address concerns from MMT inspections/undercover operations by 31st Dec 2018 (David Pavan)			Not started
Implement MMT Action Plan Inspections: 40 unit by 31st Dec 2018 (David Pavan)			Complete

Implement MMT Undercover Inspections: 6 unit to 6 unit by 31st Dec 2018 (David Pavan)		Complete
Make legislative changes for Methadone Action Plan by 29th Feb 2020 (Christine Paramonczyk)		Not started
Implement PRP - Hospital by 31st Aug 2017		Complete
Begin scheduling and completing practice reviews at pharmacies across BC by 3rd Feb 2017 (Ashifa Keshavji)		Complete
Launch onsite reviews by 31st May 2017 (Ashifa Keshavji)		Complete

ORGANIZATIONAL EXCELLENCE

Action Item	2018	2019	Completion
Enhance organizational effectiveness of College by 28th Feb 2019			On Track
Implement recommendations of the organizational effectiveness review by 28th Feb 2019 (Bob Nakagawa)			On Track
Streamline Licensure business processes by 28th Feb 2018			On Track
Integrate systems changes by 28th Feb 2018 (Mary O'Callaghan)			Behind
Update business processes by 28th Feb 2018 (Doreen Leong)			Behind
Update IT infrastructure by 28th Feb 2020			On Track
Revamp IMIS system by 28th Feb 2022 (Mary O'Callaghan)			Not started
Support Practice Review Program systems needs by 31st May 2020 (Mary O'Callaghan)			Not started
Update identity and access management by 30th Nov 2017 (Mary O'Callaghan)			Behind
Update systems that support PODSA & HPA by 30th Nov 2018 (Mary O'Callaghan)			Behind
Upgrade Enterprise Content Management system by 30th Nov 2019 (Mary O'Callaghan)			On Track



College of Pharmacists
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BOARD MEETING September 15, 2017

2.b.ii. Registrar's Update

b) Action Items & Business Arising

INFORMATION ONLY

MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS UPDATE
Motion: Direct the Registrar to take the following actions as outlined in the MMT Action Plan: <ul style="list-style-type: none">• Develop, plan and implement new undercover investigations,• Conduct priority inspection of identified MMT dispensing pharmacies,• Continue to build and maintain collaborative relationships with key stakeholders, and• Provide recommendations to the Board to strengthen legislation and licensure requirements.	JUN 2015	IN PROGRESS
Motion: Pursue officially changing the name of the College of Pharmacists of British Columbia to the College of Pharmacy of British Columbia.	SEP 2016	IN PROGRESS
Motion: Direct the Registrar to develop a proposal for pharmacist prescribing within collaborative practice settings – based on the amendment Draft Framework and results of the stakeholder engagement – to be brought to the Board for approval to submit to the Minister of Health for consideration.	NOV 2016	IN PROGRESS
Motion: Direct the Registrar to draft bylaws to adopt the <i>Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations and the Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations</i> , to be effective for May 2021, which will officially establish minimum requirements to be applied in compounding sterile preparations.	APR 2017	IN PROGRESS
Motion: Direct the Registrar to develop bylaws and/or practice standards for Medication Reviews and require mandatory training for pharmacists who wish to conduct them. To be prioritized by the Legislation Review Committee for implementation.	JUN 2017	IN PROGRESS
Motion: Direct the Registrar to develop requirements and training tools as it pertains to the role and responsibilities of the Pharmacy Manager. To be prioritized by the Legislation Review Committee for implementation.	JUN 2017	IN PROGRESS



College of Pharmacists
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BOARD MEETING September 15, 2017

2.b.iii. June 23, 2017 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the June 23, 2017 Draft Board Meeting Minutes as circulated.

Appendix	
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1	June 23, 2017 Draft Board Meeting Minutes (and appendices)
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**Board Meeting
June 23, 2017
Held at the College of Pharmacists of British Columbia
200-1765 West 8th Avenue, Vancouver, BC**

MINUTES

Members Present:

Anar Dossa, Chair, District 6
Mona Kwong, Vice-Chair, District 1
Ming Chang, District 2
Tara Oxford, District 3
Christopher Szeman, District 4
Frank Lucarelli, District 5
Arden Barry, District 7
Sorell Wellon, District 8
Kris Gustavson, Public
George Walton, Public

Regrets:

Norman Embree, Public
Jeremy Walden, Public

Staff:

Bob Nakagawa, Registrar
David Pavan, Deputy Registrar
Mary O'Callaghan, Chief Operating Officer
Ashifa Keshavji, Director of Practice Reviews and Quality Assurance
Doreen Leong, Director of Registration, Licensure and PharmaNet
Christine Paramonczyk, Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement
Stephanie Kwok, Executive Assistant
Kitty Chiu, Executive Operations Manager
Jon Chen, Communications Project Officer

WELCOME & CALL TO ORDER

Chair Dossa called the meeting to order at 10:01am on June 23, 2017.

1. CONSENT AGENDA

a) Items for further discussion

Item 2.b.ii. a) Registrar's Update – Excellence Canada was removed from the Consent Agenda and placed onto the regular Agenda under item 10.

b) Approval of Consent Items (Appendix 1)

It was moved and seconded that the Board:

Approve the Consent Agenda as amended.

CARRIED

2. CONFIRMATION OF AGENDA (Appendix 2)

It was moved and seconded that the Board:

Approve the June 23, 2017 Draft Board Meeting Agenda as circulated.

CARRIED

3. AUDITOR'S REPORT (Appendix 3)

Donna Diskos, from Grant Thornton LLP, presented.

It was moved and seconded that the Board:

Approve the audited financial statements for fiscal year 2016/17 as presented.

CARRIED

4. PRACTICE REVIEW COMMITTEE (Appendix 4)

Kris Gustavson, Chair of the Practice Review Committee, presented.

a) Phase 1 and 2 Update

b) Phase 1 – Pharmacy Professionals Review Focus Areas for Pharmacy Technicians

It was moved and seconded that the Board:

Modify the Pharmacy Professionals Review Focus Areas for Pharmacy Technicians in community practice from:

- *Patient Identification Verification*
- *Profile Check*
- *Counselling*
- *Documentation*

To:

- *Patient Identification Verification*
- *Product Distribution*
- *Collaboration*
- *Documentation*

CARRIED

5. LEGISLATION REVIEW COMMITTEE (Appendix 5)

a) PODSA ByLaws – Public Posting (Owners)

It was moved and seconded that the Board:

RESOLVED THAT, in accordance with the authority established in section 21(8) of the Pharmacy Operations and Drug Scheduling Act, the Board approve the proposed draft bylaws of the College of Pharmacists of British Columbia along with the related forms and schedules for public posting, which operationalize recent amendments made to the Pharmacy Operations and Drug Scheduling Act.

CARRIED

George Walton and Christopher Szeman asked that their negative votes be recorded.

b) HPA Bylaws – Public Posting (Board Terms of Office)

It was moved and seconded that the Board:

Amend the Health Professions Act – Bylaws, to implement a change to the board election cycle whereby elections for four electoral districts are held in each of the first two years, and in the third year, no election is held.

CARRIED

Approve the following resolution:

“RESOLVED THAT, in accordance with the authority established in section 19(1)(6.2) of the Health Professions Act, the board approve the proposed draft bylaws of the College of Pharmacists of British Columbia, regarding elected board member terms of office and the board election cycle, for public posting as circulated.”

CARRIED

6. CERTIFIED PHARMACIST PRESCRIBER DRAFT FRAMEWORK UPDATE (Appendix 6)

7. INQUIRY COMMITTEE (Appendix 7)

Dorothy Barkley, Past Vice-Chair, Inquiry Committee, presented.

- Dorothy highlighted increasing numbers of complaints that the Inquiry Committee has been seeing related to both medication reviews and pharmacy managers not fully understanding the responsibilities and obligations that come with the role.

a) Standards for Medication Review Services

It was moved and seconded that the Board:

Direct the Registrar to develop bylaws and/or practice standards for Medication Reviews and require mandatory training for pharmacists who wish to conduct them. To be prioritized by the Legislation Review Committee for implementation.

CARRIED

b) Pharmacy Manager's Requirements and Training

It was moved and seconded that the Board:

Direct the Registrar to develop requirements and training tools as it pertains to the role and responsibilities of the Pharmacy Manager. To be prioritized by the Legislation Review Committee for implementation.

CARRIED

8. UBC PHARMACISTS CLINIC UPDATE (Appendix 8)

Barbara Gobis, Director, Faculty of Pharmaceutical Sciences, Pharmacists Clinic, presented.

- Request guidance for effective intra-professional interactions between pharmacists to be taken under advisement by the College.

9. NAPRA'S POSITION ON CANNABIS FOR MEDICAL AND NON-MEDICAL PURPOSES (Appendix 9)

It was moved and seconded that the Board:

Support the Cannabis for Medical and Non-Medical Purposes: NAPRA Position Statement on the Role of Pharmacy Practitioners, April 2017, as circulated.

Mona Kwong recused herself from the Board meeting due to possible conflict of interest.

CARRIED

10. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA (Appendix 10)

Registrar's Excellence Canada update

- Using the Excellence, Innovation and Wellness (EIW) Standard, the College continues to see success in ensuring its organizational needs are being addressed, and its strategic initiatives are being realized.
- The College is pursuing achieving the Silver Level of Excellence in the Canada Awards for Excellence by 2019.

ADJOURNMENT

Chair Dossa adjourned the meeting at 2:11pm.



College of Pharmacists
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BOARD MEETING September 15, 2017

2.b.iv. Committee Updates (Minutes)

INFORMATION ONLY

Committees who have met and approved previous meeting minutes have submitted them to the Board for information purposes.

For confidentiality purposes, the Discipline Committee and Inquiry Committee have provided summaries of their meetings, but will not be submitting minutes.

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



College of Pharmacists
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BOARD MEETING September 15, 2017

2.b.v. Audit and Finance Committee – Finance Report – July Financials

INFORMATION ONLY

Purpose

To report on the highlights of the July 2017 financial reports.

Background

The July 2017 financial reports reflect **five months** activity. Attached are the Statement of Financial Position, a summary Statement of Revenue and Expenditures and more detailed reports on Revenue and on Expenditures.

Statement of Financial Position

June is a busy month for registrant renewals. Therefore, the College's cash position is well funded to meet payables with a balance of almost \$1,100,000. Investments at the end of July totalled more than \$6 million.

Revenue

Licensure revenues continue to be under budget, mainly due to slower growth in Pharmacist and Pharmacy Technician registrants than anticipated. *Other revenues* (PharmaNet, administrative fees, etc.) reflect a drop in PharmaNet revenues due to some technical difficulties at the Ministry of Health which slowed down processing of PharmaNet profiles. The issue was resolved in late May. As the contract is now completed this will remain under budget. The fee increases approved in the budget come into effect later in the year. HPA fees come into effect in late November (other than the student fees, which came into effect in August.) PODSA fees come into effect in late December. In total revenues are under budget by just over \$225,000.

Expenses

Finance staff worked with our payroll processor, PayWorks, and with our new accounting and budget software and we are happy to be able to present the Financial Statements with salaries and benefits allocated by department.

Total Year to Date Actual expenditures are under budget by over \$214,000. This means that we are on track for being on budget for the fiscal year. As revenues will be under budget, we will be monitoring expenditures to ensure that they also remain under budget. See the variance analysis which follows for details.

Variance analysis by department:

Department	Budget	Actual	Comment
Board & Registrar's Office	334,135	362,399	Unbudgeted Board consulting projects.
Grant distribution	78,433	67,962	Waiting for progress report for a grant.
Registration & Licensure	384,840	388,259	
Quality Assurance	14,787	20,362	Contract – excess usage billing (over 5,500 users)
Practice Review	593,094	559,641	Salaries and travel under budget.
Complaints Resolution	649,134	496,123	Salaries due to gapping and legal fees due to timing.
Policy and Legislation	168,464	145,877	Legal fees due to timing.
Public Engagement	163,739	156,690	Timing of activities.
Finance and Administration	1,382,232	1,319,597	IT project priorities changed due to PODSA ownership requirements.
Projects (PODSA Ownership)	62,500	109,888	Legal and Project Management
Amortization	166,672	157,111	Timing – re IT development projects.
Total Expenses	3,998,031	3,783,909	

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

College of Pharmacists of BC
Statement of Financial Position
As at July 31, 2017

ASSETS

Current

Cash and Cash Equivalents	1,091,106
Investments	6,074,456
Receivables	390,901
Prepaid and deposits	155,734
	<u>7,712,197</u>

Investment in College Place Joint Venture	1,603,495
Development costs	364,656
Property and Equipment	774,446
	<u>2,742,597</u>

Total Assets 10,454,795

LIABILITIES AND NET ASSETS

Liabilities

Current

Payables and Accruals	662,391
Current portion of capital lease obligations	15,625
Deferred Revenue	4,171,380
Deferred Contributions	180,948
	<u>5,030,344</u>
Capital lease obligations	26,548
Total Liabilities	<u>5,056,893</u>

Net Assets

Unrestricted Fund	666,997
Reserves - Capital Assets and Bldg	500,000
Reserves - Joint Venture	500,000
Reserves - Automation	750,000
Reserves - Legal	750,000
Reserves - Grants	500,000
Reserves - Operating	1,500,000
Retained Earnings	230,905
Total Net Assets	<u>5,397,902</u>

Total Liabilities and Net Assets 10,454,795

College of Pharmacists of BC
Statement of Revenue and Expenses
For the 5 months ending July 31, 2017

	Budget YTD July 2017	Actual YTD July 2017	Variance (\$) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Licensure revenue	2,722,735	2,592,164	(130,571)	(5%)
Non-licensure revenue	955,255	859,943	(95,312)	(10%)
Transfer from Balance Sheet	562,707	562,707	-	0%
Total Revenue	4,240,697	4,014,814	(225,883)	(5%)
Total Expenses Before Amortization	3,831,359	3,626,798	204,561	5%
Amortization	166,672	157,111	9,562	6%
Total Expenses Including Amortization	3,998,031	3,783,909	214,123	5%
Net Surplus/(Deficiency) of revenue over expenses after amortization expense	242,665	230,905	(11,760)	

College of Pharmacists of BC
Statement of Revenue and Expenses
For the 5 months ending July 31, 2017

	Budget YTD July 2017	Actual YTD July 2017	Variance (\$) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Licensure revenue				
Pharmacy fees	956,419	943,813	(12,606)	(1%)
Pharmacists fees	1,478,114	1,401,987	(76,126)	(5%)
Technician fees	288,202	246,363	(41,838)	(15%)
	2,722,735	2,592,164	(130,571)	(5%)
Non-licensure revenue				
Other revenue	759,431	671,475	(87,956)	(12%)
Grant Revenue	53,000	11,250	(41,750)	(79%)
Investment income	38,657	57,218	18,561	48%
College Place joint venture income	104,167	120,000	15,833	15%
	955,255	859,943	(95,312)	(10%)
Transfer from Balance Sheet	562,707	562,707	-	0%
Total Revenue	4,240,697	4,014,814	(225,883)	(5%)

College of Pharmacists of BC
Statement of Revenue and Expenses
For the 5 months ending July 31, 2017

	Budget YTD July 2017	Actual YTD July 2017	Variance (\$) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Expenses				
Board and Registrar's Office	334,135	362,399	(28,264)	(8%)
Finance and Administration	1,382,232	1,319,597	62,635	5%
Grant Distribution	78,433	67,962	10,471	13%
Registration, Licensure and Pharmanet	384,840	388,259	(3,419)	(1%)
Quality Assurance	14,787	20,362	(5,574)	(38%)
Practice Reviews	593,094	559,641	33,453	6%
Complaints Resolution	649,134	496,123	153,011	24%
Policy and Legislation	168,464	145,877	22,587	13%
Communications and Engagement	163,739	156,690	7,049	4%
Projects	62,500	109,888	(47,388)	(76%)
Total Expenses Before Amortization	3,831,359	3,626,798	204,561	5%
Amortization	166,672	157,111	9,562	6%
Total Expenses Including Amortization	3,998,031	3,783,909	214,123	5%



College of Pharmacists
of British Columbia

BOARD MEETING September 15th, 2017

2.b.vi. Practice Review Committee: Phase 1 and 2 Update

INFORMATION ONLY

Purpose

To provide the Board with an update on the Practice Review Program (PRP).

Business Stream:

Update	Next Steps
<p>General</p> <ul style="list-style-type: none"> • Semi-annual Compliance Officer meetings <ul style="list-style-type: none"> ○ Updates ○ Training 	<p>General</p> <ul style="list-style-type: none"> • Outcomes of Compliance Officer meetings <ul style="list-style-type: none"> ○ Identified areas for follow up with other College departments including Licensure and Complaints Resolution
<p>Phase 1 – Community Practice</p> <ul style="list-style-type: none"> • Conducted June and July 2017 reviews (Appendix 1) • Scheduled pharmacies for August and September 2017 reviews • Implementing new Pharmacy Professionals Review form for Pharmacy Technicians to reflect new focus areas <ul style="list-style-type: none"> ○ Approved at the June 2017 Board meeting • Finalized reports (to be presented) <ul style="list-style-type: none"> ○ Review Results ○ Registrant Feedback • Forecasting program cycle <ul style="list-style-type: none"> ○ Incorporated yearly growth in pharmacy and registrant base ○ Determined performance indicators 	<p>Phase 1 – Community Practice</p> <ul style="list-style-type: none"> • Schedule pharmacies for October 2017 reviews • Implement new Pharmacy Professionals Review form for Pharmacy Technicians • Finalize forecasting of program cycle • Develop Release 2 of Phase 1: Residential Care, packaging, compounding and other ancillary forms (contingent on resources)



College of Pharmacists
of British Columbia

BOARD MEETING September 15th, 2017

Update	Next Steps
Phase 2 – Hospital Practice <ul style="list-style-type: none"> Conducted June and July 2017 reviews (Appendix 2) Scheduled pharmacies for August, September and October 2017 reviews Updated review forms to include ambulatory services Monitoring Risk Register to identify and track issues 	Phase 2 – Hospital Practice <ul style="list-style-type: none"> Schedule pharmacies for November 2017 reviews Trial to schedule 3 Pharmacy Professionals Reviews a day based on registrant feedback Continue to monitor Risk Register to identify and track issues

Communications / Stakeholder Stream:

Update	Next Steps
Phase 1 – Community Practice <ul style="list-style-type: none"> New PRP Insights articles posted (Appendix 3) which introduced the launch of the registrant support tools for preparation and remediation 	Phase 1 – Community Practice <ul style="list-style-type: none"> Continue to draft monthly PRP Insights articles based on findings from reviews
Phase 2 – Hospital Practice <ul style="list-style-type: none"> Developed new FAQs 	Phase 2 – Hospital Practice <ul style="list-style-type: none"> Begin drafting PRP Insights articles

Legislation Stream:

Update	Next Steps
General <ul style="list-style-type: none"> Provided feedback on legislation based on findings from reviews 	General <ul style="list-style-type: none"> Continue to provide feedback on legislation based on findings from reviews



College of Pharmacists
of British Columbia

BOARD MEETING September 15th, 2017

Enforcement Stream:

Update	Next Steps
General <ul style="list-style-type: none"> • Sharing PRP Information as needed • Working with Complaints Resolution team to review selected pharmacies (to prevent overlap) 	General <ul style="list-style-type: none"> • Continue to share PRP information as needed • Continue to work with Complaints Resolution team to review selected pharmacies (to prevent overlap)

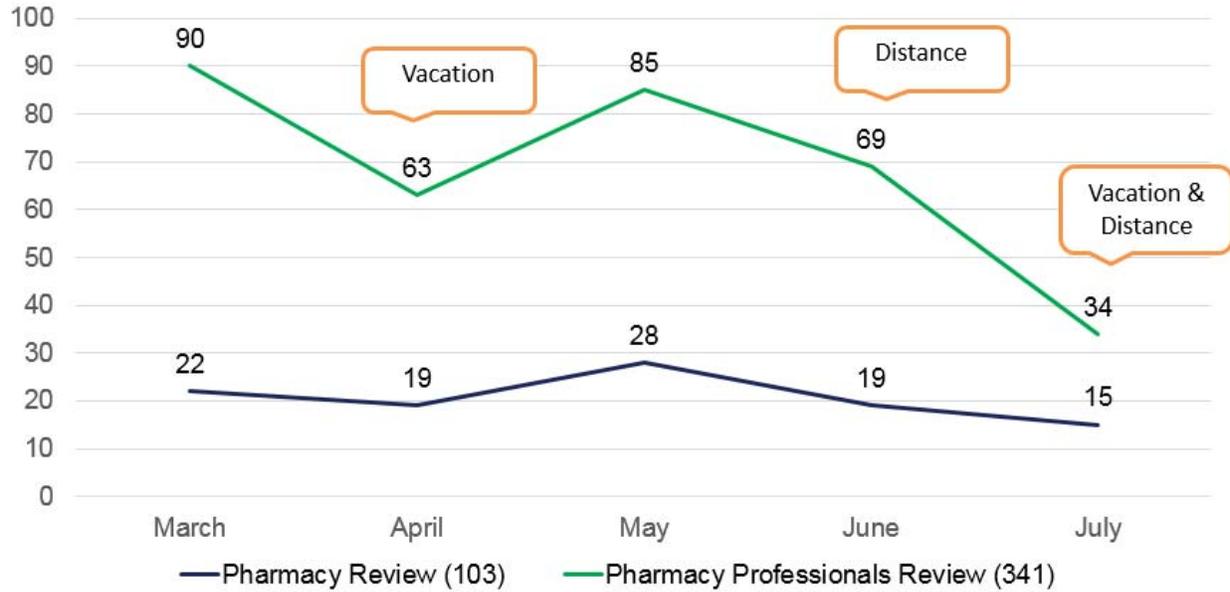
IT Stream:

Update	Next Steps
Phase 1 – Community Practice <ul style="list-style-type: none"> • Ongoing application enhancements <ul style="list-style-type: none"> ○ Made changes to the Pharmacy Pre-Review module based on registrant feedback 	Phase 1 – Community Practice <ul style="list-style-type: none"> • Continue with application enhancements • Build reports for administrative use
Phase 2 – Hospital Practice <ul style="list-style-type: none"> • Provide support as needed 	Phase 2 – Hospital Practice <ul style="list-style-type: none"> • Provide support as needed

Appendix	
1	Phase 1 – Community Practice Operational Statistics
2	Phase 2 – Hospital Practice Operational Statistics
3	Phase 1 – Insights Articles for Readlinks

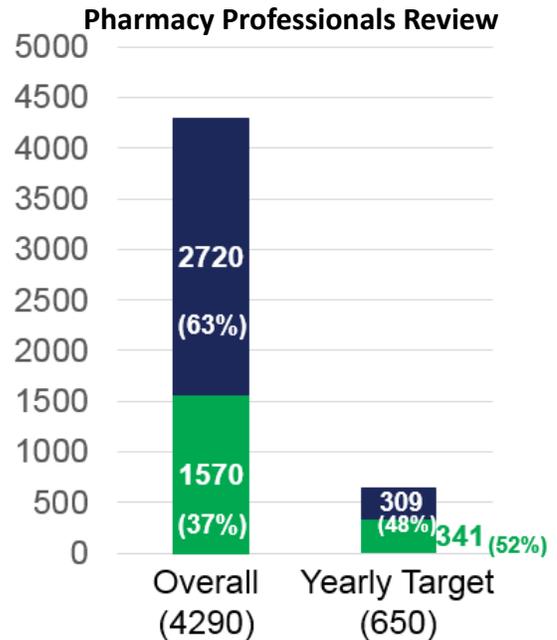
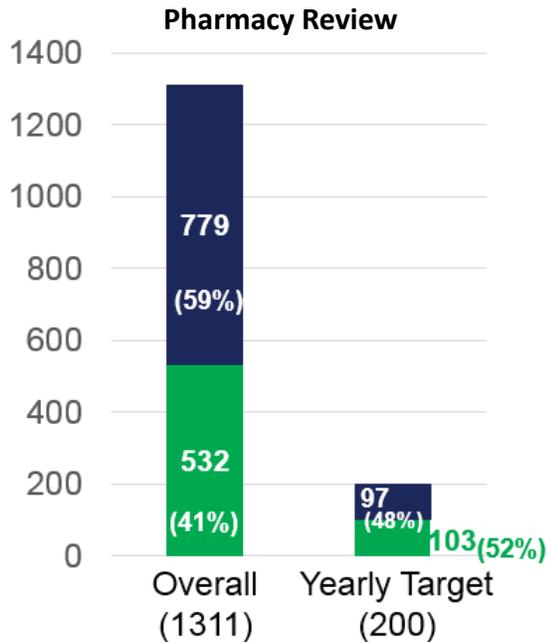
PRP Phase 1: Community Practice Operational Statistics
2017-18 Fiscal Year: March 1st – July 31st, 2017

Fiscal Year Progress:



293 Pharmacists
 48 Pharmacy Technicians

Overall and Fiscal Year Progress:

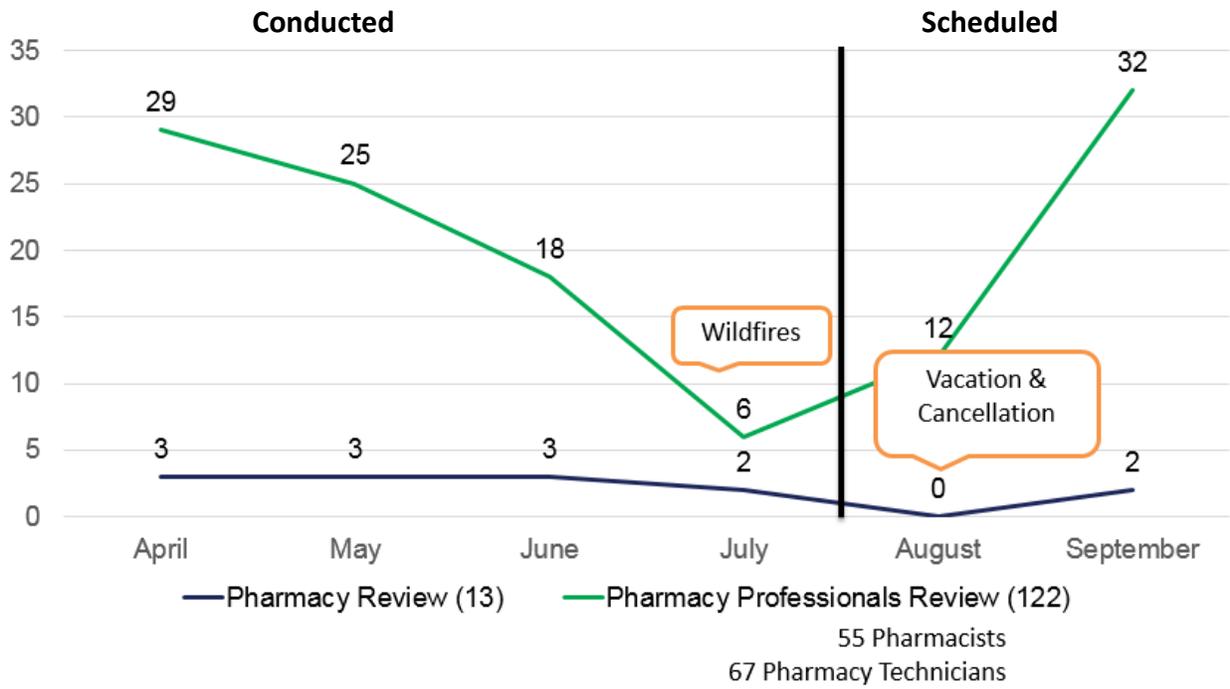


Key

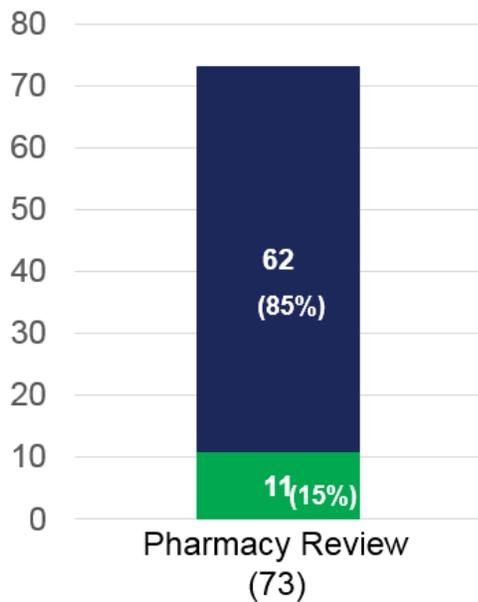
- Conducted
- Balance

PRP Phase 2: Hospital Practice Operational Statistics
2017-18 Fiscal Year: March 1st – July 31st, 2017

Fiscal Year Progress:



Overall Progress:



Key

- Conducted
- Balance

PRP Phase 1: Community Practice Insights Articles

New Article: [New PRP Focus Areas for Pharmacy Technicians in Community Practice Coming Soon](#)



NEW PRP FOCUS AREAS FOR PHARMACY TECHNICIANS IN COMMUNITY PRACTICE COMING SOON

At its June 2017 meeting, the College Board approved the modification of the Pharmacy Professionals Review Focus Areas for Pharmacy Technicians in community practice to make them more applicable to their scope of practice.

The new focus areas are now aligned with those for pharmacy technicians in hospital practice.

WHY THE CHANGE?

When the Practice Review Program was initially launched in February of 2015, both pharmacists and pharmacy technicians in community practice were reviewed on the following four focus areas:

- Patient Identification Verification
- Profile Check
- Counselling
- Documentation

Feedback from pharmacy professionals and the College's committees, together with feedback and results from over 120 pharmacy technicians who have been reviewed made it clear that profile check and counselling do not fall within a pharmacy technician's scope of practice and are not an effective focus area for the review. As a result, the Practice Review Program began to develop new focus areas for pharmacy technicians that were more applicable to their scope of practice.

Under the direction of the Practice Review Committee, the College used input from pharmacy professionals and the College's committees together with a review of the College's bylaws and policies to assess which additional areas within a pharmacy technician's scope of practice had the most impact on patient safety. The result was the development of two new focus areas, Product Distribution and Collaboration.

- Patient Identification Verification
- **Product Distribution (new)**
- **Collaboration (new)**
- Documentation

Each focus area is designed to be relevant for pharmacy technicians practising in community or hospital settings. Collaboration will be reviewed through the College's existing bylaws and policies as well as the [Model Standards of Practice for Pharmacy Technicians](#) from the National Association of Pharmacy Regulatory Authorities. Product Distribution will be reviewed against College bylaws and policies that were [recently amended](#) to provide clear requirements for the preparation and final check of prescription products.

WHAT'S NEXT?

The new focus areas for pharmacy technicians were first introduced as part of the [expansion of the Practice Review Program into hospital practice](#) in February of 2017. With approval at the June 2017 Board meeting, the two new focus areas will be integrated into Pharmacy Professionals Reviews for pharmacy technicians in community practice.

Pharmacy technicians in community practice can expect to see the new focus areas in their practice reviews starting this Fall. Stay tuned for additional information and resources.

Learn more about the Practice Review Program, including how to prepare for your practice review, at bcpharmacists.org/prp.

Previous Articles:

April 2017: [Advice from our Compliance Officers on your next review](#)

March 2017: [Compliance Officers on their personal approach to practice reviews](#)

February 2017: [Meet our Compliance Officers](#)

January 2017: [Managing Return-to-Stock Medications](#)

October 2016: [When Are CPP Forms Required for Residential Care Facilities, Hospices and Hospitals](#)

June 2016: [Privacy, Confidentiality and Security of Patient Health Information](#)

March 2016: [Expiry Dates of Compounding Materials and Products](#)

November 2015: [Signing Narcotic Records](#)

August 2015: [Policy and Procedure Manual](#)

June 2015: [Retaining Prescriptions](#)

March 2015: [Drug Product Distribution Requirements](#)

Board Meeting

Friday, September 15, 2017
CPBC Office, 200-1765 West 8th Avenue, Vancouver

AGENDA

11:00am - 11:10am	10	1. Welcome & Call to Order	Chair Dossa
		2. Consent Agenda a) Items for Further Discussion b) Approval of Consent Items [DECISION]	Chair Dossa
		3. Confirmation of Agenda [DECISION]	Chair Dossa
11:10am - 11:45am	35	4. Committee Updates: a) Discipline Committee b) Governance Committee c) Inquiry Committee d) Jurisprudence Examination Subcommittee e) Legislation Review Committee (Update to be included in item 9) f) Practice Review Committee (Update to be included in item 10) g) Quality Assurance Committee h) Registration Committee	Committee Chairs: Jeremy Walden Norman Embree Jeremy Walden for Ming Chang Christopher Szeman Jeremy Walden Kris Gustavson Frank Lucarelli Jeremy Walden
11:45am - 12:00pm	15	5. Audit and Finance Committee - Auditor Appointment [DECISION]	Mona Kwong for George Walton
12:00pm - 12:45pm	45	LUNCH	
12:45pm - 1:00pm	15	6. Our Commitment to Cultural Humility	Gillian Vrooman
1:00pm - 1:30pm	30	7. Patient Voices Network Presentation	Ben Ridout
1:30pm - 2:00pm	30	8. College Engagement in 2016/17	Gillian Vrooman
2:00pm - 2:15pm	15	BREAK	
2:15pm - 3:00pm	45	9. Legislation Review Committee: a) Committee Update b) PODSA Bylaws - Fees and Forms (Filing) [DECISION] c) Telepharmacy Bylaws (Filing) [DECISION]	Jeremy Walden
3:00pm - 3:45pm	45	10. Practice Review Committee: a) Committee Update b) Phase 1 - Community Pharmacy Practice Review Results Summary Report c) Phase 1 - Community Pharmacy Practice Review Feedback Survey Report	Kris Gustavson
3:45pm - 3:55pm	10	11. Risk Management Policy and Risk Register [DECISION]	Mary O'Callaghan
3:55pm - 4:10pm	15	12. NAPRA Bylaws Amendments [DECISION]	Bob Nakagawa
4:10pm - 4:15pm	5	13. Items Brought Forward from Consent Agenda	
		CLOSING COMMENTS, ROUND TABLE EVALUATION OF MEETING, AND ADJOURNMENT	



College of Pharmacists
of British Columbia

BOARD MEETING September 15, 2017

5. Auditor and Finance Committee – Auditor Appointment

DECISION REQUIRED

Recommended Board Motion:

Approve the appointment of BDO Canada LLP as the CPBC auditor for fiscal years ending February 28, 2018 through February 28, 2021, with the option to extend for an additional two years.

Purpose

To appoint BDO Canada LLP (BDO) as the College's auditor for the next three years, with the option to extend for an additional two years. After reviewing six proposals received from the competitive bid, the Audit and Finance Committee is recommending BDO as the successful proponent.

Background

Grant Thornton LLP has been the College's auditor since 1998. When their contract was renewed two years ago, the Audit and Finance Committee directed staff to undertake a competitive bid for audit services beyond that point.

Discussion

The call for proposals went out in early May. Six bids were received and were carefully reviewed and scored by the review committee. The strengths and weaknesses of each proponent were analysed, including their experience and staffing resources in the regulatory and non-profit areas. The quoted price was then analysed.

BDO had the best score and the best price. KPMG was rated second, followed by Smythe LLP.

The review committee checked references for BDO. They have extensive regulatory, public sector and non-profit experience and excellent references.

Recommendation

The Audit and Finance Committee reviewed the highlights of each proposal and the review team scoring and recommend that BDO Canada LLP be appointed the College's auditors for the next three years, with the option to extend for an additional two years.



College of Pharmacists
of British Columbia

5. Audit and Finance Committee – Auditor Appointment

Mona Kwong

Vice-Chair, Audit and Finance Committee



Competitive Bid issued to find new auditor

- **Grant Thornton LLP has been the College's auditor since 1998**
- **Six proposals received**
 - BDO Canada LLP
 - Deloitte LLP
 - Grant Thornton LLP
 - KPMG LLP
 - MNP LLP
 - Smythe LLP



Recommendation

BDO LLP was the highest scoring proposal and AFC is recommending their appointment as the College's auditors.

Some key points from their proposal:

- Experience with public sector and not-for-profit clients – serve over 200 in BC
- Experience with regulatory bodies, including several health regulators
- Included in the audit plan – IT security and public perception review



College of Pharmacists
of British Columbia

5. Audit and Finance Committee – Auditor Appointment

MOTION:

Approve the appointment of BDO Canada LLP as the CPBC auditor for fiscal years ending February 28, 2018 through February 28, 2021, with the option to extend for an additional two years.



College of Pharmacists
of British Columbia

BOARD MEETING September 15, 2017

6. Our Commitment to Cultural Humility

INFORMATION ONLY

Purpose

To provide the Board with an overview of the College's strategy to fulfill its pledge to improve BC pharmacy professionals' work with First Nations and Aboriginal People.

Background

On March 1, 2017, College Registrar, Bob Nakagawa, pledged the College's commitment to improving BC pharmacy professionals' work with First Nations and Aboriginal People.

Cultural Safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

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

Systemic Racism, also known as structural or institutional racism, systemic racism is enacted through societal systems, structures and institutions in the form of "requirements, conditions, practices, policies or processes that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups" (Paradies et al., 2008). Systemic racism is not only enacted proactively in efforts that create racialized inequality, but also in the failure by those in power (e.g. policymakers, funders) to redress such inequalities (Reading, 2013). It is commonly manifested in social exclusion and isolation that limits or prevents political and economic participation, or access to and participation in other social systems such as education and health (Reading, 2013).

This commitment was made alongside BC's other health regulators and represents the first step toward achieving our collective BC health systems goal of culturally safe health services for First Nations and Aboriginal people in BC.

Signing the Declaration of Commitment reflects the high priority placed on advancing cultural safety and humility for Indigenous people among regulated health professionals by committing to actions and processes which will ultimately embed culturally safe practices within all levels of health professions regulation.

First Nations and Aboriginal people have a right to access a health care system that is free of racism and discrimination and to feel safe when accessing health care. This means individuals, families and communities are able to voice their perspectives, ask questions, and be respected by health care professionals on their beliefs, behaviours and values. First Nations and Aboriginal individuals are entitled to be the main decision-maker in regards to their health care when they fully understand their health situation and treatment options.

Discussion

In order to fulfill its commitment to cultural humility and safety, the College has developed a comprehensive strategy to work toward the creation of a healthcare environment free of racism and discrimination, where individuals feel safe and respected.

The strategy includes action on the Declaration’s pillars of creating a climate for change, engaging and enabling stakeholders and implementing and sustaining change.

Cultural Safety and Humility Themes

This strategy is based on key drivers set out by the First Nations Health Authority. Actions are identified under three themes:

- Cultural Safety Concepts
- Partnership and Engagement
- Learning, Knowledge Exchange & Quality Health

Working Together

Working together with the First Nations Health Authority, other regulators, pharmacy associations, First Nations groups, and others will be essential to create a healthcare environment free of racism and discrimination, where individuals feel safe and respected. This strategy includes many opportunities for collaboration, and the College will welcome partnerships from others who are seeking to make our health system more culturally safe for First Nations and Aboriginal People.

See Appendix 1: Our Commitment to Cultural Humility for the full strategy.

Next Steps

While some elements of the plan have already begun, the College’s Communications and Engagement Department (working with other departments as needed) will begin to operationalize this plan beginning in 2018.

Appendix	
1	Our Commitment to Cultural Humility



College of Pharmacists
of British Columbia

Our Commitment to Cultural Humility



*Acting on our commitment to improve
cultural safety and humility for First
Nations and Aboriginal People in BC*

August 18, 2017

INTRODUCTION



On **March 1, 2017**, the College of Pharmacists of BC pledged to improve BC pharmacy professionals' work with First Nations and Aboriginal People by signing the "Declaration of Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in BC."

This commitment was made alongside BC's other health regulators and represents the first step toward achieving our collective BC health systems goal of culturally safe health services for First Nations and Aboriginal people in BC.

Signing the Declaration of Commitment reflects the high priority placed on advancing cultural safety and humility for Indigenous people among regulated health professionals by committing to actions and processes which will ultimately embed culturally safe practices within all levels of health professions regulation.

First Nations and Aboriginal people have a right to access a health care system that is free of racism and discrimination and to feel safe when accessing health care. This means individuals, families and communities are able to voice their perspectives, ask questions, and be respected by health care professionals on their beliefs, behaviours and values. First Nations and Aboriginal individuals are entitled to be the main decision-maker in regards to their health care when they fully understand their health situation and treatment options.

In order to fulfill its commitment to cultural humility and safety, the College has developed a comprehensive strategy to work toward the creation of a healthcare environment free of racism and discrimination, where individuals feel safe and respected.

CULTURAL SAFETY AND HUMILITY

Cultural Safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

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

Systemic Racism, also known as structural or institutional racism, systemic racism is enacted through societal systems, structures and institutions in the form of "requirements, conditions, practices, policies or processes that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups" (Paradies et al., 2008). Systemic racism is not only enacted proactively in efforts that create racialized inequality, but also in the failure by those in power (e.g. policymakers, funders) to redress such inequalities (Reading, 2013). It is commonly manifested in social exclusion and isolation that limits or prevents political and economic participation, or access to and participation in other social systems such as education and health (Reading, 2013).

Source: First Nations Health Authority, fnha.ca/wellness/cultural-humility

PROVIDING QUALITY PHARMACY CARE

Increasing the level of cultural safety in the health care system through approaches such as cultural safety, cultural humility, health literacy and relationship-based care, will assist in improving the quality of health services for First Nations people. Unfortunately, racism and discrimination towards First Nations people continues to be a major problem in many contemporary health care settings, resulting in lack of appropriate treatment and barriers to accessing health care (Allan, B. & Smylie, J. 2015).

Access to respectful health care is an important determinant of health and wellness for First Nations; when First Nations people do not access the care they need, they are more likely to experience poorer health, and suffering continues. Cultural safety can play a key role in improving the quality of health care services for First Nations, which can in turn improve access to care.

Source: *First Nations Health Authority, fnha.ca/Documents/FNHA-Policy-Statement-Cultural-Safety-and-Humility.pdf*

Cultural humility and safety relate directly to the College's duty to serve and protect the public, our vision to provide better health through excellence in pharmacy, and each of our values.

OUR DUTY

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

(a) to serve and protect the public, and

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

(Health Professions Act, Section 16, Duty and objects of a college)

OUR VISION:

Better health through excellence in pharmacy.

OUR MISSION:

The College regulates the pharmacy profession in the public interest. We set and enforce standards and promote best practices for the delivery of pharmacy care in British Columbia.

OUR VALUES:

Being professional and ethical.

Providing quality service.

Building quality relationships.

A culture of excellence.

ACTING ON OUR COMMITMENT

The College will act on its commitment to improve cultural safety and humility for First Nations and Aboriginal Peoples through a series of projects under three themes:

- Cultural Safety Concepts,
- Partnership and Engagement, and
- Learning, Knowledge Exchange & Quality Health.

These themes are based on the First Nations Health Authority's **Cultural Safety and Humility Key Drivers and Ideas for Change**.

Working Together

Working together with the First Nations Health Authority, other regulators, pharmacy associations, First Nations groups, and others will be essential to create a healthcare environment free of racism and discrimination, where individuals feel safe and respected. This strategy includes many opportunities for collaboration, and the College will welcome partnerships from others who are seeking to make our health system more culturally safe for First Nations and Aboriginal People.

CULTURAL SAFETY CONCEPTS

The first key objective in fulfilling the College’s commitment to cultural humility and safety is to change and influence the values and attitudes of both its registrants and staff. This involves embedding the concepts and principles of cultural humility and safety into the College’s current internal processes. The College will also build on the First Nations Health Authority’s **#ItStartsWithMe** campaign to build awareness of cultural humility and safety, while encouraging pharmacy professionals and staff to reflect on cultural humility and safety and make a pledge as part of the campaign. Leadership from the College Board and executive will help set an example for pharmacy professionals and staff by demonstrating their commitment through participation in cultural safety activities.

Activity	Deliverables
Board member education on the concepts and principles of cultural humility and safety	<ul style="list-style-type: none"> • Integrate the First Nations Health Authority’s cultural safety and humility webinars and the National Indigenous Cultural Safety Learning Series webinars into the Board’s annual orientation. • Encourage Board members to complete the provincial San’yas Indigenous Cultural Safety Training. • Encourage Board members to read the Truth and Reconciliation report and the Health Inequalities and Social Determinants of Aboriginal Peoples’ Health report.
Board members make a cultural safety and humility pledge as part of the “#ItStartsWithMe” campaign.	<ul style="list-style-type: none"> • Board members and their cultural humility pledges captured through photos and shared online through ReadLinks and the “#ItStartsWithMe” Campaign
Build on the Frist Nations Health Authority’s “#ItStartsWithMe” campaign to engage more pharmacist and pharmacy technicians	<ul style="list-style-type: none"> • College extension of “#ItStartsWithMe” campaign with a focus on pharmacist and pharmacy technicians commitment to cultural safety and humility, including: <ul style="list-style-type: none"> ○ ReadLinks articles to build awareness of cultural safety and humility concepts and principles and encourage “#ItStartsWithMe” pledges ○ “#ItStartsWithMe” graphics and posts across all social media channels to build awareness

	<p>of cultural safety and humility and encourage pharmacy professionals to make a cultural safety and humility pledge</p>
<p>Building staff awareness and understanding of cultural safety and humility</p>	<ul style="list-style-type: none"> • Sharing cultural safety and humility information, resources and events with staff through the College’s intranet.
<p>Integrate cultural safety and humility into organizational policies</p>	<ul style="list-style-type: none"> • Develop a cultural safety and humility policy to be included in the College’s employee handbook. • Support cultural safety and humility through the College’s wellness plan (currently under development).
<p>Integrate cultural safety and humility into new staff onboarding process</p>	<ul style="list-style-type: none"> • Highlight the College’s commitment to cultural safety and humility when onboarding new staff including sharing the policy in the employee handbook. • Encourage new staff to learn about and reflect on cultural safety by sharing resources (such as the cultural safety and humility webinars) and encourage new staff to make a cultural safety and humility pledge as part of the “<i>#ItStartsWithMe</i>” campaign. • Include employment equity our recruitment strategy.
<p>Demonstrated leadership and public acknowledgement of commitment to cultural safety and humility</p>	<ul style="list-style-type: none"> • Incorporate of College’s commitment to cultural safety and humility into all public reports and presentations. • Recognize indigenous lands we are speaking on through a land acknowledgement.

PARTNERSHIP AND ENGAGEMENT

In order to inform our transition to a more culturally inclusive healthcare environment for BC’s First Nations and Aboriginal People, the College will focus efforts toward building and strengthening relationships with local communities to involve them in the decisions that affect them.

Activity	Deliverables
Include First Nation’s groups in decisions that affect them	<ul style="list-style-type: none"> • Identify, engage and partner with First Nations groups and organizations to reach out to and hear from more First Nations stakeholders. • Produce engagement packages to help First Nation’s groups share engagement opportunities with the College. • Collaborate on cross-social media promotion to strengthen relationships with local communities and involve them in College engagements.
Partner and participate in Day of Wellness	<ul style="list-style-type: none"> • Work with First Nations Health Authority to build awareness of the Day of Wellness with pharmacy professionals and patients across BC. • Join into the online Day of Wellness campaign through social media and ReadLinks articles • Participate in local Day of Wellness events when possible.
Engage with First Nations in their communities	<ul style="list-style-type: none"> • When possible, participate in First Nations’ events that contribute to building cultural safety and humility. • Use events to engage with First Nations patients, learn about local First Nations, and build awareness of the College’s role in protecting public safety and our commitment to help provide culturally safe health services for First Nations and Aboriginal people in BC.
Build organizational awareness of First Nations cultural celebrations and events	<ul style="list-style-type: none"> • Share First Nations cultural celebrations and events through the College’s intranet.

LEARNING, KNOWLEDGE EXCHANGE & QUALITY HEALTH

In order to address the healthcare service gaps and unmet needs of BC’s First Nations population, the College will work to build the principles of cultural humility and safety into its communications messaging and training requirements. This process will involve conducting culturally safe research respecting ceremony and tradition and encouraging pharmacy professionals to learn about and reflect on the best practices for cultural safety and humility in service delivery.

Activity	Deliverables
<p>Reflect on our cultural safety and humility progress</p>	<ul style="list-style-type: none"> • Report on activities to improved cultural safety and humility within our Annual Report, including number of: <ul style="list-style-type: none"> ○ pledges made ○ webinars participated in by College staff and Board ○ events attended to engage with First Nations, ○ articles and educational materials releases ○ hours committed in work associated with improving cultural safety and humility • ReadLinks articles that capture the organization’s reflection and successes on cultural safety and humility, including Board member reflections on their pledges where possible.
<p>Build pharmacy professional and patient awareness of cultural humility, cultural safety and systematic racism</p>	<ul style="list-style-type: none"> • Establish ReadLinks series on cultural safety, humility to build understanding of the concepts and principles, educate pharmacy professionals and patients and identify how to prevent instances of systematic racism. The series will feature: <ul style="list-style-type: none"> ○ First Nations Health Authority cultural humility webinars ○ other cultural safety and humility training opportunities, such as the San'yas Indigenous Cultural Safety Training. ○ insight into First Nation’s culture and communities across BC ○ important statistics and information about First Nations people that dramatically differ and what the numbers are ○ social media to promote the series with pharmacy professionals and patients

	<ul style="list-style-type: none">• Continue to expand the information and resources available on the dedicated cultural safety and humility landing page bcpharmacists.org/humility.
Build organizational awareness of cultural humility, cultural safety and systematic racism	<ul style="list-style-type: none">• Establish Lunch and Learns for College staff to learn about cultural safety, humility and systematic racism using First Nations Health Authority cultural humility webinars and discussion questions to encourage reflection.• Establish a cultural safety and humility article series for the College’s intranet to share information about First Nation’s culture and communities and educational resources with staff.



College of Pharmacists
of British Columbia

Our Commitment to Cultural Humility



*Acting on our commitment to improve
cultural safety and humility for First
Nations and Aboriginal People in BC*

September 15, 2017



College of Pharmacists
of British Columbia

The College of Pharmacists of BC acknowledges and thanks
the Coast Salish People on whose traditional territories
we are gathered on.

We are grateful to carry out our work on the ancestral lands
of the Musqueam, Squamish and Tsleil-Waututh
First Nations.



College of Pharmacists
of British Columbia

BC Health Regulators Committed to Improving Cultural Safety and Humility

On March 1, 2017, BC's Health Regulators pledged their commitment to making our health system more culturally safe for First Nations and Aboriginal People





College of Pharmacists
of British Columbia

College Signs Declaration

College of Pharmacists of BC pledged to improve BC pharmacy professionals' work with First Nations and Aboriginal People by signing the Declaration





Cultural Safety

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.



Cultural Humility

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



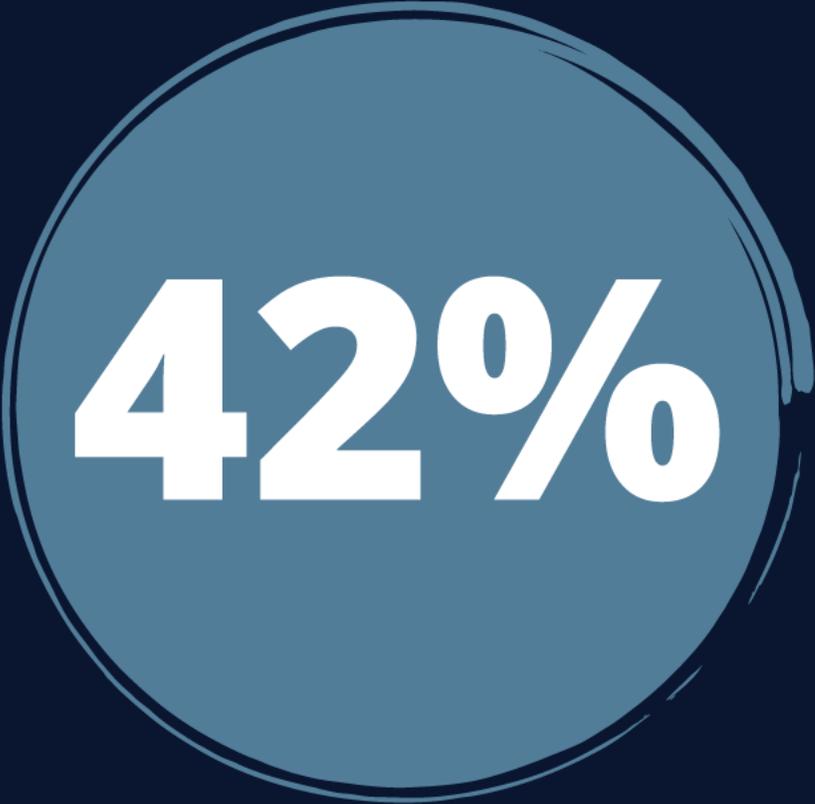
Systemic Racism

Systemic racism is enacted through societal systems, structures and institutions in the form of “requirements, conditions, practices, policies or processes that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups”. It is commonly manifested in social exclusion and isolation that limits access to and participation in social systems.



7.5

A Status First Nations person in BC is expected to live 7.5 fewer years than a non-Aboriginal BC resident born in the same period.



42%

42 percent of Aboriginal people in Canada reported experiencing racism in the past two years, 74 percent of which was enacted by non-Indigenous people.



800X

In some First Nations communities, youth suicides occur at a rate 800 times the national average, while in others, suicides may happen rarely.



College of Pharmacists
of British Columbia

Declaration of Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in BC



DECLARATION of COMMITMENT MARCH 1, 2017

Our Declaration of Commitment is an important step towards advancing cultural safety and humility among regulated health professionals who are involved in the delivery of health services to First Nations and Aboriginal people in British Columbia. This commitment reflects the high priority we, as the designated BC health profession regulatory leaders, place on cultural safety and humility as quality and safety dimensions that are integral components of our public protection mandate.

This Declaration of Commitment is based on the following guiding principles of cultural safety and humility:

Cultural humility is a life-long process of reflection to understand individual and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. Cultural safety is the outcome of people feeling safe when receiving health care services.

Cultural safety must be understood, upheld and practiced at all levels of the health system including governance within health profession regulatory bodies and within individual professional practice.

All stakeholders, including First Nations and Aboriginal individuals, Elders, families, communities, and nations must be involved in co-development of action strategies and in the decision-making process with a commitment to reciprocal accountability.

Strong leadership on concrete actions is essential to achieving our vision of a culturally safe health system for First Nations and Aboriginal people in our province. We, the undersigned representatives of BC's health profession regulators commit to:

CREATE A CLIMATE FOR CHANGE BY:

Articulating the pressing need to establish cultural safety as a framework to improve First Nations and Aboriginal health services in BC.

Opening an honest, informed and convincing dialogue with all stakeholders to show that change is necessary.

Forming a coalition of influential leaders and champions who are committed to the priority of embedding cultural humility and safety into the regulation of BC health professionals.

Contributing to the provincial vision of a culturally safe health system as a leading strategy to enhance professional regulation in BC.

Encouraging, supporting and enhancing cultural safety and cultural competency amongst health professionals in BC.

ENGAGE AND ENABLE STAKEHOLDERS BY:

Communicating the vision of culturally safe health profession regulation for First Nations and Aboriginal people in BC and the critical need for commitment and understanding on behalf of all stakeholders, health professionals and clients.

Openly and honestly addressing concerns and leading by example. Identifying and removing barriers to progress.

Monitoring and visibly celebrating accomplishments.

IMPLEMENT AND SUSTAIN CHANGE BY:

Encouraging and empowering our organizations' staffs, governors and volunteers to develop cultural humility and foster a culture of cultural safety.

Facilitating processes where organizations and individuals can raise and address problems without fear of reprisal.

Leading and enabling successive waves of actions until cultural humility and safety are embedded within all levels of health professional regulation.

#itstartswithme

CULTURAL SAFETY AND HUMILITY IN THE REGULATION OF HEALTH PROFESSIONALS
SERVING FIRST NATIONS AND ABORIGINAL PEOPLE IN BRITISH COLUMBIA

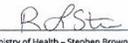
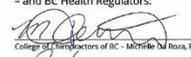
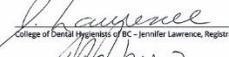
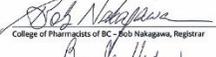
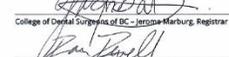
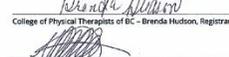
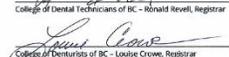
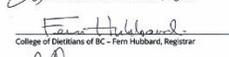
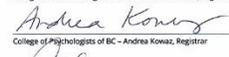
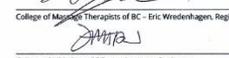
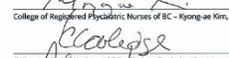
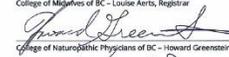
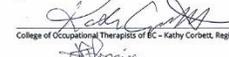
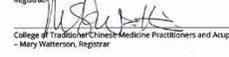
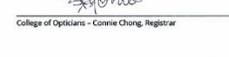
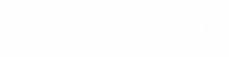
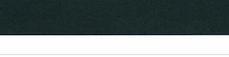
REPORTING ON PROGRESS BY:

Working with the Ministry of Health and the First Nations Health Authority to prepare a public annual report on strategic activities, outlining and demonstrating how the commitment is being met.

Our signatures demonstrate our long-term commitment to the regulation of health professionals to promote and advance cultural safety and humility for First Nations and Aboriginal people in British Columbia and to championing the process required to achieve this vision.

This Declaration is endorsed by the Ministry of Health and the First Nations Health Authority and signed by their representatives and the members of the BC Health Regulators.

SIGNED ON THIS DATE: March 1, 2017

 First Nations Health Authority - Joe Gallagher, CEO, FNHA	 Ministry of Health - Stephen Brown, Deputy Minister
- and BC Health Regulators:	
 College of Therapists of BC - Michelle Du Roux, Registrar	 College of Optometrists of BC - Robin Gagnon, Registrar
 College of Dental Hygienists of BC - Jennifer Lawrence, Registrar	 College of Pharmacists of BC - Bob Nakagawa, Registrar
 College of Dental Surgeons of BC - Jessica Marburg, Registrar	 College of Physical Therapists of BC - Brenda Hudson, Registrar
 College of Dental Technicians of BC - Ronald Sevell, Registrar	 College of Physicians and Surgeons of BC - Heidi Oetter, Registrar
 College of Denturists of BC - Louise Crowe, Registrar	 College of Podiatric Surgeons of BC - Valerie Osborne, Registrar
 College of Dietitians of BC - Fern Hubbard, Registrar	 College of Psychologists of BC - Andrea Kowas, Registrar
 College of Licensed Practical Nurses of BC - Carina Herman, Registrar	 College of Registered Nurses of BC - Cynthia Johansen, Registrar
 College of Massage Therapists of BC - Eric Wredenhagen, Registrar	 College of Registered Physiatric Nurses of BC - Kyung-ae Kim, CEO
 College of Midwives of BC - Louise Aerts, Registrar	 College of Social Workers of BC - Chelsea Cooledge, Registrar
 College of Naturopathic Physicians of BC - Howard Greenstein, Registrar	 College of Speech and Hearing Health Professionals of BC - Cameron Cowper, Registrar
 College of Occupational Therapists of BC - Kathy Corbett, Registrar	 College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC - Mary Westerman, Registrar
 College of Opticians - Connie Chong, Registrar	



DECLARATION *of* COMMITMENT

CREATE A CLIMATE FOR CHANGE

- Articulating the pressing need to ensure cultural safety within First Nations and Aboriginal health services in BC.
- Opening an honest and convincing dialogue with all stakeholders to show that change is necessary.
- Forming a coalition of influential leaders and role models who are committed to the priority of embedding cultural humility and safety in BC health services.
- Leading the creation of the vision for a culturally safe health system and developing a strategy to achieve the vision.
- Supporting the development of workplans and implement through available resources.

ENGAGE & ENABLE STAKEHOLDERS

- Communicating the vision of culturally safe health system for First Nations and Aboriginal people in BC and the absolute need for commitment and understanding on behalf of all stakeholders, partners and clients.
- Openly and honestly addressing concerns and leading by example
- Identifying and removing barriers to progress.
- Tracking, evaluating and visibly celebrating accomplishments.

IMPLEMENT & SUSTAIN CHANGE

- Empowering health organizations and individuals to innovate, develop cultural humility and foster a culture of cultural safety.
- Allowing organizations and individuals to raise and address problems without fear of reprisal.
- Leading and enabling successive waves of actions until cultural humility and safety are embedded within all levels of the health system.



Providing Quality Pharmacy Care

OUR DUTY

(a) to serve and protect the public

OUR VISION

*Better health through
excellence in pharmacy*

OUR VALUES

- *Being professional and ethical*
- *Providing quality service*
- *Building quality relationships*
- *A culture of excellence*



College of Pharmacists
of British Columbia

Acting on Our Commitment



Working Together

Working together will be essential to create a health care environment free of racism and discrimination.

- First Nations Health Authority
- First Nations groups
- Health Regulators
- Pharmacy Associations
- Health Authorities
- Others



Key Drivers and Ideas for Change

Our strategy is to act on our commitment through a series of projects under three themes:

- Cultural Safety Concepts
- Partnership and Engagement
- Learning, Knowledge Exchange & Quality Health

Based on the First Nations Health Authority's Cultural Safety and Humility Key Drivers and Ideas for Change



College of Pharmacists
of British Columbia

Cultural Safety Concepts

*Changing and influencing the values and attitudes of both our
registrants and staff*



Activity	Deliverables
<p>Board member education on the concepts and principles of cultural humility and safety</p>	<ul style="list-style-type: none">• Integrate the First Nations Health Authority’s cultural safety and humility webinars and the National Indigenous Cultural Safety Learning Series webinars into the Board’s annual orientation.• Encourage Board members to complete the provincial San’yas Indigenous Cultural Safety Training.• Encourage Board members to read the Truth and Reconciliation report and the Health Inequalities and Social Determinants of Aboriginal Peoples’ Health report.
<p>Board members make a cultural safety and humility pledge as part of the “#ItStartsWithMe” campaign.</p>	<ul style="list-style-type: none">• Board members and their cultural humility pledges captured through photos and shared online through ReadLinks and the “#ItStartsWithMe” Campaign



Cultural Safety Concepts

Activity	Deliverables
Build on the First Nations Health Authority's " #ItStartsWithMe " campaign to engage more pharmacist and pharmacy technicians	<ul style="list-style-type: none">• College extension of "#ItStartsWithMe" campaign with a focus on pharmacist and pharmacy technicians commitment to cultural safety and humility, including:<ul style="list-style-type: none">○ ReadLinks articles to build awareness of cultural safety and humility concepts and principles and encourage "#ItStartsWithMe" pledges○ "#ItStartsWithMe" graphics and posts across all social media channels to build awareness of cultural safety and humility and encourage pharmacy professionals to make a cultural safety and humility pledge
Building staff awareness and understanding of cultural safety and humility	<ul style="list-style-type: none">• Sharing cultural safety and humility information, resources and events with staff through the College's intranet.



Cultural Safety Concepts

Activity	Deliverables
Integrate cultural safety and humility into organizational policies	<ul style="list-style-type: none">• Develop a cultural safety and humility policy to be included in the College’s employee handbook.• Support cultural safety and humility through the College’s wellness plan (currently under development).
Integrate cultural safety and humility into new staff onboarding process	<ul style="list-style-type: none">• Highlight the College’s commitment to cultural safety and humility when onboarding new staff including sharing the policy in the employee handbook.• Encourage new staff to learn about and reflect on cultural safety by sharing resources (such as the cultural safety and humility webinars) and encourage new staff to make a cultural safety and humility pledge as part of the “#ItStartsWithMe” campaign.• Include employment equity our recruitment strategy.



Cultural Safety Concepts

Activity	Deliverables
Demonstrated leadership and public acknowledgement of commitment to cultural safety and humility	<ul style="list-style-type: none">• Incorporate of College's commitment to cultural safety and humility into all public reports and presentations.• Recognize indigenous lands we are speaking on through a land acknowledgement.



College of Pharmacists
of British Columbia

Partnership and Engagement

*Building and strengthening relationships with local communities to
involve them in decisions that affect them*



Partnership and Engagement

Activity	Deliverables
Include First Nation's groups in decisions that affect them	<ul style="list-style-type: none">• Identify, engage and partner with First Nations groups and organizations to reach out to and hear from more First Nations stakeholders.• Produce engagement packages to help First Nation's groups share engagement opportunities with the College.• Collaborate on cross-social media promotion to strengthen relationships with local communities and involve them in College engagements.
Partner and participate in Day of Wellness	<ul style="list-style-type: none">• Work with First Nations Health Authority to build awareness of the Day of Wellness with pharmacy professionals and patients across BC.• Join into the online Day of Wellness campaign through social media and ReadLinks articles• Participate in local Day of Wellness events when possible.



Partnership and Engagement

Activity	Deliverables
Engage with First Nations in their communities	<ul style="list-style-type: none">• When possible, participate in First Nations' events that contribute to building cultural safety and humility.• Use events to engage with First Nations patients, learn about local First Nations, and build awareness of the College's role in protecting public safety and our commitment to help provide culturally safe health services for First Nations and Aboriginal people in BC.
Build organizational awareness of First Nations cultural celebrations and events	<ul style="list-style-type: none">• Share First Nations cultural celebrations and events through the College's intranet.



College of Pharmacists
of British Columbia

Learning, Knowledge Exchange and Quality Health

*Building the principles of cultural humility and safety into our
communications messaging and organizational training*



Learning, Knowledge Exchange & Quality Health

Activity	Deliverables
<p>Build pharmacy professional and patient awareness of cultural humility, cultural safety and systematic racism</p>	<ul style="list-style-type: none">• Establish ReadLinks series on cultural safety and humility to build understanding of the concepts and principles, educate pharmacy professionals and patients and identify how to prevent instances of systematic racism. The series will feature:<ul style="list-style-type: none">○ First Nations Health Authority cultural humility webinars○ other cultural safety and humility training opportunities, such as the San'yas Indigenous Cultural Safety Training.○ insight into First Nation's culture and communities across BC○ important statistics and information about First Nations people that dramatically differ and what the numbers are○ social media to promote the series with pharmacy professionals and patients• Continue to expand the information and resources available on the dedicated cultural safety and humility landing page bcpharmacists.org/humility.



Learning, Knowledge Exchange & Quality Health

Activity	Deliverables
Build organizational awareness of cultural humility, cultural safety and systematic racism	<ul style="list-style-type: none">• Establish Lunch and Learns for College staff to learn about cultural safety, humility and systematic racism using First Nations Health Authority cultural humility webinars and discussion questions to encourage reflection.• Establish a cultural safety and humility article series for the College's intranet to share information about First Nation's culture and communities and educational resources with staff.



Learning, Knowledge Exchange & Quality Health

Activity	Deliverables
Reflect on our cultural safety and humility progress	<ul style="list-style-type: none">• Report on activities to improved cultural safety and humility within our Annual Report, including number of:<ul style="list-style-type: none">○ pledges made○ webinars participated in by College staff and Board○ events attended to engage with First Nations,○ articles and educational materials releases○ hours committed in work associated with improving cultural safety and humility• ReadLinks articles that capture the organization's reflection and successes on cultural safety and humility, including Board member reflections on their pledges where possible.



College of Pharmacists
of British Columbia

Thank You



First Nations Health Authority
Health through wellness



College of Pharmacists
of British Columbia

Questions?





College of Pharmacists
of British Columbia

BOARD MEETING September 15, 2017

7. Patient Voices Network Presentation

INFORMATION ONLY

Ben Ridout
Director, Patient & Public Engagement

Presenter's Biography

Ben joined the Council in April 2014 as a Quality Leader in Clinical Improvement, supporting a variety of initiatives including Clinical Care Management and CLeAR (Call for Less Antipsychotics in Residential Care). In February 2016 he moved into a new role as Director of the Council's Patient & Public Engagement team, which supports the Patient Voices Network.

Ben is interested in inspiring change within BC's health system in order to achieve improved outcomes. He has always been passionate about numbers and has a specific interest in helping turn data into knowledge to support quality improvement initiatives. Through his new role in Patient & Public Engagement, Ben is involved in determining how data and the patient voice can be combined to advance improvements in our health system.

Ben holds a Master of Health Administration from Dalhousie University and a Bachelor of Business Administration, with a joint major in Business and Geography, from Simon Fraser University.

Background

Ben Ridout, Director of Patient & Public Engagement at the BC Patient Safety & Quality Council will provide a high level background on Patient & Public Engagement, review how it is being integrated into different sectors of health delivery in BC, and discuss how it can relate to the work of the BC College of Pharmacists.

Patient and Public Engagement in B.C.

College of Pharmacists of British Columbia Board Meeting
September 15, 2017

Ben Ridout

Director, Patient & Public Engagement
BC Patient Safety & Quality Council



Patient
Voices
Network

Overview

1. BC Patient Safety & Quality Council and Patient Voices Network
2. Patient- and family-centred care priority
3. Engagement principles
4. Engagement in BC

BC Patient Safety & Quality Council (BCPSQC)

Vision:

High quality and sustainable health care for all

Mission:

Provide system-wide leadership through collaboration with patients, caregivers, the public, and those working within the health system in a relentless pursuit of quality

Patient Voices Network

(PVN)

Patient Voices Network is a community of BC patients, families, and caregivers working together with health care partners to improve our health care system

“A truly integrated system of health care that works for patients and not just us.”

~Stephen Brown, Deputy Minister

Oversight & Advisory Committee

Provide guidance and recommendations to PVN

- Representatives from: health care organizations, the Ministry of Health, BCPSQC and an equal number of patient representatives from across BC
- Ensures that patient voices are included in the planning of PVN initiatives and operations

Patient- & Family-Centred Care Priority

- Setting Priorities for the BC Health System (2014)
 - Priority 1: Provide patient-centred care
- Accreditation Canada
 - Client and family centred care requirements
- Health Professions Act
- Evolution of patient engagement in BC
 - Shift from transactional to everyday practice

Value of Engagement



Patients, families, and caregivers are the experts in their own lives. They need to be engaged in decisions so that BC's health care reflects the needs and priorities of those it serves

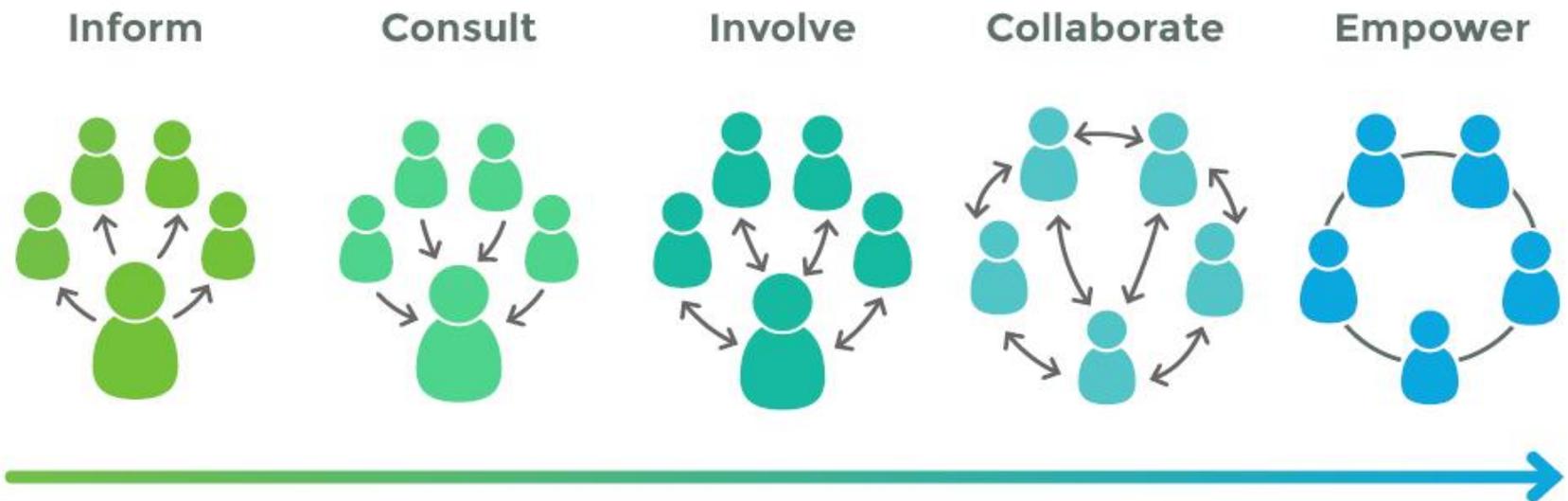
ENGAGEMENT PRINCIPLES

Principles of Patient & Family Centred Care

- Respect and dignity
- Information sharing
- Participation
- Collaboration

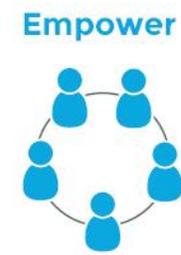
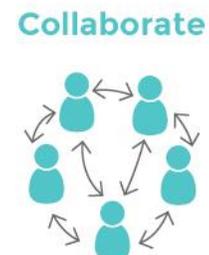
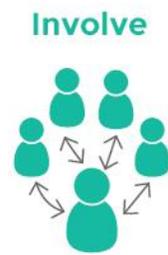
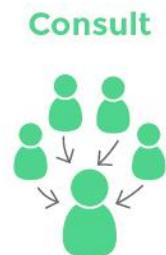


Source: [Institute for Patient & Family Centered Care](#)



IAP2 Spectrum of Public Participation

IAP2 Spectrum of Public Participation



Public Participation Goal	Inform	Consult	Involve	Collaborate	Empower
Promise To The Public	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the public.
Example Techniques	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.
	<ul style="list-style-type: none"> • Fact sheets • Web sites • Open houses 	<ul style="list-style-type: none"> • Public comment • Focus groups • Surveys • Public meetings 	<ul style="list-style-type: none"> • Workshops • Deliberative polling 	<ul style="list-style-type: none"> • Citizen advisory committees • Consensus-building • Participatory decision-making 	<ul style="list-style-type: none"> • Citizen juries • Ballots • Delegated decision

Authentic Engagement

1

Patient partners affected by a decision are involved in the process.

2

Health care partners commit that the patient partners' input will contribute to the final outcome.

3

Sustainable decisions are possible only when the needs of all partners have been recognized.

4

Diverse perspectives are sought out and invited to participate.

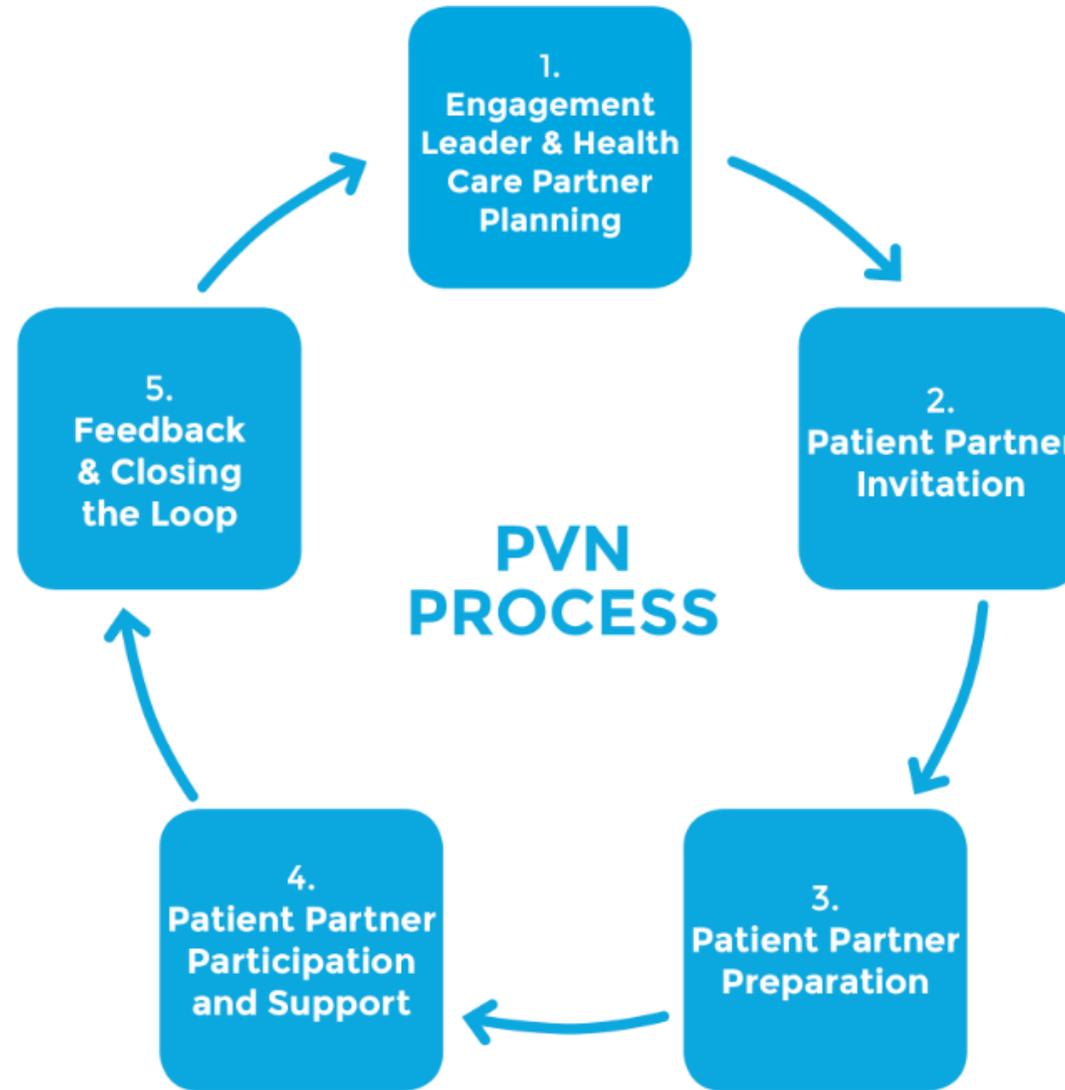
5

Patient partners are supported and provided with all necessary information to ensure that they are able to participate fully right away.

6

Patient partners and other participants are kept updated throughout the process about how their input is shaping the final decision.

ENGAGEMENT IN B.C.



Examples from BC

- College of Physicians and Surgeons of BC
- College of Chiropractors of BC
- College of Licensed Practical Nurses of BC
- College of Occupational Therapists of BC
- Lower Mainland Pharmacy Services Prescription Review
- BC SUPPORT Unit

Helpful Resources

IAP2 Engagement Toolbox

http://iap2.affiniscape.com/associations/4748/files/06Dec_Toolbox.pdf

Canadian Foundation for Healthcare Improvement– Patient Engagement Resource Hub

<http://www.cfhi-fcass.ca/WhatWeDo/PatientEngagement/PatientEngagementResourceHub.aspx>

Office of the Auditor General - Public Participation: Principles and Best Practices for BC

<http://www.bcauditor.com/files/publications/2008/report11/report/public-participation-principles-and-best-practices-british-columbia.pdf>

Agency for Healthcare Research and Quality. Guide to Patient and Family Engagement in Hospital Quality and Safety.

<http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/guide.html>

CIHR Citizen Engagement Casebook

<http://www.cihr-irsc.gc.ca/e/45358.html>

Citizen Engagement Handbook

http://www.cihr-irsc.gc.ca/e/documents/ce_handbook_e.pdf

Thank you!

Questions?

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Patient
Voices
Network



College of Pharmacists
of British Columbia

BOARD MEETING September 15, 2017

8. College Engagements in 2016/17

INFORMATION ONLY

Purpose

To provide the Board with an overview of the College's engagement process and the scale of engagements completed in the 2016/17 fiscal year.

Background

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

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

To ensure we follow engagement best practices, the College uses a series of steps to plan effective engagements, including:

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

These steps are outlined in the College of Pharmacists of BC Engagement Guide which was developed by the College's Communications and Engagement Department to help the College plan and execute effective engagement projects.

Discussion

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

2016/17 Engagement Projects included:

- Practice Review Program: Hospital Forum
- New Model Standards for Pharmacy Compounding
- Certified Pharmacist Prescriber
- Palliative Care Home Kits
- New Standards for Prescription Product Preparation, Final Check and Patient Identification
- College Name Change
- Pharmacy Security
- Naloxone

See Appendix 1: College Engagements in 2016/17 for the full overview of engagements completed over the last fiscal year.

Appendix	
1	College Engagements – 2016/17



College of Pharmacists
of British Columbia

College Engagement 2016/17

INTRODUCTION

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

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

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

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

ENGAGEMENT PLANNING

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

Public Participation Spectrum

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

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

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

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

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

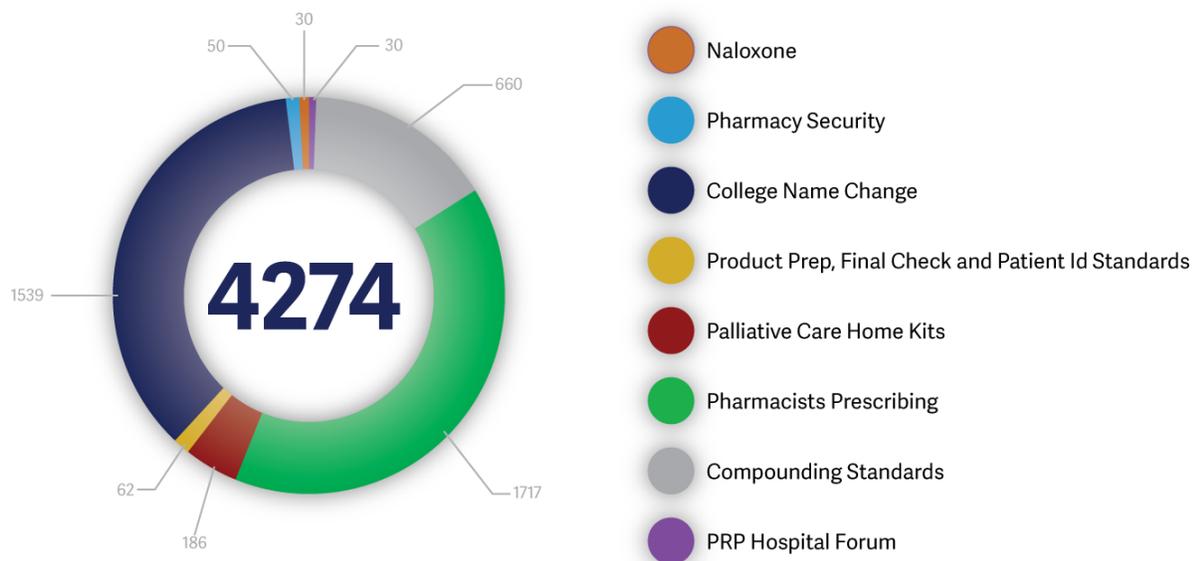
2016/17 ENGAGEMENT SUMMARY

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

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

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

2016/17 Engagement Participation





PRACTICE REVIEW PROGRAM: HOSPITAL FORUM

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

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

Engagement Process

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

Level of Engagement

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

How Feedback Was Used

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

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

Reporting Back

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

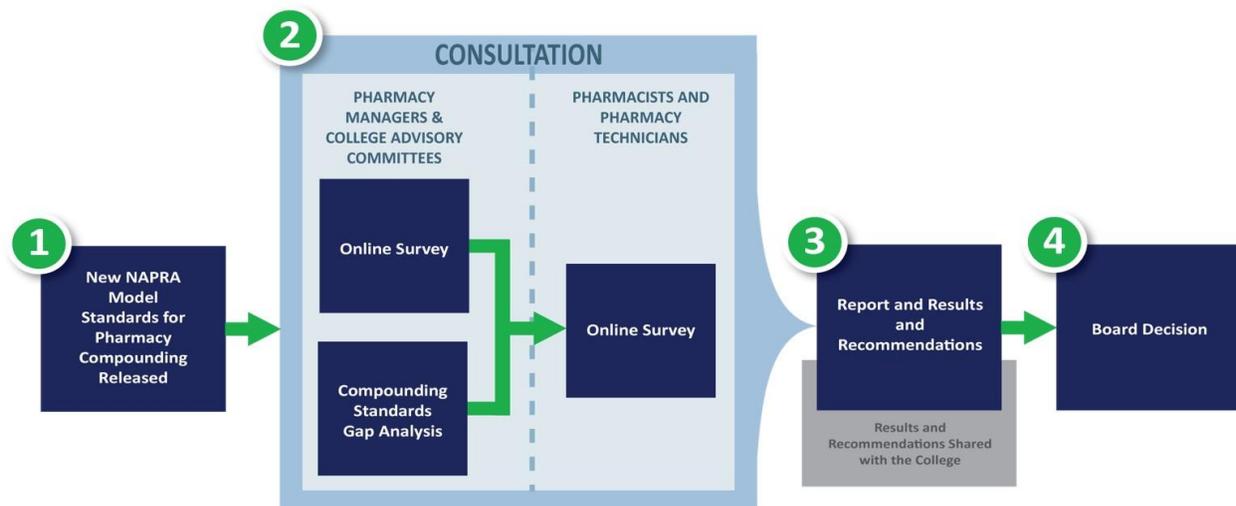


NEW MODEL STANDARDS FOR PHARMACY COMPOUNDING

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

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

Engagement Process



Level of Engagement

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

Engagement Activities

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

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

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

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

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

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

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

How Feedback Was Used

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

Reporting Back

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

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



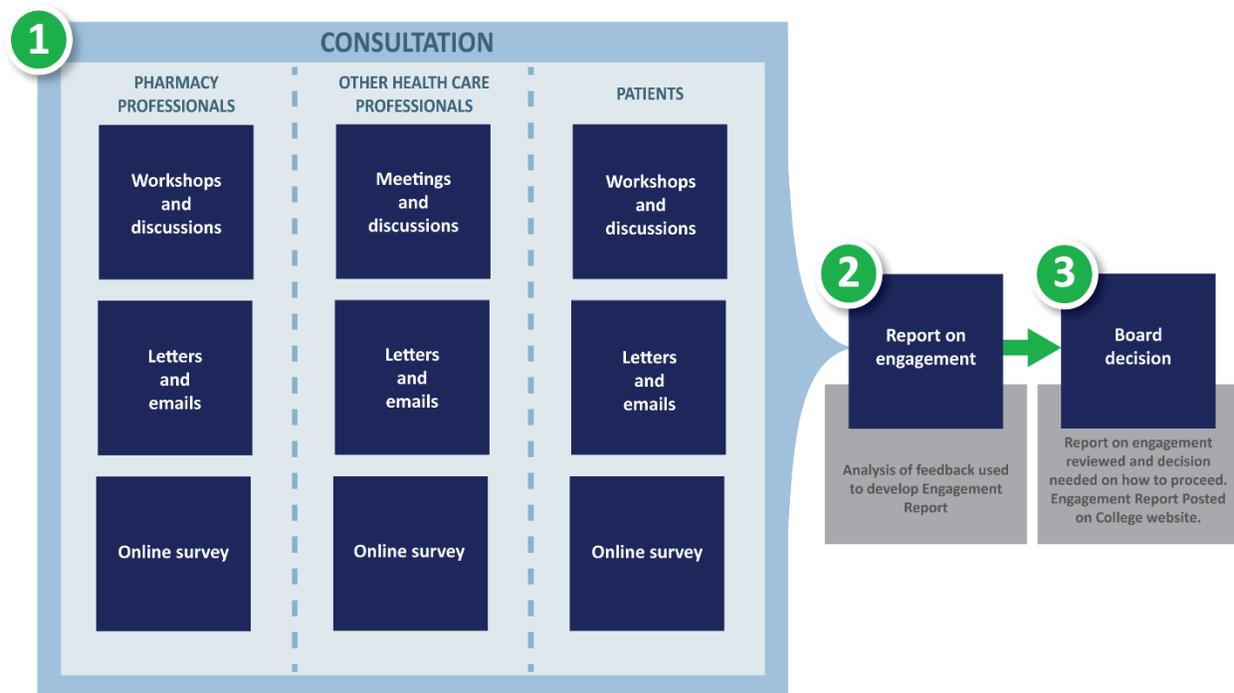
CERTIFIED PHARMACIST PRESCRIBER

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

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

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

Engagement Process



Level of Engagement

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

Engagement Activities

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

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

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

How Feedback Was Used

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

Reporting Back

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

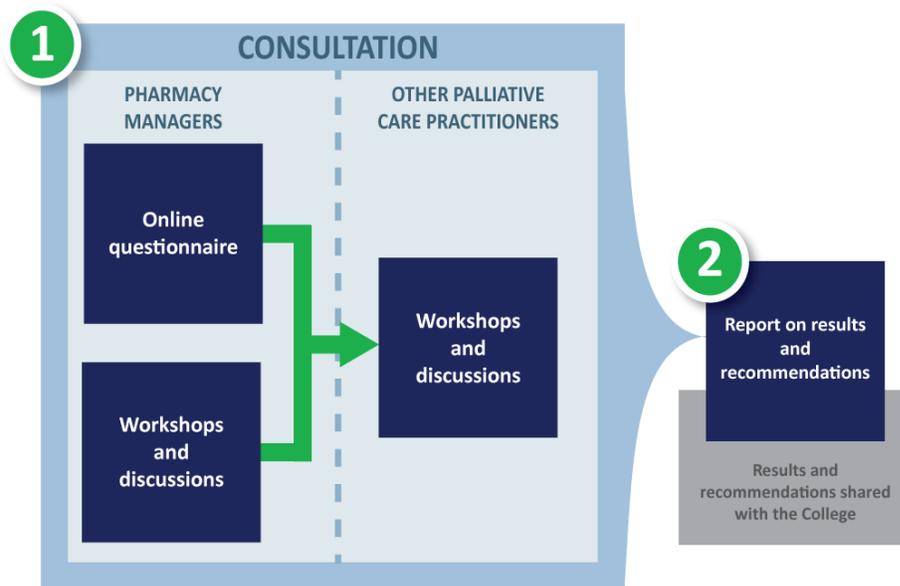


PALLIATIVE CARE HOME KITS

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

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

Engagement Process



Level of Engagement

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

Engagement Activities

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

How Feedback Was Used

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

Reporting Back

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

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



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

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

Engagement Process



Level of Engagement

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

Engagement Activities

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

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

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

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

How Feedback Was Used

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

Reporting Back

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



COLLEGE NAME CHANGE

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

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

Engagement Process

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

Level of Engagement

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

Engagement Activities

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

How Feedback Was Used

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

Reporting Back

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

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

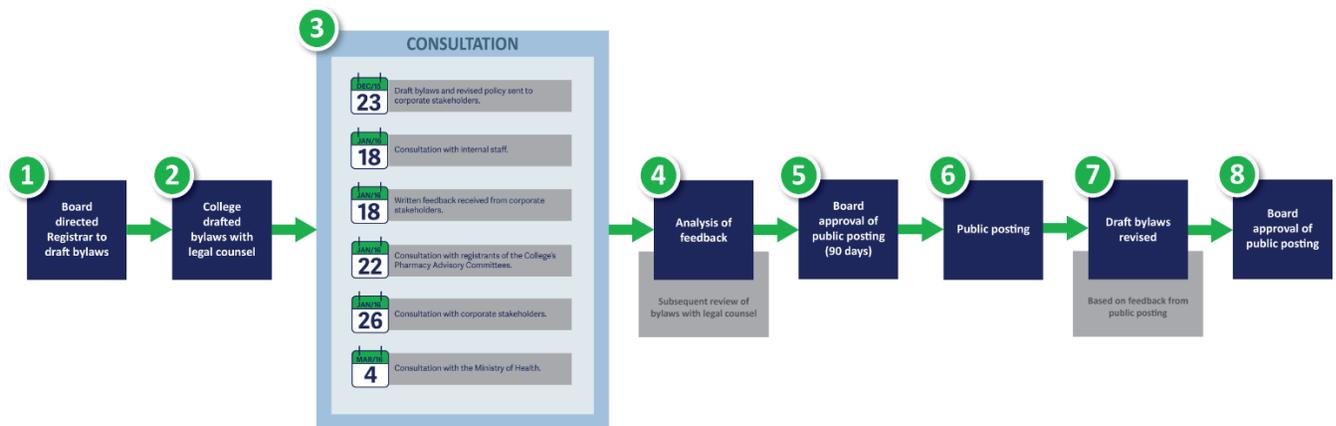


PHARMACY SECURITY

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

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

Engagement Process



Level of Engagement

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

Engagement Activities

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

How Feedback Was Used

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

Reporting Back

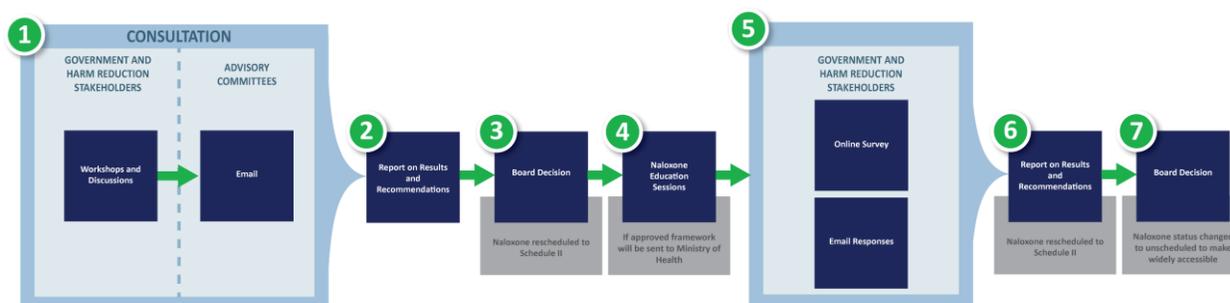
A summary of the results of the initial engagement on the draft bylaws for pharmacy security was shared publically (and live streamed) at the College’s April 2016 Board meeting. A summary of the results of both public posting periods was also shared publically as part of the Board meetings in September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



NALOXONE

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

Engagement Diagram



Level of Engagement

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

Engagement Activities

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

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

How Feedback Was Used

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

Reporting Back

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

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

2016/17 SOCIAL MEDIA ENGAGEMENT

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

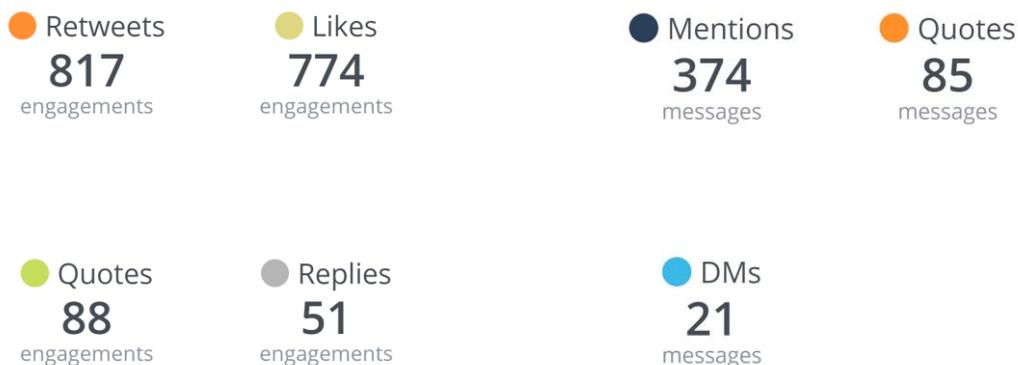
Facebook

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



Twitter

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





College of Pharmacists
of British Columbia

College Engagement 2016/17



Engagement

- Integral to the College's initiative and policy development processes
- Provides opportunities to inform, consult, involve, empower and collaborate with stakeholders and the public
- Helps the College find the "right touch" in regulation
- Builds awareness and support for new College initiatives and policies



College of Pharmacists
of British Columbia

Planning an Engagement



Steps to Plan Effective Engagements

- Determining purpose
- Determining scope
- Defining audience
- Tools and approach Planning
- Framing the discussion
- Managing risk and issues
- Engaging leadership
- Spreading the word
- Reporting back
- Measuring success



College of Pharmacists
of British Columbia

IAP2 Public Participation Spectrum

International Association for Public Participation,
iap2canada.ca

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



College of Pharmacists
of British Columbia

Tools and Approach Planning

Ways we can engage with stakeholders and the public

- Face-to-face discussions
- Workshops
- Online surveys
- Social comments
- Letters and emails



WHAT'S IN A NAME? COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA OFFICIAL NAME

The College of Pharmacists of British Columbia has been regulating pharmacy for the past 125 years, but that hasn't always been the case. We were first founded by T.M. Henderson in 1900 as the Pharmaceutical Association of British Columbia. When we created two separate bodies, a College of Pharmacists of British Columbia and a College of Pharmacists of Alberta, that we started using our current name.



When we began regulating pharmacy technicians, we recognized that there was a gap in our regulatory framework: no pharmacy regulators who register pharmacists and technicians were facing the same challenge (see below):

BC	AB	Manitoba
College of Pharmacists of British Columbia	Alberta College of Pharmacists	College of Pharmacists of Manitoba

Dear Jon,

The College needs your input on the proposed Model Standards for Compounding of Hazardous Sterile Products.

As you may be aware, the National Association of Boards of Pharmacy (NABP) released the second of three model standards for pharmacy compounding: [Standards for Pharmacy Compounding of Non-hazardous Sterile Products](#). The third model standard, on [non-hazardous sterile ophthalmics](#), is expected to be released in the next few weeks. NAPRA's existing Guidelines for the Compounding of Sterile Hazardous Preparations are being reviewed in light of these new standards.

The College is seeking input from pharmacy professionals on the proposed Model Standards for Pharmacy Compounding of Hazardous Sterile Products.

The College has developed a survey for pharmacy professionals to assess where current standards for pharmacy compounding may be barriers to implementation of NAPRA standards.

Please complete questions in the survey at legislation@bcpharmacists.org.

The data and the results from the survey will be presented to the College Board. See the survey for more information.



We look forward to hearing from you on this important step in building the new College of Pharmacists of British Columbia.

CERTIFIED PHARMACIST PRESCRIBING ONLINE ENGAGEMENT

Time Frame

The Certified Pharmacist Prescribing online engagement will be open until July 15, 2016.

Desired Audience

We are seeking input from:

- Registered pharmacy professionals (pharmacists and pharmacy technicians) with the College of Pharmacists of BC,
- Patients and the family, friends and communities that support them,
- Other healthcare professionals, and
- Other members of the public interested in the future of health care in BC.

How to help

Thank you for helping us build awareness of this engagement opportunity. We greatly appreciate your support in getting the word out!

You can help build awareness of this engagement by:

- sharing this engagement with your community on social media,
- posting an invitation to participate on your website or events list,
- including an invitation to participate in an upcoming newsletter,
- mentioning the opportunity to share ideas at an event or while networking,
- contributing your input and ideas, and
- encouraging friends, family and colleagues to participate.

To help make it easy to share this engagement opportunity with your community we have provided material for you to use and share. See the following pages for sample posts to share.

Contact Information

If you have questions or are looking for more information about this engagement please feel free to contact the College of Pharmacists of BC Communications and Engagement Department at communications@bcpharmacists.org or call 778-991-4204.

About the College of Pharmacists of BC

The College of Pharmacists of BC regulates the pharmacy profession in the public interest. We set and enforce standards and promote best practices for the delivery of pharmacy care in British Columbia. Our vision is to provide better health through excellence in pharmacy.

Draft
work towards forming

Pharmacists of BC

Communications [?] · August 12, 2016 ·

Pharmacy professionals and the public feel about a name change? Let us know by filling out this short survey today! Engage



What do you think about a College name change?

Learn More

Share

Chronological



Reporting Results

We report out using highlights, engagement reports, briefing notes, livestreaming & more!

BOARD HIGHLIGHTS - APRIL 14 & 15, 2016

PHARMACY SECURITY DRAFT BYLAWS
The Board approved draft bylaws on pharmacy security. The draft bylaws set out security requirements for community pharmacies. In accordance with the legislative framework, the draft bylaws will be posted on the College website for 90 days for public comment shortly.

Read all draft bylaws for comment here: <http://www.bcpharmacists.org/bylaws-comment>

GENOMICS INITIATIVE UPDATE
Dr. Corey Milow, Associate Professor, Director, UBC Sequencing Centre and Tier 1 Canada Research Chair in Translational Genomics, presented an update on the genomics initiative.

From April 2015, his team collected 200 DNA samples from 31 different pharmacies across BC. 34 participating pharmacists were trained to collect the samples. The project demonstrates how the community pharmacy network could be a living lab that benefits researchers, pharmacists and patients alike.

CERTIFIED PHARMACIST PRESCRIBER

College of Pharmacists of British Columbia

Engagement Report

November 4, 2016

BOARD MEETING
April 21, 2017

4. Legislation Review Committee
b) Compounding – Implementation Plan

DECISION REQUIRED

Recommended Board Motions:

- Approve the four-year implementation plans to adopt the *Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations* and the *Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations*, with the following recommended phases:
 - Phase 1 (gap analysis and site plan, personnel conduct): November 2017
 - Phase 2 (personnel training, policies and procedures): May 2019
 - Phase 3 (beyond-use dates, verification of facilities): May 2020
 - Phase 4 (facility infrastructure): May 2021
- Direct the registrar to draft bylaws to adopt the Model Standards, to be effective for May 2021, which will officially establish minimum requirements to be applied in compounding sterile preparations.

Purpose
To seek approval for the four-year implementation plans to adopt the *Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations* and the *Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations*, and to direct the Registrar to draft bylaws to officially adopt them (effective May 2021).

Background
Compounding, in respect to a drug, is defined as mixing together of one or more other ingredients¹. Evolving practice and increased awareness of the inherent dangers of compounding sterile preparations for the health of both patients and compounding personnel, led the National Association of Pharmacy Regulatory Authorities (NAPRA) to develop a suite of

¹ http://www.bcpharmacists.org/cevic/documents/44/bcstanag-417_2008

176 Viewers

June #CPBCBoard Meeting (Afternoon)

Vancouver, British Columbia, Canada

BC Pharmacists

00:08 / 1:24:09



College Name Change
Results of Online Engagement

September 9, 2016





Measuring Success

- Was the input on the topic relevant, thoughtful and detailed?
- Was the input valuable in helping develop policies, regulations or other initiatives?
- Did the input aid in decision making?
- How many people or organizations participated?
- Did the engagement help stakeholders learn more about a program or policy change?
- Did the engagement result in stakeholders supporting or understanding the need for change?

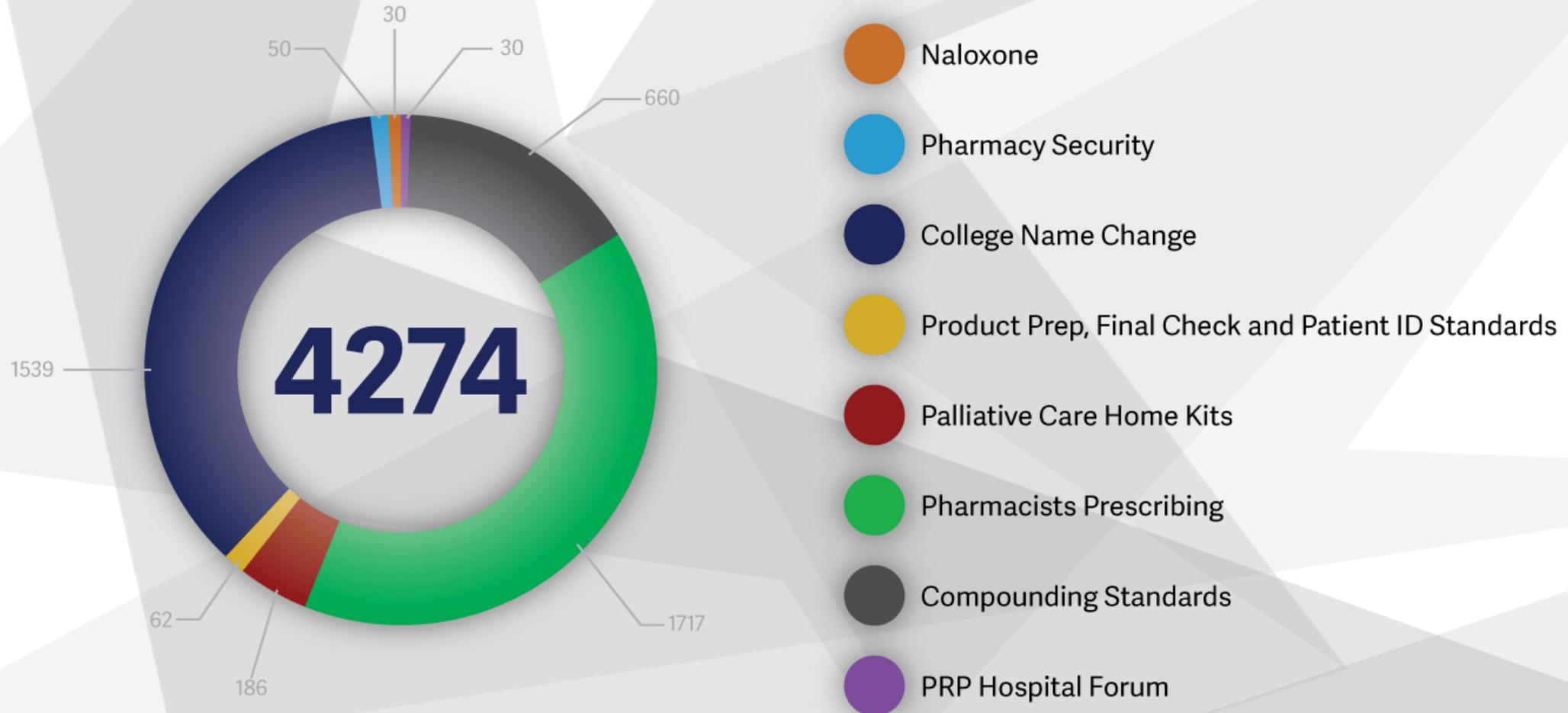


How Did We Do in 2016/17?

- Feedback used by staff and Board to aid in decision making
- Engaged with **over 4,000** pharmacy professionals, patients and other stakeholders
- **8 different** engagement initiatives
- Stakeholders engaged through twitter with **over 800 retweets, 750 likes** and **370 mentions**
- Stakeholders engaged through Facebook with **over 4,000 shares, 2,700 reactions** and **500 comments**



2016/17 Engagement Summary





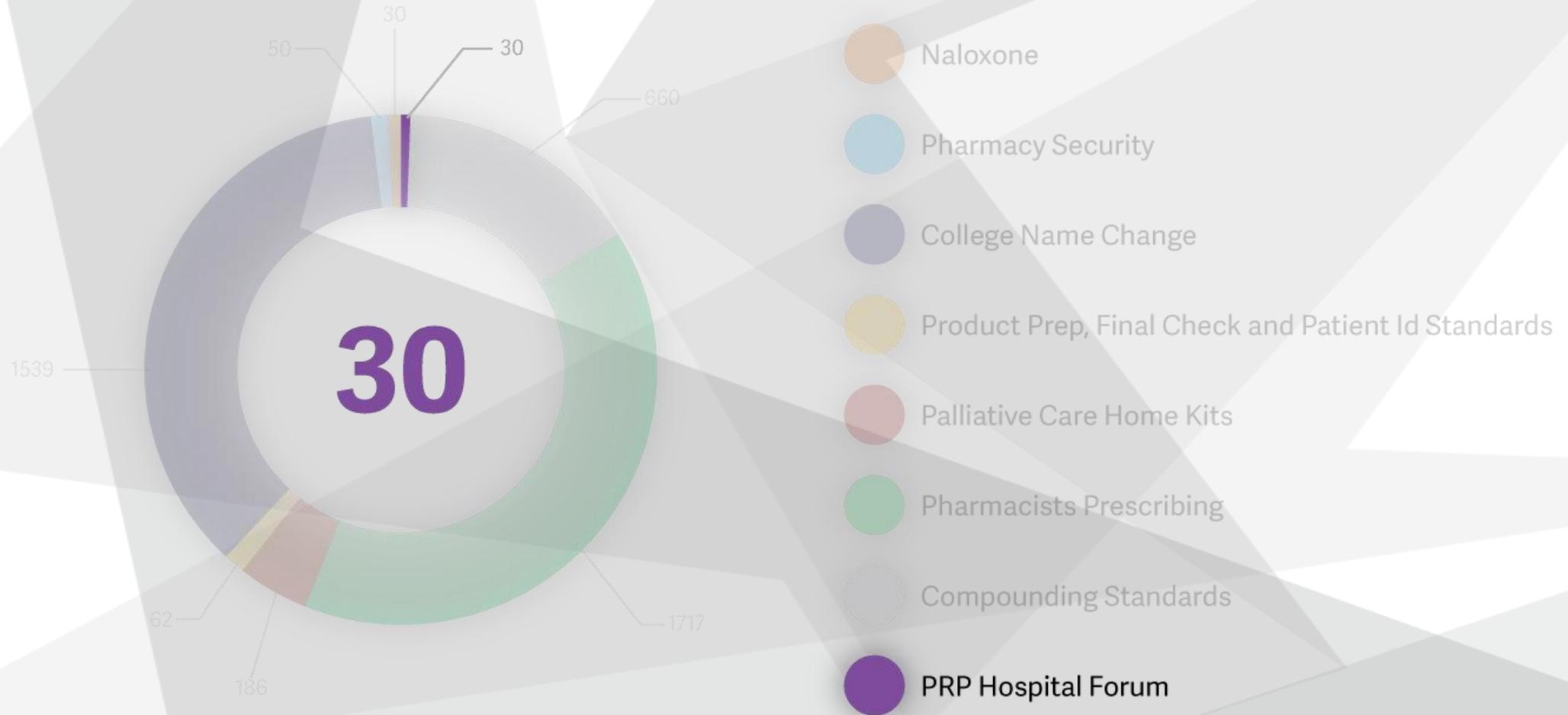
College of Pharmacists
of British Columbia

Practice Review Program: Hospital Forum





Practice Review Program: Hospital Forum





College of Pharmacists
of British Columbia



Practice Review Program: Hospital Forum

A one day forum to solicit feedback from pharmacy professionals in hospital practice to help inform expanding the Practice Review Program to include hospital pharmacy practice settings.



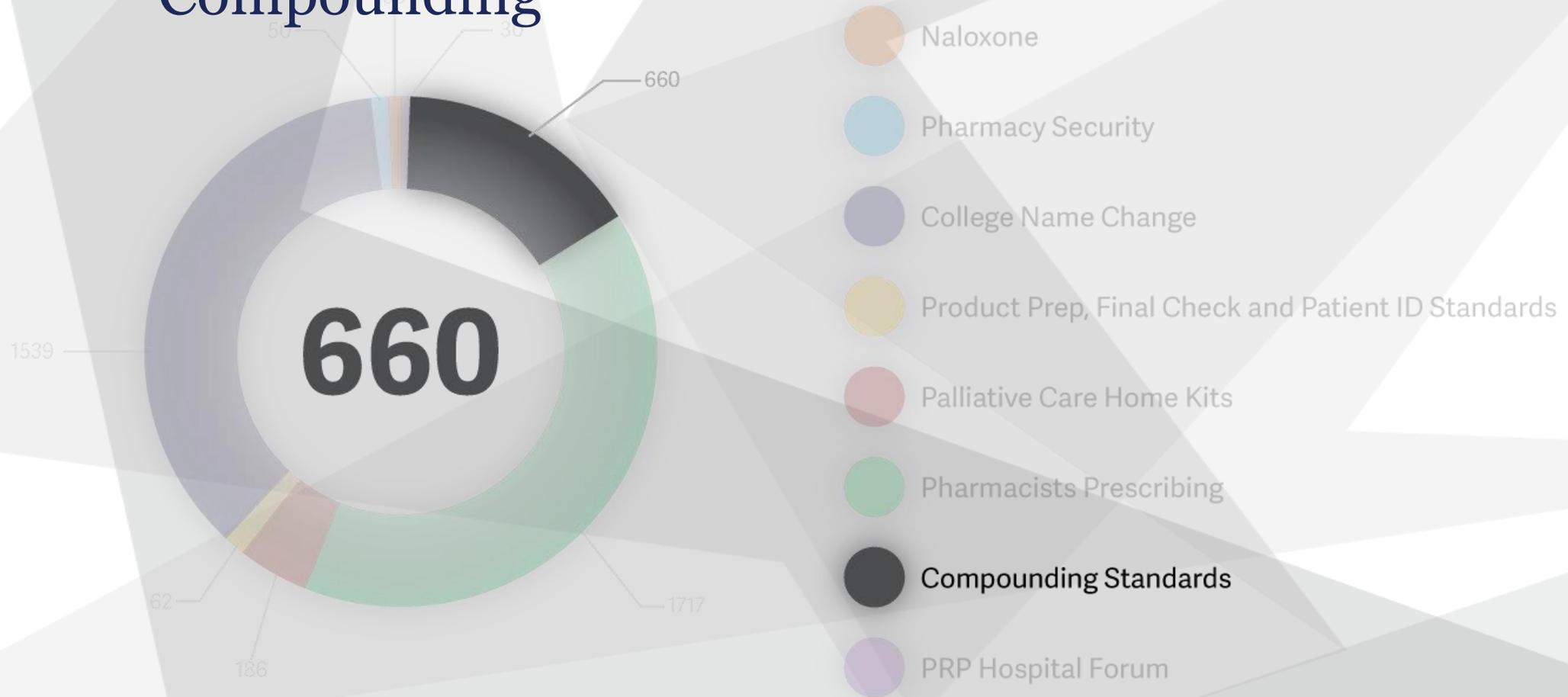
College of Pharmacists
of British Columbia

New Model Standards for Pharmacy Compounding



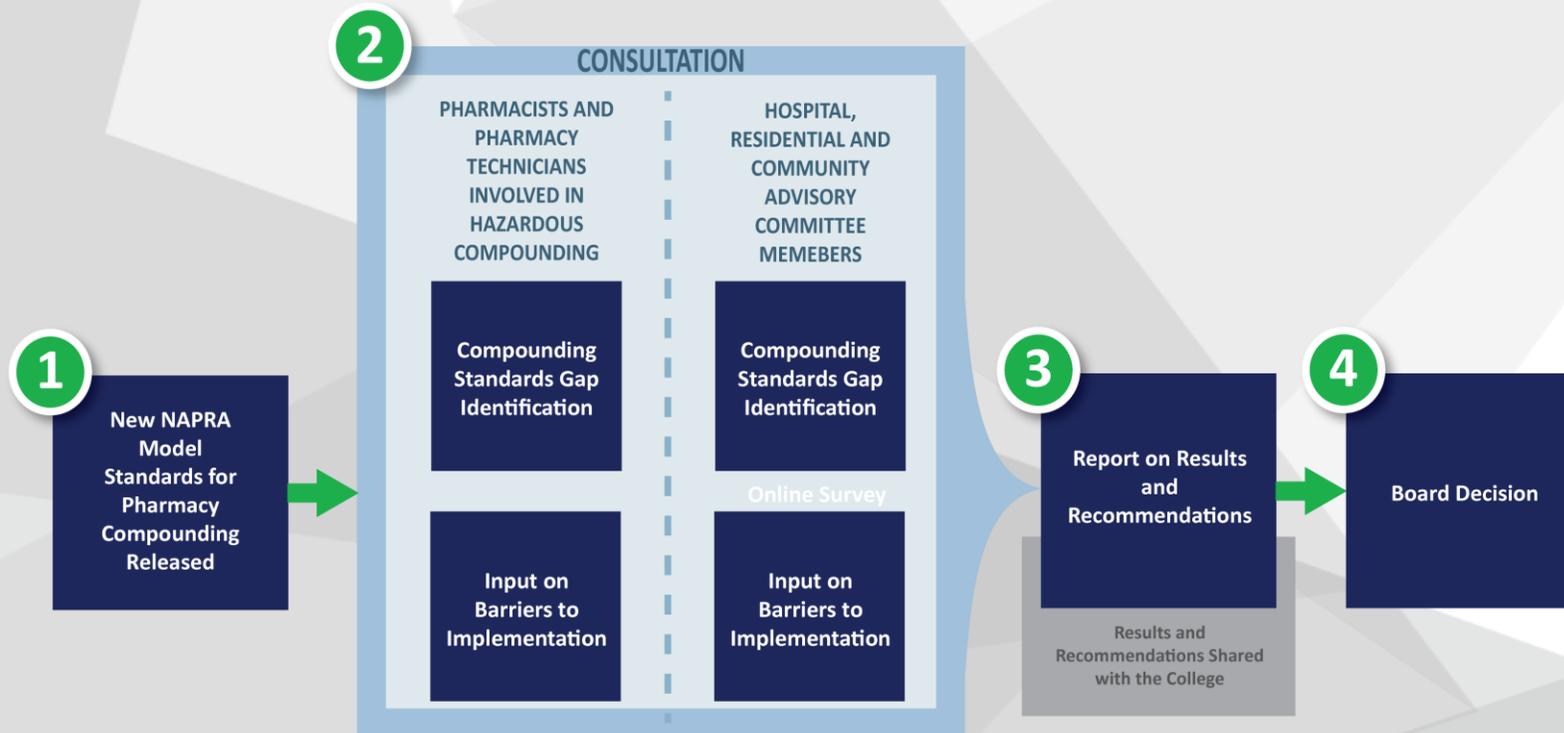


New Model Standards for Pharmacy Compounding





New Model Standards for Pharmacy Compounding





New Model Standards for Pharmacy Compounding

- **261 responses** received for environmental scan
- **16 submissions** for gap analysis (voluntary)
- **21 attended** College workshop
- **362 responses** received for sterile compounding survey



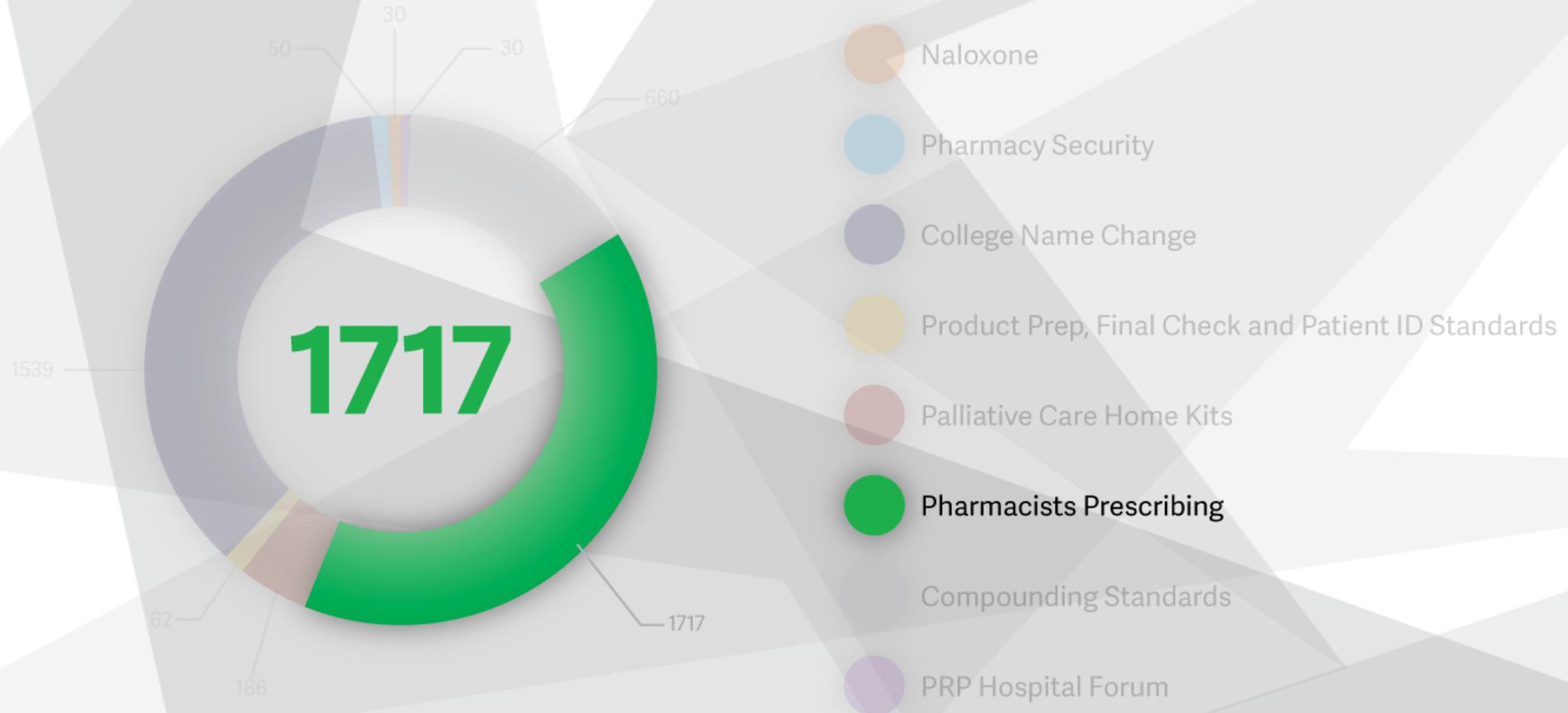
College of Pharmacists
of British Columbia

Certified Pharmacist Prescriber



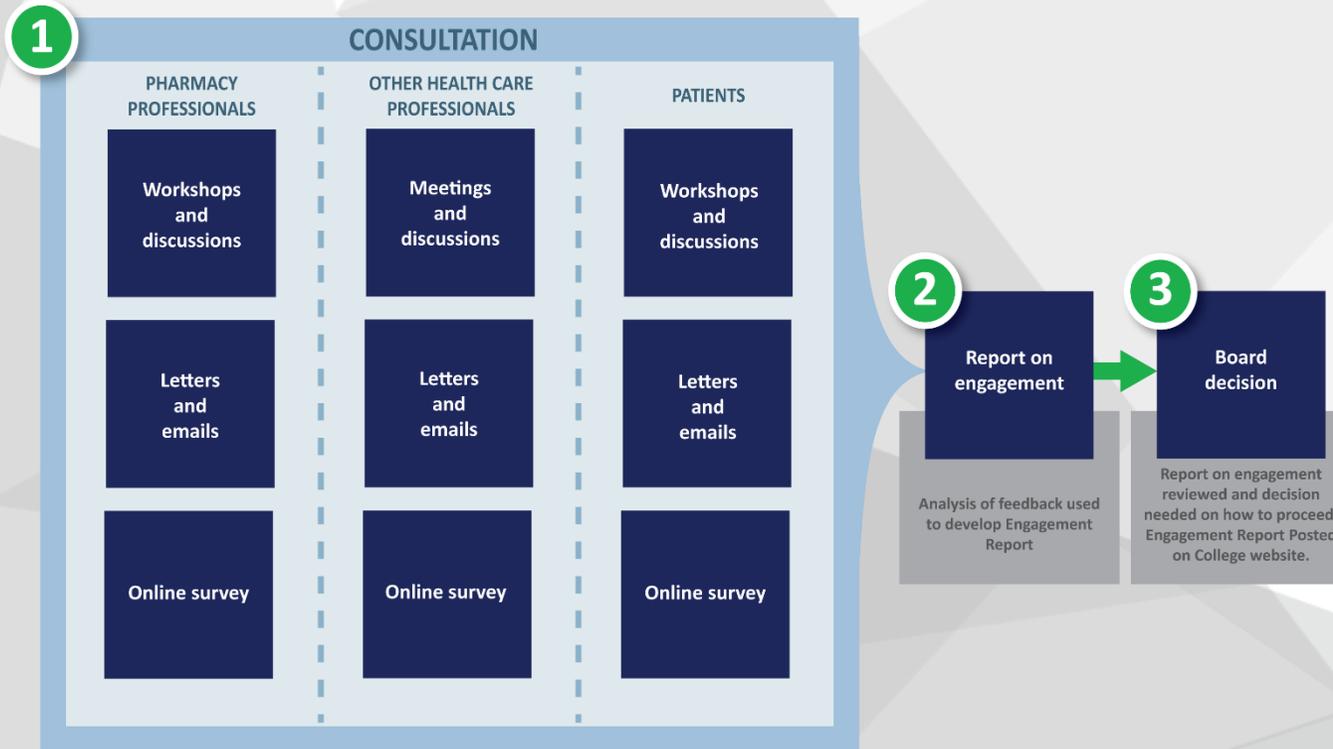


Certified Pharmacist Prescriber





Certified Pharmacist Prescriber





Certified Pharmacist Prescriber

- Held **16 different workshops and meetings** with pharmacy professionals, other prescribers and patients
- Heard from **over 200 individuals and 25 organizations** through workshops and meetings
- **Over 1,500 responses and 11,000 comments** received through online survey
- **10 official letters and 7 emails** received



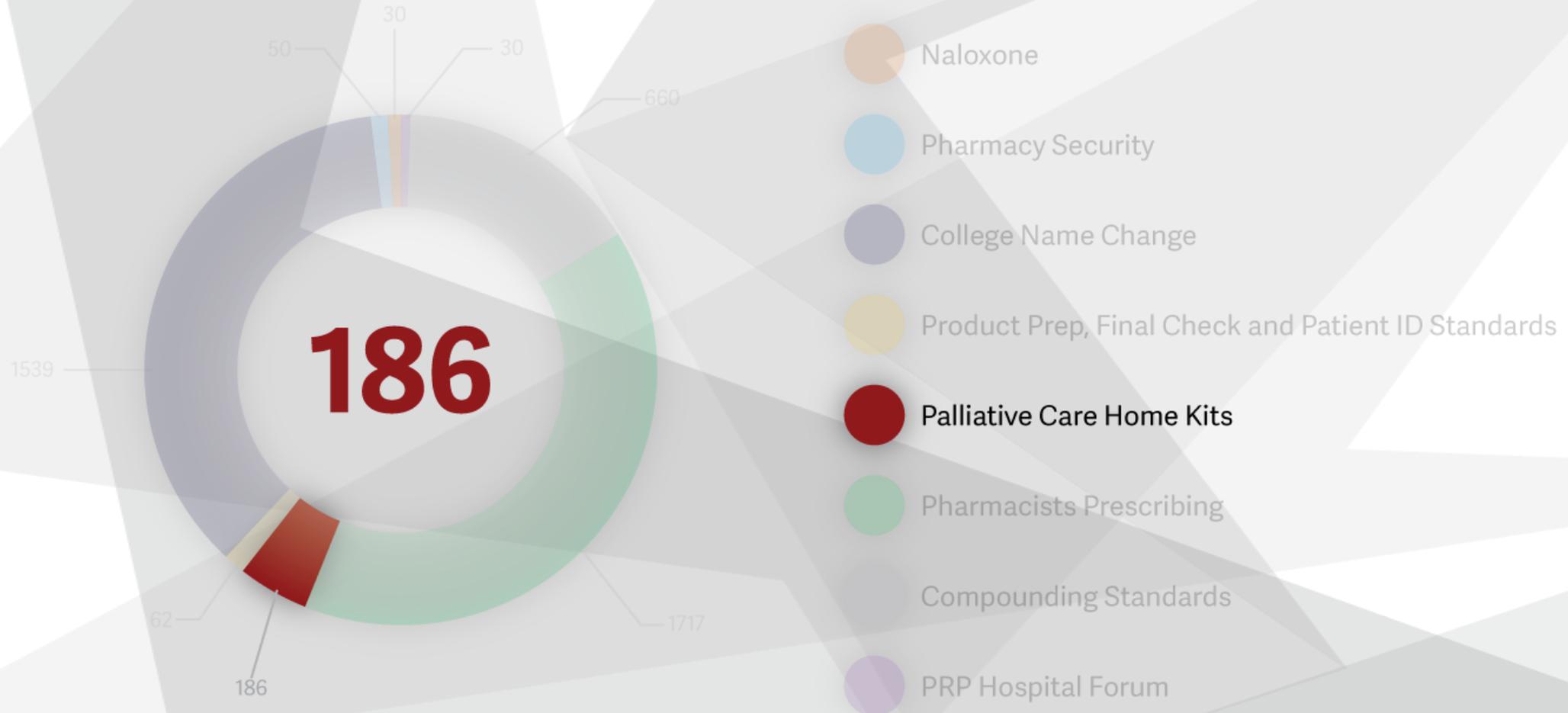
College of Pharmacists
of British Columbia

Palliative Care Home Kits



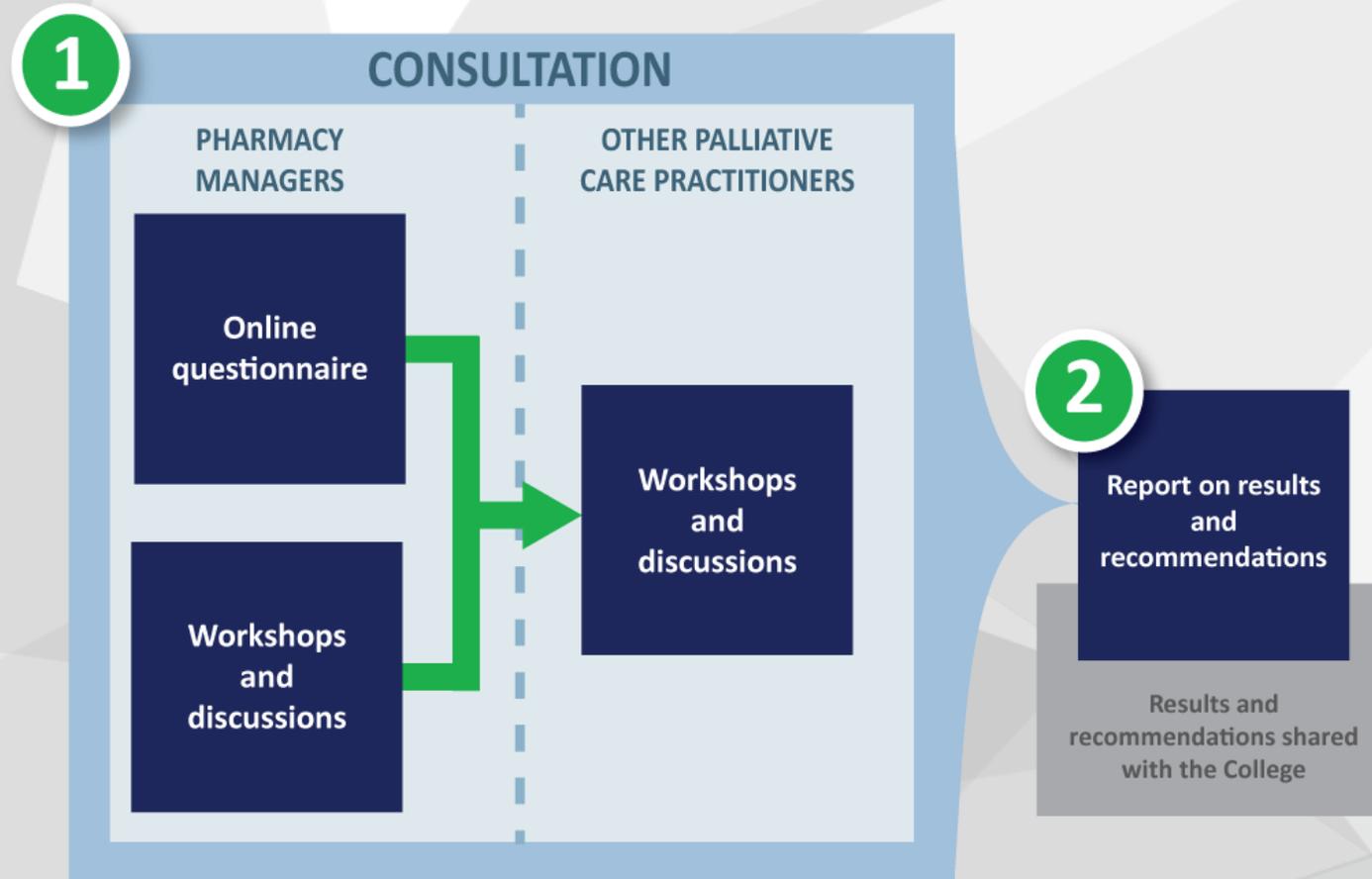


Palliative Care Home Kits





Palliative Care Home Kits





Palliative Care Home Kits

- **181 pharmacy managers responded** to palliative care survey
- **15 pharmacies** indicated they were directly involved with distributing palliative care kits
- **5 community pharmacists** participated in a workshop to share their experience distributing palliative care kits



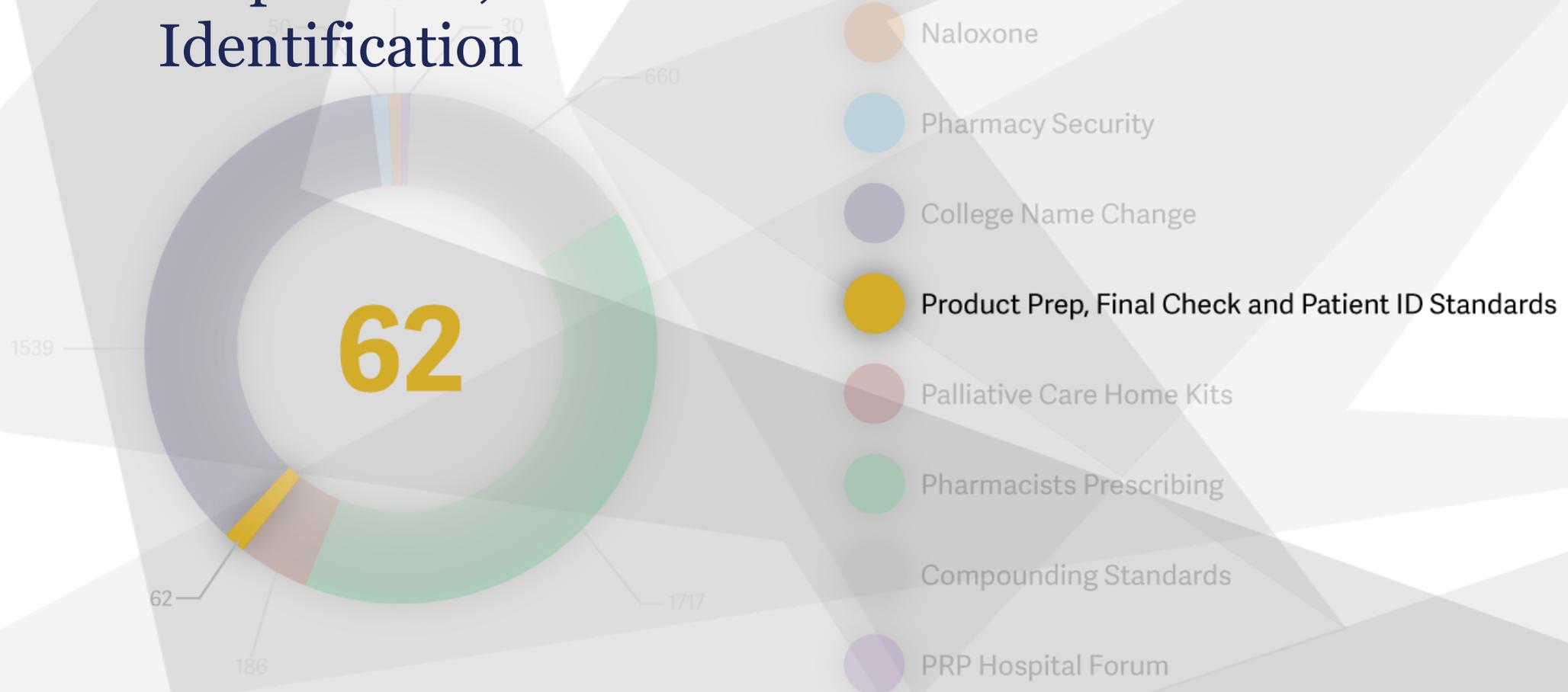
College of Pharmacists
of British Columbia

New Standards for Prescription Product Preparation, Final Check and Patient Identification





New Standards for Prescription Product Preparation, Final Check and Patient Identification





New Standards for Prescription Product Preparation, Final Check and Patient Identification





New Standards for Prescription Product Preparation, Final Check and Patient Identification

- **12 responses** received from survey sent to select committee members
- **50 responses** received for updated draft requirements



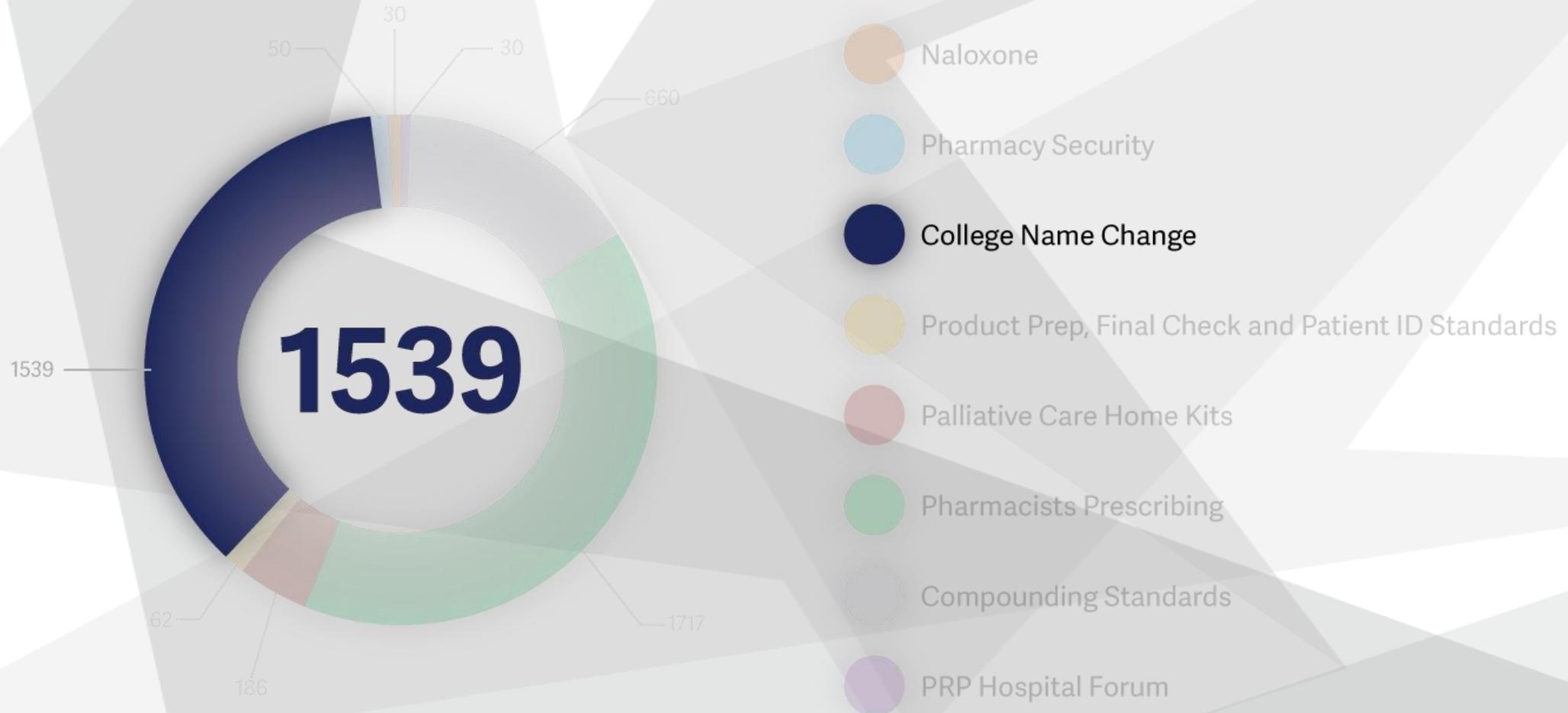
College of Pharmacists
of British Columbia

College Name Change





College Name Change





College of Pharmacists
of British Columbia

College Name Change

Engagement Process

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





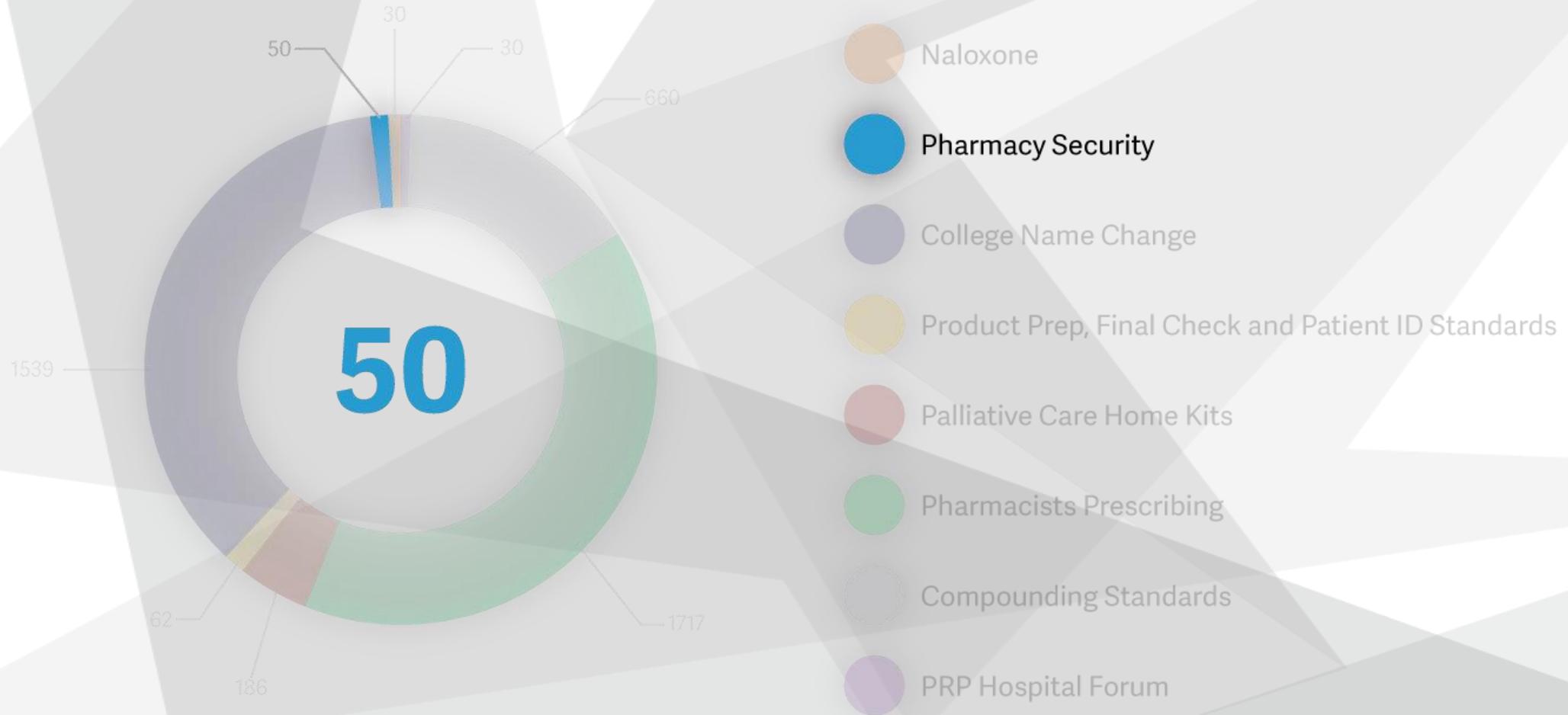
College of Pharmacists
of British Columbia

Pharmacy Security



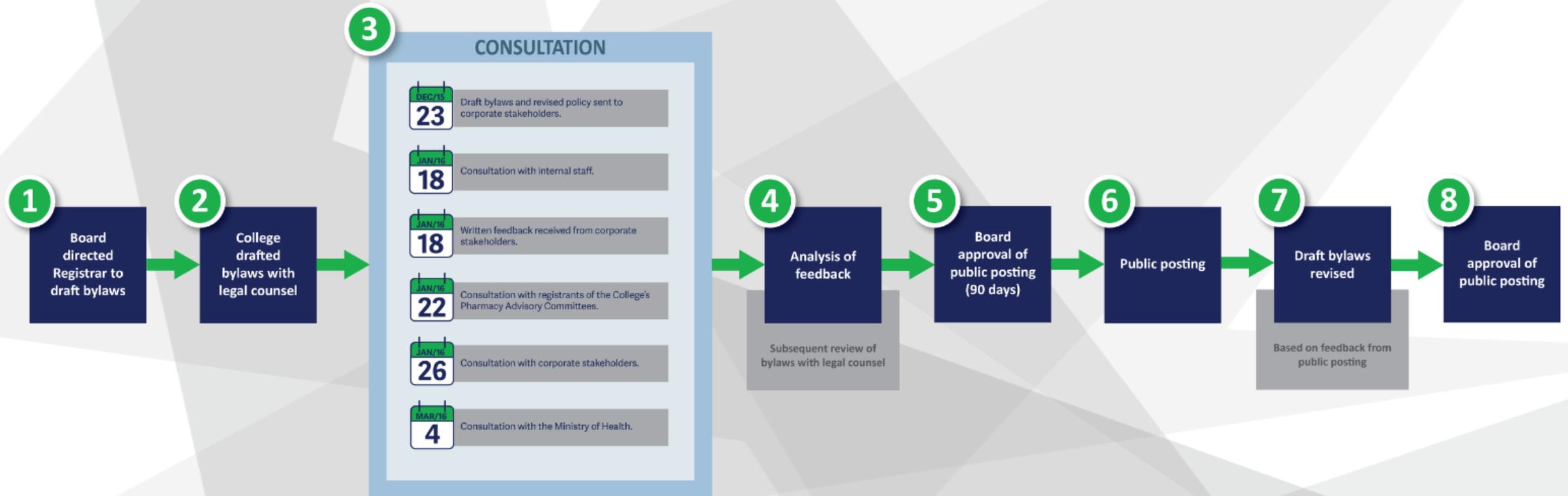


Pharmacy Security





Pharmacy Security





Pharmacy Security

- Received **9 written responses** on draft bylaws for pharmacy security
- Received **47 submissions** from registrants and corporate stakeholders during public posting period in April 2016
- Bylaws publicly posted a second time on September 2016, only **3 submissions** received



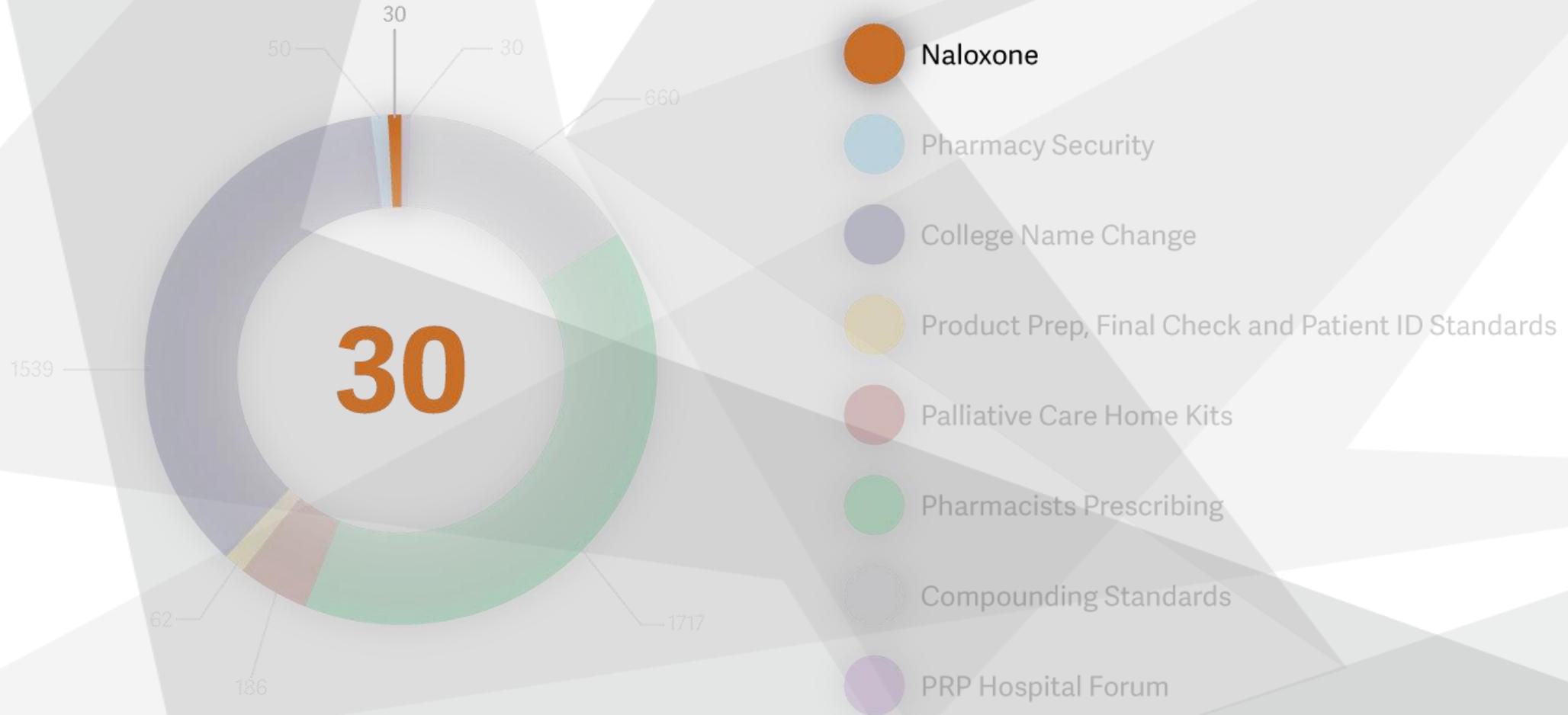
College of Pharmacists
of British Columbia

Naloxone



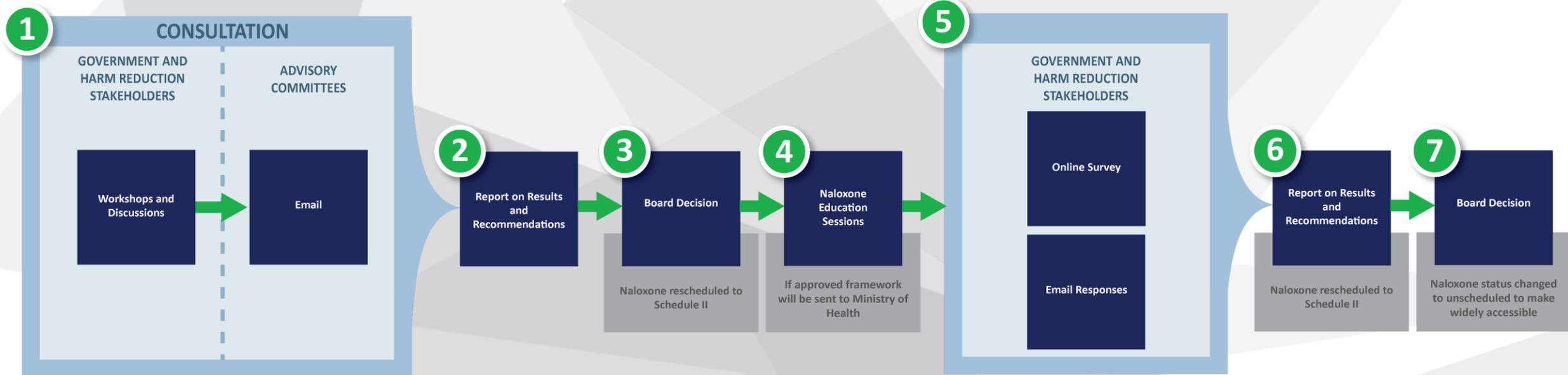


Naloxone





Naloxone Engagement Process





College of Pharmacists
of British Columbia

Engagement Over Social Media



Facebook 2016/17

2015/16	2016/17
1500 + Followers	2300 + Followers
288 + Shares	4000 + Shares
1000 + Reactions	2700 + Reactions
190 + Comments	500 + Comments



Twitter



2015/16	2016/17
1200 + Followers	1300 + Followers
202 + Retweets	800 + Retweets
160 + Likes	750 + Likes
9 + Mentions	370 + Mentions



College of Pharmacists
of British Columbia

Questions?





College of Pharmacists
of British Columbia

BOARD MEETING September 15th, 2017

<p>9. Legislation Review Committee a) Committee Update</p>
--

INFORMATION ONLY

Purpose

For the Committee Chair to provide an update on the Legislation Review Committee.



College of Pharmacists
of British Columbia

BOARD MEETING September 15, 2017

9. Legislation Review Committee b) PODSA Bylaws – Fees and Forms (Filing)

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution to file the amended bylaws that actualize fee changes from the College's 2017/2018 budget and related fee changes for telepharmacy:

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

Purpose

To request that the Board of the College of Pharmacists of British Columbia (the Board) approve amendments to the *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws Schedule A – Fee Schedule and related forms for filing.

Background

The Board may make bylaws as per section 21(1)(d) of PODSA to determine requirements for the licensing and operation of a pharmacy – including fees and forms. Unlike the *Health Professions Act* (HPA), PODSA does not exempt particular bylaws (e.g. fee schedules) from the 90 day public posting period requirement. Additionally, in contrast to the HPA, PODSA does not authorize the Registrar to establish forms.

This package includes bylaw amendments to actualize PODSA fee increases previously approved as part of the College's 2017/2018 budget as well as related fee changes for telepharmacy. The fee changes include increases to the application fees for community, hospital, telepharmacy and education sites, application fee for change of ownership, application fee for hospital satellite, and application fees for renewal for community, hospital, education site and telepharmacy.

At the April 2017 Board meeting, the Board approved these amendments for a legislated 90 day public posting period.

Discussion

Public Posting:

After approval by the Board, the fee changes and forms were posted on the College’s website for public comment. During the public posting period, two comments were received (see Appendix 1). The first comment supported the fee changes and the College’s need to maintain its finances to operate. The second comment was a suggestion regarding forms, to include a statement stating that credit card information will be destroyed securely. In regards to this comment, the publicly posted forms included a new privacy statement¹ that states that the College’s collection of personal information under its enabling legislation, is in accordance with the *Freedom of Information and Protection of Privacy Act*. However, as this statement does not fully address the issue raised, a statement explaining that credit card information is not kept on file and is destroyed securely, can be added to these forms in future amendments to forms. At this time, no changes are made to the fee schedule or forms.

Filing:

If approved by the Board, the next step in the process to finalize the bylaws, is that they must be filed with the Minister of Health. Once filed, the bylaws will come into effect 60 days from the filing request date to the Ministry of Health. If approved by the Board, the bylaw amendments will be in effect by mid-November 2017.

Recommendation

The Board approve the fee schedule (Appendix 2) and related forms (Appendix 3) for filing as circulated.

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

Appendix	
1	Feedback (public posting period)
2	Schedule to the Resolution (fees)
3	Schedule to the Resolution (forms)



College of Pharmacists
of British Columbia

Stakeholder Comments

Section, Subsection or Appendix	Page #	Comment (provide current and new text when applicable)	Rationale
PODSA BYLAW " Schedule A"	1	I agree with the proposed schedule of fees	The College needs to maintain its finances to operate.
Amended PODSA FORMS	Form 1A page 3	There should be a statement that says credit card info will be destroyed securely. Same goes for all sections that has a place for credit card information.	Gives peace of mind that no credit card info will be stored. Too many hackers now.
PODSA DRAFT BYLAWS - TELEPHARMACY OPERATION 16.1 - 5a	19	the intervals should state not less than 3 months	every 2 months would be 6 times per year.



College of Pharmacists
of British Columbia

General Comments

Large empty rectangular area for submitting general comments.

Comments submitted by:

Name of individual	David Wong
Name of organization	Corning Drugs Ltd.
Date	May 1. 2017

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Pharmacy Operations and Drug Scheduling Act* are amended by repealing and replacing Schedule A- Fee Schedule.

College of Pharmacists of B.C.

FEE SCHEDULE

PODSA Bylaw "Schedule A"

PHARMACY

LICENSURE FEES

Community Pharmacy	Annual license fee.	\$ 2,250.00
Hospital Pharmacy	Annual license fee.	\$ 2,250.00
Pharmacy Education Site	Annual license fee.	\$ 550.00
Telepharmacy	Annual license fee.	\$ 2,250.00
Hospital Pharmacy Satellite	Annual fee for each satellite site, to be charged to Hospital Pharmacy.	\$ 300.00
Application for New Pharmacy Licensure	Application valid for up to three years. Includes change of ownership.	\$ 550.00

INSPECTION FEE

Follow-up site review(s)	Where 3 or more site reviews are required to address deficiencies. From visit 3 onwards, this fee applies for each additional visit.	\$ 1,000.00
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NOTES:

- 1) Fees are non-refundable.
- 2) Fees are subject to GST.
- 3) Annual renewal notices of pharmacy licensure are sent at least thirty (30) days prior to the expiry date.

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Pharmacy Operations and Drug Scheduling Act* are amended by repealing and replacing the following forms: 1A, 1B, 1C, 1D, 2, 3, 4, 5 and 6 and adding the following new forms: 11 and 12.



College of Pharmacists
of British Columbia

APPLICATION FOR NEW PHARMACY

Community

APPLICANT INFORMATION

Corporation Sole proprietor / Partnership

Cert. of Incorporation # _____ Incorporation Date _____

Company name _____

Address _____ Tel _____

_____ Fax _____

_____ Email _____

Postal code _____

<u>Director *</u>	<u>Pharmacist</u>	<u>Director *</u>	<u>Pharmacist</u>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

* Majority must be BC registered pharmacists

PROPOSED PHARMACY INFORMATION

Operating name _____

Address _____ Tel _____

_____ Fax _____

_____ Manager _____

Postal code _____

Opening date _____ Contact + _____

Software Vendor _____ Tel + _____

Fax + _____

+ Only if manager not available before opening

I attest that:

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

Name (please print)

Signature

Position

Date

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



College of Pharmacists
of British Columbia

APPLICATION FOR NEW PHARMACY

Community

Application must be received by the College Office at least 10 weeks prior to the proposed opening date.

The following must be submitted together with this application:

- Diagram detailing the layout (see diagram requirement checklist below)
- Copy of the Certificate of Incorporation
- Copy of the certified Incorporation Application
- Copy of the certified Notice of Articles

The following must be submitted at least 2 weeks prior to opening:

- Acknowledgement of Completion of Confidentiality Form
- Copy of valid business licence

The following information must be included on the diagram:

scale: ¼ inch = 1 foot

- Dispensary area size - minimum 15 m² (160 sq ft)
- Dispensary area counters - minimum 3 m² (30 sq ft)
- Storeroom space - minimum 4 m² (40 sq ft) of shelf space
- Description of the front counter and shelf height
- Location of the double stainless steel sink
- Location of the refrigerator
- Location and type of consultation area (semi-private or private)
- Drug storage cabinet and/or safe
- Type of security system
- Location of Professional Service Area or Schedule 2 items, if applicable
- Location of Professional Product Area or Schedule 3 items - visible and up to 7.6 m (25 ft) from dispensary, if applicable
- Location of "Medication Information" sign, if applicable

The following information must be provided:

- Description of how the professional service area is made visually distinctive or indicate location of Pharmacy signs:

- Description of the method used to make the dispensary inaccessible to the public



College of Pharmacists
of British Columbia

APPLICATION FOR NEW PHARMACY
Community

PAYMENT OPTION

Pharmacy Name _____

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

Card # _____ Exp ____ / ____

Cardholder name _____

Cardholder signature _____

Application fee	\$550.00
Initial licence fee	2250.00
GST	140.00
Total	\$2940.00
GST # R106953920	

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



College of Pharmacists
of British Columbia

APPLICATION FOR NEW PHARMACY Hospital

APPLICANT INFORMATION

▪ Corporation

Cert. of Incorporation # _____ Incorporation Date _____

Hospital name _____

Address _____ Tel _____

_____ Fax _____

_____ Email _____

Postal code

<u>Director *</u>	<u>Pharmacist</u>	<u>Director *</u>	<u>Pharmacist</u>
_____	▪	_____	▪
_____	▪	_____	▪

* Majority must be BC registered pharmacists

PROPOSED PHARMACY INFORMATION

Operating name _____

Address _____ Tel _____

_____ Fax _____

_____ Manager _____

Postal code

Opening date _____ Contact + _____

Software Vendor _____ Tel + _____

Fax + _____

+ Only if manager not available before opening

I attest that:

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

Name (please print)

Signature

Position

Date

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



College of Pharmacists
of British Columbia

APPLICATION FOR NEW PHARMACY Hospital

Application must be received by the College Office at least 8 weeks prior to the proposed opening date.

The following must be submitted together with this application:

- Diagram detailing the layout (see diagram requirement checklist below)
- Copy of the Certificate of Incorporation
- Copy of the certified Incorporation Application
- Copy of the certified Notice of Articles

The following must be submitted at least 2 weeks prior to opening:

- Acknowledgement of Completion of Confidentiality Form

The following information must be included on the diagram:

scale: ¼ inch = 1 foot

- Dispensary area size - minimum 15 m² (160 sq ft)
- Dispensary area counters - minimum 3 m² (30 sq ft)
- Storeroom space - minimum 4 m² (40 sq ft) of shelf space
- Description of the front counter and shelf height
- Location of the double stainless steel sink
- Location of the refrigerator
- Location and type of consultation area (semi-private or private)
- Drug storage cabinet and/or safe
- Type of security system
- Location of Professional Service Area or Schedule 2 items, if applicable
- Location of Professional Product Area or Schedule 3 items - visible and up to 7.6 m (25 ft) from dispensary, if applicable
- Location of "Medication Information" sign, if applicable

The following information must be provided:

- Description of how the professional service area is made visually distinctive or indicate location of Pharmacy signs:

- Description of the method used to make the dispensary inaccessible to the public



College of Pharmacists
of British Columbia

APPLICATION FOR NEW PHARMACY Hospital

PAYMENT OPTION

Pharmacy Name _____

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

Card # _____ Exp ____ / ____

Cardholder name _____

Cardholder signature _____

Application fee	\$550.00
Initial licence fee	2250.00
GST	140.00
Total	\$2940.00
GST # R106953920	

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



College of Pharmacists
of British Columbia

APPLICATION FOR NEW PHARMACY Education Site

APPLICANT INFORMATION

Corporation Sole proprietor/Partnership Cert. of Incorporation # _____

Company name _____ Incorporation date _____

Address _____ Tel _____

_____ Fax _____

_____ Email _____

_____ Postal Code _____

PROPOSED PHARMACY INFORMATION

Institution name _____ Tel _____

Address _____ Fax _____

_____ Manager _____

_____ Contact* _____

_____ Postal Code _____

Opening date _____ Tel _____

_____ Fax _____

*If manager is not available before opening

Pursuant to s.54(2) of the *Health Professions Act – Bylaws*, a registrant **must** notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

Registrants can update their contact information using the *eServices* section of our website.

I attest that:

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

Name (please print)

Signature

Position

Date

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



College of Pharmacists
of British Columbia

APPLICATION FOR NEW PHARMACY Education Site

PAYMENT OPTION

Pharmacy Name _____

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

Card # _____ Exp ____ / ____

Cardholder name _____

Cardholder signature _____

Initial licence fee	550.00
GST	27.50
Total	\$577.50
GST # R106953920	

For office use ONLY

iMIS ID: _____ Finance stamp: _____

Lic initials: _____

Date to Finance: _____



College of Pharmacists
of British Columbia

APPLICATION FOR CHANGE OF OWNERSHIP

CURRENT PHARMACY INFORMATION

PharmaCare code _____

Operating name _____

Owner _____

Manager _____

Address _____ Tel _____

_____ Fax _____

_____ Email _____

Postal code

PROPOSED PHARMACY INFORMATION

Operating name _____

Manager _____ Tel _____

Effective Date _____ Fax _____

Software Vendor _____ Email _____

Corporation Sole proprietor / Partnership

Cert. of Incorporation # _____ Incorporation Date _____

Company name _____

Tel _____

Fax _____

Email _____

<u>Director *</u>	<u>Pharmacist</u>	<u>Director *</u>	<u>Pharmacist</u>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

* Majority must be BC registered pharmacists

I attest that:

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

_____ Name (please print) _____ Signature

_____ Position _____ Date

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College of Pharmacists
of British Columbia

APPLICATION FOR CHANGE OF OWNERSHIP

Application must be received by the College Office at least 10 weeks prior to the proposed opening date.

The following must be submitted together with this application:

- Diagram detailing the layout (see diagram requirement checklist below)
- Copy of the Certificate of Incorporation
- Copy of the certified Incorporation Application
- Copy of the certified Notice of Articles

The following must be submitted at least 2 weeks prior to opening:

- Acknowledgement of Completion of Confidentiality Form
- Copy of valid business licence

DIAGRAM REQUIREMENT CHECKLIST

The following information must be included on the diagram:

scale: $\frac{1}{4}$ inch = 1 foot

- Dispensary area size - minimum 15 m² (160 sq ft)
- Dispensary area counters - minimum 3 m² (30 sq ft)
- Storeroom space - minimum 4 m² (40 sq ft) of shelf space
- Description of the front counter and shelf height
- Location of the double stainless steel sink
- Location of the refrigerator
- Location and type of consultation area (semi-private or private)
- Drug storage cabinet and/or safe
- Type of security system
- Location of Professional Service Area or Schedule 2 items, if applicable
- Location of Professional Product Area or Schedule 3 items - visible and up to 7.6 m (25 ft) from dispensary, if applicable
- Location of "Medication Information" sign, if applicable

The following information must be provided:

- Description of how the professional service area is made visually distinctive or indicate location of Pharmacy signs:

- Description of the method used to make the dispensary inaccessible to the public



College of Pharmacists
of British Columbia

APPLICATION FOR CHANGE OF OWNERSHIP

PAYMENT OPTION

Pharmacy Name _____

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

Card # _____ Exp ____ / ____

Cardholder name _____

Cardholder signature _____

Application fee	\$550.00
Licence fee	2250.00
GST	140.00
Total	\$2940.00
GST # R106953920	

For office use ONLY	
iMIS ID: _____	Finance stamp: _____
Lic initials: _____	
Date to Finance: _____	



College of Pharmacists
of British Columbia

APPLICATION FOR HOSPITAL SATELLITE

APPLICANT INFORMATION

Company name _____

Central pharmacy _____

Pharmacy manager _____

Address _____ Tel _____

_____ Fax _____

_____ Email _____

_____ Postal Code _____

PROPOSED REMOTE SITE

Remote site address, including name of pharmacy _____ Tel _____

_____ Fax _____

_____ Email _____

_____ Postal Code _____

Hours of operation for Satellite _____

Pursuant to s.54(2) of the *Health Professions Act – Bylaws*, a registrant **must** notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

Registrants can update their contact information using the *eServices* section of our website.

I attest that:

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

Name (please print)

Signature

Position

Date

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



College of Pharmacists
of British Columbia

Form 3
Page 2 of 3

APPLICATION FOR HOSPITAL SATELLITE

APPLICATION REQUIREMENT CHECKLIST

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

Application must be approved **PRIOR to commencement of hospital satellite service.**

The following must be submitted together with this application:

- Diagram detailing the layout of the hospital pharmacy satellite

PharmaNet connection for both sites? Yes No



College of Pharmacists
of British Columbia

APPLICATION FOR HOSPITAL SATELLITE

PAYMENT OPTION

Pharmacy Name _____

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

Card # _____ Exp ____ / ____

Cardholder name _____

Cardholder signature _____

Initial licence fee	300.00
GST	15.00
Total	\$315.00
GST # R106953920	

For office use ONLY

iMIS ID: _____ Finance stamp: _____

Lic initials: _____

Date to Finance: _____

COMMUNITY PHARMACY LICENCE RENEWAL NOTICE



College of Pharmacists
of British Columbia

ID #	
Pharmacare #	
Current licence expires	

PAYMENT OPTION

Pharmacy Name _____

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

Card # _____ Exp ____ / ____

Cardholder name _____

Cardholder signature _____

Licence fee	2250.00
GST	112.50
Total	\$2362.50

GST # R106953920

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



HOSPITAL PHARMACY LICENCE RENEWAL NOTICE

ID #	
Pharmacare #	
Current licence expires	

PHARMACY	
Pharmacy Manager	
Pharmacy	
Address	
City, Prov Postal Code	
Tel: *	
Fax: *	
Email: *	
* required information - please provide update	

HEALTH AUTHORITY
Name of Health Authority

STAFF REGISTRANTS							
Name	Reg #	Status	Renewed To	Name	Reg #	Status	Renewed To
Add registrants not listed above in the following table. Attach additional sheet if necessary							
Name	Reg #	Full time	Part time	Casual			

- I attest that:
- The Pharmacy is in compliance with the Health Professions Act (HPA), the Pharmacy Operations and Drug Scheduling Act (PODSA), the Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
 - I understand my obligations as described in Part I of the PODSA bylaws: "Responsibilities of the Pharmacy Managers, Owners and Directors."

_____ Date _____ Pharmacy Manager

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

HOSPITAL PHARMACY LICENCE RENEWAL NOTICE



College of Pharmacists
of British Columbia

ID #	
Pharmacare #	
Current licence expires	

PAYMENT OPTION

Pharmacy Name _____

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

Card # _____ Exp ____ / ____

Cardholder name _____

Cardholder signature _____

Licence fee	2250.00
GST	112.50
Total	\$2362.50

GST # R106953920

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



EDUCATION SITE LICENCE RENEWAL NOTICE

ID #	
Pharmacare #	
Current licence expires	

PHARMACY	
Pharmacy Manager	
Pharmacy Address	
City, Prov Postal Code	
Tel: *	
Fax: *	
Email: *	
* required information - please provide update	

SITE OWNER
Name of Site Owner

STAFF REGISTRANTS							
Name	Reg#	Status	Renewed To	Name	Reg#	Status	Renewed To

Add registrants not listed above in the following table. Attach additional sheet if necessary

Name	Reg #	Full time	Part time	Casual

I attest that:

- The Pharmacy is in compliance with the Health Professions Act (HPA), the Pharmacy Operations and Drug Scheduling Act (PODSA), the Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I understand my obligations as described in Part I of the PODSA bylaws: "Responsibilities of the Pharmacy Managers, Owners and Directors."

_____ Date

_____ Pharmacy Manager

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EDUCATION SITE LICENCE RENEWAL NOTICE

ID #	
Pharmacare #	
Current licence expires	

PAYMENT OPTION

Pharmacy Name _____

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

Card # _____ Exp ____ / ____

Cardholder name _____

Cardholder signature _____

Licence fee	550.00
GST	27.50
Total	\$577.50

GST # R106953920

For office use ONLY	
iMIS ID: _____	Finance stamp: _____
Lic initials: _____	
Date to Finance: _____	



College of Pharmacists
of British Columbia

APPLICATION FOR NEW TELEPHARMACY LICENCE

Community

Form 2
Page 1 of 3

1. TELEPHARMACY INFORMATION

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

2. CENTRAL PHARMACY INFORMATION

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

3. PRIMARY CONTACT PERSON

Name	Position/Title		
Email Address	Phone Number	Fax Number	



APPLICATION FOR NEW TELEPHARMACY LICENCE

Community

Form 2

Page 2 of 3

College of Pharmacists
of British Columbia

4. APPLICANT INFORMATION

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

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



College of Pharmacists
of British Columbia

APPLICATION FOR NEW TELEPHARMACY LICENCE

Community

Form 2

Page 3 of 3

5. PAYMENT INFORMATION

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

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____



College of Pharmacists
of British Columbia

PHARMACY PRE-OPENING INSPECTION REPORT

TELEPHARMACY (COMMUNITY)

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

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



3. PHARMACY SERVICES

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

4. HOURS OF OPERATION

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



5. TELEPHARMACY ROSTER*

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

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

6. PRE-OPENING INSPECTION

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

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

External to Dispensary

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



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

Dispensary

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



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

Security

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



#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
3d	Motion sensors	PODSA Bylaws s.11.1(1)(c) A community pharmacy or telepharmacy must install and maintain motion sensors in the dispensary.			
3e	Monitored alarm OR N/A	PODSA Bylaws s.11.1(2)(a) When no full pharmacist is present and the premise is accessible to non-registrants, the dispensary area must be secured by a monitored alarm. PPP-74 Policy Statement #4 Independent alarms for the dispensary are optional, when a full pharmacist is present at all times and the premise is accessible by non-registrants. PODSA Bylaws s.11.1(2.2) For the purposes of subsection (2), a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy. PODSA Bylaws s.16.1(3) A telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the professional services area and the dispensary area, including any area where personal health information is stored.			
3f	Physical barriers OR N/A	PODSA Bylaws s.11.1(2)(b) When no full pharmacist is present and the premise is accessible to non-registrants, subject to subsection (2.1), schedule I and II drugs, controlled drug substances and personal health information, are secured by physical barriers. PODSA Bylaws s.11.1(2.2) For the purposes of subsection (2), a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy. PPP-74 Policy Statement #4 Physical barriers provide an additional layer of security and deter: 1. Unauthorized access to drugs, including but not limited to: • All Schedule I, and II and, controlled drug substances and personal health information. 2. Unauthorized access to personal health information, including but not limited to: • Hard copies of prescriptions, • Filled prescriptions waiting to be picked up, and/or • Labels, patient profiles, and any other personal health information documents waiting for disposal. Physical barriers can be tailored to the needs and structure of the particular community pharmacy. Examples of physical barriers include: locked gates, grillwork, locked cabinets, locked doors, and locked shelving units. When a full pharmacist is present at all times, physical barriers are optional. PODSA Bylaws s.16.1(3) A telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the professional services area and the dispensary area, including any area where personal health information is stored.			



Equipment and References

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
4a	Double stainless steel sink	<p>PODSA Bylaws s.11(2)(e) The dispensary area of a community pharmacy or a telepharmacy must contain a double stainless steel sink with hot and cold running water.</p> <p>PPP-59 Policy Statement #1 The dispensary of all community pharmacies and telepharmacies at a minimum must have the following equipment as per PODSA Bylaw 3(2)(w): (n) double sink with running hot and cold water;</p>			
4b	<p>Equipment:</p> <ol style="list-style-type: none"> 1. Telephone 2. Refrigerator 3. Rx filing supplies 4. Rx balance 5. Metric weights 6. Glass graduates 7. Mortar 8. Pestle 9. Spatulas 10. Funnels 11. Stirring rods 12. Ointment slab/ parchment paper 13. Counting tray 14. Disposable drinking cups 15. Soap dispenser 16. Paper towel dispenser 17. Plastic/metal garbage containers 18. Plastic lining 19. Fax machine 	<p>PODSA Bylaws s.3(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.</p> <p>PPP-59 Policy Statement #1; The dispensary of all community pharmacies and telepharmacies at a minimum must have the following equipment as per PODSA Bylaw 3(2)(w): (a) telephone; (b) refrigerator; (c) prescription filing supplies;</p> <p>PPP-12 Policy Statement #3 All prescription hard copies are to be bundled, pegged or otherwise grouped into manageable groups of prescriptions, and are to be enclosed within a jacket or cover. (d) prescription balance having a sensitivity rating of 0.01; (e) metric weights (10 mg to 50 g) for balances requiring weights or instruments with equivalent capability; (f) metric scale glass graduates (a selection, including 10 ml size); (g) mortar and pestle; (h) Spatulas (metal and non-metallic); (i) funnels (glass or plastic); (j) stirring rods (glass or plastic); (k) ointment slab or parchment paper; (l) counting tray; (m) disposable drinking cups; (o) soap dispenser and paper towel dispenser; (p) plastic or metal garbage containers to be used with plastic liners; (q) fax machine</p> <p>HPA Bylaws Schedule F Part 1 s. 7(1)(b) The facsimile equipment is located within a secure area to protect the confidentiality of the prescription information</p>			<p>A</p> <p>B</p> <p>C</p> <p>D</p> <p>E</p> <p>F</p> <p>G</p> <p>H</p> <p>I</p> <p>J</p> <p>K</p> <p>L</p> <p>M</p> <p>O</p> <p>P</p> <p>Q</p>



#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
4c	Equipment (Cold Chain) 1. Thermometer 2. Temperature log	<p>PPP-68 Policy Statement: The Board of the College of Pharmacists of BC adopts the BCCDC guidelines on the Cold Chain Management of Biologicals. Refer to BCCDC's Communicable Disease Control Immunization Program: Section VI – Management of Biologicals. Communicable Disease Control Immunization Program Section VI – Management of Biologicals (2015) s.3.3.2 Use a constant temperature-recording device or digital minimum/maximum thermometer (with probe) to monitor both the current refrigerator temperature and the minimum/maximum temperatures reached. At the start and end of each work day, record the minimum and maximum temperatures reached since the last monitoring, on the Temperature Form. On the Temperature Log, record the date, time and three temperatures (the current refrigerator temperature, the minimum temperature reached since last check, and the maximum temperature reached since last check.) Also record the refrigerator dial setting.</p>			TMM TLOG
4d	Equipment (Methadone) 1. Calibrated device 2. Auxiliary labels 3. Containers for daily dose 4. Patient/Rx Log OR N/A	<p>PPP-66 Policy Guide MMT (2013) Principle 3.3.1 Methadone doses must be accurately measured in a calibrated device that minimizes the error rate to no greater than 0.1 ml. PPP-66 Policy Guide MMT (2013) Principle 3.3.1 Guidelines All devices used to measure the methadone 10 mg/ml solutions should be distinctive and recognizable and must be used only to measure methadone solutions. Devices must be labeled with a "methadone only" label and a "poison" auxiliary label with the international symbol of the skull and cross bones. PPP-66 Policy Guide MMT (2013) Principle 4.1.6 With respect to take-home doses the first dose (whether it is stated on the prescription or not) must be a witnessed ingestion with all subsequent take-home doses dispensed in child-resistant containers with an explicit warning label indicating that the amount of drug in the container could cause serious harm or toxicity if taken by someone other than the patient. PPP-66 Policy Guide MMT (2013) Principle 4.1.6 Guidelines Each dose must be dispensed in an individual, appropriately sized, child-resistant container. PPP-66 Policy Guide MMT (2013) Principle 4.1.3 Prior to releasing a methadone prescription, the patient and pharmacist must acknowledge receipt by signing a patient/ prescription-specific log.</p>			DEV AUX1 AUX 2 DOSE MLOG
4e	References (CPBC) 1. BC Pharmacy Practice Manual 2. ReadLinks	<p>PODSA Bylaws s.3(2)(w) he manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time. PPP-3 Electronic Database References Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements. PPP-3 Policy Statement 1st Paragraph All community pharmacies are required to have the most current versions of the BC Pharmacy Practice Manual. The CPBC Read Links is an exception, as only the most recent three years must be retained.</p>			BPPM RL



#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
4f	References (General) <ol style="list-style-type: none"> 1. Compendium 2. Complementary/ Alternative 3. Dispensatory 4. Drug Interactions 5. Nonprescription Medication (2x) 6. Medical Dictionary 7. Pregnancy and Lactation 8. Pediatrics 9. Therapeutics 	<p>PODSA Bylaws s.3(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.</p> <p>PPP-3 Electronic Database References Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements.</p> <p>PPP-3 Page 2 In addition to the above list, pharmacies must be equipped with references relevant to their practices (e.g. Veterinary, Psychiatric, Geriatric). [which are:</p> <ol style="list-style-type: none"> 1. Compendium (current year); 2. Complementary/Alternative (within the last 4 years); 3. Dispensatory (within last 9 years); 4. Drug Interactions (in its entirety every 2 years, or continual updates); 5. Nonprescription Medication (most current issue of BOTH references required); 6. Medical Dictionary (within the last 15 years); 7. Pregnancy and Lactation (within the last 3 years); 8. Pediatrics (within the last 4 years); 9. Therapeutics (within last 4 years)] 			CPS ALT DIS DI OTC1 OTC2 MD P/L PED TH
4g	References (if applicable) <ul style="list-style-type: none"> <input type="checkbox"/> Veterinary <input type="checkbox"/> Psychiatric <input type="checkbox"/> Geriatric <input type="checkbox"/> Specialty compounding <input type="checkbox"/> Methadone <ul style="list-style-type: none"> ○ PPP-66 ○ CSPBC ○ CAMH ○ Monograph <p>OR N/A</p>	<p>PODSA Bylaws s.3(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.</p> <p>PPP-3 Electronic Database References Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements.</p> <p>PPP-3 Page 2 In addition to the above list, pharmacies must be equipped with references relevant to their practices (e.g. Veterinary, Psychiatric, Geriatric).</p> <p>PPP-66 Required References In addition to the currently required pharmacy reference materials (PPP-3), pharmacies providing methadone maintenance treatment services must also maintain as required references the following:</p> <ol style="list-style-type: none"> (1) CPBC Methadone Maintenance Treatment Policy Guide (2013) and subsequent revisions, (2) most recent version of the CPSBC Methadone and Buprenorphine: Clinical Practice Guideline for Opioid Use Disorder, (3) most current edition of Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorders, and (4) product monographs for the commercially available 10mg/ml methadone oral preparations. 			VET PSY GER CMP MET1 MET2 MET3 MET4



Prescription

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

Confidentiality

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



Inventory Management

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

Dispensed Products

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
8a	Prescription product label 1. Single-entity product 2. Multiple-entity product	HPA Bylaws Schedule F Part 1 s.9(2) The label for all prescription drugs must include (a) the name, address and telephone number of the pharmacy, (b) the prescription number and dispensing date, (c) the full name of the patient, (d) the name of the practitioner, (e) the quantity and strength of the drug, (f) the practitioner's directions for use, and (g) any other information required by good pharmacy practice. HPA Bylaws Schedule F Part 1 s.9(3) For a single-entity product, the label must include (a) the generic name, and (b) at least one of (i) the brand name, (ii) the manufacturer's name, or (iii) the drug identification number (DIN). HPA Bylaws Schedule F Part 1 s.9(4) For a multiple-entity product, the label must include (a) the brand name, or (b) all active ingredients and at least one of (i) the manufacturer's name or (ii) the drug identification number (DIN). PODSA Bylaws s.16.1(4) Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy. PODSA Bylaws s.16.1(4.1) Prescriptions and labels relating to prescriptions dispensed at a pharmacy listed in Schedule "F" must distinguish between those dispensed when it is operating as a telepharmacy from when it is operating as a community pharmacy.			A B C D E F G A B ----- A B



#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
8b	Filling supplies (e.g. vials and bottles including caps)	<i>HPA Bylaws Schedule F Part 1 s.10(4)</i> All drugs must be dispensed in a container that is certified as child-resistant unless....			

Pharmacy Manager's Responsibilities

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
9a	Name badge	<i>PODSA Bylaws s.3(2)(m)</i> A manager must ensure that each individual working in the pharmacy wears a badge that clearly identifies the individual's registrant class or other status.			
9b	Policy & procedure manual	<p><i>PODSA Bylaws s.3(2)(g)</i> A manager must establish policies and procedures to specify the duties to be performed by registrants and support persons.</p> <p><i>PODSA Bylaws s.3(2)(h)</i> A manager must establish procedures for (i) inventory management, (ii) product selection, and (iii) proper destruction of unusable drugs and devices.</p> <p><i>PODSA Bylaws s.3(2)(k)</i> A manager must ensure there is a written drug recall procedure in place for pharmacy inventory.</p> <p><i>PODSA Bylaws s.3(2)(q)</i> A manager must establish and maintain policies and procedures respecting pharmacy security.</p> <p>PPP-74 Policy Statement #1 Pharmacy security policies and procedures should be included in the pharmacy's policy and procedure document. The policies and procedures should contain information on the following:</p> <ul style="list-style-type: none"> • Training, • Pharmacy security equipment, • Emergency responses, • Incident review, and • Pharmacy security evaluation <p>PPP-74 Policy Statement #5 An emergency response kit should include a step-by-step guide on what to do in the event of a robbery or break and enter and be available to all pharmacy staff.</p> <p><i>PODSA Bylaws s.10(1)(c)</i> A community pharmacy's manager must develop, document and implement an ongoing quality management program that includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies</p> <p><i>PODSA Bylaws s.10(2)</i> If a community pharmacy is a central pharmacy, the quality management program in subsection (1) must include all telepharmacies associated with the central pharmacy and must comply with the <i>Telepharmacy Standards of Practice</i>.</p> <p><i>HPA Bylaws s.79</i> A registrant must take appropriate measures to remedy any unauthorized access, use, disclosure or disposal of personal information about patients under this Part as soon as possible after the breach is discovered.</p>			R/PA INV SEL DES R/C SEC QMP1 QMP2 BRE



#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
		<p>PODSA Bylaws s.16.1(8)</p> <p>A telepharmacy must have a policy and procedure manual on site that outlines the methods for ensuring the safe and effective distribution of pharmacy products and delivery of pharmaceutical care by the telepharmacy.</p>			TPY

Central Pharmacy

#	Item	Reference and Requirements	Compliant	Details (Mandatory field)	CPBC Use
10a	Tool/technology enabling direct supervision on dispensary activities	<p>PODSA Bylaws s.16.1(1)(a)</p> <p>A telepharmacy must not remain open and prescriptions must not be dispensed without a full pharmacist physically present and on duty at a telepharmacy, unless a full pharmacist at the central pharmacy is engaged in direct supervision of the telepharmacy in accordance with the <i>Telepharmacy Standards of Practice</i>.</p> <p>PODSA Bylaws Definitions</p> <p>“direct supervision” means real time audio and visual observation by a full pharmacist of pharmacy services performed at a telepharmacy consistent with a pharmacy manager’s responsibilities as set out in subsection 3(2).</p> <p>HPA Bylaws Schedule F Part 6 s.3</p> <p>“supervising pharmacist” means (a) the manager of a central pharmacy, (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or (c) a full pharmacist who is physically present on duty at the telepharmacy.</p> <p>HPA Bylaws Schedule F Part 6 s.4(3)</p> <p>A supervising pharmacist must be able to engage in direct supervision of the provision of pharmacy services at a telepharmacy independent of any action of or request by persons performing those services.</p>		<p>Name of tool/technology:</p> <hr/> <p>Describe in details how compliance is met:</p>	
10b	Tool/technology used for transmitting prescription and personal health information between sites	<p>HPA Bylaws Schedule F Part 6 s.6(2)</p> <p>Each telepharmacy and central pharmacy must maintain a secure connection to the central pharmacy for transmission of prescription and personal health information</p>		<p>Name of tool/technology:</p> <hr/> <p>Describe in details how compliance is met:</p>	
10c	Tool/technology used for processing prescriptions at the central pharmacy for prescriptions received at the telepharmacy	<p>PODSA Bylaws s.16.1(9)</p> <p>A telepharmacy must connect to PharmaNet independently of the central pharmacy with which it is associated.</p> <p>HPA Bylaws Schedule F Part 6 s.6(1)</p> <p>All prescription processing must occur at the central pharmacy unless a full pharmacist is physically present on duty at the telepharmacy.</p>		<p>Name of tool/technology:</p> <hr/> <p>Describe in details how compliance is met:</p>	



#	Item	Reference and Requirements	Compliant	Details (Mandatory field)	CPBC Use
10d	Tool/technology enabling direct supervision on product final check	<p>PODSA Bylaws s.16.1(1)(a) A telepharmacy must not remain open and prescriptions must not be dispensed without a full pharmacist physically present and on duty at a telepharmacy, unless a full pharmacist at the central pharmacy is engaged in direct supervision of the telepharmacy in accordance with the <i>Telepharmacy Standards of Practice</i>.</p> <p>HPA Bylaws Schedule F Part 6 s.3 “supervising pharmacist” means (a) the manager of a central pharmacy, (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or (c) a full pharmacist who is physically present on duty at the telepharmacy.</p> <p>HPA Bylaws Schedule F Part 6 s.4(2)(a) A supervising pharmacist must be readily available at all times when a telepharmacy is open to provide direction and support to persons performing pharmacy services at the telepharmacy.</p> <p>HPA Bylaws Schedule F Part 6 s.4(4) Subject to subsection (5), telepharmacy staff may only perform the activities described in s. 4(1) of the Pharmacists Regulation while under direct, continuous real-time audio and visual observation and direction of a supervising pharmacist.</p> <p>HPA Bylaws Schedule F Part 6 s.4(5) Direct supervision does not require the supervising pharmacist to conduct real-time observation of a pharmacy technician performing work within his or her scope of practice.</p>		<p>Name of tool/technology:</p> <hr/> <p>Describe in details how compliance is met:</p>	
10e	Tool/technology enabling direct pharmacist/patient consultation	<p>HPA Bylaws Schedule F Part 6 s.3 “supervising pharmacist” means (a) the manager of a central pharmacy, (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or (c) a full pharmacist who is physically present on duty at the telepharmacy.</p> <p>HPA Bylaws Schedule F Part 6 s.4(2)(b) A supervising pharmacist must be readily available at all times when a telepharmacy is open to provide pharmacist/patient consultation.</p> <p>HPA Bylaws Schedule F Part 6 s.7 Unless a full pharmacist is physically present on duty at the telepharmacy, the supervising pharmacist must provide full pharmacist/patient consultation by real-time audio and visual link and otherwise in accordance with the requirements of Part 1 of Schedule F of the <i>Health Professions Act Bylaws</i>.</p>		<p>Name of tool/technology:</p> <hr/> <p>Describe in details how compliance is met:</p>	



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

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

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



College of Pharmacists
of British Columbia

APPLICATION FOR TELEPHARMACY LICENCE RENEWAL

Community

Form 12

Page 1 of 2

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

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

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

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



APPLICATION FOR TELEPHARMACY LICENCE RENEWAL

Community

Form 12

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College of Pharmacists
of British Columbia

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

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



College of Pharmacists
of British Columbia

BOARD MEETING September 15, 2017

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

DECISION REQUIRED

Recommended Board Motions:

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

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

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

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

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

Purpose

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

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

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

Background

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

Community Telepharmacies in BC

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

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

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

Discussion

Public Posting of Proposed Telepharmacy Bylaws

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

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

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

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

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

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

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

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

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

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

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

Recommended Minor Amendments:

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

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

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

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

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

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

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

Additional Engagement:

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

Rescinding PPP-55 Telepharmacy

PPP-55 Telepharmacy (see Appendix 7) provides further detail regarding the components of a telepharmacy policy and procedure manual. As a more comprehensive set of requirements regarding the operation of telepharmacies and related standards of practice have been developed, staff recommend rescinding PPP-55 Telepharmacy. Further, PPP-55 can be considered duplicative of the proposed general requirement in s.16.1(8) of the PODSA Bylaws

requiring a telepharmacy policy and procedure manual and the requirement in s.10(2) requiring that a quality management program include telepharmacies.

Status Update on Section 56 Exemption

As noted in the April 2017 Board briefing materials on telepharmacy, College staff have met multiple times with Health Canada regarding a s.56 exemption⁴ for telepharmacies. These meetings continue to be positive and productive. At this point, it is not possible to fully confirm the timing of a potential s.56 exemption; however Health Canada staff anticipate that one may be in place by the end of the expected College bylaw filing period.

Next Steps

As per section 21(4) of PODSA and section 19(3) of the HPA, bylaws must be filed with the Minister of Health. The amended bylaws will come into effect 60 days from the filing request date to the Ministry of Health. If approved by the Board, the bylaw amendments will be in effect by mid-November 2017.

The Board has the authority to rescind PPPs. As such, if approved by the Board, PPP 55 – Telepharmacy, will be rescinded when the bylaws come into force.

Recommendation

The Legislation Review Committee recommends that the Board approve the amendments to the PODSA and HPA bylaws (by approving the schedules to the resolutions in Appendix 8), regarding telepharmacies for filing with the Ministry of Health. Additionally, that the Board approves rescinding PPP-55 Telepharmacy.

Appendix	
1	April 2017 Board meeting note on telepharmacy
2	Feedback received during the public posting period
3	Summary and responses of public posting feedback
4	Proposed PODSA Bylaws and Telepharmacy Standards of Practice
5	Proposed Schedules “C”, “E”, “F”, “G” and “H” under PODSA Bylaws
6	Telepharmacy Key Event Timeline
7	PPP-55 Telepharmacy
8	Schedules to the Resolutions

⁴ The *Controlled Drugs and Substances Act* provides a framework for the control of import, export, production, distribution and use of substances that can alter mental processes and that may produce harm to health and to society when distributed or used without supervision. Section 56 of that Act states that the Minister can exempt a person, class or persons, or any controlled substance from the application of any of the provisions of the Act or the regulations, if necessary for a medical or scientific purpose or otherwise in the public interest.



College of Pharmacists
of British Columbia

BOARD MEETING April 21, 2017

4d. PODSA Bylaws – Public Posting (Telepharmacy)

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution:

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

Purpose

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

Background

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

Community Telepharmacies in BC

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

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

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

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

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

Bylaw Requirement to Staff Telepharmacies with Pharmacy Technicians

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

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

College Review of Telepharmacies

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

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

Discussion

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

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

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

Proposed PODSA Bylaw Amendments

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

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

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

Grandfathering Provisions

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

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

Public Safety Concerns in Telepharmacies

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

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

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

New requirements for all telepharmacies to enhance public protection:

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

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

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

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

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

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

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

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

Section 56 Exemption

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

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

Consultation

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

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

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

Associated Fee and Form Amendments

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

Recommendation

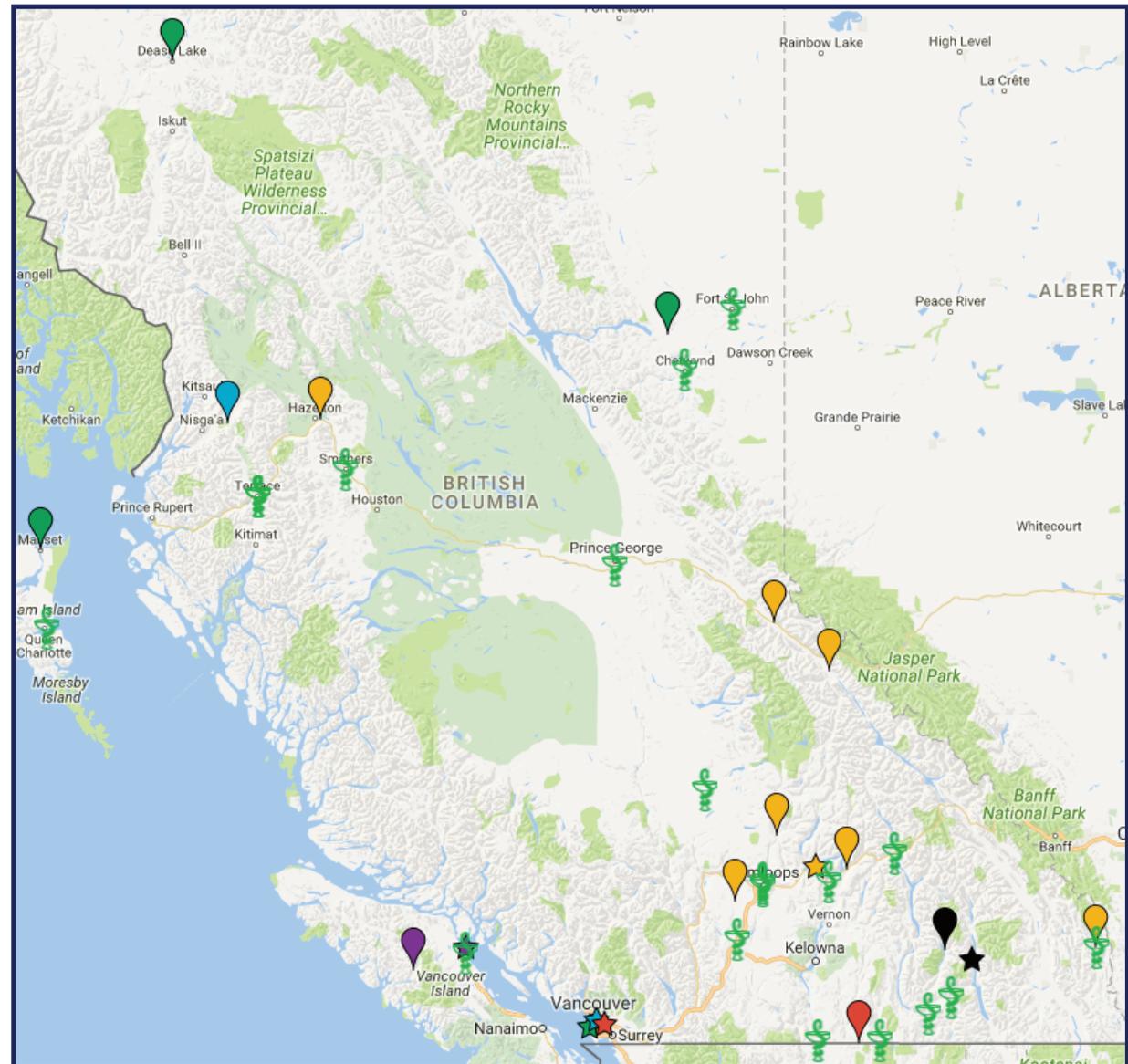
That the Board approve the proposed bylaws for public posting, as presented.

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

Map of Telepharmacies in British Columbia

Legend

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



College of Pharmacists of British Columbia

★	Central Site
📍	Telepharmacy Site
📍	Nearest Community Pharmacy

Proposed Amendments Regarding Telepharmacies

PODSA-Bylaws:

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

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

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

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

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

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

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

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

Telepharmacy Standards of Practice:

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

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

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

Pharmacy Operations and Drug Scheduling Act - BYLAWS

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Definitions

1. In these bylaws:

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

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

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

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

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

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

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

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

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

“**health authority**” means

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

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

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

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

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

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

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

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

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

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

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

“**pharmacy security**” means

- (a) measures to prevent unauthorized access and loss of Schedule I, IA, II and III drugs, and controlled drug substances;^{7.1}
- (b) measures providing for periodic and post-incident review of pharmacy security;^{7.1}
- (c) measures to protect against unauthorized access, collection, use, disclosure or disposal of personal health information;¹

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PART I - All Pharmacies

Application of Part

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

Responsibilities of Pharmacy Managers, Owners and Directors

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

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

(b) a hospital pharmacy,

(c) a hospital pharmacy satellite, or

(d) a pharmacy education site.

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

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

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

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

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

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

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

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

Sale and Disposal of Drugs

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

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

Drug Procurement/Inventory Management

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

Interchangeable Drugs

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

Returned Drugs

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

Records

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

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

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

Pharmacy Licences

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

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

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

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

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

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

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

PART II – Community Pharmacies

Community Pharmacy Manager – Quality Management

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

Community Pharmacy and Telepharmacy Premises

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

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

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

Community Pharmacy and Telepharmacy Security

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

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

Operation of a Community Pharmacy Without a Full Pharmacist

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

Outsource Prescription Processing

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

PART III – Hospital Pharmacies

Hospital Pharmacy Manager – Quality Management

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

After Hours Service

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

PART IV – Telepharmacy

Telepharmacy ~~Licence~~ ~~Services~~

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

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

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

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

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

Telepharmacy Operation

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

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

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

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

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

PART V – Pharmacy Education Sites

Pharmacy Education Site Manager

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

PART VI – PharmaNet

Application of Part

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

Definitions

19. In this Part:

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

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

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

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

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

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

Operation of PharmaNet

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

Data Collection, Transmission of and Access to PharmaNet Data

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

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

Confidentiality

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

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

Health Professions Act - BYLAWS

Schedule F

Part 6 – Telepharmacy Standards of Practice

Table of Contents

1. Application
2. Definitions
3. Direct Supervision
4. Receipt of Prescriptions and Transfer of Prescription Information
5. Prescription Processing and Product Preparation
6. Patient Counselling
7. Documentation

Application

1. This Part applies to the operation of telepharmacies licenced under s. 9(1)(d) of the bylaws made under the *Pharmacy Operations and Drug Scheduling Act* (“PODSA Bylaws”).
2. Part 1 of Schedule F (Community Pharmacy Standards of Practice) applies to central pharmacies and telepharmacies except that, in the case of any inconsistency between it and this Part, the provisions of this Part prevail.

Definitions

3. In this Part:

“**central pharmacy**” has the same meaning as in section 1 of the PODSA Bylaws;

“**community pharmacy**” has the same meaning as in section 1 of the PODSA Bylaws;

“**direct supervision**” has the same meaning as in section 1 of the PODSA Bylaws;

“**supervising pharmacist**” means:

- (a) the manager of a central pharmacy,
- (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or
- (c) a full pharmacist who is physically present on duty at the telepharmacy.

Direct Supervision

4. (1) A supervising pharmacist must exercise direct supervision of persons performing pharmacy services at a telepharmacy that is commensurate with the qualifications and expertise of those persons and is of sufficient frequency and duration to satisfy the requirements under s. 3(2) of the PODSA Bylaws.
- (2) A supervising pharmacist must be readily available at all times when a telepharmacy is open to:
 - (a) provide direction and support to persons performing pharmacy services at the telepharmacy; and
 - (b) provide pharmacist/patient consultation.
- (3) A supervising pharmacist must be able to engage in direct supervision of the provision of pharmacy services at a telepharmacy independent of any action of or request by persons performing those services.
- (4) Subject to subsection (5), telepharmacy staff may only perform the activities described in s. 4(1) of the Pharmacists Regulation while under direct, continuous real-time audio and visual observation and direction of a supervising pharmacist.
- (5) Direct supervision does not require the supervising pharmacist to conduct real-time observation of a pharmacy technician performing work within his or her scope of practice.

Receipt of Prescriptions and Transfer of Prescription Information

5. (1) A prescription that is provided to a central pharmacy, whether electronically, verbally or in physical form, may be designated for pick-up at a telepharmacy whose licence that central pharmacy holds.
- (2) An original physical prescription may be submitted to a telepharmacy and, upon receipt, must be stamped with the date of receipt and the name of the telepharmacy.

Prescription Processing and Product Preparation

6. (1) All prescription processing must occur at the central pharmacy unless a full pharmacist is physically present on duty at the telepharmacy.
- (2) Each telepharmacy and central pharmacy must maintain a secure connection to the central pharmacy for transmission of prescription and personal health information.

Patient Counselling

7. Unless a full pharmacist is physically present on duty at the telepharmacy, the supervising pharmacist must provide full pharmacist/patient consultation by real-time audio and visual link and otherwise in accordance with the requirements of Part 1 of Schedule F of the Health Professions Act Bylaws.

Documentation

8. (1) Subject to subsection (2), all original and stamped prescriptions, patient records, invoices and documentation in respect of prescriptions must be stored at the central pharmacy and otherwise in accordance with the requirements of s. 8 of the PODSA Bylaws.
- (2) The telepharmacy must transfer all original prescriptions, patient records, invoices and documentation in respect of prescriptions to the central pharmacy on a quarterly basis.

College of Pharmacists of B.C.
FEE SCHEDULE
PODSA Bylaw "Schedule A"

PHARMACY

LICENSURE FEES

Community Pharmacy	Annual license fee.	\$ 2,001.00	\$ 2,250.00
Hospital Pharmacy	Annual license fee.	\$ 2,001.00	\$ 2,250.00
Pharmacy Education Site	Annual license fee.	\$ 315.00	\$ 550.00
Telepharmacy	Annual license fee.	-	\$ 2,250.00
Telepharmacy Service	Annual fee for each site receiving service, to be charged to Pharmacy providing service.	\$ 210.00	\$ 300.00
Hospital Pharmacy Satellite	Annual fee for each satellite site, to be charged to Hospital Pharmacy.	\$ 210.00	\$ 300.00
Application for New Pharmacy Licensure	Application valid for up to three years. Includes change of ownership.	\$ 525.00	\$ 550.00

INSPECTION FEE

Follow-up site review(s)	Where 3 or more site reviews are required to address deficiencies. From visit 3 onwards, this fee applies for each additional visit.	\$ 1,000.00
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NOTES:

- 1) Fees are non-refundable.
- 2) Fees are subject to GST.
- 3) Annual renewal notices of pharmacy licensure are sent at least thirty (30) days prior to the expiry date.

College of Pharmacists of B.C.

COMMUNITY PHARMACY AND TELEPHARMACY DIAGRAM AND PHOTOS/VIDEOS

PODSA Bylaw "Schedule C"

ITEMS

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

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

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

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

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

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

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

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

ITEMS

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

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

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

College of Pharmacists of B.C.
TELEPHARMACY AND COMMUNITY LICENCED SITES
PODSA Bylaw "Schedule F"

Telepharmacy	Address
Eagle Valley IDA Pharmacy LTD.	317 Main St. Sicamous BC V0E 2V0
Barriere IDA Pharmacy	4480 Barriere Town Rd Barriere BC V0E 1E0
Logan Lake IDA Drugmart	108 Chartrand Ave. Logan Lake BC V0K 1W0
Boundary Pharmacy	612 - 6th Avenue Midway BC V0H 1M0

College of Pharmacists of B.C.
TELEPHARMACY STAFF EXEMPTED SITES
PODSA Bylaw "Schedule G"

Telepharmacy	Address
Pharmasave Health Centre #074 - Telepharmacy Dease Lake	7171 Highway #37 Dease Lake BC V0C 1L0
Pharmasave Health Centre #075 - Telepharmacy Hudson's Hope	10309 Kylllo Street Hudson & 27 S Hope BC V0C 1V0
Pharmasave Health Centre #076 - Telepharmacy Haida Gwaii	2520 Harrison Ave. Masset BC V0T 1M0
Nisga'a Valley Pharmasave – Telepharmacy	C/o Nisga'a Valley Health Authority 4920 Tait Ave New Aiyansh BC V0J 1A0
Peoples Pharmacy #239 (Eff. Apr 1/17 – Gold River Pharmacy)	375 Nimpkish Dr Village Square Shopping Ctre Gold River BC V0P 1G0
Robson Valley Pharmacy	1136 5th Ave McBridge BC V0J 2E0
Valemount IDA Pharmacy	1163 5th Ave Valemount BC V0E 2Z0
Eagle Valley IDA Pharmacy LTD.	317 Main St. Sicamous BC V0E 2V0
Barriere IDA Pharmacy	4480 Barriere Town Rd Barriere BC V0E 1E0
Logan Lake IDA Drugmart	108 Chartrand Ave. Logan Lake BC V0K 1W0
Boundary Pharmacy	612 - 6th Avenue Midway BC V0H 1M0
New Denver Community Pharmacy	309 6 Ave New Denver BC V0G 1S0



APPLICATION FOR TELEPHARMACY SERVICES

APPLICANT INFORMATION

Company name _____

Central pharmacy _____

Address _____

Tel _____

Fax _____

Email _____

Postal Code _____

PROPOSED REMOTE SITE

Operating name _____

Address _____

Tel _____

Fax _____

Email _____

Postal Code _____

Hours of operation for Telepharmacy _____

PAYMENT OPTION

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

Card # _____ Exp _____ / _____

Cardholder name _____

Cardholder signature _____

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

I attest that:

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

Name (please print)

Signature

Position

Date

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



APPLICATION FOR TELEPHARMACY SERVICES

APPLICATION REQUIREMENT CHECKLIST

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

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

The following must be submitted together with this application:

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

PharmaNet connection for both sites? Yes No

PREPARED



APPLICATION FOR TELEPHARMACY SERVICES

PAYMENT OPTION

Pharmacy Name _____

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

Card # _____

Exp / _____

Cardholder name _____

Cardholder signature _____

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

REPEAL

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



College of Pharmacists
of British Columbia

APPLICATION FOR NEW TELEPHARMACY LICENCE

Community

Form 2

Page 1 of 3

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

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

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



College of Pharmacists
of British Columbia

APPLICATION FOR NEW TELEPHARMACY LICENCE

Community

Form 2

Page 2 of 3

4. APPLICANT INFORMATION

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

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



College of Pharmacists
of British Columbia

APPLICATION FOR NEW TELEPHARMACY LICENCE

Community

Form 2

Page 3 of 3

5. PAYMENT INFORMATION

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

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____



College of Pharmacists
of British Columbia

PHARMACY PRE-OPENING INSPECTION REPORT

TELEPHARMACY

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

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



3. PHARMACY SERVICES

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

4. HOURS OF OPERATION

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



5. TELEPHARMACY ROSTER*

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

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

6. PRE-OPENING INSPECTION

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

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

External to Dispensary

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



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

Dispensary

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



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

Security

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



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

Equipment and References

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



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



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



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

Prescription

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
5a	Prescription hardcopy (i.e. the label/paper attached to the original prescription, which contains prescription information generated after transmitting to PharmaNet)	HPA Bylaws Schedule F Part 1 s.6(4)(a) to (f) At the time of dispensing, a prescription must include the following additional information: (a) the address of the patient; (b) the identification number from the practitioner's regulatory college; (c) the prescription number; (d) the date on which the prescription was dispensed; (e) the manufacturer's drug identification number or the brand name of the product dispensed; (f) the quantity dispensed. PODSA Bylaws s.16.1(4) Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy. PODSA Bylaws s.16.1(4.1) Prescriptions and labels relating to prescriptions dispensed at a pharmacy listed in Schedule F must distinguish between those dispensed when it is operating as a telepharmacy from when it is operating as a community pharmacy.			A B C D E F TPY
5b	Prescription stamp	HPA Bylaws Schedule F Part 6 s.5(2) An original physical prescription may be submitted to a telepharmacy and, upon receipt, must be stamped with the date of receipt and the name of the telepharmacy.			



Confidentiality

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

Inventory Management

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

Dispensed Products

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
8a	Prescription product label 1. Single-entity product 2. Multiple-entity product	<p>HPA Bylaws Schedule F Part 1 s.9(2) The label for all prescription drugs must include (a) the name, address and telephone number of the pharmacy, (b) the prescription number and dispensing date, (c) the full name of the patient, (d) the name of the practitioner, (e) the quantity and strength of the drug, (f) the practitioner's directions for use, and (g) any other information required by good pharmacy practice.</p> <p>HPA Bylaws Schedule F Part 1 s.9(3) For a single-entity product, the label must include (a) the generic name, and (b) at least one of</p>			A B C D E F G



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

Pharmacy Manager's Responsibilities

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



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

Central Pharmacy

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



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



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

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

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



College of Pharmacists
of British Columbia

APPLICATION FOR TELEPHARMACY LICENCE RENEWAL

Community

Form 12

Page 1 of 2

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

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

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

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



APPLICATION FOR TELEPHARMACY LICENCE RENEWAL

Community

Form 12

Page 2 of 2

College of Pharmacists
of British Columbia

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

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

Gold River Pharmacy
375 nimpkish drive,
Gold River, Bc V0P1G0

July 20, 2017

Brian Westgate

Director of Regulatory Initiatives, Professional Regulation and Oversight

Health Sector Workforce Division

Ministry of Health

1515 Blanchard Street

PO Box 9649 Stn Prov Govt

Victoria, BC

V8W 9P4

By email to proregadmin@gov.bc.ca

Dear Sir Re: Proposed changes to College of Pharmacists of BC telepharmacy regulations

We are contacting you regarding the proposed regulation updates to Telepharmacy Operations as posted for comment by the College of Pharmacists of BC.

From the College of Pharmacists' website, "Telepharmacies are used in rural and remote communities to ensure that British Columbians in those communities have access to the pharmacy care they need, when they need it." Overall, the proposed regulations do little to enhance patient care but rather mire telepharmacy operators in cumbersome regulations. Further, the updated regulations will make it much more difficult to open a new telepharmacy thus restricting access to pharmacy services in communities that could benefit a telepharmacy.

Our pharmacy in Gold River had been a community pharmacy since 2006, the previous store had closed when the mill closed leaving a large area without timely pharmacy services. We had lost our pharmacist, soon after opening and had to operate with locum pharmacists for a period of two years. This led to random closures as pharmacist did not show, or decided they would rather work elsewhere, leaving without notice. This led to much apprehension of clients, less than optimal patient care (with revolving pharmacist and uncertainty on what day the store might be open, and the costs associated with running

using locums in a remote area made it necessary to look into closing the store. As a proponent of services in areas that need pharmacies (not opening in an urban area that already is adequately served), we decided to find another option. We could not fathom leaving an entire community without necessary pharmacy services. My husband and I researched tele-pharmacy in North Dakota as this area had also had issues with rural stores needing to close due to lack of consistent, qualified staff. This was causing a crisis in the rural areas and tele-pharmacy was developed to provide consistent, timely access. At this time the college of pharmacist of BC had been doing a Pilot project in the interior looking at tele-pharmacy part time to help with staffing issue that arise in smaller areas. We worked closely with the college and implemented the tele-pharmacy technology that has been used for over 15 years in North Dakota. This scriptpro system is secure and proven. It is even used by the US Navy.

The collaboration with the College at the time, allowed the community to have timely services. The college visited many times since the start of telepharmacy services in Gold River in 2009, even using our model to train the inspectors that were to inspect new applicants. At the time we opened we were one of two full time telepharmacies. We have had strong support from both our community and medical professionals that work with us. We have provided timely, consistent pharmacy services to a community that in recent years has lost their banks, many retail stores and most recently their grocery store. Our community is very anxious with how the College of Pharmacist bylaw changes may affect one of their important medical services in town.

The proposed regulations require that all telepharmacy sites be staffed by Registered Pharmacy Technicians. While we support the use of Registered Pharmacy Technicians if one is available, the regulations should not preclude the operation of a telepharmacy without one. We need to find regulations that allow the consistent operation of the telepharmacy locations, in spite of lack of registered staff as the locations of telepharmacy often limit the availability of registered staff. If a location has to open and close randomly due to staffing issues patient care suffers in the community. We have been advertising for Registered Pharmacy Technicians at our site since June 2015. To date, we have not had any responses. We are even working with one of the colleges to do practicums for their registered technician program to see if we find someone willing to relocate to our area. Even if we do there is no guarantee they will stay. Our sites have functioned well with pharmacy assistants living in rural communities for over 8 years. These pharmacy assistants fulfill their duties as specified in our policy and procedure manuals, are in constant contact via videoconference with the pharmacist at the central site, the pharmacist visits the site weekly on routine quality assurance checks. A viable way to ensure that more Registered Pharmacy Technicians become available would be for the College to reinstate the technician bridging program and offer it on an ongoing basis. This would allow pharmacy assistants who have been trained on the job to become Registered Pharmacy Technicians while working anywhere in the province. I feel this is vital, as training people from these communities is the best option for finding long term stable employees.

Regulation updates will force the use of the word Telepharmacy in the pharmacy's operating name which does little to enhance patient care. Further, forcing the use of the word Telepharmacy could even confuse members of the public in terms of what type of service to expect at a telepharmacy compared to a community pharmacy.

The College is proposing to force a pharmacy site to choose between a standard community pharmacy license and a telepharmacy. While it agrees to grandfather some of the existing sites that operate in both community pharmacy and telepharmacy mode, this new updated regulation could further reduce access to pharmacy services for rural residents. I am not sure why the college would not want us to have a community pharmacy license and a Telepharmacy license. Would this not be better for remote areas, that may not have fulltime access to a pharmacist, but may be able to have a pharmacist onsite on a regular basis? If we had a community and telepharmacy license, this would allow us to have a pharmacist onsite when available, but continue to operate the pharmacy services to the community when we are short staffed, or lose a pharmacist so need to "switch" to telepharmacy license (which takes time) to continue to service the area. Staff only have to give two weeks notice when leaving so having a way to continue services in this situation is utmost important.

When the College advised in 2015 that it would be enforcing its regulations to require that telepharmacies be staffed with Registered Pharmacy Technicians we asked them to provide evidence that Registered Pharmacy Technicians would offer better patient care than the pharmacy assistants currently in place. In the nine years that we have been using pharmacy assistants in our telepharmacy sites, the College has not informed us that any patients have been harmed because of this. We must ask emphatically, what is so broken with the existing regulations that have enabled us to serve patients in rural communities that require such broad as sweeping changes? Previous college representatives, and many of my professional peers have seen our system and comment how well the set up works and the incredible benefits this type of system has for the community it services. If anything the college should be working with pharmacy operators to find ways to expand these services to the underserved areas of British Columbia, to increase timely, consistent services to so many residents. But sadly, these areas are often sparsely populated and thus seen as less of a priority as only a few people are trying to service these areas. This will be evident by how few people respond to the bylaw changes as there are only five telepharmacy operator in BC. We have shown our commitment to patient care and access by the considerable investment in not only time, but financially as telepharmacy infra structure is not inexpensive.

I do agree that a bylaw review was necessary as more people enter into the area of telepharmacy to acquire a consistent model for providing services, but this model does need to be flexible due to many hurdles in these small, remote areas. This includes lack of adequate internet availability (we have to pay \$2000 per month for this service and the connection is not always strong), and the speed with which the area can be accessed for deliveries and the expense to access these areas.

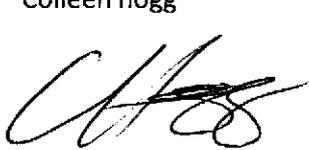
It is unlikely that you'll be receiving many comments on these proposed regulation changes. The reason is simple, there are only 12 telepharmacies operating in BC operated by 5 operators. Overall, the proposed regulations do little to enhance access to pharmacy services for rural BC residents, but rather hinder the possibility of expanding services to rural areas. We implore you to return them to College of Pharmacists of BC rather than taking them forward to the Legislature for approval. Rural areas of BC are extensive and considerable, and services to these areas need to be accessed and evaluated differently due to location and access than urban areas. Residents of these areas still need services, making it impossible with legislation to find ways to service these areas does not help anyone. Staff at the College need to engage with telepharmacy operators in a meaningful way to formulate regulations that will

ensure that residents of rural BC receive safe and effective pharmacy care. It is only after having done so that they will be in a position to forward proposed updates to you for comment and eventual approval by the Legislature. I am asked often by my peers, "why do you spend so much time, money, and energy trying to service this area, when you could open in an urban area and not have the issues with college" my answer is easy; Urban areas are saturated with pharmacies, I believe we are here to help people that require our help. If I do not service these areas, how will they access medications?, how will this diminish patient care? Servicing these areas is the right thing to do, and is where our services are needed most.

Please feel free to contact me with any questions. My email is colihogg@hotmail.com , my cell

250-204-0240

Colleen hogg

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Email: legislation@bcpharmacists.org

July 21, 2017

Re: Proposed amendments to the new Telepharmacy Standards of Practice

As a part-time telepharmacy pharmacist manager, a pharmacist who has worked at a central site telepharmacy as well as working at remote site telepharmacy pharmacies, I feel that I have a very good working knowledge of how telepharmacy has progressed over the last 10 years to better service these communities.

I have never received any complaints from the public through the College of Pharmacists of BC as to harm of patients, dispensing errors, confidentiality concerns, or any complaint related to the telepharmacy service or pharmacy service we supply.

I have however seen the benefit that these pharmacies provide to rural communities. With all the concern over harm to patients, it should be mentioned that over the last 10 years, pharmacists have travelled to these remote telepharmacy sites not only for audit purposes but also to provide medications reviews, bone scan clinics, COPD and Asthma clinics, and last year started providing Public Flu clinics.

I do not know about other telepharmacy sites but I do know that the two full time sites we (Munro's Group of Pharmacies) have become that way after the original owners failed to find any pharmacists to

move and work in these locations. Without the introduction of telepharmacy, both of these stores would have been closed leaving the residents with doctors but no pharmacy access within 120kms.

We have spent the last 2 years “working” with the College of Pharmacists to improve patient care and address any concerns they had over harm to patients (no complaints have ever been received by any of our stores), confidentiality, and staffing. All of these concerns have been addressed as far as I am aware however we have not received any feedback on their latest audit (the third review in the last 2 years). The implementation of new technology has facilitated the amount of direct supervision by the pharmacist of the remote site as well as improving confidentiality concerns.

I do have some concerns about the “New” bylaws.

1. That the name of the telepharmacy must include the word “telepharmacy” and be included on signage, advertising and all labels relating to prescriptions dispensed. The term “telepharmacy” is used by the college to differentiate between a pharmacy where the pharmacist is available on site versus one where the pharmacist is not on site but has access to all aspects of dispensing through technology. This term is not publically known (as can be seen by the spell check) and would confuse many persons as to what the store does. It is in essence a pharmacy as medications are dispensed and available for distribution to the public and a pharmacist is available for consultation. At present – all telepharmacies must display a sign at the counter stating that this is a telepharmacy site and that the pharmacist is located elsewhere. I would think that the college should have been more concerned about the store names of a number of illegal marijuana stores that have opened calling themselves dispensaries.
2. The insistence of the College to have licensed pharmacy technicians at any new telepharmacy site. We have tried for 5 years to hire licensed pharmacy technicians and have only had 1 casual reply. There are only 1400 licensed pharmacy technicians in BC of which over half are employed in hospital pharmacies. As each store would require at least 3 licensed technicians to allow for coverage for weekends and holidays, the chances of getting any of these 700 technicians to move to a small community is remote to say the least. If the College wants this as a requirement, they need to be able to supply us with enough technicians to fulfill the need. A suggestion would be to restart the bridging program (this would allow store trained staff to upgrade without having to leave the area). As the pass rate for both the bridging program as well as the college program (400/1500) has been dismal – maybe we need to look at the exam.
3. No longer allowing a regular rural pharmacy the use of telepharmacy for weekends, sick leave, or any other emergency reason. The benefit of this system was proven the last couple of weeks with the evacuation of Ashcroft/Cache Creek and Williams Lake. Both Barrier and Logan Lake Pharmacies were able to provide medications for evacuees on the weekends because we have this service. Also, when you are the only pharmacist in town it is nice to know that if you are sick, the store will not have to be closed because you do not have access to a pharmacist. Pharmacists are no longer willing to work 6 days a week while the community may need the service – and no pharmacist wants to move to a small town to work only 1 to 2 days a week to provide relief for the regular pharmacist.

4. With the availability of scanning all necessary information to the prescription in the computer, thus allowing for viewing of the original written prescription as well as all hardcopies – is it necessary to move hardcopies from the remote site to the central site? Is this a concern for patient confidentiality because there is no pharmacist on site? Sending hardcopies to central site will not affect immediate access to the information as it is available online. Looking through paper copies is time consuming and not an efficient way of handling enquires.

Before passing this, please get more information to help you make an informed decision. The future of telepharmacy is at stake and the ability of rural residents to access pharmacy services is at risk.

Yours Sincerely,

Dona Radomsky BSc.Pharm
Pharmacist Manager



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July 21, 2017

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Dear Madam/Sir:

RE: Telepharmacy Bylaw Amendments Posted for Comment April 24, 2017

Pharmasave thanks the College of Pharmacists of BC for the opportunity to provide comments on the proposed amendments to the *Pharmacy Operations and Drug Scheduling Act* Bylaw and to the proposed Telepharmacy Standards of Practice, posted in April 2017.

People living in rural and remote places have comparatively poorer health outcomes. In general, they have poorer diets; a higher risk of crowded or unsafe housing; higher rates of smoking and obesity; poorer perinatal indicators; a higher risk of injury or death by accident or suicide; a higher risk of premature death from circulatory diseases; and overall have a life expectancy that is up to *seven years shorter* than that of a person living in a more populous part of the province. They are a vulnerable and underserved population with limited access to quality health care.

Since their launch in 2002, telepharmacy services have expanded to 11 remote telepharmacy sites in BC, each of which generally serves a population of less than 1000 people.

Pharmasave is extremely proud to be associated with 4 telepharmacies in very remote areas of BC, all of which are independently owned and operated by the Williamson family – a multi-generational

pharmacist family whose reputation and integrity amongst the pharmacy profession is well known and deeply respected.

The objective of telepharmacy is to ensure enhanced access to pharmacy services in locations where such services would otherwise be difficult to access. Pharmasave is a strong supporter of this objective and believes that these telepharmacy services are critical to the ensuring the overall health of the British Columbians they serve.

The loss of telepharmacies would reduce access to health care in rural and remote communities. Pharmasave commends the College for recognizing this risk and for including some grandfathering provisions in its proposed bylaws. However, while grandfathering will go some way towards mitigating some of the systemic barriers to health care access discussed above, other provisions of the bylaws will nevertheless have a substantial adverse effect on the many British Columbians who live in rural and remote communities. **The imposition of new requirements which are currently impossible to meet in some areas of the province will undermine provincial efforts to improve patient outcomes in areas that are already dealing with multiple systemic barriers to access to health services.**

Over the past two years, Pharmasave has remained actively engaged in the ongoing discussion with the College, as well as public and government stakeholders regarding this topic and is fully committed to finding workable solutions to ensure these remote communities continue to have access to pharmacy care.

Pharmasave has contributed to, and is fully supportive of the comments provided in the BC Pharmacy Association's submission on these proposed bylaw amendments and Telepharmacy Standards of Practice.

We sincerely appreciate the opportunity to speak on behalf of the patients who have access to the basic elements of health care in our province because of telepharmacy services.

Sincerely,

A handwritten signature in black ink, appearing to read 'Greg Shepherd', with a stylized flourish at the end.

Greg Shepherd, BSc(Pharm), RPh
Chief Executive Officer

Comments on proposed Telepharmacy regulations

The College of Pharmacists of BC has proposed a number of changes to regulations regarding the operation of Telepharmacy sites. Using their spreadsheet, we have added a column titled Comments.

Before proceeding to our comments on the College's proposed changes, a quick overview is in order. From the College of Pharmacists' website, "Telepharmacies are used in rural and remote communities to ensure that British Columbians in those communities have access to the pharmacy care they need, when they need it." As such, any changes to regulations should be consistent with the basic goal of being able to provide pharmacy services wherever physician services are available. These amendments do not touch on that.

The changes to the telepharmacy rules actually do exactly to opposite. One regulation change alone of requiring Registered Pharmacy Technicians in new sites means that two pharmacy technicians per telepharmacy location would be required for adequate staffing coverage, thus virtually eliminating the ability to open new locations.

What is the College doing to improve this situation that they have created? How are they enhancing access to pharmacy services in the province?

Our comments on the proposed changes are below.

Highlight of Key Proposed Amendments

Category	Brief Description	Rationale	Comments
Definitions	<ul style="list-style-type: none">Added a definition of direct supervision of a telepharmacy site: <i>"direct supervision" means real-time audio and visual observation by a full pharmacist of pharmacy services performed at a telepharmacy consistent with a pharmacy manager's</i>	<ul style="list-style-type: none">The act of direct supervision is defined, but not the technology to be used.As technology advances very quickly, this definition will be relevant despite technology changes.Provides linkage to the pharmacy manager's responsibilities (e.g., to	

Category	Brief Description	Rationale	Comments
	<p><i>responsibilities as set out in subsection 3(2);</i></p>	<p>actively participate in the day-to-day management of the pharmacy, etc.).</p>	
	<ul style="list-style-type: none"> Amended the definition of a central pharmacy site to: <i>“central pharmacy” means a community pharmacy that holds one or more telepharmacy licences;</i> 	<ul style="list-style-type: none"> Clarifies that the central pharmacy is the pharmacy that holds the telepharmacy license. (SP) 	<p>This item says the central pharmacy holds the telepharmacy licence.</p>
	<ul style="list-style-type: none"> Amended the definition of telepharmacy to: <i>“telepharmacy” means a pharmacy located in a rural and remote community that is licenced to provide pharmacy services.</i> 	<ul style="list-style-type: none"> The term telepharmacy is now what was previously called the “remote site.” Clarifies that telepharmacies are now licensed (SP) sites. 	<p>This item indicates that the remote site is licenced. What type of licence? Previous point says that the central pharmacy holds the telepharmacy licence.</p>
	<ul style="list-style-type: none"> Added a definition of rural and remote community: <i>“rural and remote community” means a community that, as of April 1, 2016, has been given an A, B, C or D designation under the Rural Practice Subsidiary Agreement between the Government of BC, Doctors of BC, and the Medical Services Commission;</i> 	<ul style="list-style-type: none"> The current PODSA-Bylaws requires telepharmacies to be located in a rural and remote community; however that term is not defined. The RSA provides premiums to physicians working in rural and remote communities. It uses a criteria-based evaluation to determine the level of isolation of a community. That criteria includes: <ul style="list-style-type: none"> Number of Designated Specialties within 70 km; Number of General Practitioners within 35 km; Community size; 	

Category	Brief Description	Rationale	Comments
		<ul style="list-style-type: none"> ○ Distance from major medical community; and ○ Degree of Latitude. ● This definition of rural and remote included in the PODSA-Bylaws, refers to the current <u>Rural Practice Subsidiary Agreement</u> list of designated isolated communities. 	
Telepharmacy License	<ul style="list-style-type: none"> ● Creating a distinct telepharmacy license type. 	<ul style="list-style-type: none"> ● Telepharmacies are currently authorized as telepharmacy services, not as a distinct license type. ● Some telepharmacy sites are at times, staffed by a pharmacist who is practicing pharmacy. In addition, drugs are being stored and sold, and confidential health information is being stored in these premises. As such, it is appropriate for these premises to be licensed as pharmacies. ● Community pharmacies would no longer be able to switch from a traditional community pharmacy to a telepharmacy (e.g., switch into “telepharmacy mode”). Instead, sites must select which license type to apply for (i.e., community pharmacy or telepharmacy). 	<p>The new licence type will allow the College to list telepharmacy locations on its website; this will allow members of the public to determine where pharmacy services are available. To date, the College has not been able to list the locations of full-time telepharmacies.</p> <p>There is no reason for this restriction; it reduces the public’s access to pharmacy services if a site that runs in community pharmacy mode on weekdays wants to bring service to the community on</p>

Category	Brief Description	Rationale	Comments
		<ul style="list-style-type: none"> <li data-bbox="1035 386 1528 586">• The central pharmacy holds the telepharmacy license, linking both pharmacies during the licensure process. (Perhaps this information could be added to the definition section to provide clarity.) <li data-bbox="1035 695 1560 927">• The central pharmacy and telepharmacy are to have the same owner, as shared ownership (poorly worded – who is sharing the ownership?) provides consistency for the development and application of policies and procedures. 	<p data-bbox="1570 245 1877 310">weekends. Why is it so difficult to administer?</p> <p data-bbox="1570 347 1898 548">This is not rationale for the creating a distinct telepharmacy licence type but instead a new policy without supporting rationale.</p> <p data-bbox="1570 656 1885 824">This is not rationale for the creating a distinct telepharmacy licence type but instead a new policy.</p>
Telepharmacy Location Restrictions	<ul style="list-style-type: none"> <li data-bbox="495 992 961 1321">• Telepharmacies will only be permitted in the following locations: <ul style="list-style-type: none"> <li data-bbox="590 1089 961 1252">○ In a rural and remote community where there is no existing community pharmacy or telepharmacy; and <li data-bbox="590 1260 852 1321">○ Where the next telepharmacy or 	<ul style="list-style-type: none"> <li data-bbox="1035 992 1528 1154">• Consistent with the concept that a telepharmacy enhances access to pharmacy services, in locations where such services are difficult to access. <li data-bbox="1035 1162 1560 1325">• Consistent with eligibility criteria for Pharmacare’s Rural Incentive Program, which includes: the applicant pharmacy is the only pharmacy in the community, and the 	<p data-bbox="1570 992 1898 1390">This point is restrictive, not present in other locations and is subject to abuse. If a community pharmacy opens in a town with an existing telepharmacy then market forces should determine who survives. It could be abused as follows: a community pharmacy opens where a</p>

Category	Brief Description	Rationale	Comments
	<p>community pharmacy is at least 25km away.</p>	<p>nearest pharmacy is at least 25km away.</p>	<p>telepharmacy exists, College forces closure of existing telepharmacy, community pharmacy operates for a period of time then applies to the College to convert to a telepharmacy, thus eliminating the competition.</p>
<p>Telepharmacy Identification</p>	<p>The following provisions were added:</p> <ul style="list-style-type: none"> • The proposed business name of the telepharmacy must include the word “telepharmacy.” • Managers and owners must use the telepharmacy operating name on advertising, signage, etc. • Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy. 	<ul style="list-style-type: none"> • Helps ensure that patients and the public can clearly distinguish between a community pharmacy and telepharmacy. • The prescription and labelling requirement helps to identify when and where a prescription is being dispensed, for accountability and transparency purposes. 	<p>The requirement to include the word “telepharmacy” in the operating name makes no sense and could even deter the public from obtaining pharmacy services. The public has a clear understanding and expectation of pharmacy services available at locations whose name includes terms such as pharmacy or drugs; utilizing the term telepharmacy offers no such clear connotation to the public and could possible deter those seeking pharmacy services who are unfamiliar with the term telepharmacy.</p>

Category	Brief Description	Rationale	Comments
			However, it does make sense that signage at the pharmacy premises inform the public that pharmacy services are provided by telepharmacy and specify the location of the pharmacist.
Audits and Inspections	<ul style="list-style-type: none"> • Currently, the pharmacy manager must inspect and audit a telepharmacy three times a year. • The amendments increase this requirement to four times per year, and require that records of the audit be provided to the College immediately, upon request. • Telepharmacies that currently exist with an assistant staffing model will be required to also conduct monthly narcotic counts. 	<ul style="list-style-type: none"> • Enhances oversight of the telepharmacy by the pharmacist at the central site. • Increasing the audits and inspections to four times per year aligns with the number of narcotic counts required in the College's <i>Professional Practice Policy (PPP) 65 – Narcotic Counts and Reconciliation</i>. • Requires an additional layer of oversight over 'grandfathered' telepharmacies. 	It is sensible to align inspections and audits of telepharmacies with those of community pharmacies.

Other key amendments include, requiring that provisions regarding the physical requirements of community pharmacy premises ([section 11 of the PODSA-Bylaws](#)) and pharmacy security requirements ([section 11.1 of the PODSA-Bylaws](#)) apply to telepharmacies.

Existing Telepharmacy Provisions:

Provisions have been added for the just over 10 telepharmacies that already exist to help preserve current access to pharmacy services, and additional requirements were added to existing sites, to balance the need for pharmacy services with the College’s aim of public protection. (PPP-74 specifically prohibits this provision. Will PPP-74 be updated to accommodate this provision?)

Existing sites would need to meet all new requirements, with the following exceptions:

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

Telepharmacy Standards of Practice

The College has developed Telepharmacy Standards of Practice to increase the security of drugs and confidential health information and ensure patients receive safe an effective care at telepharmacies. An amendment to the HPA-Bylaws will be required to implement these new Standards.

It is proposed that telepharmacies be required to follow the Community Pharmacy Standards of Practice and the new Telepharmacy Practice of Standards.

The draft Telepharmacy Standards of Practice area focused on five key areas: Direct Supervision; Receipt of Prescriptions and Transfer of Prescription Information; Prescription Processing and Product Preparation; Patient Counselling; and Documentation.

Telepharmacy Standards of Practice	Description
1. Direct Supervision	The supervising pharmacist must be able to directly supervise staff at the telepharmacy, and be available for patient consultation. However, the pharmacist does not need to directly supervise a pharmacy technician, when they are practicing within their scope. Additionally, the supervising

Telepharmacy Standards of Practice	Description
	pharmacist must be able to directly supervise staff at the telepharmacy, independent of any action or request made by telepharmacy staff.
2. Receipt of Prescriptions and Transfer of Prescription Information	A prescription provided at the central pharmacy can be designated for pick-up at the associated telepharmacy, and a prescription submitted to the telepharmacy must be stamped with the date and telepharmacy name. This will distinguish between prescriptions submitted to the central pharmacy and the telepharmacy.
3. Prescription Processing and Product Preparation	<p>A secure connection between the telepharmacy and central pharmacy must be maintained to transfer prescription and other confidential health information. Prescription processing is to occur at the central site (Is the term “prescription processing” clear enough that it cannot be misinterpreted? Does this in any way affect online prescription data?), except when a pharmacist is practicing at the telepharmacy. The prescription processing requirement is an added ‘check and balance’ to ensure that the supervising pharmacist is involved in the assessment of every prescription, and that they review the PharmaNet profile.</p> <p>We have no objection to the pharmacist at the central site acknowledging viewing the PharmaNet profile and PharmaNet DUE during the filling of a prescription. However, we strongly object to the pharmacist at the central site having to perform the data entry for every prescription.</p>
4. Patient Counselling	Clarifies that patient counselling by the supervising pharmacist must occur over real time video/audio link, unless a full pharmacist is physical present and on duty at the telepharmacy.
5. Documentation	<p>Requires that all prescriptions, patient records, invoices, etc., be stored at the central pharmacy. Any of these documents in the telepharmacy must be transferred to the central pharmacy on a quarterly basis. This will ensure that documentation is kept at one site, to better ensure that the pharmacist has immediate access to all pharmacy records.</p> <p>This requirement needs to be rethought to determine its desired intent in terms of where the records are best located. Further, it needs to include to provision the allow documents to be scanned in order to more easily achieve the desired record-keeping requirements.</p>

Draft PODSA Bylaws

[\(Click to view PDF\)](#)

Munro's

Sorrento Prescriptions

1250 Trans-Canada Highway, Box 239, Sorrento, BC V0E 2W0
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July 17, 2017

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Dear Sir

Re: Proposed changes to College of Pharmacists of BC telepharmacy regulations

We are contacting you regarding the proposed regulation updates to Telepharmacy Operations as posted for comment by the College of Pharmacists of BC.

From the College of Pharmacists' website, "Telepharmacies are used in rural and remote communities to ensure that British Columbians in those communities have access to the pharmacy care they need, when they need it." Overall, the proposed regulations do little to enhance patient care but rather mire telepharmacy operators in cumbersome regulations. Further, the updated regulations will make it much more difficult to open a new telepharmacy thus restricting access to pharmacy services in communities that could benefit a telepharmacy.

We piloted telepharmacy in community pharmacy with the College in 2007. As a pilot site, we worked with College staff to ensure that patients received safe and effective pharmacy care in rural locations. The pilot site brought additional service to residents of Sicamous on weekends and holidays. After the pilot project was completed, we added weekend service to our pharmacies in Barriere and Logan Lake. In 2008 we opened a full-time telepharmacy in Valemount; this was after another pharmacist opening the pharmacy in 2006, ran it for one year with expensive locum pharmacists, then had to close it for one year due to lack of pharmacists. We also acquired the pharmacy in McBride and operate it full-time as a telepharmacy; the owner of this store had advertised it for sale for over five years with no purchaser. McBride would have likely lost its pharmacy due to retirement of the owner had we not purchased it, converted it to telepharmacy and expanded its size.

The proposed regulations require that all telepharmacy sites be staffed by Registered Pharmacy Technicians. While we support the use of Registered Pharmacy Technicians if one is available, the regulations should not preclude the operation of a telepharmacy without one. To put this in perspective, there are about 6000 pharmacists in BC and 1400 Registered Pharmacy Technicians. Of those 1400, over half are employed in hospital pharmacies, leaving under 700 Registered Pharmacy Technicians for the rest of the province to work in community pharmacies or telepharmacies. We have been advertising for Registered Pharmacy Technicians in our five sites since June 2015. To date, we have not had any responses. Our sites have functioned well with pharmacy assistants living in rural communities. These pharmacy assistants fulfill their duties as specified in our policy and procedure manuals, are in constant contact via videoconference with the pharmacist at the central site, and are visited on routine quality assurance checks. A viable way to ensure that more Registered Pharmacy Technicians become available would be for the College to reinstate the technician bridging program and offer it on an ongoing basis. This would allow pharmacy assistants who have been trained on the job to become Registered Pharmacy Technicians while working anywhere in the province.

Regulation updates will force the use of the word Telepharmacy in the pharmacy's operating name which does little to enhance patient care. Further, forcing the use of the word Telepharmacy could even confuse members of the public in terms of what type of service to expect at a telepharmacy compared to a community pharmacy.

The College is proposing to force a pharmacy site to choose between a standard community pharmacy license and a telepharmacy. While it agrees to grandfather existing sites that operate in both community pharmacy and telepharmacy mode, this new updated regulation could further reduce access to pharmacy services for rural residents. If we open a new community pharmacy in a town, the new regulations would prevent that site from operating on weekends in telepharmacy mode. We can provide a real and strong example of the value of telepharmacy on weekends the past two weekends as our pharmacy in Logan Lake served the needs of fire evacuees from Ashcroft and our pharmacy in Barriere served the needs of evacuees from 100 Mile House and Williams Lake. How are members of the public served by regulations that prevent pharmacies that are capable and willing to open on weekends but not allowed to do so?

When the College advised in 2015 that it would be enforcing its regulations to require that telepharmacies be staffed with Registered Pharmacy Technicians we asked them to provide evidence that Registered Pharmacy Technicians would offer better patient care than the pharmacy assistants currently in place. In the ten years that we have been using pharmacy assistants in our telepharmacy sites, the College has not informed us that any patients have been harmed because of this. Surely if patient harm had occurred the College would have taken us to their Inquiry Committee just as they did recently for minor infractions such as not filing prescription hard copies in numeric sequence at our central site. We must ask emphatically, what is so broken with the existing regulations that have enabled us to serve patients in rural communities that require such broad as sweeping changes?

It is unlikely that you'll be receiving many comments on these proposed regulation changes. The reason is simple, there are only 12 telepharmacies operating in BC operated by 5 operators; of those, we

comprise five sites. Overall, the proposed regulations do little to enhance access to pharmacy services for rural BC residents. We implore you to return them to College of Pharmacists of BC rather than taking them forward to the Legislature for approval. Staff at the College need to engage with telepharmacy operators in a meaningful way to formulate regulations that will ensure that residents of rural BC receive safe and effective pharmacy care. It is only after having done so that they will be in a position to forward proposed updates to you for comment and eventual approval by the Legislature.

Should you require further information please feel free to contact me. By email colin@teamrx.net or on my cell at 250-804-8022.

Yours truly

A handwritten signature in black ink, appearing to read 'Colin Munro', with a stylized flourish at the end.

Colin Munro

Pharmacist/Owner

Munro's Sorrento Prescriptions, Sorrento (central site)

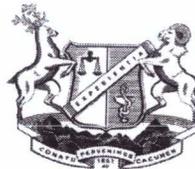
Eagle Valley IDA Pharmacy, Sicamous (part-time telepharmacy site)

Barriere IDA Pharmacy, Barriere (part-time telepharmacy site)

Logan Lake IDA Pharmacy, Logan Lake (part-time telepharmacy site)

Valemount IDA Pharmacy, Valemount (full-time telepharmacy site)

Robson Valley IDA Pharmacy, McBride (full-time telepharmacy site)



College of Pharmacists
of British Columbia

Stakeholder Comments

Section, Subsection or Appendix	Page #	Comment (provide current and new text when applicable)	Rationale
PODSA BYLAW " Schedule A"	1	I agree with the proposed schedule of fees	The College needs to maintain its finances to operate.
Amended PODSA FORMS	Form 1A page 3	There should be a statement that says credit card info will be destroyed securely. Same goes for all sections that has a place for credit card information.	Gives peace of mind that no credit card info will be stored. Too many hackers now.
PODSA DRAFT BYLAWS - TELEPHARMACY OPERATION 16.1 - 5a	19	the intervals should state not less than 3 months	every 2 months would be 6 times per year.



College of Pharmacists
of British Columbia

General Comments

A large, empty rectangular box intended for entering general comments.

Comments submitted by:

Name of individual	David Wong
Name of organization	Corning Drugs Ltd.
Date	May 1. 2017

British Columbia Pharmacy Association

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Vancouver, BC V6P 6G5

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British Columbia
Pharmacy Association

A voice for community pharmacy

July 21, 2017

Christine Paramonczyk
Director of Policy and Legislation
College of Pharmacists of British Columbia
200 – 1765 W. 8th Avenue
Vancouver, BC V6J 5C6

BY EMAIL: legislation@bcpharmacists.org

And To:

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Health Sector Workforce Division
Ministry of Health
1515 Blanshard Street
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Victoria, BC
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BY EMAIL: PROREGADMIN@gov.bc.ca

Dear Madam/Sir:

Re: Telepharmacy Bylaw Amendments Posted for Comment April 24, 2017

The BC Pharmacy Association thanks the College of Pharmacists of BC for the opportunity to provide comments on the proposed amendments to the *Pharmacy Operations and Drug Scheduling Act* Bylaw and to the proposed Telepharmacy Standards of Practice, posted in April 2017.

BACKGROUND

People living in rural and remote places have comparatively poorer health outcomes. Many have a lower socioeconomic status, which evidence shows is strongly linked to poorer health status. In general, people living in rural and remote communities have poorer diets; a higher risk of crowded or unsafe housing; higher rates of smoking and obesity; poorer perinatal indicators; a higher risk of injury or death by accident or suicide; a higher risk of premature death from circulatory diseases; and overall have a life expectancy that is up to *seven years shorter* than that of a person living in a more populous

part of the province.¹ While a large percentage of the rural population identifies as Indigenous, (which tends to be a younger demographic with higher birth rates and greater health disparities),² the burden of poorer health is broadly distributed across the whole population (not simply among first nations communities) and this translates into almost 2000 more deaths in the north between 2007 – 2011 than the national average.³

The causes of these health inequities are complex, but access to care providers is a core problem. Patients may live on islands, with access determined by ferry schedules and weather patterns, or in places accessible only by poor roads or only one road in and out, which may be completely impassible during some or all of winter months. Bus service is limited or non-existent in many rural and remote communities. Many patients may also wrestle with language or cultural barriers. And in many rural and remote communities internet connectivity is inadequate: even with almost 200 internet providers in BC, there are still areas of the province without internet access.⁴ Indeed, broadband deficits are a significant and ongoing barrier to access to health care and treatment. While most people in BC do have high speed connectivity, approximately 6% of the population - this translates to 286,629 people⁵ -- still do not.⁶ (By way of comparison, Northern Health Authority serves 7% of the province's population.)

BCPhA POSITION

The objective of telepharmacy is to ensure enhanced access to pharmacy services in locations where such services would otherwise be difficult to access. The BCPhA supports this objective.

Since their launch in 2002, telepharmacy services have expanded to 11 remote telepharmacy sites in BC, each of which generally serve a population of less than 1000 people.

The loss of telepharmacies would reduce access to health care in rural and remote communities. The BCPhA commends the College for recognizing this risk and including some grandfathering provisions in these proposed bylaws. However, while grandfathering will go some way towards mitigating the systemic barriers to health care access discussed above, other provisions of the bylaws will nevertheless have a substantial adverse effect on the many British Columbians who live in rural and

¹ See BC Ministry of Health *Rural Health Systems in BC: A Policy Framework to Provide a System of Quality Care* available at <http://www.health.gov.bc.ca/library/publications/year/2015/rural-health-policy-paper.pdf>, pages 16 (“Rural Health Policy Paper”)

² See Rural Health Policy Paper, pages 13-15

³ See *Northern Health Authority 2015-2018 Service Plan* page 9 available at:

<https://www.northernhealth.ca/Portals/0/About/FinancialAccountability/2015-2018-Service-Plan.pdf>

⁴ See <http://www2.gov.bc.ca/gov/content/governments/about-the-bc-government/communications-technology/internet-in-bc>

⁵ Based on a population of 4,777,157 as at July 2017. See *Quarterly population 1951-2017* at <http://www2.gov.bc.ca/gov/content/data/statistics/people-population-community/population/population-estimates>

⁶ The BC government operates several programs and initiatives with the goal of 100% connectivity in BC by 2021. See <http://www2.gov.bc.ca/gov/content/governments/about-the-bc-government/communications-technology/internet-in-bc>

remote communities. The imposition of new requirements which are currently impossible to meet in some areas of the province will undermine provincial efforts to improve patient outcomes in areas that are already dealing with multiple systemic barriers to access to health services.

RECOMMENDATIONS

We have carefully reviewed the proposed amendments and standards and have the following comments:

1. The Definition of “Direct Supervision”

The definition of “direct supervision” requires that there be “real time audio and visual observation”. As is well-known, there are still many parts of BC where the broadband connectivity is insufficient to enable a continuously streamed, open connection. Lytton, which is about halfway between Hope and Lillooet, only achieved high speed capability in January of this year.⁷ Northern BC has much less service.⁸ Indeed, Dease Lake has to work with Northern Health to ensure adequate internet capability, and this work is ongoing.⁹ Obviously, this issue is well beyond the control of the registrants and dependent on decisions and investments made by provincial, federal and private sector stakeholders.¹⁰

The BC government operates several programs and initiatives with the goal of achieving 100% connectivity in BC by 2021, but today more than 6% of the province are still without adequate connectivity. This definition will have the inevitable effect of preventing a telepharmacy from opening in those places. It is unfair to the more than 286,000 British Columbians who are still without adequate connectivity for the College to create a new rule which is simply impossible to meet in the places where they live.

The BCPhA is also concerned about the employee and patient privacy issues associated with constant surveillance using a live stream. Video surveillance can have a detrimental effect on employee morale and psychological well-being. As noted by the Privacy Commissioner, video and audio surveillance systems are “inherently privacy invasive.”¹¹ Moreover, having an open stream can increase the risk of inadvertent breaches of the privacy of employees or patients because of the constant nature of the surveillance. It should be noted that although the stated purpose of this rule is to supervise staff, not

⁷ <http://www.northerndevelopment.bc.ca/news/improved-high-speed-internet-comes-to-lytton/>

⁸ See <http://www.northerndevelopment.bc.ca/?s=connectivity>

⁹ see https://www.northernhealth.ca/Articles/Telepharmacy-update-*-Dease-Lake

¹⁰ See <http://www2.gov.bc.ca/gov/content/governments/about-the-bc-government/communications-technology/internet-in-bc> and see <http://www.ic.gc.ca/eic/site/028.nsf/eng/50044.html> for projects in BC funded by the federal government.

¹¹ See the discussion in *Public Sector Surveillance Guidelines* available at <https://www.oipc.bc.ca/guidance-documents/1601> and see also <https://www.oipc.bc.ca/media/16910/ac-p16-01-surveillance-and-privacy-compliance-in-a-medical-clinic-final.pdf> in which the Acting Commissioner observed “Video surveillance carries social impacts. It affects how we behave when we’re being watched, inhibiting our freedom of expression, association and privacy – freedoms that are essential to a democracy. Individuals have a fundamental right to privacy, enshrined in our private and public sector privacy legislation”

to capture the images and conversations¹² of patients while they are in the telepharmacy site. However, mandating an open stream will likely capture patient images and conversations. As the Privacy Commissioner has warned, “cameras can easily capture images of people who are not targets, which would not be authorized under PIPA or FIPPA” because the tests of reasonableness or necessity would not be met.¹³

Guidelines from the Privacy Commissioner’s office recommend that a surveillance should be used only if other less privacy invasive options have been assessed and found to be “substantially less effective than surveillance and the benefits of surveillance substantially outweigh any privacy intrusion.”¹⁴ Demonstrating that other options are substantially less effective is a key part of determining the necessity and reasonableness of surveillance (which is a core element of the lawfulness of the surveillance).

It is unknown whether the College has done any assessment of the privacy impact of these requirements to determine whether mandating “real-time” video surveillance is consistent with the privacy rights of patients and employees as set out in the applicable privacy laws.

Recommendation: amend the definition of “direct supervision” to remove the words “real-time” as follows:

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

2. The Definition of “rural and remote”

The BCPhA agrees that a definition of “rural and remote” is necessary, and that the RSA list should be the foundation for the definition so that it aligns with the definition that is already accepted by the province. This will enhance health sector coordination and support the College’s objectives for collaborative practice and expanded scope.

However, it must not be overlooked that telehealth and telepharmacy are services that are intended to be made available to communities that do not have access to a physician *at all*, because they are *more*

¹² Note that images and conversations are separate and distinct categories of personal information: “For example, if a public body is considering implementing a surveillance system that collects video and audio footage, it should be able to demonstrate the purpose and the legal authority for both. This should include evidence that supports how each component fulfils the purpose for the collection.” See <https://www.oipc.bc.ca/guidance-documents/1601> at page 2.

¹³ See page 1 of Guide to Using Overt Video Surveillance available at <https://www.oipc.bc.ca/guidance-documents/2006>

¹⁴ See OIPC Public Sector Video Surveillance Guidelines available at <https://www.oipc.bc.ca/guidance-documents/1601>

remote than the communities that are listed for the purposes of the RSA.¹⁵ It would make sense to avoid prohibiting these types of communities from any future opportunity to access telepharmacy services.

Recommendation: Amend the definition of “rural and remote community” as follows:

“rural and remote community” means

(a) a community that, as of April 1, 2016, has been given an A,B,C, or D. designation under the Rural Practice Subsidiary Agreement between the Government of BC, Doctors of BC and the Medical Services Commission; and

(b) any other community that is not included in the RSA list and that has no primary care providers or community pharmacy.

3. Who May Manage the Telepharmacy

Many sections of this proposed bylaw suggests that only the person who is the manager of the central pharmacy may be the manager of the telepharmacy. These amendments add substantial new compliance obligations for telepharmacies. Depending on the number of telepharmacies owned by the central pharmacy and the size of each telepharmacy, this could increase the workload for the manager of the central pharmacy to an impractical level, reducing the manager’s ability to effectively manage each pharmacy.

Given the distance and travel time to the telepharmacies that may be required of the telepharmacy manager, it is possible that the telepharmacy manager may frequently be away from the central pharmacy. Therefore it may not be appropriate to have the same individual also responsible for managing the central site.

It is strongly recommended that the bylaw be amended to allow the owner the discretion to choose whether to have a separate manager for the telepharmacy or to have the manager of the central pharmacy also manage the telepharmacy.

a. **Section 3(2)(p.1)** makes the central pharmacy manager responsible for labelling in the telepharmacy.

Recommendation: Amend s. 3(1)(p.1) as follows:

ss. 3(1)(p.1) if the pharmacy is a ~~central~~ telepharmacy, ensure the correct and consistent use of each telepharmacy operating name as it appears on the telepharmacy license for all pharmacy identification on in labels, directory

¹⁵ By way of example, Horsefly is over 60 km driving distance from Williams Lake where the nearest pharmacy is located. Seymour Arm, accessible only by boat or forestry service road, is a 66 km drive (over 40km is gravel road) from the nearest pharmacy, in Celista. Neither Horsefly nor Seymour Arm are RSA communities.

listings, signage, packaging advertising, and stationery associated with that telepharmacy;

- b. **Section 3(3):** does not include a telepharmacy. The word “telepharmacy” should be added.

Recommendation: Amend s.3(1) as follows:

ss. 3(3) Subsection 2(p) does not apply to a hospital pharmacy, hospital pharmacy satellite, telepharmacy, or a pharmacy education site;

- c. **Section 11(1)** makes the central pharmacy’s manager responsible for ensuring the telepharmacy’s compliance with the s. 11 requirements, and should be amended to permit different people to manage the community pharmacy and telepharmacy.

Recommendation: Amend s. 11(1) as follows:

ss. 11(1) In locations where a community pharmacy or telepharmacy does not comprise 100 percent of the total area of the premises, the ~~community pharmacy manager or of the central pharmacy manager in the case of or the telepharmacy,~~ must ensure that,...

- d. **Section 16.1(5)** requires the manager of the central pharmacy or their designate to conduct the inspections and audits.

Recommendation: Amend ss. 16.1(5) as follows:

ss. 16.1(5) The manager ~~of a central pharmacy~~ or a full pharmacist designated by the manager, must...

4. The Telepharmacy License - The 25km requirement

Requiring any new telepharmacy to be at least 25km from the next nearest telepharmacy or community pharmacy makes little sense if the RSA list is meant to establish a clear definition for ‘rural and remote community’. This distance appears to be “as the crow flies”, rather than by road, fails to account for geography (limited road access, island communities, mountains or lakes which must be driven around, etc.) and in any case seems highly arbitrary. For example, Kootenay Bay/Riondel is 25km as the crow flies across the lake from the pharmacy in Kaslo. But to travel by road, a patient must drive 56km around the lake. Seton Portage is a mountainous 71.6 km drive to Lillooet.

Moreover, twelve of the RSA communities are islands, but no allowance appears to be made by the College for the additional challenges faced by island communities. This is inconsistent with the RSA

criteria, which are all clearly connected to the objectives of attracting health care providers to those communities in order to improve patient access to care.¹⁶

Most importantly, the 25km requirement simply renders irrelevant the methodology by which a community is designated as an RSA community and will permanently prohibit many of the communities that are currently on the list from eligibility for a telepharmacy. This makes the proposed definition of “rural and remote community” nonsensical and undermines the objective of enhancing collaborative practice.

We strongly recommend that the 25km requirement be deleted.

Recommendation: delete ss. 16(1)(b) as follows:

(b) ~~the proposed telepharmacy located at least 15 kilometers away from any other telepharmacy or community pharmacy~~

5. Telepharmacy Operation

Some of the new requirements will effectively prohibit any new telepharmacy from opening in the neediest rural and remote locations in BC.

a. **Section 16.1(1)** prohibits a telepharmacy from remaining open unless a full pharmacist at the central pharmacy is engaged in direct supervision, and a pharmacy technician is physically present at the telepharmacy site. The issues with internet bandwidth and connectivity were discussed above, but in addition this section appears to require the telepharmacy to have a pharmacy technician present at all times - even if a full pharmacist is present.

Given the extent of the staffing challenges in rural and remote communities, we assume this is an oversight. We recommend changing the words “pharmacy technician” to “registrant”.

Recommendation: in ss. 16.1(1)(b) change the words “pharmacy technician” to “registrant” as follows:

ss. 16.1(1)(b) subject to subsection (2), a ~~pharmacy technician~~ registrant is physically present on duty at the telepharmacy;

b. **Section 16.1(3)** is redundant with ss. 11.1. This will create confusion because the language suggests a different standard will be applied. Section 11.1 is being amended to

¹⁶ The system used to define RSA communities applies a sliding scale of points to a community based on many factors, including distance (and this is a minimum of 36km from a GP), but also including isolation and living factors such as community size, degree of latitude and distance from Vancouver. Road distances are used as a proxy for travel time assuming an average speed of 70km/hr. Communities accessible only by ferry are calculated by multiplying the water distance x8 and adding it to the applicable road distance.

clearly apply to a telepharmacy, so we recommend deleting ss. 16.1(3) in its entirety. In the alternative, refer to ss. 11.1

Recommendation: Delete ss. 16.1(3) in its entirety and renumber the subsequent subsections;

or amend ss. 16.1(3) as follows:

ss. 16.1(3) A telepharmacy must have a security system that meets the requirements of ss. 11.1 ~~that prevents the public and non-pharmacy staff from accessing the professional services area and the dispensary area, including any area where personal health information is stored.~~

c. **Subsection 16.1(5)** requires the manager of the central pharmacy or a full pharmacist designated by the manager to inspect and audit the telepharmacy “at least four times per year, at no less than 2 month intervals”. We understand it is the College’s intention to ensure that inspections are done throughout the year rather than only during the summer. But conducting inspections in the dead of winter is often simply not reasonable. Rural and remote locations are by their nature not readily accessible. Places where the winters are long and difficult are even less accessible. The time required to travel to and from these sites and carry out these inspections is yet another reason why the manager of the central site and the manager of the telepharmacy site should not necessarily be the same person.

This requirement is will result in the creation of systemic barriers to access which don’t exist today, contrary to the intent and purpose of the telepharmacy initiative.

Recommendation: reduce the minimum to at least 3 times per year to avoid the problem of winter weather or events such as the wildfires from preventing compliance:

ss. 16.1(5)(a) inspect and audit its telepharmacy at least 3 ~~4~~ times each year...

d. **Subsection 16.1(7)** prohibits a telepharmacy from providing pharmacy services for more than 30 days after its location ceases to be a rural and remote community, or a community pharmacy is established within the community or within 25km of the community.

With the greatest of respect, this provision will simply not support the enhanced access to health care in rural and remote communities that is the objective of the telepharmacy initiative. Automatically forcing closure within 30 days of ceasing to be a rural and remote community when there is clearly a continuing need for pharmacy services in the original community would impose substantial hardship on patients, forcing them to travel greater distances for care. This requirement is particularly harmful to remote communities where access is severely impacted by weather.

Forcing closure for any of the reasons in ss. (a)-(c) would also create unfair hardship for the operator and additional disincentives to the expansion of telepharmacy in the province. In no

other industry is a business required by law to cease operations if a competing business opens up nearby. Given the numerous challenges and substantial costs involved in opening and operating a telepharmacy in a remote location in BC, it is hard to imagine any business person taking on the additional risk that at any time their business could be ordered to shut due to some other person's business decision in some other community, with the full approval of the community pharmacy licensing committee of the College.

Recommendation: delete ss. 16.1(7) in its entirety.

~~ss.16.1(7) A telepharmacy must not continue to provide pharmacy services for more than 30 days after~~

~~(a) its location ceases to be a rural and remote community,~~

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

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

e. **Subsection 16.1(9)** requires a pharmacy to connect to PharmaNet independently of the central pharmacy.

This raises the same issues discussed above about current levels of bandwidth and internet capacity in remote areas of the province. There is little point in imposing a requirement that currently cannot be met. We recommend that this provision be amended to account for these issues of local connectivity.

Recommendation: amend ss. 16.1(9) as follows:

(9) A telepharmacy must connect to PharmaNet independently of the central pharmacy with which it is associated, unless such independent connection is not possible due to availability of internet access in the rural and remote community.

HPA BYLAWS SCH. F. PART 6 TELEPHARMACY STANDARDS OF PRACTICE

1. "Direct, continuous, real-time observation" - Section 4 (4)

Subsection 4(4) requires telepharmacy staff to be under "direct, continuous real-time audio and visual observation and direction of a supervising pharmacist."

As stated elsewhere in these submissions, the requirement for real-time audio and visual observation is impossible to meet in some remote locations. We suggest that this provision be amended to remove the words "real-time" to account for the connectivity issues discussed above.

We are also concerned because this requirement suggests that the supervision be akin to continuous surveillance. We do not believe that the College could have intended that the pharmacy manager

constantly monitor the video screen as if she is a security guard. This would obviously make it impossible for the manager to also carry out any management duties in the central pharmacy, not to mention would be inconsistent with workplace privacy rights and employee dignity. We suggest that in the interests of clarity, the words “direct, continuous” also be removed.

Recommendation: remove the words “direct, continuous real-time” from ss. 4.(4):

ss. 4(4) Subject to subsection (5), telepharmacy staff may only perform the activities described in s. 4(1) of the Pharmacists Regulation while under ~~direct, continuous real-time~~ audio and visual observation and direction of a supervising pharmacist.

2. Prescription Processing - Section 6

Section 6(1) requires prescription processing to occur at the central pharmacy unless a full pharmacist is physically present on duty at the telepharmacy. This seems to contradict ss. 4(5) which permits a pharmacy technician to perform work within their scope without supervision, and especially in light of PPP-55 which allows technicians to process on site. We recommend amending s. 6(1) to add the words “or another registrant is acting within their scope of practice” at the end of the sentence.

Recommendation: amend ss. 6(1) as follows:

ss. 6(1) All prescription processing must occur at the central pharmacy unless a full pharmacist is physically present on duty at the telepharmacy or another registrant at the telepharmacy site is acting within their scope of practice.

3. Patient Counselling - Section 7

Section 7 requires patient counselling to be done “through a real-time audio and visual link.” This raises the same bandwidth issues already discussed above. In any case we don’t believe this is meant to require the counselling to be done *only* through continuous streaming internet connection because this would mean that unless a full pharmacist is on duty at the telepharmacy, the patient would have to chose between attending the telepharmacy in person and foregoing the pharmacist/patient consultation because it could not be done simply by phone. This is clearly inconsistent with the Community Pharmacy standards of Practice which permit patient counselling to be done by phone and thus is unfair to the rural patient compared to the urban patient.

We recommend that s. 7 be amended to permit patient counselling to be done by streaming internet where possible, and otherwise in the same manner as is permitted in Part 1 of Schedule F.

Recommendation: amend s. 7 as follows:

s. 7 ~~Unless a full pharmacist is physically present on duty at the telepharmacy, the~~ The supervising pharmacist, or the full pharmacist on duty at the telepharmacy site, must provide full pharmacist/patient consultation by real-time audio and visual link, where possible, and otherwise in accordance with the requirements of Part 1 of Schedule F of the Health Professions Act Bylaws.



4. Documentation - Section 8

Requiring original patient records to be moved quarterly doesn't make sense and puts the security of the records at risk. Paper records are at very high risk of loss or a privacy breach during a move; more frequent moves necessarily increases the risk. Telepharmacies will have to meet the security requirements of the telepharmacy bylaw, so the security of the records on the telepharmacy site will be maintained. Electronic copies of patient records are maintained at the central pharmacy where they may be accessed by the supervising pharmacist if necessary. If the College believes that mandatory transfer to the central site is nevertheless appropriate, we suggest making this an annual requirement, which will minimize the risk of a privacy breach occurring during transport.

Recommendation: delete ss. 8(2) or make it an annual requirement instead of a quarterly requirement.

FORMS AND SCHEDULES

The forms and schedules should be amended to reflect the recommendations above.

The BCPhA thanks the College for the opportunity to provide these submissions.

A copy of these submissions will be posted on the BCPhA website.

Yours Sincerely,

A handwritten signature in cursive script that reads "Geraldine Vance".

Geraldine Vance
CEO

Cc:

Hon. Adrian Dix, Minister of Health

July 21, 2017

Christine Paramonczyk
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Dear Madam/Sir

RE: Telepharmacy Bylaw Amendments Posted For Comment April 24, 2017

As the owner of four telepharmacies (Pharmasave Telepharmacy Masset, Pharmasave Telepharmacy New Aiyansh, Pharmasave Telepharmacy Dease Lake, and Pharmasave Telepharmacy Hudson's Hope), I want to thank the College of Pharmacists of BC for the opportunity to provide comments on the proposed amendments to the Pharmacy Operations and Drug Scheduling Act Bylaw and to the proposed Telepharmacy Standards of Practice, posted April 2017.

Position

Running telepharmacies in remote and rural areas of BC has many challenges related to staffing, site visits and communications, to list just a few.

The common thread of all rural telepharmacies, however, is that they give patients immediate access to both pharmaceutical care and to their pharmacist.

Barriers to providing service based on the new proposed amendments and standards

Direct supervision:

The ability to have constant real time audio/video at these remote sites is impractical until all the remote areas of the Province are serviced by **large and reputable** high speed internet providers (IP). The technology for real

time audio/video is available but the infrastructure of the smaller IPs such as Gwaii Communications (Masset) and Entel (New Aiyansh) (and none in Dease Lake), make real time audio/video unreliable and problematic. The infrastructure of these companies is such that there is significant shared bandwidth which results in very problematic and inconsistent video connection.

The telepharmacy, as the name implies, uses the telephone for communication with both pharmacy assistants and our patients. The ability to counsel via telephone is similar to how a patient would be counseled in the Lower Mainland, or anywhere else in BC, should they not be able to pick up their prescription in person.

Pharmacy License Application

It seems that certain proposed license requirements are different for telepharmacies than for regular community pharmacy applications. I am not sure why there needs to be a different set of requirements (drawings, scale, etc.).

Part IV – Telepharmacy:

Telepharmacy License

A telepharmacy licence issued under subsection (1) is valid only for the location and owner stated on the telepharmacy licence and is not transferrable.

I do not understand why the telepharmacy licence is not transferable? What if the owner of a telepharmacy retires or sells his/her business? Would this mean that the services to these remote communities would cease?

Telepharmacy Operation

***16.1 (1) A telepharmacy must not remain open and prescriptions must not be dispensed unless
(a) a full pharmacist at the central pharmacy is engaged in direct supervision of the telepharmacy in accordance with the Telepharmacy Standards of Practice, and***

The definition of 'direct supervision' requires further clarification and consideration. Furthermore, as previously stated, the truly remote communities do not have high speed fiber optic telecommunication capabilities.

***16.1(5) The manager of a central pharmacy, or a full pharmacist designated by the manager, must
(a) inspect and audit its telepharmacy at least 4 times each year, at intervals of not less than 2 months,
(b) record each inspection and audit in the prescribed form, and
(c) provide the inspection and audit records to the registrar immediately upon request.***

These are very remote and difficult locations to access. I believe three scheduled visits per year is reasonable and should be mandatory, not four. Traveling in the North during winter months is extremely treacherous and access to these remote areas is very unreliable, even at the best of times.

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

Currently, Masset, Dease Lake and Hudson's Hope prescriptions are all processed through the YVR central pharmacy site. We have a multi-store application setup with Telus Health that shows which site each prescription is filled at. We do not have a PharmaNet router at each of these locations. This proposed change would require additional time to investigate and implement.

5. Documentation	Requires that all prescriptions, patient records, invoices, etc., be stored at the central pharmacy. Any of these documents in the telepharmacy must be transferred to the central pharmacy on a quarterly basis. This will ensure that documentation is kept at one site, to better ensure that the pharmacist has immediate access to all pharmacy records.
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All records being stored at the host site and moved quarterly does not make any sense and would be a considerable operational obstacle to the provision of telepharmacy services. Moving files thousands of kilometers every quarter is not reasonable. All invoices are available online via our wholesaler. All patient records are stored onsite, or offsite in a secured location. Digital copies are stored securely and accessible by the pharmacist at all times. I am not sure of the reasoning behind this request.

Summary:

In summary, I believe that the new proposed amendments regarding telepharmacies need to be scrutinized more closely to ensure we are not inhibiting telepharmacies from performing the act of providing immediate access to pharmaceutical care to populations in great need.

It is very difficult to show the positive impact with respect to an individual's health or, secondly, the financial impact that these telepharmacies have. If telepharmacy services are lost, the health of many of our patients in these communities would no doubt deteriorate; ultimately leading to increased healthcare cost due to transportation and hospitalization.

When we started providing pharmaceutical care to Masset back in 2005, and then subsequently to the other remote locations, it was to help provide immediate access to care and positive patient outcomes to the people and communities in need of help. Today, the telepharmacy landscape seems to be filled with bureaucracy and increased barriers to this care. Please remember that we are pharmacists trying to provide the best care possible to our patients under the difficult circumstances of being located in remote communities. We are pharmacists, not politicians or lawyers, and unfortunately it seems the last three years have been filled more with obstacles and barriers, and not reasonable solutions.

We would like to work with both the College and the Government to make sure we move forward together, and are able to continue to help these remote communities and ensure reasonable access to care to address their pharmaceutical needs.

Sincerely,



Alan Williamson, B.Sc (Pharm)

Boundary Pharmacy
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Midway, BC
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19 July 2017

Comments on Telepharmacy Bylaw Changes:

Telepharmacy was introduced for 2 reasons:

1. to bring pharmacy services to under-serviced rural communities.
2. to mitigate the problem of getting pharmacists to these rural communities.

In the 10 years of operation that telepharmacy has been on this noble endeavor, it has been an undeniable and inarguable success.

The only legitimate reason for changes to bylaws is for public safety concerns. Over time pharmacy evolves and telepharmacy must also evolve to meet the current standards of regular pharmacies. Nobody disputes this. But telepharmacy must not be subject to bylaws that are over and above the current standard for regular pharmacies. That would not be fair. If the introduction of new bylaws results in the closure of telepharmacy due to the inability to find registrants, it is only acceptable because of public safety concerns. Or to put it another way, the risk to public safety has to be greater than the risk to telepharmacy closures. And this applies to new telepharmacy openings going forward. Public safety is a double-edged sword: if a telepharmacy closes or a new telepharmacy is unable to open, that also impacts the safety of the community by not having timely access to pharmacy services. The College must find the balance with any new bylaw changes.

The following are my assessment of the new bylaws potential impact and consequences and recommendations on what would work instead:

- 1. S.16 (10) (a): The manager of a central pharmacy site must conduct narcotic counts every 3 months. Bylaw is changed for grandfathered telepharmacies to “conduct a monthly audit of narcotics, retain a signed record of each monthly audit for 3 years...”**

Consequences:

- Monthly narcotic audit is over and above the current standard for regular pharmacies.
- It increases substantially the burden on the pharmacy manager: Currently, it takes between 6-8 hours to conduct an audit. This must be performed after hours because counts can be affected with dispensing during the day. The count cannot be delegated.

Flawed Rationale:

- more stringent requirements are not needed because there has been no documented incident that narcotics are going missing vs. regular pharmacy. That is, this added requirement is not the College's way to address a complaint or systemic problem with telepharmacy that regular pharmacy's do not have. No complaint or systemic problem exists.
- The justification is that non-registrants may divert narcotics. But there are non-registrants with keys in regular pharmacies. There are other effective means to prevent diversion such as time-stamped camera and alarms that notify the pharmacy manager if a person enters the telepharmacy after-hours. These measures are already in place.
- The benefits of more audits is marginal and unnecessary.

Proposal:

- Eliminate this requirement that grandfathered telepharmacies must have monthly audits. If the standard for all pharmacies is 3 months then monthly audits would not be necessary.

2. S.16 (8) (b) "Telepharmacy must not remain open ... if a pharmacy technician is not on duty at the remote site."

Consequences:

- new telepharmacies will only be licensed if this criteria is met. If the current problem of getting pharmacy technicians to rural areas exists in the future then there will be no new telepharmacies opening. The telepharmacies have since July 2015 advertised to hire pharmacy technicians with no applications. No one has phoned to apply. So although the current grandfathered sites are allowed to use pharmacy assistants, new telepharmacies are not. What provision is put into the new bylaws if it turns out in a few years that new telepharmacies are having the same

problem with finding pharmacy technicians as the current telepharmacies are now.

- Also, this standard is over and above the current requirement for regular pharmacies. Pharmacies are not required to employ a pharmacy technician for a store to be open. Telepharmacies have functioned for 10 years without incident with trained pharmacy assistants. If adding this requirement means telepharmacies may close or that new telepharmacies will not open, then consider the harm to patients in rural areas that will not have access to timely pharmacy services.

Proposals:

1. Create a training course for pharmacy assistants to understand and meet all the unique challenges that happen in a telepharmacy. These pharmacy assistants would have their names and addresses registered at the College for the Telepharmacy Assistant training and completion. This idea is similar to the course requirement for Methadone Dispensing that must be completed if a pharmacy wants to provide this service. Make all Telepharmacy Assistants take this training.
2. At the bare minimum, the following proposal is necessary to make sure of the continued viability of future telepharmacies. Propose that under bylaw S.16(8) (b) the following is added. "... if a pharmacy technician is not available a telepharmacy may apply to the registrar and be granted under his/her authority to use pharmacy assistants until such time as a technician is available."

Summary:

- it is vitally important to ensure that the number one reason why a telepharmacy would close is addressed in these current bylaw changes.
- If the number of pharmacy technicians increase to the point where the shortage is not an issue then this proposed revision would not be invoked. But what if the current problem still exists in 5 years? Let's get the legislation right now.

3. S.16 (1) Under implications: "the hybrid model of telepharmacy is inconsistent with the proposed rural and remote definition and with the policy intent of the telepharmacy model."

The change in the definition of a Remote Location that is proposed, is to align with the current criteria of Pharmacare's Rural Incentive Program. I think this is an excellent requirement. But I take exception to the opinion that the hybrid model (or more accurately Part-time Telepharmacy) is inconsistent with this definition.

My pharmacy, for example, was open 3 days a week for 10 years as a regular pharmacy. Telepharmacy model was only added on days that the regular pharmacy was not open. The part-time model became an effective bridge for providing more pharmacy services to the community. Again, the primary reason for telepharmacy existence is to bring more pharmacy services where there were none. This notion that part-time was not the original intention of telepharmacy is false. Firstly, the primary College representatives most responsible for introducing telepharmacy are no longer at the College. Secondly, part-time telepharmacy was approved by the College inspectors and Registrar at the time because it is about the needs of patients and bringing more services to un-serviced areas. This is supportive by the provincial government mandate of increasing health care services to rural communities. The technology of Telehealth is bringing patients more physician access to rural communities.

Therefore, it is a good thing if hours of operation are extended in communities. Other current part-time telepharmacies offer hours on weekends to the existing regular pharmacy. Again, it's a good thing. More services to the community. The Pilot Telepharmacy project was between stores in Sorrento and Sicamous. The Sunday hours that were added to their regular pharmacy operation was EXACTLY what telepharmacy was all about. Part-time Telepharmacy is fundamental to the original idea.

So the new proposed bylaws should not lessen the number of telepharmacies or their hours of operation. There should not be micromanaging of how telepharmacies provide the service if it meets all the bylaws. Why is the College getting involved in what type of telepharmacy a store has? If the College thinks that telepharmacy in general is an inferior model for the delivery of pharmacy services then would not a part-time model be a better solution than forcing a full-time telepharmacy? So that patients get some live in person pharmacist

contact. The only justification that has been given is to streamline the rules for the sake of convenience.

Proposal:

The rules may be changed as currently proposed but in addition to the new bylaws add the provision that “the part time (hybrid) model for new telepharmacies may be acceptable at the discretion of the registrar.” So if a new telepharmacy application can convince the registrar that the hybrid model is necessary then it should be allowed.

4.S.16 (1) the proposed amendment states “other requirements for a telepharmacy license include: ... the central pharmacy applicant and the telepharmacy will have the same owner.”

I cannot understand why this is included in the new proposed bylaws. There is no one who this affects except ... just myself. I do not own my central site because of how my store came to be a telepharmacy. I owned the remote site and operated it 3 days per week. My family live many miles away in a big center and I commute the 10 hour round trip each week. And for the past 7 years I have rented space in a regular pharmacy as my central site.

These proposed rules are very specific and do not allow for future innovation from telepharmacy owners. The one constant of the current telepharmacy sites is how unique and different they all are. Too much micromanaging can stifle innovation. In the same way the College has said they do not wish to license the technology because it is changing, do not restrict how a telepharmacy comes into being to one way only.

The rule seems redundant. Under the new bylaws, there is no hybrid model allowed so the central site owner would be the remote site owner. There does not seem a need to make this a specific requirement. When I first learned of this new requirement, I thought that I would be grandfathered similar to my part time telepharmacy model being grandfathered. But I have been informed that this is not the case. My grandfather status only applies if I never move the central site location. I recently had to change my central site location due to circumstances out of my control. Although I applied before the new rules were presented

to the April Board Meeting, my application was not approved for 2 and ½ months. If this bylaw is accepted in the fall, I will be required to buy a new pharmacy or partner with a pharmacy in existence. Neither of these options is viable for me.

Proposal:

- If the College believes that this requirement is a necessity to prevent 2 separate owners for future telepharmacies, then allow me to be grandfathered from this bylaw going forward. What is the point of grandfathering the existing telepharmacies for some requirements but not others if the result is closure.

Conclusion:

Telepharmacy is a vital and unique form of providing pharmacy services. The bylaws need to be carefully constructed to think about all the consequences. The telepharmacy operators who have been providing services through the mode for up to 10 years have not been consulted on the shaping of new bylaws despite numerous requests to be a part of the process. It is imperative to get these bylaws right and should use all available experience. Telepharmacy has proven it is a safe method to provide pharmacy services. There have been no documented incidents of unsafe practice.

It is my hope that these amendments of mine are heeded. They are consistent with the reasons for telepharmacy existence that are outlined above. My community had a pharmacy for 8 years then went 12 years without a pharmacy until I opened in 2000. If I leave the community, the pharmacy will most likely close. This reality of finding pharmacists to come to small communities has not significantly been improved upon in the last 25 years. It does not seem to matter how many pharmacists are available to work, only a very small number are willing to work in these small places regardless of various incentives. Telepharmacy changed this fundamental problem. The residents of my community know that they will always have access to timely pharmacy services because telepharmacy is an option.

Sincerely;

Cris Bennett
Pharmacy Manager/Owner

Christine Paramonczyk

From: Troy Clark <nakusppharmachoice@gmail.com>
Sent: Saturday, July 8, 2017 7:46 PM
To: CPBC Legislation
Subject: Attention Director of Policy & Legislation Re: Proposed Changes to Telepharmacy Regulation

Re: Proposed Changes to Telepharmacy Regulation

Dear Director,

It is hard to believe the college is taking patient safety seriously with these proposed changes to telepharmacy regulations. How can they propose these regulations while at the same time maintain the many rules and regulations that govern regular pharmacies. As an owner and pharmacy manager of a pharmacy only a 30 min drive from the nearest telepharmacy it's hard to believe this telepharmacy would be allowed to open all day with what amounts to only a cashier on duty while we are subject to the numerous rules and regulations set out by the college. How can the college justify a cashier on duty at one location and at the same time only 30 minutes up the road if a pharmacist on duty would like to step out of the store for lunch, they would have to set up lock and leave fixtures and set the alarm on the pharmacy only section of our pharmacy.

Based on the proposed regulations the difference in regulation between the two types of pharmacies makes no logical sense.

Staffing telepharmacies with regulated technicians should be a bare minimum requirement.

We are also located in a small designated rural and remote community and have the same challenges of hiring and retaining qualified and trained staff but we have been open for business everyday helping our patients and serving our community for the last 15 years!

Yours Sincerely,

Troy Clark

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Telepharmacy Bylaws (PODSA Bylaws) - Public Posting Feedback		
Requirements	Comments Received	Policy Decisions from Review of Feedback
PODSA Bylaws:		
s.1 "central pharmacy" means a community pharmacy that holds one or more telepharmacy licences	No comments received.	No changes as no comments received.
s.3 "community pharmacy" means a pharmacy licensed to sell or dispense drugs to the public, but does not include a telepharmacy	No comments received.	No changes as no comments received.
s.1 "direct supervision" means real time audio and visual observation by a full pharmacist of pharmacy services performed at a telepharmacy consistent with a pharmacy manager's responsibilities as set out in subsection 3(2).	BCPhA and PharmaSave: <ul style="list-style-type: none"> • broadband connectivity is insufficient to enable a continuously streamed, open connection • employee and patient privacy concerns associated with constant surveillance using a live stream • video and audio surveillance systems are "inherently privacy invasive" Alan Williamson (Williamson Family Telepharmacies): <ul style="list-style-type: none"> • broadband connectivity is insufficient to enable a continuously streamed, open connection • telepharmacy as the name implies uses the telephone for communication with both pharmacy assistants and our patients • the ability to counsel via telephone is similar to how a patient would be counseled anywhere else in BC if they cannot pick up their prescription in person 	No changes proposed. Rationale: Broadband Connectivity: The requirement for a telepharmacy to be connected to the central site via computer, video and audio link is an existing requirement (PODSA Bylaws: definition of "telepharmacy", s. 16(6) and s. 16(8)). It is imperative for public safety purposes that a telepharmacy staffed by a non-pharmacist have sufficient supervision by a full pharmacist, similar to how a regular community pharmacy operates and in compliance with existing legislation. Rationale: Consultation by Telephone: The new "Telepharmacy Standards of Practice" are to be read with the existing "Community Pharmacy Standards of Practice." Where there is any conflict the "Telepharmacy Standards of Practice" prevails. Therefore, similar to a community pharmacy, a full pharmacist must consult with the patient or patient's representative at the time of dispensing a new or refill prescription in person or, where not practical to do so, by telephone. In person consultation is a key standard in telepharmacy operations; however, consultation via telephone would be permitted in exceptional circumstances. Rationale: Real-time Audio and Visual Observation: This requirement is intended to allow the full pharmacist to supervise (using technology) the pharmacy staff as he/she would do in a community pharmacy. This aims to enable a pharmacist to meet his/her legislative responsibilities to supervise pharmacy staff. The telepharmacy is considered an extension of the central pharmacy and therefore oversight of the telepharmacy by the full pharmacists at the central pharmacy is imperative. Rationale: Privacy Concerns: The Freedom of Information and Protection of Privacy Act (FIPPA) regulates the collection, use and disclosure by public bodies of "personal information". It defines surveillance as "recorded" information about an identifiable individual. If what is viewed through a video feed is not recorded, for example, there is no surveillance as contemplated by FIPPA. The College's draft bylaws does not require a recorded video feed. If the College were to remove the term "real-time" from its definition of "direct supervision," the logical inference is that it would have to be recorded for later viewing. This would raise issues around how recordings are stored (security) and how access is controlled (to prevent inappropriate, unauthorized use or disclosure, and retention. All of these are risk areas that are not raised by real-time observation, as the College's bylaws are currently drafted.
s.1 "dispensary" means the area of a community pharmacy or a telepharmacy that contains Schedule I and II drugs.	No comments received.	No changes as no comments received.
s.1 "rural and remote community" means a community that, as of April 1, 2018, has been given an A, B, C or D designation under the Rural Practice Subsidiary Agreement between the Government of BC, Doctors of BC, and the Medical Services Commission.	BCPhA and PharmaSave: <ul style="list-style-type: none"> • communities that do not have access to a physician at all because they are more remote than the communities that are listed on the RSA will not be captured 	No changes proposed. Rationale: College staff underwent substantive research in defining a "rural and remote community", after much analysis the option of linking to the existing provincial RSA program was decided upon. The RSA includes clear and transparent criteria in determining a rural and remote community.
s.1 "telepharmacy" means a pharmacy located in a rural and remote community that is licenced to provide pharmacy services	No comments received.	No changes as no comments received.
s.1 "Telepharmacy Standards of Practice" means the standards, limits and conditions for practice established under subsection 12(1)(4) of the Health Professions Act respecting the operation of telepharmacies.	No comments received.	No changes as no comments received.
s. 3(2) A manager must do all of the following: (p. 1) if the pharmacy is a central pharmacy, ensure the correct and consistent use of each telepharmacy operating name as it appears on the telepharmacy licence for all pharmacy identification on or in labels, directory listings, signage, packaging, advertising and stationary associated with that telepharmacy	BCPhA and PharmaSave: <ul style="list-style-type: none"> • this section makes the central pharmacy manager responsible for labelling in the telepharmacy, depending on the number of telepharmacies owned by the central pharmacy and the size of each of the telepharmacies, this could increase the workload for the manager of the central pharmacy to an impractical level, reducing the manager's ability to effectively manage each pharmacy. • this bylaw should be amended to allow the owner the discretion to choose whether to have a separate manager for the telepharmacy or to have the manager of the central pharmacy also manage the telepharmacy 	No changes proposed. Rationale: A pharmacy manager is responsible for actively participating in the day-to-day management of the pharmacy as per PODSA bylaws section 3(2)(a). As prescription processing is proposed to be done at the central site, business processes at both the central pharmacy and the telepharmacy must align. If a central pharmacy services multiple telepharmacies and each telepharmacy has its own manager, determining clear lines of accountability if an issue arises becomes quite challenging. Further, the setting and implementation of policies and procedures may be inconsistent. It is important to note that the telepharmacy is considered to be essentially an extension of the central pharmacy. And, there is an existing restriction in the PODSA bylaws noting that a community pharmacy manager cannot manage more than one community pharmacy location. The definition of "supervising pharmacist" in the new Telepharmacy Standards of Practice includes (amongst others) the option for a full pharmacist employed at the central pharmacy to be responsible for providing direct supervision of pharmacy services in a telepharmacy. This full pharmacist does not need to be the pharmacy manager of the central pharmacy, which allows for operational flexibility.
s. 3(2.1) An owner of a community pharmacy may apply for a new telepharmacy licence by submitting to the registrar: (a) a completed application in Form 2, (b) the applicable fee specified in Schedule "A", (c) a diagram professionally drawn to a scale of 1/4 inch equals 1 foot, including the measurements and entrances of the telepharmacy, and confirming that the telepharmacy meets the requirements listed in Schedules C and E, (d) photographs or video in Form 11 of the requirements listed in Schedules C and E, and (e) if applicable, a copy of the telepharmacy's business licence issued by the jurisdiction in which the telepharmacy is located.	Alan Williamson (Williamson Family Telepharmacies): <ul style="list-style-type: none"> • it seems that certain proposed license requirements are different for telepharmacies than for regular community pharmacy applications (drawings, scale, etc.) 	No changes proposed. Rationale: The currently publicly posted PODSA Bylaws regarding ownership further clarify and strengthen the requirements for community pharmacy applications and the other licence types. They incorporate existing application requirements as well as information requested via other operational documents. The telepharmacy application requirements were drafted to "match" the format in the proposed ownership bylaws. Once both sets of bylaws are filed, the similarity in application requirement format will be clear. Note: No changes are being propose to the telepharmacy bylaws as they have been made in the publicly posted ownership bylaws.
s. 9(1.1) The registrar may renew a telepharmacy licence upon receipt of the following: (a) an application in Form 12, (b) the fee set out in Schedule "A", and (c) if applicable, a copy of the telepharmacy's business licence issued by the jurisdiction in which the telepharmacy is located.	No comments received.	No changes as no comments received.
s. 10(2) If a community pharmacy is a central pharmacy, the quality management program in subsection (1) must include all telepharmacies associated with the central pharmacy and must comply with the Telepharmacy Standards of Practice.	No comments received.	No changes as no comments received.

Colour Coding Legend:
GREEN - No comments received therefore no changes
YELLOW - Changes made as a result of comments received
RED - No changes made but comments were received

Telepharmacy Bylaws (PODSA Bylaws) - Public Posting Feedback		
Requirements	Comments Received	Policy Decisions from Review of Feedback
<p>s. 11(1) In locations where a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy's manager or the central pharmacy manager in the case of a telepharmacy, must ensure that:</p> <p>(a) the professional products area extends not more than 25 feet from the perimeter of the dispensary and is visually distinctive from the remaining area of the premises by signage, and</p> <p>(b) a sign reading "Medication Information" is clearly displayed to identify a consultation area or counter at which a member of the public can obtain a full pharmacist's advice.</p>	<p>BCPhA and PharmaSave: •bylaw should be amended to permit different people to manage the community pharmacy and telepharmacy rather than the central pharmacy manager</p>	<p>No changes proposed.</p> <p>Rationale: A pharmacy manager is responsible for actively participating in the day-to-day management of the pharmacy as per PODSA bylaws section 3(2)(a). As prescription processing is proposed to be done at the central site, business processes at both the central pharmacy and the telepharmacy must align. If a central pharmacy services multiple telepharmacies and each telepharmacy has its own manager, determining clear lines of accountability if an issue arises becomes quite challenging. Further, the setting and implementation of policies and procedures may be inconsistent. It is important to note that the telepharmacy is considered to be essentially an extension of the central pharmacy. And, there is an existing restriction in the PODSA Bylaws noting that a community pharmacy manager cannot manage more than one community pharmacy location.</p> <p>The definition of "supervising pharmacist" in the new Telepharmacy Standards of Practice includes (amongst others) the option for a full pharmacist employed at the central pharmacy to be responsible for providing direct supervision of pharmacy services in a telepharmacy. This full pharmacist does not need to be the pharmacy manager of the central pharmacy, which allows for operational flexibility.</p>
<p>s. 11(2) Subject to subsection (3), the dispensary area of a community pharmacy or a telepharmacy must:</p> <p>(a) be at least 160 square feet,</p> <p>(b) be inaccessible to the public by means of gates or doors across all entrances,</p> <p>(c) include a dispensing counter with at least 30 square feet of clear working space, in addition to service counters,</p> <p>(d) contain adequate shelf and storage space,</p> <p>(e) contain a double stainless steel sink with hot and cold running water, and</p> <p>(f) contain an adequate stock of drugs to provide full dispensing services.</p>	No comments received.	No changes as no comments received.
<p>s. 11(3) A telepharmacy that was authorized by the registrar to provide pharmacy services as a telepharmacy remote site as of January 1, 2017 is exempt from the requirements in subsections (2)(a) and (c) until such time as it commences a renovation of all or part of the premises.</p>	No comments received.	No changes as no comments received.
<p>s. 11(4) In all new and renovated community pharmacies or telepharmacies, an appropriate area must be provided for patient consultation that:</p> <p>(a) ensures privacy and is conducive to confidential communication, and</p> <p>(b) includes, but is not limited to, one of the following: (i) a private consultation room, or (ii) a semiprivate area with suitable barriers.</p>	No comments received.	No changes as no comments received.
<p>s. 11(5) All new and renovated community pharmacies and telepharmacies must have a separate and distinct area consisting of at least 40 square feet reserved as secure storage space.</p>	No comments received.	No changes as no comments received.
<p>s. 11.1 (1) A community pharmacy or telepharmacy must:</p> <p>(a) keep Schedule IA drugs in a locked metal safe that is secured in place and equipped with a time delay lock set at a minimum of five minutes,</p> <p>(b) install and maintain a security camera system that: (i) has date/time stamp images that are archived and available for no less than 30 days, and (ii) is checked daily for proper operation, and</p> <p>(c) install and maintain motion sensors in the dispensary.</p>	No comments received.	No changes as no comments received.
<p>s. 11.1(2) When no full pharmacist is present and the premise is accessible to non-registrants,</p> <p>(a) the dispensary area must be secured by a monitored alarm, and</p> <p>(b) Subject to subsection (2.1), schedule I and II drugs, controlled drug substances and personal health information, are secured by physical barriers.</p>	No comments received.	No changes as no comments received.
<p>s. 11.1(2.1) A community pharmacy or telepharmacy that exists on the date this provision comes into force and is not renovated during the period must comply with section 11.1(2)(b) no later than three years after the date that provision comes into force</p>	No comments received.	No changes as no comments received.
<p>s. 11.1(2.2) For the purposes of subsection (2), a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy.</p>	No comments received.	No changes as no comments received.
<p>s. 11.1(3) Subject to subsection (5), a community pharmacy and a telepharmacy must clearly display at all external entrances that identify the premises as a pharmacy, and at the dispensary counter signage provided by the College;</p>	No comments received.	No changes as no comments received.
<p>s. 11.1(4) The pharmacy manager and owners or directors of a community pharmacy or a telepharmacy that does not stock IA drugs must complete a declaration attesting that Schedule IA drugs are never stocked on the premises;</p>	No comments received.	No changes as no comments received.
<p>s. 11.1(5) A pharmacy that is never open to the public and has no external signage identifying it as a pharmacy is exempt from the requirements in subsection (3).</p>	No comments received.	No changes as no comments received.
<p>s. 1(61) The registrar must not issue a telepharmacy license to a central pharmacy unless:</p> <p>(a) the proposed telepharmacy will be the only telepharmacy or community pharmacy located in the rural and remote community,</p>	No comments received.	No changes as no comments received.
<p>s. 1(61) The registrar must not issue a telepharmacy license to a central pharmacy unless:</p> <p>(b) the proposed telepharmacy is located at least 25 kilometers away from any other telepharmacy or community pharmacy.</p>	<p>BCPhA and PharmaSave: •requiring any new pharmacy to be at least 25 km from the next nearest telepharmacy or community pharmacy makes little sense if the RSA lit is meant to establish a clear definition of "rural and remote community" •this distance appears to be "as the crow flies" rather than by road and fails to account for geography (limited road access, island communities, mountains or lakes which must be driven around, etc.) •this is inconsistent with the RSA criteria, which are all clearly connected to the objectives of attracting health care providers to those communities in order to improve patient access to care</p>	<p>No changes proposed.</p> <p>Rationale: As the RSA does not clearly speak to pharmacy services, requirements included in the PharmaCare Rural Incentive Program were also used to further refine the criteria for a telepharmacy location. Two key criteria of the Rural Incentive Program are: that the pharmacy is the only one in the community and that the next nearest pharmacy is at least 25km away. As such, the College included a proposed requirement that a telepharmacy must be 25 km from any other telepharmacy or community pharmacy. This requirement is broad enough to allow the Registrar to assess the 25 km distance in a reasonable manner and is consistent with existing Ministry of Health requirements, under the Rural Incentive Program.</p>

Telepharmacy Bylaws (PODSA Bylaws) - Public Posting Feedback		
Requirements	Comments Received	Policy Decisions from Review of Feedback
<p>1.16(1) The registrar must not issue a telepharmacy licence to a central pharmacy unless:</p> <p>(c) the proposed business name of the telepharmacy includes the word "telepharmacy".</p>	<p>Comments Received</p> <p>Dona Radomsky (Munro Group of Pharmacies):</p> <ul style="list-style-type: none"> requiring the term "telepharmacy" in the operating name would confuse many persons as to what the store does as the term is not publicly known at present telepharmacies are already required to display a sign at the counter stating that it is a telepharmacy site and that the pharmacist is located elsewhere. <p>Colleen Hogg (Telepharmacy Owner):</p> <ul style="list-style-type: none"> forcing the use of the term "telepharmacy" in the operating name does little to enhance patient care. further forcing the use of the term "telepharmacy" could even confuse members of the public in terms of what type of service to expect at a telepharmacy compared to a community pharmacy <p>Colin Munro (Owner Munro Group of Pharmacies):</p> <ul style="list-style-type: none"> the requirement to use the word "telepharmacy" in the pharmacy's operating name makes no sense and could even deter the public from obtaining pharmacy services the public has a clear understanding and expectation of pharmacy services available at locations whose name includes terms such as pharmacy or drugs utilizing the term "telepharmacy" could possibly deter those seeking pharmacy services who are unfamiliar with the term "telepharmacy" 	<p>Policy Decisions from Review of Feedback</p> <p>No changes proposed.</p> <p>Rationale: The requirement to include "telepharmacy" in the business name is to distinguish between a community pharmacy and a telepharmacy, so that patients are aware of, and understand, the type of pharmacy service they are receiving. In a community pharmacy, the pharmacist is physically present on the premise and in a telepharmacy, the pharmacist is present via technology and a pharmacy technician or assistant is physically present on the premise. Clearly providing this information to patients better enables them to make an informed choice.</p> <p>Note: College is recommending to amend term "business name" with "operating name" as the term "operating name" is more typically used by the College and understood by registrants.</p>
<p>1.16(1) The registrar must not issue a telepharmacy licence to a central pharmacy unless:</p> <p>(d) except for a pharmacy listed in Schedule F, the proposed telepharmacy does not have a licence as a community pharmacy.</p>	<p>Dona Radomsky (Munro Group of Pharmacies):</p> <ul style="list-style-type: none"> concerns with no longer allowing a regular rural pharmacy the use of telepharmacy for weekends, sick leave or any other emergency reason, when you are the only pharmacy in town it is nice to know if you are sick, the store will not have to be closed because you do not have access to a pharmacist. pharmacists are no longer willing to work 6 days a week and no pharmacist wants to move to a small town to work only 1 or 2 days a week to provide relief for the regular pharmacist <p>Colleen Hogg (Telepharmacy Owner):</p> <ul style="list-style-type: none"> the College is proposing to force a pharmacy site to choose between a standard community pharmacy licence and a telepharmacy licence while it agrees to grandfather some of the existing sites that operate as both community and telepharmacy, the new bylaws could further reduce access to pharmacy services for rural residents <p>Colin Munro (Owner Munro Group of Pharmacies):</p> <ul style="list-style-type: none"> there is no reason for this restriction, it reduces the public's access to pharmacy services if a site that runs in community pharmacy mode on the weekends wants to bring service to the community on weekends, why is it so difficult to administer the College is proposing to force a pharmacy site to choose between a standard community pharmacy licence and a telepharmacy licence while it agrees to grandfather some of the existing sites that operate as both community and telepharmacy, the new bylaws could further reduce access to pharmacy services for rural residents <p>Cris Bennett:</p> <ul style="list-style-type: none"> the new proposed bylaws should not lessen the number of telepharmacies or their hours of operation if the College thinks that telepharmacy in general is an inferior model for the delivery of pharmacy services then would not a part-time model be a better solution than forcing a full-time pharmacy the following provision should be added to this rule, "the part time (hybrid) model for new telepharmacies may be acceptable at the discretion of the registrar" so if a new telepharmacy application can convince the registrar that the hybrid model is necessary then it should be allowed 	<p>No changes proposed.</p> <p>Rationale: Telepharmacies provide a unique way to deliver pharmacy services in rural and remote communities, where pharmacy services are not available. The "hybrid mode", where a community pharmacy can "switch" into telepharmacy mode, does not meet intent of the rural and remote requirements. It would be inconsistent with a number of new requirements to continue to allow the "hybrid mode" and it does not meet the overall intent of the telepharmacy model. Further, clarity on which licence type a pharmacy is using is needed, as there are different practice standards and documentation requirements for telepharmacies and community pharmacies.</p>
<p>1.16(1) The registrar must not issue a telepharmacy licence to a central pharmacy unless:</p> <p>(e) the central pharmacy applicant and the telepharmacy will have the same owner, and</p>	<p>Cris Bennett:</p> <ul style="list-style-type: none"> cannot understand why this is included in the new proposed bylaws there is no one who this affects except just myself i owned the remote site and for the past 7 years i have rented space in a regular pharmacy as my central site this bylaw is very specific and do not allow for future innovation from telepharmacy owners if the College believes that this requirement is necessary to prevent two separate owners for future pharmacies, then allow me to be grandfathered from this bylaw going forward what is the point of grandfathering existing telepharmacies for some requirements but not others if the result is closure <p>No comments received.</p>	<p>No changes proposed.</p> <p>Rationale: This requirement is applicable to all telepharmacies (existing and future). Furthermore, shared ownership of the community pharmacy and telepharmacy provides consistency for the development and application of policies and procedures.</p>
<p>1.16(1) The registrar must not issue a telepharmacy licence to a central pharmacy unless:</p> <p>(f) the central pharmacy is in compliance, and the telepharmacy will be in compliance, with the Telepharmacy Standards of Practice.</p>	<p>No comments received.</p>	<p>No changes as no comments received.</p>
<p>1.16(2) A telepharmacy licence issued under subsection (1) is valid only for the location and owner stated on the telepharmacy licence and is not transferable.</p>	<p>Alan Williamson (Williamson Family Telepharmacies):</p> <ul style="list-style-type: none"> why is the telepharmacy licence not transferable? what if the owner of a telepharmacy retires or sells his/her business? Would this mean that the services to these remote communities would cease? 	<p>Changes proposed to allow a telepharmacy to retain its "grandfathered" status even if the ownership changes. However, the existing process for change of ownership must be followed. This existing process has not changed.</p>
<p>1.16.1(1) A telepharmacy must not remain open and prescriptions must not be dispensed unless:</p> <p>(a) a full pharmacist at the central pharmacy is engaged in direct supervision of the telepharmacy in accordance with the Telepharmacy Standards of Practice; and</p>	<p>Alan Williamson (Williamson Family Telepharmacies):</p> <ul style="list-style-type: none"> the definition of "direct supervision" needs further clarification as truly remote communities do not have high speed fiber optic telecommunication capabilities. 	<p>No changes proposed, the feedback is linked to the definition of "direct supervision".</p> <p>Rationale: The requirement for a telepharmacy to be connected to the central site via computer, video and audio link is an existing requirement (PODSA Bylaws: definition of "telepharmacy", s. 16(6) and s. 16(8)). The draft bylaws do not require a specific type of technology to be used, as long as the requirement of real time audio and visual observation by a full pharmacist, consistent with their legislative responsibilities, has been met.</p>
<p>1.16.1(1) A telepharmacy must not remain open and prescriptions must not be dispensed unless:</p> <p>(b) subject to subsection (2), a pharmacy technician is physically present on duty at the telepharmacy.</p>	<p>Colleen Hogg (Telepharmacy Owner):</p> <ul style="list-style-type: none"> while we support the use of registered Pharmacy Technicians if one is available, the bylaws should not preclude the operation of a telepharmacy without one bylaws should allow the consistent operation of a telepharmacy with or without registered staff what is the evidence that registered Pharmacy Technicians would offer better patient care than Pharmacy Assistants we have been advertising for registered Pharmacy Technicians at our site since June 2015, to date we have not had any responses the College should reinstate the technician bridging program and offer it on an ongoing basis <p>Dona Radomsky (Munro Group of Pharmacies):</p> <ul style="list-style-type: none"> concerns with the insistence of the College to have licensed pharmacy technicians at any new telepharmacy site we have tried for 5 years to hire licensed pharmacy technicians and have only had 1 casual reply suggest that the College restart the bridging program and as the pass rate for both the bridging program and the College's program (400/1500) has been dismal - the exam should be reviewed. <p>Colin Munro (Owner Munro Group of Pharmacies):</p> <ul style="list-style-type: none"> while we support the use of registered Pharmacy Technicians if one is available, the bylaws should not preclude the operation of a telepharmacy without one what is the evidence that registered Pharmacy Technicians would offer better patient care than Pharmacy Assistants we have been advertising for registered Pharmacy Technicians at our site since June 2015, to date we have not had any responses our sites have functioned well with Pharmacy Assistants the College should reinstate the technician bridging program and offer it on an ongoing basis this would allow pharmacy assistants who have been trained on the job to become Registered Pharmacy Technicians while working anywhere in the province <p>Cris Bennett:</p> <ul style="list-style-type: none"> if new telepharmacies will only be licensed if this criteria is met, and if the current problem with existing telepharmacies of getting pharmacy technicians to rural areas exists then in the future there will be no new telepharmacies opening telepharmacies have since July 2015 advertised to hire pharmacy technicians with no applications, no one has phoned to apply telepharmacies have functioned for 10 years without incident with trained pharmacy assistants create a training course for pharmacy assistants to understand and meet all the unique challenges that happen in a telepharmacy 	<p>No changes generally proposed to the technician requirement to staff the telepharmacy site. The College does recommend an amendment to allow a pharmacist to be physically present and on duty at a telepharmacy, without a technician present.</p> <p>Rationale: The College does not regulate pharmacy assistants. Its mandate is to: Protect public health by licensing and regulating pharmacists and pharmacy technicians and the pharmacies where they practice. We are responsible for making sure every pharmacist and pharmacy technician in BC is fully qualified and able to provide the public with safe and ethical pharmacy care.</p> <p>Pharmacy Technician Bridging Program: <ul style="list-style-type: none"> this was a national program which was created to allow Pharmacy Assistants to become regulated Pharmacy Technicians this program was made available for 5 years in BC the program will end shortly once the last province (Newfoundland and Labrador) will end its bridging of Pharmacy Assistants to Pharmacy Technicians </p> <p>It should be noted that there are community pharmacies in rural and remote communities that are not seeking to become telepharmacies at this time. The College received feedback from a community pharmacy owner and pharmacist whose pharmacy has been open for 15 years and is located 30 minutes from a telepharmacy. That feedback raised concerns about differing levels of requirements for community pharmacies and telepharmacies, while both can be serving similar communities.</p> <p>As noted above, the College is considering amending this section to permit a pharmacy technician not to be present at the telepharmacy if a pharmacist is physically present on duty at the telepharmacy. This is consistent with the proposed Telepharmacy Standards of Practice, which allows a pharmacist to practice at the telepharmacy.</p>

Telepharmacy Bylaws (PODSA Bylaws) - Public Posting Feedback		
Requirements	Comments Received	Policy Decisions from Review of Feedback
<p>1.16.1(1) A telepharmacy listed in Schedule G is exempt from the requirements in subsection 1(10).</p>	<p>Troy Clark:</p> <ul style="list-style-type: none"> As an owner and pharmacy manager of a pharmacy only 30 min drive from the nearest telepharmacy it's hard to believe this telepharmacy would be allowed to open all day with what amounts to only a cashier on duty while we are subject to numerous rules and regulations set out by the College How can the College justify a cashier on duty at one location and at the same time only 30 mins up the road if the pharmacist on duty would like to step out for lunch, they would have to set up a lock and leave fixture and set the alarm on the pharmacy only section of the pharmacy. Staffing telepharmacies with regulated technicians should be a bare minimum requirement. We are also in a rural and remote community and have the same challenges of hiring and retaining qualified trained staff but we have been open for business everyday helping our patients and serving our community for the last 15 years 	<p>No changes proposed.</p> <p>Rationale: The proposed telepharmacy bylaw amendments were drafted with a view not to adversely affect the level of pharmacy services currently in place in BC rural and remote communities. Importantly, the requirements were strengthened in light of public safety concerns. Therefore, all new telepharmacies will be required to be staffed with regulated pharmacy technicians.</p>
<p>1.16.1(1) A telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the professional services area and the dispensary area, including any area where personal health information is stored.</p>	<p>BCPhA:</p> <ul style="list-style-type: none"> this bylaw is redundant with s. 11.1.1, the amendments to s. 11.1 include telepharmacy so we recommend deleting s.16.1(1) 	<p>No changes proposed.</p> <p>Rationale: Section 11.1(Pharmacy Security) does not allow pharmacy assistants (public) to be in the dispensary if no full pharmacist is present. This requirement was written using language such as "non-pharmacy staff" as existing telepharmacies are proposed to be grandfathered and are subject to this requirement. Additionally, this requirement is similar to a provision applying to community pharmacies under s.12(2)(b).</p>
<p>1.16.1(4) Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy.</p>	<p>No comments received.</p>	<p>No changes as no comments received.</p>
<p>1.16.1(4.1) Prescriptions and labels relating to prescriptions dispensed at a pharmacy listed in Schedule F must distinguish between those dispensed when it is operating as a telepharmacy from when it is operating as a community pharmacy.</p>	<p>No comments received.</p>	<p>No changes as no comments received.</p>
<p>1.16.1(5) The manager of a central pharmacy, or a full pharmacist designated by the manager, must: (a) inspect and audit its telepharmacy at least 4 times each year, at intervals of not less than 2 months, (b) record each inspection and audit in the prescribed form, and (c) provide the inspection and audit records to the registrar immediately upon request.</p>	<p>BCPhA and PharmaSave:</p> <ul style="list-style-type: none"> bylaw should be amended to permit different people to manage the community pharmacy and telepharmacy rather than the central pharmacy manager <p>BCPhA, PharmaSave and Alan Williamson (Williamson Family Telepharmacies):</p> <ul style="list-style-type: none"> we understand that the College's intention is to ensure that inspections and audits are done throughout the year rather than only during the summer but community would impose substantial hardship on patients, forcing them to travel greater distances for care rural and remote locations by their nature are not readily accessible reduce the minimum to 3 times per year to avoid the problem of winter weather or events such as the wildfires from preventing compliance <p>David Wong:</p> <ul style="list-style-type: none"> the intervals should state not less than 3 months, every 2 months would be 6 times per year <p>Colin Munro (Owner Munro Group of Pharmacies):</p> <ul style="list-style-type: none"> it is sensible to align inspections and audits of telepharmacies with those of community pharmacies 	<p>No changes proposed.</p> <p>Rationale: These requirements are consistent with PPP-65 Narcotic Counts and Reconciliations which requires that narcotic counts and reconciliations are completed at a minimum of every three months (i.e., four times per year). To ensure that all inspections do not occur in one particular timeframe, this bylaw was drafted so that this count would be spread throughout the year. It is possible to comply without conducting an inspection and audit between December to February. For example, the requirements could be met if a count was done in March, May, July and Sept.</p> <p>Section 43 of the Narcotic Control Regulations, under the Controlled Drugs and Substances Act (CDSA) states: A pharmacist shall take all reasonable steps that are necessary to protect narcotics on his premises or under his control against loss or theft. As telepharmacies are unique in the sense that a pharmacist is not physically present, additional controls are needed to protect the public. Additionally, the College is currently seeking a s.56 exemption to the CDSA from Health Canada for telepharmacies. In doing so, the College has been demonstrating how its existing and proposed requirements help to prevent against diversion or loss of the controlled drugs at telepharmacies.</p>
<p>1.16.1(6) A telepharmacy listed in Schedule G must perform a monthly count of narcotics at the telepharmacy and retain a record of each monthly count signed by the supervising pharmacist for three years at both the central pharmacy and the telepharmacy location, and provide the signed record to the registrar immediately upon request.</p>	<p>Chris Bennett:</p> <ul style="list-style-type: none"> monthly narcotic audit is over and above the current standard for regular pharmacies it increases substantially the burden on the pharmacy manager as it takes between 6-8 hours to conduct an audit this must be performed after hours as the counts can be affected with dispensing during the day the count can't be delegated there have been no documented incident that narcotics are going missing at telepharmacies vs regular pharmacy 	<p>No changes proposed.</p> <p>Rationale: Section 43 of the Narcotic Control Regulations, under the Controlled Drugs and Substances Act (CDSA) states: A pharmacist shall take all reasonable steps that are necessary to protect narcotics on his premises or under his control against loss or theft. As telepharmacies are unique in the sense that a pharmacist is not physically present, additional controls are needed to protect the public. Additionally, the College is currently seeking a s.56 exemption to the CDSA from Health Canada for telepharmacies. In doing so, the College has been demonstrating how its existing and proposed requirements help to prevent against diversion or loss of the controlled drugs at telepharmacies.</p>
<p>1.16.1(7) A telepharmacy must not continue to provide pharmacy services for more than 30 days after: (a) its location ceases to be a rural and remote community, (b) a community pharmacy is established within the community, or (c) a community pharmacy is established within 25 kilometers of the location of the telepharmacy.</p>	<p>BCPhA and PharmaSave:</p> <ul style="list-style-type: none"> this bylaw does not support the enhanced access to health care in rural and remote communities that is the objective of the telepharmacy initiative automatically forcing closure within 30 days of ceasing to be a rural and remote community when there is a continuing need for pharmacy services in the original community would impose substantial hardship on patients, forcing them to travel greater distances for care forcing closure for any of the reasons in ss. (a) - (c) would also create unfair hardship for the operator and additional disincentives to the expansion of telepharmacy in the province. given the numerous challenges and substantial costs in opening and operating a telepharmacy it is hard to imagine any business person taking on the additional risk that at any time their business could be ordered to shut due to some other person's business decision in some other community with the full approval of the College. <p>Colin Munro (Owner Munro Group of Pharmacies):</p> <ul style="list-style-type: none"> this is restrictive and is subject to abuse if a community pharmacy opens in a town with an existing telepharmacy then market forces should determine who survives 	<p>No changes proposed.</p> <p>Rationale: The College's mandate is to: Protect public health by licensing and regulating pharmacists and pharmacy technicians and the pharmacies where they practice. We are responsible for making sure every pharmacist and pharmacy technician in BC is fully qualified and able to provide the public with safe and ethical pharmacy care.</p> <p>Telepharmacies provide a unique way to deliver pharmacy services in rural and remote community where pharmacy services are not available. If a telepharmacy provides services in a community where a community pharmacy exists, it would not meet the intention behind the concept of rural and remote.</p>
<p>1.16.1(8) A telepharmacy must have a policy and procedure manual on site that outlines the methods for ensuring the safe and effective distribution of pharmacy products and delivery of pharmaceutical care by the telepharmacy.</p>	<p>No comments received.</p>	<p>No changes as no comments received.</p>
<p>1.16.1(9) A telepharmacy must connect to PharmaNet independently of the central pharmacy with which it is associated.</p>	<p>BCPhA and PharmaSave:</p> <ul style="list-style-type: none"> this bylaw raises the same issue of bandwidth and internet capacity in remote areas of the province to account for these local issues of connectivity a provision should be added saying "unless such independent connection is not possible due to availability of internet access in the rural and remote community" <p>Alan Williamson (Williamson Family Telepharmacies):</p> <ul style="list-style-type: none"> currently - Masset, Dease Lake and Hudson's Hope prescriptions are all processed through YVR central pharmacy site, we have a multi-store setup with Telus Health that shows which site each prescription is filled at and do not have a PharmaNet router at each of these locations. this bylaw would require additional time to investigate and implement. 	<p>No changes proposed.</p> <p>Rationale: The requirement for a telepharmacy to be connected to the central site via computer, video and audio link is an existing requirement (PODSA Bylaws: definition of "telepharmacy", 16(6) and s. 16(8)). Additionally, pharmacy assistants and technicians are not authorized to access PharmaNet.</p>

Telepharmacy Bylaws (Telepharmacy Standards of Practice) - Public Posting Feedback

Standards	Comments Received	Policy Decisions from Review of Feedback
HPA SoPs:		
s.3 "central pharmacy" has the same meaning as in section 1 of the PODSA Bylaws;	No comments received.	No changes as no comments received.
s.3 "community pharmacy" has the same meaning as in section 1 of the PODSA Bylaws;	No comments received.	No changes as no comments received.
s.3 "direct supervision" has the same meaning as in section 1 of the PODSA Bylaws;	No comments received.	No changes as no comments received.
s.3 "supervising pharmacists means: (a) the manager of a central pharmacy, (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or (c) a full pharmacist who is physically present on duty at the telepharmacy.	No comments received.	No changes as no comments received.
s.4(1) A supervising pharmacist must exercise direct supervision of persons performing pharmacy services at a telepharmacy that is commensurate with the qualifications and expertise of those persons and is of sufficient frequency and duration to satisfy the requirements under s. 3(2) of the PODSA Bylaws.	No comments received.	No changes as no comments received.
s.4(2) A supervising pharmacist must be readily available at all times when a telepharmacy is open to: (a) provide direction and support to persons performing pharmacy services at the telepharmacy; and (b) provide pharmacist/patient consultation.	No comments received.	No changes as no comments received.
s.4(3) A supervising pharmacist must be able to engage in direct supervision of the provision of pharmacy services at a telepharmacy independent of any action of or request by persons performing those services.	No comments received.	No changes as no comments received.

Telepharmacy Bylaws (Telepharmacy Standards of Practice) - Public Posting Feedback

Standards	Comments Received	Policy Decisions from Review of Feedback
<p>s.4(4) Subject to subsection (5), telepharmacy staff may only perform the activities described in s. 4(1) of the Pharmacists Regulation while under direct, continuous real-time audio and visual observation and direction of a supervising pharmacist.</p>	<p>BCPhA and PharmaSave:</p> <ul style="list-style-type: none"> •the requirement for real-time audio visual observation is impossible to meet in some remote locations •suggestion to remove "real-time" to account for connectivity issues •concerned that supervision be akin to continuous surveillance •we do not believe that the College intended that the Pharmacy Manager constantly monitor the video screen as if he/she is a security guard •suggestion to remove "direct, continuous" 	<p>No changes proposed.</p> <p>Rationale:</p> <ul style="list-style-type: none"> •The requirement for a telepharmacy to be connected to the central site via computer, video and audio link is an existing requirement (PODSA Bylaws: definition of "telepharmacy",s. 16(6) and s. 16(8)). •The requirement is clear that the supervising pharmacist is ensuring that activities in the scope of a pharmacist (Pharmacists Regulation) are performed under his/her direct supervision. •Also, the requirement does not require that real-time audio and visual observation be recorded. It is intended to allow the existing supervision that a Pharmacy Manager/Pharmacist in a community pharmacy would provide. It is imperative for public safety purposes that a telepharmacy staffed by a non-pharmacist have sufficient supervision by a full pharmacist, similar to how a regular community pharmacy operates and in compliance with existing legislation. <p>Rationale:</p> <p>Privacy Concerns:</p> <p>The Freedom of Information and Protection of Privacy Act (FIPPA) regulates the collection, use and disclosure by public bodies of "personal information". It defines surveillance as "recorded" information about an identifiable individual. If what is viewed through a video feed is not recorded, for example, there is no surveillance as contemplated by FIPPA. The College's draft bylaws does not require a recorded video feed.</p> <p>If the College were to remove the term "real-time" from its definition of "direct supervision," the logical inference is that it would have to be recorded for later viewing. This would raise issues around how recordings are stored (security) and how access is controlled (to prevent inappropriate, unauthorized) use or disclosure, and retention. All of these are risk areas that are not raised by real-time observation, as the College's bylaws are currently drafted.</p>
<p>s.4(5) Direct supervision does not require the supervising pharmacist to conduct real-time observation of a pharmacy technician performing work within his or her scope of practice.</p>	<p>No comments received.</p>	<p>No changes as no comments received.</p>
<p>s.5(1) A prescription that is provided to a central pharmacy, whether electronically, verbally or in physical form, may be designated for pick-up at a telepharmacy whose licence that central pharmacy holds.</p>	<p>No comments received.</p>	<p>No changes as no comments received.</p>
<p>s.5(2) An original physical prescription may be submitted to a telepharmacy and, upon receipt, must be stamped with the date of receipt and the name of the telepharmacy.</p>	<p>No comments received.</p>	<p>No changes as no comments received.</p>

Telepharmacy Bylaws (Telepharmacy Standards of Practice) - Public Posting Feedback

Standards	Comments Received	Policy Decisions from Review of Feedback
<p>s.6(1) All prescription processing must occur at the central pharmacy unless a full pharmacist is physically present on duty at the telepharmacy.</p>	<p>BCPhA and PharmaSave:</p> <ul style="list-style-type: none"> • this seems to contradict ss. 4(5) which permits a pharmacy technician to perform work within their scope without supervision, and especially in light of PPP-55 which allows technicians to process on site <p>Colin Munro (Owner Munro Group of Pharmacies)</p> <ul style="list-style-type: none"> •no objection to the pharmacist at the central site acknowledging viewing the PharmaNet profile and PharmaNet DUE during the filing of a prescription •we strongly object to the pharmacist at the central site having to perform the data entry for every prescription 	<p>No changes proposed.</p> <p>Rationale: To increase the accountability and to better ensure pharmacist supervision of drugs released to patients this more stringent standard is the minimum standard for telepharmacies given their unique model that does not require a pharmacist physically present on site.</p>
<p>s.6(2) Each telepharmacy and central pharmacy must maintain a secure connection to the central pharmacy for transmission of prescription and personal health information.</p>	<p>No comments received.</p>	<p>No changes as no comments received.</p>
<p>s.7 Unless a full pharmacist is physically present on duty at the telepharmacy, the supervising pharmacist must provide full pharmacist/patient consultation by real-time audio and visual link and otherwise in accordance with the requirements of Part 1 of Schedule F of the Health Professions Act Bylaws.</p>	<p>BCPhA and PharmaSave:</p> <ul style="list-style-type: none"> • Community Pharmacy standards of practice permit patient counselling to be done by phone and thus is unfair to the rural patient compared to the urban patient. 	<p>No changes proposed.</p> <p>Rationale: Consultation by Telephone: The new "Telepharmacy Standards of Practice" are to be read with the existing "Community Pharmacy Standards of Practice." Where there is any conflict the "Telepharmacy Standards of Practice" prevails. Therefore, similar to a community pharmacy, a full pharmacist must consult with the patient or patient's representative at the time of dispensing a new or refill prescription in person or, where not practical to do so, by telephone. In person consultation is a key standard in telepharmacy operations; however, consultation via telephone would be permitted in exceptional circumstances.</p>
<p>s.8(1) Subject to subsection (2), all original and stamped prescriptions, patient records, invoices and documentation in respect of prescriptions must be stored at the central pharmacy and otherwise in accordance with the requirements of s. 8 of the PODSA Bylaws.</p>	<p>No comments received.</p>	<p>No changes as no comments received.</p>

Telepharmacy Bylaws (Telepharmacy Standards of Practice) - Public Posting Feedback

Standards	Comments Received	Policy Decisions from Review of Feedback
<p>s.8(2) The telepharmacy must transfer all original prescriptions, patient records, invoices and documentation in respect of prescriptions to the central pharmacy on a quarterly basis.</p>	<p>BCPhA and PharmaSave:</p> <ul style="list-style-type: none"> •requiring original patient records to be moved quarterly doesn't make sense and puts the security of records at risk •paper records are at very high risk of loss or a privacy breach during a move: more frequent moves increase the risk •electronic copies of patient records are maintained at the central pharmacy where they may be accessed by the supervising pharmacist if necessary •if the College believes that mandatory transfer to the central site is appropriate, we suggest making this an annual requirement <p>Alan Williamson (Williamson Family Telepharmacies):</p> <ul style="list-style-type: none"> •all records being stored at the host site and moved quarterly does not make any sense and would be a considerable operational obstacle •moving files thousands of kilometers every quarter is not reasonable •all invoices are available online via our wholesaler •all patient records are stored onsite or offsite in a secured location •digital copies are stored securely and accessible by the pharmacist at all times <p>Dona Radomsky (Munro Group of Pharmacies)</p> <ul style="list-style-type: none"> •with the availability of scanning all necessary information to the prescription in the computer, thus allowing for viewing of original written prescriptions as well as hardcopies - is it necessary to move hardcopies from the remote site to the central site <p>Colin Munro (Owner Munro Group of Pharmacies):</p> <ul style="list-style-type: none"> •this requirement needs to be rethought to determine its desired intent in terms of where the records are best located •it needs to include provisions to allow documents to be scanned in order to more easily achieve the desired record-keeping requirements 	<p>Based on the feedback received, changes are proposed to this requirement to allow documents to be transferred to the central pharmacy annually.</p>

Pharmacy Operations and Drug Scheduling Act - BYLAWS

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Commented [CP1]: Blue font indicates amendments included in the public posting period.

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Definitions

1. In these bylaws:

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

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

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

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

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

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

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

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

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

“**health authority**” means

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

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

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

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

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

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

“**outsource prescription processing**” means to request another [community](#) pharmacy to prepare or process a prescription drug order;

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

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

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

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

“**pharmacy security**” means

- (a) measures to prevent unauthorized access and loss of Schedule I, IA, II and III drugs, and controlled drug substances¹;
- (b) measures providing for periodic and post-incident review of pharmacy security¹;
- (c) measures to protect against unauthorized access, collection, use, disclosure or disposal of personal health information¹;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PART I - All Pharmacies

Application of Part

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

Responsibilities of Pharmacy Managers, Owners and Directors

3. (1) A full pharmacist may not act as manager of more than one pharmacy location, unless the pharmacy of which the full pharmacist is manager includes
 - (a) a telepharmacy ~~remote site,~~
 - (b) a hospital pharmacy,
 - (c) a hospital pharmacy satellite, or
 - (d) a pharmacy education site.
- (2) A manager must do all of the following:
 - (a) actively participate in the day-to-day management of the pharmacy;

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

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

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

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

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

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

Sale and Disposal of Drugs

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

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

Drug Procurement/Inventory Management

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

Interchangeable Drugs

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

Returned Drugs

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

Records

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

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

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

Pharmacy Licences

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

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

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

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

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

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

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

PART II – Community Pharmacies

Community Pharmacy Manager – Quality Management

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

Community Pharmacy and Telepharmacy Premises

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

- (34) In all new and renovated community pharmacies or telepharmacies, an appropriate area must be provided for patient consultation that
- (a) ensures privacy and is conducive to confidential communication, and
 - (b) includes, but is not limited to, one of the following:
 - (i) a private consultation room or
 - (ii) a semiprivate area with suitable barriers.
- (45) All new and renovated community pharmacies and telepharmacies must have a separate and distinct area consisting of at least 40 square feet reserved as secure storage space.

Community Pharmacy and Telepharmacy Security

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

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

Operation [of a Community Pharmacy Without a Full Pharmacist](#)

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

Outsource Prescription Processing

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

PART III – Hospital Pharmacies

Hospital Pharmacy Manager – Quality Management

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

After Hours Service

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

PART IV – Telepharmacy

Telepharmacy ~~Licence~~ Services

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

(e) the central pharmacy applicant and the telepharmacy will have the same owner, and

(f) the central pharmacy is in compliance, and the telepharmacy will be in compliance, with the *Telepharmacy Standards of Practice*.

(2) A telepharmacy licence issued under subsection (1) is valid only for the location and owner stated on the telepharmacy licence and is not transferrable. Telepharmacy services may only be provided in or through pharmacies authorized under this Part to provide telepharmacy services.

~~(3) A telepharmacy remote site must be under the direct supervision of a full pharmacist at the central pharmacy site.~~

~~(4) A telepharmacy remote site must be under the responsibility of the manager of the central pharmacy site.~~

~~(5) The *Community Pharmacy Standards of Practice* apply to a telepharmacy remote site, unless it is located in, or providing pharmacy services for, a hospital in which case the *Hospital Pharmacy Standards of Practice* apply.~~

~~(6) Full pharmacists at a central pharmacy site must comply with section 12 of the *Community Pharmacy Standards of Practice* by using video and audio links.~~

~~(7) A sign must be posted at the dispensary counter of a telepharmacy remote site advising patients and staff when the site is operating in telepharmacy mode.~~

~~(8) A telepharmacy remote site must not remain open and prescriptions must not be dispensed if~~

~~(a) an interruption in data, video or audio link occurs,~~

~~(a) a pharmacy technician is not on duty at the telepharmacy remote site, or~~

~~(b) a full pharmacist is not on duty at the central pharmacy site.~~

~~(9) Prescriptions dispensed at a telepharmacy remote site must be distinguishable from a prescription dispensed at the central pharmacy site and include a unique label and a unique identifier for the prescription.~~

~~(10) The manager of a central pharmacy site must~~

~~(a) inspect and audit each affiliated telepharmacy remote site at least 3 times each year,~~

~~(b) make a written record of all inspections and audits, and~~

~~(c) provide a copy of a record described in paragraph (b) to the college on request.~~

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

Telepharmacy Operation

- 16.1 (1) ~~A telepharmacy must not remain open and prescriptions must not be dispensed without a full pharmacist physically present and on duty at the telepharmacy, unless~~
- ~~(a) a full pharmacist at the central pharmacy is engaged in direct supervision of the telepharmacy in accordance with the *Telepharmacy Standards of Practice*, and~~
 - ~~(b) subject to subsection (2), a pharmacy technician is physically present on duty at the telepharmacy.~~
- (2) ~~A telepharmacy located at an address listed in Schedule "G" is exempt from the requirements in subsection (1)(b).~~
- (3) ~~A telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the professional services area and the dispensary area, including any area where personal health information is stored.~~
- (4) ~~Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy.~~
- (4.1) ~~Prescriptions and labels relating to prescriptions dispensed at a pharmacy listed in Schedule "F" must distinguish between those dispensed when it is operating as a telepharmacy from when it is operating as a community pharmacy.~~
- (5) ~~The manager of a central pharmacy, or a full pharmacist designated by the manager, must~~
- ~~(a) inspect and audit its telepharmacy at least 4 times each year, at intervals of not less than 2 months,~~
 - ~~(b) record each inspection and audit in the prescribed form, and~~
 - ~~(c) provide the inspection and audit records to the registrar immediately upon request.~~
- (6) ~~A telepharmacy located at an address listed in Schedule "G" must perform a monthly count of narcotics at the telepharmacy and retain a record of each monthly count signed by the supervising pharmacist for three years at both the central pharmacy and the telepharmacy location, and provide the signed record to the registrar immediately upon request.~~
- (7) ~~A telepharmacy must not continue to provide pharmacy services for more than 30 days after~~
- ~~(a) its location ceases to be a rural and remote community.~~

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

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

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

(9) All transactions in telepharmacy must connect to PharmaNet must be distinguishable between independently of the central pharmacy and telepharmacy with which it is associated.

PART V – Pharmacy Education Sites

Pharmacy Education Site Manager

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

PART VI – PharmaNet

Application of Part

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

Definitions

19. In this Part:

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

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

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

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

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

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

Operation of PharmaNet

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

Data Collection, Transmission of and Access to PharmaNet Data

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

- (6) If a registrant is unable to comply with the deadlines in subsections (4) or (5), he or she must provide the information required to make the correction to the college as soon as possible thereafter.
- (7) At the request of the patient, a registrant must establish, delete or change the patient keyword.
- (8) Where a patient or patient's representative requests an alteration to be made to the PharmaNet information, the registrant must
 - (a) correct the information, or
 - (b) if the registrant refuses to alter the information, he or she must inform the person requesting the change of his or her right to request correction under the *Personal Information Protection Act*.

Confidentiality

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

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

Health Professions Act - BYLAWS

Schedule F

Part 6 – Telepharmacy Standards of Practice

Commented [CP1]: Red font indicates new amendments suggested after the public posting period ended.

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1. Application
2. Definitions
3. Direct Supervision
4. Receipt of Prescriptions and Transfer of Prescription Information
5. Prescription Processing and Product Preparation
6. Patient Counselling
7. Documentation

Application

1. This Part applies to the operation of telepharmacies licenced under s. 9(1)(d) of the bylaws made under the *Pharmacy Operations and Drug Scheduling Act* (“PODSA Bylaws”).
2. Part 1 of Schedule F (Community Pharmacy Standards of Practice) applies to central pharmacies and telepharmacies except that, in the case of any inconsistency between it and this Part, the provisions of this Part prevail.

Definitions

3. In this Part:

“**central pharmacy**” has the same meaning as in section 1 of the PODSA Bylaws;

“**community pharmacy**” has the same meaning as in section 1 of the PODSA Bylaws;

“**direct supervision**” has the same meaning as in section 1 of the PODSA Bylaws;

“**supervising pharmacist**” means:

- (a) the manager of a central pharmacy,
- (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or
- (c) a full pharmacist who is physically present on duty at the telepharmacy.

Direct Supervision

4. (1) A supervising pharmacist must exercise direct supervision of persons performing pharmacy services at a telepharmacy that is commensurate with the qualifications and expertise of those persons and is of sufficient frequency and duration to satisfy the requirements under s. 3(2) of the PODSA Bylaws.
- (2) A supervising pharmacist must be readily available at all times when a telepharmacy is open to:
 - (a) provide direction and support to persons performing pharmacy services at the telepharmacy; and
 - (b) provide pharmacist/patient consultation.
- (3) A supervising pharmacist must be able to engage in direct supervision of the provision of pharmacy services at a telepharmacy independent of any action of or request by persons performing those services.
- (4) Subject to subsection (5), telepharmacy staff may only perform the activities described in s. 4(1) of the Pharmacists Regulation while under direct, continuous real-time audio and visual observation and direction of a supervising pharmacist.
- (5) Direct supervision does not require the supervising pharmacist to conduct real-time observation of a pharmacy technician performing work within his or her scope of practice.

Receipt of Prescriptions and Transfer of Prescription Information

5. (1) A prescription that is provided to a central pharmacy, whether electronically, verbally or in physical form, may be designated for pick-up at a telepharmacy whose licence that central pharmacy holds.
- (2) An original physical prescription may be submitted to a telepharmacy and, upon receipt, must be ~~stamped~~ marked with the date of receipt and the name of the telepharmacy.

Prescription Processing and Product Preparation

6. (1) All prescription processing must occur at the central pharmacy unless a full pharmacist is physically present on duty at the telepharmacy.
- (2) Each telepharmacy and central pharmacy must maintain a secure connection to the central pharmacy for transmission of prescription and personal health information.

Patient Counselling

7. Unless a full pharmacist is physically present on duty at the telepharmacy, the supervising pharmacist must provide full pharmacist/patient consultation by real-time audio and visual link and otherwise in accordance with the requirements of Part 1 of Schedule F of the Health Professions Act Bylaws.

Documentation

8. (1) Subject to subsection (2), all ~~original and stamped~~ prescriptions, patient records, invoices and documentation in respect of prescriptions must be stored at the central pharmacy and otherwise in accordance with the requirements of s. 8 of the PODSA Bylaws.
- (2) The telepharmacy must transfer all original prescriptions, patient records, invoices and documentation in respect of prescriptions to the central pharmacy ~~on a quarterly basis~~ at least on an annual basis.

College of Pharmacists of B.C.

TELEPHARMACY RURAL AND REMOTE COMMUNITIES

PODSA Bylaw "Schedule H"

"A" Designated Community under the Rural Practice Subsidiary Agreement between the Government of BC, Doctors of BC, and the Medical Services Commission, as of April 1, 2016	100 Mile House	Fort Nelson	Lytton	Sayward
	Ahousat	Fort St. James	Mackenzie	Seton Portage
	Alert Bay	Fort St. John/Taylor	Masset	Sirdar
	Alexis Creek	Fort Ware	McBride	Skin Tyee
	Anahim Lake	Fraser Lake	Miocene	Smithers
	Ashcroft/Cache Creek	Gold Bridge/Bralorne	Morictown	Sointula
	Atlin	Gold River	Nadleh	Sparwood
	Bamfield	Golden	Nakusp	Spences Bridge
	Bella Bella/Waglisla	Granisle	Nee Tahi Buhn	Stellat'en
	Bella Coola	Greenwood/Midway/Rock Creek	Nemaiah Valley	Stewart
	Blueberry River	Halfway River	New Aiyansh	Tachet
	Blue River	Hartley Bay	New Denver	Tahsis
	Bridge Lake	Hazelton	Ocean Falls	Takla Landing
	Burns Lake	Holberg	Port Alice	Tatla Lake
	Canal Flats	Hornby Island	Port Clements	Tatlayoko Lake
	Canoe Creek/Dog Creek	Hot Springs Cove	Port Hardy	Telegraph Creek
	Cheslatta	Houston	Port McNeill	Terrace
	Chetwynd/Saulteau	Hudson's Hope	Port Renfrew	Tofino
	Christina Lake/Grand Forks	Invermere/Windermere	Port Simpson	Tsay Keh Dene
	Clearwater	Kaslo	Prince Rupert	Ts'il Kaz Koh (Burns Lake Band)
	Clinton	Kimberley	Princeton	Tumbler Ridge
	Cortes Island	Kincolith	Quatsino	Ucluelet
	Cranbrook	Kingcome	Queen Charlotte	Valemount
	Creston	Kitimat	Quesnel	Vanderhoof
	Dawson Creek	Kitkatla	Redstone Reserve	Wardner
	Dease Lake	Kitsault	Revelstoke	Wet'suwet'en (Broman Lake)
	Doig River	Kitwanga	Rivers Inlet	Winlaw
	Edgewood	Klemtu	Saik'uz	Woss
	Elkford	Kootenay Bay/Riondel	Salmo	Woyenne (Lake Babine)
	Fernie	Kyuquot	Samahquam	Yekooche
	Fort Babine	Lower Post	Savary Island	Zeballos

"B" Designated Community under the Rural Practice Subsidiary Agreement between the Government of BC, Doctors of BC, and the Medical Services Commission, as of April 1, 2016	Balfour	Galiano Island	Pender Island	Teppella
	Barriere	Lillooet	Powell River	Texada Island
	Big White	Mayne Island	Prince George	Trail/Rossland/Fruitvale
	Castlegar	Merritt	Saturna Island	Wasa
	Chase/Scotch Creek	Mount Currie	Skatin	Williams Lake
	Crescent Valley	Nelson	Slocan Park	

<p>"C" Designated Community under the Rural Practice Subsidiary Agreement between the Government of BC, Doctors of BC, and the Medical Services Commission, as of April 1, 2016</p>	Agassiz / Harrison	Enderby	Nitinat	Salmon Arm/Sicamous
	Blind Bay	Gabriola Island	Oliver	Saltspring Island
	Bowen Island	Hope	Osoyoos	Sechelt/Gibsons
	Campbell River	Keremeos	Parksville/Qualicum	Shawnigan Lake
	Chemainus	Ladysmith	Pemberton	Sorrento
	Cobble Hill	Lake Cowichan	Penelakut Island	Sun Peaks
	Courtenay/Comox/ Cumberland	Logan Lake	Port Alberni	Squamish
	Denman Island	Madeira Park	Quadra Island	Whistler
	Duncan / N. Cowichan	Mill Bay		
<p>"D" Designated Community under the Rural Practice Subsidiary Agreement between the Government of BC, Doctors of BC, and the Medical Services Commission, as of April 1, 2016</p>	Armstrong / Spallumcheen	Lumby		

College of Pharmacists of B.C.

COMMUNITY PHARMACY AND TELEPHARMACY DIAGRAM AND PHOTOS/VIDEOS

PODSA Bylaw "Schedule C"

ITEMS

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

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

Category	Item	Reference & Requirements	Diagram	Photo/Video
		(a) ensures privacy and is conducive to confidential communication, and (b) includes, but is not limited to, one of the following: (i) a private consultation room, or (ii) a semiprivate area with suitable barriers.		
	Dispensing counter and service counter	PODSA Bylaws s.11(2)(c) The dispensary area of a community pharmacy or a telepharmacy must include a dispensing counter with at least 30 square feet of clear working space, in addition to service counters. Telepharmacy: PODSA Bylaws s.11(3) A telepharmacy that was authorized by the registrar to provide pharmacy services as a telepharmacy remote site as of January 1, 2017 is exempt from the requirements in subsections (2)(a) and (c) until such time as it commences a renovation of all or part of the premises.	✓	✓
	Computer terminals for prescription processing	PODSA Bylaws s.20(b) A pharmacy must connect to PharmaNet and be equipped with a terminal that is capable of accessing and displaying patient records, located in an area of the pharmacy which (i) is only accessible to registrants and support persons, (ii) is under the direct supervision of a registrant, and (iii) does not allow information to be visible to the public, unless intended to display information to a specific patient.	✓	✓
	Shelving	PODSA Bylaws s.11(2)(d) The dispensary area of a community pharmacy or a telepharmacy must contain adequate shelf and storage space.	✓	✓
Security	Secure storage space	PODSA Bylaws s.11(5) All new and renovated community pharmacies and telepharmacies must have a separate and distinct area consisting of at least 40 square feet reserved as secure storage space.	✓	✓
	Locked Metal Safe OR Safe Declaration	PODSA Bylaws s.11.1(1)(a) A community pharmacy or telepharmacy must keep Schedule IA drugs in a locked metal safe that is secured in place and equipped with a time delay lock set at a minimum of five minutes. PPP-74 Policy Statement #4 The safe must be an actual metal safe, a "narcotics cabinet" is not sufficient. The safe must be securely anchored in place, preferably to the floor. PODSA Bylaws s.11.1(4) The pharmacy manager and owners or directors of a community pharmacy or a telepharmacy that does not stock IA drugs must complete a declaration attesting that Schedule IA drugs are never stocked on the premises.	✓	✓
	Security camera system AND Surveillance signage	PODSA Bylaws s.11.1(1)(b) A community pharmacy or telepharmacy must install and maintain a security camera system that: (i) has date/time stamp images that are archived and available for no less than 30 days, and (ii) is checked daily for proper operation. PPP-74 Policy Statement #4 Under the Personal Information Protection Act (PIPA) pharmacies are required to post visible and clear signage informing customers that the premise is monitored by cameras.		✓
	Motion sensors	PODSA Bylaws s.11.1(1)(c) A community pharmacy or telepharmacy must install and maintain motion sensors in the dispensary.		✓
	Monitored alarm OR N/A	PODSA Bylaws s.11.1(2)(a) When no full pharmacist is present and the premise is accessible to non-registrants, the dispensary area must be secured by a monitored alarm. PPP-74 Policy Statement #4 Independent alarms for the dispensary are optional, when a full pharmacist is present at all times and the premise is accessible by non-registrants. Telepharmacy (in addition to the above): PODSA Bylaws s.11.1(2.2) For the purposes of subsection (2), a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy. PODSA Bylaws s.16.1(3) A telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the professional services area and the dispensary area, including any area where personal health information is stored.		✓
	Physical barriers OR N/A	PODSA Bylaws s.11.1(2)(b) When no full pharmacist is present and the premise is accessible to non-registrants, subject to subsection (2.1), schedule I and II drugs, controlled drug substances and personal health information, are secured by physical barriers. PPP-74 Policy Statement #4 Physical barriers provide an additional layer of security and deter: 1. Unauthorized access to drugs, including but not limited to: • All Schedule I, and II and, controlled drug substances and personal health information. 2. Unauthorized access to personal health information, including but not limited to:	✓	✓

Category	Item	Reference & Requirements	Diagram	Photo/Video
		<ul style="list-style-type: none"> • Hard copies of prescriptions, • Filled prescriptions waiting to be picked up, and/or • Labels, patient profiles, and any other personal health information documents waiting for disposal. <p>Physical barriers can be tailored to the needs and structure of the particular community pharmacy. Examples of physical barriers include: locked gates, grillwork, locked cabinets, locked doors, and locked shelving units. When a full pharmacist is present at all times, physical barriers are optional.</p> <p>Telepharmacy (in addition to the above): PODSA Bylaws s.11.1(2.2) For the purposes of subsection (2), a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy. PODSA Bylaws s.16.1(3) A telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the professional services area and the dispensary area, including any area where personal health information is stored.</p>		
Equipment & Reference	Double stainless steel sink	<p>PODSA Bylaws s.11(2)(e) The dispensary area of a community pharmacy or a telepharmacy must contain a double stainless steel sink with hot and cold running water.</p> <p>PPP-59 Policy Statement #1 The dispensary of all community pharmacies at a minimum must have the following equipment as per PODSA Bylaw 3(2)(w): (n) double sink with running hot and cold water;</p>	✓	✓
	<p>Equipment (basic):</p> <ol style="list-style-type: none"> 1. Telephone 2. Refrigerator 3. Rx filing supplies 4. Rx balance 5. Metric weights 6. Glass graduates 7. Mortar 8. Pestle 9. Spatulas 10. Funnels 11. Stirring rods 12. Ointment slab/ parchment paper 13. Counting tray 14. Disposable drinking cups 15. Soap dispenser 16. Paper towel dispenser 17. Plastic/metal garbage containers 18. Plastic lining 19. Fax machine 	<p>PODSA Bylaws s.3(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.</p> <p>PPP-59 Policy Statement #1; The dispensary of all community pharmacies at a minimum must have the following equipment as per PODSA Bylaw 3(2)(w):</p> <ol style="list-style-type: none"> (a) telephone; (b) refrigerator; (c) prescription filing supplies; <p>PPP-12 Policy Statement #3 All prescription hard copies are to be bundled, pegged or otherwise grouped into manageable groups of prescriptions, and are to be enclosed within a jacket or cover.</p> <ol style="list-style-type: none"> (d) prescription balance having a sensitivity rating of 0.01; (e) metric weights (10 mg to 50 g) for balances requiring weights or instruments with equivalent capability; (f) metric scale glass graduates (a selection, including 10 ml size); (g) mortar and pestle; (h) Spatulas (metal and nonmetallic); (i) funnels (glass or plastic); (j) stirring rods (glass or plastic); (k) ointment slab or parchment paper; (l) counting tray; (m) disposable drinking cups; (o) soap dispenser and paper towel dispenser; (p) plastic or metal garbage containers to be used with plastic liners; (q) fax machine <p>HPA Bylaws Schedule F Part 1 s. 7(1)(b) The facsimile equipment is located within a secure area to protect the confidentiality of the prescription information</p>	✓ Fridge only	✓
	<p>Equipment (Cold Chain)</p> <ol style="list-style-type: none"> 1. Thermometer 2. Temperature log 	<p>PPP-68 Policy Statement: The Board of the College of Pharmacists of BC adopts the BCCDC guidelines on the Cold Chain Management of Biologicals. Refer to BCCDC's Communicable Disease Control Immunization Program: Section VI – Management of Biologicals. Communicable Disease Control Immunization Program Section VI – Management of Biologicals (2015) s.3.3.2 Use a constant temperature-recording device or digital minimum/maximum thermometer (with probe) to monitor both the current refrigerator temperature and the minimum/maximum temperatures reached. At the start and end of each work day, record the minimum and maximum temperatures reached since the last monitoring, on the Temperature Form. On the Temperature Log, record the date, time and three temperatures (the current refrigerator temperature, the minimum temperature reached since last check, and the maximum temperature reached since last check.) Also record the refrigerator dial setting.</p>		✓
	<p>Equipment (Methadone)</p> <ol style="list-style-type: none"> 1. Calibrated device 2. Auxiliary labels 3. Containers for daily dose 	<p>PPP-66 Policy Guide MMT (2013) Principle 3.3.1 Methadone doses must be accurately measured in a calibrated device that minimizes the error rate to no greater than 0.1 ml.</p> <p>PPP-66 Policy Guide MMT (2013) Principle 3.3.1 Guidelines All devices used to measure the methadone 10 mg/ml solutions should be distinctive and recognizable and must be used only to measure methadone solutions. Devices must be labeled with a "methadone only" label and a "poison" auxiliary label with the international symbol of the skull and cross bones.</p>		✓

Category	Item	Reference & Requirements	Diagram	Photo/Video
	4. Patient/Rx Log OR N/A	PPP-66 Policy Guide MMT (2013) Principle 4.1.6 With respect to take-home doses the first dose (whether it is stated on the prescription or not) must be a witnessed ingestion with all subsequent take-home doses dispensed in child-resistant containers with an explicit warning label indicating that the amount of drug in the container could cause serious harm or toxicity if taken by someone other than the patient. PPP-66 Policy Guide MMT (2013) Principle 4.1.6 Guidelines Each dose must be dispensed in an individual, appropriately sized, child-resistant container. PPP-66 Policy Guide MMT (2013) Principle 4.1.3 Prior to releasing a methadone prescription the patient and pharmacist must acknowledge receipt by signing a patient/ prescription-specific log.		
	References (CPBC) 1. BC Pharmacy Practice Manual 2. ReadLinks	PODSA Bylaws s.3(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time. PPP-3 Electronic Database References Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements. PPP-3 Policy Statement 1st Paragraph All community pharmacies are required to have the most current versions of the BC Pharmacy Practice Manual. The CPBC Read Links is an exception, as only the most recent three years must be retained.		✓
	References (General) 1. Compendium 2. Complementary/ Alternative 3. Dispensatory 4. Drug Interactions 5. Nonprescription Medication (2x) 6. Medical Dictionary 7. Pregnancy and Lactation 8. Pediatrics 9. Therapeutics	PODSA Bylaws s.3(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time. PPP-3 Electronic Database References Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements. PPP-3 Page 2 All community pharmacies at a minimum must have one of the following authorized library references in each of the categories listed as per PODSA Bylaw 3(2)(w). [which are: 1. Compendium (current year); 2. Complementary/Alternative (within the last 4 years); 3. Dispensatory (within last 9 years); 4. Drug Interactions (in its entirety every 2 years, or continual updates); 5. Nonprescription Medication (most current issue of BOTH references required); 6. Medical Dictionary (within the last 15 years); 7. Pregnancy and Lactation (within the last 3 years); 8. Pediatrics (within the last 4 years); 9. Therapeutics (within last 4 years)]		✓
	References (if applicable) <ul style="list-style-type: none"> • Veterinary • Psychiatric • Geriatric • Specialty compounding • Methadone <ul style="list-style-type: none"> ○ PPP-66 ○ CSPBC ○ CAMH ○ Monograph OR N/A	PODSA Bylaws s.3(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time. PPP-3 Electronic Database References Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements. PPP-3 Page 2 In addition to the above list, pharmacies must be equipped with references relevant to their practices (e.g. Veterinary, Psychiatric, Geriatric). PPP-66 Required References In addition to the currently required pharmacy reference materials (PPP-3), pharmacies providing methadone maintenance treatment services must also maintain as required references the following: (1) CPBC Methadone Maintenance Treatment Policy Guide (2013) and subsequent revisions, (2) most recent version of the CPSCB Methadone and Buprenorphine: Clinical Practice Guideline for Opioid Use Disorder, (3) most current edition of Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorders, and (4) product monographs for the commercially available 10mg/ml methadone oral preparations.		✓
Prescriptions	Prescription hardcopy (i.e. the label/paper attached to the original prescription, which contains prescription information generated after transmitting to PharmaNet)	HPA Bylaws Schedule F Part 1 s.6(4)(a) to (f) At the time of dispensing, a prescription must include the following additional information: (a) the address of the patient; (b) the identification number from the practitioner's regulatory college; (c) the prescription number; (d) the date on which the prescription was dispensed; (e) the manufacturer's drug identification number or the brand name of the product dispensed; (f) the quantity dispensed.		✓

Category	Item	Reference & Requirements	Diagram	Photo/Video
		<p>Telepharmacy (in addition to the above): PODSA Bylaws s.16.1(4) Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy.</p> <p>PODSA Bylaws s.16.1(4.1) Prescriptions and labels relating to prescriptions dispensed at a pharmacy listed in Schedule "F" must distinguish between those dispensed when it is operating as a telepharmacy from when it is operating as a community pharmacy.</p>		
Confidentiality	Shredder OR Contract with a Document Destruction Company	<p>HPA Bylaws s.75 A registrant must ensure that records referred to in section 74 are disposed of only by (a) transferring the record to another registrant, or (b) effectively destroying a physical record by utilizing a shredder or by complete burning, or by (c) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the information cannot be reconstructed.</p> <p>HPA Bylaws s.78 A registrant must ensure that, if personal information about patients is transferred to any person or service organization for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that confidentiality and physical security will be maintained.</p>		✓
	Offsite Storage Contract OR N/A	<p>HPA Bylaws s.74(b) A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored off site.</p>		✓
Inventory Management	Drug Receiving Area	<p>PODSA Bylaws s.5(3) All drug shipments must be delivered unopened to the pharmacy or a secure storage area.</p>	✓	✓
	Drugs	<p>PODSA Bylaws s.11(2)(f) The dispensary area of a community pharmacy or a telepharmacy must contain an adequate stock of drugs to provide full dispensing services.</p>		✓
	Storage area for non-usable and expired drugs	<p>PODSA Bylaws s.5(4) Non-usable and expired drugs must be stored in a separate area of the pharmacy or a secure storage area until final disposal.</p>		✓
Dispensed Products	Prescription product label 1. Single entity product 2. Multiple-entity product	<p>HPA Bylaws Schedule F Part 1 s.9(2) The label for all prescription drugs must include (a) the name, address and telephone number of the pharmacy, (b) the prescription number and dispensing date, (c) the full name of the patient, (d) the name of the practitioner, (e) the quantity and strength of the drug, (f) the practitioner's directions for use, and (g) any other information required by good pharmacy practice.</p> <p>HPA Bylaws Schedule F Part 1 s.9(3) For a single-entity product, the label must include (a) the generic name, and (b) at least one of (i) the brand name, (ii) the manufacturer's name, or (iii) the drug identification number (DIN).</p> <p>HPA Bylaws Schedule F Part 1 s.9(4) For a multiple-entity product, the label must include (a) the brand name, or (b) all active ingredients and at least one of (i) the manufacturer's name or (ii) the drug identification number (DIN).</p>		✓
	Filling supplies (e.g. vials and bottles including caps)	<p>Telepharmacy (in addition to the above): PODSA Bylaws s.16.1(4) Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy.</p> <p>PODSA Bylaws s.16.1(4.1) Prescriptions and labels relating to prescriptions dispensed at a pharmacy listed in Schedule "F" must distinguish between those dispensed when it is operating as a telepharmacy from when it is operating as a community pharmacy.</p> <p>HPA Bylaws Schedule F Part 1 s.10(4) All drugs must be dispensed in a container that is certified as child-resistant unless....</p>		✓

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

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

ITEMS

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

Category	Item	Reference and Requirements
Prescriptions	Prescription stamp	HPA Bylaws Schedule F Part 6 s.5(2) An original physical prescription may be submitted to a telepharmacy and, upon receipt, must be marked with the date of receipt and the name of the telepharmacy.
Central Pharmacy	Tool/technology enabling direct supervision on dispensary activities	PODSA Bylaws s.16.1(1)(a) A telepharmacy must not remain open and prescriptions must not be dispensed without a full pharmacist physically present and on duty at a telepharmacy, unless a full pharmacist at the central pharmacy is engaged in direct supervision of the telepharmacy in accordance with the <i>Telepharmacy Standards of Practice</i> . PODSA Bylaws Definitions "direct supervision" means real time audio and visual observation by a full pharmacist of pharmacy services performed at a telepharmacy consistent with a pharmacy manager's responsibilities as set out in subsection 3(2). HPA Bylaws Schedule F Part 6 s.3 "supervising pharmacist" means (a) the manager of a central pharmacy, (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or (c) a full pharmacist who is physically present on duty at the telepharmacy. HPA Bylaws Schedule F Part 6 s.4(3) A supervising pharmacist must be able to engage in direct supervision of the provision of pharmacy services at a telepharmacy independent of any action of or request by persons performing those services.
	Tool/technology used for transmitting prescription and personal health information between sites	HPA Bylaws Schedule F Part 6 s.6(2) Each telepharmacy and central pharmacy must maintain a secure connection to the central pharmacy for transmission of prescription and personal health information.
	Tool/technology used for processing prescriptions at the central pharmacy for prescriptions received at the telepharmacy	HPA Bylaws Schedule F Part 6 s.6(1) All prescription processing must occur at the central pharmacy unless a full pharmacist is physically present on duty at the telepharmacy. HPA Bylaws Schedule F Part 6 s.6(2) Each telepharmacy and central pharmacy must maintain a secure connection to the central pharmacy for transmission of prescription and personal health information.
	Tool/technology enabling direct supervision on product final check	PODSA Bylaws s.16.1(1)(a) A telepharmacy must not remain open and prescriptions must not be dispensed without a full pharmacist physically present and on duty at the telepharmacy, unless a full pharmacist at the central pharmacy is engaged in direct supervision of the telepharmacy in accordance with the <i>Telepharmacy Standards of Practice</i> . HPA Bylaws Schedule F Part 6 s.3 "supervising pharmacist" means (a) the manager of a central pharmacy, (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or (c) a full pharmacist who is physically present on duty at the telepharmacy. HPA Bylaws Schedule F Part 6 s.4(2)(a) A supervising pharmacist must be readily available at all times when a telepharmacy is open to provide direction and support to persons performing pharmacy services at the telepharmacy. HPA Bylaws Schedule F Part 6 s.4(4) Subject to subsection (5), telepharmacy staff may only perform the activities described in s. 4(1) of the Pharmacists Regulation while under direct, continuous real-time audio and visual observation and direction of a supervising pharmacist. HPA Bylaws Schedule F Part 6 s.4(5) Direct supervision does not require the supervising pharmacist to conduct real-time observation of a pharmacy technician performing work within his or her scope of practice.
	Tool/technology enabling direct pharmacist/patient consultation	HPA Bylaws Schedule F Part 6 s.3 "supervising pharmacist" means (a) the manager of a central pharmacy, (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or (c) a full pharmacist who is physically present on duty at the telepharmacy. HPA Bylaws Schedule F Part 6 s.4(2)(b) A supervising pharmacist must be readily available at all times when a telepharmacy is open to provide pharmacist/patient consultation. HPA Bylaws Schedule F Part 6 s.7 Unless a full pharmacist is physically present on duty at the telepharmacy, the supervising pharmacist must provide full pharmacist/patient consultation by real-time audio and visual link and otherwise in accordance with the requirements of Part 1 of Schedule F of the <i>Health Professions Act Bylaws</i> .

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

College of Pharmacists of B.C.
TELEPHARMACY AND COMMUNITY LICENCED SITES
PODSA Bylaw "Schedule F"

Telepharmacy Address
317 Main Street Sicamous British Columbia V0E 2V0
4480 Barriere Town Road Barriere British Columbia V0E 1E0
108 Chartrand Avenue Logan Lake British Columbia V0K 1W0
612 - 6th Avenue Midway British Columbia V0H 1M0

College of Pharmacists of B.C.
TELEPHARMACY STAFF EXEMPTED SITES
PODSA Bylaw "Schedule G"

Telepharmacy Address
7171 Highway #37 Dease Lake British Columbia V0C 1L0
10309 Kylo Street Hudson's Hope British Columbia V0C 1V0
2520 Harrison Ave. Masset British Columbia V0T 1M0
C/o Nisga'a Valley Health Authority 4920 Tait Avenue New Aiyansh British Columbia V0J 1A0
375 Nimpkish Dr Village Square Shopping Ctre Gold River British Columbia V0P 1G0
1136 5th Ave McBride British Columbia V0J 2E0
1214 5th Ave Valemount British Columbia V0E 2Z0
317 Main St. Sicamous British Columbia V0E 2V0
4480 Barriere Town Rd Barriere British Columbia V0E 1E0
108 Chartrand Ave. Logan Lake British Columbia V0K 1W0
612 - 6th Avenue Midway British Columbia V0H 1M0
309 6 Ave New Denver British Columbia V0G 1S0

Timeline of Key Events Regarding Telepharmacies

Timeline	Key Events
2003 JUN	Telepharmacy initiated with hospital pharmacies acting as central site for other hospital pharmacies and one community health center.
2007 JAN	Telepharmacy pilot project in the community began. 1 st telepharmacy opened: Sorrento (central) – Sicamous (remote)
2007 JUL	2 nd telepharmacy opened: Sorrento (central) – Barriere (remote)
2009 MAY	3 rd telepharmacy opened: Quadra Island (central) – Gold River (remote)
2009 APR	6 telepharmacies opened: <ul style="list-style-type: none"> • Sorrento (central) – McBride (remote) • Sorrento (central) – Valemount (remote) • Sorrento (central) – Logan Lake (remote) • Richmond (central) – Masset (remote) • Richmond (central) – Hudson’s Hope (remote) • Richmond (central) – Dease Lake (remote)
2010 JUN	PODSA Bylaws revised to require a pharmacy technician at the remote site.
2010 SEP	10 th telepharmacy opened: Burnaby (central) – Midway (remote)
2011 JAN	Pharmacy technician became a reserved title.
2012 MAR	11 th telepharmacy opened: Vancouver (central) – Nisga’a Valley (remote)
2014 JUN	A CPBC Board member raised an issue about the quality of pharmaceutical care being provided at telepharmacy sites during the Board meeting.
2014 SEP	CPBC conducted a review of some telepharmacy services.
2015 JUN	CPBC reminded telepharmacy operators that all remote sites must have a registered pharmacy technician by January 1, 2016.
2015 SEP	The issue of unregulated staff at telepharmacy remote sites was brought forth to the Board as an information item. No recommendations or changes made to legislative requirements.
2015 OCT	12 th telepharmacy opened: Kaslo (central) – New Denver (remote)
2015 NOV	Telepharmacy operators indicated they could not meet the December 31, 2015 deadline to have a registered pharmacy technician at the telepharmacy remote site. CPBC initiated contact with Health Canada to seek clarification on requirements related to possession, storage, and dispensing of controlled drug substances.
2015 DEC	End of Pharmacy Technician transition period. CPBC extended the period for the pharmacy technician staffing requirement at a remote site to December 31, 2016.
2016 FEB	CPBC hired external consultants to conduct environmental scan and make recommendations for telepharmacy operations.

Timeline	Key Events
2016 JUL 9 to 18	CPBC Inspectors conducted Telepharmacy Reviews (1 st inspections) at all 12 remote sites and 6 central sites. All Telepharmacy Reviews were scheduled with advance notice given to each operator of these sites.
2016 AUG to SEP	CPBC gathered and analyzed findings from all inspection reports.
2016 OCT 5	<p>CPBC held a teleconference with all telepharmacy operators about the next steps after the 1st inspection.</p> <p>CPBC emailed the 1st inspection report(s) to the pharmacy manager of each central site.</p>
2016 OCT 6 to NOV 4	<p>All remote sites were given 30 days to work on areas of non-compliance identified during the first inspection and to provide more information on requirements that could not be verified on-site at the time of inspection. Deadline to respond back to CPBC with supporting evidence was November 4, 2016.</p> <p>CPBC conducted teleconferences/in-person meetings with individual operators to go over questions about the findings from the recent inspection.</p>
2016 NOV 5 to 10	CPBC Inspectors conducted follow-up visits at 7 remote sites and all central sites (6x). All follow-up visits were unannounced.
2016 DEC	CPBC gathered and analyzed findings from all follow-up inspection reports, as well as reviewing responses from the pharmacy manager of those sites where no in-person follow-up visit was conducted.
2016 DEC 16, 19, 20	CPBC held a teleconference with individual telepharmacy operators about the next steps.
2016 DEC 23	CPBC emailed follow-up inspection report(s)/reviewed report(s) to the pharmacy manager of each central site.
2016 DEC 24 to 2017 JAN 27	<p>All remote sites were given 35 days to work on areas of non-compliance identified during the follow-up inspection and to provide more information on requirements that could not be verified on-site at the time of inspection/upon review of the report submitted by the pharmacy manager. Deadline to respond back to CPBC with supporting evidence was January 27, 2017.</p> <p>CPBC conducted teleconferences/in-person meetings with individual operator to go over questions about the findings from the second inspection.</p>
2017 JAN 12, 23, 27	Meetings (in person and teleconferences) with Ministry of Health staff regarding potential telepharmacy bylaw amendments.
2017 MAR 15	In person meeting with Ministry of Health staff regarding potential telepharmacy bylaw amendments.
2017 MAR 20	Teleconference with Ministry of Health and Health Canada staff regarding a potential s.56 exemption for telepharmacies.

Timeline	Key Events
2017 MAR 22	Teleconference with telepharmacy operators and Ministry of Health staff regarding proposed telepharmacy bylaw amendments.
2017 APR 7	The College sends official notice to Health Canada to seek a s.56 exemption.
2017 APR 21	The Board approves publicly posting the proposed telepharmacy bylaw amendments on the College's website for a period of 90 days.
2017 JUNE 28	Teleconference with Ministry of Health and Health Canada staff regarding a potential s.56 exemption for telepharmacies.
2017 JULY 23	The public posting period for the proposed telepharmacy bylaw amendments ends.
2017 AUG 3	In person meeting with Ministry of Health staff to review feedback obtained on the proposed telepharmacy bylaw amendments during the public posting period.
2017 AUG 11	Two teleconferences held to discuss feedback obtained on the proposed telepharmacy bylaw amendments. One meeting was held with the BC Pharmacy Association, and the other was held with current telepharmacy operators and Ministry of Health staff.
2017 AUG 14	Teleconference held with Ministry of Health staff on the outcome of the 2017 August 11 teleconference with the telepharmacy operators.
2017 SEPT 15	Board to consider approving to file the proposed telepharmacy bylaw amendments at their September meeting.

POLICY STATEMENT(S):

1. There must be a policy and procedure manual which outlines specific telepharmacy operations are in place to ensure the safe and effective distribution of pharmaceutical products and delivery of the required pharmaceutical care including, but not limited to:
 - The process by which the pharmacy technician at the remote site receives and processes the prescription.
 - The process for the pharmacist to discuss drug related problems with the prescriber.
 - The management of prescription transfers, both into the remote site and out to another pharmacy.
 - The management of over-the-counter drugs.
 - The procedure for extemporaneous compounding of prescriptions.
 - The procedure for supplying compliance packaging.
 - The contingency plan in the event of an interruption in data, video, or audio link to the central pharmacy.
 - The contingency plans to ensure continuous pharmacy service is available in the event that either or both the pharmacy technician/pharmacist are unavailable for work on short notice.
 - The maintenance of patient privacy and confidentiality during all communication with the patient.

2. A copy of the policy and procedure manual must be submitted with the application to establish a telepharmacy operation.

BACKGROUND:

Telepharmacy is the provision of pharmacy services to ensure that British Columbians only in rural and remote communities have access to the pharmacy care they need, when they need it and, as much as possible, without having to leave their communities. Telepharmacy means a central pharmacy with one or more remote sites in which all sites are connected via computer, video and audio link.

The above policy statements supplement PODSA Bylaw 16.

SCHEDULE OF AMENDMENTS

The bylaws of the College of Pharmacists of British Columbia made under the authority of the Pharmacy Operations and Drug Scheduling Act are amended to enhance the regulatory safeguards for telepharmacies as follows:

1. The definition of “central pharmacy site” is repealed and replaced with the following:

“**central pharmacy**” means a community pharmacy that holds one or more telepharmacy licences;

2. The definition of “community pharmacy” is repealed and replaced with the following:

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

3. The following new definition has been added after the definition of “controlled prescription program”:

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

4. The definition of “dispensary” is repealed and replaced with the following:

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

5. The definition of “incentive” is repealed and replaced with the following:

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

6. The definition of “outsource prescription processing” is repealed and replaced with the following:

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

7. The definition of “pharmacy security” is repealed and replaced with the following:

“**pharmacy security**” means

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

8. The following new definition has been added after the definition of “**Residential Care Facilities and Home Standards of Practice**”:

“rural and remote community” means a community set out in Schedule “H”;

9. The definition of “**support person**” is repealed and replaced with the following:

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

10. The definition of “**telepharmacy**” is repealed and replaced with the following:

“telepharmacy” means a pharmacy located in a rural and remote community that is licenced to provide pharmacy services;

11. The following new definition has been added after the definition of “**telepharmacy**”:

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

12. The definition of “**telepharmacy services**” is repealed.

13. The definition of “**telepharmacy remote site**” is repealed.

14. Section 3.(1)(a) is amended by striking out the words “remote site”.

15. Section 3.(2) is amended by adding the following subsection:

3.(2)(p.1) if the pharmacy is a central pharmacy, ensure the correct and consistent use of each telepharmacy operating name as it appears on the telepharmacy licence for all pharmacy identification on or in labels, directory listings, signage, packaging, advertising and stationery associated with that telepharmacy;

16. Section 3.(2)(t) is amended by striking out the comma after the word “relocation”

17. Section 3.(2)(aa)(b) is repealed and replaced with the following:

- 3.(2)(aa) (b) obtain any other pharmacy service from a particular registrant or pharmacy, and
18. Section 3.(2)(bb) is amended by striking out the comma after the word bylaws and substituting a period.
19. Section 3.(3) is repealed and replaced with the following:
- 3.(3) Subsection (2)(p) does not apply to a hospital pharmacy, hospital pharmacy satellite, telepharmacy or a pharmacy education site.
20. Section 3.(4) is repealed and replaced with the following:
- 3.(4) Owners and directors must comply with subsection (2)(d), (e), (j), (p), (p.1), (q), (t), (v), (w), (x) and (aa).
21. Section 9.(1) is repealed and replaced with the following:
- 9.(1) The registrar may issue a licence for any of the following:
- (a) a community pharmacy,
 - (b) a hospital pharmacy,
 - (c) a pharmacy education site, or
 - (d) a telepharmacy.
22. Section 9(2) is repealed and replaced with the following:
- 9.(2) An applicant for a pharmacy licence other than a telepharmacy licence must submit the following to the registrar:
- (a) a completed application in Form 1,
 - (b) a diagram to scale of ½ inch equals 1 foot scale including the measurements, preparation, dispensing, consulting, storage, professional service area, professional products area, entrances and packaging areas of the pharmacy,
 - (c) the applicable fee set out in Schedule “A”, and
 - (d) for a community pharmacy, proof in a form satisfactory to the registrar that the jurisdiction in which the pharmacy is located has issued a business licence for the pharmacy to the pharmacy’s owner or manager.

23. The following new subsection has been added after section 9.(2):

- 9.(2.1) An owner of a community pharmacy may apply for a new telepharmacy licence by submitting to the registrar:
- (a) a completed application in Form 2,
 - (b) the applicable fee specified in Schedule "A",
 - (c) a diagram professionally drawn to a scale of ¼ inch equals 1 foot, including the measurements and entrances of the telepharmacy, and confirming that the telepharmacy meets the requirements listed in Schedules "C" and "E",
 - (d) photographs or video in Form 11 of the requirements listed in Schedules "C" and "E", and
 - (e) if applicable, a copy of the telepharmacy's business licence issued by the jurisdiction in which the telepharmacy is located.

24. Section 9.(3) is repealed and replaced with the following:

- 9.(3) The registrar may renew a pharmacy licence other than a telepharmacy licence upon receipt of the following:
- (a) a completed notice in Form 4, 5 or 6, as applicable, signed by the manager, and
 - (b) the applicable fee set out in Schedule "A".

25. The following new subsection has been added after section 9.(3):

- 9.(3.1) The registrar may renew a telepharmacy licence upon receipt of the following:
- (a) an application in Form 12,
 - (b) the fee set out in Schedule "A", and
 - (c) if applicable, a copy of the telepharmacy's business licence issued by the jurisdiction in which the telepharmacy is located.

26. Section 10 is repealed and replaced with the following:

- 10.(1) A community pharmacy's manager must develop, document and implement an ongoing quality management program that

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

27. Section 11 is repealed and replaced with the following:

Community Pharmacy and Telepharmacy Premises

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

subsections (2)(a) and (c) until such time as it commences a renovation of all or part of the premises.

- (4) In all new and renovated community pharmacies or telepharmacies, an appropriate area must be provided for patient consultation that
 - (a) ensures privacy and is conducive to confidential communication, and
 - (b) includes, but is not limited to, one of the following:
 - (i) a private consultation room, or
 - (ii) a semiprivate area with suitable barriers.
- (5) All new and renovated community pharmacies and telepharmacies must have a separate and distinct area consisting of at least 40 square feet reserved as secure storage space.

28. Section 11.1 is repealed and replaced with the following:

Community Pharmacy and Telepharmacy Security

11.1(1) A community pharmacy or telepharmacy must:

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

- (2.2) For the purposes of subsection (2), a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy.
- (3) Subject to subsection (5), a community pharmacy and a telepharmacy must clearly display at all external entrances that identify the premises as a pharmacy, and at the dispensary counter signage provided by the College.
- (4) The pharmacy manager and owners or directors of a community pharmacy or a telepharmacy that does not stock IA drugs must complete a declaration attesting that Schedule IA drugs are never stocked on the premises.
- (5) A pharmacy that is never open to the public and has no external signage identifying it as a pharmacy is exempt from the requirements in subsection (3).

29. The heading of section 12 is repealed and replaced with the following:

Operation of a Community Pharmacy Without a Full Pharmacist

30. Section 12.(2) is amended by striking out the words “that does not have a telepharmacy remote site licence” following the opening words “A community pharmacy”.

31. Section 16 is repealed and replaced with the following:

Telepharmacy Licence

- 16.(1) The registrar must not issue a telepharmacy licence to a central pharmacy unless
- (a) the proposed telepharmacy will be the only telepharmacy or community pharmacy located in the rural and remote community,
 - (b) the proposed telepharmacy is located at least 25 kilometers away from any other telepharmacy or community pharmacy,
 - (c) the proposed operating name of the telepharmacy includes the word “telepharmacy”,
 - (d) except for a pharmacy located at an address in Schedule “F”, the proposed telepharmacy does not have a license as a community pharmacy,
 - (e) the central pharmacy applicant and the telepharmacy will have the same owner, and

- (f) the central pharmacy is in compliance, and the telepharmacy will be in compliance, with the *Telepharmacy Standards of Practice*.
- (2) A telepharmacy licence issued under subsection (1) is valid only for the location stated on the telepharmacy licence.

32. The following new section is added after section 16:

Telepharmacy Operation

- 16.1(1) A telepharmacy must not remain open and prescriptions must not be dispensed without a full pharmacist physically present and on duty at the telepharmacy, unless
- (a) a full pharmacist at the central pharmacy is engaged in direct supervision of the telepharmacy in accordance with the *Telepharmacy Standards of Practice*, and
 - (b) subject to subsection (2), a pharmacy technician is physically present on duty at the telepharmacy.
- (2) A telepharmacy located at an address listed in Schedule “G” is exempt from the requirements in subsection (1)(b).
 - (3) A telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the professional services area and the dispensary area, including any area where personal health information is stored.
 - (4) Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy.
 - (4.1) Prescriptions and labels relating to prescriptions dispensed at a pharmacy listed in Schedule “F” must distinguish between those dispensed when it is operating as a telepharmacy from when it is operating as a community pharmacy.
 - (5) The manager of a central pharmacy, or a full pharmacist designated by the manager, must
 - (a) inspect and audit its telepharmacy at least 4 times each year, at intervals of not less than 2 months,
 - (b) record each inspection and audit in the prescribed form, and
 - (c) provide the inspection and audit records to the registrar immediately upon request.
 - (6) A telepharmacy located at an address listed in Schedule “G” must perform a monthly count of narcotics at the telepharmacy and retain a record of each monthly count signed

by the supervising pharmacist for three years at both the central pharmacy and the telepharmacy location, and provide the signed record to the registrar immediately upon request.

- (7) A telepharmacy must not continue to provide pharmacy services for more than 30 days after
 - (a) its location ceases to be a rural and remote community,
 - (b) a community pharmacy is established within the community, or
 - (c) a community pharmacy is established within 25 kilometers of the location of the telepharmacy.
- (8) A telepharmacy must have a policy and procedure manual on site that outlines the methods for ensuring the safe and effective distribution of pharmacy products and delivery of pharmaceutical care by the telepharmacy.
- (9) All transactions in PharmaNet must be distinguishable between the central pharmacy and telepharmacy.

33. Section 20.(b)(iii) is amended by adding the word “and” after the semi-colon.

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended by adding a new Schedule: Schedule F – Standards of Practice, Part 6 – Telepharmacy Standards of Practice.

Health Professions Act - BYLAWS

Schedule F

Part 6 – Telepharmacy Standards of Practice

Table of Contents

1. Application
2. Definitions
3. Direct Supervision
4. Receipt of Prescriptions and Transfer of Prescription Information
5. Prescription Processing and Product Preparation
6. Patient Counselling
7. Documentation

Application

1. This Part applies to the operation of telepharmacies licenced under s. 9(1)(d) of the bylaws made under the *Pharmacy Operations and Drug Scheduling Act* (“PODSA Bylaws”).
2. Part 1 of Schedule F (Community Pharmacy Standards of Practice) applies to central pharmacies and telepharmacies except that, in the case of any inconsistency between it and this Part, the provisions of this Part prevail.

Definitions

3. In this Part:

“**central pharmacy**” has the same meaning as in section 1 of the PODSA Bylaws;

“**community pharmacy**” has the same meaning as in section 1 of the PODSA Bylaws;

“**direct supervision**” has the same meaning as in section 1 of the PODSA Bylaws;

“**supervising pharmacist**” means:

- (a) the manager of a central pharmacy,
- (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or

(c) a full pharmacist who is physically present on duty at the telepharmacy.

Direct Supervision

4. (1) A supervising pharmacist must exercise direct supervision of persons performing pharmacy services at a telepharmacy that is commensurate with the qualifications and expertise of those persons and is of sufficient frequency and duration to satisfy the requirements under s. 3(2) of the PODSA Bylaws.
- (2) A supervising pharmacist must be readily available at all times when a telepharmacy is open to:
 - (a) provide direction and support to persons performing pharmacy services at the telepharmacy; and
 - (b) provide pharmacist/patient consultation.
- (3) A supervising pharmacist must be able to engage in direct supervision of the provision of pharmacy services at a telepharmacy independent of any action of or request by persons performing those services.
- (4) Subject to subsection (5), telepharmacy staff may only perform the activities described in s. 4(1) of the Pharmacists Regulation while under direct, continuous real-time audio and visual observation and direction of a supervising pharmacist.
- (5) Direct supervision does not require the supervising pharmacist to conduct real-time observation of a pharmacy technician performing work within his or her scope of practice.

Receipt of Prescriptions and Transfer of Prescription Information

5. (1) A prescription that is provided to a central pharmacy, whether electronically, verbally or in physical form, may be designated for pick-up at a telepharmacy whose licence that central pharmacy holds.
- (2) An original physical prescription may be submitted to a telepharmacy and, upon receipt, must be marked with the date of receipt and the name of the telepharmacy.

Prescription Processing and Product Preparation

6. (1) All prescription processing must occur at the central pharmacy unless a full pharmacist is physically present on duty at the telepharmacy.
- (2) Each telepharmacy and central pharmacy must maintain a secure connection to the central pharmacy for transmission of prescription and personal health information.

Patient Counselling

7. Unless a full pharmacist is physically present on duty at the telepharmacy, the supervising pharmacist must provide full pharmacist/patient consultation by real-time audio and visual link and otherwise in accordance with the requirements of Part 1 of Schedule F of the Health Professions Act Bylaws.

Documentation

8. (1) Subject to subsection (2), all prescriptions, patient records, invoices and documentation in respect of prescriptions must be stored at the central pharmacy and otherwise in accordance with the requirements of s. 8 of the PODSA Bylaws.

- (2) The telepharmacy must transfer all original prescriptions, patient records, invoices and documentation in respect of prescriptions to the central pharmacy at least on an annual basis.

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Pharmacy Operations and Drug Scheduling Act* are amended by adding a new schedule: Schedule C.

College of Pharmacists of B.C.

COMMUNITY PHARMACY AND TELEPHARMACY DIAGRAM AND PHOTOS/VIDEOS

PODSA Bylaw "Schedule C"

ITEMS

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

Category	Item	Reference & Requirements	Diagram	Photo/Video	
External to Dispensary	External View of the Pharmacy (Street view including the External Signage)	<p>Community Pharmacy: PODSA Bylaws s.3(2)(p)</p> <p>The manager must ensure the correct and consistent use of the community pharmacy operating name as it appears on the community pharmacy licence for all pharmacy identification on or in labels, directory listings, signage, packaging, advertising and stationery.</p>	<p>Telepharmacy: PODSA Bylaws s.3(2)(p.1)</p> <p>The manager must, if the pharmacy is a central pharmacy, ensure the correct and consistent use of each telepharmacy operating name as it appears on the telepharmacy licence for all pharmacy identification on or in labels, directory listings, signage, packaging, advertising and stationery associated with that telepharmacy.</p> <p>Telepharmacy: PODSA Bylaws s.16(1)(c)</p> <p>The registrar must not issue a telepharmacy licence to a central pharmacy unless the proposed operating name of the telepharmacy includes the word "telepharmacy".</p>	(Entrance to the pharmacy)	✓
	Hours of operation sign	<p>PODSA Bylaws s.12(2)(f)</p> <p>The hours when a full pharmacist is on duty are posted.</p>		✓	
	Professional products area for schedule 3 drugs (+ Lock and Leave barriers if the premises is opened for business while the pharmacy is closed) OR N/A	<p>PODSA Drug Schedule Regulations s.2(3)</p> <p>Schedule III drugs may be sold by a pharmacist to any person from the self-selection Professional Products Area of a licensed pharmacy.</p> <p>PODSA Bylaws s.11(1)(a)</p> <p>In locations where a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy manager or the central pharmacy manager in the case of a telepharmacy must ensure that the professional products area extends not more than 25 feet from the perimeter of the dispensary and is visually distinctive from the remaining areas of the premises by signage.</p> <p>PODSA Bylaws s.3(2)(j)</p> <p>The manager must ensure appropriate security and storage of all Schedule I, II, and III drugs and controlled drug substances for all aspects of pharmacy practice including operation of the pharmacy without a registrant present.</p>	✓	✓	
	Signage at 25 feet from dispensary OR N/A	<p>PODSA Bylaws s.11(1)(a)</p> <p>In locations where a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy manager or the central pharmacy manager in the case of a telepharmacy must ensure that the professional products area extends not more than 25 feet from the perimeter of the dispensary and is visually distinctive from the remaining areas of the premises by signage.</p>	✓	✓	
	"Medication Information" Sign OR N/A	<p>PODSA Bylaws s.11(1)(b)</p> <p>In locations where a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy manager or the central pharmacy manager in the case of a telepharmacy must ensure that a sign reading "Medication Information" is clearly displayed to identify a consultation area or counter at which a member of the public can obtain a full pharmacist's advice.</p>	✓	✓	
Dispensary	Dispensary area	<p>PODSA Bylaws s.11(2)(a)</p> <p>The dispensary area of a community pharmacy or a telepharmacy must be at least 160 square feet.</p> <p>Telepharmacy: PODSA Bylaws s.11(3)</p> <p>A telepharmacy that was authorized by the registrar to provide pharmacy services as a telepharmacy remote site as of January 1, 2017 is exempt from the requirements in subsections (2)(a) and (c) until such time as it commences a renovation of all or part of the premises.</p>		✓	

Category	Item	Reference & Requirements	Diagram	Photo/Video
	Gate/door at the entrance into the dispensary	PODSA Bylaws s.11(2)(b) The dispensary area of a community pharmacy or a telepharmacy must be inaccessible to the public by means of gates or doors across all entrances.	✓	✓
	Placeholder for College license	PODSA s.2(4) The manager must display the licence issued under subsection (1) in a place within the pharmacy where it is conspicuous to the public.		✓
	Professional Service Area for Schedule 2 drugs	PODSA Drug Schedule Regulations s.2(3) Schedule II drugs may be sold by a pharmacist on a non-prescription basis and which must be retained within the Professional Service Area of the pharmacy where there is no public access and no opportunity for patient self-selection.	(Shelving)	✓
	Patient consultation area	PODSA Bylaws s.11(4) In all new and renovated community pharmacies or telepharmacies, an appropriate area must be provided for patient consultation that (a) ensures privacy and is conducive to confidential communication, and (b) includes, but is not limited to, one of the following: (i) a private consultation room, or (ii) a semiprivate area with suitable barriers.	✓	✓
	Dispensing counter and service counter	PODSA Bylaws s.11(2)(c) The dispensary area of a community pharmacy or a telepharmacy must include a dispensing counter with at least 30 square feet of clear working space, in addition to service counters. Telepharmacy: PODSA Bylaws s.11(3) A telepharmacy that was authorized by the registrar to provide pharmacy services as a telepharmacy remote site as of January 1, 2017 is exempt from the requirements in subsections (2)(a) and (c) until such time as it commences a renovation of all or part of the premises.	✓	✓
	Computer terminals for prescription processing	PODSA Bylaws s.20(b) A pharmacy must connect to PharmaNet and be equipped with a terminal that is capable of accessing and displaying patient records, located in an area of the pharmacy which (i) is only accessible to registrants and support persons, (ii) is under the direct supervision of a registrant, and (iii) does not allow information to be visible to the public, unless intended to display information to a specific patient.	✓	✓
	Shelving	PODSA Bylaws s.11(2)(d) The dispensary area of a community pharmacy or a telepharmacy must contain adequate shelf and storage space.	✓	✓
Security	Secure storage space	PODSA Bylaws s.11(5) All new and renovated community pharmacies and telepharmacies must have a separate and distinct area consisting of at least 40 square feet reserved as secure storage space.	✓	✓
	Locked Metal Safe OR Safe Declaration	PODSA Bylaws s.11.1(1)(a) A community pharmacy or telepharmacy must keep Schedule IA drugs in a locked metal safe that is secured in place and equipped with a time delay lock set at a minimum of five minutes. PPP-74 Policy Statement #4 The safe must be an actual metal safe, a "narcotics cabinet" is not sufficient. The safe must be securely anchored in place, preferably to the floor. PODSA Bylaws s.11.1(4) The pharmacy manager and owners or directors of a community pharmacy or a telepharmacy that does not stock IA drugs must complete a declaration attesting that Schedule IA drugs are never stocked on the premises.	✓	✓
	Security camera system AND Surveillance signage	PODSA Bylaws s.11.1(1)(b) A community pharmacy or telepharmacy must install and maintain a security camera system that: (i) has date/time stamp images that are archived and available for no less than 30 days, and (ii) is checked daily for proper operation. PPP-74 Policy Statement #4 Under the Personal Information Protection Act (PIPA) pharmacies are required to post visible and clear signage informing customers that the premise is monitored by cameras.		✓
	Motion sensors	PODSA Bylaws s.11.1(1)(c) A community pharmacy or telepharmacy must install and maintain motion sensors in the dispensary.		✓
	Monitored alarm OR N/A	PODSA Bylaws s.11.1(2)(a) When no full pharmacist is present and the premise is accessible to non-registrants, the dispensary area must be secured by a monitored alarm.		✓

Category	Item	Reference & Requirements	Diagram	Photo/Video
		<p>PPP-74 Policy Statement #4 Independent alarms for the dispensary are optional, when a full pharmacist is present at all times and the premise is accessible by non-registrants.</p> <p>Telepharmacy (in addition to the above): PODSA Bylaws s.11.1(2.2) For the purposes of subsection (2), a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy. PODSA Bylaws s.16.1(3) A telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the professional services area and the dispensary area, including any area where personal health information is stored.</p>		
	Physical barriers OR N/A	<p>PODSA Bylaws s.11.1(2)(b) When no full pharmacist is present and the premise is accessible to non-registrants, subject to subsection (2.1), schedule I and II drugs, controlled drug substances and personal health information, are secured by physical barriers.</p> <p>PPP-74 Policy Statement #4 Physical barriers provide an additional layer of security and deter:</p> <ol style="list-style-type: none"> Unauthorized access to drugs, including but not limited to: <ul style="list-style-type: none"> All Schedule I, and II and, controlled drug substances and personal health information. Unauthorized access to personal health information, including but not limited to: <ul style="list-style-type: none"> Hard copies of prescriptions, Filled prescriptions waiting to be picked up, and/or Labels, patient profiles, and any other personal health information documents waiting for disposal. <p>Physical barriers can be tailored to the needs and structure of the particular community pharmacy. Examples of physical barriers include: locked gates, grillwork, locked cabinets, locked doors, and locked shelving units. When a full pharmacist is present at all times, physical barriers are optional.</p> <p>Telepharmacy (in addition to the above): PODSA Bylaws s.11.1(2.2) For the purposes of subsection (2), a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy. PODSA Bylaws s.16.1(3) A telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the professional services area and the dispensary area, including any area where personal health information is stored.</p>	✓	✓
Equipment & Reference	Double stainless steel sink	<p>PODSA Bylaws s.11(2)(e) The dispensary area of a community pharmacy or a telepharmacy must contain a double stainless steel sink with hot and cold running water.</p> <p>PPP-59 Policy Statement #1 The dispensary of all community pharmacies at a minimum must have the following equipment as per PODSA Bylaw 3(2)(w): (n) double sink with running hot and cold water;</p>	✓	✓
	Equipment (basic): <ol style="list-style-type: none"> Telephone Refrigerator Rx filing supplies Rx balance Metric weights Glass graduates Mortar Pestle Spatulas Funnels Stirring rods Ointment slab/ parchment paper Counting tray Disposable drinking cups Soap dispenser 	<p>PODSA Bylaws s.3(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.</p> <p>PPP-59 Policy Statement #1; The dispensary of all community pharmacies at a minimum must have the following equipment as per PODSA Bylaw 3(2)(w):</p> <ol style="list-style-type: none"> telephone; refrigerator; prescription filing supplies; <p>PPP-12 Policy Statement #3 All prescription hard copies are to be bundled, pegged or otherwise grouped into manageable groups of prescriptions, and are to be enclosed within a jacket or cover.</p> <ol style="list-style-type: none"> prescription balance having a sensitivity rating of 0.01; metric weights (10 mg to 50 g) for balances requiring weights or instruments with equivalent capability; metric scale glass graduates (a selection, including 10 ml size); mortar and pestle; Spatulas (metal and nonmetallic); funnels (glass or plastic); stirring rods (glass or plastic); ointment slab or parchment paper; 	✓ Fridge only	✓

Category	Item	Reference & Requirements	Diagram	Photo/Video
	16. Paper towel dispenser 17. Plastic/metal garbage containers 18. Plastic lining 19. Fax machine	(l) counting tray; (m) disposable drinking cups; (o) soap dispenser and paper towel dispenser; (p) plastic or metal garbage containers to be used with plastic liners; (q) fax machine HPA Bylaws Schedule F Part 1 s. 7(1)(b) The facsimile equipment is located within a secure area to protect the confidentiality of the prescription information		
	Equipment (Cold Chain) 1. Thermometer 2. Temperature log	PPP-68 Policy Statement: The Board of the College of Pharmacists of BC adopts the BCCDC guidelines on the Cold Chain Management of Biologicals. Refer to BCCDC's Communicable Disease Control Immunization Program: Section VI – Management of Biologicals. Communicable Disease Control Immunization Program Section VI – Management of Biologicals (2015) s.3.3.2 Use a constant temperature-recording device or digital minimum/maximum thermometer (with probe) to monitor both the current refrigerator temperature and the minimum/maximum temperatures reached. At the start and end of each work day, record the minimum and maximum temperatures reached since the last monitoring, on the Temperature Form. On the Temperature Log, record the date, time and three temperatures (the current refrigerator temperature, the minimum temperature reached since last check, and the maximum temperature reached since last check.) Also record the refrigerator dial setting.		✓
	Equipment (Methadone) 1. Calibrated device 2. Auxiliary labels 3. Containers for daily dose 4. Patient/Rx Log OR N/A	PPP-66 Policy Guide MMT (2013) Principle 3.3.1 Methadone doses must be accurately measured in a calibrated device that minimizes the error rate to no greater than 0.1 ml. PPP-66 Policy Guide MMT (2013) Principle 3.3.1 Guidelines All devices used to measure the methadone 10 mg/ml solutions should be distinctive and recognizable and must be used only to measure methadone solutions. Devices must be labeled with a "methadone only" label and a "poison" auxiliary label with the international symbol of the skull and cross bones. PPP-66 Policy Guide MMT (2013) Principle 4.1.6 With respect to take-home doses the first dose (whether it is stated on the prescription or not) must be a witnessed ingestion with all subsequent take-home doses dispensed in child-resistant containers with an explicit warning label indicating that the amount of drug in the container could cause serious harm or toxicity if taken by someone other than the patient. PPP-66 Policy Guide MMT (2013) Principle 4.1.6 Guidelines Each dose must be dispensed in an individual, appropriately sized, child-resistant container. PPP-66 Policy Guide MMT (2013) Principle 4.1.3 Prior to releasing a methadone prescription the patient and pharmacist must acknowledge receipt by signing a patient/ prescription-specific log.		✓
	References (CPBC) 1. BC Pharmacy Practice Manual 2. ReadLinks	PODSA Bylaws s.3(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time. PPP-3 Electronic Database References Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements. PPP-3 Policy Statement 1st Paragraph All community pharmacies are required to have the most current versions of the BC Pharmacy Practice Manual. The CPBC Read Links is an exception, as only the most recent three years must be retained.		✓
	References (General) 1. Compendium 2. Complementary/ Alternative 3. Dispensatory 4. Drug Interactions 5. Nonprescription Medication (2x) 6. Medical Dictionary 7. Pregnancy and Lactation 8. Pediatrics	PODSA Bylaws s.3(2)(w) The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time. PPP-3 Electronic Database References Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements. PPP-3 Page 2 All community pharmacies at a minimum must have one of the following authorized library references in each of the categories listed as per PODSA Bylaw 3(2)(w). [which are: 1. Compendium (current year); 2. Complementary/Alternative (within the last 4 years); 3. Dispensatory (within last 9 years); 4. Drug Interactions (in its entirety every 2 years, or continual updates);		✓

Category	Item	Reference & Requirements	Diagram	Photo/Video
	9. Therapeutics	5. Nonprescription Medication (most current issue of BOTH references required); 6. Medical Dictionary (within the last 15 years); 7. Pregnancy and Lactation (within the last 3 years); 8. Pediatrics (within the last 4 years); 9. Therapeutics (within last 4 years)]		
	References (if applicable) <ul style="list-style-type: none"> • Veterinary • Psychiatric • Geriatric • Specialty compounding • Methadone <ul style="list-style-type: none"> ○ PPP-66 ○ CSPBC ○ CAMH ○ Monograph <p>OR N/A</p>	<p>PODSA Bylaws s.3(2)(w)</p> <p>The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.</p> <p>PPP-3 Electronic Database References</p> <p>Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements.</p> <p>PPP-3 Page 2</p> <p>In addition to the above list, pharmacies must be equipped with references relevant to their practices (e.g. Veterinary, Psychiatric, Geriatric).</p> <p>PPP-66 Required References</p> <p>In addition to the currently required pharmacy reference materials (PPP-3), pharmacies providing methadone maintenance treatment services must also maintain as required references the following:</p> <ol style="list-style-type: none"> (1) CPBC Methadone Maintenance Treatment Policy Guide (2013) and subsequent revisions, (2) most recent version of the CPSBC Methadone and Buprenorphine: Clinical Practice Guideline for Opioid Use Disorder, (3) most current edition of Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorders, and (4) product monographs for the commercially available 10mg/ml methadone oral preparations. 		✓
Prescriptions	Prescription hardcopy (i.e. the label/paper attached to the original prescription, which contains prescription information generated after transmitting to PharmaNet)	<p>HPA Bylaws Schedule F Part 1 s.6(4)(a) to (f)</p> <p>At the time of dispensing, a prescription must include the following additional information:</p> <ol style="list-style-type: none"> (a) the address of the patient; (b) the identification number from the practitioner's regulatory college; (c) the prescription number; (d) the date on which the prescription was dispensed; (e) the manufacturer's drug identification number or the brand name of the product dispensed; (f) the quantity dispensed. 		✓
		<p>Telepharmacy (in addition to the above):</p> <p>PODSA Bylaws s.16.1(4)</p> <p>Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy.</p> <p>PODSA Bylaws s.16.1(4.1)</p> <p>Prescriptions and labels relating to prescriptions dispensed at a pharmacy listed in Schedule "F" must distinguish between those dispensed when it is operating as a telepharmacy from when it is operating as a community pharmacy.</p>		
Confidentiality	Shredder OR Contract with a Document Destruction Company	<p>HPA Bylaws s.75</p> <p>A registrant must ensure that records referred to in section 74 are disposed of only by (a) transferring the record to another registrant, or (b) effectively destroying a physical record by utilizing a shredder or by complete burning, or by (c) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the information cannot be reconstructed.</p> <p>HPA Bylaws s.78</p> <p>A registrant must ensure that, if personal information about patients is transferred to any person or service organization for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that confidentiality and physical security will be maintained.</p>		✓
	Offsite Storage Contract OR N/A	<p>HPA Bylaws s.74(b)</p> <p>A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored off site.</p>		✓
Inventory Management	Drug Receiving Area	<p>PODSA Bylaws s.5(3)</p> <p>All drug shipments must be delivered unopened to the pharmacy or a secure storage area.</p>	✓	✓
	Drugs	<p>PODSA Bylaws s.11(2)(f)</p> <p>The dispensary area of a community pharmacy or a telepharmacy must contain an adequate stock of drugs to provide full dispensing services.</p>		✓

Category	Item	Reference & Requirements	Diagram	Photo/Video
	Storage area for non-usable and expired drugs	PODSA Bylaws s.5(4) Non-usable and expired drugs must be stored in a separate area of the pharmacy or a secure storage area until final disposal.		✓
Dispensed Products	Prescription product label 1. Single entity product 2. Multiple-entity product	HPA Bylaws Schedule F Part 1 s.9(2) The label for all prescription drugs must include (a) the name, address and telephone number of the pharmacy, (b) the prescription number and dispensing date, (c) the full name of the patient, (d) the name of the practitioner, (e) the quantity and strength of the drug, (f) the practitioner's directions for use, and (g) any other information required by good pharmacy practice. HPA Bylaws Schedule F Part 1 s.9(3) For a single-entity product, the label must include (a) the generic name, and (b) at least one of (i) the brand name, (ii) the manufacturer's name, or (iii) the drug identification number (DIN). HPA Bylaws Schedule F Part 1 s.9(4) For a multiple-entity product, the label must include (a) the brand name, or (b) all active ingredients and at least one of (i) the manufacturer's name or (ii) the drug identification number (DIN).		✓
	Filling supplies (e.g. vials and bottles including caps)	HPA Bylaws Schedule F Part 1 s.10(4) All drugs must be dispensed in a container that is certified as child-resistant unless....		✓
	Name Badge	PODSA Bylaws s.3(2)(m) A manager must ensure that each individual working in the pharmacy wears a badge that clearly identifies the individual's registrant class or other status.		✓
Pharmacy Manager's Responsibilities	Police & Procedure Manual	PODSA Bylaws s.3(2)(g) A manager must establish policies and procedures to specify the duties to be performed by registrants and support persons. PODSA Bylaws s.3(2)(h) A manager must establish procedures for (i) inventory management, (ii) product selection, and (iii) proper destruction of unusable drugs and devices. PODSA Bylaws s.3(2)(k) A manager must ensure there is a written drug recall procedure in place for pharmacy inventory. PODSA Bylaws s.3(2)(q) A manager must establish and maintain policies and procedures respecting pharmacy security. PPP-74 Policy Statement #1 Pharmacy security policies and procedures should be included in the pharmacy's policy and procedure document. The policies and procedures should contain information on the following: <ul style="list-style-type: none"> • Training, • Pharmacy security equipment, • Emergency responses, • Incident review, and • Pharmacy security evaluation PPP-74 Policy Statement #5 An emergency response kit should include a step-by-step guide on what to do in the event of a robbery or break and enter and be available to all pharmacy staff. PODSA Bylaws s.10(1)(c)		✓ (or document file)

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

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Pharmacy Operations and Drug Scheduling Act* are amended by adding a new schedule: Schedule E.

College of Pharmacists of B.C.

TELEPHARMACY ADDITIONAL PHOTOS/VIDEOS

PODSA Bylaw "Schedule E"

ITEMS

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

Category	Item	Reference and Requirements
Prescriptions	Marked prescription (sample)	<i>HPA Bylaws Schedule F Part 6 s.5(2)</i> An original physical prescription may be submitted to a telepharmacy and, upon receipt, must be marked with the date of receipt and the name of the telepharmacy.
Central Pharmacy	Tool/technology enabling direct supervision on dispensary activities	<i>PODSA Bylaws s.16.1(1)(a)</i> A telepharmacy must not remain open and prescriptions must not be dispensed without a full pharmacist physically present and on duty at a telepharmacy, unless a full pharmacist at the central pharmacy is engaged in direct supervision of the telepharmacy in accordance with the <i>Telepharmacy Standards of Practice</i> . <i>PODSA Bylaws Definitions</i> “direct supervision” means real time audio and visual observation by a full pharmacist of pharmacy services performed at a telepharmacy consistent with a pharmacy manager’s responsibilities as set out in subsection 3(2). <i>HPA Bylaws Schedule F Part 6 s.3</i> “supervising pharmacist” means (a) the manager of a central pharmacy, (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or (c) a full pharmacist who is physically present on duty at the telepharmacy. <i>HPA Bylaws Schedule F Part 6 s.4(3)</i> A supervising pharmacist must be able to engage in direct supervision of the provision of pharmacy services at a telepharmacy independent of any action of or request by persons performing those services.
	Tool/technology used for transmitting prescription and personal health information between sites	<i>HPA Bylaws Schedule F Part 6 s.6(2)</i> Each telepharmacy and central pharmacy must maintain a secure connection to the central pharmacy for transmission of prescription and personal health information.
	Tool/technology used for processing prescriptions at the central pharmacy for prescriptions received at the telepharmacy	<i>HPA Bylaws Schedule F Part 6 s.6(1)</i> All prescription processing must occur at the central pharmacy unless a full pharmacist is physically present on duty at the telepharmacy. <i>HPA Bylaws Schedule F Part 6 s.6(2)</i> Each telepharmacy and central pharmacy must maintain a secure connection to the central pharmacy for transmission of prescription and personal health information.
	Tool/technology enabling direct supervision on product final check	<i>PODSA Bylaws s.16.1(1)(a)</i> A telepharmacy must not remain open and prescriptions must not be dispensed without a full pharmacist physically present and on duty at the telepharmacy, unless a full pharmacist at the central pharmacy is engaged in direct supervision of the telepharmacy in accordance with the <i>Telepharmacy Standards of Practice</i> . <i>HPA Bylaws Schedule F Part 6 s.3</i> “supervising pharmacist” means (a) the manager of a central pharmacy, (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or (c) a full pharmacist who is physically present on duty at the telepharmacy. <i>HPA Bylaws Schedule F Part 6 s.4(2)(a)</i> A supervising pharmacist must be readily available at all times when a telepharmacy is open to provide direction and support to persons performing pharmacy services at the telepharmacy. <i>HPA Bylaws Schedule F Part 6 s.4(4)</i> Subject to subsection (5), telepharmacy staff may only perform the activities described in s. 4(1) of the Pharmacists Regulation while under direct, continuous real-time audio and visual observation and direction of a supervising pharmacist. <i>HPA Bylaws Schedule F Part 6 s.4(5)</i> Direct supervision does not require the supervising pharmacist to conduct real-time observation of a pharmacy technician performing work within his or her scope of practice.
	Tool/technology enabling direct pharmacist/patient consultation	<i>HPA Bylaws Schedule F Part 6 s.3</i> “supervising pharmacist” means (a) the manager of a central pharmacy, (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or (c) a full pharmacist who is physically present on duty at the telepharmacy. <i>HPA Bylaws Schedule F Part 6 s.4(2)(b)</i>

Category	Item	Reference and Requirements
		<p>A supervising pharmacist must be readily available at all times when a telepharmacy is open to provide pharmacist/patient consultation.</p> <p>HPA Bylaws Schedule F Part 6 s.7</p> <p>Unless a full pharmacist is physically present on duty at the telepharmacy, the supervising pharmacist must provide full pharmacist/patient consultation by real-time audio and visual link and otherwise in accordance with the requirements of Part 1 of Schedule F of the <i>Health Professions Act Bylaws</i>.</p>
	<p>Policy and procedure manual (document file acceptable)</p>	<p>PODSA Bylaws s.10(2)</p> <p>If a community pharmacy is a central pharmacy, the quality management program in subsection (1) must include all telepharmacies associated with the central pharmacy and must comply with the <i>Telepharmacy Standards of Practice</i>.</p>

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Pharmacy Operations and Drug Scheduling Act* are amended by adding a new schedule: Schedule F.

College of Pharmacists of B.C.

TELEPHARMACY AND COMMUNITY LICENCED SITES

PODSA Bylaw "Schedule F"

Telepharmacy Address
317 Main Street Sicamous British Columbia V0E 2V0
4480 Barriere Town Road Barriere British Columbia V0E 1E0
108 Chartrand Avenue Logan Lake British Columbia V0K 1W0
612 - 6th Avenue Midway British Columbia V0H 1M0

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Pharmacy Operations and Drug Scheduling Act* are amended by adding a new schedule: Schedule G.

College of Pharmacists of B.C.

TELEPHARMACY STAFF EXEMPTED SITES

PODSA Bylaw "Schedule G"

Telepharmacy Address
7171 Highway #37 Dease Lake British Columbia V0C 1L0
10309 Kylo Street Hudson's Hope British Columbia V0C 1V0
2520 Harrison Ave. Masset British Columbia V0T 1M0
C/o Nisga'a Valley Health Authority 4920 Tait Avenue New Aiyansh British Columbia V0J 1A0
375 Nimpkish Dr Village Square Shopping Ctre Gold River British Columbia V0P 1G0
1136 5th Ave McBride British Columbia V0J 2E0
1214 5th Ave Valemount British Columbia V0E 2Z0

317 Main St.

Sicamous British Columbia

V0E 2V0

4480 Barriere Town Rd

Barriere British Columbia

V0E 1E0

108 Chartrand Ave.

Logan Lake British Columbia

V0K 1W0

612 - 6th Avenue

Midway British Columbia

V0H 1M0

309 6 Ave

New Denver British Columbia

V0G 1S0

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Pharmacy Operations and Drug Scheduling Act* are amended by adding a new schedule: Schedule H.

College of Pharmacists of B.C.

TELEPHARMACY RURAL AND REMOTE COMMUNITIES

PODSA Bylaw "Schedule H"

"A" Designated Community under the Rural Practice Subsidiary Agreement between the Government of BC, Doctors of BC, and the Medical Services Commission, as of April 1, 2016	100 Mile House	Fort Nelson	Lytton	Sayward
	Ahousat	Fort St. James	Mackenzie	Seton Portage
	Alert Bay	Fort St. John/Taylor	Masset	Sirdar
	Alexis Creek	Fort Ware	McBride	Skin Tyee
	Anahim Lake	Fraser Lake	Miocene	Smithers
	Ashcroft/Cache Creek	Gold Bridge/Bralorne	Moricetown	Sointula
	Atlin	Gold River	Nadleh	Sparwood
	Bamfield	Golden	Nakusp	Spences Bridge
	Bella Bella/Waglisla	Granisle	Nee Tahi Buhn	Stellat'en
	Bella Coola	Greenwood/Midway/Rock Creek	Nemaiah Valley	Stewart
	Blueberry River	Halfway River	New Aiyansh	Tachet
	Blue River	Hartley Bay	New Denver	Tahsis
	Bridge Lake	Hazelton	Ocean Falls	Takla Landing
	Burns Lake	Holberg	Port Alice	Tatla Lake
	Canal Flats	Hornby Island	Port Clements	Tatlayoko Lake
	Canoe Creek/Dog Creek	Hot Springs Cove	Port Hardy	Telegraph Creek
	Cheslatta	Houston	Port McNeill	Terrace
	Chetwynd/Saulteau	Hudson's Hope	Port Renfrew	Tofino
	Christina Lake/Grand Forks	Invermere/Windermere	Port Simpson	Tsay Keh Dene
	Clearwater	Kaslo	Prince Rupert	Ts'il Kaz Koh (Burns Lake Band)
	Clinton	Kimberley	Princeton	Tumbler Ridge
	Cortes Island	Kincolith	Quatsino	Ucluelet
	Cranbrook	Kingcome	Queen Charlotte	Valemount
	Creston	Kitimat	Quesnel	Vanderhoof
	Dawson Creek	Kitkatla	Redstone Reserve	Wardner
	Dease Lake	Kitsault	Revelstoke	Wet'suwet'en (Broman Lake)
	Doig River	Kitwanga	Rivers Inlet	Winlaw
	Edgewood	Klemtu	Saik'uz	Woss
	Elkford	Kootenay Bay/Riondel	Salmo	Woyenne (Lake Babine)
	Fernie	Kyuquot	Samahquam	Yekooche
	Fort Babine	Lower Post	Savary Island	Zeballos
	Balfour	Galiano Island	Pender Island	Teppella
	Barriere	Lillooet	Powell River	Texada Island

<p>“B” Designated Community under the Rural Practice Subsidiary Agreement between the Government of BC, Doctors of BC, and the Medical Services Commission, as of April 1, 2016</p>	Big White	Mayne Island	Prince George	Trail/Rosland/Fruitvale
	Castlegar	Merritt	Saturna Island	Wasa
	Chase/Scotch Creek	Mount Currie	Skatin	Williams Lake
	Crescent Valley	Nelson	Slocan Park	
<p>“C” Designated Community under the Rural Practice Subsidiary Agreement between the Government of BC, Doctors of BC, and the Medical Services Commission, as of April 1, 2016</p>	Agassiz / Harrison	Enderby	Nitinat	Salmon Arm/Sicamous
	Blind Bay	Gabriola Island	Oliver	Saltspring Island
	Bowen Island	Hope	Osoyoos	Sechelt/Gibsons
	Campbell River	Keremeos	Parksville/Qualicum	Shawnigan Lake
	Chemainus	Ladysmith	Pemberton	Sorrento
	Cobble Hill	Lake Cowichan	Penelakut Island	Sun Peaks
	Courtenay/Comox/ Cumberland	Logan Lake	Port Alberni	Squamish
	Denman Island	Madeira Park	Quadra Island	Whistler
Duncan / N. Cowichan	Mill Bay			
<p>“D” Designated Community under the Rural Practice Subsidiary Agreement between the Government of BC, Doctors of BC, and the Medical Services Commission, as of April 1, 2016</p>	Armstrong/ Spallumcheen	Lumby		



College of Pharmacists
of British Columbia

9. Legislation Review Committee

Jeremy Walden

Chair, Legislation Review Committee



College of Pharmacists
of British Columbia

9 a) Committee Update



Committee Update

August 15, 2017 Meeting:

- Reviewed and recommended two items for Board approval:
 - PODSA Fees and Forms (Filing)
 - Telepharmacy Bylaws (Filing)
- Received status updates on three projects:
 - Records Management – Electronic Record Keeping
 - Medication Management
 - Opioid Agonist Therapy Policy



Committee Update, continued

Key Upcoming Committee Work:

- Review of PODSA Modernization (Phase I) Ownership draft bylaws and public posting feedback (public posting ends on September 20, 2017).
- Potential recommendation for Board approval at the November 2017 meeting.



College of Pharmacists
of British Columbia

9 b) PODSA – Fees and Forms (Filing)



PODSA Fee and Form Changes, continued

Board Approval

- At the February 2017 Board meeting, the Board approved fee increases as part of the College's 2017/2018 budget.
- To actualize these fee changes, amendments to the *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws Schedule A – Fee Schedule are required.
 - At the April 2017 Board meeting, the Board approved these amendments and related forms for a legislated 90 day public posting period.
 - The amendments were then posted on the College's website.



PODSA Fee and Form Changes, continued

Public Posting Period

- During the public posting period, two comments were received.
- The first comment supported the fee changes and the College's need to maintain its finances to operate.
- The second comment suggested that the forms include a statement stating that credit card information will be destroyed securely.
 - The posted forms do not detail how credit card information is destroyed.
 - The posted forms did include a new privacy statement noting that the College's collection of personal information under its enabling legislation, is in accordance with the *Freedom of Information and Protection of Privacy Act*.



PODSA Fee and Form Changes, continued

Recommendation

- In future amendments to forms, a statement explaining that credit card information is not kept on file and is destroyed securely be added.
- No further changes to the fees or forms are recommended at this time.

Next Steps

- Once approved by the Board, the bylaws will be sent to the Ministry of Health for filing.
- The amendments will be in effect after a legislated 60 day filing period.



College of Pharmacists
of British Columbia

9 b) PODSA Fee and Form Changes – Public Posting

MOTION:

Approve the following resolution to file the amended bylaws that actualize fee changes from the College's 2017/2018 budget and related fee changes for telepharmacy:

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



College of Pharmacists
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9 c) Telepharmacy Bylaws (Filing)



Background

- Telepharmacy is the delivery of traditional pharmacy services, including the dispensing of medications and providing patient counselling, via telecommunications, to patients in locations where they may not have local access to a pharmacist.
- Community telepharmacies have been in BC for approximately 10 years.
 - Currently, there are 12 telepharmacy remote sites and six central sites (one remote site is currently seeking to align with a new central site).



Background, continued

2007

January 2007

Community telepharmacy pilot project begins with one site.

2010-2011

June 2010

PODSA Bylaws revised to require a pharmacy technician at the remote site.

January 2011

Pharmacy Technician becomes a reserved title.

2014

June 2014

Board member raises concerns about quality of care in telepharmacy sites.

September 2014

CPBC review of some telepharmacy sites.



Background, continued

2015

June 2015

CPBC reminded telepharmacy operators about the pharmacy technician staffing requirement.

2016

February 2016

CPBC hired external consultants to make recommendations for telepharmacy operations

July – December, 2016

CPBC conducts in-person reviews of telepharmacies and holds meetings with operators.

2017

January 2017

CPBC continues to hold meetings with operators to discuss inspection findings.

April 2017

Board approves publicly posting the bylaws.



Proposed Telepharmacy Amendments

- Amendments to the PODSA-Bylaws and a new Telepharmacy Standard of Practice have been developed.
- These amendments apply to community telepharmacies only. Hospital telepharmacies will be captured under the existing definition of a hospital satellite.
- In April 2017, the Board approved publicly posting the telepharmacy bylaw amendments for a period of 90 days. That period ended on July 23, 2017.



Public Posting

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



Public Posting, continued

Highlights from the public posting comments include, concerns about:

Feedback	Staff Review / Recommendation
A pharmacy assistant staffing model should be permitted.	No changes recommended. Pharmacy assistants are not regulated by the College. Existing sites will be permitted to use the pharmacy assistant model with additional requirements.
Inadequate broadband connectivity in rural and remote communities, poses challenges to supervision via technology requirements.	No changes recommended. The requirement for a telepharmacy to use computer linkages is an existing requirement. Sufficient supervision of the telepharmacy is a public safety issue.
Community pharmacies no longer being able to switch into “telepharmacy mode.”	No changes recommended. Switching into “telepharmacy mode” does not meet the intent of the telepharmacy model. Clarity on which licence type a pharmacy is using is needed, as there are different practice standards and documentation requirements for telepharmacies and community pharmacies.



Public Posting, continued

Feedback	Staff Review / Recommendation
<p>The increased audit and inspection requirement from three to four times per year is problematic due to inclement weather, etc.</p>	<p>No changes recommended. The increased requirement is consistent with PPP-65 “Narcotic Counts and Reconciliations.” And, it is possible to comply without conducting an inspection and audit between December to February.</p>
<p>Requiring a telepharmacy to cease providing services after 30 days if it is no longer rural and remote or a community pharmacy is established within 25km of the telepharmacy.</p>	<p>No changes recommended. Telepharmacies provide a unique way to deliver pharmacy services in rural and remote communities where pharmacy services are not available. If a telepharmacy provides services where a community pharmacy exists, it would not meet the intent of the telepharmacy model.</p>



Public Posting, continued

Feedback	Staff Review / Recommendation
<p>Requiring the business name of the site to include the term 'telepharmacy' could be confusing to the public and potentially deter patients.</p>	<p>No changes recommended. Telepharmacies operate differently than regular community pharmacies, and providing this information to patients better enables them to make an informed choice.</p> <p><i>Note: a change from the term "business name" to "operating name" is recommended, as that term is commonly used with registrants.</i></p>
<p>Requiring that all prescription processing be completed at the central pharmacy, unless a pharmacist is physically present and on duty at the telepharmacy</p>	<p>No changes recommended. This provision increases pharmacist accountability and better ensures pharmacist supervision. This is important given the telepharmacy's unique model, which does not require a pharmacist physically present on site.</p>



Public Posting, continued

- College and Ministry of Health staff reviewed all feedback received.
- Some minor revisions are recommended, stemming from feedback and further staff review.



Additional Recommended Minor Amendments

The following additional bylaw amendments are recommended:

- Consistent with the draft Telepharmacy Standards of Practice, amending PODSA Bylaws to allow a pharmacist to work in a telepharmacy, without a pharmacy technician present.
- Permitting prescriptions, patient records and related documents to be transferred to the central pharmacy at least on an annual basis, rather than a quarterly basis.
- Clarifying that a requirement about the correct and consistent use of the community pharmacy operating name on pharmacy identification, does not apply to telepharmacies.
- Updating and revising the format of telepharmacy site listings in schedules to the bylaws.



Additional Recommended Minor Amendments, continued

- Requiring that all transactions in PharmaNet be distinguishable between the central pharmacy and telepharmacy, rather than requiring that telepharmacies connect to PharmaNet independently.
- Adding a new schedule “H” to the PODSA Bylaws to clarify which communities are deemed ‘rural and remote’.
- Minor clarifying and wording changes.
- Allowing “grandfathered” telepharmacies to retain that status even if the ownership changes. That status would be removed if the site relocated.



Additional Telepharmacy Engagements

- The College held two engagements on August 11, 2017:
 - One with telepharmacy operators and Ministry of Health
 - One with BCPHA
- The aim of these engagements was to discuss:
 - The feedback received;
 - The College and Ministry of Health staff review of the concerns raised; and,
 - To clarify the policy intent that the College is aiming to achieve by implementing the draft bylaws.



Filing – September 2017

- After careful review of the letters of feedback received during the public posting period, it is recommended that:
 - The bylaws, including the additional recommended amendments, be filed with the Minister of Health.
- The bylaws would be in force after the filing period is complete (60 days).

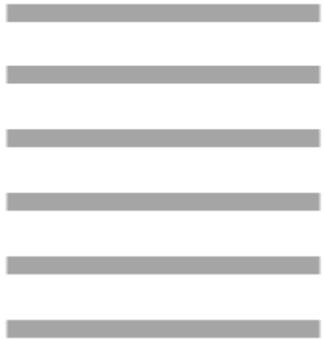


PPP – 55 Telepharmacy

Recommendation:

- The existing policy regarding a telepharmacy policy and procedure manual be repealed.

PPP - 55



- A comprehensive set of requirements about telepharmacy operations have been developed in the PODSA Bylaws.
- The proposed PODSA Bylaws require a telepharmacy policy and procedure manual, and that a quality management program include telepharmacies.



Section 56 Exemption

- Federal legislation may prohibit narcotics and controlled drugs from being available in telepharmacies without a pharmacist physically present.
- Section 56 of that Act states that the Minister can exempt a person, class or persons, or any controlled substance from provisions of the Act or the regulations.
- The College is continuing to seek a section 56 exemption from Health Canada, and meetings have been positive.



9 c) Telepharmacy Bylaws (Filing)

MOTION (1):

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

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



9 c) Telepharmacy Bylaws (Filing)

MOTION (2):

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

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



9 c) Telepharmacy Bylaws (Filing)

MOTION (3):

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



College of Pharmacists
of British Columbia

BOARD MEETING

September 15th, 2017

<p>10. Practice Review Committee a) Committee Update</p>
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INFORMATION ONLY

Purpose

For the Committee Chair to provide an update on the Practice Review Committee.



College of Pharmacists
of British Columbia

BOARD MEETING September 15th, 2017

10. Practice Review Committee b) Phase 1 – Community Pharmacy Practice Review Results Summary Report

INFORMATION ONLY

Executive Summary

The Practice Review Program (PRP) is an in-person review of a pharmacy professional's practice and the pharmacy where they work. Focus areas with the greatest impact on patient safety were identified and approved by the Board, with every pharmacy professional and pharmacy undergoing review cyclically to ensure they meet College standards.

Data used in this report spans from February 16, 2015 to April 17, 2016 during a time when data was collected manually and limited to a broad scope via Excel. Future data will be collected and analyzed via the in-house developed PRP computer application. The data collected in this report helps create a baseline picture for future analysis and also has broad use and applications across various departments in the College of Pharmacists of BC.

Key Results Summary:

Category	Main Non-Compliance Areas Identified
Pharmacy Review (Avg NC* Count: 10 ± 6.13) (N=234 Pharmacies)	<ul style="list-style-type: none">• Prescription Requirement• Equipment/References• Expired Medications
Methadone (Avg NC* Count: 1 ± 1.20) (N=151 MMT Pharmacies)	<ul style="list-style-type: none">• Methadone Maintenance Treatment (MMT) Reference
Pharmacy Manager Responsibilities (Avg NC* Count: 3 ± 2.42) (N=234 Managers)	<ul style="list-style-type: none">• Emergency Preparedness Plan• Confidentiality Undertakings and Staff Management• Narcotic and Controlled Drug Management
Pharmacist Review (Avg NC* Count: 2 ± 1.19) (N=564 Pharmacists)	<ul style="list-style-type: none">• Counselling• Emergency Refills
Pharmacy Technician Review (Avg NC* Count: 1 ± 0.50) (N=48 Pharmacy Technicians)	<ul style="list-style-type: none">• Verifying Patient Identification• Counselling

*Avg NC: Average Non-Compliance



College of Pharmacists
of British Columbia

BOARD MEETING September 15th, 2017

Data collected through pharmacy reviews has been instrumental in shaping the development of the PRP computer application by our IT department along with its required reporting and analytical functions. In addition, the Phase 1 (Community Pharmacy) Practice Review Program and the data collected through pharmacy reviews has been crucial as the foundation of the Phase 2 (Hospital Pharmacy) Practice Review Program.

As practice reviews continue, we are finding a shift in non-compliance trends due to the “learning effect” of information dissemination between registrants and from the PRP.

Registrants are learning from the information passed to them and our Compliance Officers are seeing improvements in compliance as a result.

The PRP team continuously monitors this information and also collects continual feedback survey data from our registrants. This data serves as a form of impact validation for the Practice Review Program and allows us to see if key non-compliance issues we are identifying are perceived by registrants to be truly impactful to their practice. Our continual feedback survey data collection and our increased engagement with registrants will help us establish and maintain a line of communication that allows the Practice Review Program and the College to be more responsive than ever.

For the complete Review Results Report, refer to Appendix 1.

Appendix	
1	Phase 1 – Review Results Summary Report

Practice Review Program: Phase 1 – Community Pharmacy Practice Review Results Summary Report (Feb 16, 2015 to April 17, 2016)

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Abbreviations used in this document:

- *PS = Pharmacist*
- *PT = Pharmacy Technician*
- *PY = Pharmacy*
- *CO = Compliance Officer*
- *PRP = Practice Review Program*
- *NC = Non-Compliance*

Executive Summary

The Practice Review Program (PRP) is an in-person review of a pharmacy professional's practice and the pharmacy where they work. Focus areas with the greatest impact on patient safety were identified and approved by the Board, with every pharmacy professional and pharmacy undergoing review cyclically to ensure they meet College standards.

Data used in this report spans from February 16, 2015 to April 17, 2016 during a time when data was collected manually and limited to a broad scope via Excel. Future data will be collected and analyzed via the in-house developed PRP computer application. The data collected in this report helps create a baseline picture for future analysis and also has broad use and applications across various departments in the College of Pharmacists of BC.

KEY RESULTS SUMMARY

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Data collected through pharmacy reviews has been instrumental in shaping the development of the PRP computer application by our IT department along with its required reporting and analytical functions. In addition, the Phase 1 (Community Pharmacy) Practice Review Program and the data collected through pharmacy reviews has been crucial as the foundation of the Phase 2 (Hospital Pharmacy) Practice Review Program.

As practice reviews continue, we are finding a shift in non-compliance trends due to the “learning effect” of information dissemination between registrants and from the PRP. Registrants are learning from the information passed to them and our Compliance Officers are seeing improvements in compliance as a result.

The PRP team continuously monitors this information and also collects continual feedback survey data from our registrants. This data serves as a form of impact validation for the Practice Review Program and allows us to see if key non-compliance issues we are identifying are perceived by registrants to be truly impactful to their practice. Our continual feedback survey data collection and our increased engagement with registrants will help us establish and maintain a line of communication that allows the Practice Review Program and the College to be more responsive than ever.

Introduction

The Practice Review Program (PRP) is an in-person review of a pharmacy professional's practice and the pharmacy where they work. The program was created based on direction from the Board of the College of Pharmacists and is split into two components: the Pharmacy Review and the Pharmacy Professionals Review. Focus areas with the greatest impact on patient safety were identified and approved by the Board, with every pharmacy professional and pharmacy undergoing review cyclically to ensure they meet College standards. The Practice Review Program serves to replace existing pharmacy inspections as well as the 10-year cycle knowledge assessment exam for registrants.

In addition, a number of pharmacies in British Columbia were identified which had not been visited for a significant period of time (Table 1). A key focus at the outset of the Practice Review Program was to reduce the number of outliers that had not been visited for over 6 years or since pre-opening.

TABLE 1 – PHARMACY SITES BASED ON DATE OF LAST REVIEW AND PRP PROGRESS (FEB. 16, 2015 – APRIL 17, 2016)

Date of last visit	Pharmacies in category (Before PRP)	Pharmacies in category reviewed by PRP	% decrease in category (up to April 17, 2016)
Only opening inspection	198	45	22.7%
0-1 years	119	0	0%
1-5 years	550	74	13.5%
5-7 years	239	48	20.1%
7-10 years	107	50	46.7%
10-12 years	16	10	62.5%

12-15 years	14	7	50%
Total	1243	234	-

Data used in this report spans across the time period from the initial launch of practice reviews using manual Excel forms, to the introduction of the new practice review computer application (February 16, 2015 – April 17, 2016).

The limitations of data extraction and analysis from manual Excel forms restricts our current data extraction ability to only information of a broader scope. However, in the future, analysis performed using data extracted from the computer application will yield much more detailed and customizable results.

Even in its current state, the data from this report serves a number of important functions. Information gathered through this report plays a crucial role in establishing a baseline view of the profession to help with identifying trends and changes in the future. In addition, this data is currently being used by our IT department to best understand the information we need to collect and analyze in the development of a new reporting dashboard for the PRP computer application.

Internally, this information has played a key role across departments within the College in various bylaw updates (i.e. counselling, security, ownership, patient identification, etc), and will continue to be used in our larger scale HPA and PODSA bylaw modernization projects.

Prior to the start of the Practice Review Program, significant engagement efforts were made to involve owners & managers in order to collect their feedback and input. Forums, focus groups, and one-on-one meetings were conducted to help establish open lines of communication and to support registrants as they navigate through compliance requirements. These strong lines of communication remain open today as the PRP operates with a transparent and open-door policy to discuss concerns or questions registrants may have whenever they arise.

Methodology

The Review Process

Cycle vs Risk-Based Site Selection

Pharmacies selected for practice reviews were identified and classified as either cycle-based or risk-based. Pharmacies identified as cycle-based were chosen and prioritized by last date of inspection, with outliers that had not been visited for a long period of time taking priority. Pharmacies identified as risk-based were chosen and prioritized because on potential risk identified from complaints received, or outliers based on PharmaNet data.

TABLE 2 – CYCLE VS RISK BASED SITE SELECTION (FEBRUARY 16, 2015 TO APRIL 17, 2016)

Site Type	District 1	District 2	District 3	District 4	District 5	Total	# Referred to Inquiry
Cycle-Based	48	27	27	36	14	152	2
Risk-Based (Complaints)	15	12	10	8	1	46	1
Risk-Based (PharmaNet)	7	8	8	10	3	36	0
Totals	70	47	45	54	18	234	3

District 1 - Metro Vancouver, District 2 - Fraser Valley, District 3 - Vancouver Island/Coastal, District 4 - Kootenay/Okanagan, District 5 - Northern BC

Communication and Pre-Review

Selected pharmacies were notified via email at least 1 month prior to the scheduled review date. Pharmacy managers were asked to complete and submit an online pharmacy pre-review in preparation for the upcoming visit. This allowed them to compare their own practice and the practice at the pharmacy to the legislation, standards, and expectations for all pharmacies and regulated pharmacy professionals in British Columbia.

Pharmacy Review

Pharmacy sites were evaluated based on 10 mandatory categories, with an additional 11th category for methadone maintenance treatment providers. As well, a minimum of 300 prescriptions over a random range of dates were reviewed at each site as part of the evaluation for Category 5 – Prescriptions.

TABLE 3 – PHARMACY REVIEW CATEGORIES AND NUMBER OF ITEMS PER CATEGORY

CATEGORY	# ITEMS
CAT 1 External to Dispensary	20
CAT 2 Dispensary	7
CAT 3 Security	10
CAT 4 Equipment & References	41
CAT 5 Prescriptions	60
CAT 6 Confidentiality	15
CAT 7 Inventory Management	41
CAT 8 Dispensed Products	17
CAT 9 Documentation	45
CAT 10 Pharmacy Manager Responsibilities	32
CAT 11 Methadone	26
Total	314

1) *Note: COs looked at 288 items for pharmacies that did not provide Methadone Maintenance Treatment*

Pharmacy Professionals Review

Registrants (Pharmacists and Pharmacy Technicians) were observed performing regular duties as well as during patient interactions and evaluated based on the following 4 categories.

TABLE 4 – PHARMACY PROFESSIONALS REVIEW CATEGORIES AND NUMBER OF ITEMS PER CATEGORY

CATEGORY	# ITEMS
CAT 1 Patient Identification Verification	6
CAT 2 PharmaNet Profile Check	20
CAT 3 Counselling	22
CAT 4 Documentation	25
Total	73

Follow-up

Pharmacy managers and registrants had one month post review to complete the action items identified by COs. Submissions of completed action items from pharmacy managers and registrants were then reviewed and approved by COs to finalize and complete the practice review.

Findings

TABLE 5 - NUMBER OF PRACTICE REVIEWS CONDUCTED BETWEEN FEBRUARY 16, 2015 AND APRIL 17, 2016 BY TYPE

Type	# of Reviews Conducted (Feb 16 2015-April 17 2016)
Pharmacist (PS)	564
Pharmacy Technician (PT)	48
Pharmacy (PY)	234
Grand Total:	846

Pharmacies

Pharmacy Review

Pharmacy Reviews conducted by COs identified a number of key areas and common non-compliance items found in pharmacies. However, because of the manual Excel sheet that was used to perform the reviews, specificity in data extraction was limited and could only be extracted at a high level.

TABLE 6 – PHARMACY REVIEW AVERAGE AND TOTAL NON-COMPLIANCE ITEMS COUNT

Pharmacy Review Non-Compliance Items Count (out of 234 pharmacies reviewed from Feb 16 2015-April 17 2016)	
Average NC count	10 ± 6.13
Total NC count	2389

TABLE 7 – TOP PHARMACY REVIEW NON-COMPLIANCE AREAS (OUT OF 234 PHARMACIES REVIEWED FEBRUARY 16, 2015 – APRIL 17, 2016)

Pharmacy Review Main Non-Compliance Areas
<i>Prescription Requirement</i>
<i>Equipment/Reference</i>
<i>Expired Products</i>

Examples of non-compliance items in each of these areas include:

Prescription Requirements:

- Missing practitioner signature on written prescriptions
- Missing prescribing date
- Missing dosage instructions
- Missing additional information required on prescriptions at time of dispensing
- Missing handwritten identification of registrants involved in each step of dispensing process (i.e. PharmaNet review, counselling, final check, etc)
- Missing or expired Controlled Prescription Program forms
- Written refills used where written part-fill instructions were required

Equipment/References:

- Missing required pharmacy equipment (i.e. stirring rods, 10ml glass graduate cylinders, etc)
- Missing veterinary reference for pharmacies dispensing to animals

Expired Products

- Expired schedule 1 drugs found in pharmacy
- Expired OTC products found in self-selection area

Methadone

TABLE 8 – METHADONE CATEGORY AVERAGE AND TOTAL NON-COMPLIANCE ITEMS COUNT

Methadone Category Non-Compliance Items Count (out of 151 pharmacies reviewed which offered MMT from Feb 16 2015-April 17 2016)	
Average NC count	1 ± 1.20
Total NC count	183

TABLE 9 – TOP METHADONE CATEGORY NON-COMPLIANCE AREAS (OUT OF 151 PHARMACIES REVIEWED WHICH OFFERED MMT FROM FEBRUARY 16, 2015 – APRIL 17, 2016)

Methadone Category Main Non-Compliance Areas
<i>Methadone Maintenance Treatment (MMT) Reference</i>

Examples of non-compliance items in this area include:

Methadone Maintenance Treatment (MMT) Reference:

- Missing CPBC MMT Policy Guide (2013) and subsequent revisions
- Missing most recent version of CPSBC Methadone Maintenance Handbook
- Missing most current edition of Methadone Maintenance: A Pharmacist's Guide to Treatment
- Missing product monograph for commercially available 10mg/ml methadone preparations
- Not knowing and/or applying principles and guidelines outlined in required references

Pharmacy Manager Responsibilities

TABLE 10 – PHARMACY MANAGER RESPONSIBILITIES CATEGORY AVERAGE AND TOTAL NON-COMPLIANCE ITEMS COUNT

Pharmacy Manager Responsibilities Category Non-Compliance Items Count (out of 234 pharmacies reviewed from Feb 16 2015-April 17 2016)	
Average NC count	3 ± 2.42
Total NC count	672

TABLE 11 – TOP PHARMACY MANAGER RESPONSIBILITIES CATEGORY NON-COMPLIANCE AREAS (OUT OF 234 PHARMACIES REVIEWED FEBRUARY 16, 2015 – APRIL 17, 2016)

Pharmacy Manager Responsibilities Category Main Non-Compliance Areas
<i>Emergency Preparedness Plan</i>
<i>Confidentiality Undertakings and Staff Management</i>
<i>Narcotic and Controlled Drug Management</i>

Examples of non-compliance items in these areas include:

Emergency Preparedness Plan:

- Pharmacy Managers unaware of regional emergency preparedness plan and their involvement

Confidentiality Undertakings and Staff Management:

- Missing confidentiality undertakings for everyone who will have access to in-pharmacy computer system
- Staff not wearing name badge that identifies registrant class or status
- Policies and procedures to specify registrant and assistant duties not established

Narcotic and Controlled Drug Management:

- Narcotic counts and reconciliation not conducted every 3 months
- Narcotic counts and reconciliation not conducted after a pharmacy manager change or break-in/robbery
- Purchase and receipt records for controlled substances not signed by a full pharmacist

Pharmacy Professionals Review (Pharmacists)

Pharmacy Professionals Reviews of both Pharmacists and Pharmacy Technicians conducted by COs identified a number of key areas and common non-compliance items found in registrant practice. However, because of the manual Excel sheet that was used in the reviews, specificity in data extraction was limited and could only be extracted at a high level.

TABLE 12 – PHARMACIST REVIEW AVERAGE AND TOTAL NON-COMPLIANCE ITEMS COUNT

Pharmacist Review Non-Compliance Items Count (out of 564 Pharmacists reviewed from Feb 16 2015-April 17 2016)	
Average NC count	2 ± 1.19
Total NC count	1333

TABLE 13 – TOP PHARMACIST REVIEW NON-COMPLIANCE AREAS (OUT OF 564 PHARMACISTS REVIEWED FEBRUARY 16, 2015 – APRIL 17, 2016)

Pharmacist Review Main Non-Compliance Areas
<i>Counselling</i>
<i>Emergency Refills</i>

Examples of non-compliance items in these areas include:

Counselling:

- Did not provide counselling on a prescription
- Missing one or more counselling points during consultation (i.e. expected therapeutic outcomes, storage requirements, when to seek medical attention, etc)

Emergency Refills:

- Missing rationale and/or follow-up plan for emergency refills

Pharmacy Professionals Review (Pharmacy Technicians)

Pharmacists and Pharmacy Technicians were evaluated based on the same Pharmacy Professionals Review criteria. However, an important difference to note is that whereas Pharmacists were marked non-compliant for *missing* counselling or counselling points, Pharmacy Technicians were marked non-compliant based on the *presence* of any counselling. Although the evaluation criteria for both registrant classes was the same, each evaluation was conducted with the registrant's appropriate scope of practice in mind.

TABLE 15 – PHARMACY TECHNICIAN REVIEW AVERAGE AND TOTAL NON-COMPLIANCE ITEMS COUNT

Pharmacy Technician Review Non-Compliance Items Count (out of 48 Pharmacy Technicians reviewed from Feb 16 2015-April 17 2016)	
Average NC count	1 ± 0.50
Total NC count	20

TABLE 16 – TOP PHARMACY TECHNICIAN REVIEW NON-COMPLIANCE AREAS (OUT OF 48 PHARMACY TECHNICIANS REVIEWED FEBRUARY 16, 2015 – APRIL 17, 2016)

Pharmacy Technician Review Main Non-Compliance Areas
<i>Verifying Patient Identification</i>
<i>Counselling</i>

Examples of non-compliance items in these areas include:

Verifying Patient Identification:

- Failing to positively identify a patient not personally known to the registrant

Counselling:

- Providing patient consultation out of scope of practice
- Releasing a prescription without required consultation by a Pharmacist

Conclusions and the Future

The Practice Review Program Computer Application

As of April 18, 2016, the Practice Review Program has begun conducting reviews using an in-house PRP computer application created in conjunction with our IT department. The creation of the computer application will allow much more specific grouping and parsing of collected data in the future. With the improved analytical capabilities the computer application will bring, we look forward to building upon the data presented here to provide a more detailed picture of pharmacy practice.

Phase 2 (Hospital Practice Reviews) and Beyond

Along with our current work in building Phase 1 (Community Pharmacy) of the PRP, Phase 2 (Hospital Pharmacy) of the Practice Review Program was launched in April 2017. The work performed and data collected during Phase 1 was critical in providing a consistent development backbone for Phase 2. For example, some of this development work included the training of new compliance officers, modification of program policies, and creation of hospital specific evaluation criteria.

In addition to the launch of Phase 2, the Practice Review Program is also working on the development of new question sets and forms to be used in the future for specialty practice areas such as compounding and residential care.

Pharmacy Technician Review Criteria

The Practice Review Program is working to improve the current Pharmacy Technician - Pharmacy Professionals Review criteria. Pharmacy Technicians are currently being evaluated using criteria that is also used to evaluate Pharmacists. As the scope of practice of these two registrant classes differ, a new set of focus areas are being developed which will align more closely with standards that apply to Pharmacy Technicians. This will allow us to evaluate the practice of each registrant class more effectively and gather more appropriate data to guide legislation changes as well as focus our support to registrants. In addition, we have heard from Pharmacy Technician registrants through our feedback survey expressing the desire for updated evaluation criteria as well. The new focus areas for Pharmacy Technicians in community practice were approved by the Board at their June 2017 meeting and will be implemented into the review in Fall 2017.

Information Dissemination

As reviews continue to be conducted, the PRP department is not only engaging in active information dissemination, but we are also seeing a significant amount of passive information dissemination as well. Both of these practices pave the way for improved compliance by both Pharmacies and Pharmacy Professionals.

Passive information dissemination occurs by way of a natural trickle-down effect between pharmacies with connections to one another. This may occur through chain-wide directives from a head office, cross-talk amongst neighboring pharmacies, or even casual conversation within a Pharmacy Professional's social circle. All of these forms of passive information dissemination lead to an organic improvement in compliance due to an increased understanding of bylaw requirements that may not otherwise have been known.

In addition to this, the PRP department also engages in active information dissemination through the creation of our PRP support tools, and by regularly publishing "PRP Insights" articles.

PRP support tools were created in conjunction with UBC Continuing Pharmacy Professional Development to provide registrants with information to help them understand the requirements, rationale, and expectations behind the Pharmacy Professionals Review.

Compliance Officers also actively author "PRP Insights" articles for publication in our Readlinks communications to help spread information about widespread issues they're seeing and outlining minimum expectations and best practices. Some examples of "PRP Insights" topics in past publications include:

- *Managing Return-to-Stock Medications*
- *Privacy, Confidentiality, and Security of Patient Health Information*
- *When are CPP forms required for residential care facilities, hospices and hospitals*
- *Non-Pharmacist data entry and PharmaNet access*
- *Expiry dates of compounding materials and products*
- *Drug product distribution requirements*

Through these different forms of information dissemination, our Compliance Officers are seeing shifts and changes in non-compliance trends over time. As information is being shared, we see improvements being made and fewer non-compliance issues in certain areas where this learning effect has occurred. This brings up an important observation whereby key non-compliance areas today may not be the same as key non-compliance areas tomorrow. While this may present challenges in trying to keep an eye on a moving target, the PRP department will continue to actively monitor the results we receive and remain focused on our efforts to improve compliance.

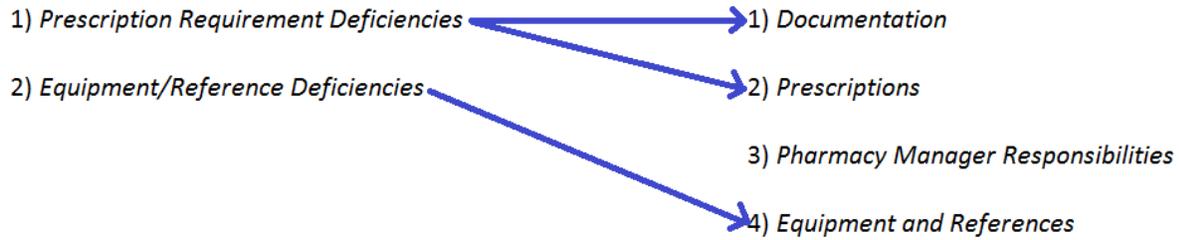
Internal Use of Practice Review Program Data

The information and insights obtained through the collected PRP data is utilized by a number of different departments within the College to help inform critical decisions. For example, PRP data was used to help guide and develop updated bylaws on counselling, security, product distribution, product check, patient identification verification, Pharmacy ownership, etc. In addition, current PODSA pre-opening inspection forms are being developed to align with current PRP forms. Data from practice reviews was also used in the prioritization phase of the large scale HPA and PODSA bylaw modernization projects, and will continue to be used as these projects progress in the future.

Along with the data collected during our reviews, a great deal of valuable information is also collected through registrant feedback surveys. This survey information acts as a form of impact validation for the PRP department. For example, we can see that two of the main non-compliance areas identified in the Pharmacy review were *Prescription Requirement Deficiencies* and *Equipment/Reference Deficiencies*. When we look at our registrant survey feedback data, we can see that the self-reported areas of highest impact of the Pharmacy review were in the categories of *Documentation, Prescriptions, Pharmacy Manager Responsibilities, and Equipment and References*.

Two of the main NC areas identified in Pharmacy Review

Self-reported areas of highest impact of Pharmacy Review



This correlation tells us that registrants are in agreement that key non-compliance areas we identified did indeed have a significant impact on their practice.

In addition, feedback surveys are currently the only continual feedback mechanism that is consistently being collected by the College from registrants. Through this consistent feedback mechanism, the PRP department has found that we are also the recipients of feedback related to other departments and even the College as a whole. This continual line of contact serves as a valuable source of information and feedback to help the College stay in touch with and be more responsive than ever to its registrants.



College of Pharmacists
of British Columbia

BOARD MEETING September 15th, 2017

10. Practice Review Committee
c) Phase 1 – Community Pharmacy Practice Review Feedback Summary Report

INFORMATION ONLY

Executive Summary

The Practice Review Program (PRP) is an in-person review of a pharmacy professional's practice and the pharmacy where they work. Under the PRP, every pharmacy professional and pharmacy will be reviewed to ensure they meet College standards. Registrant feedback is gathered from all completed reviews.

This report provides an aggregate view of registrant practice review feedback received from 138 registrants (51 of which were Pharmacy Managers) during the period of March 1, 2016 to February 28, 2017. The following tables summarize the key findings of our report.

Overall Agreement and Impact Rating Summary

Overall Rating Table – Pharmacy Manager Specific (N = 51)			
	Agreement Rating	Neutral	Disagreement Rating
Practice Review Program Tools	91.67%	5.88%	2.45%
Practice Review Program Pre-Review	84.97%	11.11%	3.92%
Pharmacy Review Scheduling Process	94.12%	4.90%	0.98%
Pharmacy Review	92.81%	5.88%	1.31%
Pharmacy Review Results	96.08%	2.94%	0.98%
Overall Rating Table – All Respondents (N = 138)			



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	Agreement Rating	Neutral	Disagreement Rating
Compliance Officers	98.41%	1.45%	0.14%
Pharmacy Professionals - Practice Review Program Tools	90.94%	7.07%	1.99%
Pharmacy Professionals – Pharmacy Professionals Review	91.55%	7.49%	0.97%
Pharmacy Professionals – Pharmacy Professionals Review Results	91.30%	6.52%	2.17%
Action Item Portal	84.48%	12.07%	3.45%

Pharmacy Managers - Pharmacy Review Overall Impact Ranking and Score (N = 51) (Highest Impact = 3 points, Second Highest Impact = 2 points, Third Highest Impact = 1 point)	
Documentation	109
Prescriptions	53
Pharmacy Manager's Responsibilities	41
Equipment and References	24
Dispensary	16
Inventory Management	9
Dispensed Products	9
External to the Dispensary	7
Confidentiality	5
Security	4

**Overall Impact Score = Sum of (points X votes) for each level of impact (Highest, Second Highest, Third Highest)*



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Pharmacy Professionals – Pharmacy Professionals Review Overall Impact Score and Average Impact Score (N = 138)		
	Overall Impact Score	Average Impact Score
Documentation	347	2.89
Counselling	334	2.78
Patient Identification Verification	318	2.65
PharmaNet Profile Check	278	2.32

***Overall Impact Score = Sum of (score X count) for each score between 5 to -5*

***Average Impact Score = Overall Impact Score / 120 (Total Count).*

Based on the feedback received, registrants were the most satisfied with the performance of our Compliance Officers and the results which Pharmacy Managers obtained from their Pharmacy Review. The areas of the Pharmacy Review which registrants found the most impactful to their practice were in the areas of 1) Documentation, 2) Prescriptions, and 3) Pharmacy Manager Responsibilities.

On the other hand, registrants were the least satisfied with the Practice Review Program Pre-Review and the Action Item Portal. Concerns were primarily related to the length and duration of time it took to complete the Pre-Review as well as the lack of support for iOS.

The Practice Review Program actively evaluates feedback received from registrants in order to make continual improvements to our program and processes. Many steps have been taken since our launch to make improvements based on feedback, and we will continue to do so going forward.

For the complete Feedback Survey Report, refer to Appendix 1.

Appendix	
1	Phase 1 – Feedback Survey Report

Practice Review Program: Phase 1 – Community Pharmacy Practice Review Feedback Survey Report *(March 1, 2016 to February 28, 2017)*

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	Agreement Rating	Neutral	Disagreement Rating
Practice Review Program Tools	91.67%	5.88%	2.45%
Practice Review Program Pre-Review	84.97%	11.11%	3.92%
Pharmacy Review Scheduling Process	94.12%	4.90%	0.98%
Pharmacy Review	92.81%	5.88%	1.31%
Pharmacy Review Results	96.08%	2.94%	0.98%

Overall Rating Table – All Respondents (N = 138)			
	Agreement Rating	Neutral	Disagreement Rating
Compliance Officers	98.41%	1.45%	0.14%
Pharmacy Professionals - Practice Review Program Tools	90.94%	7.07%	1.99%
Pharmacy Professionals – Pharmacy Professionals Review	91.55%	7.49%	0.97%
Pharmacy Professionals – Pharmacy Professionals Review Results	91.30%	6.52%	2.17%
Action Item Portal	84.48%	12.07%	3.45%

Pharmacy Managers - Pharmacy Review Overall Impact Ranking and Score (N = 51) (Highest Impact = 3 points, Second Highest Impact =2 points, Third Highest Impact = 1 point)	
Documentation	109
Prescriptions	53
Pharmacy Manager's Responsibilities	41
Equipment and References	24
Dispensary	16
Inventory Management	9
Dispensed Products	9
External to the Dispensary	7
Confidentiality	5
Security	4

**Overall Impact Score = Sum of (points X votes) for each level of impact (Highest, Second Highest, Third Highest)

Pharmacy Professionals – Pharmacy Professionals Review Overall Impact Score and Average Impact Score (N = 138)		
	Overall Impact Score	Average Impact Score
Documentation	347	2.89
Counselling	334	2.78
Patient Identification Verification	318	2.65
PharmaNet Profile Check	278	2.32

**Overall Impact Score = Sum of (score X count) for each score between 5 to -5

**Average Impact Score = Overall Impact Score / 120 (Total Count).

Note: For reference, 0 means no perceived impact at all. Anything above this had a perceived positive impact, anything below had a perceived negative impact.

Based on the feedback received, registrants were the most satisfied with the performance of our Compliance Officers and the results which Pharmacy Managers obtained from their Pharmacy Review. The areas of the Pharmacy Review which registrants found the most impactful to their practice were in the areas of 1) Documentation, 2) Prescriptions, and 3) Pharmacy Manager Responsibilities.

On the other hand, registrants were the least satisfied with the Practice Review Program Pre-Review and the Action Item Portal. Concerns were primarily related to the length and duration of time it took to complete the Pre-Review as well as the lack of support for iOS.

The Practice Review Program actively evaluates feedback received from registrants in order to make continual improvements to our program and processes. Many steps have been taken since our launch to make improvements based on feedback, and we will continue to do so going forward.

Introduction

The Practice Review Program (PRP) is an in-person review of a pharmacy professional's practice and the pharmacy where they work. Under the PRP, every pharmacy professional and pharmacy will be reviewed to ensure they meet College standards. The Practice Review Program serves to replace existing pharmacy inspections as well as the 10-year cycle knowledge assessment exam for registrants.

This report will provide an aggregate view of practice review feedback received from registrants during fiscal year 2016-2017.

Methodology

Feedback survey request notices were sent to registrants after practice reviews were conducted and action items were complete. Registrants were given 14 days to respond. Of 578 survey notices that were sent, 138 completed surveys were submitted, giving us a response rate of 24%. This survey report is based only on completed survey data that was received. Any partially completed or not-submitted responses were not used. The identities of specific compliance officers referred to in the survey feedback will be withheld and replaced with "CO" or "COMPLIANCE OFFICER".

Results

Each section of our survey feedback data below is accompanied by an "overall rating" score. The overall rating score provides an overview of the responses collected and the general perception of the performance of the PRP department in this area according to registrants.

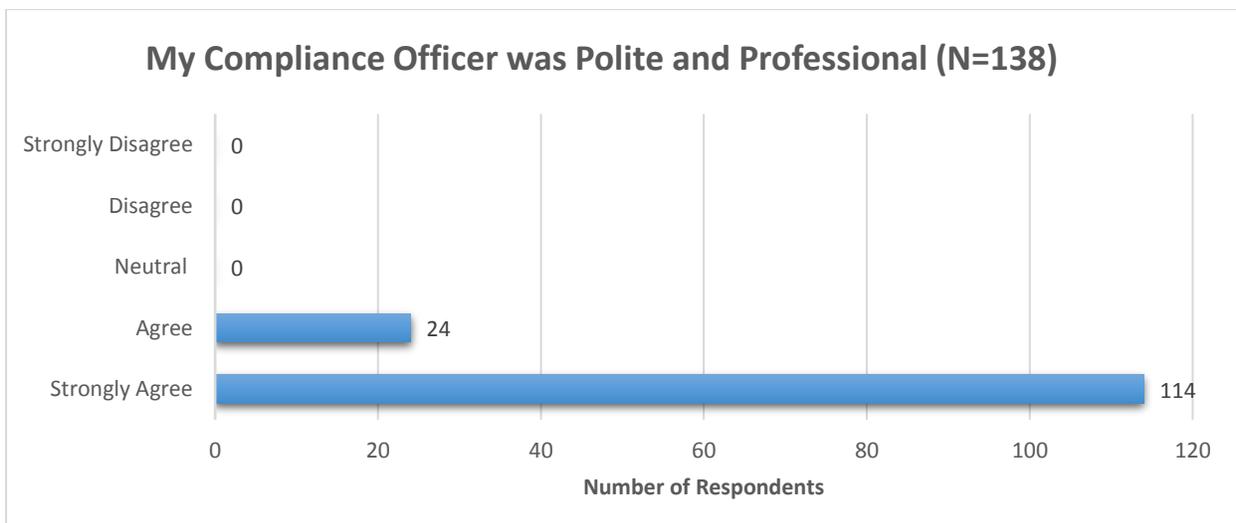
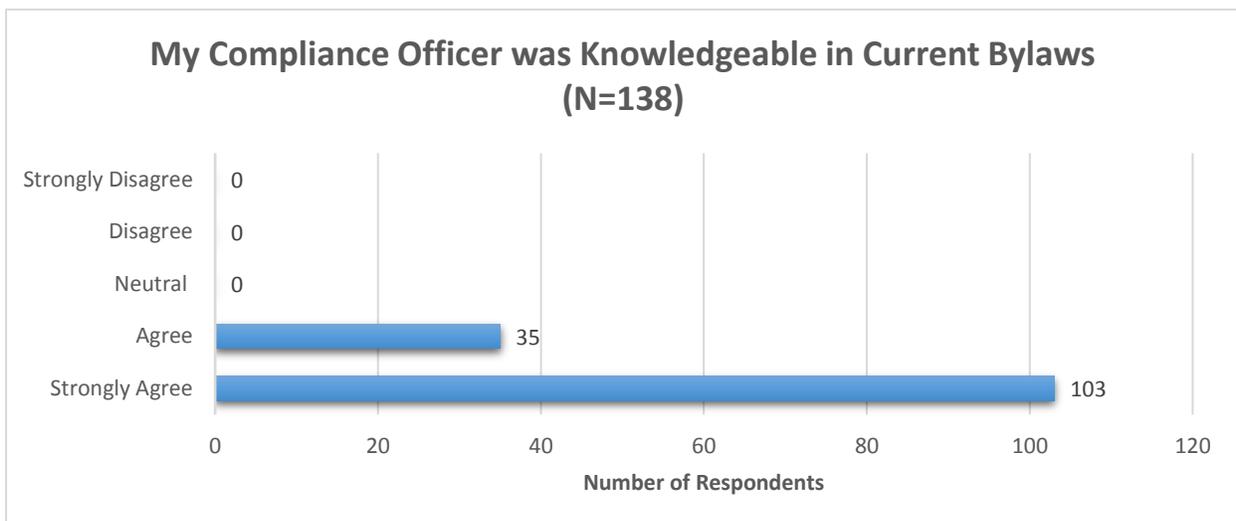
The "agreement rating" is calculated from the total number of "agree" and "strongly agree" responses for all the questions in a particular section divided by the total number of responses in the section.

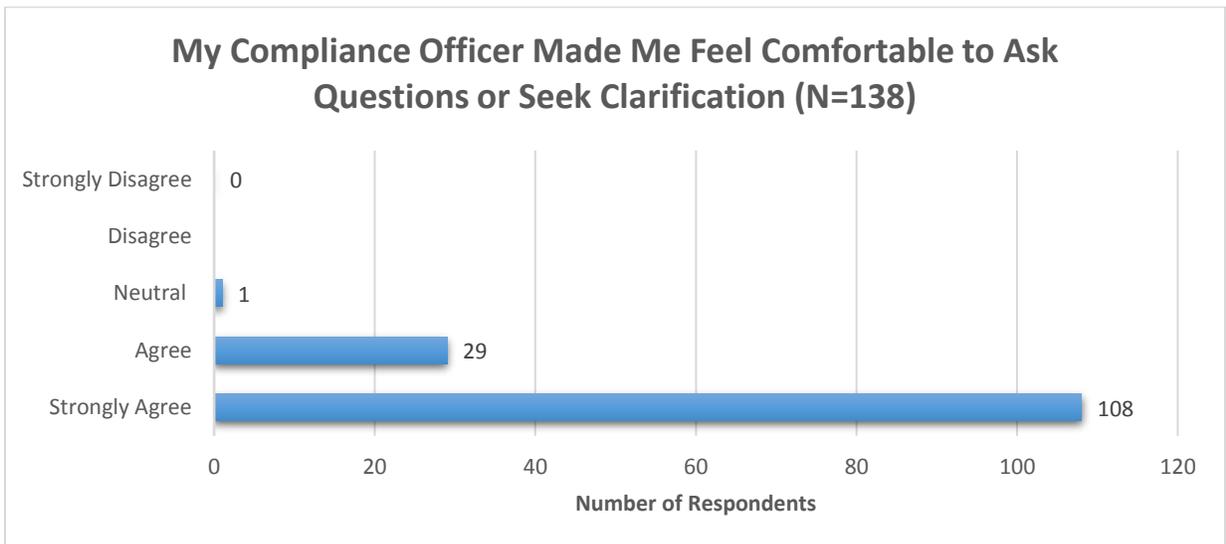
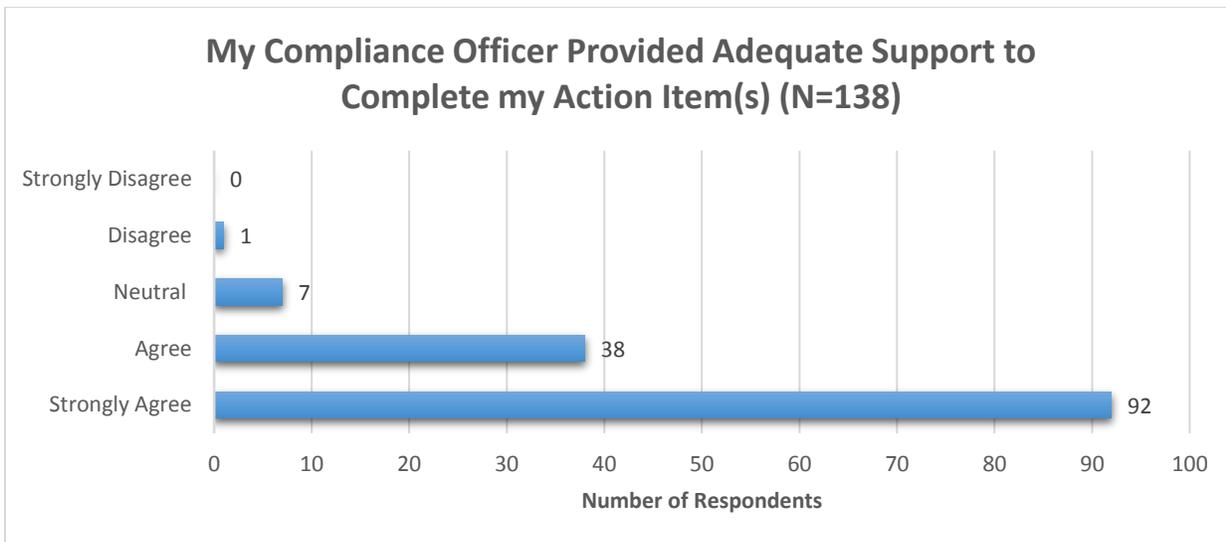
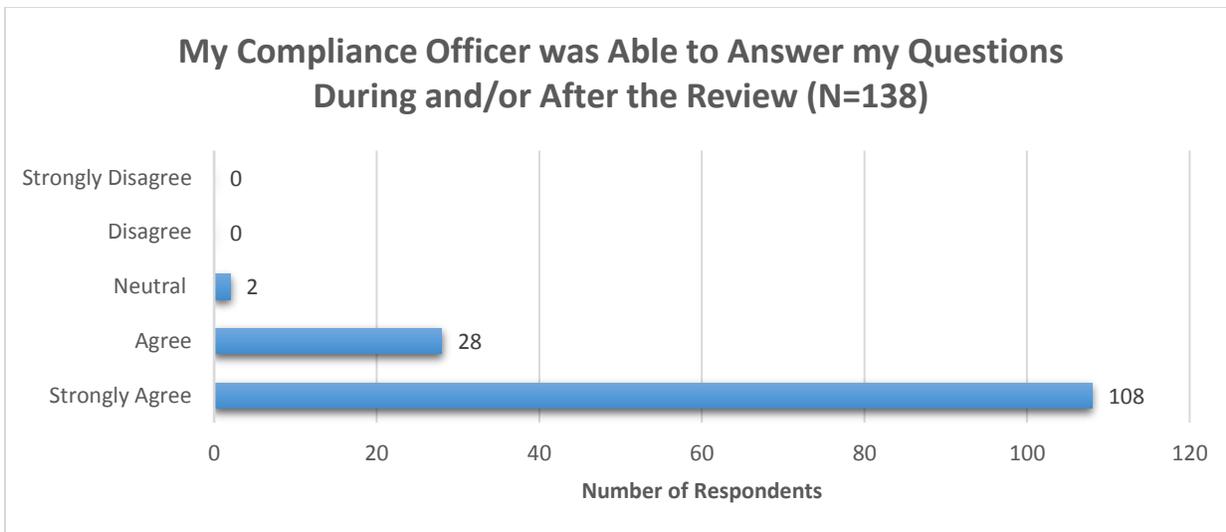
The “disagreement rating” is calculated from the total number of “disagree” and “strongly disagree” responses for all questions in a particular section divided by the total number of responses in the section.

Neutral responses remain separate as this is not seen as agreement or disagreement.

Compliance Officers

Overall Rating – Compliance Officers (N = 138)		
Agreement Rating	Neutral	Disagreement Rating
98.41%	1.45%	0.14%





Compliance Officers Section Comments Summary (refer to Appendix 1 for complete comments)

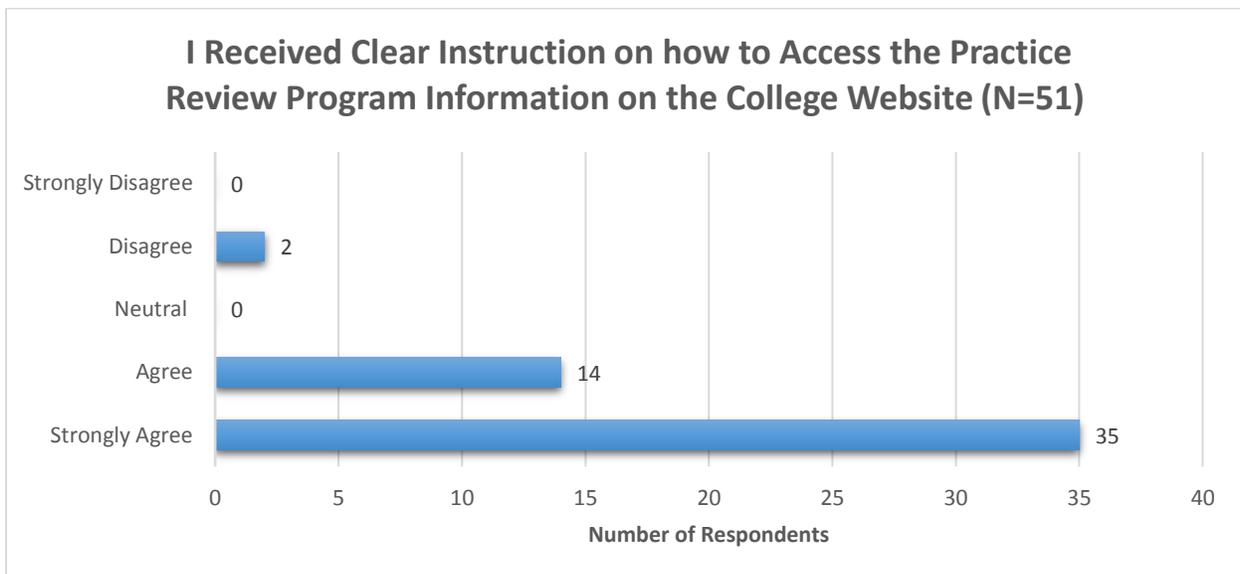
General Comment Category	Number of Counts
CO was very professional and knowledgeable	5
CO made me feel comfortable and answered my questions	2
CO was very talkative	1
I had no action items to complete	1
Total Comments	9

Pharmacy Managers

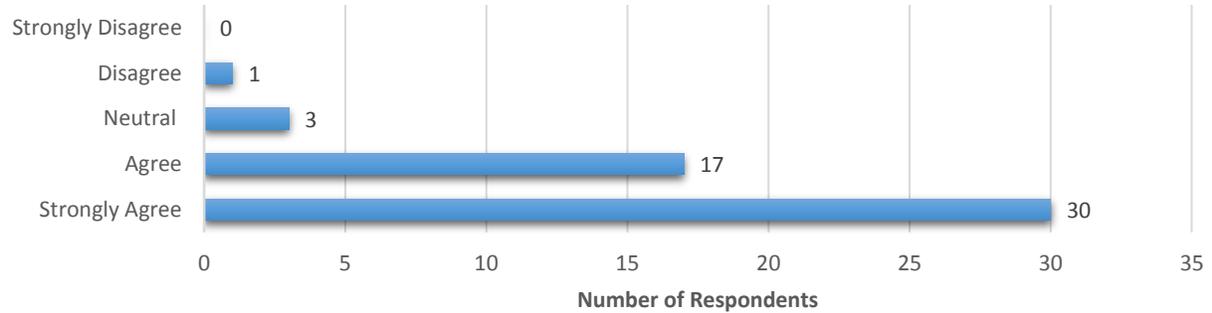
Note: 51 out of 138 respondents were Pharmacy Managers

Practice Review Program Tools

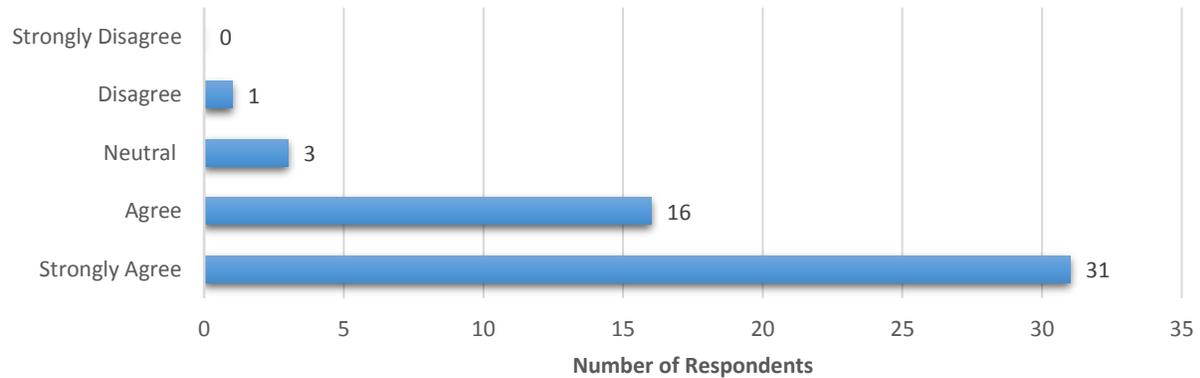
Overall Rating		
Pharmacy Managers – Practice Review Program Tools (N = 51)		
Agreement Rating	Neutral	Disagreement Rating
91.67%	5.88%	2.45%



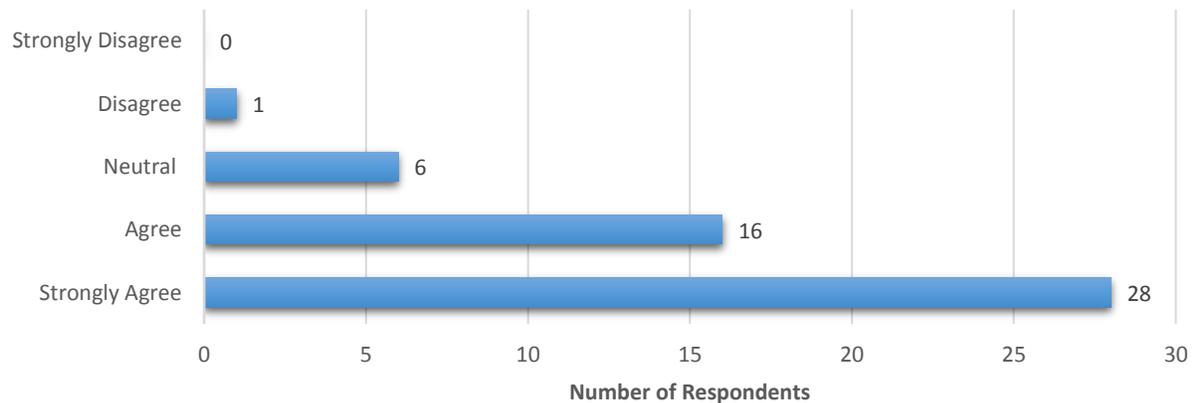
The Practice Review Program Webpage has Clear Information About the Program, Including the Overall Review Process (N=51)



I Received Clear Instructions on how to Complete the Pharmacy Pre-Review (N=51)



The How-To-Guide and the Pharmacy Pre-Review Tutorial were Helpful Resources (N=51)

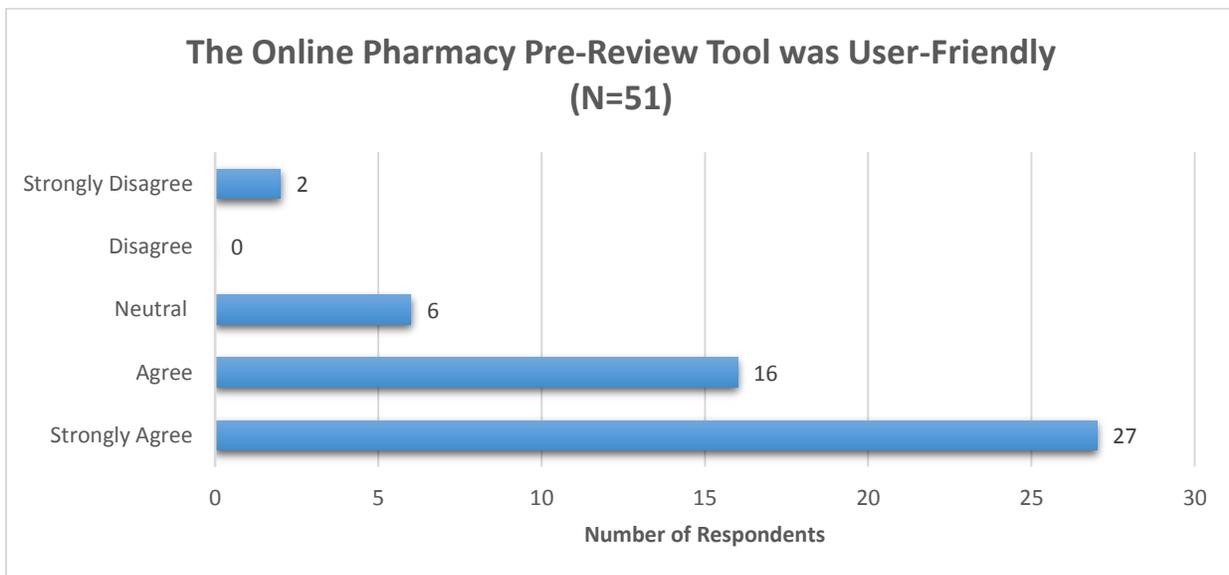


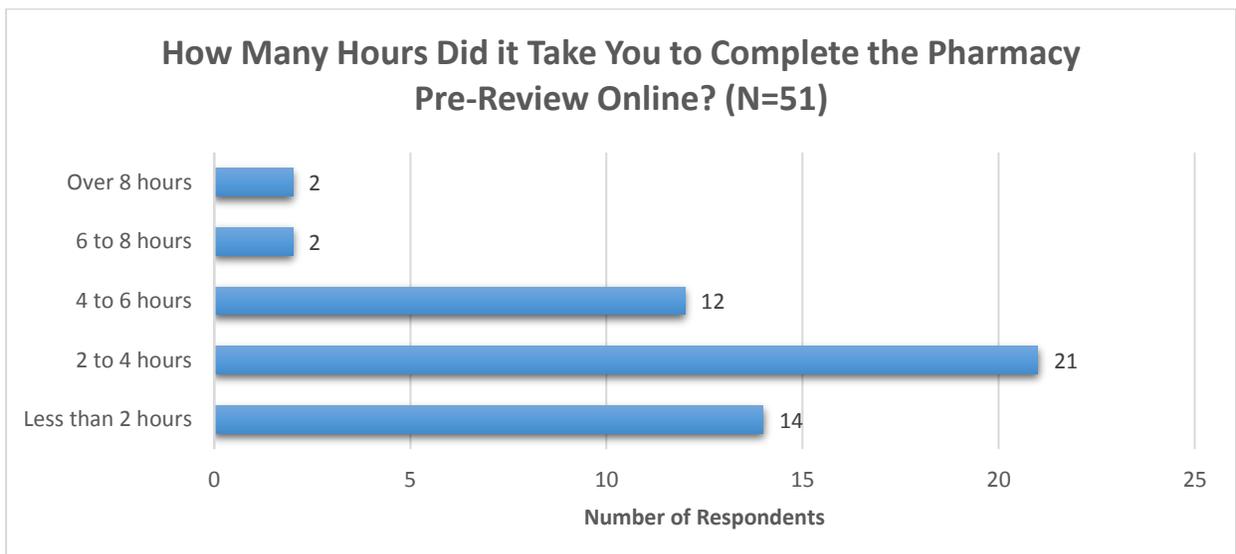
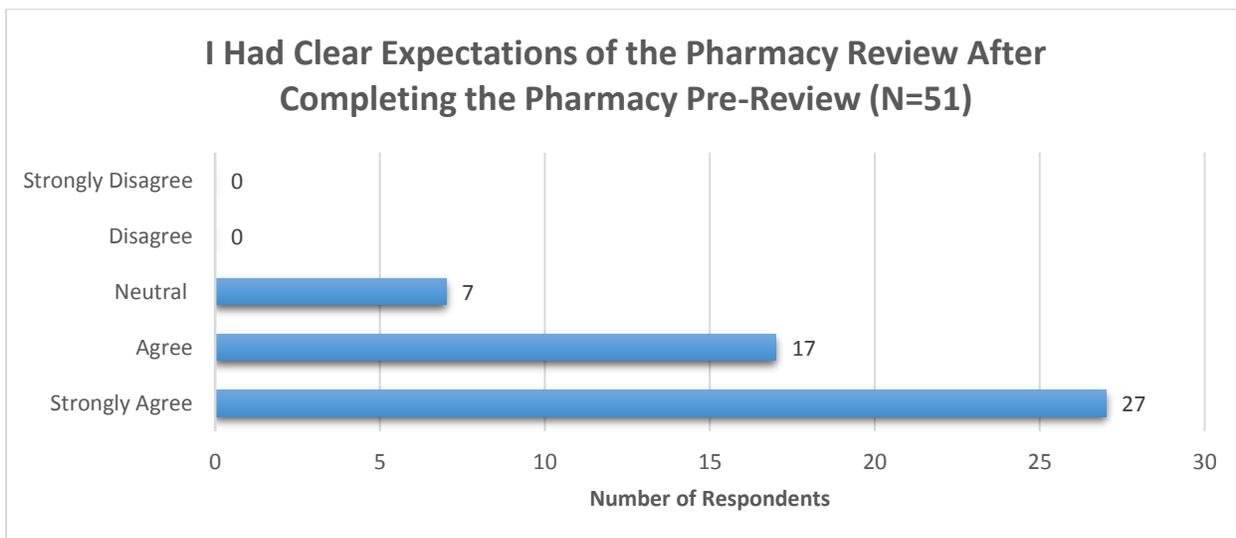
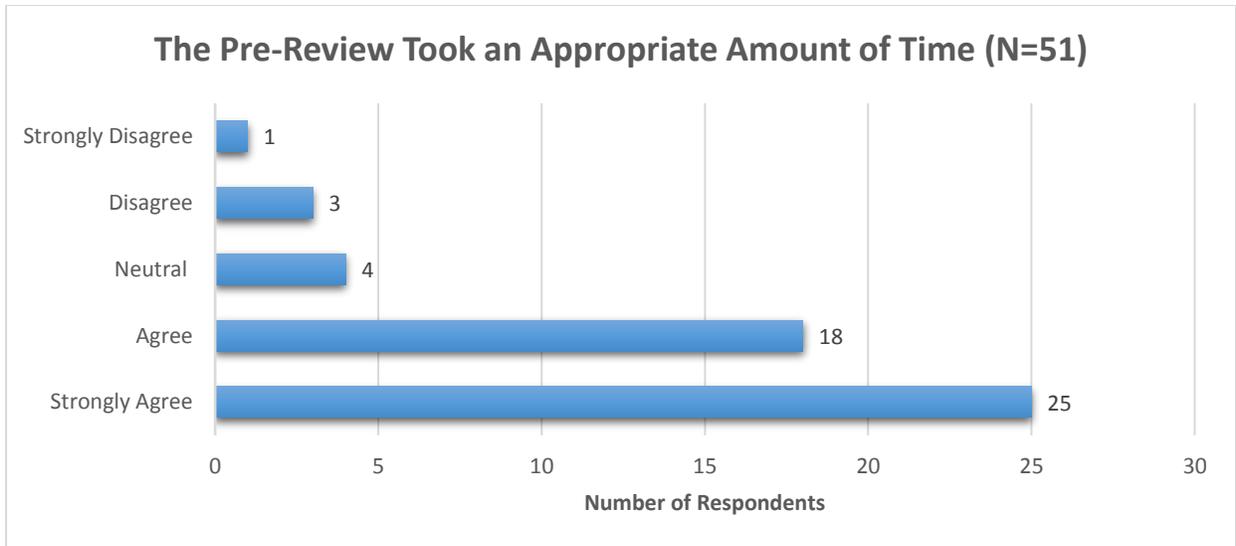
Pharmacy Managers – Practice Review Program Tools Section Comments Summary (refer to Appendix 2 for complete comments)

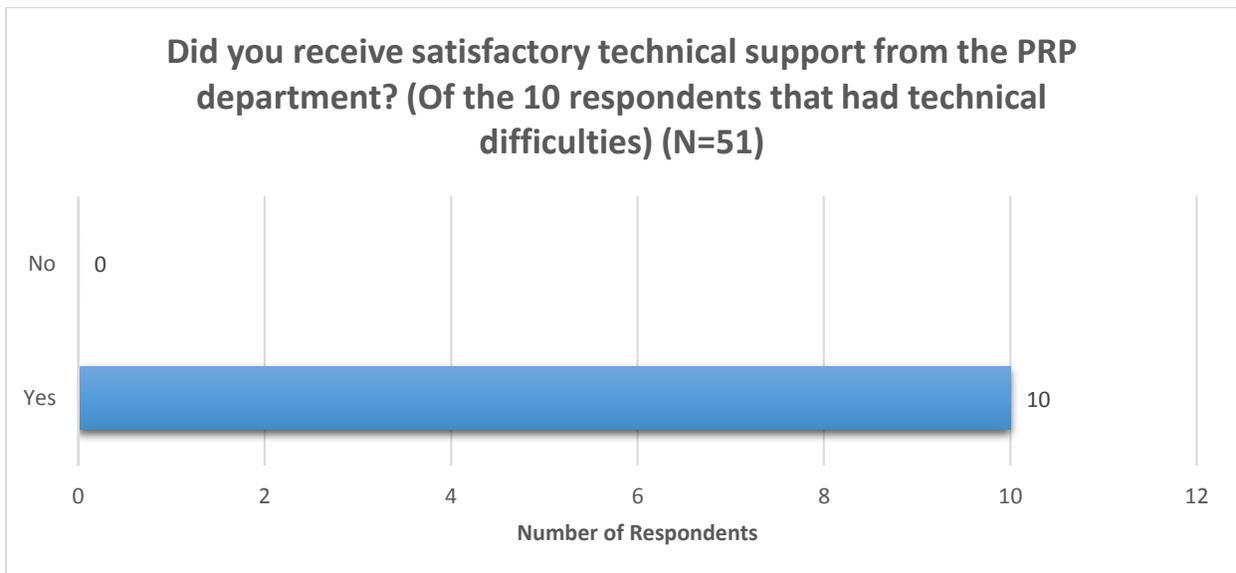
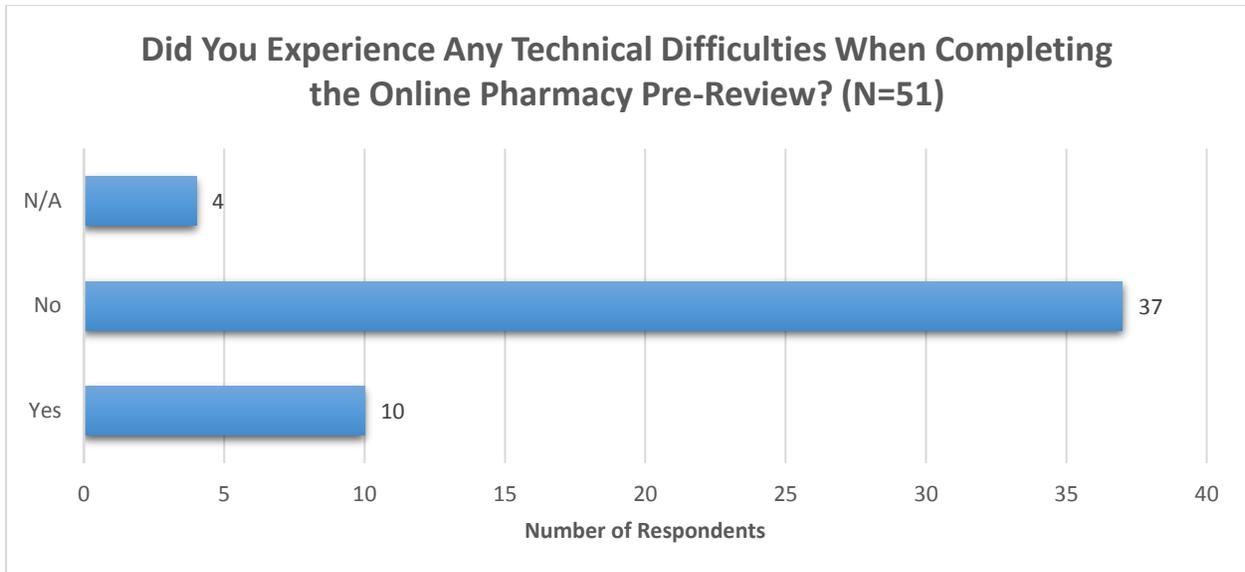
General Comment Category	Number of Counts
Difficulty with accessing pre-review link or post-review portal which was resolved after contacting PRP department.	2
Tutorials were clear, and any questions I had were answered by PRP department	2
Should include a reminder to complete tutorial in introductory letter	1
Entering hours was difficult but resolved after contacting PRP department	1
Total Comments	6

Practice Review Program Pre-Review

Overall Rating Pharmacy Managers – Practice Review Program Pre-Review (N=51)		
Agreement Rating	Neutral	Disagreement Rating
84.97%	11.11%	3.92%





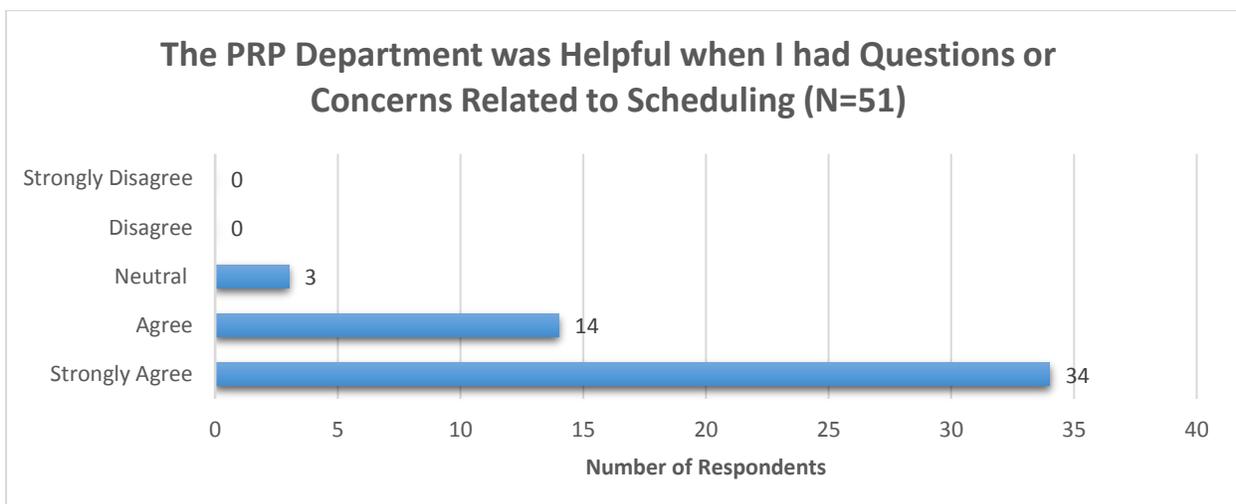


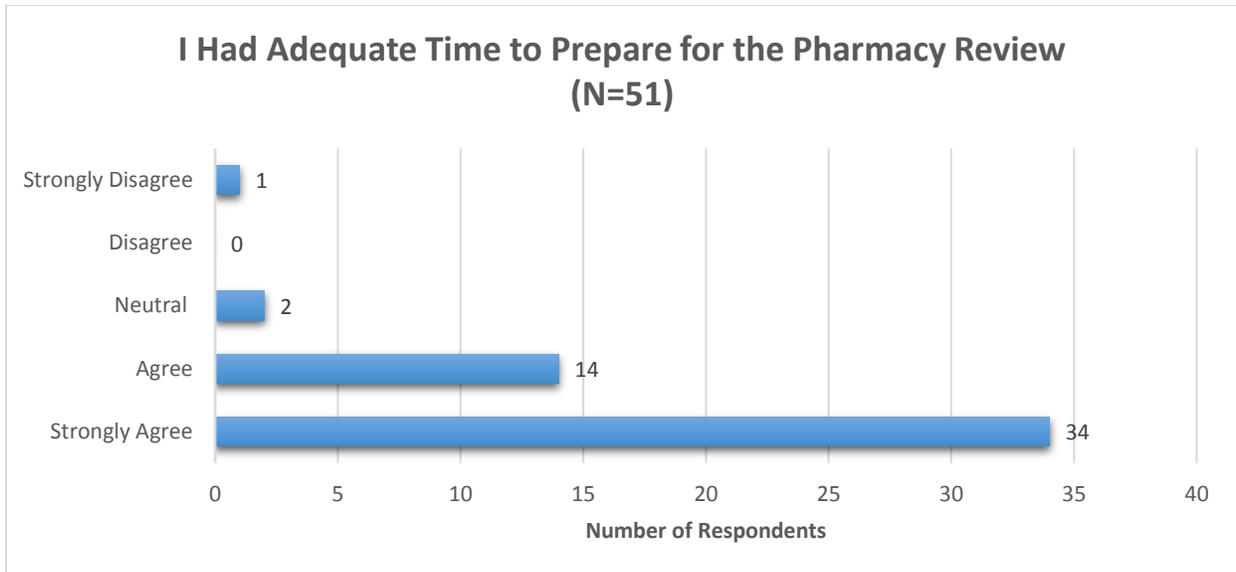
Pharmacy Managers – Practice Review Program Pre-Review Section Comments Summary (refer to Appendix 3 for complete comments)

General Comment Category	Number of Counts
Notes made on Pre-Review submission disappeared / difficulty or problem with submission	4
Make Pre-Review tool more streamlined / remove repetitive questions / trim down Pre-Review	4
Technical difficulties with Pharmacy Pre-Review / tutorial difficult to read	3
Problem with entering hours of operation / should provide screenshot on how to enter hours	3
Provide links to resources/guidelines	2
Pre-Review can take a significant amount of time to complete	2
Pre-Review gave me a good idea of what to expect and deficiencies the pharmacy may currently have	2
Apple browser not supported when it should be	2
Provide FAQ for Pre-Review tool	1
Make Pre-Review in a more printable format to be able to discuss with staff	1
Total Comments	24

Pharmacy Review Scheduling Process

Overall Rating		
Pharmacy Managers – Pharmacy Review Scheduling Process (N=51)		
Agreement Rating	Neutral	Disagreement Rating
94.12%	4.90%	0.98%



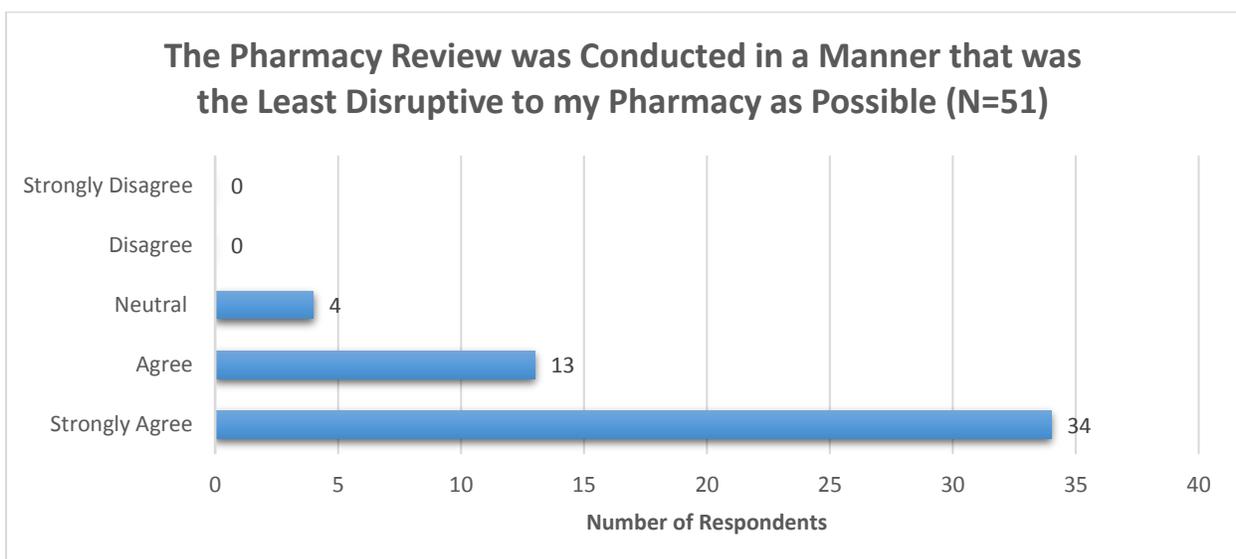
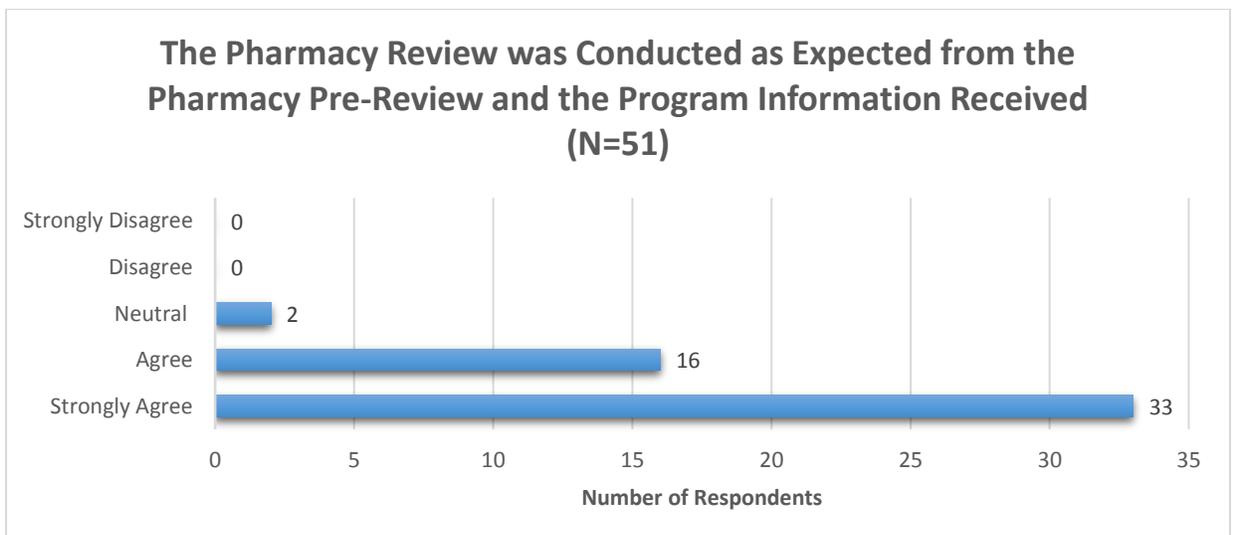
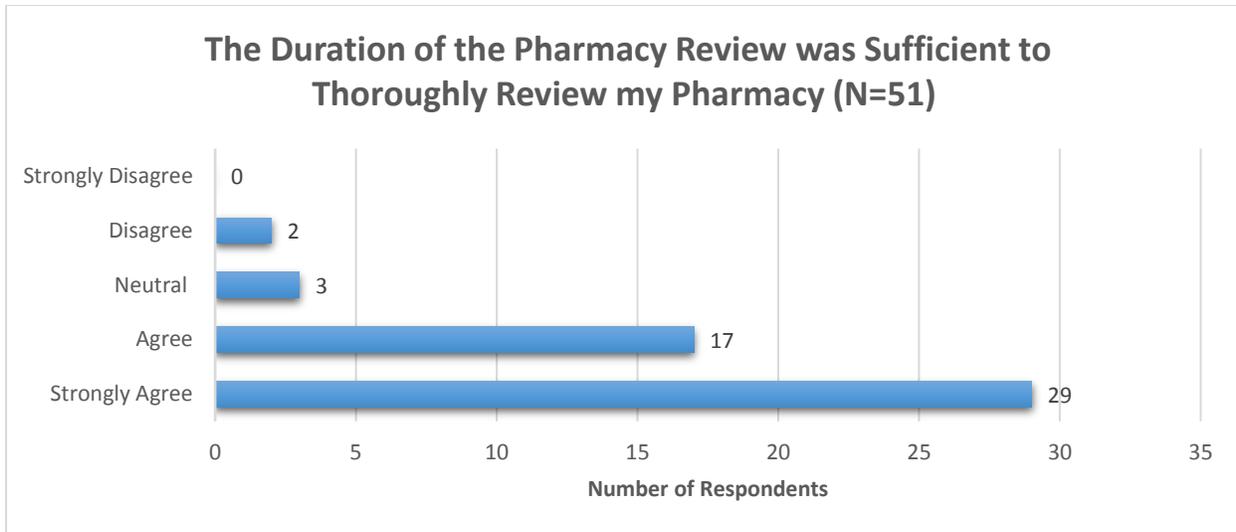


Pharmacy Managers – Pharmacy Review Scheduling Process Section Comments Summary (refer to Appendix 4 for complete comments)

General Comment Category	Number of Counts
Had enough time to prepare for review / no issues with scheduling	10
Would like more lead time / notice	5
PRP department was flexible with scheduling	3
Have choice of dates online to choose from	2
Can be stressful when CO is at pharmacy for a whole week	1
Hire more inspectors so a rescheduled review isn't a whole month away	1
Would like to know time when CO will arrive on the day of	1
Call pharmacy along with sending notification email to ensure manager isn't on holiday	1
Total Comments	24

Pharmacy Review

Overall Rating Pharmacy Managers – Pharmacy Review (N=51)		
Agreement Rating	Neutral	Disagreement Rating
92.81%	5.88%	1.31%

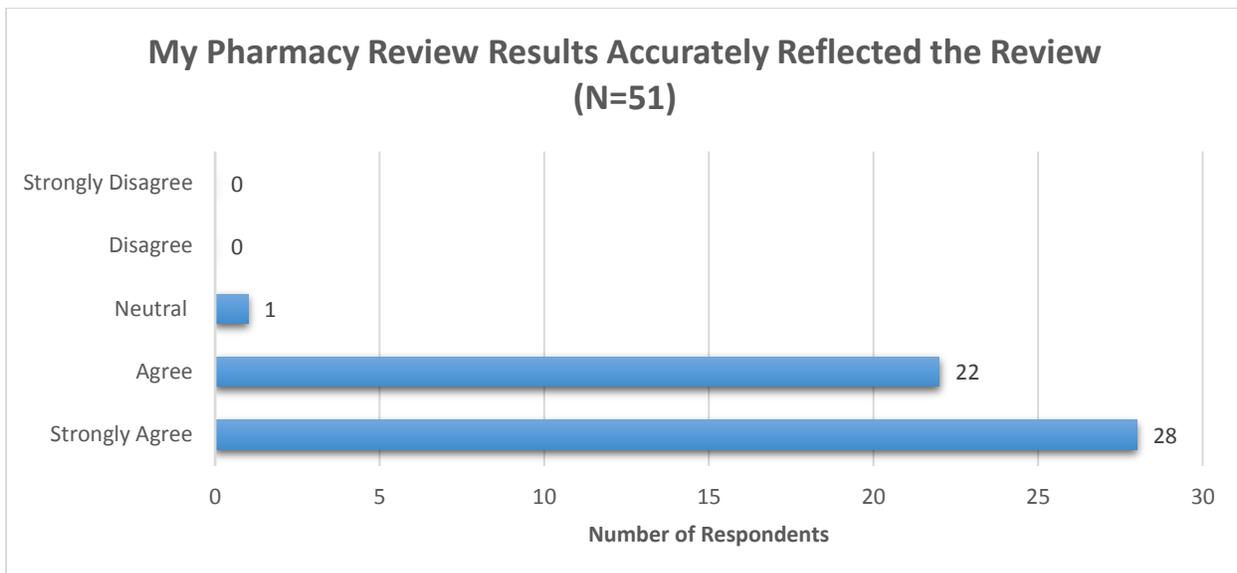


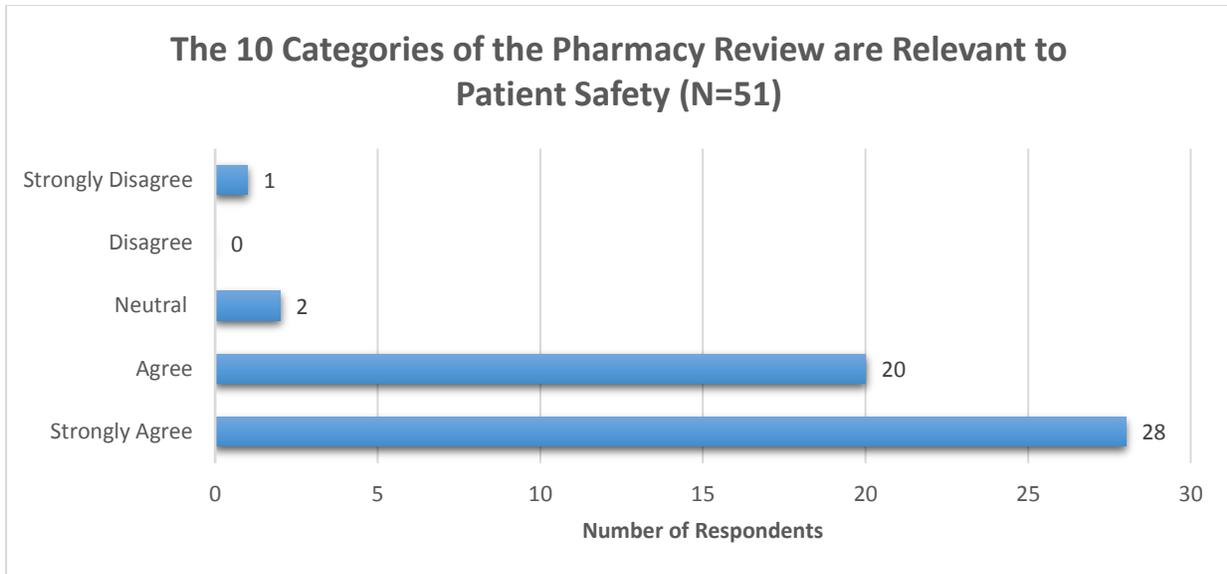
Pharmacy Managers – Pharmacy Review Section Comments Summary (refer to Appendix 5 for complete comments)

General Comment Category	Number of Counts
Pharmacy Review took too long	3
CO was considerate of business and staff	2
Total Comments	5

Pharmacy Review Results

Overall Rating Pharmacy Managers – Pharmacy Review Results (N=51)		
Agreement Rating	Neutral	Disagreement Rating
96.08%	2.94%	0.98%



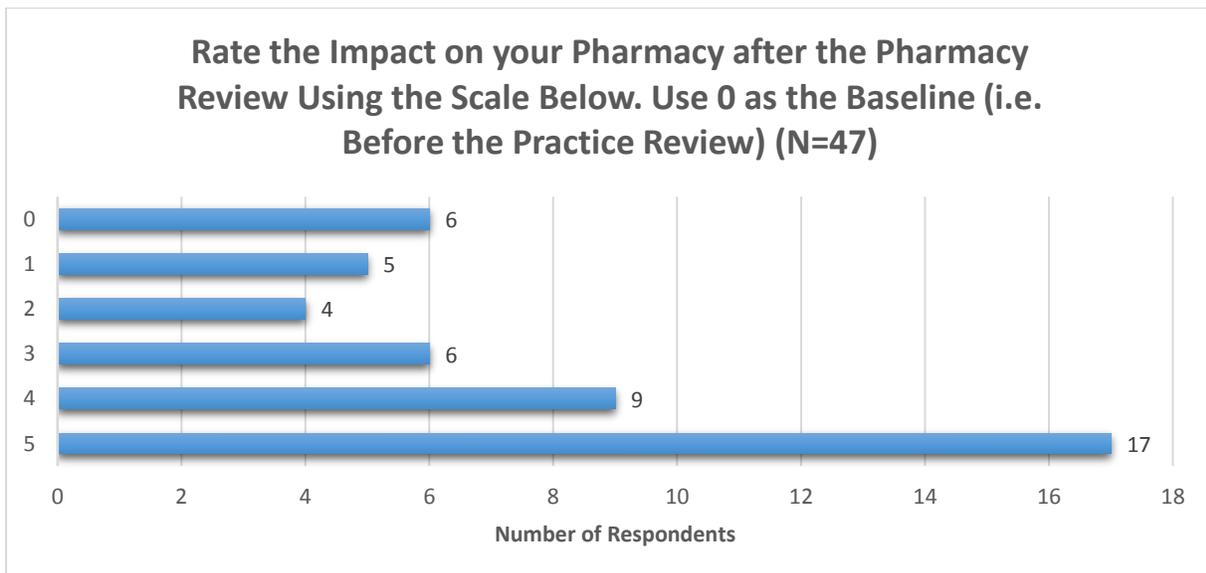


Pharmacy Managers – Pharmacy Review Results Section Comments Summary (refer to Appendix 6 for complete comments)

General Comment Category	Number of Counts
Some points unrealistic / not reflective of real world	2
Nice to get validation of our work	1
Total Comments	3

Pharmacy Review Impact

Note: Out of 47 Pharmacy Manager responses. First version of survey did not include impact related questions.



Rank the Top 3 Areas in the Pharmacy Review that had the Highest Positive Impact on your Pharmacy After the Review (N=47)			
	Highest Positive Impact (# of votes)	Second Highest Positive Impact (# of votes)	Third Highest Positive Impact (# of votes)
External to the Dispensary	1	0	4
Dispensary	3	1	5
Security	0	1	2
Equipment and References	1	7	7
Prescriptions	7	12	8
Confidentiality	1	1	0
Inventory Management	0	1	7
Dispensed Products	1	2	2
Documentation	25	16	2
Pharmacy Manager's Responsibilities	7	6	8

Pharmacy Managers - Pharmacy Review Overall Impact Ranking and Score (Highest Impact = 3 points, Second Highest Impact = 2 points, Third Highest Impact = 1 point) (N=47)	
Documentation	109
Prescriptions	53
Pharmacy Manager's Responsibilities	41
Equipment and References	24
Dispensary	16
Inventory Management	9
Dispensed Products	9
External to the Dispensary	7
Confidentiality	5
Security	4

**Overall Impact Score = Sum of (points X votes) for each level of impact (Highest, Second Highest, Third Highest)

Pharmacy Review Impact Section Comments Summary (refer to Appendix 7 for complete comments)

General Comment Category	Number of Counts
Improved our counselling, filing and/or documentation / helped improve day to day pharmacy practice	24
Practice review showed me where improvement was needed and raised awareness of legal requirements / helps improve public safety	12
Process was fair and I received clarification on grey areas / allowed me to ask questions regarding my practice	4
A good learning opportunity / helped improve confidence	3
Helped bring the staff together	1
Little impact as we were quite compliant already	1
Total Comments	45

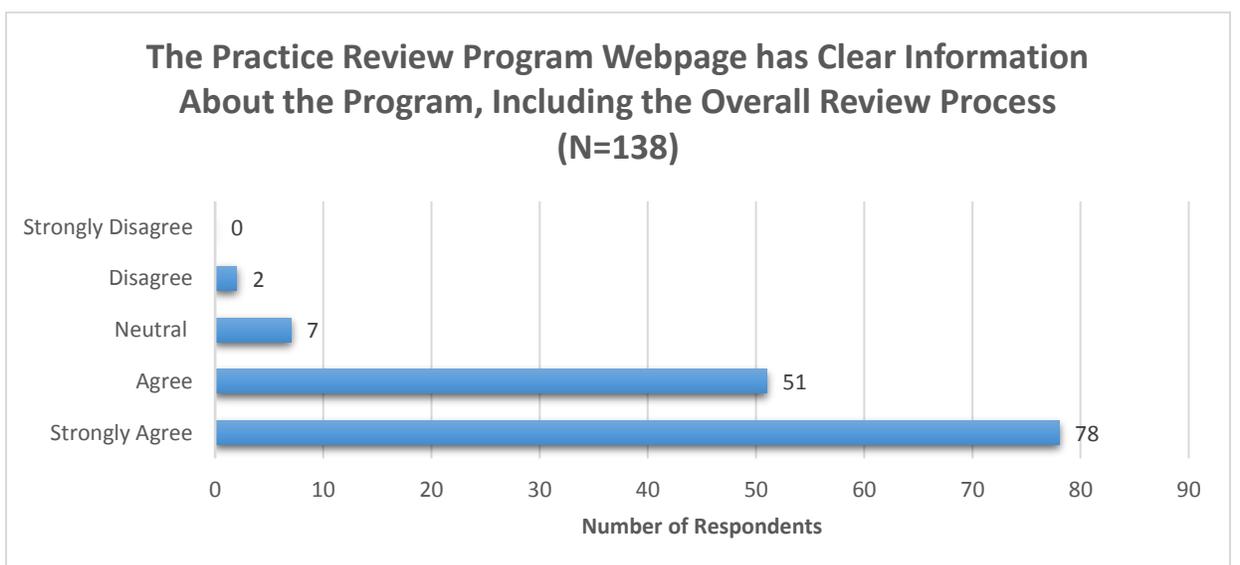
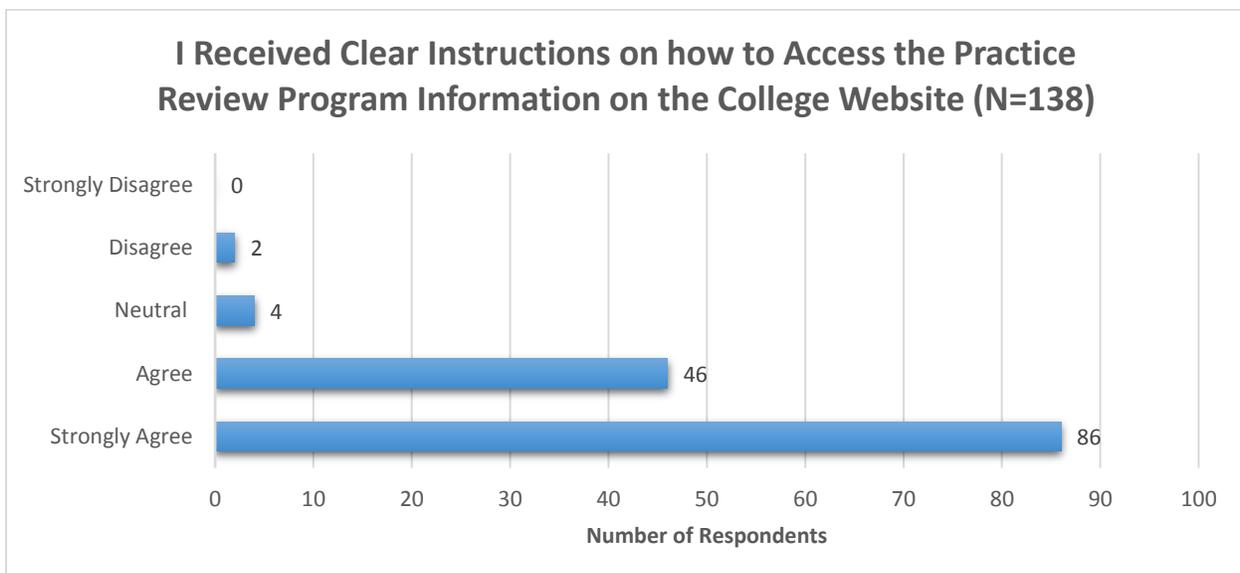
Pharmacy Review Impact Section (Areas of Improvement) Comments Summary (refer to Appendix 7 for complete comments)

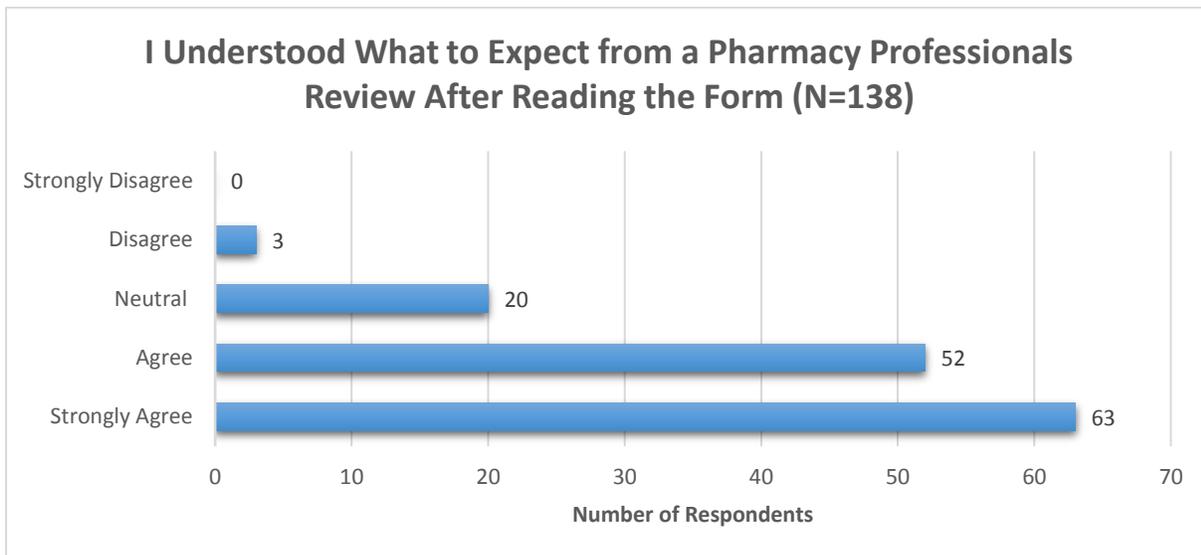
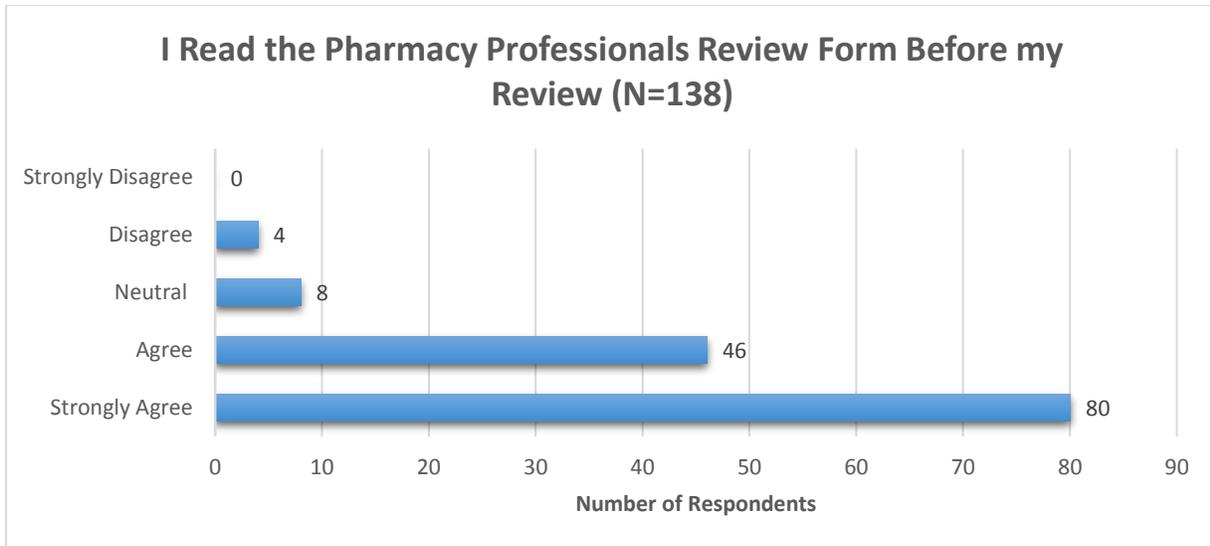
General Comment Category	Number of Counts
Current process is great, no changes needed	9
Broaden scope of review to assess more (i.e. ethics, injections, triage, adaptations, med reviews, etc)	6
Make the review yearly / spend more time / more follow ups	5
Provide seminars / discuss how to prevent forgeries	2
Reach out to doctors to explain Rx rules and regulations / look at interprofessional interactions	2
Convey non-threatening, non-punitive and transparent nature of process better to help relieve anxiety beforehand. Maybe use online "testimonials"	1
Have CO be closer to patient/pharmacist interaction to hear what was discussed better	1
Use customer feedback, online assessment tools for knowledge and onsite evaluation together	1
Make review less stringent	1
Point out area of pharmacy that needs MOST improvement	1
Some evaluation criteria not practical and should be reviewed down the road	1
College should consider staff ratios as part of review	1
Review Pharmacy Assistants as well	1
Relate Practice Review to Pharmacare audits	1
Total Comments	33

Pharmacy Professionals Review

Practice Review Program Tools

Overall Rating		
Pharmacy Professionals – Practice Review Program Tools (N=138)		
Agreement Rating	Neutral	Disagreement Rating
90.94%	7.07%	1.99%



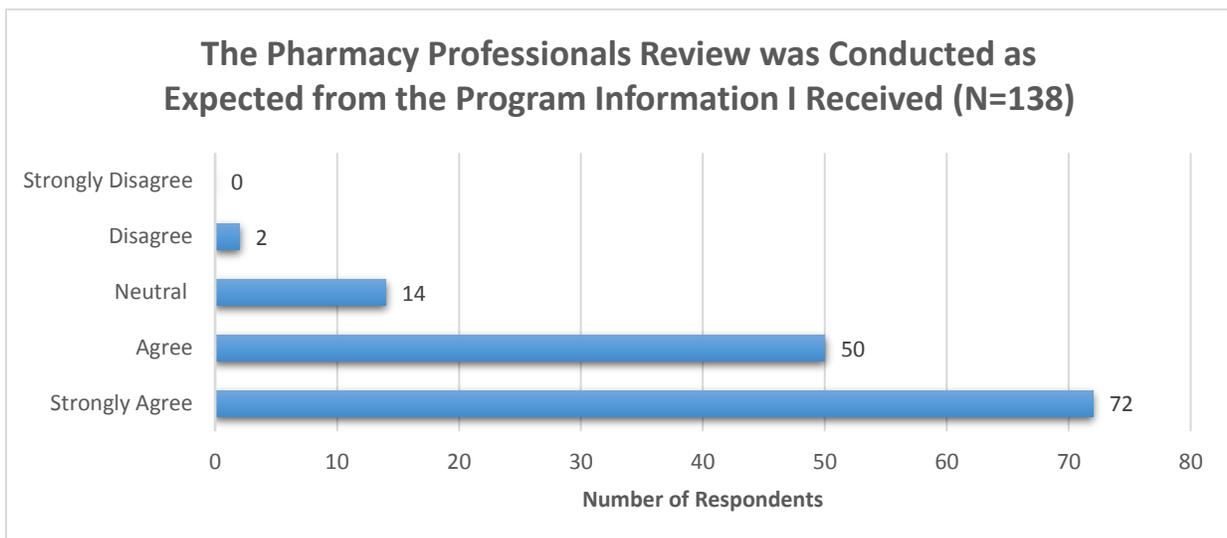
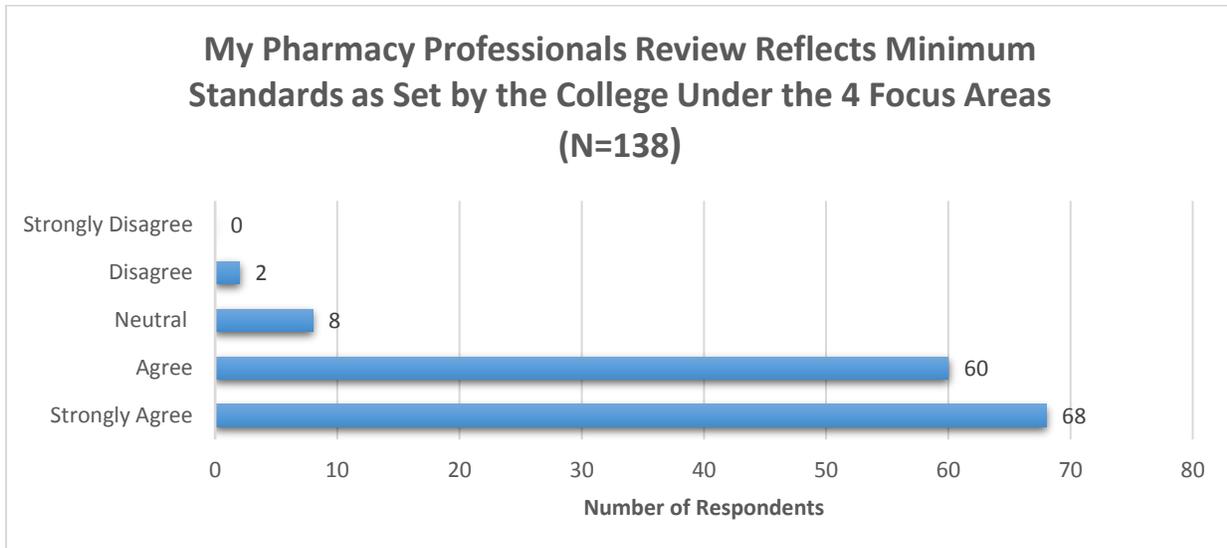


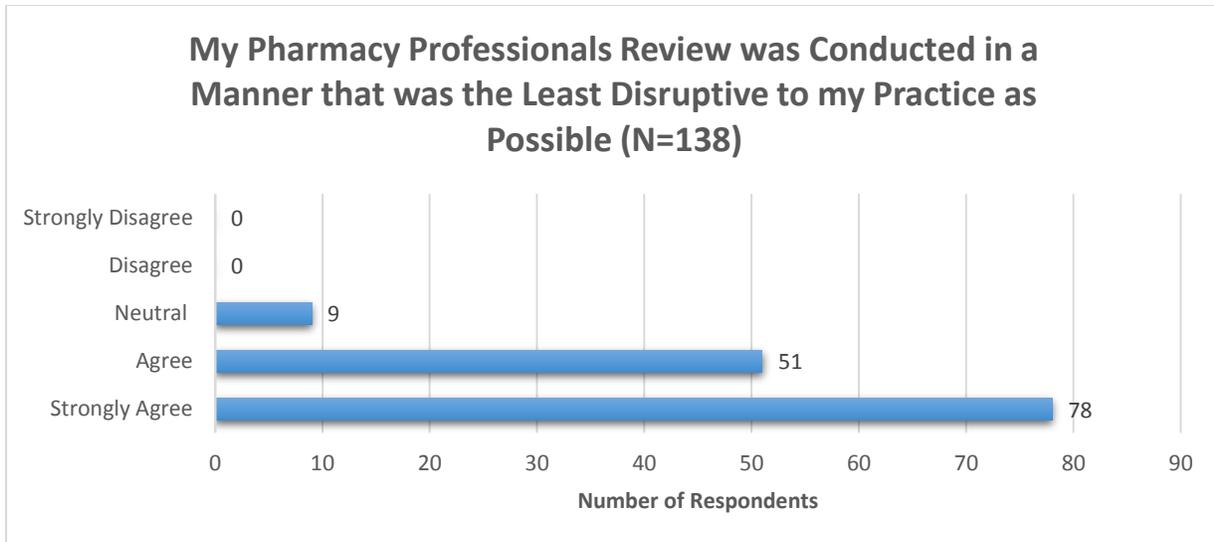
Pharmacy Professionals – Practice Review Program Tools Comments Summary (refer to Appendix 8 for complete comments)

General Comment Category	Number of Counts
Practice Review Program is great, everything was clear, no problems	5
Unaware of PRP webpage / review form online before review	3
PRP was helpful but talking to colleagues was more useful in understanding expectations during review	1
Review criteria was unclear	1
Total Comments	10

Pharmacy Professionals Review

Overall Rating		
Pharmacy Professionals - Pharmacy Professionals Review (N=138)		
Agreement Rating	Neutral	Disagreement Rating
91.55%	7.49%	0.97%



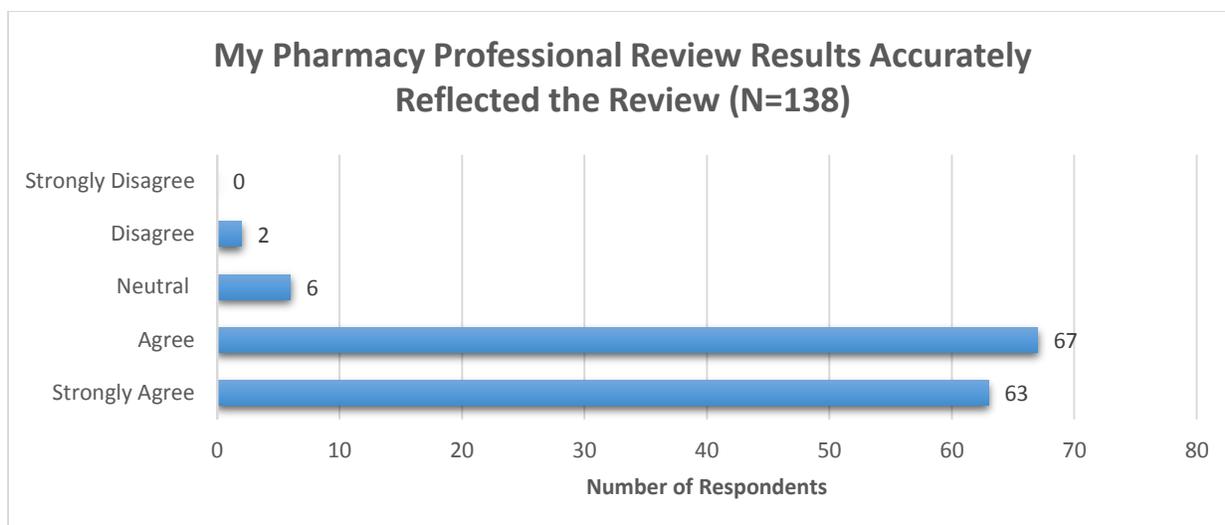


Pharmacy Professionals - Pharmacy Professionals Review Comments Summary (refer to Appendix 9 for complete comments)

General Comment Category	Number of Counts
CO was professional and not disruptive to practice / review was constructive	6
Unaware of PRP review procedure	2
Observe more of what a pharmacist does in a certain time period	1
Practice review was disruptive to workflow, not because of CO but in general because we have very little spare time	1
Counselling standard on refill prescriptions seems impossible to meet	1
Total Comments	11

Pharmacy Professional Review Results

Overall Rating		
Pharmacy Professionals - Pharmacy Professionals Review Results (N=138)		
Agreement Rating	Neutral	Disagreement Rating
91.30%	6.52%	2.17%



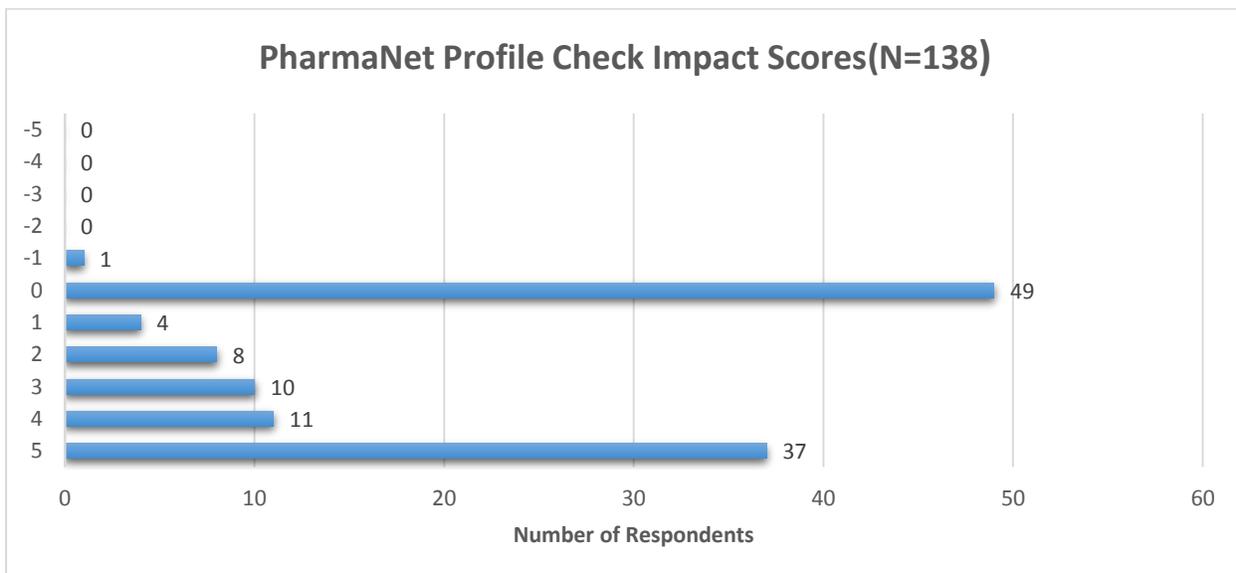
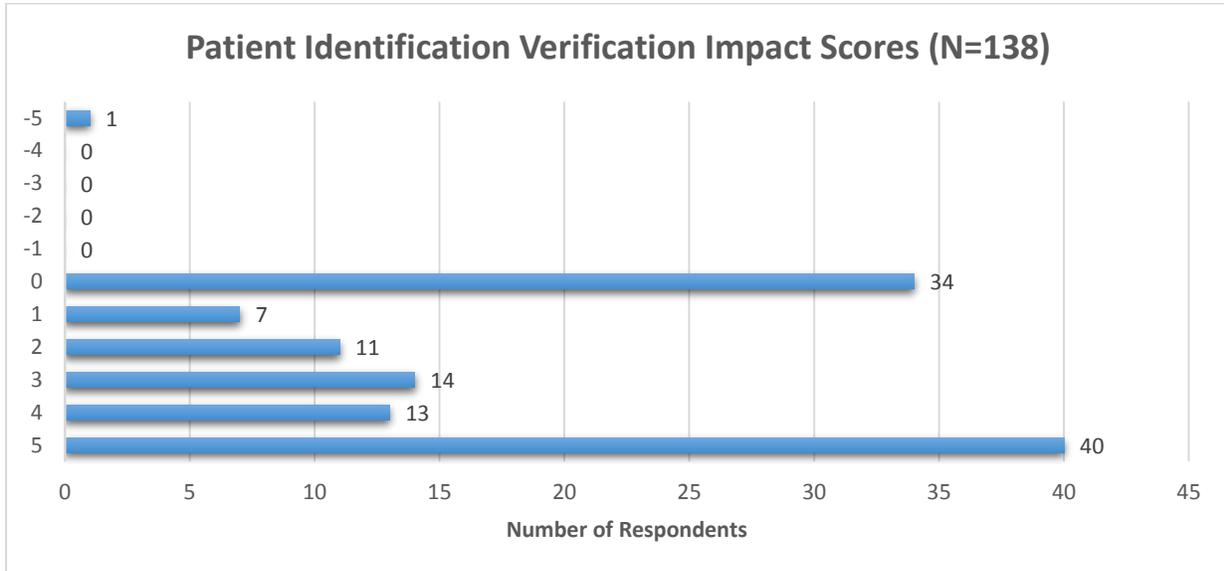
Pharmacy Professionals - Pharmacy Professionals Review Results Comments Summary (refer to Appendix 10 for complete comments)

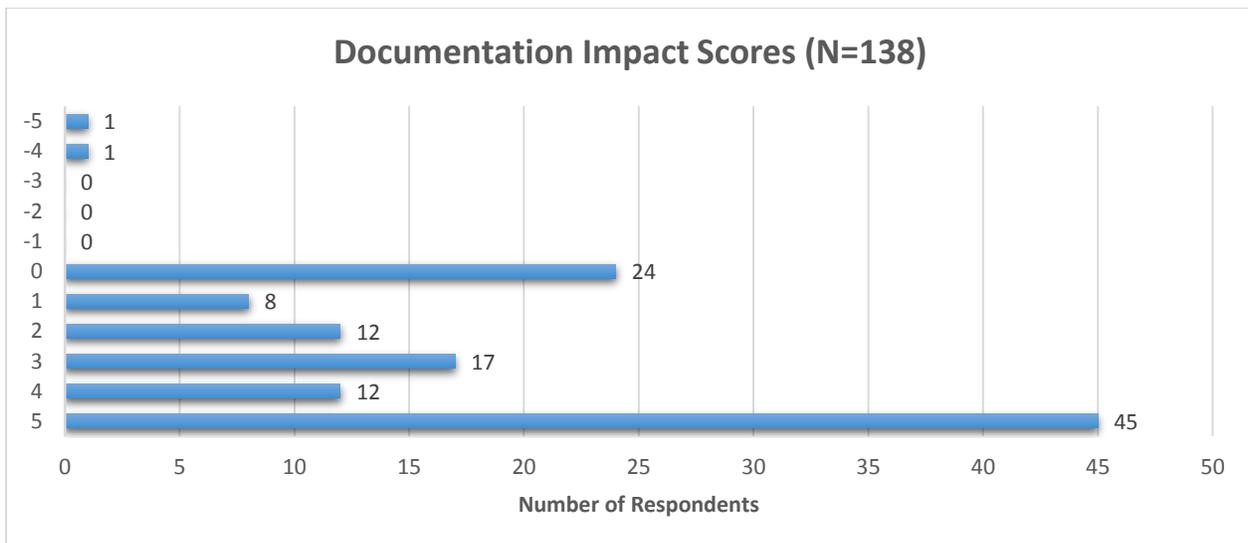
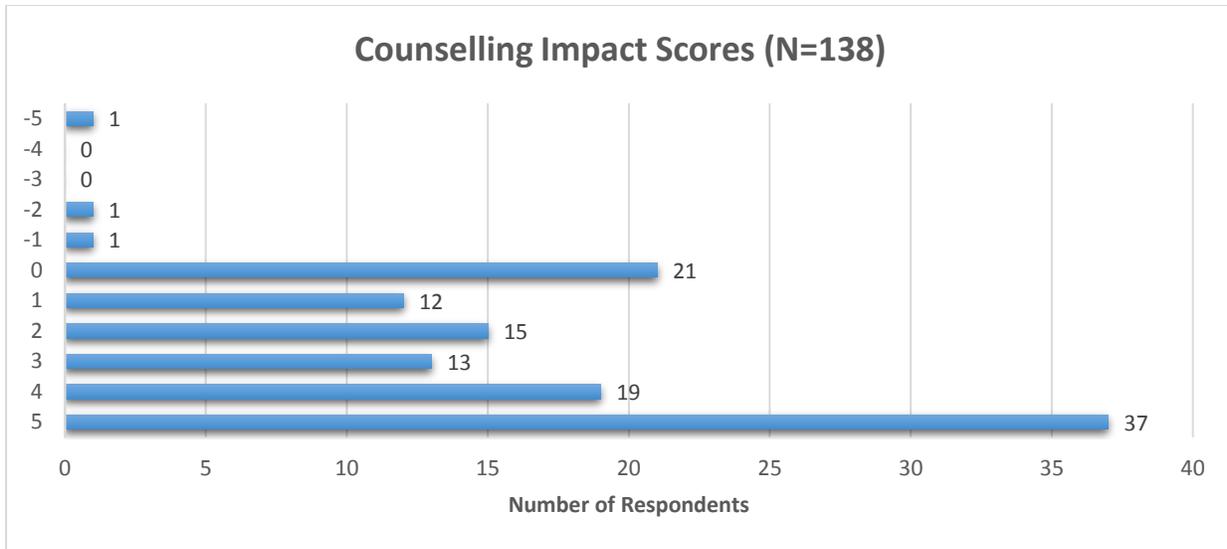
General Comment Category	Number of Counts
Review was relevant and reflects practice	9
Complete review/counselling on every single medicine is unnecessary/unrealistic to everyday practice. Full counselling criteria for all new/refill Rx's is impractical and refill counselling should consider existing knowledge of patients.	7
Would like review to go beyond just compliance. Would like to know how I am doing as a pharmacist (i.e. knowledge, clinical abilities, etc). Not just assessing minimum standards.	4
CO was standing too far back to hear counselling accurately	1
Review not as relevant to Pharmacy Technician practice	1
Should assess overall service / picture	1
Counselling has been improved and counselling points are now posted	1
Total Comments	24

Pharmacy Professionals Review Impact

Note: Out of 120 responses. First version of survey did not include impact related questions.

5 = Highest Positive Impact, 0 = No Impact, -5 = Highest Negative Impact





Pharmacy Professionals – Pharmacy Professionals Review Overall Impact Score and Average Impact Score (N=138)		
	Overall Impact Score	Average Impact Score
Documentation	347	2.89
Counselling	334	2.78
Patient Identification Verification	318	2.65
PharmaNet Profile Check	278	2.32

**Overall Impact Score = Sum of (score X count) for each score between 5 to -5

**Average Impact Score = Overall Impact Score / 120 (Total Count)

Note: For reference, 0 means no perceived impact at all. Anything above this had a perceived positive impact, anything below had a perceived negative impact.

Pharmacy Professionals Review Impact Section Comments Summary (refer to Appendix 11 for complete comments)

General Comment Category	Number of Counts
Improved documentation/counselling/ID checks	59
Pharmacy Professionals Review provided positive reinforcement to daily practice. Raised awareness of day to day practice issues and improved clarity on policies overall.	44
Another hoop to jump through / more work to do	5
Minimal impact because we are already aware of requirements	4
Increased self-awareness and accountability	4
More aware of 4 focus areas	2
Better defined role of Pharmacy Technician	1
Improved updating of Pharmanet	1
Improved confidentiality	1
More careful	1
Total Comments	122

Pharmacy Professionals Review Impact Section (Areas of Improvement) Comments Summary (refer to Appendix 11 for complete comments)

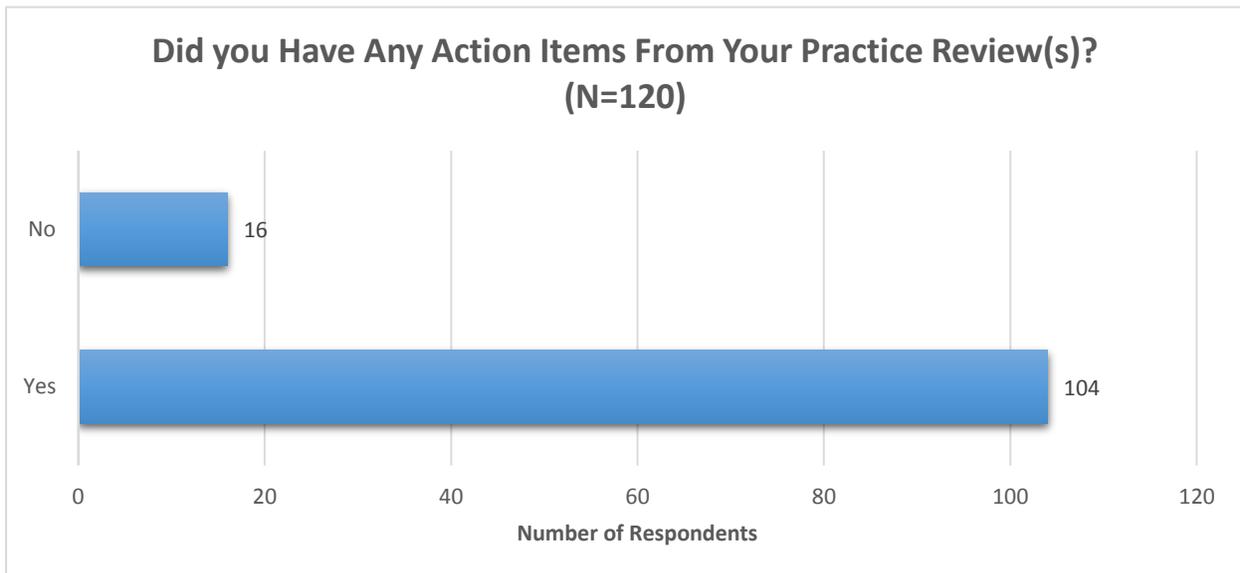
General Comment Category	Number of Counts
Process was fair and complete. No changes needed, better than previous knowledge assessment exam.	25
Should assess clinical knowledge of practitioner. Look at broader scope of practice and overall performance of practitioner.	14
Make reviews longer, include follow ups, conduct them more frequently, conduct them unannounced	8
Review needs to be more practical and realistic. Counselling bylaws should be updated to be more practical.	6
Share other pharmacy review results for learning purposes, provide more updates, information, and publications to registrants	3
Better geared to evaluate Pharmacy Technicians	3
Perform 1 to 1 assessments	2
Conduct review at less busy time of year	2
Have support line for questions	2
Review Pharmacy Assistants as well	2
Interview patients as part of evaluation	2
Conduct a mock Pharmacare audit	1
More feedback should be given on site	1
Shorter notice times	1
Very heavy focus on counselling	1
Captures best behaviour, not day to day	1
Demoralized after NCs identified for review	1
Assess registrants concurrently	1
Have some flexibility on rules depending on type of practice and workflow	1
Prefer old knowledge assessment exam	1
Total Comments	78

Action Item Portal

The Action Item Portal is a confidential and secure tool used to share Pharmacy Review and Pharmacy Professionals Review results. In the Action Item Portal, registrants can ask questions and provide updates on their assigned action items.

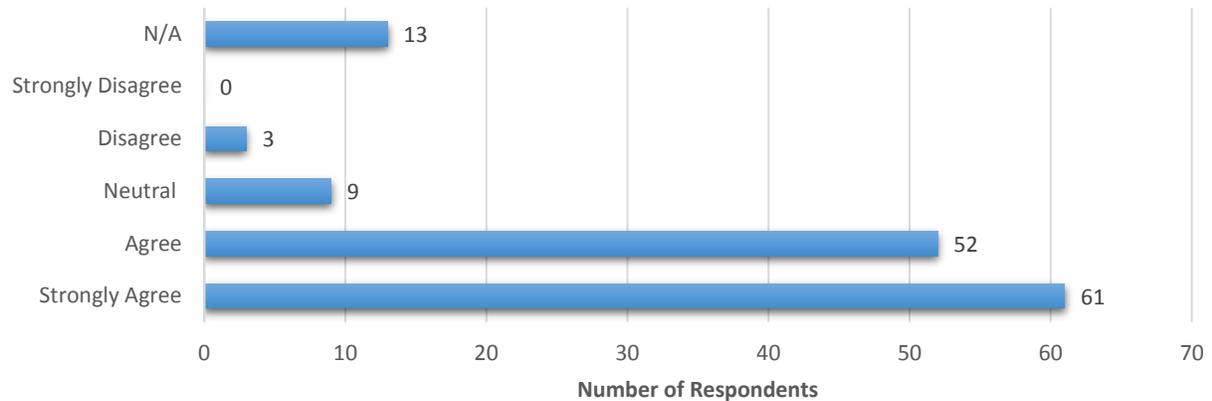
Note: Some responses N/A because of question differences in first version of survey and because of registrants with no action items not responding to question.

Overall Rating Action Item Portal (N=138)		
Agreement Rating	Neutral	Disagreement Rating
84.48%	12.07%	3.45%

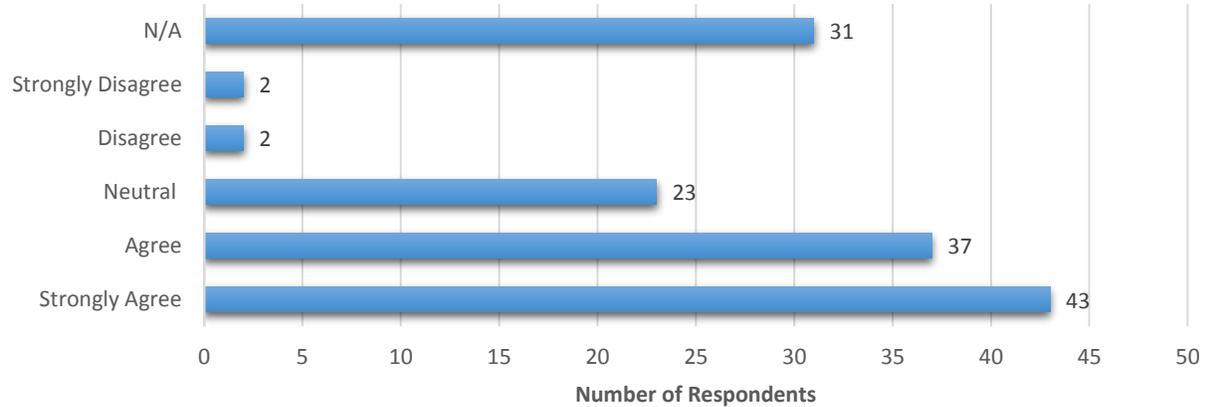


Note: Out of 120 responses. First version of survey did not include this question.

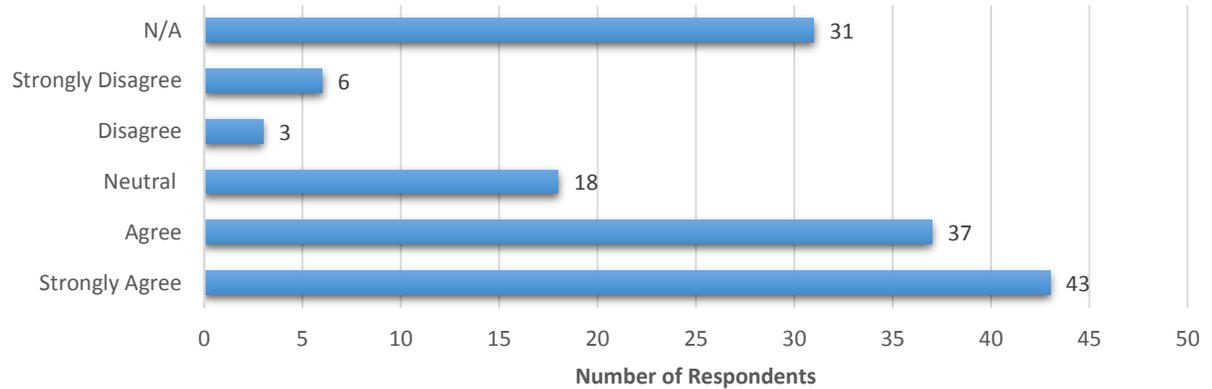
I Received Clear Instructions on how to Review my Action Items and Submit them on the Action Item Portal (N=138)

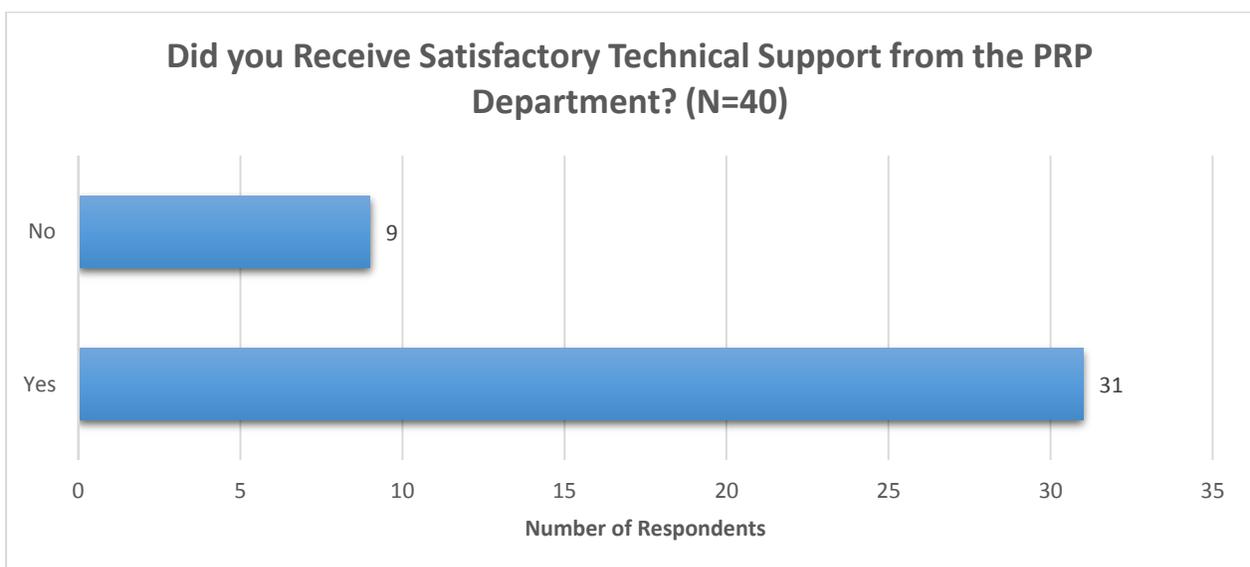
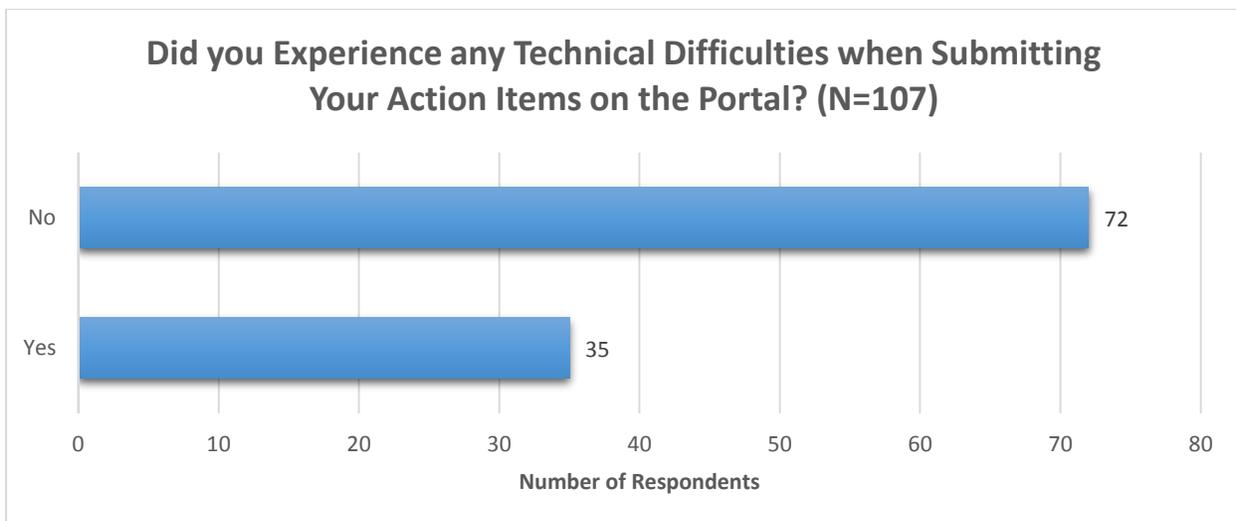
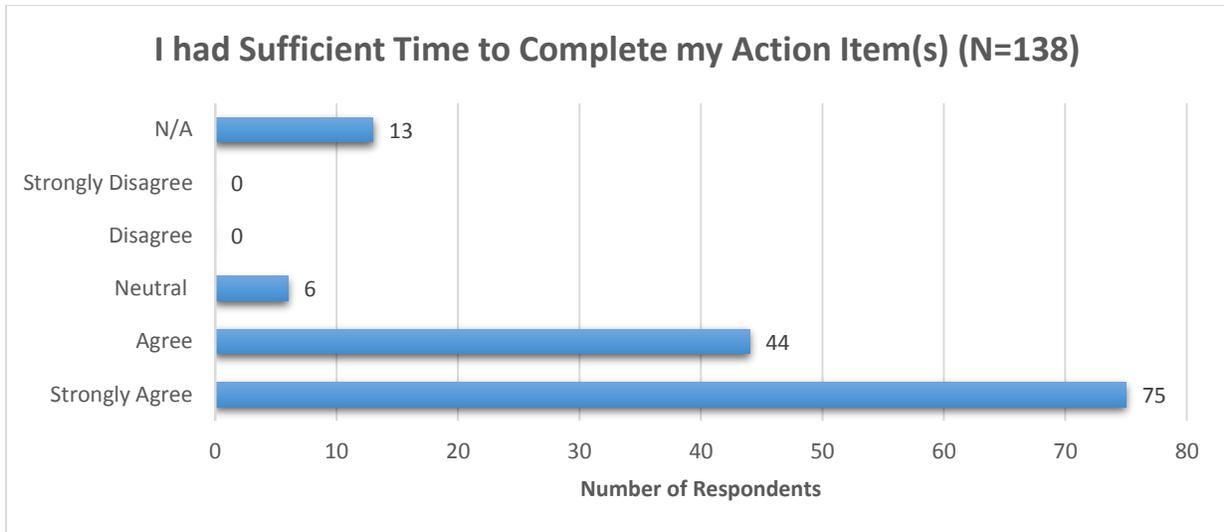


The Action Item Tutorial was Helpful (N=138)



The Action Item Portal was User-Friendly (N=138)





Action Item Portal Comments Summary (refer to Appendix 12 for complete comments)

General Comment Category	Number of Counts
Problems with input of response / responses disappeared after re-logging in or did not save	23
Incompatibility with Apple computers and browsers unacceptable	9
Cumbersome and awkward to use	4
Submitting/saving action items was confusing and sometimes did not work. Did not know I had to click “acknowledge” button before typing in actions.	4
PRP/IT responded to my email quickly and fixed my issue	4
Had technical difficulties with portal	3
Did not know technical support was available / didn’t want to bother anyone	3
Problems finding link to action item tutorial	1
Comment box looks deceptively small	1
Displays comment thread bottom to top instead of top to bottom	1
Total Comments	53

Action Item Portal (Areas of Improvement) Comments Summary (refer to Appendix 12 for complete comments)

General Comment Category	Number of Counts
Allow support for all browsers and Apple computers, make more intuitive	6
No major problems	3
Highlight the “acknowledge” button and force user to acknowledge before exiting so responses aren’t lost	3
Fix the issue with lost responses / saving	2
Have responses match automatically with each action item	1
Better instructions of how to enter information and save	1
Add option to print report	1
Allow notes and don’t have it lock you out of fields	1
Allow deleting of added comments	1
Total Comments	19

Additional feedback on Practice Review Program not addressed in survey Comments Summary (refer to Appendix 13 for complete comments)

General Comment Category	Number of Counts
Overall fair and positive experience	13
Don't schedule in December (busiest time of year), scheduling and extra staffing for review was sometimes difficult	4
Make review more detailed / longer	2
CO should review more consultations, more areas of practice	2
Mention specific quantities required of pieces of equipment	1
Better support for Apple computers and browsers	1
Less lead time to prepare would allow for more realistic review and less anxiety	1
Confusion about documentation upload requirements	1
Having CO on site for discussion and to ask questions was useful	1
College should review working conditions and provide comment to employers to support Pharmacists	1
Allow more time to complete action items	1
Should find a way that staff don't pass information to each other or review all staff concurrently	1
Send reports to head office and get them to respond as well	1
Total Comments	30

Conclusion

The Practice Review Program is dedicated to continual improvement and development through the feedback we receive from registrants. The information and insight gained from our analysis of the survey feedback data provided us with some key takeaways.

Registrants were the most satisfied with the performance of our Compliance Officers and the results which Pharmacy Managers obtained from their Pharmacy Review. The areas of the Pharmacy Review which registrants found the most impactful to their practice were in the areas of 1) Documentation, 2) Prescriptions, and 3) Pharmacy Manager Responsibilities.

On the other hand, registrants were the least satisfied with the Practice Review Program Pre-Review and the Action Item Portal. Some of the concerns received were related to the length and duration of time it took to complete the Pre-Review as well as the lack of support for iOS to perform the Pre-Review. In addition, registrants expressed concerns about difficulties they had with saving their entries in the Action Item Portal, as well as reiterating the issue of Safari browsers not being supported to complete their action items.

The Practice Review Program actively evaluates feedback received from registrants in order to make continual improvements to our processes and program. Many steps have been taken since our beginnings to make improvements based on feedback (i.e. Autosave feature for Action Items Portal, updated Pharmacy Technician review criteria, providing links for key documents directly in our pre-review communications, working with our IT department to look into compatibility with Safari browsers, etc), and we will continue to implement further improvements as we move forward.

Appendix

1) Compliance Officers Section Complete Comments:

- CO is very loquacious. CO could be more concise in their recommendations. But their friendliness overcame that negative.
- CO made me feel comfortable to ask or answer my questions.
- CO explained things really well and importance of this survey. CO answered our questions regarding registrant and pharmacy as well.
- CO was very professional, knowledgeable, and reasonable.
- I had no action items to complete.
- No issues. CO was very polite and professional. There were things that I did not agree with but CO explained them well. CO provided solutions to issues. CO clarified with other compliance officers if they were not sure of something and provided with correct response in very reasonable time.
- CO was a wealth of information and we truly appreciated their input in making our pharmacy a better place of practice for our patients.
- I thought that CO was very professional. Not only was CO very knowledgeable but CO was helpful in furthering our practice.
- CO has clarified my concerns by his knowledge. I also got opportunity to learn from CO during my practice review. I am so thankful to College as well as CO for giving your valuable time to motivate us to perform our responsibilities with quality and in best interest of patient.

2) Pharmacy Managers – Practice Review Program Tools Section Complete Comments:

- After the review, we were told to make sure we acknowledge our comments with 24 hours, however at first we weren't even able to access the portal and secondly after hitting the acknowledge button it would let me type any comments. We had several calls to the college to get this to work. Once all the issues were all finally resolved then it was fairly straight forward. Also I am not able to review my report anymore, it would be nice to keep it.
- I did receive instructions on how to complete the Pharmacy Pre-review on the How to Guide but at the time I was late answering the email I received since it came while I was on holidays. Because I felt pressured to "get the pre-review done" I did not review the Tutorial before completing the pre-review. I think it would be helpful to include a reminder to complete the tutorial in the introductory letter.
- Entering hours in the Pre-Review report was difficult but received help from PRP. They were great and sent me screen shot of how to enter these.
- I felt the tutorials and any questions I had were answered clearly. The site was very user friendly.
- College review team was helpful in answering all the questions I had.
- The pharmacy pre-review link that was sent to me did not work. It was sent again, when I was finally able to log in, I could not save my answers. I became very frustrated trying to complete my pre-review. I had multiple staff members helping and I used a number of different computers, internet sources as well as different web browsers. I wasted a lot of time just trying to get the pre-review to work.

3) Pharmacy Managers – Practice Review Program Pre-Review Section Complete Comments:

- The portal of the pre-review tutorial is not easy to read as the area showed on the screen is limited. And I can't print the details out to read.
- Pre-Review takes an easy 3 to 5 hours to complete properly if you are doing while at work with the participation of your co-workers.
- Time to complete Pre-Review will vary depending on thorough one is. That is to say if one goes through filed prescription batches to confirm compliance it will take longer as opposed to someone who knows whether they are compliant or not and answer based on that.
- The pre-review gave me a good idea of what to expect and what our deficiencies were before the pharmacy review.
- Technical difficulties with the pharmacy pre-review.

Did You Experience Any Technical Difficulties When Completing the Online Pharmacy Pre-Review? Please provide details:

- I tried making notes on the review but upon submission they disappeared.
- I don't know if my laptop was too old but I didn't see the submit button on the screen until I switched to another laptop...couldn't access on work computer either.
- Safari IOS is not supported.
- Entering hours of operation (lock and leave hours). Store opens 1 hour earlier and closes 1 hour later than pharmacy.
- I was unable to access the review CO had conducted at first, but it was resolved in a timely manner :).
- I could not add a RPh onto my roster. My business is a 24 hour store, I could not reflect that on the Pre-Review.
- I have to re-enter all my answers because I forgot to hit the add button.

How could the online Pharmacy Pre-Review tool be improved?:

- More streamlined and user friendly.
- Maybe providing frequently asked questions??
- Looks good....maybe remove any repetitive questions.
- Link to relevant practice resources (eg NAPRA)
- It was very detailed and seemed all-encompassing so think it was fine.
- Not sure how, but could definitely be trimmed down a lot.
- It could be improved by making it compatible with ios so that it can be completed on an ipad
- Put online link for detail guidelines for each section.
- Give example (screen shot) on how enter lock and leave hours. Megi helped me with this by providing this information.
- I think the pre-review should be in a more printable format so that I can discuss the questions / items with staff before final submission. I had a hard time getting the format of the pre-review to print properly. I ended up submitting the pre-review and then printed the pdf file to be used during our staff meeting.

- Detailed instructions on how to add or remove comments.
- It was just very wordy and perhaps could be simplified versus just stating the bylaws.

4) Pharmacy Managers – Pharmacy Review Scheduling Process Section Complete Comments:

- More time. I got an email from the College late on a Friday afternoon and was away on vacation with limited access to the internet. I was not returning to work before the initial deadline to respond would have passed. After a call to the College an extension was granted. That was fine, I still feel a little more time to respond and preform the pre review would be beneficial.
- I was glad to have the month as I had other scheduling commitments going on.
- I had enough time to prepare.
- No issues. I had no issues with dates chosen by college.
- The PRP department took our request of having the review done before our new software update took place. This greatly reduced the stress on our pharmacy and allowed us to be fully engaged with the review.

How could the scheduling process be improved?:

- It is a bit intense when a pharmacy has 6 registrants so a compliance officer is there for the better part of a week. As a manager, much of one's work involves non pharmacy related matters, and it is hard to carve out that time when the compliance officer is there and, rightly or wrongly, people feel "under the microscope". That being said, it is nice to have continuity with them there for just part of one week. Ultimately, I am not sure.
- In my opinion, the scheduling process is well done.
- Hire enough inspectors, so I don't have to reschedule a month later.
- No improvement is necessary. I think one month notice is more than enough.
- When the initial contact to the pharmacy is made -- give us at least 14 days' notice if not closer to 30.
- Prior to the actual start day, notification by CO as to when he/she was to arrive would have been useful.
- The scheduling process could be improved if along with the email informing that a Pharmacy review is upcoming and a response to the pharmacy pre-review is required within a week if a telephone call would also be made to the pharmacy to make sure the pharmacy manager is not away or on vacation.
- I felt that the PRP department was fairly flexible and understanding with respect to scheduling.
- There could be a choice of dates online to see what is available.
- Earlier notice.
- Giving more notice time.
- Some may need longer notice but I would prefer shorter notice. Actual review was easier than anticipation anxiety.
- I was thankful for the timing of the review! As it was not during the peak of flu season or year end when stress levels and workload are already high.
- I thought it was fair.
- Online scheduling!
- Maybe you could give 6 weeks to prepare for the pharmacy review. We are always busy in the pharmacy and I was pressed for time completing the pre-review.

- The contact persons are very helpful and scheduling process is good.
- The scheduling process was flexible and easy to work with.
- I felt the timing was very good and our requested times were very well accommodated.

5) Pharmacy Managers – Pharmacy Review Section Complete Comments:

- 3 days seemed long but at the end all the time was worth spending with CO 1 and CO 2.
- The pharmacy review could have been done in a more timely manner. It took too long. It could have been done in a half day instead of a full day.
- CO was considerate of the business and of us. It was all appropriate.
- Could be shorter. 3 days not required. In busier pharmacies you only need to observe registrant for 1 to 2 hours. Overall performance of individual should be observed as opposed to very specific points.
- There were no surprises and it was very thorough but not disruptive to our daily practice.

6) Pharmacy Managers – Pharmacy Review Results Section Complete Comments:

- Some of the points made are not realistic and not reflective of the real world. They do not affected patient safety.
- It was nice to get validation we are doing a good job and are following the regulations.
- I would like the College to consider a "normal" work day at the pharmacy. Pharmacies will often over staff for the scheduled review to give registrants more time to be compliant. Compare schedule to previous months. Same applies to each registrant review, each person has already gone through rigorous training and examination to get licensed. The goal should be to assess overall performance of the registrant by assessing the service each customer receives.

7) Pharmacy Review Impact Section Complete Comments:

How has the Pharmacy Review impacted your pharmacy overall?

- It's very good that my pharmacy got reviewed. As the PRP gave me a chance to look into the departments which I need to be more focused and improve.
- I feel that the process was fair and intended to ensure that the pharmacy and the pharmacists were meeting legislative standards. The most powerful part, I felt, was that CO provided excellent rationale as why things were the way they were and gave concrete examples of how compliance would benefit patient care. Gray areas were clarified and I feel we all felt confident that we were doing a good job but there is always room for improvement.
- It allowed us to confirm and ask questions regarding our practice.
- Counsel my patients on new rx and refills. File refills as per legal requirements. (we were filing as per day but requirement is to write refill Rx number sequence as well .Making sure that original Rx are obtained when faxed rx are sent BY PATIENT.

- Overall, the impact is positive. Before the review was conducted, there were certain issues we were unsure of or might not even be compliant with. After the review, problems are identified and we are notified of them. Also, we get a chance to ask questions directly and that makes things much easier.
- The review has kept my pharmacy up to expectation in the society.
- The Pharmacy Review has impacted our pharmacy overall by providing our patient's with consistent Pharmacist direct consultation and documentation. I feel that all of my staff were doing some form of consultation and documentation but now we will all uphold the same standard consistently and go a step further to use detailed documentation within our software.
- Provide better services to our patient and informed the patient about medicinal use and outcome. Take all precautions and provide all necessary info before it is used by patient.
- Improve public safety.
- Most importantly, I found out what I need to improve on my patient counselling.
- Increased awareness.
- Pharmacy Review has given me a better understanding about all rules and regulations required for smooth practice.
- Positive, making sure everyone is "dotting" their "i"s and "crossing" their "t"s. Everyone is more aware of why certain things or protocols are adopted in the pharmacy operations.
- We have improved our documentation to verify prescription dispensing requirements -we have been more diligent at providing the various counselling points to new and refill prescriptions -we have updated our references -we have paid more attention to confidentiality by removing patient names from undispensed drugs that have been returned to stock -we document rationale and follow-up for emergency refills.
- Yes. It has brought the team together and everyone was happy with the process.
- Has had little impact as I feel we were following the regulations. We only had to fine tune a couple things.
- The review gave us the opportunity to look at our current practices and to address and to make the necessary changes to improve the operations of the pharmacy to meet college standards of practice and to improve the provision of healthcare to our patients.
- Better documentation and processes.
- Good refresher --> reminded us about importance of documentation and reaffirms the importance of clear written confirmation on the prescription hardcopy re: checking, counselling, patient id, allergies, due, pnet Filing ---> reminds us how important it is to file rx's properly so we can easily find.
- It has allowed us to improve on our documentation process.
- It has helped my pharmacy become up to date with all the legislation and requirements by the college and the government.
- Have come to know a few things that we were not aware of, e.g. send a copy of any narc loss/theft to college as well and to save documentation, etc.
- It has improved our documentation process.
- Improved documentation, prescriptions , rx manager responsibilities.
- The pharmacy review gives us an opportunity to evaluate what we are doing and a chance for improvement.
- As a fresh pharmacist is a very good learning opportunity regarding in depth understanding of basic operations of pharmacy in starting of carrier. In my opinion, all newly become pharmacist should be reviewed because no one guide about these minor but important things.

- A review of how you are doing is very important. It was nice to have gentle feedback with no repercussions if you had forgotten something. Our pharmacy will run smoother after this process
- Better documentation. id check, allergy check, pnet check, drug therapy problem, final check, and counselling. All these are hand initialed by registrant responsible for each step before release of prescription.
- It was a good learning experience. I appreciated the approach that CO took. The review was as comfortable as it could be I suppose. Took the opportunity to teach us and not reprimand. We have made some positive changes to improve operations.
- We feel more confident in our practice as far as being compliant with the College. We feel the areas where we needed improvement impacted patient safety, therefore changes in these areas make us better practitioners.
- Documentation and confidentiality are improved.
- Helpful suggestions to prevent possible shrink/theft, as well as a refresher on the College Bylaws was helpful :)
- Our team of Pharmacy Professionals are much more in tune with delivering proper pharmaceutical care- filling, checking, counselling, and documenting.
- We have overhauled our filing system for prescriptions. Everything is in order now and can be easily retrieved. Regarding narcotics, we have fixed some of our documentation and inventory that were found to be inaccurate. I also have a clearer idea now of my responsibilities as a pharmacy manager.
- The inspection officer has helped me to improve the documentation. They also guided me to refresh my knowledge and responsibility as pharmacy manager. Last but not least, the officer gives me information in terms of the areas that pharmacy should be aware of in term of filling prescriptions.
- Made us more aware of workflow and tracking responsibilities during the process.
- The pharmacy review has made our pharmacy more aware of the practical requirements for clear documentation and also provided us with an opportunity to further improve processes that may have been deficient prior to the review. Eg. Fax communication with physician offices.
- Helped us to keep up with the expected standards.
- It has impacted my pharmacy in a positive manner and will be a very useful exercise in improving my services to my patients.
- The review gave us a clearer path for future improvement of our pharmacy workflow and counselling practices.
- It was of great help to improve the way we run the pharmacy.
- Mostly in terms of having to review policy and procedure manuals for the pharmacy - we have system in place but it wasn't exactly what the college is requiring so it has created a lot of work to make up policy and procedure guidelines for a few areas. Otherwise it was pretty straight forward.
- Has made our pharmacy staff more aware of the importance of full documentation in the prescription filling process.
- I am focusing on more counselling than I was before. It will drive more customers to the store if done right.
- Improved Pharmacy practice.

How could the Pharmacy Review better assess your pharmacy?

- I think the current process is very great and I feel there is nothing can be added to the process.
- I am not sure. There has been a lot of thought put into this process and, if CO is any indication, I think, intelligent, personable and thoughtful pharmacists were selected for the process. If it were somehow conveyed to registrants the purpose and the non-threatening, non-punitive and transparent nature of the process, a lot of anxiety would be relieved beforehand and the process would run smoother. Maybe even have online "testimonials".
- Overall I found the review great, it was a great opportunity to ask the college questions as the current phone system is horrible.
- The Pharmacy Review was through and difficult to better the process.
- Maybe providing seminars.
- General consensus was that the compliance officers were not close enough to the patient/pharmacist interactions to hear everything that was discussed. Items brought up at pharmacist debrief, were discussed but may not have been heard by the compliance officer.
- Feedback from customers -online assessment of pharmacist/pharmacy manager knowledge as well as onsite assessment.
- Hard to say. Reviewer went through everything.
- I thought it was a fairly detailed and thorough review process. Though it was helpful and likely some pharmacies may need this more than others, I do think that both the pharmacy and pharmacist reviews could have been completed in one day.
- I think it was really smooth and interruptive.
- It needs to be a yearly review.
- Assess normal day with normal schedule for every pharmacy. Also observe each registrant doing everything and not pre-selected activities. Injections, adaptations, emergency fills etc. Triage and prioritizing patient service.
- Less stringent.
- Stay for longer? Or perhaps look through more documentation?? Overall I thought the audit was fair and covered everything that it needed to.
- You can give us a feedback on the area of our pharmacy that needs the most improvement.
- By spending more time on actual patient-pharmacist interactions.
- CO mentioned of a probable follow up, I think this is a good idea, to monitor if we are actually compliant of what is expected from us as community pharmacists, for public safety.
- There are some requirements of pharmacists don't feel very practical and perhaps may need to be reviewed down the road. For example having to sign off on RX that have already been checked to communicate it has been counselled. In our setting, at least, every RX is counselled and the check implies that so to have to sign it again seems very tedious.
- More frequent (believe it or not!).
- Since it happened in the real time. Review gives the true practice assessment.
- It was very thorough. I don't think it needs improvement on the content.

Is there any other area of pharmacy practice that should also be included in the Pharmacy Review?:

- As pharmacy is evolving to more direct patient care and cognitive services, having a compliance officer observe those areas (medication reviews, immunization, medication management as applied to advanced credentialing programs) might be helpful though daunting.
- The Pharmacy Review was a complete process. My patients were of East Indian background and were counselled in Hindi/Punjabi/English but we were able to go back to our review process and able to discuss what was counselled and what was missed. This was great and a higher standard was set for our pharmacy.
- Compounding.
- Though this is business decision, but college may enforce the business that at certain volume there is must be certain number of Pharmacists must be available, then Pharmacist on duty will be performed all tasks with ease, which is necessary for practice.
- Ethics communications skills competence knowledge.
- Doctors should be advised and followed up regarding RX Rules and regulations. They should follow the procedure about narcotic, control and targeted drugs prescribing regulation, faxing rx with a cover letter included.
- Overall service, whatever happens to come that day. may include injections, adaptations ,emergency fills etc.
- Perhaps question the pharmacy assistants more to ensure they are aware of all of the bylaws, which most should, but this would help to drive home the seriousness and importance of following practice guidelines.
- How to avoid getting forgery phone call or forgery prescriptions.
- Interprofessional interactions between the pharmacist and other health care professionals.
- Is there a way for us to know how the Pharmanet audit and the college regulations will go hand-in-hand to prevent future clawback from our practice.
- Clinical (a bit).

8) Pharmacy Professionals – Practice Review Program Tools Complete Comments:

- I was not made aware of the prp webpage before the review.
- The PRP is wonderful concept to get pharmacy back in. It gives you the opportunity to know about rules and regulations. We really appreciate this program.
- Everything was clear and user friendly.
- I read the e-mails and College website but I do not recall seeing a form prior to my review.
- The Practice Review Program was helpful but talking to colleagues was more useful in understanding what is expected during the Review.
- The College has come up with very good Program with detailed information for us. Website has very clear information which gives us opportunity to prepare for The Practice Review. Thank You!
- I had no issues with the website or the pre review information. It seemed self-explanatory and fairly easy to accommodate.
- It does not make you aware that a pharmacist will be assessed using 13 point counselling format even for refill prescriptions and while a question was being answered about a drug related patient concern.

- It was a great opportunity to get the practice review program: it was practical and applicable. it shows where my practice was done in wrong way.
- I don't remember reading anything before the review except the standards of practice.

9) Pharmacy Professionals - Pharmacy Professionals Review Complete Comments:

- As per previous page, I was not aware of the prp review procedure.
- CO was very aware we still had to work and the review was conducted as expected. As an aside, we all found it very stressful having the PRP.
- CO was professional and straight forward about review.
- Observe every aspect and what a pharmacist does in that period. If only pharmacist on...what is being missed in that time while spending a lot of time with 1 patient.
- Our reviewer was very professional and not disruptive to our practice.
- As before ... maybe I missed the info/link.
- CO conducted my practice review with all four areas and yet give me opportunity to work without any disturbance of my work flow.
- Of all the previous incarnations of pharmacy practice competence, the review does seem to be the most valid. However, it is quite disruptive to the pharmacy flow. This is not CO in particular; it's any person who comes into a busy dispensary. On a quiet day we have very little spare time. The review was scheduled for November, so we had to accommodate not only the pre-holidays rush, but we also had to reschedule/ turn away clients who were needing flu vaccinations.
- The standard with respect to counselling on refill prescriptions is almost impossible to meet. The college inspector was at my pharmacy for almost a week and it is not very easy to check prescriptions when the college inspector stands behind your back observing, asking questions to others in a real life situation.
- It was very constructive to have my practice reviewed.
- The review was not disruptive per se however we cannot ignore the fact that your attention would somehow be divided and if management didn't add hours or staffing then it becomes busier than it is no matter how considerate and flexible the review is.

10) Pharmacy Professionals - Pharmacy Professionals Review Results Complete Comments:

- The CO was standing too far back to hear accurately the counselling that was going on with the patients.
- A complete review of every single medicine is mostly unnecessary.
- Not realistic to everyday practice in retail pharmacy.
- I work for a large chain that has stringent standards, and I was pleased to know that if you follow those standards, the PRP reflects how we practice.
- The review is relevant yes but when mentioned to colleagues who have not gone thru this review all of them told me expectations are unrealistic ... for example: no prescription refill can be given out without pharmacist consult, which means no pharmacist can do injections or med review or phone consultations, etc like we are being asked to do if we are going to make a patient who has been on a drug long-term wait 5 min to go thru requirements.
- The profile check and counselling areas are not relevant to my practice but I understand they will soon be updated to reflect a technician's scope of practice.

- Assess overall service. Priority, triaging, efficiency. If providing excellent service to 1 patient and zero service to 3 others in meantime...it may be better to provide 75% to everybody.
- Everything was applicable to our practice.
- I strongly agreed to the above questions but I did not feel that the action items properly evaluated my overall abilities as a pharmacist. I realize that the Practice Review Program is to measure my compliance with pharmacy legislation but it would be helpful to obtain formal feedback on how well I am doing as a pharmacist (examples: abilities, knowledge, problem-solving abilities) but I did receive oral informal feedback.
- The review covered all parameters required by the college for proper and safe pharmacy practice.
- That's odd that an answer is "required" since the question requests an explanation for a Disagree or Strongly Disagree answer. However, since you're insisting, I am neutral on the relevance of the Pharmacy Professionals Review to my practice as I don't believe the focus areas represent the most important aspects of the provision of pharmaceutical care - rather, they are an attempt to get the "lowest common denominator" of pharmacists to step-up their practices.
- The practice review was accurate and is relevant to the practice but in the real world it is unrealistic to hit all the counselling points as there is time constraints for both pharmacists and patients. Also it should be the pharmacist profession judgement as to how many points a patient will remember and which ones are the most important.
- As a retail pharmacist, a review is reflected on my routine practice.
- It is unfortunate that this review did not evaluate the clinical effectiveness of the practitioner in addition.
- The specific counselling points are posted at all our counselling areas, to serve as a reminder to counsel about repeats, missed dose, and when to seek professional help in case of adverse drug reaction.
- It highlighted on areas that needs improvement.
- It was a good refresher, in order to see where I might improve my practice.
- While I understand the importance of thorough counselling, I feel different scenarios warrants different emphasis in determining what is best said to each individual patient.
- While I understand a standardized consultation regarding medication usage is ideal, it's not realistic. Thus, I cannot say the focus areas are relevant to my practice.
- Provided a good reminder of the importance of detailed patient counselling.
- The review did not differentiate the counselling of new from refill rx's and the abilities for a customer to understand. Customized counselling should be allowed. Depending on how much a patient knows or how long he/she has been taking a particular medication, the pharmacist should be able to stress what the patient is still missing. Routine review of dosages, missed doses for a patient who has been taking the same med for years may not be necessary.
- Until my practice review I was confident and proud of the way I practiced pharmacy but when the results were presented, they made me feel lost and depressed. I have worked at a number of pharmacies, different pharmacy chains and with a large number of very professional pharmacists and I have never come across a single pharmacy where each prescription refill was counselled upon with respect to storage conditions, refills remaining, and what to do in case of missed dose. In fact in one instance the inspector marked me on these parameters when a patient asked me about a specific concern about one of the medications she was taking.
- Basic review is relevant to majority of practices including me, I found it useful.
- The items tested were the bare minimum of requirements. It seemed that the content of what I had to say was not important if I could follow a checklist then I'd pass. The review doesn't reflect what I know.

11) Pharmacy Professionals Review Impact Section Complete Comments:

How has the Pharmacy Professionals Review impacted your practice overall?:

- The PPR has provided positive reinforcement in the daily practice and procedures involved in my daily routine at work, it has answered and clarified many questions and scenarios that arise in my work setting. CO was very professional and actually put us all at ease very quickly. I found the practice setting evaluation much more rewarding than a written test would have been.
- I learned so many new things especially how to check DUE messages in the pharmanet and how to document on the prescriptions. Over all the impact on my practice is very positive.
- Well, I think I am just becoming more intentional with documentation and checking. The biggest challenge was the counselling and how to incorporate all the counselling requirements within time restraints. However, CO gave us some great "nuggets of wisdom" in counselling that ultimately will increase my counselling skills. I feel confident I will only be able to move forward with this.
- More aware of 4 major areas.
- Draw my attention to some practice.
- It was nice just to reconfirm that we are doing everything correctly.
- I document the counselling more clearly according to the bylaws.
- I found the review to be positive.
- Made us more aware of mistakes being made.
- I pay more attention to identification card authenticity, now. I scrutinize patient condition and medications more, now, aiming to find possible treatment shortfalls, which can be used in better patient counseling. I put more time in complete and accurate documentation, now.
- Documenting 36-39 done as per Practice Review. I did go through this process but documentation was missing. Same with counselling. I felt my counselling was complete but at Practice Review I learnt that Health By Laws requires me to be more thorough with my counselling eg to store medication at room temperature.
- I was unable to move the indicators above. There was a positive impact on all of the above measures. I have learned points I was missing and I have learned different ways to record and do things I had been already doing.
- Every time I check a prescription or perform a task in the pharmacy, I am reminded of the review process and strive to ensure all aspects are fulfilled. The negative impact is unrelenting guilt if a step is missed, so each step is analyzed and completed.
- I pay much more attention to documentation. Also, I have included more information on my counselling.
- I have improved my daily practice as some up to dated requirement has been clarified.
- Helped to verify the roles and boundaries of the pharmacy technician. Bridging program provided a good base. In the workplace, actual function/workflow seemed to leave some gray areas. The review helped to clarify and answer those questions.
- Tidied up my counselling.
- I now run from station to station to complete all my tasks.
- Update pharmanet more now.
- More emphasis on counseling and verification of patients will keep patients safe.

- This is yet another hoop to jump through. Sigh.
- Focus more on patient ID verification.
- Very positive.
- Reminded me on more complete counselling and documentation on refill counselling.
- It refreshed my memory and updated my knowledge on the requirements on patient counselling and documentation.
- Improved my patient counselling and documentation.
- I have started including all points in counselling as advised by Compliance Officer.
- It has made me more aware of what I was doing correctly and areas that I have sometimes overlooked. Overall it has improved my practice.
- I am now more focused on delivering consistent pharmacy care.
- I will document things more diligently to verify that I have satisfied the various requirements in dispensing a prescription. I will counsel more diligently on the various indicated counselling points for new and refill prescriptions. I will input adverse drug reactions into PharmaNet.
- Yes it has in ensuring patient confidentiality.
- Really hasn't had much impact because I am aware of identification of patient, profile check, importance of counselling and documentation.
- Review has positively impacted my practice by making me more aware of the importance of addressing the issues identified in the review.
- Reminder to counsel on points that are often missed (storage instructions) and serves as good reminder to patient.
- The Review gives me the practical way of following the standards handed down from the College and/or Ministry of Health. This way improves the safety of patients receiving the prescription.
- We have made numerous change to the pharmacy. I think we all feel more clear on the policies and procedures enforced by the College.
- Highlighted the importance of extra documentation for checks we were doing already. Extra focus on small details to ensure proper due diligence to patient care.
- Better documentation, counselling, pt identification, overall safety.
- The Pharmacy professional review has very positive impact on my practice. It make me aware on the areas where I need to improve. It created self-awareness about my practice and made me better pharmacist.
- Everything takes longer to do and i feel more focussed on meeting requirements and less time with patients as I have to document every step of the way now and more time on rpts instead of new rx. In theory college requirements are not wrong, but i felt we were already pretty careful and now i feel paranoid trying to meet requirements in every case and less time to do all the extras college keeps trying to get us to do to improve the profession's scope.
- Yes it definitely helps. Above all focused areas helps pharmacist to practice safely and confidently.
- Spend more time on counselling the patients including schedule 2 and 3 drugs.
- Good Refresher / reminder of counselling points, importance of documentation, patient id.
- We all seem to be more diligent in our efforts to counsel and document.
- It has allowed me to change some of our workflow to better address areas of documentation and counselling.

- It has reminded me to be consistent with my daily work so the Pharmacy Professional Reviews is a good guide for providing a better healthcare system.
- It has made me aware of areas that need attention.
- Yes. I will now make adjustments to my patient counseling and documentation.
- It has made me more aware of the best practices to use on a daily basis.
- It has improved my documentation skills . it has also indicated to me what I need to do to improve my counseling skills
- I believe it has had a positive impact to reassess policy and procedure and to ensure we are compliant with new bylaws When you have been in practice a while it is always relevant to have a review. I am aware of minimum standards and have brushed up on those and applying. We have made some alterations in flow and think input was constructive.
- Doing more documentation then before.
- My practice is getting better after the pharmacy review.
- Made everyone accountable for what they did. i.e. intake (checked info), counselling (went over DRPs).
- We started filing cover sheet from the faxes and in counselling included the specific storage information as well. All other areas, we are following as per college requirements.
- My PRP was done in Jan./2017. Since my PRP, I am using a "Compliance Sheet" which has 7 Compliance Actions that I follow and use a Compliance Stamp which has 6 boxes that I check and finally 1 check, if needed, is done for follow up therapeutic outcome.
- It gives me better understanding on what the college's requirements are and their importance on public safety.
- Some small tips here and there are important to get out of routine and do things a different way that makes more sense. Better documentation on a few things will save our butts in the long run.
- It brings to light the areas that were weak (both in my practice and in my colleagues) and I now feel that my practice has more positive direction.
- Including basic points first before going into details.
- I haven't had to change much about the way I practice. I feel like the review just refreshed some areas of practice and verified some documentation requirements that I was a bit unsure of.
- The Pharmacy Professionals Review has given me feedback and detailed guidelines on what areas I can further work on to improve my on pharmacy practice in order to provide safer and better services in the community setting.
- I learned that my counselling and documentation needed additional information and was able to change to meet college requirement.
- It has made us more aware of where we lack compliancy and better practitioners.
- Learning to be more careful.
- I have been counselling and documenting as I did when I first graduated.
- The practice review has ensured that I counsel patients on all key counselling points. Since incorporating all the key counselling points in patient consultations, I have received numerous thanks from patients for taking the time to thoroughly explain their drug therapy. Also the practice review has created consistency between fellow registrants in the documentation process in receiving, processing and counselling of prescriptions.

- It definitely helped with the required documentation required for different pharmacy tasks (i.e. emergency supplies, adaptations, etc.).
- Documentation is my most take-away from my review.
- Every time I fill and dispense a prescription, I always ask for picture ID of the patient and their drug allergy. Then I carefully check their Pharmanet profile and upon dispensing I counsel them on all the drug facts that the patient should be informed of.
- The review has refreshed my knowledge and reminded my responsibilities as a pharmacy professional.
- It improved my practice.
- The Pharmacy Professionals Review has made me aware of areas where mistakes could be made. (eg. filling a prescription under the wrong patient) . By following the guidelines, such as going over the name of a medication and what it is used for, I have found the lines of communication are more open between the patient and myself. The patient is automatically more focused on the medication they are receiving.
- Helped me to see areas where I was not in conformity to the College requirements and the impact that each area has on patient care.
- I have a better understanding how to properly document consults and patient records with respect to identifying patients and their allergy status.
- Made me more aware of proper documentation methods and more importantly to maintain consistency in affected areas.
- Helped us to do more of what's expected.
- It is helpful to improve the health service from pharmacist to patient. And it makes the practice more organized and documented, which is good for both pharmacists and patients.
- There is much more documentation I would need to complete in my everyday practice.
- Made me more aware of the minimum standards required in the 4 areas of practice being focused on and what these standards are based on.
- There is a lot more documentation to do, especially as to which pharmacist did what part of the prescription filling. However with the new software that we will be getting next month, a lot of these functions will be built in, & the pharmacist will be forced to sign off at certain stages, so there won't be as much conscious effort to it. Counselling has improved, as per college guidelines.
- My documentation process has been improved as a result of this review.
- The Pharmacy Professionals Review helped to confirm what I am doing correctly. Evaluation and feedback are always helpful and I appreciate the opportunity to fine-tune my practice.
- Impacted me in a positive way by stressing the importance of good documentation.
- It has impacted to the level that I wanted to ask more questions regarding the pharmacy professional review.
- I am following the college requirement for identifying the patients counselling documentation and Rx checking closely as my daily practice especially after the college assessment.
- The review gave us refreshed memory on what I usually miss when counselling such as storage condition and when to see the effect.
- It certainly has "forced" me to meet a list of specific behaviours - some of which are not always relevant and, thus, slow down our work or are even distracting to other activities which may be more important or relevant at a given time (patient flooded with too much information or myself and staff so concerned about dotting i's and crossing t's that our focus is there instead of on the patient and his/her needs).

- Reinstated the importance of patient identification and counselling.
- Very, very little.
- The review was very standard and there wasn't much that needed changing. This is great considering we hadn't seen anyone from the college in 11 years! I think we gained positive information to make us better pharmacists. Some of the counselling requirements need to be addressed. The human brain cannot hold the information we are supposed to relay to the patient and we risk them forgetting most of it. One of our pharmacists counselled a patient so well the other day that the patient went home and didn't take her medication for a week (until she spoke with a different pharmacist and felt less nervous).
- It refreshed a college standard.
- Pointed out areas in counselling that needed improvement such as: mentioning the strength of the medication even for topical preparations, mentioning missed doses management.
- Still finding some practical challenges to bring my score to high level for Patient Identification when family member brings the Rx for patient and Counseling during very busy time.
- I am more diligent regarding review of Pharnanet info, pt identification, and documenting counselling.
- I think, I am better at giving a complete counselling.
- Improve my counseling skills.
- It increased awareness of better services to the patients
- It hasn't really made much of an impact. It was a good refresher on a few things and nice to be able to ask questions along the way to ensure things are being done appropriately. It was a nice reminder of some areas that could use improvement.
- Documentation has improved, as I know what I have done, however I now know the importance of this information to be recorded on all hard copies do prescriptions and med reviews.
- Has reminded me to counsel patients in a thorough and detail manner.
- I'll be more diligent in areas I've missed.
- I didn't document as much in the past since I was the only pharmacist but now (the odd time I am in the dispensary) I see how important that is in the team environment.
- Has made documentation of all details related to the prescription filling process more of a priority.
- I have to document more.
- It is a great experience. I have witnessed it twice now. CO is a true professional. It was a pleasure. I am focusing more on counselling than before.
- Attentions to detail in patient counselling so as to not miss any required points.
- It takes longer to process prescriptions and counsel patients.
- Positively.
- The Pharmacy Professionals Review has directed me to provide a more systematic approach to patient counselling. It has directed me to provide proper documentation in all aspects of my practice.
- I'm more aware of some of the documentation requirements.
- There have been some positive input from the inspector about documentation which I have already implemented.
- Encouraged me toward consistent improvement.
- I am clear on the college requirements.

- Each registrant were given a feedback on the areas done well and need to improve. Learned lots of things from review and gained confidence.
- It gives us an idea what we are doing wrong, what we are missing, what we should improve on, and what the current practice or regulations are...especially working in a banner store where it can get tough, competitive, cutthroat and with corners getting cut here and there due to staffing issues.
- In many ways.
- Having the review done while completing day to day tasks helped confirm my knowledge and comfort in practice, this process has given me more confidence.
- Improved my counselling skills.
- The PPR reflects I should be aware of obeying the pharmacy law with flexible judgements upon situations and provide the public with better care.
- Not much can really be changed until the pharmacy model is changed... So basically just left feeling guilty that I can't do everything the college requires.
- It was a good reminder of the counseling "checklist" that should be used during each patient consultation.
- It has made us more aware to make sure that even the smallest details are checked and followed.
- My counselling has become more thorough and consistent.

How could the Pharmacy Professionals Review better assess your practice?

- The only thing I don't think it assesses is knowledge though I think it does, in a way, assess applicable knowledge which may be a better predictor of positive patient outcomes.
- It was about right. I would not think of a better way of review. It was a better review then the previous knowledge assessment. Do not change the review.
- One to one assessment.
- A mock pharmacare audit.
- Bylaw for counselling on refills needs to be revisited and become more practical and useful.
- Our store is busy so it was hard to get feedback after review when multitasking.
- Better geared for techs.
- Assessment was fair.
- The process was complete as enough time was taken for this process.
- Shorter notice times.
- The review mainly focused on one aspect of pharmacy practice--patient consultation.
- The pre-review preparation form was helpful. But it was heavily weighted towards pharmacists and counselling. A more detailed form for Techs detailing our scope of practice and focus would help us to better prepare for the review. I was told by our review officer it was still being developed, which is good. The sooner the better is all I can add.
- Realistically the review gets the best of practice and not the regular day's ins and outs.
- Have a short questionnaire prior to review with examples of issues or problems with Pharmanet, pharmacare, interactions (Clarithromycin, sulfa with warfarin etc) and discuss resolutions with auditor.
- We are not currently working to our full scope of practice so it was difficult for us to be properly evaluated.

- Watch the outcomes of my expertise, not make me follow a formula.
- It would be nice if done at less busy time of the year?
- Larger sample of interactions and different types of interactions.
- Pharmacy professional review improves my practice.
- Observe from two different days rather than one session.
- Have an online assessment of each pharmacist as well as the onsite assessment.
- This review shows where we are at the practice. It turns out we met the requirements and standards and reminded us to keep doing what we are doing.
- With follow up.
- This is the first time we have had this type of review - as such it seemed to fulfill the function as outlined. From a staff pharmacist point of view I think the assessment was appropriate.
- In my opinion the Pharmacy Professional review is working better the way it is.
- I don't know but I feel our pharmacy before review was already working hard to provide excellent service and meet requirements and we had so many "issues" that college inspector made us address that it makes me wonder what on earth reviews of other pharmacies that don't work as hard as possibly could be like! I felt like a failure and totally incompetent after the review.
- It gives you opportunity to learn and improve on your skills. It also gives you great opportunity to explore yourself in this huge field.
- I think the compliance officer has spent enough time to review the pharmacy and each individual pharmacist.
- Reviewer was quite thorough.
- It seemed to be all encompassing.
- Have a hotline provided via email or phone so we can have our inquiries answered.
- None. The PPR is very appropriate and tailored to assessing my current practice.
- I felt as a team in our pharmacy we were doing a satisfactory job. The review was positive in making sure we address basics. I am the pharmacy owner and have been the manager before. I feel CO was extremely thorough with our pharmacy manager and we meet afterwards to review recommendations and are all on same page moving forward. I also appreciated input given for compounding lab and all recommendations have been implemented.
- It should be done every year.
- To continue to hold all the requirement accountable, officer should come by unannounced and spot checks documentations.
- Check list has all the areas covered.
- I think the 14 points (check-up) that our By-laws have, seem to cover all the aspects of what a review should be.
- Be more realistic with goals. Example, it's not possible for pharmacist to have patient interactions for refill rx's and going thru all details.
- I feel that we can all learn from each other so the sharing of difference aspects of practice review outcomes (both professional and pharmacy) in general terms through the college website will help all registrants improve their practice, understanding that the specifics to each professional is confidential.
- Come unannounced.

- I feel that the standard review is sufficient. I feel that we are all qualified professionals and self-regulate to the best of our ability to provide quality and safe patient care.
- Have the compliance officer assess registrants at the same time, instead of a set time for each registrant.
- Spend a bit more time with all of the staff. Pharmacists are the licensed team member, and it is our job to train our employees, but I feel that the pharmacy assistants (non-registered) and pharmacy cashiers should be quizzed and grilled as well. I feel this would help with ethical behaviour and professional conduct and its importance.
- We can have some checklist to remind us which area of our practice we need to improve.
- I agree that the areas the Pharmacy Professional Review covers are important areas. But the review does not assess the competency of the pharmacist in terms of ability to notice problems in drug therapy, how well we are able to communicate with patients etc
- Good assessment for now for minimum requirements.
- It could maybe also observe non-professionals in the pharmacy, such as assistants, and give recommendations and suggestions on how they can better help the pharmacy practice.
- The review should be scheduled at a less busy time of year. December is by far the most hectic time in a community pharmacy, & the added stress of an auditor did not help. CO was doing their best to minimize interruptions.
- There were some areas where I felt that perhaps the compliance officer could have more authority to use his discretion with respect to the types of documentation required for certain tasks. There may be different types of pharmacy practices and while the regulations about documentation apply to all pharmacies, perhaps there could be some flexibility with respect to the workflow and type of practice being reviewed.
- As previously mentioned, I realize that the Practice Review Program is to measure my compliance with pharmacy legislation but it would be helpful to obtain formal feedback on how well I am doing as a pharmacist (examples: abilities, knowledge, problem-solving abilities). I greatly appreciated the opportunity to discuss issues of pharmacy in general and to obtain informal feedback on my practice strengths and areas of improvement.
- By reviewing pharmacist patient interactions.
- By verbally sharing information for any new updates or new bylaws.
- By activity involving and monitoring pharmacy practice on ground. Longer time for assessment trying to cover all areas of practice.
- The review could focus on other detailed areas such as methadose dispensing or refuse to fill
- Unsure - but I bet my patients could report on my care. That said, not feeling that I would wish to inflict such an assessment on my patients.
- I think that the way the reviews are conducted is a fair way to assess everyday practice. CO was very knowledgeable and was easy to approach with any questions that I had.
- As part of the review maybe the compliance officer could interview patients to see if they have been receiving all the information they need to take their medication and if they have any problems, did the pharmacist offer solutions.
- I think it was fine but I had asked questions in the pre-review that I thought would be answered onsite and they were not. There was another question that arose during the review and I was told would be answered upon further clarification and I do not have an answer still.

- There are discrepancies between the college's requirements and reality. If the real life aspects are more reflected in the requirements, it would be more relevant.
- It would be helpful to assess clinical outcomes and interventions.
- The publication about avoiding medication errors in community pharmacy is quite helpful. If there are publications to improve our practice based on feedback from all the practice reviews that would be a more relevant reflection of how we can improve the pharmacy practice today.
- It gives feedback about the area of practice should I will be more focused to improve my practice
- Very good question, try looking at the results in helping patients avoid problems with meds and staying healthier in the long term.
- Take into consideration of real life practice.
- Be more open minded; watch the interactions between pharmacists and patients; assess how pharmacists solve problems to complete filling rx's for patients...have an over view of how pharmacists functions.... that may show how competent a pharmacist is.
- Ask some clinical questions.
- College standards should have been reviewed prior to assessment.
- I don't know of any better way to assess competence. It can really only be done in the workplace. I would just prefer some way to do it that is less disruptive to the dispensary.
- College inspectors ought to be practical in enforcing a law. College has often asked pharmacists to use their judgement in real life situations and so should the college inspectors. The same list of counselling points cannot be used for every prescription especially for refills and a patient query about a specific medication. Pharmacists that do 20 prescriptions a day are sometimes asked to counsel on prescription that were dispensed the previous day when there is nobody waiting in the pharmacy such a situation cannot be compared to a situation where the pharmacist does 200 prescriptions and about 10 to 20 people waiting for prescription pick up and counselling. If the college wants these two situations to be weighed equally then the college will have to start making laws controlling the number of prescriptions a pharmacist should do in a certain amount of time.
- What designed by college as a review is an ideal way applicable to many practices which did work for me.
- I liked the KA
- Being done in real time and done on individual basis.
- So far the way the review was done is perfect. With the right amount of time and the right list to check.
- I hope that the next time I'm reviewed there is more content for technicians as our profession is so new. It was nice to be able to be one on one with my assessor, and I can see how that will benefit my practice now and in future by receiving answers in real time to my questions.
- Spend more time assessing.
- If there was more enough time to review it may be advised better such as case by case.
- Be realistic. Is full counsel on every refill? Give me an office where pt's can pick up their prescription by appointment.
- I think it was fine the way it was, not intrusive, and there to answer any questions.

12) Action Item Portal Complete Comments:

- As mentioned before the portal wasn't very helpful and kept having IT issues.

- The Tutorial was useless as it never indicated that the form could not be completed on an Apple computer. I found this limitation and communication of this limitation unacceptable.
- I tried several times to input my response in the indicated area and the website did not accept my attempts. I ended up attaching a word document to provide my response.
- The Action Item Portal needs improvement. It was not supported by all browsers. Clicking on the Acknowledge button did not show an on-screen message. Clicked on the button, at least 5 times and was not told that there was a previous submission.
- I tried to review the Action Item Tutorial but was unable to find the link to it after I accepted.
- The college portals for PDAP and PRP are both cumbersome and awkward to use. This needs to be fixed. We were warned on how to navigate the poor portal for PRP.
- This part of the website is terrible. Should be set up to allow use on any web browser. Something like this should work on most standard browsers. I use a Mac computer and do not have explorer on it. When I tried to submit on a windows computer the directions were very poor and there was no intuitive way to see that everything was complete. Nothing did save and was told I was overdue. Had to reenter the info 3 times before someone could help.
- At first I did not know how to save my responses, but I figured it out.
- I read the tutorial which helped. The portal is a bit awkward and I found I had to complete most of it from home. I think that's due to some outdated google. I had lots of time to complete the action plan.
- Action portal seems overly complicated.
- The add comment section was a little unclear ... especially since I initially added a comment but later came back a week later to find that the comment disappeared. Also, an automatic email said that within 3 days you will receive a comment, which did not happen.
- When uploading to the correspondence log, it took a few tries to have the response saved. I had submitted but then realized that nothing had saved so I had to try a few times.

Did you Experience any Technical Difficulties when Submitting Your Action Items on the Portal? Please provide details:

- It didn't work.
- The portal is not Apple compatible.
- I didn't know you had to save before sending to it deleted everything and I had to rewrite.
- The portal would not let me type the action items from my home computer. No instructions were available to solve this problem. My work computer did allow this process to be completed.
- Submitting the action items was confusing. Again, no message to show that the submission had been received.
- Sometimes, when I tried to save my action items, it did not work.
- I don't know I have to click "acknowledge" before I type in the action. I recommend the "acknowledge" should be highlighted.
- A few times that I logged in I entered comments but they did not load into the portal. This was very frustrating and made me feel like I had to get it all done in one session in case I went back and my comments were gone.
- I forgot that acknowledge BOTH pharmacy and professional section and couldn't fill in action items in the end.

- I entered my response to my action items; once I re-logged into the portal, all my action items were gone. I contacted the college and the IT department helped me fix the problem.
- Responses not saved, due to site not being intuitive.
- Had entered information but somehow I thought I saved the submission, but it showed a blank entry. Redone.
- At first I did not know how to save my responses, but I figured it out.
- I couldn't make notes on each item until I sent an email.
- Couldn't seem to get some of the information to be saved.
- Sometimes the first save didn't take and had to be redone.
- I tried to save my items and thought I had but had to click on something else to save properly - fortunately I received an email 2 weeks later warning me my review hadn't be completed so I knew something was wrong.
- Had problems saving my comments but CO forwarded me instructions.
- Safari browser is not supported.
- It was annoying that you can't access the portal from a Mac computer if you only have Safari web browser.
- I had problems with getting the content to save. Often took a couple of tries.
- For some reason my comments were not received on my first attempt.
- There was a time when I could not add my comments. After typing my comments and clicking to add it, the comments disappear from the box.
- The answers would disappear once I hit enter on a number of occasions. I then saved the answer to a WORD document and CUT and PASTED to prevent having to retype the answer.
- It looked like my comment could not fit into the little box but once it was added, all of it appeared.
- I had browser issues (type and version) and I could not save the action item the first time.
- Could not access with my iPad device or iPhone.
- I have to retype everything because I did not hit the ADD button.
- Adding my comments at first was not self-evident, however after emailing the helpful college assistant, she instructed for me what I needed to do.
- I had to type in my comments and submitted it multiple times for the record to be recorded.
- Seemed to display bottom to top instead of top to bottom.
- Had to use work computer as home computer did not have up to date browser.

Did you Receive Satisfactory Technical Support from the PRP Department? Please provide details:

- They replied on my email quickly and followed up on the issue.
- Emailed regarding another matter which was promptly responded to. For the above matter, I added comment a second time and it uploaded properly.
- I was able to receive help by e-mail.
- I didn't know that there is any technical support available.
- IT was very user friendly.
- The portal was not intuitive or user friendly. I know that I am 58 but I use a lot of websites and I have never had as many problems with access and use.

- I just retried several times.
- I didn't want to bother anyone.

How Could the Action Item Portal be improved:

- By allowing all browsers to be used, as it wasn't compatible with Mac computers.
- It would be nice if all home computers could access.
- Highlight the "acknowledge" click.
- Fix the lost response problem, I only had trouble with the lost responses on the Professionals Review and not the Pharmacy Review.
- Should Force you to acknowledge both sections before exiting.
- I hope our response can match with each action item so that I don't have to keep scrolling down to read my action items.
- Totally redesign in. Allow it to work on most common browsers,(especially so it works with Mac OS). Also was not intuitive at all, why set it up and have to click so many times, and click on each response. 99% of website out there you fill in boxes then hit save or save and send. This was a total pain due to that and the web restrictions I filled out the form 4 times, assumed all was good, and got an email that I had not responded.
- Clearer instructions of how to enter information and save.
- If there was an option to print the report it would be nice.
- Ensure it allows notes and doesn't lock you out of fields.
- It would help to auto populate the store information. Some of the acknowledge keys could be more obvious. Maybe it's my computer skills.
- Make it less complicated. make it compatible with ios.
- Fix the bugs that are causing issues in saving our responses.
- Not sure because other registrants that I talked to had no problem with their action item submission.
- There were double entries so the action items could be edited first before it is sent to us.
- The browser types supported were not ones I used so I did eventually download Google Chrome to be able to access my results (I normally use Firefox and Safari). I had found another computer and used its Microsoft Edge not realizing it is not the same as Internet Explorer -- with this browser, it appears that everything is doing well but the acknowledge button did not transmit.
- I just typed my action right beside the indication. I didn't have many action items so there was room. I have no idea if this was correct but it was reviewed so I thought it was a pretty smooth process.
- Could be more intuitive and should support all major platforms.
- Include option to delete added comments.
- It was a little strange needing to type your response in one box for it to then save in the box next to it. Overall it worked with no major issues.

13) Please provide any feedback on the Practice Review Program that has not been addressed in the survey:

- We were initially hesitant about the review program as we had never gone through it before. But after the review, it has been a positive experience for all of us. It has shown us a lot on what we can do to improve our practice so better serve our patients. CO has been an excellent reviewer. They answered our questions very well.
- Couple of items that have come to my attention is dealing with a small private nursing home and FOD form. The manager at the home feels she should not sign on patient's behalf and has had that clarified by College of Pharmacists. Perhaps CO could give me a call on this. Secondly I have contacted Kroll re: batch filling of Rx. They have had no directive as to change reporting to comply with 4 boxes and signatures. We are making internal changes.
- Pharmacies should need to have signage about providing ID upon rx drop off, even if it's an agent. Officers should review not just total of 5 consultations, but maybe 5 new rx and 3 refills.
- For equipment section should also have specific quantities mentioned. For example, Glass rod required quantity: 2.
- I must admit that the PRP was a worthwhile exercise; I have actually made myself a Compliance Sheet which consists of 14 check-ups and so when I receive a new RX, all the 13 check-ups come into play which covers all the By-laws; the final 14th check is follow-up if drug therapy problem occurs. I feel very satisfied having gone through this PRP exercise.
- Please don't schedule auditing right in December, usually it's the busiest time of year.
- Accessing the Practice Review Action Item portal should have been accessible to those using other popular browsers (i.e. Safari for Apple users).
- Less time to prepare would be better. Less anxiety and more realistic review compare schedule to normal day and assess in that situation.
- Overall positive, though stressful, learning experience as the reviewer took a teaching approach that was much appreciated.
- I currently cannot think of anything at the moment that has not been addressed in the survey.
- The practice review was a good learning process to go through as experienced practitioners in this changing profession. It helped highlight areas that will make us better practitioners and provide better care for our patients. It was valuable to have a person in the pharmacy to give input and also to be able to ask any questions. Overall it was a very positive experience.
- I found the practice review program to be beneficial at keeping me and my fellow registrants on track with our focus in providing the best pharmaceutical care to our patients.
- I covered all of my thoughts throughout this survey. A couple of the action items I felt were trivial, however, the auditor was fair and open with everything. I thought they did a great job and was focused on bylaws and guidelines that would ensure best practice in our pharmacy.
- The Practice Review Program is designed comprehensively. More so, the program is implemented and carried out in a least disruptive setting.
- It seemed fair and not intimidating.
- I was confused as to whether I needed documentation uploaded. I guess not as my review shows completed now.
- I appreciated the opportunity to speak with a Compliance Officer who gets to see the best practices in each store. This was very helpful in getting feedback that could improve my practice. Having a Compliance Officer

who not only evaluates but is available for discussion about current pharmacy practices and provides informal feedback on my practice was an excellent resource.

- If the reviews were more detailed, it would have been more helpful.

- I have one wish which I am sure all pharmacists has in their heart. I wish College will come up with some regulation which all Employer has to follow in order to provide working environment and support to the pharmacist. I wish the picture of pharmacist I received from the book is possible for all Pharmacists in real practice. Thank You.

- 30 days to complete some of the action items is a bit unrealistic. For something like needing to create and make up policy and procedure guidelines for various areas of practice takes time to create, and type up. To be able to do that in addition to normal working tasks of a pharmacy is not realistic in 30 day span. Other than that, the review was pretty straight forward and I didn't have any issues with it. It was welcome and a nice check in.

- Thank you for caring enough to help me see improvements that I needed to make in my practice.

- CO was quite good to deal with. I'd suggest that the time required is increased, as it always took longer to go over something than was initially estimated. For example, we were told it would just take "a few minutes" to review the results, but that ended up being 30+ minutes. I don't have a problem with that time being needed, but that should be more clearly indicated at the onset.

- I feel this program is not very sound. For example there are 8 to 10 pharmacists who work at my pharmacy. So the first pharmacist who gets assessed does badly on the review. The remaining pharmacists learn from this review and do much better when they are assessed. So are the remaining 9 really better than the first one to be assessed? There are many such points that come to mind and are worth discussing.

- It was scheduled on certain dates for my home store and as a floater working there few times a year was a bit challenging to schedule accordingly.

- It seems not to be forward thinking. A pharmacist with a Pharm D is going to do more than counsel and check pharmanet for interactions.

- Perhaps send the head office people or upper management the reviews (mostly store level, not necessarily staff level) so they are notified about the way their stores are doing and that they should acknowledge the reports of every store as well as submit something back as part of their corrective measures plan. No matter how much we correct at the ground level if we are not supported at our individual stores then we cannot do our jobs properly because something's gotta give...we are only humans with limits and maximal capacities.

- Once the PPR schedule sets up enough covered shift should be requested by a pharmacy manager..hopefully.

- I thought CO was very fair and was not disruptive to our normal workflow (which was my major concern).

Thanks!

- Do other colleges do these? Like the college of physicians and surgeons? Do they have someone come in and watch them practice, and make sure guidelines are being followed? I sure hope it's not just pharmacists.

- CO was very friendly and made the process feel less intimidating. The review was conducted in a manner that did not feel disruptive to my normal workflow.

- Require the pharmacy have an additional pharmacist staff while the review is being completed it was extremely busy when CO was in and they had to hide in order for other patients/customers not to interrupt while she was observing me.

- Was a very simple process in my opinion, CO was very helpful and approachable. I think it's a great program.



College of Pharmacists
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Practice Review Program

Phase 1 – Community Pharmacy Practice Review Results Summary Presentation
(February 16, 2015 – April 17, 2016)

James Van

Compliance Officer



Outline

- **Meet the PRP Team**
- **Rationale**
- **Methodology**
 - Selection Process
 - Communications
- **Findings**
 - Data Limitations
 - Question Categories
 - Pharmacy Review
 - Pharmacist Review
 - Pharmacy Technician Review
- **The Present and Beyond**



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Meet the PRP Team

In-Office Team



Ashifa Keshavji

Director of Practice Reviews



Ashley Cheung

Practice Reviews Coordinator



Megi Korovesi

*Practice Reviews
Administrative Assistant*



Meet the PRP Team – Compliance Officers

Off-Site Team

District 1 – Metro Vancouver

District 2 – Fraser Valley

District 3 – Vancouver Island / Coastal

District 4 – Kootenay / Okanagan

District 5 – Northern BC

District 6 – Urban Hospitals

District 7 – Community Hospitals

DISTRICT 1 & 2



James Van



Mark Chan



Monica Cheng



John Thai

DISTRICT 3 & 5



Dwain Nottebrock

DISTRICT 4 & 5



David Morhun

DISTRICT 6 & 7



Jonathan Lau



Bethany Gamache



Meet the PRP Team

DISTRICT 3 & 5

*(Vancouver Island
/ Coastal & Northern BC)*



DISTRICT 6 & 7

(Urban / Community Hospitals)



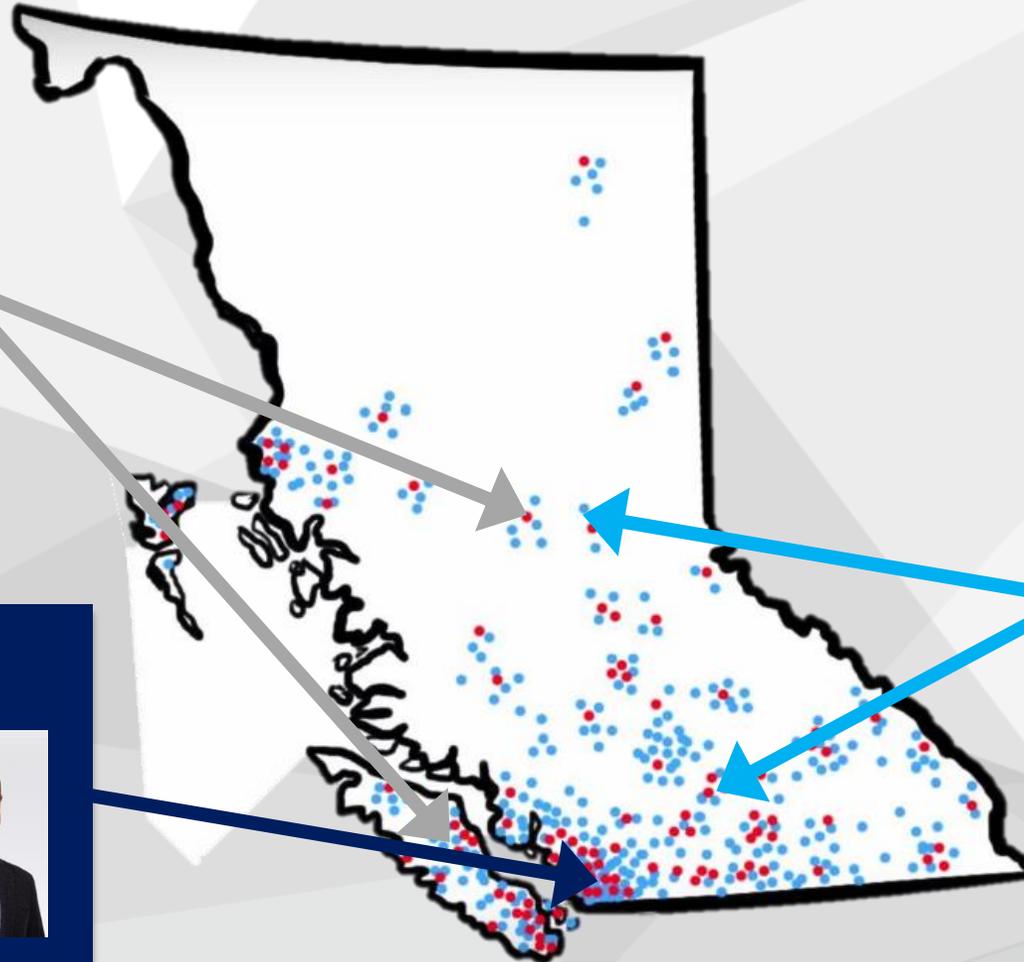
DISTRICT 4 & 5

*(Kootenay / Okanagan &
Northern BC)*



DISTRICT 1 & 2

(Metro Vancouver / Fraser Valley)





Meet the PRP Team

The Diverse Background of our Team:

- Community Pharmacy
- Hospital Pharmacy
- Residential Care
- Health Authority/Government
- Pharmacy Management
- Hospital Pharmacy Supervisor
- Certified Diabetes Educator
- Certified Immunization Trainer
- Practice Educator
- BC Medication Management Pilot Program
- Anticoagulation Certification
- Immunization Certification
- Healthcare Publication/Editorial Background
- Education and Teaching
- IV Orientation Leader/IV Training Program Development



Fun Fact

Since the launch of the PRP in February 2015, how far do you think our Compliance Officers have cumulatively travelled to conduct reviews?

- a) The distance from Vancouver to Halifax
- b) The distance from Vancouver to Paris
- c) The entire circumference of the globe
- d) Multiple trips around the world



From inception until now, our Compliance Officers have travelled over 100,000 kms to conduct reviews, circling the globe 2 and a half times.



Rationale

Practice Review Program Creation

- Directed by the Board
- In-person review of Pharmacies and Pharmacy Professionals
 - Directly assesses practice against standards
- Focused on critical standards with greatest impact on public safety and quality enhancement
 - Key focus was to reduce outliers not visited > 6 years or since pre-opening inspection
- Designed based on practice setting (Community/Hospital/Other)



Pharmacy Sites Based on Date of Last Review

Date of last visit	Pharmacies in category (Before PRP)	Pharmacies in category reviewed by PRP	% decrease in category (up to April 17, 2016)
Only opening inspection	198	45	22.7%
0-1 years	119	0	0%
1-5 years	550	74	13.5%
5-7 years	239	48	20.1%
7-10 years	107	50	46.7%
10-12 years	16	10	62.5%
12-15 years	14	7	50%
Total	1243	234	-



Selection Process

Cycle-Based

- Prioritized by date of last visit

Risk-Based

- Prioritized by
 - Complaints
 - Outliers based on PharmaNet data



Cycle vs Risk-Based Site Selection

Site Type	District 1 Metro Vancouver	District 2 Fraser Valley	District 3 Vancouver Island / Coastal	District 4 Kootenay / Okanagan	District 5 Northern BC	Total	# Referred to Inquiry
Cycle-Based	48	27	27	36	14	152	2
Risk-Based (Complaints)	15	12	10	8	1	46	1
Risk-Based (PharmaNet)	7	8	8	10	3	36	0
Totals	70	47	45	54	18	234	3



Communication and Pre-Review

Communication

- Email notice - 1 month in advance

Pre-Review

- Completed online by Pharmacy Manager (PM)
- Questionnaire containing PRP review criteria
 - PMs can compare practice to established standards and legislation

Post-Review

- 1 month to complete action items identified by Compliance Officers (COs)
- Action items reviewed and approved by COs to complete review
- Anonymous feedback survey sent to registrants



Findings

Data Limitations

- Feb 16, 2015 to April 17, 2016
 - Collected manually via Excel (before PRP computer application)
 - Data extraction and analysis limited to broader scope
- April 17, 2016 onwards
 - Data collected via PRP computer application
 - More detailed results and analysis
 - Reports being developed by IT department



Pharmacy Review Categories

CATEGORY	# ITEMS
CAT 1 External to Dispensary	20
CAT 2 Dispensary	7
CAT 3 Security	10
CAT 4 Equipment & References	41
CAT 5 Prescriptions	60
CAT 6 Confidentiality	15
CAT 7 Inventory Management	41
CAT 8 Dispensed Products	17
CAT 9 Documentation	45
CAT 10 Pharmacy Manager Responsibilities	32
CAT 11 Methadone	26
Total	314

Note: Pharmacies that did not provide Methadone Maintenance Treatment were evaluated on 288 items



Pharmacy Professionals Review Focus Areas

CATEGORY	# ITEMS
CAT 1 Patient Identification Verification	6
CAT 2 PharmaNet Profile Check	20
CAT 3 Counselling	22
CAT 4 Documentation	25
Total	73



Pharmacy Review Results

Pharmacy Review Category Non-Compliance Items Count (out of 234 pharmacies reviewed from Feb 16 2015-April 17 2016)	
Average NC count N = 234 Pharmacies	10 ± 6.13
Total NC count	2389



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Pharmacy Review Non-Compliance Items

Main areas of non-compliance

**Prescription
Deficiencies**

**Equipment
Deficiencies**

**Expired
Products**



Examples

Prescription Requirement Deficiencies:

- Missing practitioner signature on written prescriptions
- Missing prescribing date, dosage instructions, etc.
- Missing handwritten identification of registrants involved in each step
- Missing or expired Controlled Prescription Program forms where required

Equipment/Reference Deficiencies:

- Missing required pharmacy equipment (i.e. graduated cylinders, etc)
- Missing required references

Expired Products

- Expired Schedule 1 drugs found in pharmacy
- Expired OTC products found in self-selection area



Pharmacy Manager (PM) Responsibilities Results

Pharmacy Manager Responsibilities Category Non-Compliance Items Count (out of 234 pharmacies reviewed from Feb 16 2015-April 17 2016)

Average NC count

N = 234 PMs

3 ± 2.42

Total NC count

672



PM Responsibilities Non-Compliance Items

Main areas of non-compliance

**Emergency
Preparedness
Plan**

**Confidentiality
Undertakings &
Staff
Management**

**Narcotic &
Controlled Drug
Management**



Examples

Emergency Preparedness Plan:

- PM unaware of regional emergency preparedness plan and their involvement

Confidentiality Undertakings and Staff Management:

- Missing confidentiality undertakings for everyone who will have access to in-pharmacy computer system
- Staff not wearing name badge that identifies registrant class or status
- Policies and procedures to specify registrant and assistant duties not established

Narcotic and Controlled Drug Management:

- Narcotic counts and reconciliation not conducted every 3 months, after PM change, or break-in/robbery
- Receipt records for controlled substances not signed by a full pharmacist



Pharmacist Review Results

Pharmacist Review Non-Compliance Items Count (out of 564 Pharmacists reviewed from Feb 16 2015-April 17 2016)	
Average NC count N = 564 Pharmacists	2 ± 1.19
Total NC count	1333



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Pharmacist Review Non-Compliance Items

Main area of non-compliance

Counselling

**Emergency
Refills**



Examples

Counselling:

- Did not provide counselling on a prescription
- Missing one or more counselling points during consultation (i.e. expected therapeutic outcomes, storage requirements, when to seek medical attention, etc)

Emergency Refills:

- Missing rationale and/or follow-up plan for emergency refills



Pharmacy Technician Review Results

Pharmacy Technician Review Non-Compliance Items Count (out of 48 Pharmacy Technicians reviewed from Feb 16 2015-April 17 2016)	
Average NC count N = 48 Pharmacy Technicians	1 ± 0.50
Total NC count	20



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Pharmacy Technician Review Non-Compliance Items

Main areas of non-compliance

**Verifying
Patient
Identification**

Counselling



Examples

Verifying Patient Identification:

- Failing to positively identify a patient not personally known to the registrant

Counselling:

- Providing patient consultation out of scope of practice
- Releasing a prescription without required consultation by a Pharmacist



The Present and Beyond

PRP Computer Application - Launched April 17, 2016

- Improved data collection and analytical ability

Phase 2 (Hospital Practice Reviews) - Launched April 3, 2017

- Specific tools and question sets developed
- Phase 1 data provided backbone for Phase 2 development

Pharmacy Technician Review Criteria

- Created more specific evaluation criteria reflective of RPT practice
- New focus areas for RPTs in community practice approved by Board - June 2017
- Will be implemented into the review in Fall 2017



The Present and Beyond

Information Dissemination

- Both passive and active
- *Passive*
 - Natural trickle-down effect between pharmacies
 - Chain-wide directives from head office
 - Cross-talk amongst neighboring pharmacies
 - Casual conversation within Pharmacy Professional's social circle
- Results in organic improvement in compliance due to increased understanding of bylaw requirements



The Present and Beyond

Information Dissemination

- *Active*
 - PRP Support Tools
 - Created with UBC Continuing Pharmacy Professional Development
 - Provides further information to help registrants understand requirements, rationale, and expectations behind Pharmacy Professionals Review



The Present and Beyond

Information Dissemination

- *Active*
 - PRP Insights Articles
 - Written by COs and published in Readlinks
 - To spread information about widespread issues they're seeing and best practices
 - Examples:
 - *Managing Return-to-Stock Medications*
 - *Privacy, Confidentiality, and Security of Patient Health Information*
 - *When are CPP forms required for residential care facilities, hospices and hospitals*
 - *Non-Pharmacist data entry and PharmaNet access*
 - *Expiry dates of compounding materials and products*
 - *Drug product distribution requirements*



The Present and Beyond

Internal Use of Practice Review Program Data

- PRP data used by a number of CPBC departments
 - Helped in guidance and development of updated bylaws in:
 - Counselling
 - Security
 - Product Distribution
 - Product Check
 - Patient Identification Verification
 - Pharmacy Ownership, etc.
- Current PODSA pre-opening inspection forms are being developed to align with current PRP forms
- PRP data used in prioritization phase of HPA and PODSA bylaw modernization projects



The Present and Beyond

Internal Use of Practice Review Program Data

- Combining PRP Data and Feedback Survey Results as Impact Validation
- Example:

Two of the main NC areas identified in Pharmacy Review

- 1) Prescription Requirement Deficiencies
- 2) Equipment / Reference Deficiencies

Registrant self-reported areas of highest impact of Pharmacy Review

- 1) Documentation
- 2) Prescriptions
- 3) Pharmacy Manager Responsibilities
- 4) Equipment and References

- Registrants agree that the non-compliance areas identified by PRP have a significant impact on their practice!



The Present and Beyond

Internal Use of Practice Review Program Data

- PRP Feedback Surveys
 - *Continual* feedback mechanism collected by CPBC from registrants
 - PRP receives feedback related to other departments and College as a whole
- Continual line of contact
 - Provides valuable feedback and information
 - Helps CPBC be more in touch and responsive to registrants than ever before



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Questions





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Practice Review Program

Phase 1 – Community Pharmacy Practice Review Feedback Survey Presentation
(March 1, 2016 – February 28, 2017)

Kris Gustavson

Chair, Practice Review Committee



Outline

- **Introduction / Background**
- **Methodology**
- **Findings**
 - Overall Agreement and Impact Ratings
 - Compliance Officers
 - Pharmacy Managers
 - Pharmacy Professionals
 - Action Item Portal
- **Conclusion**



Introduction / Background

- Along with review data collected, Practice Review Committee (PRC) and the CPBC Board requested a feedback mechanism for the Practice Review Program
- Registrant feedback is gathered from all completed reviews
 - Split into sections for all registrants and sections just for Pharmacy Managers
 - Both numerical ratings and open-ended comments were gathered
 - Serves as *continual* feedback mechanism connecting College and registrants



Methodology

Surveys emailed to registrants after reviews conducted and action items complete

- Voluntary and anonymous
- 14 days to respond with 1 reminder

2016/17 fiscal year:

- 578 survey notices sent, 138 *completed* surveys received
- Response rate: 24%
 - Note: Survey report based on data from *completed* surveys only. Partially completed or not-submitted responses were not used.

Identities of specific Compliance Officers mentioned in surveys will be withheld and replaced with “CO” or “Compliance Officer”



Overall Agreement and Impact Ratings

Each section of the survey is accompanied with an “overall rating”. Below is how it was calculated:

- Agreement Rating
 - $(\# \text{ of “Strongly Agree”} + \text{“Agree” responses}) / \text{Total \# of responses} \times 100\%$
- Disagreement Rating
 - $(\# \text{ of “Strongly Disagree”} + \text{“Disagree” responses}) / \text{Total \# of responses} \times 100\%$
- Neutral
 - $(\# \text{ of “Neutral” responses}) / \text{Total \# of responses} \times 100\%$
 - Note: Neutral responses remain separate as these are not seen to be agreement or disagreement



Overall Agreement and Impact Ratings

Example:

- 100 responses received
 - 50 – Strongly Agree, 13 – Agree
 - 7 – Neutral
 - 10 – Strongly Disagree, 20 – Disagree

Agreement Rating

- $[(50 + 13) / 100] \times 100\% = \mathbf{63\%}$

Disagreement Rating

- $[(10 + 20) / 100] \times 100\% = \mathbf{30\%}$

Neutral

- $(7 / 100) \times 100\% = \mathbf{7\%}$



Survey Results

- Today's presentation includes a summary of the information obtained from our registrant surveys with a random sample of the range of comments received
- Full breakdown of responses and full comments received are provided in our Survey Results Report
 - Edited only for grammatical understanding, otherwise kept as intact as possible
 - Some comments in report removed in the interest of space (i.e. "All good", "No Comment", "Was Ok", etc)



Compliance Officers

Questions:

- My Compliance Officer was knowledgeable in current bylaws.
- My Compliance Officer was polite and professional.
- My Compliance Officer was able to answer my questions during and/or after the review.
- My Compliance Officer provided adequate support to complete my action item(s).
- My Compliance Officer made me feel comfortable to ask questions or seek clarification.



Overall Rating – Compliance Officers (N = 138)

Agreement Rating	Neutral	Disagreement Rating
98.41%	1.45%	0.14%



Compliance Officers - Comments

- *“No issues. CO was very polite and professional. There were things that I did not agree with but CO explained them well. CO provided solutions to issues. CO clarified with other compliance officers if they were not sure of something and provided with correct response in very reasonable time.”*
- *“I thought that CO was very professional. Not only was CO very knowledgeable but CO was helpful in furthering our practice.”*
- *“CO has clarified my concerns by his knowledge. I also got opportunity to learn from CO during my practice review. I am so thankful to College as well as CO for giving your valuable time to motivate us to perform our responsibilities with quality and in best interest of patient.”*



Pharmacy Managers – PRP Tools

- PRP Tools for Pharmacy Managers included emailed instructions, a Pharmacy pre-review form, how-to-guide, website information, and an online FAQ.

Questions:

- I received clear instruction on how to access the Practice Review Program information on the College website.
- The Practice Review Program webpage has clear information about the program, including the overall review process.
- I received clear instructions on how to complete the pharmacy Pre-review.
- The How-To-Guide and the Pharmacy Pre-review Tutorial were helpful resources.



Pharmacy Managers – PRP Tools (N = 51)

Agreement Rating	Neutral	Disagreement Rating
91.67%	5.88%	2.45%



Pharmacy Managers – PRP Tools Comments

- *“I felt the tutorials and any questions I had were answered clearly. The site was very user friendly.”*
- *“I did receive instructions on how to complete the Pharmacy Pre-review on the How to Guide but at the time I was late answering the email I received since it came while I was on holidays. Because I felt pressured to "get the pre-review done" I did not review the Tutorial before completing the pre-review. I think it would be helpful to include a reminder to complete the tutorial in the introductory letter.”*
- *“Entering hours in the Pre-Review report was difficult but received help from PRP. They were great and sent me screen shot of how to enter these.”*



Pharmacy Managers – Pre-Review

- A pharmacy manager pre-review provided a copy of the same review questions used by COs to pharmacy managers for the purpose of self-assessment and evaluation ahead of their actual review.
- Pre-reviews were completed and submitted to PRP prior to the actual review date.

Questions:

- The online Pharmacy Pre-review Tool was user-friendly.
- The Pre-review took an appropriate amount of time.
- I had clear expectations of the Pharmacy Review after completing the Pharmacy Pre-review.



Pharmacy Managers – Pre-Review (N = 51)

Agreement Rating	Neutral	Disagreement Rating
84.97%	11.11%	3.92%



Pharmacy Managers – Pre-Review Comments

- *“Pre-Review takes an easy 3 to 5 hours to complete properly if you are doing while at work with the participation of your co-workers.”*
- *“The pre-review gave me a good idea of what to expect and what our deficiencies were before the pharmacy review.”*
- *“Safari IOS is not supported.”*



Pharmacy Managers – Scheduling

Questions:

- The PRP department was helpful when I had questions or concerns related to scheduling.
- I had adequate time to prepare for the Pharmacy Review.



Pharmacy Managers – Scheduling (N = 51)

Agreement Rating	Neutral	Disagreement Rating
94.12%	4.90%	0.98%



Pharmacy Managers – Scheduling Comments

- *“More time. I got an email from the College late on a Friday afternoon and was away on vacation with limited access to the internet. I was not returning to work before the initial deadline to respond would have passed. After a call to the College an extension was granted. That was fine, I still feel a little more time to respond and preform the pre review would be beneficial.”*
- *“The PRP department took our request of having the review done before our new software update took place. This greatly reduced the stress on our pharmacy and allowed us to be fully engaged with the review.”*
- *“It is a bit intense when a pharmacy has 6 registrants so a compliance officer is there for the better part of a week. As a manager, much of one's work involves non pharmacy related matters, and it is hard to carve out that time when the compliance officer is there and, rightly or wrongly, people feel "under the microscope". That being said, it is nice to have continuity with them there for just part of one week. Ultimately, I am not sure.”*



Pharmacy Managers – Pharmacy Review

Questions:

- The duration of the Pharmacy Review was sufficient to thoroughly review my pharmacy.
- The Pharmacy Review was conducted as expected from the Pharmacy Pre-review and the program information received.
- The Pharmacy Review was conducted in a manner that was the least disruptive to my pharmacy as possible.



Pharmacy Managers – Pharmacy Review (N = 51)

Agreement Rating	Neutral	Disagreement Rating
92.81%	5.88%	1.31%



Pharmacy Managers – Pharmacy Review Comments

- *“CO was considerate of the business and of us. It was all appropriate.”*
- *“Could be shorter. 3 days not required. In busier pharmacies you only need to observe registrant for 1 to 2 hours. Overall performance of individual should be observed as opposed to very specific points.”*
- *“There were no surprises and it was very thorough but not disruptive to our daily practice.”*



Pharmacy Managers – Pharmacy Review Results

Questions:

- My Pharmacy Review results accurately reflected the review.
- The 10 categories of the Pharmacy Review are relevant to patient safety.



Pharmacy Managers – Pharmacy Review Results

(N = 51)

Agreement Rating	Neutral	Disagreement Rating
96.08%	2.94%	0.98%



Pharmacy Managers – Pharmacy Review Results Comments

- *“It was nice to get validation we are doing a good job and are following the regulations.”*
- *“Some of the points made are not realistic and not reflective of the real world. They do not affect patient safety.”*
- *“I would like the College to consider a "normal" work day at the pharmacy. Pharmacies will often over staff for the scheduled review to give registrants more time to be compliant. Compare schedule to previous months.”*



Pharmacy Review – Overall Impact Ranking and Score

Rank the Top 3 Areas in the Pharmacy Review that had the Highest Positive Impact on your Pharmacy After the Review.
(N = 47)

	Highest Positive Impact (# of votes)	Second Highest Positive Impact (# of votes)	Third Highest Positive Impact (# of votes)
External to the Dispensary	1	0	4
Dispensary	3	1	5
Security	0	1	2
Equipment and References	1	7	7
Prescriptions	7	12	8
Confidentiality	1	1	0
Inventory Management	0	1	7
Dispensed Products	1	2	2
Documentation	25	16	2
Pharmacy Manager's Responsibilities	7	6	8

Note: Out of 47 Pharmacy Manager responses. First version of survey did not include impact related questions.



Pharmacy Review – Overall Impact Ranking and Score

Pharmacy Review - Overall Impact Ranking and Score (N = 47) (Highest Impact = 3 points, Second Highest Impact = 2 points, Third Highest Impact = 1 point)	
Documentation	109
Prescriptions	53
Pharmacy Manager's Responsibilities	41
Equipment and References	24
Dispensary	16
Inventory Management	9
Dispensed Products	9
External to the Dispensary	7
Confidentiality	5
Security	4

**Overall Impact Score = Sum of (points X votes) for each level of impact (Highest, Second Highest, Third Highest)

Note: Out of 47 Pharmacy Manager responses. First version of survey did not include impact related questions.



Pharmacy Review – Impact Ranking Comments

- *“Overall, the impact is positive. Before the review was conducted, there were certain issues we were unsure of or might not even be compliant with. After the review, problems are identified and we are notified of them. Also, we get a chance to ask questions directly and that makes things much easier.”*
- *“It was a good learning experience. I appreciated the approach that CO took. The review was as comfortable as it could be I suppose. Took the opportunity to teach us and not reprimand. We have made some positive changes to improve operations.”*
- *“As a fresh pharmacist this is a very good learning opportunity regarding in depth understanding of basic operations of a pharmacy at the start of my career. In my opinion, all newly licensed pharmacists should be reviewed because no one guides us about these minor but important things.”*



Pharmacy Professionals Review – PRP Tools

- PRP tools for pharmacy professionals included email instructions, PRP support tools documentation for each focus area, a Pharmacy Professionals Review Form, and an online FAQ.

Questions:

- I received clear instructions on how to access the Practice Review program information on the College website.
- The Practice Review Program webpage has clear information about the program, including the overall review process.
- I read the Pharmacy Professionals Review Form before my review.
- I understood what to expect from a Pharmacy Professionals Review after *reading the form.*



Pharmacy Professionals Review – PRP Tools (N = 138)		
Agreement Rating	Neutral	Disagreement Rating
90.94%	7.07%	1.99%

Note: N = 138 included BOTH pharmacists and pharmacy technicians



Pharmacy Professionals Review – PRP Tools Comments

- *“I read the e-mails and College website but I do not recall seeing a form prior to my review.”*
- *“Everything was clear and user friendly.”*
- *“I had no issues with the website or the pre review information. It seemed self-explanatory and fairly easy to accommodate.”*



Pharmacy Professionals Review

Questions:

- My Pharmacy Professionals Review reflects minimum standards as set by the college under the 4 focus areas.
- The Pharmacy Professionals Review was conducted as expected from the program information I received.
- My Pharmacy Professionals Review was conducted in a manner that was the least disruptive to my practice as possible.



Overall Rating Pharmacy Professionals Review (N = 138)		
Agreement Rating	Neutral	Disagreement Rating
91.55%	7.49%	0.97%

Note: N = 138 included BOTH pharmacists and pharmacy technicians



Pharmacy Professionals Review Comments

- *“CO was very aware we still had to work and the review was conducted as expected. As an aside, we all found it very stressful having the PRP.”*
- *“CO conducted my practice review with all four areas and yet give me opportunity to work without any disturbance of my work flow.”*
- *“The review was not disruptive per se however we cannot ignore the fact that your attention would somehow be divided and if management didn't add hours or staffing then it becomes busier than it is no matter how considerate and flexible the review is.”*



Pharmacy Professionals Review – Results

Questions:

- My Pharmacy Professional Review results accurately reflected the review.
- The focus areas of the Pharmacy Professionals Review are relevant to my practice.



Pharmacy Professionals Review – Results (N = 138)

Agreement Rating	Neutral	Disagreement Rating
91.30%	6.52%	2.17%

Note: N = 138 included BOTH pharmacists and pharmacy technicians



Pharmacy Professionals Review – Results

Comments

- *“The practice review was accurate and is relevant to the practice but in the real world it is unrealistic to hit all the counselling points as there is time constraints for both pharmacists and patients. Also it should be the pharmacist profession judgement as to how many points a patient will remember and which ones are the most important.”*
- *“It is unfortunate that this review did not evaluate the clinical effectiveness of the practitioner in addition.”*
- *“I work for a large chain that has stringent standards, and I was pleased to know that if you follow those standards, the PRP reflects how we practice.”*



Pharmacy Professionals Review – Overall and Average Impact Score

Pharmacy Professionals Review - Overall Impact Score and Average Impact Score (N = 120)		
	Overall Impact Score	Average Impact Score
Documentation	347	2.89
Counselling	334	2.78
Patient Identification Verification	318	2.65
PharmaNet Profile Check	278	2.32

**Overall Impact Score = Sum of (score X count) for each score between 5 to -5

**Average Impact Score = Overall Impact Score / 120 (Total Count)

Note: For reference, 0 means no perceived impact at all.

Anything above this had a perceived positive impact, anything below had a perceived negative impact.



Pharmacy Professionals Review – Overall Impact Comments

- *“Well, I think I am just becoming more intentional with documentation and checking. The biggest challenge was the counselling and how to incorporate all the counselling requirements within time restraints. However, CO gave us some great “nuggets of wisdom” in counselling that ultimately will increase my counselling skills. I feel confident I will only be able to move forward with this.”*
- *“Helped to verify the roles and boundaries of the pharmacy technician. Bridging program provided a good base. In the workplace, actual function/workflow seemed to leave some gray areas. The review helped to clarify and answer those questions.”*
- *“We have made numerous changes to the pharmacy. I think we all feel more clear on the policies and procedures enforced by the College.”*



Action Item Portal

- Confidential and secure tool used to share Pharmacy Review and Pharmacy Professionals Review results

Registrant and CO
correspondence
tracked here

Pharmacy Professionals Review Action Items

Please click on the below button to acknowledge receipt of your Pharmacy Professionals Review action items.

Legislation/Standard	Observation / Action Item	Correspondence Log	Attachments	Due Date	Approve
Patient ID Verification : PODSA Bylaws s.22	The registrant did not take reasonable steps to confirm the identity of a patient before providing pharmacy service. ==> Ensure that, as a registrant, you take reasonable steps to confirm the identity of a patient before providing any pharmacy service that concerns a patient's personal information	Enter Comment and Click Arrow to Save.		Apr-07-2017	<input type="checkbox"/>
PharmaNet Profile Check : HPA Bylaws Schedule F Part 1 s.11(4)	The pharmacist did not review the patient's personal health information stored on the PharmaNet database before dispensing a drug. ==> Ensure that, as a full pharmacist, you review the patient's personal health information stored on the PharmaNet database before dispensing a drug	Enter Comment and Click Arrow to Save.		Apr-07-2017	<input type="checkbox"/>



Action Item Portal

Questions:

- I received clear instructions on how to review my action items and submit them on the Action Item Portal.
- The Action Item Tutorial was helpful.
- The Action Item Portal was user-friendly.
- I had sufficient time to complete my action item(s).



Overall Rating - Action Item Portal (N = 138)

Agreement Rating	Neutral	Disagreement Rating
84.48%	12.07%	3.45%

Note: N = 138 included BOTH pharmacists and pharmacy technicians



Action Item Portal Comments

- *“The Tutorial was useless as it never indicated that the form could not be completed on an Apple computer. I found this limitation and communication of this limitation unacceptable.”*
- *“When uploading to the correspondence log, it took a few tries to have the response saved. I had submitted but then realized that nothing had saved so I had to try a few times.”*
- *“This part of the website is terrible. Should be set up to allow use on any web browser. Something like this should work on most standard browsers. I use a Mac computer and do not have explorer on it. When I tried to submit on a windows computer the directions were very poor and there was no intuitive way to see that everything was complete. Nothing did save and was told I was overdue. Had to re-enter the info 3 times before someone could help.”*



Conclusion

- **Overall feedback results for PRP were very positive as seen in overall rating scores for each section**
- **Registrants MOST Satisfied with:**
 1. Compliance Officers
 2. Pharmacy Review Results
- **Most Impactful Areas of Pharmacy Review to Practice:**
 1. Documentation
 2. Prescriptions
 3. Pharmacy Manager Responsibilities
 4. Equipment and References



Conclusion

- **Registrants LEAST Satisfied with:**
 1. Pre-Review
 - Length and duration of time to complete
 - Lack of support for Safari browsers
 2. Action Item Portal
 - Difficulties saving entries in Action Item Portal
 - Safari browsers not being supported



Conclusion

- **Practice Review Program actively evaluates feedback received and makes continual improvements to processes and program**
- **Examples of changes made in response to feedback:**
 - Auto-save feature for Action Item Portal
 - Updated pharmacy technician review criteria
 - Providing links for key documents directly in our pre-review communications
 - Working with IT to look into compatibility issue with Safari browsers



College of Pharmacists
of British Columbia

Questions





College of Pharmacists
of British Columbia

BOARD MEETING September 15, 2017

11. Risk Management Policy and Risk Register

DECISION REQUIRED

Recommended Board Motion:

Approve the College of Pharmacists of British Columbia Risk Management Policy.

Purpose

To formalize the College's risk management practices in a Risk Management Policy.

Background

It is considered best practices to document risks that could have a big impact on an organization and to keep a risk register. Excellence Canada requires this policy and the risk register in order to meet their silver standard. The Risk Management Policy formalizes this practice.

Discussion

The Policy sets out the level of risk that the College will engage in and who is responsible for ensuring that activities meet that requirement.

The Risk Register is a continually updated document that lists:

- all significant risks
- the strategies can be used to mitigate the risk
- the significance of the risk, etc.

Recommendation

That the Board approves the attached Risk Management Policy.

Appendix	
1	Risk Management Policy
2	Risk Register

College of Pharmacists of BC

Risk Management Policy

1. PURPOSE

To articulate the College's approach to the management of risk.

2. DEFINITIONS

Enterprise-wide risk management – processes and plans which are directed towards the effective management of potential opportunities and adverse effects in order to minimize the impact of risk on the College's financial, strategic, and operational endeavours.

Risk – any event or action that prevents or impedes the College from achieving its strategic and operational objectives and priorities.

Risk register – official recording of identified risks facing the College assessed by impact and likelihood.

3. POLICY

3.1. Risk exists in all aspects of College activities and cannot be avoided.

3.2. An effective and consistent approach to risk management will provide a level of due diligence to all College activities and will enhance the College's overall resilience.

3.3. The College will:

- a. manage risk using a sustainable enterprise-wide risk management framework that facilitates the achievement of its strategic and operational objectives and priorities.
- b. encourage an environment that allows for innovation while ensuring protection of key objectives and ensuring due diligence.
- c. seek to transfer or share risk with third parties through insurance, waivers and contracts when appropriate and cost effective.

3.4. The management of risk is a shared responsibility within the College.

3.5. Risks associated with emergency preparedness, business continuity and disaster recovery will be articulated in appropriate plans.

3.6. Critical risks to the College will be identified in a risk register.

4. MONITORING

A risk register, reporting on key risks and mitigating strategies, will be presented to the Board at each Board meeting.

5. RESPONSIBILITY

For inquiries relating to this policy, please contact the COO.

DRAFT



College of Pharmacists
of British Columbia

11. Risk Management Policy and Risk Register

Mary O'Callaghan

Chief Operating Officer



College of Pharmacists
of British Columbia

Risk Management

- Risk exists in all aspects of an organization's activities.
- Risk management provides a level of diligence to the College's activities.



College of Pharmacists
of British Columbia

Risk Management Policy

The College will:

- Manage risk using a sustainable enterprise-wide framework
- Encourage an environment that allows for innovation while ensuring due diligence
- Seek to transfer or share risk through insurance, waivers and contracts.



College of Pharmacists
of British Columbia

Risk Register

- Critical risks to the College will be identified in a risk register.
- The risk register will detail control functions that reduce the risk.
- The risk register will be reviewed and updated regularly.



11. Risk Management Policy and Risk Register

MOTION:

Approve the College of Pharmacists of British Columbia Risk Management Policy.



College of Pharmacists
of British Columbia

BOARD MEETING September 15, 2017

12. NAPRA Bylaws Amendments

DECISION REQUIRED

Recommended Board Motions:

- (1) Endorse the proposed NAPRA Bylaws that amend the structure of the NAPRA Board of Directors.*
- (2) Recommend Blake Reynolds as the representative from British Columbia for the NAPRA meeting on November 9, 2017.*
- (3) Recommend Bob Nakagawa as a Director on the NAPRA Board, pending final approval of the proposed NAPRA Bylaws.*

Purpose

To advise and seek support from the College Board with respect to the new National Association of Pharmacy Regulatory Authorities (NAPRA) bylaws, to recommend a provincial representative to a NAPRA meeting in November 2017, and to recommend approval of British Columbia representative to the NAPRA Board.

Background

At the February 2017 Board meeting, an update on NAPRA governance was provided as an information item. Key highlights include:

- It was identified that a NAPRA governance review was needed to examine challenges related to structure and function, and to strengthen the organization.
- In April 2016, NAPRA's Board of Directors created an Ad-hoc Committee on Governance to, identify and/or validate concerns with the current governance approach; to explore options for improvement; and, to make recommendations to the Board regarding governance changes.
- The recommended governance structure consists of 14 individuals, comprised of the registrars from each of the provincial pharmacy regulatory authorities and representatives of the governmental agencies of the territories and Canadian Forces Pharmacy Services, plus up to three directors at-large.

- NAPRA member feedback was sought, and the recommended changes were to be brought forward the NAPRA Annual General Meeting in April 2017.

Discussion

The above-noted NAPRA recommended changes were subsequently accepted. Additionally, NAPRA seeks to increase the frequency of Board meetings and streamline its structure with the elimination of the Executive Committee and the Council of Pharmacy Registrars of Canada.

To finalize these changes, NAPRA’s Members will need to amend its two governing documents under the *Canada Not-for-Profit Corporations Act* – its By-laws and its Articles – as well as elect a new Board for the new governance.

A Meeting of NAPRA Members has been scheduled on November 9, 2017 to have Members accept new proposed By-laws. This will allow NAPRA to start functioning in the new governance structure. In addition, NAPRA requires that each Member Organization to submit the name of its representative who will attend the Meeting of Members on November 9, 2017. NAPRA released a communication on this issue, along with the draft bylaws on September 12, 2017 (see Appendix 1 for more information).

Recommendation

The College Board was supportive of the NAPRA governance changes at their meeting on February 2017. To finalize the process to enable these changes, it is recommended that the College Board:

- Endorse the draft NAPRA Bylaws as attached;
- Recommend Blake Reynolds as the BC representative for the November 9, 2017 meeting, during which the proposed bylaws will be voted on. It is important to note that Blake Reynolds is the current BC representative on the NAPRA Board of Directors; and,
- Recommend Bob Nakagawa as the new BC representative to the NAPRA Board, consistent with the proposed NAPRA bylaws which require the registrars of pharmacy regulatory authorities to comprise the NAPRA Board of Directors.

Appendix	
1	NAPRA September 12, 2017 Communication and Proposed Bylaws

Memorandum to: NAPRA Member Organizations

Date: September 12, 2017

Subject: *Advance Notice of Meeting of Members and new NAPRA Bylaws*

In November 2016, I shared with you details concerning a review that NAPRA was undertaking in order to examine challenges related to its governance structure and function. We were pleased that you – all NAPRA Member organizations – supported the need for changes to NAPRA’s governance and the general changes proposed.

The key changes agreed upon included: having a Board comprised of the Registrars and representatives from the Territories and Canadian Forces; introducing directors-at-large to the Board; increasing the frequency of Board meetings; and streamlining structure with the elimination of the Executive Committee and the Council of Pharmacy Registrars of Canada (CPRC).

This memorandum serves to inform you that NAPRA’s Board of Directors and Ad-hoc Committee on Governance Implementation have made excellent progress. In fact, with your support, we will be able to make the legal changes required to bring new governance to NAPRA in November 2017.

To achieve that, NAPRA’s Members will need to amend its two governing documents under the *Canada Not-for-Profit Corporations Act* – its By-laws and its Articles – as well as elect a new Board for the new governance.

Because NAPRA’s current By-laws require that Members accept any amendments to By-Laws before NAPRA can operate within them, the Board of Directors has called a **Meeting of Members to take place on November 9, 2017** to have Members accept new proposed By-laws. This will allow NAPRA to start functioning in the new governance structure directly thereafter. For convenience, this meeting will immediately follow the November Board meeting already planned.

Official notice of the Meeting of Members will be sent to you in October to meet NAPRA’s By-law requirement to notify you of a Meeting of Members within 21-35 days of the meeting. Providing this memorandum at this time serves numerous purposes:

- to update you on our progress,
- to provide *advance* notice of the Meeting of Members,
- to provide NAPRA’s new proposed By-laws for information; and
- to request that you name your representative for the Meeting of Members or, if you are unable to have a representative attend the meeting, to assign a proxy if you wish.

Members/Membres

Alberta College of Pharmacists
Canadian Armed Forces – Pharmacy Services Division
College of Pharmacists of British Columbia
College of Pharmacists of Manitoba

New Brunswick College of Pharmacists
Newfoundland and Labrador Pharmacy Board
Government of the Northwest Territories
Nova Scotia College of Pharmacists
Government of Nunavut

Ontario College of Pharmacists
Ordre des pharmaciens du Québec
Prince Edward Island College of Pharmacists
Saskatchewan College of Pharmacy Professionals
Community Services - Government of Yukon

In regard to its By-laws, NAPRA's current By-laws underwent an extensive review, including input from NAPRA's legal counsel, and the changes proposed will modernize the By-laws overall and allow for implementation of the new governance model. The proposed new By-laws can be found in **Appendix A**. To compare the content of the current By-laws with the proposed new By-laws, a concordance table of the current and proposed By-laws can be found in **Appendix B**.

To reiterate, at the Meeting of Members on November 9, 2017, Members will be asked to adopt new NAPRA By-laws, amend its Articles around the number of Directors permitted on the Board, and elect a new Board.

Finally, we need each Member Organization to **submit the name of your representative** who will attend the Meeting of Members on November 9. A form to do this is provided. We ask that you submit the completed form by **September 30, 2017**. If you are unable to have a representative attend the meeting and wish to assign a proxy, a form to do so is also attached.

In the meantime, if you have any questions, please do reach out to me or Adele, our Executive Director, and we will be happy to answer them.

On behalf of the NAPRA Board, I am excited to share this progress regarding NAPRA's governance changes with you. We believe these changes will strengthen the organization to better serve its members and enhance NAPRA's role within pharmacy in Canada.

Sincerely,



Anjali Acharya
President, NAPRA

APPENDIX A

PROPOSED NEW BY-LAWS NATIONAL ASSOCIATION OF PHARMACY REGULATORY AUTHORITIES (“NAPRA”)

INTERPRETATION

1. **Definitions.** In this By-law, unless the context otherwise specifies or requires:
 - “**Act**” means the *Canada Not-for-profit Corporations Act* S.C. 2009, c.23 including the Regulations made pursuant to the Act, and any statute or regulations that may be substituted, as amended from time to time;
 - “**Articles**” means the original or restated articles of incorporation or articles of amendment, amalgamation, continuance, reorganization, arrangement or revival of the Corporation;
 - “**Board**” means the Board of Directors of the Corporation;
 - “**By-laws**” means any by-law of the Corporation from time to time in force and effect;
 - “**Corporation**” means the National Association of Pharmacy Regulatory Authorities/Association nationale des organismes de réglementation de la pharmacie, a Canadian non-share capital corporation incorporated under the Act;
 - “**Director**” means a member of the Board of Directors;
 - “**Executive Director**” means the chief staff officer of the Corporation;
 - “**Meeting of Members**” includes an annual meeting of Members or a special meeting of Members; “special meeting of Members” includes a meeting of any class or classes of Members and a special meeting of all Members entitled to vote at an annual meeting of Members;
 - “**Member**” means a Pharmacy Regulatory Authority which has been admitted by resolution of the Board of Directors pursuant to Article 26 of these By-laws.
 - “**Ordinary Resolution**” means a resolution passed by a majority of not less than 50% plus 1 of the votes cast on that resolution;
 - “**Pharmacy**” means the practice of pharmacy;
 - “**Pharmacy Regulatory Authority**” or “**PRA**” means any authority established by law to regulate and/or license the practice of pharmacy in a province or the territorial government in the case of a territory of Canada, or is established as the Canadian Forces Pharmacy Services and which is a Member of the Corporation;
 - “**Proposal**” means a proposal submitted by a Member that meets the requirements of Section 163 (Shareholder Proposals) of the Act;
 - “**Registrar**” means the Registrar of each of the provincial pharmacy regulatory authorities; the representative of the governmental agencies of the territories responsible for pharmacy; and the pharmacist responsible to the Surgeon General for the practice of pharmacy in the Canadian Armed Forces;
 - “**Regulations**” means the regulations made under the Act as from time to time amended and every regulation that may be substituted therefor and, in the case of such substitution, any references in the By-laws of the Corporation to provisions of the regulations shall be read as references to the substituted provisions therefor in the new regulations; and
 - “**Special resolution**” means a resolution passed by a majority of not less than two-thirds (2/3) of the votes cast on that resolution.
2. **Interpretation.** This By-law shall, unless the context otherwise requires, be construed and interpreted in accordance with the following:

- a) all terms which are contained in the By-law and which are defined in the Act or the Regulations shall have the meanings given to such terms in the Act or the Regulations;
- b) words importing the singular number only shall include the plural and vice versa; and the word “person” shall include individuals, bodies corporate, corporations, companies, partnerships, syndicates, trusts and any number or aggregate of persons; and
- c) the headings used in the By-law are inserted for reference purposes only and are not to be considered or taken into account in construing the terms or provisions thereof or to be deemed in any way to clarify, modify or explain the effect of any such terms or provisions.

HEAD OFFICE

3. **Head Office.** The head office of the Corporation shall be in the City of Ottawa, in the Province of Ontario.

SEAL

4. **Seal.** The Corporation may have a corporate seal in the form approved from time to time by the Board. If a corporate seal is approved by the Board, the Secretary of the Corporation shall be the custodian of the corporate seal.

DIRECTORS

5. **Duties.** The affairs of the Corporation shall be managed by a Board of Directors and the members of the Board may be known and referred to as Directors. The Board may exercise all such powers and do all such acts and things as may be exercised or done by the Corporation and are not by the By-law or any resolution of the Corporation or by statute expressly directed or required to be done by the Corporation at a meeting of Members.
6. **Number.** The Board shall consist of the number of Directors specified in the articles. If the articles provide for a minimum and maximum number of Directors, the Board shall be comprised of the fixed number of Directors as determined from time to time by the Members and by ordinary resolution or, if the ordinary resolution empowers the Directors to determine the number, by resolution of the Board.
7. **Election of Directors.**
The Nominating Committee shall develop a slate of candidates for consideration for election to the Board of Directors by the Members at an annual meeting of the Members. Such slate shall be included in the Notice of Meeting of the Members to be sent to the Members. In developing the slate of Directors to be sent to the Members, the Nominating Committee shall develop a slate of Directors based on the following guidelines:

7.1 Each Member may propose a candidate for election to the Board to the Nominating Committee. The

proposed candidate from each Member shall be the Registrar of that Member.

7.2 In addition, the Nominating Committee may propose up to three candidates for election to the Board each of whom shall bring necessary skills, expertise and other perspectives to the Board.

7.3 Nominations from the Floor are prohibited.

8. **Term.**
Directors proposed pursuant to Article 7.1 herein may be elected for consecutive terms with no restriction as to the length of consecutive service.

Directors proposed pursuant to Article 7.2 herein shall be elected to hold office for an initial two-year term. Such Directors may be elected for up to two additional 2-year terms, to a maximum consecutive length of service of six years.

9. **Vacancies.** The office of a Director shall automatically be vacated:
- a) if a regulated professional, where the Director's licence to practice is suspended or revoked;
 - b) if a Registrar, where the Registrar has retired, resigned or been removed from his/her position as Registrar;
 - c) if the Director by notice in writing to the Corporation resigns office which resignation will be effective at the time it is received by the Executive Director of the Corporation or at the time specified in the notice, whichever is later;
 - d) if the Director dies;
 - e) if a Director is removed by the Members by a Special Resolution at a Special Meeting of the Members called for such purpose.
10. **Filling Vacancies.** Subject to section 132(4) and (5) of the Act, a quorum of Directors may fill a vacancy among the Directors, except a vacancy resulting from an increase in the number or the minimum or maximum number of Directors provided for in the articles or a failure to elect the number or minimum number of Directors provided for in the articles.
11. **Remuneration of Directors.** Directors may be eligible for honoraria, as provided for in any policies established by the Board from time to time. All Directors shall be reimbursed for reasonable expenses incurred in the performance of the Directors' duties as provided for in guidelines established by the Board from time to time. No Director shall directly or indirectly receive any profit from occupying the position of Director.

MEETINGS OF DIRECTORS

12. **Place and Time of Meetings.** Meetings of the Board of Directors may be held at any place within or outside Canada. The Board of Directors shall meet at least four times a year, or more often if required by the business of the Corporation. Minutes shall be kept of all meetings of the Board of Directors and copies shall be provided to each Member of the Corporation by the Executive Director.
13. **Alternate methods of Participation.** If the Corporation chooses to make available a telephonic, electronic or other communication facility that permits all participants to communicate adequately with each other during a meeting of the Board of Directors, any person entitled to attend such meeting may participate in the meeting by means of such telephonic, electronic or other communication facility in the manner provided by the Act. A person participating in a meeting by such means is deemed present at the meeting. Notwithstanding any other provision of this By-law, any person participating in a meeting of the Board of Directors pursuant to this section who is entitled to vote at that meeting may vote, in accordance with the Act, by means of any telephonic, electronic or other communication facility that the Corporation has made available for that purpose.
14. **Notice.** A meeting of Directors may be convened by the Chair, the Vice Chair or any two Directors at any time. The Executive Director, when directed or authorized by any of such officers or any two (2) Directors, shall convene a meeting of Directors. Unless sent by mail, forty-eight (48) hours' notice of such meeting shall be given to each Director. Notice of any such meeting must state the day, time and place of the meeting and shall be served by sending such notice by courier, telecopy or electronically. If sent by mail, the notice shall be served not less than fourteen (14) days (exclusive of the day on which the notice is delivered or sent but inclusive of the day for which the notice is given) before the meeting is to take place; provided always that a Director may in any manner and at any time waive notice of a meeting of Directors and attendance of a Director at a meeting of Directors shall constitute a waiver of notice of the meeting except where a Director attends a meeting for the express purpose of objecting to the transaction of any business on the grounds that the meeting is not lawfully called; provided

further that meetings of Directors may be held at any time without notice if all the Directors are present (except where a Director attends a meeting for the express purpose of objecting to the transaction of any business on the grounds that the meeting is not lawfully called) or if all of the absent Directors waive notice before or after the date of such meeting.

If the first meeting of the Board of Directors following the election of Directors at the meeting of the Members is held immediately thereafter, then for such meeting or for a meeting of the Board of Directors at which a Director is appointed to fill a vacancy on the Board of Directors, no notice shall be necessary to the newly appointed Director or Directors in order to legally constitute the meeting, provided that a quorum of the Directors is present.

15. **Error or Omission in Giving Notice.** No error or accidental omission in giving notice of any meeting of Directors shall invalidate such meeting or make void any proceedings taken at such meeting.
16. **Adjournment.** Any meeting of Directors may be adjourned from time to time by the chairperson of the meeting, with the consent of the meeting, to a fixed time and place. Notice of any adjourned meeting of Directors is not required to be given if the time and place of the adjourned meeting is announced at the original meeting. Any adjourned meeting shall be duly constituted if held in accordance with the terms of adjournment and a quorum is present thereat. The Directors who formed a quorum at the original meeting are not required to form the quorum at the adjourned meeting. If there is no quorum present at the adjourned meeting, the original meeting shall be deemed to have terminated forthwith after its adjournment. Any business may be brought before or dealt with at any adjourned meeting which might have been brought before or dealt with at the original meeting in accordance with the notice calling the same.
17. **Regular Meetings.** The Board of Directors may appoint a day or days in any month or months for regular meetings of the Board of Directors at a place or hour to be named by the Board of Directors and a copy of any resolution of the Board of Directors fixing the place and time of regular meetings of the Board of Directors shall be sent to each Director forthwith after being passed, but no other notice shall be required for any such regular meetings.
18. **Quorum.** Two-thirds of the Directors of the Corporation shall form a quorum for the transaction of business, and notwithstanding any vacancy among the Directors, a quorum of Directors may exercise all the powers of Directors.
19. **Consensus decision-making.** Decisions of the Board of Directors shall be by consensus. Only when all Directors present either say yes or agree to Stand Aside will the Board of Directors move ahead on any action. The consensus decision-making process shall emphasize the process of listening and discussion and shall not merely be a matter of saying yes or no. The following responses shall be possible in a consensus decision:
 - a) Yes – the Director is supportive of the proposed action and will do nothing to undermine it.
 - b) No – the Director cannot in good conscience allow the proposed action to go forward.
 - c) Stand Aside – a Director may have reservations, but they are not sufficient to keep the group from accepting the proposed action and the Director will do nothing to undermine the decision.
 - d) The Board of Directors by consensus can decide to make a particular decision by majority vote or to refer the issue to a committee of the Board for further consideration.

20. **Persons Entitled to Attend Meetings of the Board of Directors.** The Directors of the Corporation shall be entitled to attend, participate and vote at meetings of the Board of Directors. The Executive Director of the Corporation may attend and participate in meetings in a non-voting capacity. Any other person may be admitted only on the invitation of the Chair of the Meeting or by resolution of the Board.
21. **Signed Resolutions.** A resolution in writing, signed by all the Directors entitled to vote on that resolution at a meeting of Directors or of a committee of Directors, is as valid as if it had been passed at a meeting of Directors or committee of Directors.

POWERS OF DIRECTORS

22. **Administer Affairs.** The Board of Directors may administer the affairs of the Corporation in all things and make or cause to be made for the Corporation, in its name, any kind of contract which the Corporation may lawfully enter into and, save as hereinafter provided, generally, may exercise all such other powers and do all such other acts and things as the Corporation is authorized to exercise and do.
23. **Expenditures.** The Board of Directors shall have the power to authorize expenditures on behalf of the Corporation from time to time and may delegate by resolution to an officer or officers of the Corporation the right to employ and pay salaries to employees. The Board of Directors shall have the power to enter into a trust arrangement with a trust company for the purpose of creating a trust fund in which the capital and interest may be made available for the benefit of promoting the interests of the Corporation in accordance with such terms as the Board of Directors may prescribe.
24. **Borrowing Power.** The Board of Directors of the Corporation may from time to time:
- a) borrow money on the credit of the Corporation;
 - b) limit or increase the amount to be borrowed;
 - c) issue, sell or pledge debt obligations (including bonds, debentures, debenture stock, notes or other like liabilities whether secured or unsecured) of the Corporation;
 - d) charge, mortgage, hypothecate or pledge all or any currently owned or subsequently acquired real or personal, movable or immovable property of the Corporation, including book debts, rights, powers and undertakings, to secure any debt obligations or any money borrowed, or other debt or liability of the Corporation; and
 - e) delegate the powers conferred on the Directors under this paragraph to such officer or officers of the Corporation and to such extent and in such manner as the Directors shall determine.
 - f) The powers hereby conferred shall be deemed to be in supplement of and not in substitution for any powers to borrow money for the purposes of the Corporation possessed by its Directors or officers independently of the By-law.
25. **Agents and Employees.** The Board of Directors may appoint such agents and engage such employees as it shall deem necessary from time to time and such persons shall have such authority and shall perform such duties as shall be prescribed by the Board of Directors at the time of such appointment. The remuneration of all agents and employees shall, subject to the other provisions of this By-law, be fixed by the Board of Directors by resolution. The Board of Directors may delegate to the Executive Director, some or all of its authority to deal with any matter pertaining to employees and agents.

MEMBERSHIP

26. **Entitlement.** Membership in the Corporation shall be available to any Pharmacy Regulatory Authority which has submitted written application for admission as a Member to the Board of Directors, is

admitted by resolution of the Board of Directors and who has paid the applicable annual dues, fees and/or assessments.

Pursuant to subsection 197(1) (Fundamental Change) of the Act, a special resolution of the Members is required to make any amendments to this section of the by-laws if those amendments affect membership rights and/or conditions described in paragraphs 197(1)(e), (h), (l) or (m).

27. **Resignation.** Any Member may withdraw from the Corporation by delivering to the Corporation a written resignation and lodging a copy of same with the Chair of the Corporation at least one year prior to withdrawal. A resignation shall be effective on the later of the date specified in the notice or one year from the date it is received by the Chair of the Corporation. In the case of resignation, a Member shall remain liable for payment of any assessment or other sum levied or which became payable by the Member to the Corporation prior to its resignation.
28. **Termination of Membership.** The interest of a Member in the Corporation is not transferable and lapses and ceases to exist:
- a) upon dissolution of the Member;
 - b) when the Member's period of membership expires (if any);
 - c) when the Member resigns; fails to pay membership dues, fees and/or assessments within 30 days after the due date or otherwise in accordance with the By-law; or
 - d) if at a special meeting of Members, a resolution is passed to remove the Member by at least two-thirds (2/3) of the votes cast at the special meeting provided that the Member shall be granted the opportunity to be heard at such meeting.
29. **Membership Dues.** The ordinary operating expenses of the Corporation will be shared by the Members using the revenue model in effect from time to time as approved by the Directors and modified by Special Resolution from time to time.

MEMBERS' MEETINGS

30. **Annual Meetings.** At every annual meeting, in addition to any other business that may be transacted, the report of the Directors, the financial statements and the report of the auditors shall be presented and the auditors shall be appointed for the ensuing year. The Members may consider and transact any business either special or general at any meeting of Members.
31. **Special Meetings.** Other meetings of the Members may be convened by order of the Chair or the Vice Chair or the Board of Directors at any date and time and at any place within Canada, or, if a majority of the Members so agree, outside Canada. The Board of Directors shall call a special general meeting of Members on written requisition of Members carrying not less than five percent (5%) of the voting rights.
32. **Persons Entitled to Attend Meetings of Members.** The only persons entitled to be present at a meeting of Members shall be those entitled to vote at the meeting, the Directors and the Public Accountant of the Corporation and such other persons who are entitled or required under any provision of the Act, Articles or By-laws of the Corporation to be present at the meeting. Any other person may be admitted only on the invitation of the Chair of the meeting or by resolution of the Members.
33. **Notice.** Notice of the time and place of a meeting of Members shall be given to each Member entitled to vote at the meeting by the following means:

- a) by mail, courier or personal delivery to each Member entitled to vote at the meeting, during a period of 21 to 60 days before the day on which the meeting is to be held; or
- b) by telephonic, electronic or other communication facility to each Member during a period of 21 to 35 days before the day on which the meeting is to be held.

Pursuant to subsection 197(1) of the Act, a special resolution of the Members is required to make any amendment to the By-laws of the Corporation to change the manner of giving notice to Members entitled to vote at a meeting of Members.

- 34. **Waiver of Notice.** A Member may in any manner waive notice of a meeting of Members and attendance of any Member at a meeting of Members shall constitute a waiver of notice of the meeting except where such Member attends for the express purpose of objecting to the transaction of any business on the grounds that the meeting is not lawfully called.
- 35. **Error of Omission in Giving Notice.** No error or omission in giving notice of any annual or special meeting or any adjourned meeting of the Members of the Corporation shall invalidate any resolution passed or any proceedings taken at any meeting of Members.
- 36. **Quorum.** A quorum at any meeting of the Members (unless a greater number of Members are required to be present by the Act or any other By-law) shall be two-thirds of the Members present in person or represented by proxy. No business shall be transacted at any meeting unless the requisite quorum be present at the time of the transaction of such business. If a quorum is not present at the time appointed for a meeting of Members or within such reasonable time thereafter as the Members present may determine, the persons present and entitled to vote may adjourn the meeting to a fixed time and place but may not transact any other business and the provisions of paragraph 33 with regard to notice shall apply to such adjournment.
- 37. **Chairperson of the Meeting.** In the event that neither the Chair nor Vice Chair are present, the Members shall choose one of their number to be the chairperson.
- 38. **Adjournment.** The chairperson of any meeting of Members may with the consent of the meeting adjourn the same from time to time to a fixed time and place and no notice of such adjournment need be given to the Members. Any business may be brought before or dealt with at the original meeting in accordance with the notice calling the same.
- 39. **Resolution in Lieu of Meeting.** A resolution in writing, signed by all the Members entitled to vote on that resolution at a meeting of Members, is as valid as if it had been passed at a meeting of Members.
- 40. **Electronic Ballots.** Pursuant to section 171(1) (Absentee Voting) of the Act, a Member may vote by means of a telephonic, electronic or other communication facility if the Corporation has a system that:
 - 1. enables the votes to be gathered in a manner that permits their subsequent verification, and
 - 2. permits the tallied votes to be presented to the Corporation without it being possible for the Corporation to identify how each Member voted.Pursuant to subsection 197(1) (Fundamental Change) of the Act, a special resolution of the Members is required to make any amendment to the by-laws of the Corporation to change this method of voting by Members not in attendance at a Meeting of Members.

41. **Voting of Members.** At all Meetings of the Members, every question shall be determined on a show of hands by the votes of at least two-thirds of the Members unless otherwise specifically provided by the Act or by the By-laws.

No Member shall be entitled to vote at meetings of Members of the Corporation unless the Member has paid all dues, fees and/or assessments, if any, then payable by the Member.

At any meeting, a declaration by the chairperson of the meeting that a resolution has been carried or carried unanimously or by a particular majority or lost or not carried by a particular majority shall be conclusive evidence of the fact.

42. **Members Meeting Held Entirely by Electronic Means.**

If the Directors or Members of the Corporation call a Meeting pursuant to the Act, those Directors or Members, as the case may be, may determine that the meeting shall be held, in accordance with the Act and the Regulations, entirely by means of a telephonic, electronic or other communication facility that permits all participants to communicate adequately with each other during the meeting.

OFFICERS

43. **Election/Appointment of Officers.**

The Board of Directors:

- a) shall elect a Chair from among themselves for a term of one (1) year which term is renewable once only;
- b) shall elect a Vice Chair from among themselves for a term of one (1) year which term is renewable only once;
- c) shall appoint the previous Chair to the office of Past Chair, provided that if the current Chair is re-elected, the office of Past Chair shall be renewed for one (1) additional year;
- d) shall appoint the Executive Director as the chief staff officer of the Corporation; and
- e) may annually or more often as may be required, appoint a Secretary and a Treasurer

A Director may be appointed to any office of the Corporation but none of the said officers need be a Director or Member of the Corporation except for the Chair and Vice Chair as provided in paragraphs (a) and (b) above. In case and whenever the same person holds the offices of Secretary and Treasurer that person may but need not be known as the Secretary-Treasurer. The Board of Directors may from time to time appoint such other officers and agents as it shall deem necessary who shall have such authority and shall perform such duties as may from time to time be prescribed by the Board of Directors.

44. **Vacancies.** Notwithstanding the foregoing, each incumbent officer shall continue in office until the earlier of:

- a) that officer's resignation, which resignation shall be effective at the time the written resignation is received by the Executive Director or at the time specified in the resignation, whichever is later;
- b) the appointment of a successor;
- c) in the case of the Chair and Vice Chair, the completion of 2 years of consecutive service and in the case of all other officers, the meeting at which the Directors annually appoint the officers of the Corporation;
- d) that officer's removal by the Board of Directors;
- e) that officer's death.

If the office of any officer of the Corporation shall be or become vacant, the Directors may, by resolution, appoint a person to fill such vacancy.

45. **Remuneration of Officers.** Officers, other than the Executive Director, shall receive no remuneration. All Officers shall be reimbursed for reasonable expenses incurred by the Officer in the performance of the Officer's duties as provided for in guidelines established by the Board from time to time. No Director who serves as an officer shall directly or indirectly receive any profit from occupying the position of Officer.
46. **Removal of Officers.** Officers shall be subject to removal by Special Resolution of the Board of Directors at any time, with or without cause.
47. **Duties of Officers May be Delegated.** In case of the absence or inability to act of any officer of the Corporation or for any other reason that the Board of Directors may deem sufficient, the Board of Directors may delegate all or any of the powers of any such officer to any other officer or to any Directors for the time being.
48. **Powers and Duties.** All officers shall sign such contracts, documents or instruments in writing as require their respective signatures and shall respectively have and perform all powers and duties incidental to their respective offices and such other powers and duties respectively as may from time to time be assigned to them by the Board of Directors. The duties of the officers shall include:
 - a) **Chair.** The Chair shall, when present, preside at all meetings of the Board of Directors, and the Members.
 - b) **Vice Chair.** The Vice Chair, shall be vested with all the powers and shall perform all the duties of the Chair in the absence or inability or refusal to act of the Chair.
 - c) **Past Chair.** The Past Chair shall serve to assist the Chair in a public relations capacity, when required, as a representative of the Corporation.
 - d) **Executive Director.** As the chief staff officer of the Corporation, the Executive Director is responsible for the proper management of all human, material and financial resources of the Corporation. (S)he shall be responsible for carrying out the duties and functions of the Corporation on a daily basis and for the implementation of the strategic plan approved by the Board of Directors. The Executive Director shall attend meetings of the Board of Directors and will hold office at the pleasure of the Board. (S)he shall assume all other duties delegated to him or her from time to time by the Board of Directors including:
 - i. act as the secretary-treasurer of the Corporation if no person(s) is/are appointed for such office(s) and attend but not be entitled to vote at all meetings of the Board of Directors;
 - ii. upon ceasing to hold the position of the Executive Director, transfer all records and documents of the Corporation to his or her successor; and
 - iii. in the event of the dissolution of the Corporation, make arrangements for the safekeeping or proper disposal of all records and documents of the Corporation.
 - e) **Secretary.** The Secretary shall give or cause to be given notices for all meetings of the Board of Directors or committees of Directors, if any and Members when directed to do so and have

charge of the corporate seal of the Corporation should one be in existence, the minute books of the Corporation and of the documents and registers of the Corporation.

- f) Treasurer. The Treasurer shall keep or shall cause to be kept an accurate account of all receipts and disbursements of the Corporation and proper books of account, and shall deposit or shall cause to be deposited all moneys or other valuable effects in the name and to the credit of the Corporation in such bank or banks as may be designated from time to time by the Board of Directors. The Treasurer shall disburse or cause to be disbursed the funds of the Corporation under the direction of the Board of Directors, receiving proper vouchers thereof and render to the Board of Directors at its regular meetings or whenever required, an account of all of his or her transactions as Treasurer, and of the financial position of the Corporation.

COMMITTEES

49. (1) **Standing Committee:** There shall be the following standing committees of the Board:
Nominating Committee

- (2) **Appointment of Nominating Committee Members:**
The Nominating Committee shall be made up of the Chair and Vice Chair of the Board.

The Chair of the Nominating Committee shall be Chair of the Board.

The Nominating Committee shall consult with representatives of each Member as required from time to time.

- (3) **Committees of the Board of Directors:** The Board may from time to time appoint any committee or other advisory body, as it deems necessary or appropriate for such purposes and, subject to the Act, with such powers as the Board shall see fit. Any such committee may formulate its own rules of procedures, subject to such regulations or directions as the Board may from time to time make. Committee members, and the chairs of committees, will be appointed by the Board, and any committee member may be removed by resolution of the Board.

FOR THE PROTECTION OF DIRECTORS AND OFFICERS

50. **For the Protection of Directors and Officers.** Except as otherwise provided in the Act, no Director or officer for the time being of the Corporation shall be liable for the acts, receipts, neglects or defaults of any other Director or officer or employee or for any loss, damage or expense happening to the Corporation through the insufficiency or deficiency of title to any property acquired by the Corporation or for or on behalf of the Corporation of for the insufficiency of deficiency of any security in or upon which any of the moneys of or belonging to the Corporation shall be placed out or invested or for any loss or damage arising from the bankruptcy, insolvency or tortious act of any person including any person with whom or which any moneys, securities or effects shall be lodged or deposited or for any loss, conversion, misapplication or misappropriation of or any damage resulting from any dealings with any moneys, securities or other assets belonging to the Corporation or for any other loss, damage or misfortune whatever which may happen in the execution of the duties of the Director's or officer's respective office or trust or in relation thereto unless the same shall happen by or through the Director's or officer's own willful neglect or default.

INDEMNITIES TO DIRECTORS AND OTHERS

51. **Indemnities to Directors and Others.** Every Director, officer or Committee member of the Corporation or other person who has undertaken or is about to undertake any liability on behalf of the Corporation or any corporation controlled by it and their heirs, executors and administrators, and estate and

effects, respectively, shall from time to time and at all times, be indemnified and saved harmless out of the funds of the Corporation, from and against:

- a) all costs, charges and expenses whatsoever which such Director, officer or other person sustains or incurs in or about any action, suit or proceeding that is brought, commenced or prosecuted against the Director, officer or other person for or in respect of any act, deed matter or thing whatever, made, done or permitted by them, in or about the execution of the duties of such office or in respect of any such liability; and
- b) all other costs, charges and expenses which the Director, officer or other person sustains or incurs in or about or in relation to the affairs thereof,

except such costs, charges or expenses as are occasioned by their own willful neglect or default. The Corporation shall also indemnify any such person in such other circumstances as the Act or law permit or requires. Nothing in this By-law shall limit the right of any person entitled to indemnity to claim indemnity apart from the provisions of this By-law to the extent permitted by the Act or law.

PARTICIPATION IN MEETINGS

52. A Director, Member or committee member shall be entitled to participate in any meeting of the Directors, Members or the committees by means of a telephone conference call or by any other electronic media so long as the use of such media assures that all participants of the meeting are in a position to participate simultaneously and continuously throughout such meeting. Persons participating in this fashion and by such means shall be deemed to be present in person at the meeting for quorum and voting purposes. Such person shall also be entitled to vote by means of telephone or by any other electronic medium so long as the requirements of this article are satisfied.

EXECUTION OF INSTRUMENTS

53. **Execution of Instruments.** Contracts, documents or any instruments in writing requiring the signature of the Corporation shall be signed by the Chair or the Executive Director; and all contracts, documents and instruments in writing so signed shall be binding upon the Corporation without any further authorization or formality. The Board of Directors shall have the power from time to time by resolution to appoint any officer or officers or any person or persons on behalf of the Corporation either to sign contracts, documents and instruments in writing generally or to sign specific contracts, documents or instruments in writing.

The term “contracts, documents or instruments in writing” as used in the By-law shall include but not be limited to deeds, mortgages, hypothecs, charges, conveyances, transfers and assignments of property real or personal, immovable or movable, agreements, releases, receipts and discharges for the payment of money or other obligations, conveyances, transfers and assignments of shares, share warrants, stocks, bonds, debentures or other securities and all paper writings.

The seal of the Corporation when required may be affixed to any instruments in writing signed as aforesaid or by any officer or officers appointed by resolution of the Board of Directors.

FINANCE AND EXPENSES

54. **Bank Accounts.** All monies belonging to the Corporation shall be deposited in an account in the name of the Corporation in a chartered bank or trust company located in the municipality where the Corporation’s head office is located.
55. **Cheques, Drafts, Notes, Etc.** Money shall only be paid out by cheque, drafts or orders for the payment of money and shall be signed by any two of the Chair, Vice Chair, Executive Director and any other

signing authority designated by the Board of Directors from time to time by resolution, provided that the Board of Directors may, by resolution, grant the Executive Director the authority to sign cheques alone up to an amount set by the Board of Directors from time to time.

56. **Financial Statements.** The Corporation shall send to the Members a copy of the annual financial statements and other documents referred to in subsection 172(1) (Annual Financial Statements) of the Act or a copy of a publication of the Corporation reproducing the information contained in the documents. Instead of sending the documents, the Corporation may send a summary to each Member along with a notice informing the Member of the procedure for obtaining a copy of the documents themselves free of charge. The Corporation is not required to send the documents or a summary to a Member who, in writing, declines to receive such documents.
57. **Dissolution.** In the event of the dissolution of the Corporation, the assets shall be used to discharge any liabilities of the Corporation. Any remaining assets shall be distributed to an association having similar purposes.

NOTICES

58. **Service.** Any notice (which term includes any communication or document), other than notice of a Meeting of Members or a meeting of the Board of Directors, to be given (which term includes sent, delivered or served) pursuant to the Act, the articles, the by-laws or otherwise to a Member, Director, officer or member of a committee of the board or to the public accountant shall be sufficiently given:
1. if delivered personally to the person to whom it is to be given or if delivered to such person's address as shown in the records of the Corporation or in the case of notice to a Director to the latest address as shown in the last notice that was sent by the Corporation in accordance with section 128 (Notice of directors) or 134 (Notice of change of directors) and received by the Director;
 2. if mailed to such person at such person's recorded address by prepaid ordinary or air mail;
 3. if sent to such person by telephonic, electronic or other communication facility at such person's recorded address for that purpose; or
 4. if provided in the form of an electronic document in accordance with Part 17 of the Act.
- A notice so delivered shall be deemed to have been given when it is delivered personally or to the recorded address as aforesaid; a notice so mailed shall be deemed to have been given when deposited in a post office or public letter box; and a notice so sent by any means of transmitted or recorded communication shall be deemed to have been given when dispatched or delivered to the appropriate communication company or agency or its representative for dispatch. The secretary may change or cause to be changed the recorded address of any Member, Director, officer, public accountant or member of a committee of the board in accordance with any information believed by the secretary to be reliable. The declaration by the secretary that notice has been given pursuant to this by-law shall be sufficient and conclusive evidence of the giving of such notice. The signature of any Director or officer of the Corporation to any notice or other document to be given by the Corporation may be written, stamped, type-written or printed or partly written, stamped, type-written or printed.
59. **Computation of Time.** Where a given number of days' notice or notice extending over a period is required to be given under the By-law or Letters Patent the day of service or posting of the notice shall not, unless it is otherwise provided be counted in such number of days or other period
60. **Proof of Service.** With respect to every notice or other document sent by post it shall be sufficient to prove that the envelope or wrapper containing the notice or other document was properly addressed as provided in paragraph 58 of this By-law and put into a Post Office or into a letter box. A certificate of an officer of the Corporation in office at the time of the making of the certificate as to facts in relation to the sending or delivery of any notice or other document to any Member, Director, officer or auditor

or publication of any notice or other document shall be conclusive evidence thereof and shall be binding on every Member, Director, officer or auditor of the Corporation, as the case may be.

RULES AND REGULATIONS

61. **Rules and Regulations.** All meetings of the Corporation shall be subject to the provisions of the By-law. The Board of Directors may prescribe such rules and regulations not inconsistent with the By-laws relating to the management and operation of the Corporation and other matters provided for in these By-laws as may be deemed expedient, provided that such rules and regulations shall have force and effect only until the next annual meeting of the Members of the Corporation when they shall be confirmed and in default of confirmation at such annual meeting of Members shall at and from time to time cease to have force and effect.

BY-LAWS

62. **By-laws and Effective Date.** Subject to the Articles, the Board of Directors may, by resolution, make, amend or repeal any By-laws that regulate the activities or affairs of the Corporation. Any such By-law, amendment or repeal shall be effective from the date of the resolution of Directors until the next Meeting of Members where it may be confirmed, rejected or amended by the Members by ordinary resolution. If the By-law, amendment or repeal is confirmed or confirmed as amended by the Members it remains effective in the form in which it was confirmed. The By-law, amendment or repeal ceases to have effect if it is not submitted to the Members at the next Meeting of Members or if it is rejected by the Members at the meeting.

This section does not apply to a By-law that requires a special resolution of the Members according to subsection 197(1) (fundamental change) of the Act because such By-law amendments or repeals are only effective when confirmed by Members.

AUDITORS

63. **Auditors.** The Members shall at each annual meeting appoint an auditor to audit the accounts of the Corporation for reporting to the Members who shall hold office until the next following annual meeting; provided, however, that the Directors may fill any casual vacancy in the office of the auditor. The remuneration of the auditor shall be fixed by the Members of the Corporation or by the Board of Directors if the Board of Directors is authorized to do so by the Members.

FINANCIAL YEAR

64. **Financial Year.** The financial year of the Corporation shall terminate on the 31st day of December in each year or on such other date as the Directors may from time to time by resolution determine.

ENACTED this ___ day of _____, 2017
WITNESS the seal of the Corporation.

APPENDIX B

NAPRA BY-LAWS - Table of Concordance

November 2017

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
Section: General			
Definitions	<p>1. Definitions. In this By-law, unless the context otherwise specifies or requires:</p> <p>“Council of Pharmacy Registrars of Canada (CPRC)” means the committee established by paragraph 53 of this By-law;</p> <p>“Letters patent” means the Letters Patent and any supplementary letters patent of the Corporation;</p>	<p>1. Definitions. In this By-law, unless the context otherwise specifies or requires:</p> <p>removed</p> <p>removed</p> <p>New - “Registrar” means the Registrar of each of the provincial pharmacy regulatory authorities; the representative of the government agencies of the territories responsible for pharmacy; and the pharmacists responsible to the Surgeon General for the practice of pharmacy in the Canadian Armed Forces.</p>	<p>Definition of CPRC removed as this body no longer required under new governance model.</p> <p>Definition of Letters Patent removed since not referenced in the bylaws.</p> <p>Definition of Registrar added as this term is used frequently throughout the bylaws.</p>
Section: Directors			

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
Qualifications and election of Directors	<p><u>Section 7 - Qualifications.</u></p> <p>a) Every Director shall be an individual who is at least eighteen (18) years of age with the power under law to contract.</p> <p>b) Each Director shall be an individual who is licensed to practise pharmacy in a province or territory of Canada, or is the elected representative of the responsible governmental agency in the case of the territory, or is the elected representative of the Canadian Forces Pharmacy Services in the case of the military.</p>	<p><u>Section 7 - Election of Directors</u></p> <p>The Nominating Committee shall develop a slate of candidates for consideration for election to the Board of Directors by the Members at an annual meeting of the Members. Such slate shall be included in the Notice of Meeting of the Members to be sent to the Members. In developing the slate of Directors to be sent to the Members, the Nominating Committee shall develop a slate of Directors based on the following guidelines:</p> <p>7.1 Each Member may propose a candidate for election to the Board to the Nominating Committee. The proposed candidate from each Member shall be the Registrar of that Member; the representative of the governmental agency of the Territories responsible for pharmacy and the pharmacists responsible to the Surgeon General for the practice of pharmacy in the Canadian Armed Forces.</p> <p>7.2 In addition, the Nominating Committee may propose up to three candidates for election to the Board each of whom shall bring necessary skills, expertise and other perspectives to the Board.</p> <p>7.3 Nominations from the Floor are prohibited.</p>	<p>Directors of NAPRA changing from Presidents (or equivalents) of member organizations to primarily being the Registrars (or equivalents) of member organizations.</p> <p>Each member organization will be responsible for proposing their organization's Registrar for election to the Board.</p> <p>In addition, up to 3 non-registrars may be added to the Board to bring different skills, expertise and/or perspectives to the Board table. These individuals will also be elected by the members.</p> <p>The Nominating Committee will lead the process of putting together and proposing a slate of candidates. The details of the nominations process and Board composition requirements will be further defined in Board policy.</p>
Term	<p><u>Section 8: Term</u></p> <p>The Directors shall be elected by the members, to hold office for a term expiring not later than the close of the next annual meeting of members following the election.</p>	<p><u>Section 8:</u></p> <p>Directors proposed pursuant to Article 7.1 herein may be elected for consecutive terms with no restriction as to the length of consecutive service.</p>	<p>Clarifies that Registrars may serve consecutive one-year terms without limit.</p>

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
		Directors elected pursuant to Article 7.2 herein shall be elected to hold office for an initial two-year term. Such Directors may be elected for up to two additional 2-year terms, to a maximum length of service of six years.	Other, 'at large' directors will have 2-year terms with a maximum length of service of 6 years.
Vacancies	<p><u>Section 9 - Vacancies.</u> The office of a Director shall automatically be vacated:</p> <ul style="list-style-type: none"> f) where a Director's licence to practise pharmacy in a province of Canada is suspended or revoked; g) if the Director becomes bankrupt or suspends payment of debts generally or compounds with creditors or makes an authorized assignment or is declared insolvent; h) if the Director is found by a court to be a mentally incompetent person or of unsound mind; i) if the Director by notice in writing to the Corporation resigns office which resignation will be effective at the time it is received by the Executive Director of the Corporation or at the time specified in the notice, whichever is later; or j) if the Director dies. 	<p><u>Section 9 - Vacancies.</u> The office of a Director shall automatically be vacated:</p> <ul style="list-style-type: none"> a) if a regulated professional, where the Director's licence to practice is suspended or revoked; b) if a Registrar, where the Registrar has retired, resigned or been removed from his/her position as Registrar; c) if the Director by notice in writing to the Corporation resigns office which resignation will be effective at the time it is received by the Executive Director of the Corporation or at the time specified in the notice, whichever is later; d) if the Director dies; e) if a Director is removed by the Members by a Special Resolution at a Special Meeting of the Members called for such purpose. 	<p>9(a) updated to include a broader range of regulated professionals (not just pharmacists) and 9(b) updated to ensure that once a Registrar leaves his/her position, that their position of the Board becomes vacant. Section 9(e) added to clarify that members may remove Directors via special resolution (requires 2/3rds approval).</p> <p>More generally, language updated to more closely align with requirements in the Act.</p>
Remuneration of Directors	<p><u>Section 11 - Remuneration of Directors.</u> The Directors shall receive no remuneration but shall be reimbursed for reasonable expenses incurred by the Director in the performance of the Directors' duties as provided for in guidelines established by the Board from time to time. No Director shall directly</p>	<p><u>Section 11 - Remuneration of Directors.</u> Directors may be eligible for honoraria, as provided for in any policies established by the Board from time to time. All Directors shall be reimbursed for reasonable expenses incurred in the performance of the Directors' duties as provided for in guidelines</p>	<p>Updated to allow non-Registrar Directors to be paid an honoraria for their Board service, subject to guidelines established by the Board. Guidelines in policy will specify that Registrars are not to receive honoraria.</p>

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
	or indirectly receive any profit from occupying the position of Director.	established by the Board from time to time. No Director shall directly or indirectly receive any profit from occupying the position of Director.	
Consensus Decision-making	<p><u>Section 19 - Consensus decision-making.</u> Decisions of the Board of Directors shall be by consensus. Only when all Directors present either say yes or agree to Stand Aside will the Board of Directors move ahead on any action. The consensus decision-making process shall emphasize the process of listening and discussion and shall not merely be a matter of saying yes or no. The following responses shall be possible in a consensus decision:</p> <ul style="list-style-type: none"> e) Yes – the Director is supportive of the proposed action and will do nothing to undermine it. f) No – the Director cannot in good conscience allow the proposed action to go forward. g) Stand Aside – a Director may have reservations, but they are not sufficient to keep the group from accepting the proposed action and the Director will do nothing to undermine the decision. h) The Board of Directors by consensus can decide to make a particular decision by majority vote. 	<p><u>Section 19 - Consensus decision-making.</u> Decisions of the Board of Directors shall be by consensus. Only when all Directors present either say yes or agree to Stand Aside will the Board of Directors move ahead on any action. The consensus decision-making process shall emphasize the process of listening and discussion and shall not merely be a matter of saying yes or no. The following responses shall be possible in a consensus decision:</p> <ul style="list-style-type: none"> a) Yes – the Director is supportive of the proposed action and will do nothing to undermine it. b) No – the Director cannot in good conscience allow the proposed action to go forward. c) Stand Aside – a Director may have reservations, but they are not sufficient to keep the group from accepting the proposed action and the Director will do nothing to undermine the decision. d) The Board of Directors by consensus can decide to make a particular decision by majority vote or to refer the issue to a committee of the Board for further consideration. 	Section 19 (d) updated to respond to a requirement in the Act that the Board have a clear process for dealing with issues when consensus cannot be reached, such as referring an issue to a committee for further consideration.

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
Persons Entitled to Attend Meetings	<p><u>Section 20 - Persons Entitled to Attend Meetings.</u> Any President or Past President who is not a Director and the Registrars of each Member of the Corporation shall be entitled to attend and participate at meetings of the Board of Directors but shall not be entitled to vote. Meetings of the Board of Directors shall be open to attendance by any observers of the Members of the Corporation and, with the approval of the President, to any external observers. At the discretion of the President, meetings of the Board of Directors may be partially or totally held <i>in camera</i>.</p>	<p><u>Section 20 - Persons Entitled to Attend Meetings of the Board of Directors.</u> The Directors of the Corporation shall be entitled to attend, participate and vote at meetings of the Board of Directors. The Executive Director of the Corporation may attend and participate in meetings in a non-voting capacity. Any other person may be admitted only on the invitation of the Chair of the Meeting or by resolution of the Board.</p>	<p>The title “President” has been changed to “Chair” and the title “Vice President” has been changed to “Vice Chair” throughout the bylaws, as the terms President and Vice President are sometimes confused with staff positions.</p> <p>This section specifically has been adapted to reflect that Registrars are now the Directors, instead of the Presidents (or equivalents) of the member organizations.</p> <p>A separate ‘observer’ category is no longer required. Observers may only attend, at the invitation of the Chair, on an as needed basis.</p> <p>The Executive Director continues to attend in a non-voting capacity.</p>
Section: Powers of Directors			
Signed Resolutions (new)		<p><u>Section 21 - Signed Resolutions.</u> A resolution in writing, signed by all the Directors entitled to vote on that resolution at a meeting of Directors or of a committee of Directors, is as valid as if it had been passed at a meeting of Directors or committee of Directors.</p>	<p>New section allows the Board to approved resolutions by email. Such approvals required a 100% response.</p>
Section: Membership			
Membership Dues	<p><u>Section 28 - Membership Dues.</u> The ordinary operating expenses of the Corporation will be</p>	<p><u>Section 29 Membership Dues.</u> The ordinary operating expenses of the Corporation will be shared by the</p>	<p>Language simplified and procedures removed. Procedures to be included in</p>

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
	<p>shared by the Members using a revenue model that is consistent with the approved budget and approved by the Directors and modified by Special Resolution from time to time. The annual assessment will be recommended by the Executive Committee and levied after approval by the Board of Directors. Each Member of the Corporation, other than the Canadian Forces Pharmacy Services, will forward to the Executive Director the amount of its assessment no later than 30 days after the Pharmacy Regulatory Authority's own Members' dues are payable. The Canadian Forces Pharmacy Services shall forward the amount of its assessment by January 31 of the fiscal year. Cheques will be in Canadian currency and made payable to the Corporation. Annual assessments are not refundable.</p>	<p>Members using the revenue model in effect from time to time as approved by the Directors and modified by Special Resolution from time to time.</p>	<p>separate, administrative document.</p>
<p>Persons Entitled to Attend Meetings of Members (new)</p>		<p><u>Section 32 - Persons Entitled to Attend Meetings of Members.</u> The only persons entitled to be present at a meeting of Members shall be those entitled to vote at the meeting, the Directors and the Public Accountant of the Corporation and such other persons who are entitled or required under any provision of the Act, Articles or By-laws of the Corporation to be present at the meeting. Any other person may be admitted only on the invitation of the Chair of the meeting or by resolution of the Members.</p>	<p>Section added to clarify who attends meetings of members and gives flexibility with regard to whom the member may choose to vote on their behalf.</p>
<p>Chairperson of the Meeting</p>	<p><u>Section 35 - Chairperson of the Meeting.</u> In the event that the President is absent and there is no Vice President present, the persons who are present and entitled to vote shall choose another Director as chairperson of the meeting and if no Director is present or if all the Directors present decline to take</p>	<p><u>Section 37 - Chairperson of the Meeting.</u> In the event that neither the Chair nor Vice Chair is present, the Members shall choose one of their number to be the chairperson.</p>	<p>Language simplified and broadened. In the absence of the Chair and Vice Chair of the Board, the members choose the meeting chair from among themselves.</p>

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
	the chair then the persons who are present and entitled to vote shall choose one of their number to be the chairperson.		
Mail Ballots (old)	<u>Section 38 - Mail Ballots.</u> Where a notice of meeting states that the Members may vote by mail ballot, the form of mail ballot shall be attached to the notice of meeting and the notice shall specify that the mail ballot must be completed, signed by the Member and received by the President of the Corporation (at the address specified) at least seventy-two (72) hours before the meeting at which the Member wishes to record its vote. Any votes received by mail ballot after that time shall not be counted for the purposes of the meeting. Except where the Act requires a meeting, mail ballots may be used.	removed	No longer required as bylaws now allow for participation in members meetings using telephonic or other electronic means.
Voting of Members	<p><u>Section 39 - Voting of Members.</u> At all meetings of the Members, every question shall be determined on a show of hands by the votes of at least two-thirds of the Members unless otherwise specifically provided by the Act or by the By-laws. In the case of an equality of votes, the chairperson of the meeting shall not have a second or casting vote on a show of hands and at a poll.</p> <p>No Member shall be entitled in person, by proxy or by mail ballot to vote at meetings of Members of the Corporation unless the Member has paid all dues, fees and/or assessments, if any, then payable by the Member.</p>	<p><u>Section 41 - Voting of Members.</u> At all Meetings of the Members, every question shall be determined on a show of hands by the votes of at least two-thirds of the Members unless otherwise specifically provided by the Act or by the By-laws.</p> <p>No Member shall be entitled to vote at meetings of Members of the Corporation unless the Member has paid all dues, fees and/or assessments, if any, then payable by the Member.</p> <p>At any meeting, a declaration by the chairperson of the meeting that a resolution has been carried or carried unanimously or by a particular majority or lost or not carried by a particular majority shall be</p>	<p>Language in first section simplified.</p> <p>References to polls removed as this practice is no longer common.</p>

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
	<p>At any meeting unless a poll is demanded a declaration by the chairperson of the meeting that a resolution has been carried or carried unanimously or by a particular majority or lost or not carried by a particular majority shall be conclusive evidence of the fact.</p> <p>A poll may be demanded either before or after any vote by show of hands by any person entitled to vote at the meeting. If at any meeting a poll is demanded on the election of a chairperson or on the question of adjournment it shall be taken forthwith without adjournment. If at any meeting a poll is demanded on any other question or as to the election of Directors, the vote shall be taken by ballot in such manner and either at once, later in the meeting or after adjournment as the chairperson of the meeting at which the poll was demanded. The result of a poll shall be deemed to be the resolution of the meeting at which the poll was demanded. A demand for a poll may be withdrawn.</p>	conclusive evidence of the fact.	
40. Proxies	<p><u>Section 40 - Proxies.</u> Votes at meetings of the Members may be given either personally or by proxy or, in the case of a Member who is a body corporate or association, by an individual authorized by a resolution of the Board of Directors or governing body of the body corporate or association to represent it at meetings of Members of the Corporation. At every meeting at which a Member is entitled to vote, every Member and/or person appointed by proxy to represent one or more Members and/or individual so authorized to</p>	removed	No longer required as bylaws now allow for participation in members meetings using telephonic or other electronic means.

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
	<p>represent a Member who is present in person shall have one vote on a show of hands. Upon a poll and subject to provisions, if any, of the Letters Patent, every Member who is entitled to vote at the meeting and who is present in person or represented by an individual so authorized shall have one vote and every person appointed by proxy shall have one vote for each Member who is entitled to vote at the meeting and who is represented by such proxy holder.</p> <p>A proxy shall be executed by the Member or the Member's attorney authorized in writing or, if the Member is a body corporate or association, by an officer or attorney thereof duly authorized.</p> <p>The proxy shall be in a form approved by the Board of Directors and a person appointed by proxy need not be a Member.</p> <p>The Board of Directors may from time to time make regulations regarding the use of proxies, including without limitation, the lodging of proxies at some place or places other than the place at which a meeting or adjourned meeting of Members is to be held.</p>		
Members Meeting Held Entirely by Electronic Means (new)		<p><u>Section 42 - Members Meeting Held Entirely by Electronic Means</u> If the Directors or Members of the Corporation call a Meeting pursuant to the Act, those Directors or Members, as the case may be, may determine that the meeting shall be held, in accordance with the Act and the Regulations, entirely by means of a</p>	Allows NAPRA to hold meetings of members entirely via telephonic, electronic or other communication facility.

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
		<p>telephonic, electronic or other communication facility that permits all participants to communicate adequately with each other during the meeting.</p>	
<p>Election / Appointment of Officers</p>	<p><u>Section 41 - Election/Appointment of Officers:</u></p> <p>The Board of Directors:</p> <p>d) shall elect a President from among themselves for a term of one (1) year which term is renewable once only;</p> <p>e) shall elect a Vice President from among themselves for a term of one (1) year which term is renewable;</p> <p>f) shall appoint the previous President to the office of Past President, provided that if the current President is re-elected, the office of Past President shall be renewed for one (1) additional year;</p> <p>g) shall appoint an Executive Director as the chief staff officer of the Corporation; and</p> <p>h) may annually or more often as may be required, appoint a Secretary, additional Vice Presidents, a Treasurer and one or more Assistant Secretaries and/or one (1)</p>	<p><u>Section 43 - Election/Appointment of Officers:</u></p> <p>The Board of Directors:</p> <p>a) shall elect a Chair from among themselves for a term of one (1) year which term is renewable once only;</p> <p>b) shall elect a Vice Chair from among themselves for a term of one (1) year which term is renewable only once;</p> <p>c) shall appoint the previous Chair to the office of Past Chair, provided that if the current Chair is re-elected, the office of Past Chair shall be renewed for one (1) additional year;</p> <p>d) shall appoint the Executive Director as the chief staff officer of the Corporation; and</p> <p>e) may annually or more often as may be required, appoint a Secretary and a Treasurer</p> <p>A Director may be appointed to any office of the Corporation but none of the said officers need be a Director or Member of the Corporation except for the Chair and Vice Chair as provided in paragraphs (a) and (b) above. In case and whenever the same person holds the offices of Secretary and Treasurer that person may but need not be known as the Secretary-</p>	<p>Section (b) limits the term of Vice Chair to one year renewable once.</p> <p>Section (e) eliminates additional Vice Presidents, Assistant Secretaries and Assistant Treasurers.</p>

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
	<p style="text-align: center;">or more Assistant Treasurers.</p> <p>A Director may be appointed to any office of the Corporation but none of the said officers need be a Director or Member of the Corporation except for the President and Vice President as provided in paragraphs (a) and (b) above, provided that the President can continue his or her respective term of office even if he or she ceases to be a Director. In case and whenever the same person holds the offices of Secretary and Treasurer that person may but need not be known as the Secretary-Treasurer. The Board of Directors may from time to time appoint such other officers and agents as it shall deem necessary who shall have such authority and shall perform such duties as may from time to time be prescribed by the Board of Directors.</p>	<p>Treasurer. The Board of Directors may from time to time appoint such other officers and agents as it shall deem necessary who shall have such authority and shall perform such duties as may from time to time be prescribed by the Board of Directors.</p>	
Vacancies	<p>Section 42 - Vacancies. Notwithstanding the foregoing, each incumbent officer shall continue in office until the earlier of:</p> <ul style="list-style-type: none"> f) that officer's resignation, which resignation shall be effective at the time the written resignation is received by the Board of Directors or at the time specified in the resignation, whichever is later; g) the appointment of a successor; h) in the case of the President, the meeting of Directors which is two (2) years after the meeting at which 	<p><u>Section 44 - Vacancies.</u> Notwithstanding the foregoing, each incumbent officer shall continue in office until the earlier of:</p> <ul style="list-style-type: none"> a) that officer's resignation, which resignation shall be effective at the time the written resignation is received by the Executive Director or at the time specified in the resignation, whichever is later; b) the appointment of a successor; c) in the case of the Chair and Vice Chair, the completion of 2 years of consecutive service and in the case of all other officers, the meeting at which the Directors annually appoint the officers of the Corporation; 	<p>Section (a) modified to have the Executive Director receive resignations, for improved record keeping purposes.</p> <p>Section (c) modified to reflect same maximum length of service for both Chair and Vice Chair of two years.</p>

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
	<p>(s)he was elected and in the case of all other officers, the meeting at which the Directors annually appoint the officers of the Corporation;</p> <p>i) in the case of the Vice President, the meeting of Directors at which (s)he was elected;</p> <p>j) that officer's removal;</p> <p>k) that officer's death.</p> <p>If the office of any officer of the Corporation shall be or become vacant, the Directors may, by resolution, appoint a person to fill such vacancy.</p>	<p>d) that officer's removal by the Board of Directors;</p> <p>e) that officer's death.</p> <p>If the office of any officer of the Corporation shall be or become vacant, the Directors may, by resolution, appoint a person to fill such vacancy.</p>	
Remuneration of Officers	<p><u>Section 43 - Remuneration of Officers.</u> Officers, other than the Executive Director, shall receive such remuneration for their services as officers of the Corporation and be entitled to be reimbursed for reasonable expenses incurred in the performance of their duties as provided for in guidelines established by the Board from time to time.</p>	<p><u>Section 45 - Remuneration of Officers.</u> Officers, other than the Executive Director, shall receive no remuneration. All Officers shall be reimbursed for reasonable expenses incurred by the Officer in the performance of the Officer's duties as provided for in guidelines established by the Board from time to time. No Director who serves as an officer shall directly or indirectly receive any profit from occupying the position of Officer.</p>	Updated to reflect current practice, whereby Board officers receive no remuneration. Expenses continue to be covered.
Removal of Officers	<p><u>Section 44 - Removal of Officers.</u> Officers shall be subject to removal by resolution of the Board of Directors at any time, with or without cause.</p>	<p><u>Section 46 - Removal of Officers.</u> Officers shall be subject to removal by Special Resolution of the Board of Directors at any time, with or without cause.</p>	Added Special Resolution to remove Directors (requires 2/3rds approval).
Powers and Duties of the President / Chair	<p><u>Section 46 a - President.</u> The President shall be the Chief Executive Officer of the Corporation unless otherwise determined by resolution of the Board of</p>	<p><u>Section 48 a - Chair.</u> The Chair shall, when present, preside at all meetings of the Board of Directors, and the Members.</p>	Language simplified. Role of Chair no longer associated with Chief Executive Officer, which is

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
	Directors. The President shall, when present, preside at all meetings of the Board of Directors, and the Members. The President shall ensure that the duties and functions of the Board of Directors are properly carried out.		considered a staff role (function currently filled by the Executive Director). More detailed functions of Chair to be captured in Board policy.
Section: Committees			
Standing Committees	Section 47 - There shall be the following standing committees of the Board: i. Executive Committee ii. Nominating Committee iii. Audit Committee	Removed	Sections on committees simplified. See new sections 49.
Executive Committee	<u>Section 48 - Executive Committee.</u> a) <u>Composition:</u> The Board of Directors shall establish an Executive Committee consisting of the President, the Past President, if any, the Vice President, one other Director elected by the Board of Directors from amongst the Directors, and the Executive Director. In the event that the office of Past President is vacant or a vacancy occurs at any time, an additional Director shall be elected by the Board of Directors from amongst the Directors. Provided that, in the event that there are less than three (3) members of the Executive Committee entitled to vote, the Board of Directors shall elect from time to time such number of additional Directors from amongst the Directors to the Executive Committee as may be necessary in order that the Executive Committee includes at least three (3) voting	removed	Sections on committees simplified. See new sections 49.

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
	<p>Members. Only members of the Executive Committee who are entitled to vote on the Board of Directors shall be entitled to vote on the Executive Committee.</p> <p>b) <u>Terms of Reference:</u> The Executive Committee shall report to the Board of Directors and shall exercise such powers as are authorized by the Board of Directors.</p> <p>c) <u>Procedures for the Executive Committee:</u> Subject to the By-law and any resolution of the Board of Directors, the Executive Committee may meet for the transaction of business, adjourn and otherwise regulate its meetings as it sees fit and may from time to time adopt, amend or repeal rules or procedures in this regard. Quorum for a meeting of the Executive Committee shall be a majority of its voting members. The provisions of paragraphs 12,14 and 18 of this By-law shall apply to the Executive Committee. The Vice President of the Corporation shall be the Chair of the Executive Committee. Any Executive Committee member may be removed by resolution of the Board of Directors. Executive Committee members shall receive no remuneration for serving as such, but are entitled to reasonable expenses incurred in the exercise of their duties.</p>		
Nominating Committee	<p><u>Section 49 - Nominating Committee.</u></p> <p>a) <u>Composition:</u> The Nominating Committee shall consist of the President</p>	<p><u>Section 49 – Standing Committee</u></p> <p>(1) Standing Committee: There shall be the</p>	The organization will have only one Standing Committee – the Nominating Committee.

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
	<p>and Past President.</p> <p>b) <u>Terms of Reference:</u> The Nominating Committee shall report to the Board of Directors and shall exercise such powers as are authorized by the Board of Directors.</p> <p>c) <u>Procedures for the Nomination Committee:</u> The Nominating Committee shall consult with representatives of each of the Members for election to the Board by the Members at a meeting of the Members. The Chairman of the Nominating Committee shall submit a slate of proposed Directors seeking election at a meeting of Members called for that purpose which slate shall be included in the notice of the annual Member Meeting be sent to the Members pursuant to Article 31 hereof. In developing a slate of Directors for consideration by the Members at the meeting of Members, the Nominating Committee shall develop a slate of Directors which shall consist of one (1) recommended individual from each Member. In developing such a slate, each candidate for election to the Board shall have the qualifications set out in Article 7.</p>	<p>following standing committees of the Board:</p> <p style="text-align: center;"><u>Nominating Committee</u></p> <p>(2) Appointment of Nominating Committee Members:</p> <p>The Nominating Committee shall be made up of the Chair and Vice Chair of the Board.</p> <p>The Chair of the Nominating Committee shall be Chair of the Board.</p> <p>The Nominating Committee shall consult with representatives of each Member as required from time to time.</p> <p>(3) Committees of the Board of Directors: The Board may from time to time appoint any committee or other advisory body, as it deems necessary or appropriate for such purposes and, subject to the Act, with such powers as the Board shall see fit. Any such committee may formulate its own rules of procedures, subject to such regulations or directions as the Board may from time to time make. Committee members, and the chairs of committees, will be appointed by the Board, and any committee member may be removed by resolution of the Board.</p>	<p>The bylaws allow for the Board to create other committees as needed. Details of committees to be captured in Board policy.</p>
Audit Committee	<u>Section 50 - Audit Committee</u>	Removed	Sections on committees simplified. See new section 49

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
	<p>a) <u>Composition:</u> The Audit Committee shall consist of three (3) Directors and a representative of one (1) of the Members each of whom shall be appointed by the Board to hold office for a one (1) year term.</p> <p>b) <u>Terms of Reference:</u> The Audit Committee shall report to the Board of Directors and shall exercise such powers as are authorized by the Board of Directors.</p> <p>c) <u>Duties of the Audit Committee:</u> The duties of the Audit Committee shall be prescribed by the Board and shall include the following:</p> <ul style="list-style-type: none"> i. Reviewing the annual audit plan in conjunction with the auditors. ii. Reviewing the financial statements of the Corporation in consultation with the Corporation’s auditor, the auditor’s opinion and report along with the recommendations. iii. Considering and recommending to the Board the appointment of auditors. iv. Considering qualification for membership on the Audit Committee. 		
Working Committees	Section 51 - The Board may from time to time designate such other working committees as it	Removed	Sections on committees simplified. See new section 49.

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
	deems appropriate and appoint members to such committees.		
Other Committees	<p><u>Section 52 – Other Committees</u> <u>Authority to Create Committees:</u> The Board of Directors may from time to time appoint committee or committees, including advisory committees, as it deems necessary or appropriate for such purposes and with such powers as the Board of Directors shall see fit. The Board of Directors shall appoint committee chairpersons and Members who may or may not be pharmacists, licensed to practise pharmacy in a province or territory of Canada. Any committee member shall be removed by the Board of Directors if approved by resolution passed by two-thirds of the Directors at a meeting of the Board of Directors.</p> <p><u>Terms of Reference:</u> The Board of Directors shall establish terms of reference and a budget for any Committee so established.</p> <p><u>Procedures for any committees of the Board of Directors:</u> Any such committee may formulate its own rules of procedure, subject to the By-law and such regulations or directions as the Board of Directors may from time to time make. Quorum for a committee meeting shall be two thirds of the members of such committee. Reasonable notice of the time and place of each committee meeting shall be given to the members thereof. Minutes shall be kept of all meetings of committees and copies shall be made available to each Director. Committees shall meet as often as deemed appropriate by their</p>	Removed	Sections on committees simplified. See new section 49.

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
	<p>respective chairpersons and as allowed by their respective budgets. The Board of Directors may fix any remuneration for committee members who are not also Directors of the Corporation.</p>		
<p>Council of Pharmacy Registrars of Canada</p>	<p><u>Section 53 - Council of Pharmacy Registrars of Canada.</u></p> <p>a) <u>Composition:</u> The Board of Directors shall establish an advisory committee which shall be known as the Council of Pharmacy Registrars of Canada (“CPRC”) and which shall consist of the Registrar or chief of staff of each Pharmacy Regulatory Authority. A Chair and Vice Chair of the CPRC shall be elected by the members of the CPRC from the members of the CPRC. The Executive Director shall be an <i>ex officio</i>, non-voting member of the CPRC.</p> <p>b) <u>Terms of Reference:</u> The CPRC shall report to the Board of Directors and shall exercise such powers as are authorized by the Board of Directors.</p> <p>c) <u>Procedures for the CPRC:</u> The Council of Pharmacy Registrars of Canada may formulate its own rules of procedure, subject to the By-law and such regulations or directions as the Board of Directors may from time to time make. Quorum for a meeting of the CPRC shall be two-thirds (2/3) of the members of such committee. Reasonable notice of the time and place of each meeting of the CPRC shall be given to the members thereof. Minutes shall be kept</p>	<p>Removed</p>	<p>As Registrars are now Directors, there is no need for a separate CPRC.</p>

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
	<p>of all meetings of the CPRC and copies shall be made available to each Director, each Registrar and to each Member of the Corporation by the Executive Director. The CPRC shall meet as often as deemed appropriate by its chairperson and as allowed by its budget. With the approval of the Chair of the CPRC, experts and other individuals as from time to time may be required to attend meetings of the CPRC.</p>		
Section: Indemnities to Directors and Others			
<p>Indemnities to Directors and Others</p>	<p><u>Section 54 - Indemnities to Directors and Others.</u> Every Director or officer of the Corporation or other person who has undertaken or is about to undertake any liability on behalf of the Corporation or any corporation controlled by it and their heirs, executors and administrators, and estate and effects, respectively, shall from time to time and at all times, be indemnified and saved harmless out of the funds of the Corporation, from and against:</p> <p>c) all costs, charges and expenses whatsoever which such Director, officer or other person sustains or incurs in or about any action, suit or proceeding that is brought, commenced or prosecuted against the Director, officer or other person for or in respect of any act, deed matter or thing whatever, made, done or permitted by them, in or about the execution of the duties of such office or in respect of any such</p>	<p><u>Section 51 - Indemnities to Directors and Others.</u> Every Director, officer or Committee member of the Corporation or other person who has undertaken or is about to undertake any liability on behalf of the Corporation or any corporation controlled by it and their heirs, executors and administrators, and estate and effects, respectively, shall from time to time and at all times, be indemnified and saved harmless out of the funds of the Corporation, from and against:</p> <p>a) all costs, charges and expenses whatsoever which such Director, officer or other person sustains or incurs in or about any action, suit or proceeding that is brought, commenced or prosecuted against the Director, officer or other person for or in respect of any act, deed matter or thing whatever, made, done or permitted by them, in or about the execution of the duties of such office or in respect of any such liability; and</p> <p>b) all other costs, charges and expenses which the Director, officer or other person sustains or incurs in or about or in relation to the affairs thereof,</p>	<p>Committee members added to the list of indemnified individuals.</p>

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
	<p>liability; and</p> <p>d) all other costs, charges and expenses which the Director, officer or other person sustains or incurs in or about or in relation to the affairs thereof,</p> <p>except such costs, charges or expenses as are occasioned by their own willfull neglect or default. The Corporation shall also indemnify any such person in such other circumstances as the Act or law permit or requires. Nothing in this By-law shall limit the right of any person entitled to indemnity to claim indemnity apart from the provisions of this By-law to the extent permitted by the Act or law.</p>	<p>except such costs, charges or expenses as are occasioned by their own willful neglect or default. The Corporation shall also indemnify any such person in such other circumstances as the Act or law permit or requires. Nothing in this By-law shall limit the right of any person entitled to indemnity to claim indemnity apart from the provisions of this By-law to the extent permitted by the Act or law.</p>	
Voting Shares and Securities	<p><u>Section 57 - Voting Shares and Securities.</u> All of the shares or other securities carrying voting rights of any company or corporation held from time to time by the Corporation may be voted at any and all meetings of shareholders, bondholders, debenture holders or holders of other securities (as the case may be) of such company or corporation and in such manner and by such person or persons as the Board of Directors of the Corporation shall from time to time determine. The duly authorized signing officers of the Corporation may also from time to time execute and deliver for and on behalf of the Corporation proxies and/or arrange for the issuance of voting certificates and/or other evidence of the right to vote in such names as they may determine</p>	<p><u>Removed</u></p>	<p>NAPRA would not undertake such arrangements.</p>

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
	without the necessity of a resolution or other action by the Board of Directors.		
Custody of Securities	<u>Section 58 - Custody of Securities.</u> All shares and securities owned by the Corporation shall be lodged (in the name of the Corporation) with a chartered bank or trust company or in a safety deposit box or, if so authorized by resolution of the Board of Directors with such other depositories or in such other manner as may be determined from time to time by the Board of Directors.	<u>removed</u>	Not relevant to NAPRA.
Section: Rules and Regulations			
Rules and Regulations	<u>Section 67 - Rules and Regulations.</u> All meetings of the Corporation shall be conducted in accordance with “Roberts Rules of Order” subject to the provisions of the By-law. The Board of Directors may prescribe such rules and regulations not inconsistent with the By-laws relating to the management and operation of the Corporation and other matters provided for in these By-law as may be deemed expedient, provided that such rules and regulations shall have force and effect only until the next annual meeting of the Members of the Corporation when they shall be confirmed and in default of confirmation at such annual meeting of Members shall at and from time to time cease to have force and effect.	<u>Section 61 - Rules and Regulations.</u> All meetings of the Corporation shall be subject to the provisions of the By-law. The Board of Directors may prescribe such rules and regulations not inconsistent with the By-laws relating to the management and operation of the Corporation and other matters provided for in these By-laws as may be deemed expedient, provided that such rules and regulations shall have force and effect only until the next annual meeting of the Members of the Corporation when they shall be confirmed and in default of confirmation at such annual meeting of Members shall at and from time to time cease to have force and effect.	Removes specific reference to Roberts Rules of Order, and allows the Board to determine the rules of debate and decision making.
Section: Bylaws			
Bylaws and Effective Date	<u>Section 68 - By-laws.</u> The Board of Directors may from time to time enact By-law relating in any way to the Corporation or to the conduct of its affairs,	<u>Section 62 - By-laws and Effective Date.</u> Subject to the Articles, the Board of Directors may, by resolution, make, amend or repeal any By-laws that regulate the	Allows the Board to make bylaw changes (with exceptions) and for those changes to go into effect immediately.

Section/ Paragraph	Provision in Current Bylaws	Provision in Proposed New Bylaws	Reason for Change
	<p>including, but not limited to, By-law providing for applications for supplementary letters patent, and may from time to time by By-law amend, repeal or re-enact the By-law provided that the By-laws are repealed or amended by a new By-law enacted by the votes of at least two-thirds of the Directors of the Corporation at a meeting of Directors of the Corporation.</p> <p>The by-law shall only become effective when sanctioned by the votes of at least two-thirds (2/3) of the Members, which are cast at a meeting of the Members duly called for the purpose of considering same.</p>	<p>activities or affairs of the Corporation. Any such By-law, amendment or repeal shall be effective from the date of the resolution of Directors until the next Meeting of Members where it may be confirmed, rejected or amended by the Members by ordinary resolution. If the By-law, amendment or repeal is confirmed or confirmed as amended by the Members it remains effective in the form in which it was confirmed. The By-law, amendment or repeal ceases to have effect if it is not submitted to the Members at the next Meeting of Members or if it is rejected by the Members at the meeting.</p> <p>This section does not apply to a By-law that requires a special resolution of the Members according to subsection 197(1) (fundamental change) of the Act because such By-law amendments or repeals are only effective when confirmed by Members.</p>	<p>Any bylaws changes must be confirmed at the next meeting of members, and can be rejected by the members.</p> <p>Note that under the Act no changes to the bylaws that may impact the rights of members can be made or enacted unless and until approved by the members.</p>



College of Pharmacists
of British Columbia

BOARD MEETING September 15, 2017

2.b.ii. Registrar's Update a) Activity Report

INFORMATION ONLY

Activities

Since the June Board meeting, I have been involved in the following activities:

- Weekly meetings with the Chair, Vice Chair and Deputy Registrar
- Ministry of Health meeting with health researchers
- Meetings with the Ministry of Health Executive about the new administration and transition
- Networking meetings with Deputy Ministers, Associate DMs and ADMs in government
- Internal staff, management, executive, and Excellence Council meetings
- Conversations with OPQ and NAPRA about HC opioid labelling consultation and the NAPRA response
- Co-chaired several Governance Implementation meetings with NAPRA
- Conversations with VCH about injectable opioids in the community
- Attended the BC Health Regulators' meeting
- Meetings with the Dean of Pharmaceutical Sciences and the new Registrar of the Dietitians
- Attended the July and August Inquiry Committee meetings
- Meetings re: Opioid guidelines with MoH and BCCSU; Tour of Pier Health
- Meeting with Michele Babich, Regional Director, LMPS re: sterile compounding requirements
- Meeting of the .Pharmacy Executive Board
- Meetings of the Joint Venture with the College of Dental Surgeons
- Telepharmacy meetings with Owners and Managers re: bylaws

Strategic Plan

- Management Team recently spent a day reviewing the progress of the Strategic Plan and analysing the Operations Plan, Action Items and Tasks set out in the Strategic Planning software, Cascade.
- We continue to refine the structure and use of Cascade.
- The strategy snapshot is attached.
- Some action items are behind because of interconnectivity and resource limitations. Overall, we are doing well in implementing the Strategic Plan

Excellence Canada

The Excellence Council and Project Teams have had a productive summer. Some activities included:

- Developed and approved an Excellence Council Communications Plan (Copy attached.)
- Staff meeting presentation to update all staff.
- The Council reviewed draft policies / plans prepared by Project Teams:
 - Healthy Workplace Policy
 - Risk Management Policy and Risk Register
- Other Action Plan projects were reviewed by the Executive Team
 - Leadership Development opportunities
 - Institute on Governance proposal

The Project Teams continue to work on other Action Plan projects and the Excellence Council will review them at their monthly meeting.

The Business Coach, Catherine Neville, will conduct two half day training sessions in November:

- Change Management
- Rewards and Recognition

She will also work with the Project Team Leads and the Excellence Council, assisting with planning, progress updates and reinforcing the Business Process Improvement training that she delivered in May.

She will provide an updated plan forward for the Excellence Council after the session

Appendix	
1	Strategy Snapshot



STRATEGY SNAPSHOT

Aug 18, 2017 by Mary O'Callaghan

4
STRATEGIC GOALS

9
OBJECTIVES

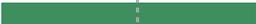
34
ACTION ITEMS

39%
OBJ COMPLETION

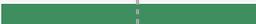
Draft Not started On Track Behind Overdue Complete

LEGISLATIVE STANDARDS & MODERNIZATION

Action Item	2018	2019	Completion
Implement PODSA Modernization (Phase 2) by 31st Aug 2020			Not started
Define any related IT systems business requirements by 31st Aug 2020 (Doreen Leong)			On Track
Design, build, test and implement IT systems needed to support bylaw modernization by 31st Aug 2020 (Mary O'Callaghan)			On Track
Draft new bylaws and policies by 30th Jun 2019 (Christine Paramonczyk)			Behind
Provide business direction for PODSA Ownership changes by 31st Aug 2020 (Doreen Leong)			Not started
Public posting of proposed new bylaws by 30th Sep 2019 (Christine Paramonczyk)			On Track
Stakeholder engagement on new bylaws and policies by 31st Aug 2020 (Gillian Vrooman)			On Track
Implement PODSA ownership changes (Phase 1) by 1st Apr 2018			On Track
Appointment of committee members to Application Committee by 30th Sep 2017 (David Pavan)			On Track
Define Licensure business processes and related IT systems business requirements by 30th Sep 2017 (Doreen Leong)			On Track
Design build, test and implement IT systems needed to support new pharmacy ownership requirements by 15th Feb 2018 (Mary O'Callaghan)			On Track
Distribute Communications on the new licensure process: 100% by 1st Mar 2018 (Gillian Vrooman)			Behind
Draft new bylaws, policies and forms by 30th Sep 2017 (Christine Paramonczyk)			Complete

Establish an Application Committee in bylaw: 100% by 30th Sep 2017 (Doreen Leong)				On Track
Final bylaws and forms approved by the College Board to file with Ministry of Health by 17th Nov 2017 (Christine Paramonczyk)				On Track
New ownership requirements come into effect by 1st Apr 2018 (Christine Paramonczyk)				On Track
Public posting of proposed new bylaws by 30th Sep 2017 (Christine Paramonczyk)				On Track
Stakeholder engagement on new bylaws and pharmacy licensing process by 30th Sep 2017 (Gillian Vrooman)				On Track

DRUG THERAPY ACCESS & MONITORING

Action Item	2018	2019	Completion
Recommend to the Minister of Health that pharmacists be granted the authority to prescribe by 17th Nov 2017			Behind
Board approval to submit proposal for pharmacist prescribing to the Minister of Health by 17th Nov 2017 (Doreen Leong)			On Track
Develop proposal for pharmacist prescribing for submission to the Minister of Health by 17th Nov 2017 (Christine Paramonczyk)			Behind
Revise Draft Framework to reflect collaborative practice pharmacist prescribing by 31st May 2017 (Doreen Leong)			Overdue
Stakeholder engagement on collaborative practice pharmacist prescribing by 31st Aug 2017 (Gillian Vrooman)			Behind
Seek greater access to patient lab values to enhance pharmacists' ability to provide quality, timely service to patients by 28th Feb 2019			Not started

PROFESSIONAL EXCELLENCE

Action Item	2018	2019	Completion
Complete Implementation of Methadone Action Plan by 31st Dec 2018			On Track
Engage stakeholders to to address concerns from MMT inspections/undercover operations by 31st Dec 2018 (David Pavan)			Not started
Implement MMT Action Plan Inspections: 40 unit by 31st Dec 2018 (David Pavan)			Complete

Implement MMT Undercover Inspections: 6 unit to 6 unit by 31st Dec 2018 (David Pavan)		Complete
Make legislative changes for Methadone Action Plan by 29th Feb 2020 (Christine Paramonczyk)		Not started
Implement PRP - Hospital by 31st Aug 2017		Complete
Begin scheduling and completing practice reviews at pharmacies across BC by 3rd Feb 2017 (Ashifa Keshavji)		Complete
Launch onsite reviews by 31st May 2017 (Ashifa Keshavji)		Complete

ORGANIZATIONAL EXCELLENCE

Action Item	2018	2019	Completion
Enhance organizational effectiveness of College by 28th Feb 2019			On Track
Implement recommendations of the organizational effectiveness review by 28th Feb 2019 (Bob Nakagawa)			On Track
Streamline Licensure business processes by 28th Feb 2018			On Track
Integrate systems changes by 28th Feb 2018 (Mary O'Callaghan)			Behind
Update business processes by 28th Feb 2018 (Doreen Leong)			Behind
Update IT infrastructure by 28th Feb 2020			On Track
Revamp IMIS system by 28th Feb 2022 (Mary O'Callaghan)			Not started
Support Practice Review Program systems needs by 31st May 2020 (Mary O'Callaghan)			Not started
Update identity and access management by 30th Nov 2017 (Mary O'Callaghan)			Behind
Update systems that support PODSA & HPA by 30th Nov 2018 (Mary O'Callaghan)			Behind
Upgrade Enterprise Content Management system by 30th Nov 2019 (Mary O'Callaghan)			On Track



College of Pharmacists
of British Columbia

BOARD MEETING September 15, 2017

2.b.ii. Registrar's Update

b) Action Items & Business Arising

INFORMATION ONLY

MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS UPDATE
Motion: Direct the Registrar to take the following actions as outlined in the MMT Action Plan: <ul style="list-style-type: none">• Develop, plan and implement new undercover investigations,• Conduct priority inspection of identified MMT dispensing pharmacies,• Continue to build and maintain collaborative relationships with key stakeholders, and• Provide recommendations to the Board to strengthen legislation and licensure requirements.	JUN 2015	IN PROGRESS
Motion: Pursue officially changing the name of the College of Pharmacists of British Columbia to the College of Pharmacy of British Columbia.	SEP 2016	IN PROGRESS
Motion: Direct the Registrar to develop a proposal for pharmacist prescribing within collaborative practice settings – based on the amendment Draft Framework and results of the stakeholder engagement – to be brought to the Board for approval to submit to the Minister of Health for consideration.	NOV 2016	IN PROGRESS
Motion: Direct the Registrar to draft bylaws to adopt the <i>Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations and the Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations</i> , to be effective for May 2021, which will officially establish minimum requirements to be applied in compounding sterile preparations.	APR 2017	IN PROGRESS
Motion: Direct the Registrar to develop bylaws and/or practice standards for Medication Reviews and require mandatory training for pharmacists who wish to conduct them. To be prioritized by the Legislation Review Committee for implementation.	JUN 2017	IN PROGRESS
Motion: Direct the Registrar to develop requirements and training tools as it pertains to the role and responsibilities of the Pharmacy Manager. To be prioritized by the Legislation Review Committee for implementation.	JUN 2017	IN PROGRESS