College of Pharmacists of British Columbia

**Board Meeting**
**June 14, 2019**
**Held at the College of Pharmacists of British Columbia**
**200-1765 West 8th Avenue, Vancouver, BC**

**MINUTES**

**Members Present:**
Arden Barry, Chair, District 7
Christine Antler, Vice Chair, District 2
Mona Kwong, District 1
Tara Oxford, District 3
Steven Hopp, District 4
Frank Lucarelli, District 5
Anca Cvaci, District 6
Bal Dhillon, District 8
Katie Skelton, Government Appointee
Justin Thind, Government Appointee

**Regrets:**
Tracey Hagkull, Government Appointee
Anne Peterson, Government Appointee

**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
Jon Chen, Communications Project Officer
Stephanie Kwok, Executive Assistant

**Guests:**
Michael Coughtrie, Dean, UBC Faculty of Pharmaceutical Sciences
Elisa Colasurdo, UBC Pharmacy Undergraduate Society President

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1. **WELCOME & CALL TO ORDER**
   Chair Barry called the meeting to order at 10:00am on June 14, 2019.

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## 2. CONSENT AGENDA

### a) Items for further discussion

No items were brought forward from the Consent agenda and placed onto the regular agenda for further discussion.

### b) Approval of Consent Items (Appendix 1)

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

**CARRIED**

## 3. CONFIRMATION OF AGENDA (Appendix 2)

It was moved and seconded that the Board:
*Approve the June 14, 2019 Draft Board Meeting Agenda as circulated.*

**CARRIED**

## 4. AUDIT AND FINANCE COMMITTEE

### a) Committee Update

Frank Lucarelli, Chair of the Audit and Finance Committee reported that the committee met in the morning to review the 2019/2020 audit results with the Auditors from BDO Canada. The results will be presented in detail as part of item 4b.

### b) Audit's Report (Appendix 3)

Bill Cox and Paul Fripp, Auditors from BDO Canada reported that the College received a clean audit. Nothing was unusual. The College is in a healthy financial position (page 4 of the Audited Financial Statements).

It was moved and seconded that the Board:
*Approve the audited financial statements for fiscal year 2019/20 as presented.*

**CARRIED**

## 5. COMMITTEE UPDATES

### a) Audit and Finance Committee

Frank Lucarelli, Chair of the Audit and Finance Committee, provided an update under item 4a of the regular agenda.

### b) Governance Committee

Mona Kwong, Chair of the Governance Committee, provided an update under item 10a of the regular agenda.

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**c) Legislation Review Committee**

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

**d) Practice Review Committee**

Michael Ortynsky, Vice Chair of the Practice Review Committee, provided an update under item 6a of the regular agenda.

**e) Application Committee**

Christine Antler, Chair of the Application Committee, reported that the committee has met 6 times since the last Board meeting. On April 15th, 32 cases were reviewed by the committee. All were late renewal cases related to a change in the indirect owner of a corporation that affected 32 pharmacies. On April 29th, 2 cases were reviewed, one late renewal case and one eligibility-related case. On May 3rd, 9 cases were reviewed, 8 late renewal cases and 1 eligibility-related case. On May 14th, 2 cases were reviewed, 1 late renewal case and 1 eligibility-related case. On May 27th, 3 cases were reviewed, 1 late renewal case and 2 eligibility-related cases. On June 12th, 5 cases were reviewed, all related to late renewals.

**f) Quality Assurance Committee**

Frank Lucarelli, Chair of the Quality Assurance Committee, reported that the committee met on Wednesday, June 12th via teleconference to discuss about the committee's progress on reviewing the validity of the Continuing Education (CE) that registrants have submitted. The committee is on track with reviewing 400 randomly selected accredited CE files and results of the CE audit will be presented at the November Board meeting.

**g) Drug Administration Committee**

Doreen Leong, staff resource to the Drug Administration Committee, reported that the committee has not met since the last Board meeting.

**h) Ethics Advisory Committee**

Bal Dhillon, Chair of the Ethics Advisory Committee, reported that the committee has not met since the last Board meeting.

**i) Pharmacy Advisory Committee**

Tara Oxford, Chair of the Pharmacy Advisory Committee, reported that the committee has not met since the last Board meeting but will have its first meeting on June 20th.

**j) Discipline Committee**

Chair Barry, on behalf of the Discipline Committee, reported 1 file in progress and 5 pending files for the period of March to April of 2019.

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**k) Inquiry Committee**

Chair Barry, on behalf of the Inquiry Committee, reported that the committee met twice in person and 9 times via teleconference for the period of March to April 2019. Seventy-five files were either reviewed or disposed of. Although the numbers were a little higher than previously seen, most were new files that were disposed of quickly. Number of reconsideration, PODSA and HPA formal complaint files were similar to the numbers of previous years. Number of tips received during this reporting period is 151 and number of HPA s. 33 (formal) files was 23.

**l) Registration Committee**

Chair Barry, on behalf of the Registration Committee, reported that the committee met once since the last Board meeting to review 2 files in which Registrants could not check off some of the points on the Statutory Declaration. The committee also conducted an annual review of its committee policies.

**6. PRACTICE REVIEW PROGRAM UPDATE**

**a) Committee Update**

Michael Ortynsky, Vice Chair of the Practice Review Committee reported that the committee has not met since the last Board meeting. The committee will meet next week via teleconference.

**b) Practice Review Data Report & Registrant Feedback Survey Report (Appendix 4)**

Michael Ortynsky, Vice Chair of the Practice Review Committee and James Van, College Compliance Officer provided an overview of the Practice Review Program and presented to the Board the 2018-2019 compiled data as well as comments received from the registrant feedback surveys.

**7. STRATEGIC PLAN 2020/2021 TO 2024/2025 GOALS AND OBJECTIVES (Appendix 5)**

Mary O'Callaghan, Chief Operating Officer presented the four draft goals and objectives for the College's next Strategic Plan.

It was moved and seconded that the Board:
*Approve the Strategic Plan 2020/2021 to 2024/2025.*

**CARRIED**

**8. EXCELLENCE CANADA UPDATE (Appendix 6)**

Mary O'Callaghan, Chief Operating Officer reported on the College's recent Silver Certification with Excellence Canada's Excellence, Innovation and Wellness Standard.

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**9. LEGISLATION REVIEW COMMITTEE (Appendix 7)**

Mona Kwong, Chair of the Legislation Review Committee presented on items 9a to 9e.

**a) Committee Update**

Mona Kwong, Chair of the Legislation Review Committee provided a committee update through her presentation.

**b) PODSA Modernization Phase Two Bylaw Amendments**

It was moved and seconded that the Board:
*Approve the following resolution:*

*RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act and subject to the requirements in section 21(8) of Pharmacy Operations and Drug Scheduling Act, the Board of the College of Pharmacists of British Columbia approves the proposed draft bylaws relating to Phase Two of the PODSA Modernization initiative for public posting, as circulated.*

**CARRIED**

**c) Repealing Multiple Professional Practice Policies**

It was moved and seconded that the Board:
*Repeal the following Professional Practice Policies, effective immediately:*

- *PPP-40 Repackaging Bulk Nonprescription Drugs*
- *PPP-47 Operational Procedures for Complying with Benzodiazepines and Other Targeted Substances Regulation*
- *PPP-72 Inquiry and Discipline Publication Policy*

**CARRIED**

**d) Recognized Pharmacy Education Programs**

It was moved and seconded that the Board:
*Approve the following resolution to amend Schedule "C" of the bylaws made under the Health Professions Act regarding Recognized Education Programs:*

*"RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act ("HPA"), and subject to the requirements in section 19(3) of HPA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under the HPA relating to Schedule "C" Recognized Education Programs, for filing with the Minister of Health, as set out in the schedule attached to this resolution."*

**CARRIED**

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**e) Telepharmacy Licence Requirements – Removal of Schedules "C" and "E"**

It was moved and seconded that the Board:
*Approve the following resolution to amend the bylaws made under the Pharmacy Operations and Drug Scheduling Act relating to telepharmacy licence requirements:*

*"RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act ("PODSA"), and subject to the requirements in section 21(4) of PODSA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under PODSA relating to telepharmacy licence requirements and the removal of Schedules "C" and "E", for filing with the Minister of Health, as set out in the schedules attached to this resolution."*

**CARRIED**

**10. GOVERNANCE COMMITTEE (Appendix 8)**

Mona Kwong, Chair of the Governance Committee presented on items 10a to 10g

**a) Committee Update**

Mona Kwong, Chair of the Governance Committee provided a committee update through her presentation.

**b) Revisions to the Governance Committee Terms of Reference**

It was moved and seconded that the Board:
*Approve a revision to the responsibilities of the Governance Committee Terms of Reference, to include Board member evaluations.*

**CARRIED**

**c) Revisions to the Drug Administration Committee Terms of Reference**

It was moved and seconded that the Board:
*Approve a revision to the Drug Administration Committee Terms of Reference, to reflect the name change of the College of Registered Nurses of British Columbia to the British Columbia College of Nursing Professionals.*

**CARRIED**

**d) Revisions to the Application Committee Terms of Reference**

It was moved and seconded that the Board:
*Approve a revision to the Application Committee Terms of Reference to remove a responsibility to establish sub committees and ad hoc working groups for Board appointment, to review, develop and administer and establish requirements for the purposes of the application process.*

**CARRIED**

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**e) Establishment of the Past Chairs Advisory Committee**

The Board could not come to a consensus on the requirement of Board membership on the committee.

It was moved and seconded that the Board rescind the motion *for further discussion by the Governance Committee.*
*Approve the establishment of the Past Chairs Advisory Committee with the terms of reference as circulated.*

**RESCINDED**

**f) Establishment of the Registrar Evaluation and Succession Planning Committee**

It was moved and seconded that the Board:
*Approve the establishment of the Registrar Evaluation and Succession Planning Committee with the terms of reference as circulated.*

**CARRIED**

**g) Appointment of Members to the Registrar Evaluation and Succession Planning Committee**

It was moved and seconded that the Board:
*Appoint the following members to the Registrar Evaluation and Succession Planning Committee:*

- *The Board Chair, Arden Barry*
- *The Board Vice Chair, Christine Antler*
- *Two Board Members at Large:*
    1. *Anca Cvaci*
    2. *Steven Hopp*
- *A Public Board Member, Justin Thind*

**CARRIED**

**11. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA**

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

**ADJOURNMENT**

Chair Barry adjourned the meeting at 2:31pm on June 14, 2019.

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# BOARD MEETING
# June 14, 2019

## 2. Consent Agenda
## b) Approval of Consent Items

## DECISION REQUIRED

### Recommended Board Motion:

*Approve the Consent Agenda as circulated, or amended.*

i. Chair's Report
ii. Registrar's Update
    a. Compliance Certificate
    b. Risk Register June 2019
    c. Current Strategic Plan Update
    d. Action Items & Business Arising
iii. Approval of April 11, 2019 Draft Board Meeting Minutes **[DECISION]**
iv. Committee Updates
v. Audit and Finance Committee: Finance Report: March Financials
vi. Approval of April 11, 2019 Draft Committee of the Whole Meeting Minutes **[DECISION]**

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# BOARD MEETING
# June 14, 2019

## 2b.i. Chair's Report

## INFORMATION ONLY

**Chair's Report of Activities – June 2019 Board Meeting**

It is my pleasure to provide this report for the June 2019 Board meeting. Since the previous Board Meeting report (April 2019), I have been involved in the following activities as Board Chair:

**General Administration:**

- Communications for planning of June 2019 Committee of the Whole and Board meetings
- Liaised with Board members regarding topics/guest speakers for future Board meetings
- Communications regarding Registrar evaluation process
- Met with Registrar (along with Vice-Chair) regarding mid-year evaluation
- Met with new public board members (along with Vice-Chair) regarding orientation/onboarding process
- Attended weekly meetings with Registrar/Deputy Registrar/Vice-Chair on general Board-related items
- Reviewed draft April Board meeting minutes and strategic planning session report
- Answered general questions/queries from registrants and fellow Board members

**Events:**

- Attended the NAPRA Annual Meeting of Members on May 7-8, 2019 in Ottawa
- Attended WATSON Chair with Intension course on May 23-24 in Vancouver
- Attended the Dean's Reception for the 2019 UBC Graduation Class on May 30 in Vancouver

**Committee Involvement:**

- Registrar Review Committee
- Audit and Finance Committee
- Governance Committee

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# Compliance Certificate

We have reviewed the College's official records and financial reports and we certify that the College has met its legal obligations with respect to the following:

**Annual Report** - Filed June 29, 2018

**Non-profit Tax Return** – Filed August 30, 2018

**Non-profit Information Return** – Filed August 30, 2018

**Employee statutory payroll deductions** – remitted to Canada Revenue Agency – all remittances are current.

**Employee pension plan remittances** – all remittances are current.

**WorkSafeBC BC assessments** – all remittances are current.

**Employer Health Tax assessments** – all remittances are current.

**Sales Taxes** – all remittances are current.

**Investments** – invested as per policy.

**Bank signing authority documents** – current as per policy.

**Insurance** – all insurance policies are up to date.

**Business Licence** – current.

**Signed by:**

Registrar

Chief Operating Officer

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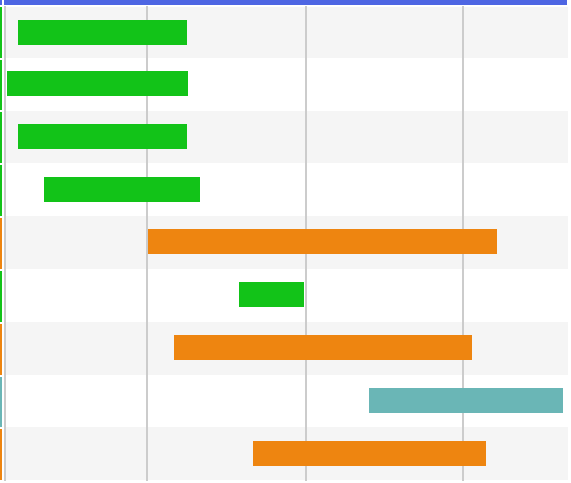
**39**
ACTION ITEMS

**78%**
ACTION ITEM COMPLETION

# COLLEGE OF BC PHARMACISTS PLAN

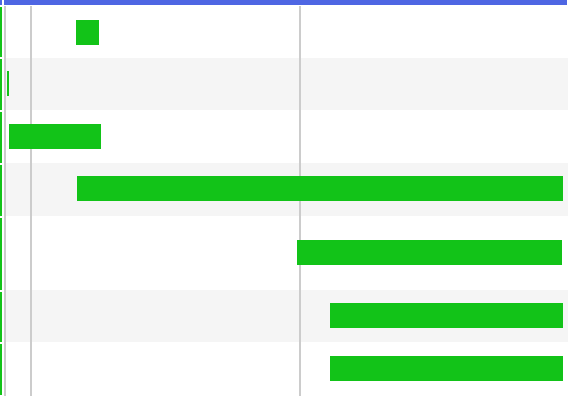
## LEGISLATIVE STANDARDS & MODERNIZATION

| Action Item | Owner | Current Completion |
|---|---|---|
| **Implement PODSA ownership changes (Phase 1) by 1st Apr 2018** | Director of Registration and Licensure | 100% - |
| → Implement revised bylaw by 1st Apr 2018 | Director of Policy and Legislation | 100% - |
| → Streamline business processes by 1st Apr 2018 | Director of Registration and Licensure | 100% - |
| → Complete communications and engagement activities by 30th Apr 2018 | Director of Communications | 100% - |
| **Implement PODSA Modernization (Phase 2) by 31st Mar 2020** | Director of Registration and Licensure | 10% 36% behind |
| → Update and re-scope entire PODSA Phase 2 project by 31st Dec 2018 | Director of Registration and Licensure | 100% - |
| → Implement revised bylaw (POSDA Phase2) by 31st Jan 2020 | Director of Policy and Legislation | 50% 14% behind |
| → Streamline business processes by 31st Aug 2020 | Chief Operating Officer | 0% - |
| → Complete communications and engagement activities (PODSA 2) by 29th Feb 2020 | Director of Communications | 40% 8% behind |



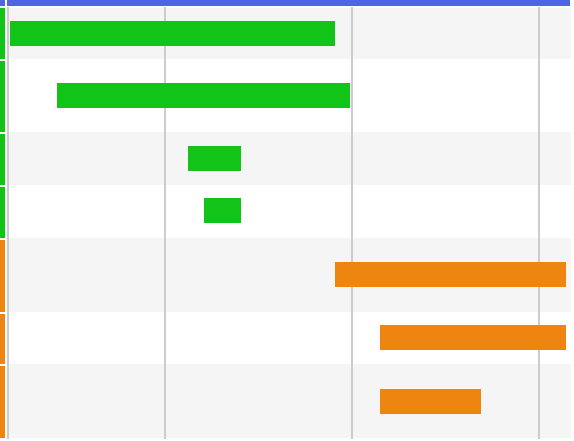

## PROFESSIONAL EXCELLENCE

| Action Item | Owner | Current Completion |
|---|---|---|
| **Implement Hospital PRP by 1st Apr 2017** | Director PR & QA | 100% - |
| → Develop Hospital PRP program by 26th Nov 2016 | Director PR & QA | 100% - |
| → Launch Hospital PRP program by 3rd Apr 2017 | Director PR & QA | 100% - |
| **Complete Implementation of Methadone Action Plan by 31st Dec 2018** | Deputy Registrar | 100% - |
| → Provide recommendations to the board based on findings of MMT inspections and undercover operations. by 31st Dec 2018 | Deputy Registrar | 100% - |
| → Complete legal elements by 31st Dec 2018 | Director of Policy and Legislation | 100% - |
| → Manage inspections by 31st Dec 2018 | Deputy Registrar | 100% - |



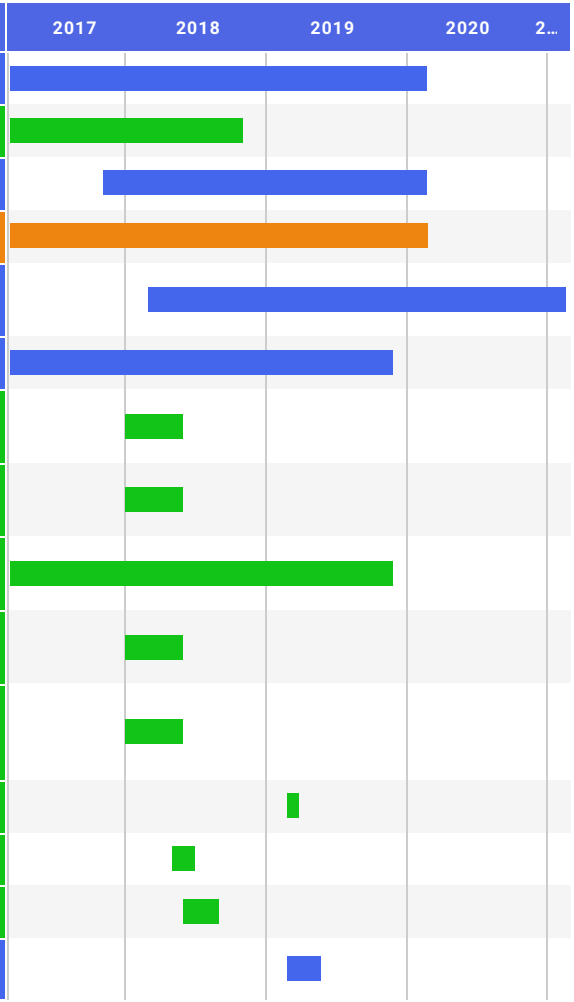

## DRUG THERAPY ACCESS & MONITORING

| Action Item | Owner | Current Completion |
|---|---|---|
| **Recommend to the Minister of Health that pharmacists be granted the authority to prescribe by 30th Nov 2018** | Director of Registration and Licensure | 100% - |
| Develop framework/proposal for pharmacist prescribing for submission to the Minister of Health by 31st Dec 2018 | Director of Registration and Licensure | 100% - |
| Complete communication and engagement activities by 31st May 2018 | Director of Communications | 100% - |
| Submit Proposal for Pharmacist Prescribing to Minister of Health by 31st May 2018 | Director of Registration and Licensure | 100% - |
| **Seek greater access to patient lab values to enhance pharmacists' ability to provide quality, timely service to patients by 29th Feb 2020** | Director of Registration and Licensure | 0% 37% behind |
| Complete communications and engagement activities by 29th Feb 2020 | Director of Communications | 0% 22% behind |
| Develop and submit framework/proposal document outlining a strategy for how to create access to Patient Lab Values by 14th Sep 2019 | Director of Registration and Licensure | 0% 42% behind |




## ORGANIZATIONAL EXCELLENCE

| Action Item | Owner | Current Completion |
|---|---|---|
| **Update IT infrastructure by 28th Feb 2020** | Chief Operating Officer | 73% 2% behind |
| Implement IT updates required by PODSA Modernization (Phase 1) by 31st Oct 2018 | Chief Operating Officer | 100% - |
| Implement IT Department organization, processes and procedures by 29th Feb 2020 | Chief Operating Officer | 80% 13% ahead |
| Implement Enterprise Content Management system by 29th Feb 2020 | Chief Operating Officer | 65% 9% behind |
| Enhance public safety through ensuring Practice Review Program systems needs are addressed by 28th Feb 2021 | Chief Operating Officer | 45% 4% ahead |
| **Enhance organizational best practices to obtain silver certification from Excellence Canada by 29th Nov 2019** | Chief Operating Officer | 98% 17% ahead |
| Develop human resources / wellness policies and procedures (plans or guidelines) required to attain Silver certification by 1st Jun 2018 | Chief Operating Officer | 100% - |
| Develop Governance and Leadership policies and success indicators required to attain Silver certification by 1st Jun 2018 | Chief Operating Officer | 100% - |
| Develop organizational policies and procedures (plans or guidelines) required to attain Silver certification by 29th Nov 2019 | Chief Operating Officer | 100% - |
| Define customer segments and develop a customer experience plan, including key partners by 1st Jun 2018 | Chief Operating Officer | 100% - |
| Develop a methodology for regularly identifying and capturing key processes, including Project Management, Change Management and Procurement by 1st Jun 2018 | Chief Operating Officer | 100% - |
| Register with Excellence Canada for official verification by 31st Mar 2019 | Chief Operating Officer | 100% - |
| Review gap analysis and assign secondary action plan projects to teams by 30th Jun 2018 | Chief Operating Officer | 100% - |
| Complete secondary projects by 1st Sep 2018 | Chief Operating Officer | 100% - |
| Facilitate Excellence Canada verification team visits and focus groups by 31st May 2019 | Chief Operating Officer | 95% 6% ahead |



| | | | | | | |
|---|---|---|---|---|---|---|
| ↳ Receive Silver Certification from Excellence Canada by 29th Nov 2019 | Chief Operating Officer | 0% - | | | | |

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# BOARD MEETING
# June 14, 2019

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

## INFORMATION ONLY

| | MOTIONS/ACTION ITEMS | RELEVANT BOARD MEETING | STATUS |
|---|---|---|---|
| 1. | Motion: Direct the Registrar to draft bylaws to adopt the Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations and the Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations, to be effective for May 2021, which will officially establish minimum requirements to be applied in compounding sterile preparations.<br><br>**Status: Recommended implementation plan has been communicated to registrants. College staff will bring forward a proposed motion for the Board's consideration, to officially adopt the Standards, closer to the May 2021 effective date.**<br><br>**No further update at this point. The current status is still in effect.** | 04-2017 | IN PROGRESS |
| 2. | 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.<br><br>**Status: Findings from this project were scheduled to be brought forward to the June 2019 Board meeting. However, the PODSA Bylaws Modernization Phase Two initiative, a large-scale and high priority project, will be brought forward to the Board at the same time. Given the high priority of the PODSA Bylaws Modernization Phase Two initiative, findings for the Medication Review project will be postponed to the November 2019 Board meeting. This rescheduling was discussed at the May 2019 LRC meeting.** | 06-2017 | IN PROGRESS |
| 3. | Motion #1: Direct the Registrar to explore the development of new requirements for the security of information in local pharmacy computer systems; | 02-2018 | IN PROGRESS |

| | MOTIONS/ACTION ITEMS | RELEVANT BOARD MEETING | STATUS |
|---|---|---|---|
| | **Status: The Policy & Legislation Department has addressed some of the issues in the new electronic record keeping PPP. Work is being done by the Ministry of Health addressing this issue with PRIME and updated SCS document**<br><br>**No further update at this point. The current status is still in effect.**<br><br>Motion #2: If new requirements are deemed necessary, direct the Registrar to propose that the Ministry of Health consider amending their PharmaNet Professional and Software Compliance Standards document to enhance the software security requirements of the local pharmacy computer systems."<br><br>**Status: Deputy Registrar, David Pavan has had discussions with the Ministry on updating the SCS document. He has been advised that the ministry is working on the conformance standards for pharmacy software.**<br><br>**In addition, the Ministry is working on implementing the PRIME project to accurately track all registrants and non-registrants who access PHI on PharmaNet.**<br><br>**No further update at this point. The current status is still in effect.** | | |
| 4. | Motion: Direct the Registrar to proceed with engagement on the Strategic Plan Themes developed by the Strategic Plan Working Group.<br><br>**Status: The College provided an environmental scan of current pharmacy practice issues and emerging trends, in addition to the results of the Strategic Plan Engagement to the College Board in April 2019. The input gathered through the engagement and additional pharmacy practice background materials was used to help inform the development of key goals for the College's next Strategic Plan.** | 09-2018 | COMPLETED |
| 5. | Motion: Direct the Registrar to pursue drug scheduling by reference to federal legislation and the National Drug Schedules established by the National Association of Pharmacy Regulatory Authorities (NAPRA), with respect to the Drug Schedules Regulation.<br><br>**Status: Research and analysis has begun.** | 11-2018 | IN PROGRESS |

| | MOTIONS/ACTION ITEMS | RELEVANT BOARD MEETING | STATUS |
|---|---|---|---|
| | **No further update at this point. The current status is still in effect.** | | |
| 6. | Motion: Direct the Registrar to explore implementation of mandatory medication error reporting to a College-specified independent third party.<br><br>**Status: Research into medication error reporting software solutions is well underway. We are also engaged in collaborative discussions with the pharmacy regulatory authorities in other provinces. A proposed implementation plan will be brought to the Board for approval in September as planned.** | 11-2018 | IN PROGRESS |
| 7. | Motion: Direct the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for Schedule 1A drugs and drugs for cosmetic purposes and retaining current age limit restrictions.<br><br>**Status: The Ministry of Health has recently requested that a larger committee be established to explore potential effects of the removal of restrictions on pharmacist injection and intranasal administration of medications in British Columbia. The College has discussed this request with the Ministry and is developing a strategy to implement it.** | 02-2019 | IN PROGRESS |

College of Pharmacists of British Columbia

# BOARD MEETING
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## 2b.iii. Approval of April 11, 2019 Draft Board Meeting Minutes

## DECISION REQUIRED

### Recommended Board Motion:

*Approve the April 11, 2019 draft Board meeting minutes as circulated.*

| Appendix | |
|---|---|
| 1 | http://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Meeting_Minutes-20190411.pdf |

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# BOARD MEETING
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## 2b.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 | Governance Committee Meeting Minutes |
| 3 | Inquiry Committee Update |
| 4 | Practice Review Committee Meeting Minutes |
| 5 | Quality Assurance Committee Meeting Minutes |

College of Pharmacists of British Columbia

# BOARD MEETING
# June 14, 2019

## 2b.v. Audit and Finance Committee: Finance Report (March Financials)

## INFORMATION ONLY

## Purpose

To report on the highlights of the **March 2019** financial reports.

## Background

The March 2019 financial reports reflect **one month's** 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

The College's cash position is well funded to meet payables with a balance of over $850,000. Investments at the end of March totalled $5.786 million. Payables and accruals are just over $500,000.

### Revenue

The total *Licensure revenues* continue to be very close to budget, just under $21,000 under budget or 3% under budget after one month. *Other revenues* (administrative fees, etc.) are over budget while Grant revenue is under budget as there was no grant revenue received in the month. Investment income is almost right on budget, as is the Joint Venture income. The combined result is that actual revenues are a little over $17,000 under budgeted revenues.

### Expenses

Total Year to Date Actual expenditures are under budget by almost $185,000 or 21%. See the variance analysis which follows for details. In general, this is due to timing.

**Variance analysis by department:**

| Department | Budget | Actual | Comment |
|---|---|---|---|
| **Board & Registrar's Office** | 51,214 | 39,977 | |
| **Finance and Administration** | 348,122 | 292,259 | |
| **Grant distribution** | 0 | 0 | |
| **Registration & Licensure** | 84,125 | 66,996 | |
| **Quality Assurance** | 24,467 | 14,531 | |
| **Practice Review** | 126,263 | 103,655 | |
| **Complaints Resolution** | 139,585 | 106,604 | |
| **Policy and Legislation** | 47,821 | 28,855 | |
| **Communications & Engagement** | 31,730 | 31,612 | |
| **Projects (PODSA Ownership)** | 14,845 | 5,784 | |
| **Amortization** | 30,422 | 23,448 | |
| **Total Expenses** | 898,593 | 713,722 | |

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

## Statement of Financial Position

## As at March 31, 2019

| ASSETS | |
|---|---|
| Cash and Cash Equivalents | 868,293 |
| Investments | 5,786,571 |
| Receivables | 42,116 |
| Prepaid Expense and Deposits | 252,137 |
| Current Assets | 6,949,118 |
| | |
| Investments in College Place Joint Venture | 1,562,624 |
| Development Costs | 330,020 |
| Property & Equipment | 564,369 |
| Non-current Assets | 2,457,013 |
| **Total Assets** | **9,406,131** |

| LIABILITIES AND NET ASSETS | |
|---|---|
| Payables and Accruals | 516,619 |
| Capital Lease Obligations (Current) | 9,120 |
| Deferred Revenue | 4,820,036 |
| Deferred Contributions | 70,474 |
| Total Current Liabilities | 5,416,249 |
| | |
| Capital Lease Obligations (non-current) | 42,706 |
| Total Liabilities | 5,458,955 |
| | |
| Total Net Assets | 3,947,176 |
| **Total Liabilites and Net Assets** | **9,406,131** |

**College of Pharmacists of BC**
**Statement of Revenue and Expenses**
**For the month ended March 31, 2019**

| | Budget YTD 2019/20 | Actual YTD 2019/20 | Variance ($) (Budget vs. Actual) | Variance (%) (Budget vs. Actual) |
|---|---|---|---|---|
| **Revenue** | | | | |
| Licensure revenue | 749,099 | 728,166 | (20,933) | (3%) |
| Non-licensure revenue | 49,570 | 53,144 | 3,574 | 7% |
| Transfer from Balance Sheet | 82,894 | 82,894 | - | 0% |
| **Total Revenue** | **881,564** | **864,204** | **(17,359)** | (2%) |
| **Total Expenses Before Amortization** | 868,172 | 690,273 | 177,898 | 20% |
| **Amortization** | 30,422 | 23,448 | 6,973 | 23% |
| **Total Expenses Including Amortization** | **898,593** | **713,722** | **184,871** | 21% |
| **Net Surplus/(Deficit) of revenue over expenses** | **(17,029)** | **150,483** | **167,512** | |

**College of Pharmacists of BC**
**Statement of Revenue**
**For the month ended March 31, 2019**

| | Budget YTD 2019/20 | Actual YTD 2019/20 | Variance ($) (Budget vs. Actual) | Variance (%) (Budget vs. Actual) |
|---|---|---|---|---|
| **Revenue** | | | | |
| Pharmacy fees | 287,496 | 289,319 | 1,823 | 1% |
| Pharmacists fees | 391,262 | 372,271 | (18,991) | (5%) |
| Technician fees | 70,341 | 66,576 | (3,765) | (5%) |
| **Licensure revenue** | 749,099 | 728,166 | (20,933) | (3%) |
| Other revenue | 10,121 | 18,949 | 8,828 | 87% |
| Grant Revenue | 5,020 | - | (5,020) | (100%) |
| Investment income | 11,905 | 11,670 | (235) | (2%) |
| College Place joint venture income | 22,525 | 22,525 | - | 0% |
| **Non-licensure revenue** | 49,570 | 53,144 | 3,574 | 7% |
| **Transfer from Balance Sheet** | 82,894 | 82,894 | - | 0% |
| **Total Revenue** | **881,564** | **864,204** | **(17,359)** | (2%) |

**College of Pharmacists of BC**
**Statement of Expenses**
**For the month ended March 31, 2019**

| | Budget YTD 2019/20 | Actual YTD 2019/20 | Variance ($) (Budget vs. Actual) | Variance (%) (Budget vs. Actual) |
|---|---|---|---|---|
| **Expenses** | | | | |
| Board and Registrar's Office | 51,214 | 39,977 | 11,237 | 22% |
| Finance and Administration | 348,122 | 292,259 | 55,862 | 16% |
| Registration and Licensure | 84,125 | 66,996 | 17,129 | 20% |
| Quality Assurance | 24,467 | 14,531 | 9,936 | 41% |
| Practice Reviews | 126,263 | 103,655 | 22,608 | 18% |
| Complaints and Investigations | 139,585 | 106,604 | 32,980 | 24% |
| Policy and Legislation | 47,821 | 28,855 | 18,966 | 40% |
| Communications and Engagement | 31,730 | 31,612 | 118 | 0% |
| Projects | 14,845 | 5,784 | 9,061 | 61% |
| **Total Expenses Before Amortization** | 868,172 | 690,273 | 177,898 | 20% |
| **Amortization** | 30,422 | 23,448 | 6,973 | 23% |
| **Total Expenses Including Amortization** | **898,593** | **713,722** | **184,871** | 21% |

College of Pharmacists of British Columbia

# BOARD MEETING
# June 14, 2019

## 2b.vi. Approval of April 11, 2019 Draft Committee of the Whole Meeting Minutes

## DECISION REQUIRED

### Recommended Board Motion:

*Approve the April 11, 2019 draft Committee of the Whole meeting minutes as circulated.*

| Appendix | |
|---|---|
| 1 | April 11, 2019 Draft Committee of the Whole Meeting Minutes (and appendices) |

College of Pharmacists of British Columbia

**Committee of the Whole Meeting**
**April 11, 2019**
**Held at the College of Pharmacists of British Columbia**
**200-1765 West 8th Avenue, Vancouver, BC**

**MINUTES**

**Members Present:**
Arden Barry, Chair, District 7
Christine Antler, Vice Chair, District 2
Mona Kwong, District 1
Steven Hopp, District 4
Frank Lucarelli, District 5
Anca Cvaci, District 6
Bal Dhillon, District 8
Tracey Hagkull, Government Appointee
Anne Peterson, Government Appointee
Katie Skelton, Government Appointee
Justin Thind, Government Appointee

**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

**Regrets:**
Tara Oxford, District 3



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1. **WELCOME & CALL TO ORDER**
   Chair Barry called the meeting to order at 3:15pm on April 11, 2019.

2. **COLLEGE NAME CHANGE (APPENDIX 1)**
   Chair Barry provided an overview of the College's 2018 request to the Minister of Health to change the name of the College.

   The Board is in consensus with resubmitting a proposal for a name change to the Minister of Health in the near future. The Board agreed a name change will improve clarity and transparency to the public regarding who the College regulates. Direction was provided by Chair Barry to the Registrar to review the April 11, 2019 Harry Cayton Report as guidance to reframe the proposal for future resubmission. This item will be revisited at a later Committee of the Whole meeting to further determine a date for the resubmission.

College of Pharmacists of British Columbia

**3. IDENTIFICATION OF BOARD AGENDA ITEMS**

Chair Barry asked the Board to consider and provide him any potential items for inclusion in the upcoming Board meeting agendas.

**4. ADJOURNMENT**

Chair Barry adjourned the meeting at 3:42pm on April 11, 2019.

College of Pharmacists of British Columbia

# BOARD MEETING
# June 14, 2019

## 3. Confirmation of Agenda

## DECISION REQUIRED

### Recommended Board Motion:

*Approve the June 14, 2019 Draft Board Meeting Agenda as circulated, or amended.*

| Appendix | |
|---|---|
| 1 | June 14, 2019 Draft Board Meeting Agenda |

College of Pharmacists of British Columbia

# Board Meeting
# Friday, June 14, 2019
# CPBC Office, 200-1765 West 8th Avenue, Vancouver

## AGENDA

| | | | | |
|---|---|---|---|---|
| **10:00am - 10:05am** | 5 | **1.** | Call to Order<br>*Land Acknowledgement* | Chair Barry |
| | | **2.** | Consent Agenda<br>a) Items for Further Discussion<br>b) Approval of Consent Items **[DECISION]** | Chair Barry |
| | | **3.** | Confirmation of Agenda **[DECISION]** | Chair Barry |
| **10:05am - 10:20am** | 15 | **4.** | Audit and Finance Committee:<br>a) Committee Updates<br>b) Auditor's Report **[DECISION]** | Frank Lucarelli<br>Bill Cox<br>Paul Fripp |
| **10:20am - 10:30am** | 10 | **5.** | Committee Updates:<br>a) Audit and Finance Committee (update provided in item 4)<br>b) Governance Committee (update will be provided in item 10)<br>c) Legislation Review Committee (update will be provided in item 9)<br>d) Practice Review Committee (update will be provided in item 6)<br>e) Application Comittee<br>f) Quality Assurance Committee<br>g) Drug Administration Committee<br>h) Ethics Advisory Committee<br>i) Pharmacy Advisory Committee<br>j) Discipline Committee<br>k) Inquiry Committee<br>l) Registration Committee | Committee Chairs<br>Frank Lucarelli<br>Mona Kwong<br>Mona Kwong<br>Michael Ortynsky<br>Christine Antler<br>Frank Lucarelli<br>Doreen Leong<br>Bal Dhillon<br>Tara Oxford<br>Chair Barry<br>Chair Barry<br>Chair Barry |
| **10:30am - 11:15am** | 45 | **6.** | Practice Review Committee<br>a) Committee Updates<br>b) Practice Review Data Report & Registrant Feedback Survey Report | Michael Ortynsky<br>James Van |
| **11:15am - 11:35am** | 20 | **7.** | Strategic Plan 2020/2021 to 2024/2025 Goals and Objectives | Mary O'Callaghan |
| **11:35am - 12:00pm** | 25 | **8.** | Excellence Canada Update | Mary O'Callaghan |
| **12:00pm - 1:00pm** | 60 | | ***LUNCH*** | |
| **1:00pm - 1:45pm** | 45 | **9.** | Legislation Review Committee<br>a) Committee Updates<br>b) PODSA Modernization Phase Two Bylaw Amendments **[DECISION]**<br>c) Repealing Multiple Professional Practice Policies **[DECISION]**<br>d) Recognized Pharmacy Education Programs **[DECISION]**<br>e) Telepharmacy Licence Requirements - Removal of Schedules "C" and "E" **[DECISION]** | Mona Kwong |
| **1:45pm - 2:15pm** | 30 | **10.** | Governance Committee:<br>a) Committee Updates<br>b) Revisions to the Governance Committee Terms of Reference **[DECISION]**<br>c) Revisions to the Drug Administration Committee Terms of Reference **[DECISION]**<br>d) Revisions to the Application Committee Terms of Reference **[DECISION]**<br>e) Establishment of the Past Chairs Advisory Committee **[DECISION]**<br>f) Establishment of the Registrar Evaluation and Succession Planning Committee **[DECISION]**<br>g) Appointment of Members to the Registrar Evaluation and Sucession Planning Committee **[DECISION]** | Mona Kwong |
| **2:15pm - 2:20pm** | 5 | **11.** | Items Brought Forward from Consent Agenda | Chair Barry |
| | | | ***CLOSING COMMENTS AND ADJOURNMENT*** | |

College of Pharmacists of British Columbia

# BOARD MEETING
# June 14, 2019

## 4. Auditor's Report

## DECISION REQUIRED

### Recommended Board Motion:

*Approve the audited financial statements for fiscal year 2019/20 as presented.*

| Appendix | |
|---|---|
| 1 | Audited Financial Statements for Fiscal Year 2019/20 |
| 2 | Report to those Charged with Governance - Communication with Audit Results |

# College of Pharmacists of British Columbia

Financial Statements

Year ended February 28, 2019

# College of Pharmacists of British Columbia
Financial Statements
Year ended February 28, 2019

Contents

# Independent Auditor's Report

To the Board of Directors of
College of Pharmacists of British Columbia

## Opinion

We have audited the financial statements of the College of Pharmacists of British Columbia ( the "College"), which comprise the Statement of Financial Position as at February 28, 2019, and the Statements of Operations, Changes in Net Assets and Cash Flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information.

In our opinion, the financial statements present fairly, in all material respects, the financial position of the College of Pharmacists of British Columbia as at February 28, 2019, and its results of operations and cash flows for the year then ended, in accordance with Canadian accounting standards for not-for-profit organizations.

## Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of this report. We are independent of the College of Pharmacists of British Columbia in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the College of Pharmacists of British Columbia's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College of Pharmacists of British Columbia or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College of Pharmacists of British Columbia's financial reporting process.

## Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College of Pharmacists of British Columbia's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the College of Pharmacists of British Columbia's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College of Pharmacists of British Columbia to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants

Vancouver, British Columbia
DATE

# College of Pharmacists of British Columbia
## Statement of Financial Position

| February 28 | 2019 | 2018 |
|---|---|---|
| **Assets** | | |
| **Current** | | |
| Cash and cash equivalents | $ 1,146,034 | $ 1,352,336 |
| Short-term investments (Note 2) | 1,261,710 | 620,105 |
| Accounts receivable (Note 3) | 68,771 | 83,832 |
| Prepaid expenses and deposits | 272,252 | 143,266 |
| | 2,748,767 | 2,199,539 |
| Interest in College Place Joint Venture (Note 4) | 1,540,834 | 1,583,191 |
| Long-term investments (Note 2) | 4,514,125 | 5,030,142 |
| Development costs (Note 5) | 342,090 | 484,343 |
| Tangible capital assets (Note 6) | 575,748 | 624,274 |
| | $ 9,721,564 | $ 9,921,489 |
| **Liabilities and Net Assets** | | |
| **Current** | | |
| Accounts payable and accrued liabilities (Note 7) | $ 573,213 | $ 601,861 |
| Current portion of capital lease obligations (Note 8) | 9,120 | 26,548 |
| Deferred revenue (Note 9) | 5,138,250 | 4,407,800 |
| Deferred contributions (Note 10) | 70,474 | 170,711 |
| | 5,791,057 | 5,206,920 |
| Capital lease obligations | 42,706 | - |
| | 5,833,763 | 5,206,920 |
| **Net Assets** | | |
| Unrestricted net assets | 1,305,869 | 1,073,164 |
| Restricted Fund | 2,000,000 | - |
| Invested in tangible capital assets | 523,922 | 597,726 |
| College Place Joint Venture (CPJV) replacement reserve | 58,010 | 43,679 |
| Capital asset reserve | - | 250,000 |
| Legal reserve | - | 500,000 |
| Joint venture reserve | - | 500,000 |
| Automation reserve | - | 500,000 |
| Grants reserve | - | 250,000 |
| Operating reserve | - | 1,000,000 |
| | 3,887,801 | 4,714,569 |
| | $ 9,721,564 | $ 9,921,489 |

On behalf of the Board:

_____ Director

The accompanying notes are an integral part of these financial statements.

# College of Pharmacists of British Columbia
## Statement of Operations

| For the year ended February 28 | 2019 | 2018 |
|---|---|---|
| Revenues | | |
| Pharmacy fees | $ 3,294,034 | $ 2,563,578 |
| Pharmacist fees | 4,314,976 | 3,612,656 |
| Technician fees | 783,134 | 626,632 |
| Other | 182,444 | 771,072 |
| College Place Joint Venture income (Note 4) | 108,052 | 99,992 |
| Grants (Note 10) | 100,237 | 71,487 |
| Investment income | 134,694 | 134,901 |
| Total revenues | 8,917,571 | 7,880,318 |
| Expenses | | |
| Board and Registrar's office | 492,628 | 490,844 |
| Communications and engagement | 100,727 | 80,968 |
| Complaints and investigations | 383,474 | 243,570 |
| Finance and administration | 1,692,070 | 1,698,832 |
| Grant distribution | 134,395 | 144,700 |
| Policy and legislation | 54,370 | 124,447 |
| Practice reviews | 148,421 | 134,030 |
| Quality assurance | 50,218 | 49,760 |
| Registration and licensure | 312,739 | 307,871 |
| Salaries and benefits | 6,035,724 | 5,304,214 |
| Amortization | 352,460 | 359,894 |
| Total expenses | 9,757,226 | 8,939,130 |
| Other expenses | | |
| Loss on disposition of tangible capital assets | 1,444 | - |
| Deficiency of revenues over expenses | $ (841,099) | $ (1,058,812) |

The accompanying notes are an integral part of these financial statements.

# College of Pharmacists of British Columbia
## Statement of Changes in Net Assets
## For the Year ended February 28, 2019

| | Invested in Tangible Capital Assets | CPJV Replacement Reserve | Capital Asset Reserve | Legal Reserve | Joint Venture Reserve | Automation Reserve | Grants Reserve | Operating Reserve | Unrestricted | Restricted Fund | 2019 Total | 2018 Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Balance, beginning of year | $597,726 | $43,679 | $250,000 | $500,000 | $500,000 | $500,000 | $250,000 | $1,000,000 | $1,073,164 | - | $4,714,569 | $5,729,702 |
| Deficiency of revenue over expenses | (209,565) | - | - | - | - | - | - | - | (631,534) | - | (841,099) | (1,058,812) |
| Investment in tangible capital assets | 107,748 | - | - | - | - | - | - | - | (107,748) | - | - | - |
| Share of CPJV replacement reserve | - | 14,331 | - | - | - | - | - | - | - | - | 14,331 | 43,679 |
| Repayment of capital lease principal | 28,013 | - | - | - | - | - | - | - | (28,013) | - | - | - |
| Transfers | - | - | (250,000) | (500,000) | (500,000) | (500,000) | (250,000) | (1,000,000) | 1,000,000 | 2,000,000 | - | - |
| Balance, end of year | $523,922 | $58,010 | - | - | - | - | - | - | $1,305,869 | $2,000,000 | $3,887,801 | $4,714,569 |

The accompanying notes are an integral part of these financial statements.

# College of Pharmacists of British Columbia
## Statement of Cash Flows

| For the year ended February 28 | 2019 | 2018 |
|---|---|---|
| Cash provided by (used in) | | |
| Operating activities | | |
| Deficiency of revenues over expenses | $ (841,099) | $ (1,058,812) |
| Items not affecting cash | | |
| Amortization of tangible capital assets | 208,121 | 265,735 |
| Amortization of development costs | 144,339 | 94,159 |
| Share of College Place Joint Venture Income | (108,052) | (99,992) |
| Loss on disposition of tangible capital assets | 1,444 | - |
| | (595,247) | (798,910) |
| Changes in non-cash working capital | | |
| Accounts receivable | 15,061 | (174,973) |
| Prepaid expenses and deposits | (128,986) | (32,228) |
| Accounts payable and accrued liabilities | (28,648) | 201,931 |
| Deferred revenue | 730,450 | 902,495 |
| Deferred contributions | (100,237) | (10,237) |
| | (107,607) | 88,078 |
| Financing activity | | |
| Capital lease repayments | (28,013) | (29,787) |
| Investing activities | | |
| Purchase of tangible capital assets | (107,748) | (25,859) |
| Increase in development costs | (2,086) | (189,670) |
| (Increase) decrease in investments | (125,588) | 367,660 |
| Advances from College Place Joint Venture | 164,740 | 123,838 |
| | (70,682) | 275,969 |
| Increase in cash and cash equivalents for the year | (206,302) | 334,260 |
| Cash and cash equivalents, beginning of year | 1,352,336 | 1,018,076 |
| Cash and cash equivalents, end of year | $ 1,146,034 | $ 1,352,336 |

The accompanying notes are an integral part of these financial statements.

## 1. Summary of Significant Accounting Policies

### a) Nature of Operations

The College of Pharmacists of British Columbia ("the College") is a regulatory body for pharmacists, pharmacy technicians and pharmacies of British Columbia to set and enforce professional standards for the profession. The College is designated under the Health Professions Act. For income tax purposes, the College is treated as a not-for-profit organization and is thereby exempt from income tax.

### b) Basis of Accounting

The financial statements have been prepared using Canadian accounting standards for not-for-profit organizations ("ASNPO").

### c) Use of Estimates

The preparation of financial statements in accordance with ASNPO requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Significant estimates included in these financial statements consist of the estimated useful life of tangible capital assets and development costs. Actual results could differ from management's best estimates as additional information becomes available in the future.

### d) Revenue Recognition

The College follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which related expenses are incurred. Unrestricted revenues are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

License and registration fees received are deferred and recognized as revenue over the year.

Investment income includes interest revenue, realized gains and losses on sale of investments and unrealized gains and losses from changes in the fair market value of investments during the year.

### e) Interest in College Place Joint Venture

The College Place Joint Venture (CPJV) is a jointly controlled enterprise in which the College holds 30% interest and another not-for-profit organization, the College of Dental Surgeons of British Columbia, hold a 70% interest. The College accounts for its joint venture using the equity method.

1. Significant Accounting Policies - Continued

f) Cash and Cash Equivalents

Cash and cash equivalents consist of bank balances and redeemable guaranteed investment certificates ("GICs") of terms of less than 90 days at purchase.

g) Development Costs

Program and implementation costs for internally generated assets have been deferred and are amortized on a straight-line basis over five years. Should the conditions for deferral cease to exist, the costs will be charged as a period expense.

h) Tangible Capital Assets

Tangible capital assets are recorded at cost less accumulated amortization. In the event that facts and circumstances indicate that the College's tangible capital assets no longer have any long-term service potential to the College, the excess of the asset's net carrying amount over any residual value is recognized as an expense in the statement of operations. Cost includes all amounts related to the acquisition and improvements of the capital assets including replacement of equipment. Tangible capital assets are amortized at the following annual rates:

| | |
|---|---|
| Leasehold improvements | Straight-line over 10 years |
| Furniture and fixtures | Straight-line over 10 years |
| Office equipment | Straight-line over 5 years |
| Computer | Straight-line over 3 years |
| Software | Straight-line over 2 years. |

i) Capital Leases

Leases which transfer substantially all the benefits and inherent risk related to the ownership of the property leased to the College are capitalized by recording as assets and liabilities the present value of the payments required under the leases.

j) Net Assets Held in Reserves

Net assets held in reserves are internally restricted to provide a funding source for future financial obligations where the timing of the obligations cannot be precisely predicted, and to provide funding to address financial risks for which the timing and probability of a given event is uncertain. All reserves are approved by the College Board and are disclosed on the statement of financial position as net assets.

The operating reserve was established to assist in funding unanticipated operating expenditures and cashflow shortfalls.

The restricted reserve fund was established to assist in funding for specific purposes as outlined in the reserve policy.

1. Summary of Significant Accounting Policies - Continued

j) Net assets Held in Reserves - Continued

The capital asset reserve was established to assist in funding any unanticipated leasehold improvements and furniture purchases.

The legal reserve was established to assist in funding any legal costs arising from an unexpected increase in the number of inquiry discipline cases.

The joint venture reserve was established to assist in funding any large capital expenditures required to maintain the upkeep of the building owned by the College Place Joint Venture.

The automation reserve was established to assist in funding unanticipated substantial maintenance, upgrading or replacement of IT equipment, software purchases, audiovisual equipment and telecommunications equipment.

The grants reserve was established to provide the opportunity to fund proposals for research project or training opportunities that support the College's Strategic Plan.

k) Financial Instruments

The College initially measures its financial assets and financial liabilities at fair value. The College subsequently measures all of its financial assets and financial liabilities at cost or amortized cost, except for investments, which are measured at fair value.

Financial assets measured at cost or amortized cost include cash and cash equivalents and accounts receivables.

Financial liabilities measured at cost or amortized cost include accounts payable and accrued liabilities.

Financial instruments measured at fair value include investments. Fair values are based on quoted market values. Purchases and sales of investments are recorded on the trade date.

Transaction costs on the acquisition, sale or issue of financial instruments are expensed for those items measured at fair value and charged to the financial instrument for those measured at amortized cost.

Financial assets are tested for impairment when indicators of impairment exist. When a significant change in the expected timing or amount of the future cash flows of the financial asset is identified, the carrying amount of the financial asset is reduced and the amount of the write-down is recognized in net income.

l) Employee Future Benefits

The College and its employees make contributions to the Municipal Pension Plan which is a multi-employer joint trusted plan. This plan is a defined benefit plan, providing pension or retirement based on the member's age at retirement, length of service and highest earnings averaged over five years. As the assets and liabilities of the plan are not segregated by institution the plan is accounted for as a defined contribution plan and any College contributions to the plan are expensed as incurred.

## 2. Investments

Investments consist of guaranteed investment certificates ("GICs") with interest from 1.70% to 3.21% (2018- 1.7% to 2.55%) with maturity dates from April 2, 2019 to February 28, 2024. GIC's that matured between year-end and the date of the financial statement approval were reinvested under similar terms.

## 3. Accounts Receivable

| | 2019 | 2018 |
|---|---|---|
| Ministry of Health grant receivable | $ - | $ 50,000 |
| Other receivables | 68,771 | 33,832 |
| | $ 68,771 | $ 83,832 |

## 4. Interest in College Place Joint Venture

The College entered into an agreement dated March 3, 1989 to purchase 30% interest in a jointly controlled enterprise set up to acquire and develop a property. The College occupies space in the building and pays rent to CPJV. Included in Finance and Administrative expense is rent and operating costs paid to CPJV in amount of $295,000 (2018: $284,900) which is recorded net of the College's 30% portion.

The assets, liabilities, revenues and expenses of the joint venture at February 28, 2019 and for the year then ended are as follows:

| | 100% Joint Venture | 30% College |
|---|---|---|
| Balance sheet | | |
| Assets | | |
| Current assets | $ 506,081 | $ 151,824 |
| Tangible capital assets and other assets | 4,745,599 | 1,423,680 |
| | $ 5,251,680 | $ 1,575,504 |
| Liabilities and equity | | |
| Total liabilities | $ 115,566 | $ 34,670 |
| Total equity | 5,136,114 | 1,540,834 |
| | $ 5,251,680 | $ 1,575,504 |
| Statement of operations | | |
| Revenues | $ 1,181,320 | $ 354,396 |
| Expenses | $ 821,146 | $ 246,344 |
| Excess of revenue over expenses | $ 360,174 | $ 108,052 |

4. Interest in College Place Joint Venture - Continued

The College's lease expires on August 31, 2023 and rent payments until then are as follows:

| Year | Amount |
|---|---|
| 2020 | 272,333 |
| 2021 | 279,446 |
| 2022 | 286,559 |
| 2023 | 293,672 |
| Thereafter | 148,614 |
| | $ 1,280,624 |

5. Development Costs

| | Cost | Accumulated amortization | 2019 Net book value | 2018 Net book value |
|---|---|---|---|---|
| SkilSure solution | $ 41,302 | 41,302 | $ - | $ 500 |
| Pharmacy online renewal | 62,184 | 49,748 | 12,436 | 24,874 |
| Robbery prevention form | 10,800 | 10,800 | - | 2,160 |
| Mobile apps | 35,000 | 21,000 | 14,000 | 21,000 |
| Website | 306,171 | 192,595 | 113,576 | 175,172 |
| Online pre-registration | 101,220 | 60,732 | 40,488 | 60,732 |
| PODSA modernization | 201,988 | 40,398 | 161,590 | 199,905 |
| | $ 758,665 | $ 416,575 | $ 342,090 | $ 484,343 |

6. Tangible Capital Assets

| | Cost | Accumulated amortization | 2019 Net book value | 2018 Net book value |
|---|---|---|---|---|
| Leasehold improvements | $ 1,057,614 | $ 713,949 | $ 343,665 | $ 389,605 |
| Furniture and fixtures | 362,897 | 279,947 | 82,950 | 80,818 |
| Office equipment | 227,683 | 159,228 | 68,455 | 63,546 |
| Computer | 416,786 | 344,155 | 72,631 | 66,409 |
| Software | 360,167 | 352,120 | 8,047 | 23,896 |
| | $ 2,425,147 | $ 1,849,399 | $ 575,748 | $ 624,274 |

## 7. Accounts Payable and Accrued Liabilities

Accounts payables and accrued liabilities include GST payable amounting to $28,837 (2018 - $56,920) as at February 28, 2019.

## 8. Capital Lease Obligation

The College is committed to pay an annual lease of $14,281 for office equipment under a lease agreement. The lease will expire in October 2023.

## 9. Deferred Revenue

Deferred revenue represents the subsequent year's pharmacy licenses and registration fees received prior to year end.

## 10. Deferred Contributions

Deferred contributions represent the unamortized amount of grants received for future operating activities and programs. The amortization of deferred contributions is recorded as revenue in the statement of revenue and expenses.

| | 2019 | 2018 |
|---|---|---|
| Balance, beginning of year | $ 170,711 | $ 180,948 |
| Grants received | - | 50,000 |
| Less amounts amortized to revenue | (100,237) | (60,237) |
| Balance, end of the year | $ 70,474 | $ 170,711 |

## 11. Municipal Pension Plan

The College and its employees contribute to the Municipal Pension Plan (a jointly trusteed pension plan) (the "Plan"). The Board of Trustees, representing Plan members and employers, is responsible for administering the Plan, including investment of assets and administration of benefits. The Plan is a multi-employer defined benefit pension plan. Basic pension benefits provided are based on a formula. As at December 31, 2017, the Plan has about 197,000 active members and approximately 95,000 retired members. Active members include approximately 39,000 contributors from local governments.

Every three years, an actuarial valuation is performed to assess the financial position of the Plan and adequacy of the funding. The actuary determines an appropriate combined employer and member contribution rate to fund the Plan. The actuary's calculated contribution rate is based on the entry-age normal cost method, which produces the long-term rate of member and employer contributions sufficient to provide benefits for average future entrants to the Plan. This rate may be adjusted for the amortization of any actuarial funding surplus and will be adjusted for the amortization of any unfunded actuarial liability.

The most recent valuation for the Municipal Pension Plan as of December 31, 2015, indicated a $2,224 million funding surplus for basic pension benefits on a going concern basis. As a result of the 2015 basic account actuarial valuation surplus and pursuant to the joint trustee agreement, $1,927 million was transferred to the rate stabilization account and $297 million of the surplus ensured the required contribution rates remained unchanged. The next valuation will be as at December 31, 2018, with results available later in 2019.

Employers participating in the Plan record their pension expense as the amount of employer contributions made during the fiscal year (defined contribution pension plan accounting). This is because the Plan records accrued liabilities and accrued assets for the Plan in aggregate, resulting in no consistent and reliable basis for allocating the obligation, assets and costs to individual employers participating in the Plan.

The College of Pharmacists of British Columbia paid $409,410 (2018 - $343,955) for employer contributions to the plan in fiscal 2019. These contributions have been recorded as expenses on the Statement of Operations.

## 12. Financial Instruments

The College's activities result in exposure to a variety of financial risks including risks related to credit, interest rate and liquidity risks. The risks that the College is exposed to this year are consistent with those identified in prior years.

### Interest Rate Risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The College is exposed to interest rate risk arising from the possibility that changes in interest rates will affect the value of its investments. Investments are all invested in guaranteed investment certificates.

### Credit Risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. Credit risk is the risk that the counterparty to the transaction will not pay. The College is not exposed to any credit risk arising as the receivable is from the Government.

The College is also exposed to credit risk arising from the possibility that that the financial institutions with which it maintains its cash balances and GIC's will default. However, The College believes that its exposure to credit risk in relation to cash is low, as all of its cash and GIC's are with reputable Canadian chartered financial institutions.

### Liquidity Risk

Liquidity risk is the risk that the College encounters difficulty in meeting its obligations associated with financial liabilities. Liquidity risk includes the risk that, as a results of operational liquidity requirements, the College will not have sufficient funds to settle a transaction on the due date, will be forced to sell financial assets at value, which is less than what they are worth, or may be unable to settle or recover a financial asset. Liquidity risk arises from accounts payable and accrued liabilities and is mitigated by the College's investment in GICs as disclosed in Note 2.

## 13. Commitments

The College is committed to a contract for IT maintenance services for 5 years, at a rate of $8,790 per month, ending February 28, 2023.

| Year | Amount |
|---|---|
| 2020 | $ 105,480 |
| 2021 | 105,480 |
| 2022 | 105,480 |
| 2023 | 105,480 |
| | $ 421,920 |

# COLLEGE OF PHARMACISTS OF BC

## FINAL REPORT TO THE BOARD OF DIRECTORS

For the year ended February 28, 2019

Dated June 12, 2019

Tel: 604 688 5421
Fax: 604 688 5132
www.bdo.ca

BDO Canada LLP
600 Cathedral Place
925 West Georgia Street
Vancouver BC V6C 3L2

June 12, 2019

Board of Directors
College of Pharmacists of British Columbia
#200-1765 W 8th Ave
Vancouver, BC
V6J 5C6

Dear Board of Directors:

We are pleased to present this report on the results of our audit of the financial statements of College of Pharmacists of British Columbia for the year ended February 28, 2019. The purpose of this report is to summarize certain aspects of the audit that we believe to be of interest to the Board of Directors and should be read in conjunction with the draft financial statements and our draft audit report which is included as Appendix A.

We would like to bring to your attention that our audit and therefore this report will not necessarily identify all matters that may be of interest to the Board of Directors in fulfilling its responsibilities.

This report has been prepared solely for the use of the Board of Directors and should not be distributed without our prior consent. Consequently, we accept no responsibility to a third party that uses this communication.

We wish to express our sincere appreciation for the co-operation we received during the audit from College of Pharmacists of British Columbia's management and staff who have assisted us in carrying out our work. We look forward to connecting with you to discuss the contents of this report and any other matters that you consider appropriate.

Yours truly,

Bill Cox, FCPA, FCA
Partner through a corporation
BDO Canada LLP
Chartered Professional Accountants

Paul Fripp, CPA, CA
Partner
BDO Canada LLP
Chartered Professional Accountants

# TABLE OF CONTENTS

# SUMMARY

## Status of the Audit

As of the date of this report, we have substantially completed our audit of the 2019 financial statements, subject to completion of the following items:

- Receipt of signed management representation letter
- Receipt of outstanding legal confirmations
- Subsequent events review through to financial statement approval date
- Approval of financial statements by those charged with governance.

We conducted our audit in accordance with Canadian generally accepted auditing standards. The objective of our audit was to obtain reasonable, not absolute, assurance about whether the financial statements are free from material misstatement. See Appendix A for our draft independent auditor's report.

The scope of the work performed was substantially the same as that described in our Planning Report to the Board of Directors dated April 3, 2019.

## Materiality

As communicated to you in our Planning Report to the Board of Directors, preliminary materiality was $190,000. Final materiality is updated to $197,000 from our preliminary assessment.

## Audit Findings

Our audit focused on the risks specific to your operations and key accounts. Our discussion points below focus on key areas of audit focus:

- Revenue Recognition
- Risk of Management Override
- Cash and Investments
- Staff Salaries

## Internal Control Matters

We are required to report to you in writing, any significant deficiencies in internal control that we have identified.

There were no control deficiencies were noted that, in our opinion, are of significant importance to discuss with those charged with governance.

## Independence

Our annual letter confirming our independence was previously provided to you. We know of no circumstances that would cause us to amend the previously provided letter. We confirm that we are still independent as of the date of this letter.

## Adjusted and Unadjusted Differences

There are no adjusted or unadjusted differences or disclosure omissions identified through the course of our audit engagement.

## Management Representations

During the course of our audit, management made certain representations to us. These representations were verbal or written and therefore explicit, or they were implied through the financial statements. Management provided representations in response to specific queries from us, as well as unsolicited representations. Such representations were part of the evidence gathered by us to be able to draw reasonable conclusions on which to base our audit opinion. These representations were documented by including them in the audit working papers, memoranda of discussions with management and written representations received from management.

A summary of the written representations we have requested from management is set out in the representation letter included in Appendix B to the report.

## Significant Audit Estimates

Management is responsible for determining College of Pharmacists of British Columbia's significant accounting policies. The choice between accounting policy alternatives can have a significant effect on the financial position and results of the organization. The application of those policies often involves significant estimates and judgments by management. Based on the audit work that we have performed, it is our opinion that the accounting policies and estimates in the financial statements are reasonable and the disclosures relating to accounting estimates are in accordance with Canadian accounting standards for not-for-profit organizations.

## Fraud Discussion

Through our planning process, and current and prior years' audits, we have developed an understanding of your oversight processes. We are not currently aware of any fraud affecting the entity, other than items previously reported or discussed.

If you are aware of changes to processes or are aware of any instances of actual, suspected or alleged fraud affecting the College since our discussions held at planning, we request that you provide us with this information.

Please refer to the Auditor's Responsibilities for Detecting Fraud in the Planning Report to the Board of Directors.

# AUDIT FINDINGS

As part of our ongoing communications with you, we are required to have a discussion on our views about significant qualitative aspects of the College's accounting practices, including accounting policies, accounting estimates and financial statement disclosures. In order to have a frank and open discussion, these matters can also be discussed verbally with you. A summary of the key discussion points are as follows:

## KEY AUDIT AREAS

As described in our Planning Report to the Board of Directors, the following key audit areas were identified based on our knowledge of the College of Pharmacists of British Columbia's operations, our past experience, and knowledge gained from management and the Board of Directors.

Revenue Recognition

| Key Audit Area | Approach | Results |
|---|---|---|
| There is a risk that revenue may be incorrectly deferred into future periods in order to reduce surplus, or recognized in the current year in order to reduce deficit. | Assess revenue recognition policies for consistency with professional standards, an analytical review and corroboration with other sources, and inquiries into new revenue and/or expense streams and performance of testing thereof.<br><br>Substantively test membership billings and payments to agree membership records to accounting records as well as reviewed journal entries and corroborate with other sources. | All audit testing in this area was executed as planned with no issues to be reported. |

## Management Override of Controls

| Key Audit Area | Approach | Results |
|---|---|---|
| Management is in a unique position to perpetrate fraud because of management's ability to directly or indirectly manipulate accounting records, and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.<br><br>This risk is required to be addressed for all audits pursuant to Canadian audit standards. | Tested the appropriateness of journal entries recorded in the general ledger, review key estimates and other adjustments made in the preparation of the financial statements. | All audit testing in this area was executed as planned with no issues to be reported. |

## Cash and Investments

| Key Audit Area | Approach | Results |
|---|---|---|
| Due to its nature, cash and investments are almost always considered to be a risk area in any audit. | Reviewed the year-end reconciliations and obtained third party confirmations.<br><br>Considered the risk of impairment over investments.<br><br>Review of reports on return and investment strategies. | All audit testing in this area was executed as planned with no issues to be reported. |

## Staff Salaries

| Key Audit Area | Approach | Results |
|---|---|---|
| A significant type of expenditures that covers many employees and departments. As a not-for-profit organization, this figure is often of particular interest to financial statement users (taxpayers). | Performed systems testing and tests of controls.<br><br>Performed substantive analytical procedures around staff salaries and benefits.<br><br>Reviewed the consistency and appropriateness of the allocations to segments. | All audit testing in this area was executed as planned with no issues to be reported. |

# INTERNAL CONTROL MATTERS

During the course of our audit, we performed the following procedures with respect to the College's internal control environment:

- Documented operating systems to assess the design and implementation of control activities that were determined to be relevant to the audit.
- Discussed and considered potential audit risks with management.

The results of these procedures were considered in determining the extent and nature of substantive audit testing required.

We are required to report to you in writing significant deficiencies in internal control that we have identified during the audit. A significant deficiency is defined as a deficiency or combination of deficiencies in internal control that, in the auditor's professional judgment, is of sufficient importance to merit the attention of those charged with governance.

As the purpose of the audit is for us to express an opinion on the College's financial statements, our audit cannot be expected to disclose all matters that may be of interest to you. As part of our work, we considered internal control relevant to the preparation of the financial statements such that we were able to design appropriate audit procedures. This work was not for the purpose of expressing an opinion on the effectiveness of internal control.

# OTHER REQUIRED COMMUNICATIONS

Professional standards require independent auditors to communicate with those charged with governance certain matters in relation to an audit. In addition to the points communicated within this letter, the table below summarizes these additional required communications.

| Required Communication | Audit Planning Presentation | Audit Results Presentation | Auditor Comments |
|---|---|---|---|
| 1. Our responsibilities under Canadian Auditing Standards (CAS) | ✓ | | Included in our engagement letter dated November 6, 2017 |
| 2. Our audit strategy and audit scope | ✓ | | Included in our Planning Report dated April 3, 2019 |
| 3. Fraud risk factors | ✓ | | Included in our Planning Report dated April 3, 2019 |
| 4. Going concern matters | | ✓ | None |
| 5. Significant estimates or judgments | | ✓ | See Page 5 |
| 6. Audit adjustments | | ✓ | None noted |
| 7. Unadjusted differences | | ✓ | None noted |
| 8. Omitted disclosures | | ✓ | None noted |
| 9. Disagreements with management | | ✓ | There were no disagreements with management |
| 10. Consultations with other accountants or experts | | ✓ | No external experts were consulted during this engagement |
| 11. Major issues discussed with management in regards to retention | | ✓ | None |
| 12. Significant difficulties encountered during the audit | | ✓ | No significant difficulties were encountered during our audit |

| Required Communication | Audit Planning Presentation | Audit Results Presentation | Auditor Comments |
|---|---|---|---|
| 13. Significant deficiencies in internal control | | ✓ | No significant deficiencies were noted |
| 14. Material written communication between BDO and management | | ✓ | No material written communications were noted |
| 15. Any relationships which may affect our independence | ✓ | ✓ | No independence issues to communicate |
| 16. Any illegal acts identified during the audit | | ✓ | No illegal activities identified through the audit process |
| 17. Any fraud or possible fraudulent acts identified during the audit | ✓ | ✓ | No fraud identified through the audit process |
| 18. Significant transactions with related parties not consistent with ordinary business operations | | ✓ | None noted |
| 19. Non-compliance with laws or regulations identified during the audit | | ✓ | No legal or regulatory non-compliance matters were noted as part of our audit |
| 20. Limitations of scope over our audit, if any | | ✓ | None |
| 21. Written representations made by management | | ✓ | See Appendix B |
| 22. Any modifications to our opinion, if required | | ✓ | Please see our draft independent auditor's report included in Appendix A |

# APPENDIX A: INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
College of Pharmacists of British Columbia

## Opinion

We have audited the financial statements of The College of Pharmacists of British Columbia, which comprise the Statement of Financial Position as at February 28, 2019, and the Statements of Operations, Changes in Net Assets and Cash Flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information.

In our opinion, the financial statements present fairly, in all material respects, the financial position of The College of Pharmacists of British as at February 28, 2019, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

## Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of this report. We are independent of The College of Pharmacists of British Columbia in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing The College of Pharmacists of British Columbia's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate The College of Pharmacists of British Columbia or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing The College of Pharmacist of British Columbia's financial reporting process.

## Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they

could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The College of Pharmacists of British Columbia's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on The College of Pharmacists of British Columbia's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause The College of Pharmacist of British Columbia to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants
Vancouver, British Columbia

[Board approval date]

# APPENDIX B: REPRESENTATION LETTER

[Board approval date]

BDO Canada LLP
600-925 West Georgia Street
Vancouver, BC
V6C 3L2

This representation letter is provided in connection with your audit of the financial statements of College of Pharmacists of British Columbia for the year ended February 28, 2019, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with Canadian accounting standards for not-for-profit organizations.

We confirm that to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

Financial Statements

- We have fulfilled our responsibilities, as set out in the terms of the audit engagement dated November 6, 2017, for the preparation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations; in particular, the financial statements are fairly presented in accordance therewith.
- Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
- Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of Canadian accounting standards for not-for-profit organizations.
- All events subsequent to the date of the financial statements and for which Canadian accounting standards for not-for-profit organizations require adjustment or disclosure have been adjusted or disclosed.
- The financial statements of the entity use appropriate accounting policies that have been properly disclosed and consistently applied.
- There are no uncorrected misstatements that would be material, individually or in the aggregate, to the financial statements as a whole.

Information Provided

- We have provided you with:
    - access to all information of which we are aware that is relevant to the preparation of the financial statements, such as records, documentation and other matters;
    - additional information that you have requested from us for the purpose of the audit; and
    - unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
- We are responsible for the design, implementation and maintenance of internal controls to prevent, detect and correct fraud and error, and have communicated to you all deficiencies in internal control of which we are aware.
- All transactions have been recorded in the accounting records and are reflected in the financial statements.
- We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- We have disclosed to you the identity of the entity's related parties and all the related party relationships and transactions of which we are aware.

Fraud and Error

- We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the entity and involves:
    - management;
    - employees who have significant roles in internal control; or
    - others where the fraud could have a material effect on the financial statements.
- We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators, or others.

Existence, Completeness and Valuation of Specific Financial Statement Balances

- All financial instruments have been appropriately recognized and measured in accordance with Canadian accounting standards for not-for-profit organizations.
- Significant assumptions used in arriving at the fair value of financial instruments are reasonable and appropriate in the circumstances.
- Where the value of any asset has been impaired, an appropriate provision has been made in the financial statements or has otherwise been disclosed to you.

General Representations

- The nature of all material uncertainties have been appropriately measure and disclosed in the financial statements, including all estimates where it is reasonably possible that the estimate will change in the near term and the effect of the change could be material to the financial statements.
- There were no direct contingencies or provisions (including those associated with guarantees or indemnification provisions), unusual contractual obligations nor any substantial commitments, whether oral or written, other than in the ordinary course of business, which would materially affect the financial statements.

Other Representations Where the Situation Exists

- We have informed you of all known actual or possible litigation and claims, whether or not they have been discussed with legal counsel. Since there are no actual, outstanding or possible litigation and claims, no disclosure is required in the financial statements.

Yours truly,

_____ _____

Signature Position

# APPENDIX C: MANAGEMENT LETTER

June 12, 2019

Mrs. Mary O'Callaghan
College of Pharmacists of British Columbia
1765 W 8th Ave #200,
Vancouver, BC V6J 5C6

Dear Mrs. O'Callaghan:

Re: Auditor's Management Letter

As your external auditors we are engaged to provide an audit opinion on your year-end financial statements. An external audit requires testing of transactions and balances and review of those internal control systems upon which we may place reliance. A positive opinion on the financial statements does not necessarily mean that your internal control systems are all operating effectively. This is because we review only those internal control systems where we feel that failure in those systems could result in a material error on the financial statements. With those systems that we do review, our focus is on the assertions necessary to meet our financial statement audit objectives.

Our review of systems, transactions and balances as well as discussions with staff at various levels throughout the College gives us a unique insight into your operations. While conducting this work we make note of items that come to our attention where we feel that improvement could be made or alternatives could be considered. We are fortunate in that we work with a great number of clients and observe a wide variety of processes. We see firsthand any procedures that are emerging as best practices.

We are required to report to you in writing, significant deficiencies in internal control that we have identified during the audit. A significant deficiency is defined as a deficiency or combination of deficiencies in internal control that, in the auditor's professional judgment, is of sufficient importance to merit the attention of those charged with governance.

As matters come to our attention we make note of these for subsequent follow-up. For minor matters, we discuss directly with the staff involved. More important matters are brought forward in this letter (known as a management letter).

It is always worth noting that we almost always come up with points for all clients. The existence of points does not mean that there are significant problems with your systems or staff. They are just recommendations to make good systems better.

## Prior Year Recommendations

### 1. Disaster recovery plan

We noted that the College does not have a disaster recovery plan. We recommended that the College should:

(1) Establish a priority processing plan based on the impact of the delay expected for equipment replacement.

(2) Investigate alternate facilities to provide sufficient processing time for critical applications.

(3) Perform periodic test operations at the alternate facility and document the contingency operating procedures.

(4) Provide for notification of equipment changes at the alternate facility and for updating the plan periodically.

2019 update:

Management has continued its discussions on this topic with the College's IT Managed Services Provider.

We received excellent cooperation from everyone at the College during the audit. We would like to thank you and all staff for their assistance during the audit process.

Please do not hesitate to contact us should you wish to further discuss any of the matters discussed in this letter.

Yours truly,

Bill Cox, FCPA, FCA
Partner through a corporation
BDO Canada LLP
Chartered Professional Accountants

Paul Fripp, CPA, CA
Partner
BDO Canada LLP
Chartered Professional Accountants

College of Pharmacists of British Columbia

# BOARD MEETING
# June 14, 2019

## 6. Practice Review Committee
## b) Practice Review Data Report & Registrant Feedback Survey Report

# INFORMATION ONLY

## Purpose

To present the Board with Practice Review Program ("PRP") data and registrant feedback for community and hospital pharmacy practice from the 2018-19 Fiscal Year.

## Background

The PRP is a comprehensive cyclical review of pharmacies and pharmacy professionals completed to ensure the standards of the College of Pharmacists of British Columbia ("CPBC") are met. The PRP was launched in 2015 based on the direction of the CPBC Board to replace previous pharmacy inspections and assessment programs for pharmacy professionals. The goal of this change was to develop an in-person, comprehensive and holistic review program that enhanced patient safety through collaboration between pharmacies, pharmacy professionals, and the CPBC while focusing on current standards of practice.

The PRP incorporates focus areas identified and approved by the Board as having the greatest impact on patient safety including patient identification verification, profile check, counselling, documentation, product distribution and collaboration.

It involves a 3-step process completed over a 2-3 month period which includes an online pre-review questionnaire, an on-site review, and post visit follow-up documentation. Throughout the process, Compliance Officers (COs) work with pharmacies and pharmacy professionals to educate and support them as needed, ultimately ensuring CPBC standards are understood and being met. Upon completion of the practice review, action items are assigned to pharmacies and pharmacy professionals to address areas of non-compliance. A 30-day time window is given to complete these action items which are reviewed and approved by COs. Once action items are completed, the pharmacy and pharmacy professionals will not be visited again until the next review cycle. Pharmacies and pharmacy professionals can be referred to the Inquiry Committee in instances where action items are not corrected and non-compliance is not addressed.

College of Pharmacists of British Columbia

# BOARD MEETING
# June 14, 2019

## Practice Review Data Report

The Practice Review Data Report ("the Report") includes information from community and hospital pharmacy practice reviews for the 2018-2019 Fiscal Year (March 1, 2018 to February 28, 2019). The Report identifies up to the top 5 non-compliance categories of each review type (pharmacy, pharmacist, and pharmacy technician).

The year-over-year comparison of results showed many similarities with the 2017-2018 and 2018-2019 year findings. This provides validation and reinforcement of the PRP's results by demonstrating that even with completely different pharmacies being reviewed for the first time in 2017-2018 and 2018-2019, the findings were still very similar. This has built confidence that the information gathered is indeed reflective of common non-compliance categories and non-compliance items in the field. This trend will continue to be monitored for any changes.

The information gathered through the report plays a crucial role in establishing a baseline view of the profession and helps with identifying trends and changes. In addition, this information has played a key role across CPBC departments. For example:

- COs were consulted for their on-site experience and asked about how they inspect for certain bylaw requirements by the Registration and Licensure department to ensure consistency with pre-opening inspections.
- PRP stats were used in presentations at the Canadian Association of Pharmacy Technicians and Pharmacy Technician Society of BC conferences.
- COs were members of the College's Working Group for Phase Two of the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaw Modernization initiative. The COs' unique perspective, by being able to inform the Working Group on what they are seeing in practice, helped to inform decision-making.
- The CPBC's B.C. Pharmacy Practice Manual Working Group consulted with COs regarding how the BC Pharmacy Practice Manual is used in pharmacies.
- PRP review reports are used to provide background information for investigations.
- Sterile compounding questions were added to pharmacy reviews to help raise awareness of upcoming adoption of the National Association of Pharmacy Regulatory Authority's Model Standards for Pharmacy Compounding of Hazardous and Non-Hazardous Sterile Preparations.

For the complete Practice Review Data Report, refer to Appendix 1.

College of Pharmacists of British Columbia

# BOARD MEETING
# June 14, 2019

## Registrant Feedback Survey Report

In order to evaluate and identify areas of future PRP development, pharmacy professionals are provided with the opportunity to provide feedback through the Practice Review Survey.

Once a practice review is complete pharmacy professionals involved in the review are invited to complete an optional and anonymous online survey to share their personal experience. For the 2018-2019 fiscal year, 31% of community and 25% of hospital pharmacy professionals completed the survey. Once collected, survey data is analyzed to provide aggregated results that include an overall rating score, overall impact rating, impact ranking and themed comments.

The 2018-2019 Practice Review Survey findings have been positive and beneficial in informing PRP development. Survey findings will continue to be monitored for trends and potential program implications. Despite feedback being predominantly positive from pharmacy professionals, it has been used to guide the development of pharmacy technician support tools and PRP Insight articles. These tools and articles have focused on key issues raised in the survey responses (e.g., preparing for a practice review, documentation, patient identification, medication error reporting, and hospital pharmacy manager frequently asked questions).

A key determinant in PRP program evaluation and development comes from those professionals who have undergone a review and who complete a Practice Review Survey. In addition to this formal input, COs obtain direct feedback at the time of review. Along with the above mentioned program changes, findings have informed bylaw and policy updates, opioid agonist treatment policies, and electronic record keeping updates. While responses to date are overwhelmingly positive, the PRP, now 2/3 through its first review cycle, will continue to request and review feedback to ensure timely and beneficial program development.

For the complete Registrant Feedback Survey Report, refer to Appendix 2.

| **Appendix** | |
|---|---|
| 1 | Practice Review Data Report |
| 2 | Registrant Feedback Survey Report |

College of Pharmacists of British Columbia

Practice Review Program

# Practice Review Data Report

2018-2019

# Table of Contents

# Executive Summary

Supporting the College of Pharmacists of British Columbia (CPBC) vision and mission as well as the provincial Health Professions Act quality assurance requirement, the Practice Review Program (PRP) was launched in 2015. The goal of the PRP is to ensure that British Columbians receive safe pharmaceutical care based on consistent implementation of legislated standards of practice. To support the goal of the PRP, pharmacies and pharmacy professionals in BC undergo practice reviews in a cyclical manner.

Compliance Officers (COs) work in collaboration with pharmacy professionals throughout the practice review process to ensure pharmacies and pharmacy professionals are in full compliance with the CPBC standards of practice. During the 2018-2019 fiscal year the PRP reviewed 287 community pharmacies and 21 hospital pharmacies, evaluated 333 inspection items in community pharmacies and 304 inspection items in hospital pharmacies, as well as completed professional reviews for 738 community pharmacists, 58 community pharmacy technicians, 118 hospital pharmacists, and 311 hospital pharmacy technicians. Upon review completion, all non-compliance items identified at the on-site visit were resolved. Pharmacies and pharmacy professionals were in full compliance with the standards of the CPBC.

Throughout the practice review process areas of non-compliance are identified, documented, and resolved. For program evaluation, development, and education purposes the 5 most frequent non-compliance categories for each area reviewed are identified. In cases when less than 5 non-compliance areas are noted, only the number identified are reported. Focusing on the most frequent areas of non-compliance, in addition to the in-person specific education provided throughout the review, the PRP is able to specifically target education materials and other program development initiatives.

Community pharmacy reviews identified inventory management, prescriptions, pharmacy manager responsibilities, security, and equipment/references as the top non compliant areas. The average number of non-compliance items identified per community pharmacy were 24.78 for 2018-2019, similar to the previous year's findings.

Top non-compliance categories identified in community pharmacist reviews were also consistent with last year's reporting: counselling, documentation, patient identification

verification, and PharmaNet. Community pharmacy technicians' reviews identified documentation, collaboration, product distribution, and patient identification verification as the top non-compliance categories.

Hospital pharmacy reviews identified sterile compounding, nursing unit inventory management, pharmacy manager responsibilities, ambulatory services, and equipment/references as the top non-compliance categories. These findings showed greater variance when compared to last year's findings. This may be attributed to the relatively small sample size (average of 22/year) of hospital pharmacies reviewed each year. In 2018-2019, the average number of non-compliance items identified per hospital pharmacy was 23.19.

Top non-compliance categories identified in hospital pharmacist reviews were counselling, patient identification verification, and documentation. Pharmacy technician reviews identified patient identification verification, documentation, collaboration, and product distribution as the top non-compliance categories.

A comparison of 2017-2018 and 2018-2019 identified many similarities, which validates and reinforces results by showing consistency between a range of pharmacies and pharmacy professionals undergoing review. We are confident that the findings are reflective of common non-compliance categories and non-compliance items in the field.

Overall results of practice reviews have been positive, with average compliance percentages of 93% for community and 92% for hospital pharmacies before any corrective action items are completed. The PRP will continue to monitor and review data collected while completing the current cycle of practice reviews to establish a baseline set of data. The data that is collected is used to identify areas where pharmacy professionals may need additional support or education in order to be compliant with bylaws in the interest of public safety. In addition, PRP data and CO expertise is used internally to provide background information for various projects and investigations across different departments. This helps CPBC departments better understand what is happening at pharmacies across the province in order to better promote the mandate of the College and ensure public safety while staying in tune with pharmacy professionals.

# Introduction

The Practice Review Program (PRP) is a comprehensive cyclical review of pharmacies and pharmacy professionals completed to ensure the standards of the College of Pharmacists of British Columbia (CPBC) are met. The PRP directly supports the CPBC vision of *better health through excellence in pharmacy,* as well as the mission of *regulating the pharmacy profession in the public interest by setting and enforcing standards and promoting best practices for the delivery of pharmacy care in British Columbia.* In addition, the provincial Health Professions Act requires that health regulators have quality assurance requirements in place. The PRP meets this requirement through assessment of professional practice. This report is a compilation and analysis of data collected from practice reviews for the fiscal year 2018-2019.

# Background

The practice review process consists of three components (Figure 1) and is completed over a 2-3 month period. The first component involves a pre-review which includes collaborating with pharmacy managers to determine scheduling of the on-site review followed by an email confirmation and access to the online pre-review questionnaire including supporting online educational tools. The educational tools are available for access on the CPBC website. Follow up phone calls are made to pharmacy managers by PRP staff to confirm dates, address any potential concerns, and reinforce the collaborative nature of the review. The pre-review is available online to all pharmacy managers. The pre-review questionnaire is expected to take approximately 2-3 hours. The time spent completing this questionnaire is eligible for pharmacy professionals' non-accredited continuing education annual requirements. The first component of the review is complete once the pre-review online questionnaire is complete and submitted.

The second component of the practice review is comprised of an in-person review by a CPBC compliance officer (CO). This review includes evaluation of over 300 unique, unweighted items and processes that directly relate to CPBC standards of practice (Appendix A). During the on-site review, pharmacy professionals are observed performing day-to-day pharmacy activities

including patient interactions. Pharmacist reviews focus on patient identification verification, profile check, counselling, and documentation. Pharmacy technician reviews focus on patient identification verification, product distribution, collaboration, and documentation. The review of the pharmacy site takes approximately 6 hours to complete while each professional review takes 2-3 hours. During the on-site review, the goal of the CO is to work collaboratively with professionals, ensuring minimal disruption to the regular business of the pharmacy while enhancing the bilateral sharing of knowledge.

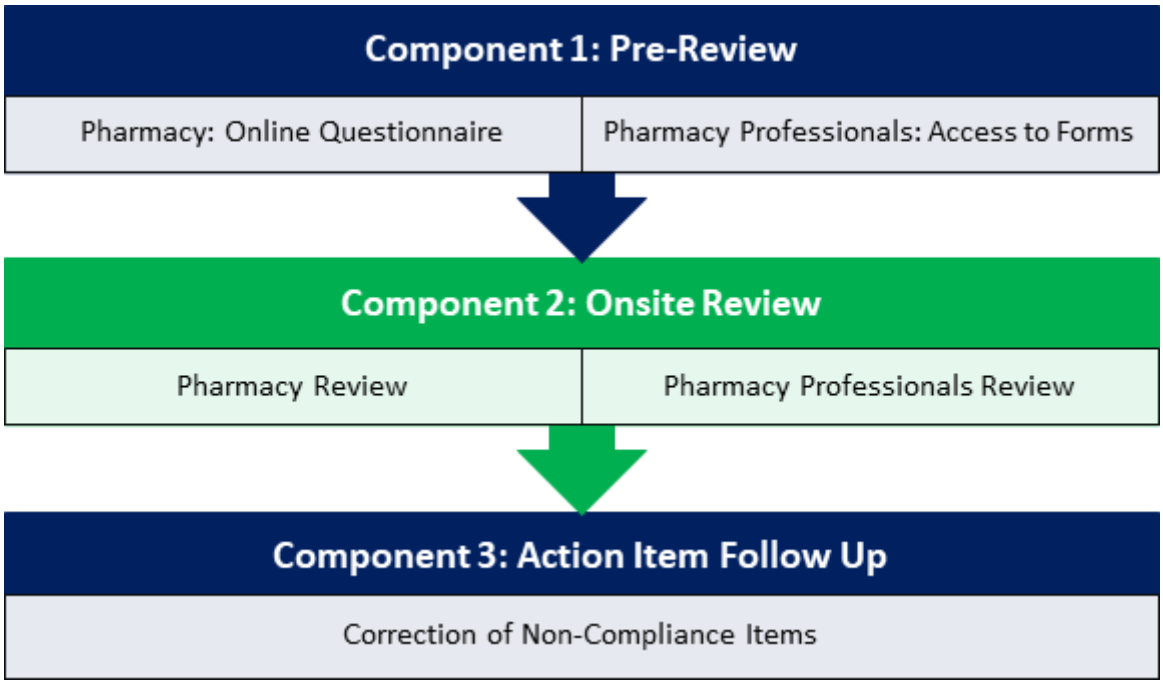
At the end of the on-site visit pharmacy managers and pharmacy professionals are provided with a verbal report followed by a written report; both outlining any identified action items. Action items are areas of non-compliance that are assigned to pharmacies or pharmacy professionals. By discussing in person then reinforcing in writing, pharmacy managers and pharmacy professionals are given the opportunity to ask COs questions about their action items: why something is an issue and how it can be corrected. Through this added level of reinforcement, pharmacy professionals are able to enter their 30 day action item completion period with a clear sense of what needs to be done and why.

For the third component, community pharmacy professionals complete action items through an online action item portal, while hospital pharmacy professionals complete action items on a customized Excel spreadsheet that is returned to their CO by email. This is due to differences in data collection methods between the two types of practice review. Planning is underway to migrate hospital practice reviews to the PRP application system as we continue to assess the technical feasibility of this project. Once action items are complete the review is closed, noting that those reviewed are in full compliance with the standards of practice of the CPBC. A pharmacy or pharmacy professional can be referred to the Inquiry Committee in cases where action items are not corrected, and non-compliance is not addressed. For the fiscal year 2018-2019, no referrals were made to the Inquiry Committee.

All pharmacies and pharmacy professionals in BC will undergo a practice review on a cyclical basis. The current plan is to review pharmacies approximately every 6 years. In cases where concerns are identified reviews may be undertaken more frequently. The cyclical nature

of practice reviews ensures that all 1400+ pharmacies and 6200+ pharmacy professionals in BC are reviewed and in adherence to the CPBC standards of practice on a regular basis.

**Figure 1: Components of a Practice Review**




# Data Collection

## Site Selection and Statistics

Community pharmacies selected for practice reviews were identified and classified as either cycle-based or risk-based. Hospital pharmacies selected for practice reviews were only selected in a cycle-based manner due to a lack of available risk data.

Pharmacies identified as cycle-based were chosen and prioritized by last date of inspection, with pharmacies that had not been visited for a long period of time taking priority. Pharmacies identified as risk-based were selected and prioritized based on referrals from the CPBC Complaints department and also selected based on new pharmacies that had not been reviewed since their pre-opening inspection report was submitted. Figure 2 and 3 provide community and hospital pharmacy site statistics for the fiscal year 2018-2019.

**Figure 2: 2018-2019 Community Pharmacy Site Statistics**

| Site Type | District 1 | District 2 | District 3 | District 4 | District 5 | Total |
|---|---|---|---|---|---|---|
| **Cycle-Based** | 50 | 67 | 38 | 23 | 17 | **195** |
| **Risk-Based (Complaints)** | 28 | 22 | 12 | 12 | 3 | **77** |
| **Risk-Based (New Openings – no review since pre-opening)** | 0 | 0 | 1 | 13 | 1 | **15** |
| **Totals** | **78** | **89** | **51** | **48** | **21** | **287** |

***District 1*** *- Metro Vancouver,* ***District 2*** *- Fraser Valley,* ***District 3*** *- Vancouver Island/Coastal,* ***District 4*** *- Kootenay/Okanagan,* ***District 5*** *- Northern BC*

**Figure 3: 2018-2019 Hospital Pharmacy Site Statistics**

| | District 6 | District 7 |
|---|---|---|
| **Hospital Pharmacies Reviewed** | 10 | 11 |
| **Total** | | **21** |

***District 6*** *– Urban Hospitals,* ***District 7*** *– Community Hospitals*

## Communication and Pre-Review

Selected community pharmacies were notified via email at least 1 month prior to the scheduled review date. Hospital pharmacies were notified via email at least 2 months 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 the practice at their pharmacy and their own practice to the legislation, standards, and expectations for all pharmacies and pharmacy professionals in British Columbia.

Pharmacy professionals were also provided with a number of resources to help them prepare for their pharmacy professionals review. This included emailed instructions, pharmacy professional review forms available online, an online FAQ, PRP support tools for community pharmacy professionals, and direct support available from PRP staff for pharmacy professionals.

## Pharmacy Review

Community pharmacies were evaluated based on 10 mandatory categories, and two non-mandatory categories for sites that provide methadone maintenance treatment and/or specialty compounding. Additionally, a minimum of 300 prescriptions over a range of dates were reviewed at each site as part of the evaluation for the prescriptions category. Figure 4 below illustrates community pharmacy review item categories and counts.

**Figure 4: Community Pharmacy Review Categories and Item Counts**

| CATEGORY | # ITEMS |
|---|---|
| External to Dispensary | 20 |
| Dispensary | 7 |
| Security | 22 |
| Equipment & References | 39 |
| Prescriptions | 64 |
| Confidentiality | 15 |
| Inventory Management | 40 |
| Dispensed Products | 17 |
| Documentation | 44 |
| Pharmacy Manager Responsibilities | 37 |
| ***Methadone**** | 26 |
| ***Compounding**** | 22 |
| **Total** | **333** |

**Optional categories that would only be reviewed for Methadone Maintenance Treatment providers and specialty compounding providers respectively.*

Hospital pharmacies were evaluated based on 11 mandatory categories and 5 non-mandatory categories, the latter to be reviewed only if the service is provided at the hospital pharmacy. Figure 5 below illustrates hospital pharmacy review item categories and counts.

**Figure 5: Hospital Pharmacy Review Categories and Item Counts**

| CATEGORY | # ITEMS |
|---|---|
| Pharmacy Security | 4 |
| Equipment & References | 9 |
| Drug Orders | 10 |
| Confidentiality | 10 |
| Inventory Management – Pharmacy | 9 |
| Inventory Management – Nursing Units | 20 |
| Narcotics and Controlled Drug Substances | 31 |
| Dispensed Products | 36 |
| Patient Records / Documentation | 12 |
| After Hours Services | 6 |
| Pharmacy Manager Responsibilities | 52 |
| ***Non-sterile Compounding**** † | 21 |
| ***Bulk Packaging**** | 24 |
| ***Residential Care**** | 6 |
| ***Sterile Compounding**** | 17 |
| ***Ambulatory / Outpatient Services**** | 41 |
| **Total** | **304** |

**Optional categories that would only be reviewed for Hospital Pharmacies that offer these services*

†*Non-sterile compounding category no longer used as of July 27, 2018*

Each category is comprised of numerous items; overall, there were up to 333 items reviewed in community pharmacies and up to 304 items in hospital pharmacies. Full review criteria forms for practice reviews can be found in Appendix A.

# Pharmacy Professionals Review

Pharmacy professionals (pharmacists and pharmacy technicians) were observed performing regular pharmacy duties including patient interactions and evaluated based on the categories below. Figures 6 to 8 highlight key community pharmacy professional review statistics while figures 9 to 11 highlight key hospital pharmacy professional review statistics.

### Figure 6: 2018-2019 Community Pharmacy Professional Review Statistics

| | |
|---|---|
| **Pharmacists** | **738** |
| **Pharmacy Technicians** | **58** |

### Figure 7: Community Pharmacist Review Categories and Item Counts

| CATEGORY | # ITEMS |
|---|---|
| Patient Identification Verification | 6 |
| PharmaNet Profile Check | 17 |
| Counselling | 28 |
| Documentation | 34 |
| **Total** | **85** |

### Figure 8: Community Pharmacy Technician Review Categories and Item Counts

| CATEGORY | # ITEMS |
|---|---|
| Patient Identification Verification | 6 |
| Product Distribution | 33 |
| Collaboration | 24 |
| Documentation | 15 |
| **Total** | **78** |

### Figure 9: 2018-2019 Hospital Pharmacy Professional Review Statistics

| | |
|---|---|
| **Pharmacists** | **118** |
| **Pharmacy Technicians** | **311** |

**Figure 10: Hospital Pharmacist Review Categories and Item Counts**

| CATEGORY | # ITEMS |
|---|---|
| Patient Identification Verification | 3 |
| Profile Check | 22 |
| Counselling | 15 |
| Documentation | 17 |
| **Total** | **57** |

**Figure 11: Hospital Pharmacy Technician Review Categories and Item Counts**

| CATEGORY | # ITEMS |
|---|---|
| Patient Identification Verification | 3 |
| Product Distribution | 46 |
| Collaboration | 4 |
| Documentation | 8 |
| **Total** | **61** |

There are four categories (focus areas) in every Pharmacy Professionals Review which include a varying number of items as shown in the figures above.

# Data Analysis

When reviewing the results in this report, it is important to recognize that results collected via different data collection methods are **not** directly comparable due to differences in the way non-compliance items are counted for each collection method. For example, results collected via the PRP computer application (community practice review results) are not directly comparable with data collected via manual Excel methods (hospital practice review results).

This report will identify up to the top 5 non-compliance categories of each review type (pharmacy, pharmacist, and pharmacy technician), and list them in order of frequency from largest to smallest. In cases where fewer than 5 non-compliance categories were found in a review type, we will see less than 5 non-compliance categories listed in that section. Top non-

compliance categories for both 2017-2018 and 2018-2019 will be presented in order to allow for a year-over-year visual comparison of results.

Within each non-compliance category, up to the top 5 non-compliance items in that category will be listed in order of frequency from largest to smallest. In cases where fewer than 5 non-compliance items were found in a non-compliance category, we will see less than 5 non-compliance items listed in that section.

# Findings

## Community Pharmacy Review

*Note: All results are arranged in order of frequency from **largest to smallest**.*

## Top Non-Compliance Item Categories – Community Pharmacy Review

Data from the 2017-2018 and 2018-2019 fiscal years showed very similar non-compliance findings year-over-year, both in terms of non-compliance categories and also average non-compliance counts. For 2018-2019, we saw the security category make its way into the top 5 non-compliance categories list. This may have been due to new security bylaws coming into force and being incorporated into practice reviews for only part of the 2017-2018 fiscal year, compared to these bylaws being in place for the full 2018-2019 fiscal year.

Along with the top 5 non-compliance category results shown below, a year-over-year comparison of results can be found in Appendix B.

**N = 333 items reviewed (2018-2019)**

| 2017-2018 | 2018-2019 |
|---|---|
| 1. Prescriptions | 1. Inventory Management |
| 2. Inventory Management | 2. Prescriptions |
| 3. Pharmacy Manager Responsibilities | 3. Pharmacy Manager Responsibilities |
| 4. Equipment and References | 4. Security |
| 5. External to Dispensary | 5. Equipment and References |

**N = 333 items reviewed (2018-2019)**

| Average Non-Compliance Items per Community Pharmacy | |
|---|---|
| **2017 - 2018** | **2018-2019** |
| **24.99 (7.0%)** | **24.78 (7.4%)** |

## Inventory Management

The top 5 non-compliance items for 2018-2019 within the inventory management category revolved around expired products being found in a dispensary, and narcotic count procedures and documentation.

**N = 39 items reviewed (2018-2019)**

| 2018 – 2019 | |
|---|---|
| **Rank 1** | 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. |
| **2** | Any loss or theft of Targeted Substances must be reported to the federal Minister of Health within ten days of discovery with a copy of the report forwarded to the College. |
| **3** | Missing date and signature of the **person(s) who completed** narcotic count. |
| **4** | Missing date and signature of the **responsible pharmacist** when conducting narcotic counts. |
| **5** | Forward to the College a copy of any report sent to the appropriate office at Health Canada. |

# Prescriptions

The top 5 non-compliance items for 2018-2019 within the prescriptions category revolved around fax prescription requirements, emergency refills, and missing documentation on prescription hard copies.

**N = 64 items reviewed (2018-2019)**

| 2018 – 2019 | |
|---|---|
| **Rank 1** | Missing name and/or fax number of the pharmacy intended to receive the transmission. |
| **2** | Pharmacists must document in the client's record any emergency refill of the prescription, the rationale for the decision, and any appropriate follow-up plan. |
| **3** | The written confirmation of the registrant who verified the patient **allergy information** is missing on a prescription hard copy. |
| **4** | The written confirmation of the registrant who verified the **patient identification** is missing on a prescription hard copy. |
| **5** | The written confirmation of the registrant who **performed the consultation** is missing on a prescription hard copy. |

# Pharmacy Manager Responsibilities

The top 5 non-compliance items for 2018-2019 within the pharmacy manager responsibilities category revolved around establishing policies and procedures, developing quality management programs, and having all required pharmacy reference material.

**N = 37 items reviewed (2018-2019)**

| 2018 – 2019 | |
|---|---|
| **Rank 1** | Procedures were not established for (i) inventory management, (ii) product selection, and (iii) proper destruction of unusable drugs and devices. |
| **2** | An ongoing quality management program that monitors staff performance, equipment, facilities and adherence to the Community Pharmacy Standards of Practice has not been developed. |
| **3** | Policies and procedures were not established to specify the duties to be performed by pharmacy professionals and support persons. |
| **4** | Ensure that all steps in the drug recall procedure are documented, if the procedure is initiated. |
| **5** | Ensure the pharmacy contains the reference material and equipment approved by the board from time to time. |

# Security

The top 5 non-compliance items for 2018-2019 within the security category revolved around having and using secure storage (i.e. metal safe, physical barriers), having required signage, and the security camera system.

**N = 22 items reviewed (2018-2019) *New to top 5 list for 2018-2019**

| 2018 – 2019 | |
|---|---|
| **Rank 1** | Schedule IA drugs were not kept in a locked metal safe. |
| **2** | A community pharmacy must clearly display at all external entrances that identify the premises as a pharmacy, and at the dispensary counter signage provided by the College. |
| **3** | Security camera system does not have date/time stamp images that are archived and available for no less than 30 days. |
| **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. |
| **5** | Some schedule I and II drugs, controlled drug substances or personal health information, were not secured by physical barriers. |

# Equipment and References

The top 5 non-compliance items for 2018-2019 within the equipment and references category revolved around refrigerator temperature monitoring, possessing a veterinary reference, and missing required equipment.

**N = 39 items reviewed (2018-2019)**

| 2018 – 2019 | |
|---|---|
| **Rank 1** | At the start and end of each work day, record the minimum and maximum temperatures reached since the last monitoring, on the Temperature Form |
| **2** | The dispensary of all community pharmacies at a minimum must have the equipment outlined as per PODSA Bylaw (3)(2)(w): The pharmacy was missing **stirring rods** (glass or plastic). |
| **3** | The pharmacy does not have a current reference applicable to veterinary drugs though it does dispense drugs for veterinary use. |
| **4** | The dispensary of all community pharmacies at a minimum must have the equipment outlined as per PODSA Bylaw (3)(2)(w): The pharmacy was missing **funnels** (glass or plastic). |
| **5** | 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. |

# Community Pharmacy Professionals Review

*Note: All results are arranged in order of frequency from **largest to smallest**.*

## Top Non-Compliance Item Categories – Community Pharmacist Review

A year-over-year comparison of 2017-2018 and 2018-2019 fiscal year data showed the top non-compliance categories ranking in the Community Pharmacist Review remained exactly the same.

Along with the top non-compliance category results shown below, a year-over-year comparison of results can be found in Appendix C.

**N = 85 items reviewed (2018-2019)**

| 2017 - 2018 | 2018 - 2019 |
|---|---|
| 1. Counselling | 1. Counselling |
| 2. Documentation | 2. Documentation |
| 3. Patient Identification Verification | 3. Patient Identification Verification |
| 4. PharmaNet | 4. PharmaNet |

## Counselling

The top 5 non-compliance items for 2018-2019 within the counselling category revolved around missing required counselling points and failure to provide prescription counselling.

**N = 28 items reviewed (2018-2019)**

| 2018 – 2019 | |
|---|---|
| **Rank 1** | The pharmacist/patient consultation for a NEW prescription did not include action to be taken in the event of a **missed dose**. |
| **2** | The pharmacist/patient consultation for a REFILL prescription did not include the **strength** of the drug. |
| **3** | The pharmacist did not provide patient consultation for a schedule 1 prescription. |
| **4** | The pharmacist/patient consultation for a REFILL prescription did not include the **purpose** of the drug. |
| **5** | The pharmacist/patient consultation for a REFILL prescription did not include the **directions for use** of the drug including frequency and duration. |

# Documentation

The top 5 non-compliance items for 2018-2019 within the documentation category revolved around missing documentation after performing an activity that requires documentation.

**N = 34 items reviewed (2018-2019)**

| 2018 – 2019 | |
|---|---|
| **Rank 1** | The pharmacist verified **patient identification** but did not include his/her written confirmation for doing so on the prescription hardcopy. |
| **2** | The pharmacist verified patient **allergy information** but did not include his/her written confirmation for doing so on the prescription hardcopy. |
| **3** | The pharmacist performed counselling but did not include his/her written confirmation for doing so on the prescription hardcopy. |
| **4** | Unable to tell whether counselling occurred or refused by patient because pharmacist did not self-identify for that on the prescription. |
| **5** | The pharmacist reviewed PHI on PNET but did not self-identify for doing that on prescription. |

# Patient Identification Verification

The three non-compliance items for 2018-2019 within the patient identification verification category revolved around not viewing ID from an unknown patient or not taking reasonable steps to confirm a patient's identity before providing pharmacy services.

**N = 6 items reviewed (2018-2019)**

| 2018 – 2019 | |
|---|---|
| **Rank 1** | The registrant did not view any ID from an unknown patient. |
| **2** | The registrant viewed only 1 piece of secondary ID from an unknown patient. |
| **3** | The registrant did not take reasonable steps to confirm the identity of a patient before providing pharmacy service that concerns a patient's PHI. |

# PharmaNet

The four non-compliance items for 2018-2019 within the PharmaNet category revolved around not reviewing a patient's PharmaNet profile prior to dispensing a drug, and not reviewing a patient's local profile.

**N = 17 items reviewed (2018-2019)**

| 2018 – 2019 | |
|---|---|
| **Rank 1** | The pharmacist did not review the patient's personal health information stored on the PharmaNet database before dispensing a drug. |
| **2** | The pharmacist did not review a patient's local patient profile for **drug therapy problems**. |
| **3** | The pharmacist did not review a patient's local patient profile for **other potential problems**. |
| **4** | The pharmacist did not review a patient's local patient profile for **therapeutic duplications**. |

# Top Non-Compliance Item Categories – Community Pharmacy Technician Review

Data from the 2017-2018 and 2018-2019 fiscal years showed very similar non-compliance findings year-over-year for the Community Pharmacy Technician Review. In the 2017-2018 fiscal year, up to 6 focus areas were part of the Community Pharmacy Technician Review, whereas in the 2018-2019 fiscal year there were only 4 applicable focus areas. This was due to new pharmacy technician focus areas (collaboration and product distribution) being introduced in January 2018. Prior to this, both pharmacists and pharmacy technicians were evaluated using the same focus area categories (patient ID verification, PharmaNet profile check, counselling, and documentation) but tailored to their differing scopes of practice. Counselling and PharmaNet profile check focus areas were removed from pharmacy technician reviews as of January 2018 and replaced by collaboration and product distribution for the remainder of the fiscal year and onwards. Along with the top non-compliance category results shown below, a year-over-year comparison of results can be found in Appendix D.

**N = 78 items reviewed (2018-2019)**

| 2017 – 2018 | 2018 - 2019 |
|---|---|
| 1. Documentation | 1. Documentation |
| 2. Product Distribution | 2. Collaboration |
| 3. Collaboration | 3. Product Distribution |
| 4. Counselling | 4. Patient Identification Verification |
| 5. Patient Identification Verification | |

# Documentation

The top 5 non-compliance items for 2018-2019 within the documentation category revolved around missing documentation after performing activities that require documentation.

**N = 15 items reviewed (2018-2019)**

| 2018 – 2019 | |
|---|---|
| **Rank 1** | The pharmacy technician verified **patient identification** but did not include his/her written confirmation for doing so on the prescription hardcopy. |
| **2** | The pharmacy technician verified patient **allergy information** but did not include his/her written confirmation for doing so on the prescription hardcopy. |
| **3** | Unable to tell whether patient **allergy information** was verified or not because the pharmacy technician did not self-identify for that on the prescription. |
| **4** | Unable to tell whether **patient identification** was verified or not because the pharmacy technician did not self-identify for that on the prescription. |
| **5** | The pharmacy technician did not include his/her written confirmation for **preparation** of the prescription. |

# Collaboration

The four non-compliance items for 2018-2019 within the collaboration category revolved around missing identification of one's registrant class during interactions with patients and practitioners, as well as performing tasks outside of a pharmacy technician's scope of practice.

**N = 24 items reviewed (2018-2019)**

| 2018 – 2019 | |
|---|---|
| **Rank 1** | The pharmacy technician did not identify his or her registrant class in an interaction with a **patient**. |
| **2** | The pharmacy technician did not identify his or her registrant class in an interaction with a **practitioner**. |
| **3** | The pharmacy technician performed a task described in (i) sections 6(5): **Clinical**. |
| **4** | The pharmacy technician performed a task described in (i) sections 12: **Counselling a Prescription**. |

# Product Distribution

The top 5 non-compliance items for 2018-2019 within the product distribution category revolved around the failure to perform certain required tasks during the preparation of a prescription product and its final check.

**N = 33 items reviewed (2018-2019)**

| 2018 – 2019 | |
|---|---|
| **Rank 1** | The pharmacy technician **performing the final check** of a prepared prescription did not ensure that: a **pharmacist has completed a clinical assessment** of the prescription after reviewing the patient profile. |
| **2** | The pharmacy technician **performing the final check** of a prepared prescription did not ensure that: the **drug has not expired**. |
| **3** | The pharmacy technician, when **preparing a prescription** product did not ensure that the d**rug will not expire** within the duration of use. |
| **4** | The pharmacy technician, when **preparing a prescription** product, did not ensure that the prescription **product label matches** the manufacturer's label with respect to the **drug**. |
| **5** | The pharmacy technician, when **preparing a prescription** product, did not ensure that the prescription **product label matches** the manufacturer's label with respect to **strength**. |

# Patient Identification Verification

The one non-compliance item for 2018-2019 within the patient identification verification category revolved around the failure to positively identify a patient who was not known to the pharmacy professional.

**N = 6 items reviewed (2018-2019)**

| 2018 – 2019 | |
|---|---|
| **Rank 1** | The registrant did not positively identify a patient who is not known to him/her. |

# Hospital Pharmacy Review

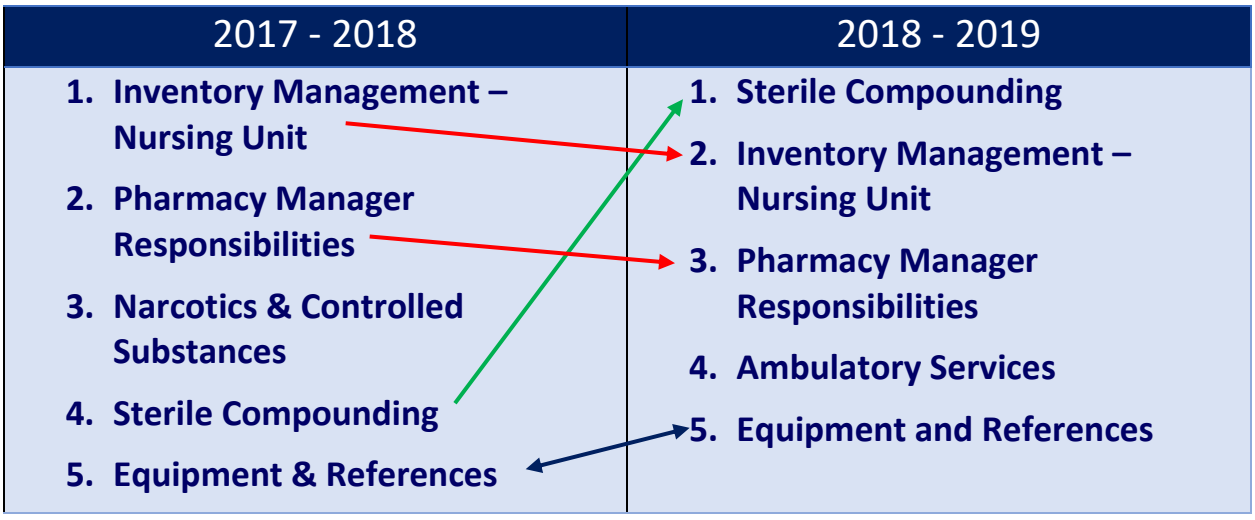
*Note: All results are arranged in order of frequency from **largest to smallest**.*

## Top Non-Compliance Item Categories – Hospital Pharmacy Review

Data from the 2017-2018 and 2018-2019 fiscal years showed very similar non-compliance findings year-over-year, both in terms of non-compliance categories and also average non-compliance counts. We do however see greater movement in the top 5 non-compliance categories compared to community pharmacies. In addition, ambulatory services also moved into the top 5 list as a new addition this year. One potential reason for this increased variability may be due to the smaller number of hospital pharmacies reviewed compared to community pharmacies (21 hospital pharmacies vs 287 community pharmacies). A smaller sample size of data can be more prone to variability in results. Due to the size of and number of pharmacy professionals who work at hospital pharmacy sites, it often takes months to review a hospital pharmacy site compared to days for community pharmacy sites.

Along with the top 5 non-compliance category results shown below, a year-over-year comparison of results can be found in Appendix E.

**N = 304 items reviewed (2018-2019)**



**N = 304 items reviewed (2018-2019)**

| Average Non-Compliance Items per Hospital Pharmacy | |
|---|---|
| **2017 - 2018** | **2018-2019** |
| **18.30 (6.5%)** | **23.19 (7.6%)** |

## Sterile Compounding

The top 5 non-compliance items for 2018-2019 within the sterile compounding category revolved around the use and maintenance of the sterile compounding environment, and not performing required activities in the ante-area.

**N = 17 items reviewed (2018-2019)**

| 2018 - 2019 | |
|---|---|
| **Rank 1** | The anteroom did not maintain an ISO Class 8 environment for non-hazardous drug compounding and ISO Class 7 environment for hazardous drug compounding. |
| **2** | Sterile products were not prepared and distributed in an environment that is in accordance with (a) the Canadian Society of Hospital Pharmacists' Guidelines for Preparation of Sterile Products in Pharmacies, (b) the USP Pharmaceutical Compounding – Sterile Products Guidelines, and (c) such other published standards approved by the board from time to time. |
| **3** | A demarcation line is not present, which is a visible line on the floor that separates the compounding room into areas for different purposes. |
| **4** | Hazardous and non-hazardous drug compounding took place in the same area. |
| **5** | Personnel hand hygiene and garbing procedures, staging of components, order entry, CSP labelling, and other high-particulate-generating activities were not performed in the ante-area. |

# Inventory Management – Nursing Unit

The top 5 non-compliance items for 2018-2019 within the nursing unit inventory management category revolved around security and storage of medications, refrigerator temperature monitoring, and food/beverage storage in medication refrigerators.

**N = 20 items reviewed (2018-2019)**

| 2018 - 2019 | |
|---|---|
| **Rank** | |
| **1** | 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 was not ensured. |
| **2** | The current, minimum and maximum refrigerator temperatures were not consistently recorded at the start and end of each work day on a nursing unit. |
| **3** | 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 was not used. |
| **4** | Drugs on the nursing unit were not protected from contamination. |
| **5** | Food and/or beverages were found in medication refrigerators on a nursing unit. |

# Pharmacy Manager Responsibilities

The top 5 non-compliance items for 2018-2019 within the pharmacy manager responsibilities category revolved around appropriate name badges not being worn by pharmacy staff, failure to develop required quality management programs, security and storage of medications, and inadequate documentation of the receipt of controlled substances.

**N = 52 items reviewed (2018-2019)**

| 2018 - 2019 | |
|---|---|
| **Rank 1** | The hospital pharmacy manager did not ensure that each individual working in the pharmacy wears a badge that clearly identifies the individual's registrant class or other status. |
| **2** | The hospital pharmacy manager did not develop, document and implement an ongoing quality management program that **maintains and enforces policies and procedures to comply with all legislation** applicable to the operation of a hospital pharmacy. |
| **3** | The hospital pharmacy manager did not develop, document and implement an ongoing quality management program that **monitors staff performance, equipment, facilities and adherence to the Hospital Pharmacy Standards of Practice.** |
| **4** | The hospital pharmacy manager did not 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. |
| **5** | The hospital pharmacy manager did not ensure that all records related to the purchase and receipt of controlled drug substances are signed by a full pharmacist. |

# Ambulatory Services

The top 5 non-compliance items for 2018-2019 within the ambulatory services category revolved around missing prescription requirements, failure to counsel on a prescription, and missing label requirements.

**N = 41 items reviewed (2018-2019) **New to top 5 list for 2018-2019***

| 2018 – 2019 | |
|---|---|
| **Rank 1** | An outpatient prescription did not include the **identification number from the practitioner's regulatory college** at the time of dispensing. |
| **2** | A full pharmacist did not 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. |
| **3** | Drugs dispensed to staff, outpatients or the general public from a hospital pharmacy or hospital pharmacy satellite were not labelled and dispensed according to the Community Pharmacy Standards of Practice. |
| **4** | An outpatient prescription did not include the **full address of the patient**, including postal code at the time of dispensing. |
| **5** | An outpatient prescription did not include **written confirmation of the registrant who performed the consultation** at the time of dispensing. |

# Equipment and References

The top 5 non-compliance items for 2018-2019 within the equipment and references category revolved around being inadequately equipped to perform pharmacy tasks and refrigerator requirements including temperature monitoring.

**N = 9 items reviewed (2018-2019)**

| 2018 - 2019 | |
|---|---|
| **Rank 1** | The hospital pharmacy or hospital pharmacy satellite was not adequately equipped to provide safe and proper medication compounding, dispensing and/or preparation of medication orders, and for the provision of patient-oriented and administrative pharmacy services. |
| **2** | The current, minimum and maximum refrigerator temperatures were not consistently recorded at the start and end of each work day in the pharmacy. |
| **3** | 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 was not used. |
| **4** | The pharmacy refrigerator temperature was not maintained between +2°C to +8°C. |
| **5** | Standard bar fridges (small volume combination fridge/freezer with one exterior door) were used to store vaccines or biologicals in the pharmacy. |

# Hospital Pharmacy Professionals Review

*Note: All results are arranged in order of frequency from **largest to smallest**.*

# Top Non-Compliance Item Categories – Hospital Pharmacist Review

Only 2 categories (2017-2018) and 3 categories (2018-2019) with non-compliance items were identified for the Hospital Pharmacist Review. Results were once again very similar to the previous year. Patient identification and counselling were the key areas of non-compliance identified for hospital pharmacists.

Along with the top non-compliance category results shown below, a year-over-year comparison of results can be found in Appendix F.

**N = 57 items reviewed (2018-2019)**

| 2017 - 2018 | 2018 - 2019 |
|---|---|
| 1. Patient Identification Verification<br>2. Counselling | 1. Counselling<br>2. Patient Identification Verification<br>3. Documentation |

## Counselling

The top four non-compliance items for 2018-2019 within the counselling category revolved around missing required counselling points during patient consultation.

**N = 15 items reviewed (2018-2019)**

| | 2018 - 2019 |
|---|---|
| **Rank** | |
| **1** | The pharmacist did not provide information regarding (i) how to monitor the response to therapy, (ii) expected therapeutic outcomes, (iii) action to be taken in the event of a missed dose, and (iv) when to seek medical attention, and (i) provide other information unique to the specific drug or patient. |
| **2** | The pharmacist did not discuss **storage requirements** when providing drug consultation to an outpatient or the outpatient's representative, or to an inpatient on request. |
| **3** | The pharmacist did not provide information regarding **when to seek medical attention.** |
| **4** | The pharmacist did not provide **prescription refill information** when providing drug consultation to an outpatient or the outpatient's representative, or to an inpatient on request. |

## Patient Identification Verification

The top two non-compliance items for 2018-2019 within the patient identification verification category revolved around using only a single person-specific identifier when confirming a patient's identity, and not taking reasonable steps to confirm a patient's identity.

**N = 3 items reviewed (2018-2019)**

| 2018 - 2019 | |
|---|---|
| **Rank 1** | The registrant **used only one person-specific identifier** to confirm the identity of a patient before providing pharmacy services. |
| **2** | A registrant **did not 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. |

# Documentation

The one non-compliance item for 2018-2019 within the documentation category revolved around missing documentation of all activities pertaining to a patient's drug therapy in their patient record.

**N = 17 items reviewed (2018-2019) **New to top 5 list for 2018-2019***

| 2018 – 2019 | |
|---|---|
| **Rank 1** | The pharmacist did not document directly in the patient record all activities and information pertaining to the drug therapy of the patient. |

# Top Non-Compliance Item Categories – Hospital Pharmacy Technician Review

Hospital pharmacy technician results in 2017-2018 were very similar compared to 2018-2019. Once again patient identification verification and documentation remained the top two areas of non-compliance for hospital pharmacy technicians.

Along with the top non-compliance category results shown below, a year-over-year comparison of results can be found in Appendix G.

**N = 61 items reviewed (2018-2019)**

| 2017 - 2018 | 2018 - 2019 |
|---|---|
| 1. Patient Identification Verification | 1. Patient Identification Verification |
| 2. Documentation | 2. Documentation |
| 3. Product Distribution | 3. Collaboration |
| 4. Collaboration | 4. Product Distribution |

## Patient Identification Verification

The top three non-compliance items for 2018-2019 within the patient identification verification category revolved around not taking reasonable steps to confirm a patient's identity, and not using two person-specific identifiers or using inappropriate identifiers to confirm the identity of a patient.

**N = 3 items reviewed (2018-2019)**

| 2018 - 2019 | |
|---|---|
| **Rank 1** | A registrant **did not 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. |
| **2** | A registrant **did not use at least two person-specific identifiers** to confirm the identity of a patient before providing any pharmacy service to the patient. |
| **3** | The registrant **used a patients room and/or bed number as a person-specific identifier** to confirm the identity of a patient before providing pharmacy services to the patient. |

# Documentation

The top four non-compliance items for 2018-2019 within the documentation category revolved around failure to record a pharmacy professional's identity in writing after performing a task that requires documentation.

**N = 8 items reviewed (2018-2019)**

| 2018 - 2019 | |
|---|---|
| **Rank 1** | At the time of dispensing, an outpatient prescription **did not include written confirmation** of the registrant who **verified the patient allergy information**. |
| **2** | The registrant, when responsible for performing the **final check** of a prescription product, **did not record his or her identity** in writing. |
| **3** | Prior to releasing a prescription product, a registrant **did not perform a final check** of the prescription product **and record his or her identity in writing** as required by section 17. |
| **4** | The registrant **verified patient identification**, but **did not include his/her written confirmation** for doing so on the outpatient prescription. |

# Collaboration

The top three non-compliance items for 2018-2019 within the collaboration category revolved around failure to identify a pharmacy professional's registrant class during an interaction with a patient or other health professional.

**N = 4 items reviewed (2018-2019)**

| 2018 - 2019 | |
|---|---|
| **Rank 1** | The pharmacy technician, when **interacting with a practitioner**, did not identify his or her registrant class. |
| **2** | The pharmacy technician, when **answering the telephone**, did not identify his or her registrant class. |
| **3** | The pharmacy technician, when **interacting with a patient**, did not identify his or her registrant class. |

# Product Distribution

The top 5 non-compliance items for 2018-2019 within the product distribution category revolved around failure to perform certain required tasks during the preparation of a prescription product and its final check.

**N = 46 items reviewed (2018-2019)**

| 2018 - 2019 | |
|---|---|
| **Rank 1** | The registrant, when **preparing a prescription** product, did not ensure that the drug **was not expired**. |
| **2** | The registrant, when **preparing a prescription** product, did not ensure that the drug **would not expire within the duration of use**. |
| **3** | The registrant, when **performing the final check**, did not ensure that the **prescription product and the prescription product label matched** the product information with respect to the **quantity**. |
| **4** | The registrant, when **performing the final check** of an outpatient prescription product, **did not ensure that a pharmacist had completed a clinical assessment** of the prescription by reviewing the patient profile. |
| **5** | The registrant, when **preparing an outpatient prescription** product, did not ensure that drug **was not expired.** |

# Application of Findings

The information gathered by the PRP and the findings from this report serve 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 the potential need for changes in the future. Internally, information gathered by the PRP has also played a key role across various departments within the CPBC.

For example:

- COs were consulted for their on-site experience and asked about how they inspect for certain bylaw requirements by the Registration and Licensure department.
- PRP stats were used in presentations at the Canadian Association of Pharmacy Technicians (CAPT) and Pharmacy Technician Society of BC (PTSBC) conferences.
- COs consulted on draft Pharmacy Operations and Drug Scheduling Act (PODSA) bylaw modernization project to help understand what is being seen in practice and to inform decision-making.
- BC Pharmacy Practice Manual Working Group consults with COs regarding how the BC Pharmacy Practice Manual is used in pharmacies.
- PRP review reports used to provide background information for committee-directed investigations and for complaints department investigations when new files are opened.
- Sterile compounding questions were added to pharmacy review to help raise awareness of new upcoming legislation (joint effort with Legislation department).

# Conclusion

## Findings

Overall results of practice reviews have been positive, with our data pointing towards an average compliance percentage of about 93% for community pharmacy reviews (24.78 average community pharmacy non-compliance items in 2018 - 2019 / 333 total items reviewed = 7.44% non-compliance or about 93% compliance). Hospital pharmacy reviews showed an average compliance percentage of about 92% (23.19 average hospital pharmacy non-compliance items in 2018 – 2019 / 304 total items reviewed = 7.63% non-compliance or about 92% compliance). While these results are generally positive, the PRP department still recognizes that more work needs to be done to further improve compliance and positively impact patient safety.

The year-over-year comparison of our results showed many similarities with our 2017-2018 and 2018-2019 year findings. This provides validation and reinforcement of our results by showing us that even with completely separate pharmacies being reviewed for the first time in 2017-2018 and 2018-2019, our findings were still very similar. We are more confident that the information we have gathered is indeed reflective of common non-compliance categories and non-compliance items in the field. Over time as we move into our next cycle and second visits for pharmacies, we will continue to monitor for any changes in top non-compliance categories and non-compliance items.

In addition, while trickle down learning effects and peer-to-peer information sharing is still observed by COs in pharmacy practice, the similarities in our year-over-year non-compliance findings tells us these learning effects are likely limited. Learning and trickle down effects alone do not seem to be significantly improving initial compliance prior to the start of a practice review based on the results of our data. We would otherwise expect average non-compliance counts to trend down, or top non-compliance categories to shift to other areas year-over-year.

# Future Development

Going forward, the PRP department will continue to capture and evaluate data obtained during practice reviews. We will look at unique ways to identify and examine any trends which may be developing in the profession. This will be accomplished by further building on the information gathered from existing tools such as the pharmacy manager pre-review, as well as developing new tools and methods in the future.

As part of our efforts to explore future program development, the PRP staff consulted with a subject matter expert in the field of data science and scientific methodology. As the Practice Review Program is only part way through its first cycle of practice reviews, it was recommended that the current cycle of practice reviews be completed before making any significant changes to the goals or data collection methods of the program. This will allow the PRP to collect a full set of data to use as a baseline, rather than making changes midway through a cycle and potentially be left with two incomparable and unusable partial sets of data.

Prior to the next cycle of practice reviews, the Practice Review Committee will have the opportunity to evaluate the Practice Review Program and recommend changes to program objectives and the desired goal of collected data to the Board. The PRP will then be able to consult with experts in the areas of study design, data analysis, and statistics to make necessary changes to ensure data is collected and analyzed in an appropriate way to achieve the desired goals of the program.

In the meantime, the PRP continues to plan for future development initiatives while keeping a close eye on current trends and changes in the profession.

# Appendix A

## Practice Review Forms and Criteria

### Community Pharmacy Review Form

https://www.bcpharmacists.org/library/5_Programs/5-2_PRP/5164-PRP_PharmReview_Form.pdf

### Community Pharmacist Review Form

https://www.bcpharmacists.org/library/5_Programs/5-2_PRP/5163-PRP_PharmProReview_Form.pdf

### Community Pharmacy Technician Review Form

https://www.bcpharmacists.org/library/5_Programs/5-2_PRP/5234-PRP_Community_PT_ProReview.pdf

### Hospital Pharmacy Review Form

https://www.bcpharmacists.org/library/5_Programs/5-2_PRP/5209-PRP_Hospital_PharmReview_Form.pdf

### Hospital Pharmacist Review Form

https://www.bcpharmacists.org/library/5_Programs/5-2_PRP/5300-PRP_Hospital_PSPharmProReview_Form.pdf

### Hospital Pharmacy Technician Review Form

https://www.bcpharmacists.org/library/5_Programs/5-2_PRP/5301-PRP_Hospital_PTPharmProReview_Form.pdf

# Appendix B

## Year-Over-Year Top Non-Compliance Category Results – Community Pharmacy Review

## Inventory Management

**N = 39 items reviewed (2018-2019)**

| 2017 – 2018 | | 2018 – 2019 |
|---|---|---|
| **Rank 1** | 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. | Same as previous year |
| **2** | Any loss or theft of Targeted Substances must be reported to the federal Minister of Health within ten days of discovery with a copy of the report forwarded to the College. | Same as previous year |
| **3** | Missing date and signature of the person(s) who completed narcotic count. | Same as previous year |
| **4** | Missing date and signature of the responsible pharmacist when conducting narcotic counts. | Same as previous year |
| **5** | The inventory counts and reconciliation documentation were not kept in chronological order in a separate and dedicated record that is retained for 3 years. | Forward to the College a copy of any report sent to the appropriate office at Health Canada. |

# Prescriptions

### N = 64 items reviewed (2018-2019)

| | 2017 – 2018 | 2018 – 2019 |
|---|---|---|
| **Rank 1** | Pharmacists must document in the client's record any emergency refill of the prescription, the rationale for the decision, and any appropriate follow-up plan. | Missing name and/or fax number of the pharmacy intended to receive the transmission. |
| **2** | Missing name and/or fax number of the pharmacy intended to receive the transmission. | Pharmacists must document in the client's record any emergency refill of the prescription, the rationale for the decision, and any appropriate follow-up plan. |
| **3** | The written confirmation of the registrant who verified the patient allergy information is missing on a prescription hard copy. | Same as previous year |
| **4** | The written confirmation of the registrant who verified the patient identification is missing on a prescription hard copy. | Same as previous year |
| **5** | The written confirmation of the registrant who performed the consultation is missing on a prescription hard copy. | Same as previous year |

# Pharmacy Manager Responsibilities

### N = 37 items reviewed (2018-2019)

| | 2017 – 2018 | 2018 – 2019 |
|---|---|---|
| **Rank 1** | An ongoing quality management program that monitors staff performance, equipment, facilities and adherence to the Community Pharmacy Standards of Practice has not been developed. | Procedures were not established for (i) inventory management, (ii) product selection, and (iii) proper destruction of unusable drugs and devices. |
| **2** | Procedures were not established for (i) inventory management, (ii) product selection, and (iii) proper destruction of unusable drugs and devices. | An ongoing quality management program that monitors staff performance, equipment, facilities and adherence to the Community Pharmacy Standards of Practice has not been developed. |
| **3** | The pharmacy manager was not informed of the emergency preparedness plan in the area of the pharmacy and was unaware of his/her responsibilities in conjunction with that plan. | Policies and procedures were not established to specify the duties to be performed by pharmacy professionals and support persons. |

| | | |
|---|---|---|
| **4** | Policies and procedures were not established to specify the duties to be performed by pharmacy professionals and support persons. | Ensure that all steps in the drug recall procedure are documented, if the procedure is initiated. |
| **5** | 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. | Ensure the pharmacy contains the reference material and equipment approved by the board from time to time. |

# Security

### N = 22 items reviewed (2018-2019) *New to top 5 list for 2018-2019

| 2018 – 2019 | |
|---|---|
| **Rank 1** | Schedule IA drugs were not kept in a locked metal safe. |
| **2** | A community pharmacy must clearly display at all external entrances that identify the premises as a pharmacy, and at the dispensary counter signage provided by the College. |
| **3** | Security camera system does not have date/time stamp images that are archived and available for no less than 30 days. |
| **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. |
| **5** | Some schedule I and II drugs, controlled drug substances or personal health information, were not secured by physical barriers. |

# Equipment and References

### N = 39 items reviewed (2018-2019)

| 2017 – 2018 | | 2018 – 2019 |
|---|---|---|
| **Rank 1** | At the start and end of each work day, record the minimum and maximum temperatures reached since the last monitoring, on the Temperature Form | Same as previous year |
| **2** | The pharmacy does not have a current reference applicable to veterinary drugs though it does dispense drugs for veterinary use. | The dispensary of all community pharmacies at a minimum must have the equipment outlined as per PODSA Bylaw (3)(2)(w): The pharmacy was missing stirring rods (glass or plastic). |
| **3** | The dispensary of all community pharmacies at a minimum must have the equipment outlined as per PODSA Bylaw (3)(2)(w): The pharmacy was missing stirring rods (glass or plastic) | The pharmacy does not have a current reference applicable to veterinary drugs though it does dispense drugs for veterinary use. |
| **4** | 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. | The dispensary of all community pharmacies at a minimum must have the equipment outlined as per PODSA Bylaw (3)(2)(w): The pharmacy was missing funnels (glass or plastic). |
| **5** | The dispensary of all community pharmacies at a minimum must have the equipment outlined as per PODSA Bylaw (3)(2)(w): The pharmacy was missing funnels (glass or plastic) | 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. |

# Appendix C

## Year-Over-Year Top Non-Compliance Category Results – Community Pharmacist Review

## Counselling

**N = 28 items reviewed (2018-2019)**

| 2017 – 2018 | | 2018 – 2019 |
|---|---|---|
| **Rank 1** | The pharmacist/patient consultation did not include the strength of the drug. | The pharmacist/patient consultation for a NEW prescription did not include action to be taken in the event of a missed dose. |
| **2** | The pharmacist/patient consultation did not include action to be taken in the event of a missed dose. | The pharmacist/patient consultation for a REFILL prescription did not include the strength of the drug. |
| **3** | The pharmacist/patient consultation did not include the purpose of the drug. | The pharmacist did not provide patient consultation for a schedule 1 prescription. |
| **4** | The pharmacist/patient consultation did not include information on storage requirements. | The pharmacist/patient consultation for a REFILL prescription did not include the purpose of the drug. |
| **5** | The pharmacist/patient consultation did not include the name of the drug. | The pharmacist/patient consultation for a REFILL prescription did not include the directions for use of the drug including frequency and duration. |

## Documentation

**N = 34 items reviewed (2018-2019)**

| 2017 - 2018 | | 2018 – 2019 |
|---|---|---|
| **Rank 1** | The pharmacist verified patient identification but did not include his/her written confirmation for doing so on the prescription hardcopy. | Same as previous year |

| | | |
|---|---|---|
| **2** | The pharmacist verified patient allergy information but did not include his/her written confirmation for doing so on the prescription hardcopy. | Same as previous year |
| **3** | The rationale for the decision of providing an emergency refill of a prescription was not documented in the client's record. | The pharmacist performed counselling but did not include his/her written confirmation for doing so on the prescription hardcopy. |
| **4** | An appropriate follow-up plan of an emergency refill of a prescription was not documented in the client's record. | Unable to tell whether counselling occurred or refused by patient because pharmacist did not self-identify for that on the prescription. |
| **5** | The pharmacist performed counselling but did not include his/her written confirmation for doing so on the prescription hardcopy. | The pharmacist reviewed PHI on PNET but did not self-identify for doing that on prescription. |

# Patient Identification Verification

### N = 6 items reviewed (2018-2019)

| | 2017 – 2018 | 2018 – 2019 |
|---|---|---|
| **Rank 1** | The registrant did not view any ID from an unknown patient. | Same as previous year |
| **2** | The registrant viewed only 1 piece of secondary ID from an unknown patient. | Same as previous year |
| **3** | The registrant did not take reasonable steps to confirm the identity of a patient before providing pharmacy service that concerns a patient's PHI. | Same as previous year |

***No further NC items identified in this category***

# PharmaNet

### N = 17 items reviewed (2018-2019)

| | 2017 – 2018 | 2018 – 2019 |
|---|---|---|
| **Rank 1** | The pharmacist did not review the patient's personal health information stored on the PharmaNet database before dispensing a drug. | Same as previous year |
| **2** | The pharmacist did not review a patient's local patient profile for other potential problems. | The pharmacist did not review a patient's local patient profile for drug therapy problems. |
| **3** | The pharmacist did not review a patient's local patient profile for drug therapy problems. | The pharmacist did not review a patient's local patient profile for other potential problems. |
| **4** | The pharmacist did not review a patient's local patient profile for therapeutic duplications. | Same as previous year |

***No further NC items identified in this category***

# Appendix D

## Year-Over-Year Top Non-Compliance Category Results – Community Pharmacy Technician Review

## Documentation

**N = 15 items reviewed (2018-2019)**

| 2017 – 2018 | | 2018 – 2019 |
|---|---|---|
| **Rank 1** | The pharmacy technician verified patient identification but did not include his/her written confirmation for doing so on the prescription hardcopy. | Same as previous year |
| **2** | The pharmacy technician verified patient allergy information but did not include his/her written confirmation for doing so on the prescription hardcopy. | Same as previous year |
| **3** | The pharmacy technician did not perform the final check of a prescription but included his/her written confirmation for doing so on the prescription. | Unable to tell whether patient allergy information was verified or not because the pharmacy technician did not self-identify for that on the prescription. |
| **4** | The registrant did not update the patient's allergy information onto the PharmaNet record when they acquired new information. | Unable to tell whether patient identification was verified or not because the pharmacy technician did not self-identify for that on the prescription. |
| **5** | The pharmacy technician included his/her written confirmation on the prescription hard copy as the registrant who performed patient consultation of a prescription. | The pharmacy technician did not include his/her written confirmation for preparation of the prescription. |

# Collaboration

### N = 24 items reviewed (2018-2019)

| 2017 – 2018 | | 2018 – 2019 |
|---|---|---|
| **Rank 1** | The pharmacy technician did not identify his or her registrant class in an interaction with a patient. | Same as previous year |
| **2** | The pharmacy technician did not identify his or her registrant class in an interaction with a practitioner. | Same as previous year |
| **3** | The pharmacy technician performed a task described in (i) sections 12: Counselling a Prescription. | The pharmacy technician performed a task described in (i) sections 6(5): Clinical. |
| **4** | The pharmacy technician did not use effective listening skills. | The pharmacy technician performed a task described in (i) sections 12: Counselling a Prescription. |
| **5** | The pharmacy technician performed a task described in (i) sections 13(3): Counselling a Schedule 2 product. | N/A |

# Product Distribution

### N = 33 items reviewed (2018-2019)

| 2017 – 2018 | | 2018 – 2019 |
|---|---|---|
| **Rank 1** | The pharmacy technician performing the final check of a prepared prescription did not ensure that: a pharmacist has completed a clinical assessment of the prescription after reviewing the patient profile. | Same as previous year |
| **2** | The pharmacy technician performing the final check of a prepared prescription did not ensure that: the drug has not expired. | Same as previous year |
| **3** | The pharmacy technician, when preparing a prescription product, did not ensure that the prescription product label matches the | The pharmacy technician, when preparing a prescription product did not ensure that the drug will not expire within the duration of use. |

| | | |
|---|---|---|
| | manufacturer's label with respect to strength. | |
| **4** | The pharmacy technician, when preparing a prescription product did not ensure that the drug will not expire within the duration of use. | The pharmacy technician, when preparing a prescription product, did not ensure that the prescription product label matches the manufacturer's label with respect to the drug. |
| **5** | The pharmacy technician performing the final check of a prepared prescription did not ensure that the prescription product matches the information on the manufacturer's label with respect to: drug identification number. | The pharmacy technician, when preparing a prescription product, did not ensure that the prescription product label matches the manufacturer's label with respect to strength. |

# Patient Identification Verification

### N = 6 items reviewed (2018-2019)

| 2017 – 2018 | | 2018 – 2019 |
|---|---|---|
| **Rank 1** | The registrant did not positively identify a patient who is not known to him/her. | Same as previous year |
| **2** | The registrant did not take reasonable steps to confirm the identity of a practitioner before providing pharmacy service that concerns a patient's PHI. | N/A |
| **3** | The registrant viewed only 1 piece of secondary ID from an unknown patient. | N/A |
| **4** | The registrant did not take reasonable steps to confirm the identity of a patient before providing pharmacy service that concerns a patient's PHI. | N/A |
| **5** | The registrant did not take reasonable steps to confirm the identity of a patient's representative before providing pharmacy service that concerns a patient's PHI. | N/A |

# Appendix E

## Year-Over-Year Top Non-Compliance Category Results – Hospital Pharmacy Review

## Sterile Compounding

**N = 17 items reviewed (2018-2019)**

| | 2017 – 2018 | 2018 - 2019 |
|---|---|---|
| **Rank 1** | Sterile products were not prepared and distributed in an environment that is in accordance with the USP Pharmaceutical Compounding – Sterile Products Guidelines (USP Chapter <797>). | The anteroom did not maintain an ISO Class 8 environment for non-hazardous drug compounding and ISO Class 7 environment for hazardous drug compounding. |
| **2** | The buffer area did not maintain an ISO Class 7 environment. | Sterile products were not prepared and distributed in an environment that is in accordance with (a) the Canadian Society of Hospital Pharmacists' Guidelines for Preparation of Sterile Products in Pharmacies, (b) the USP Pharmaceutical Compounding – Sterile Products Guidelines, and (c) such other published standards approved by the board from time to time. |
| **3** | An anteroom (secondary control) was not present. | A demarcation line is not present, which is a visible line on the floor that separates the compounding room into areas for different purposes. |
| **4** | Personnel hand hygiene and garbing procedures, staging of components, order entry, CSP labelling, and other high-particulate-generating activities were not performed in the ante-area. | Hazardous and non-hazardous drug compounding took place in the same area. |
| **5** | Hazardous and non-hazardous drug compounding took place in the same area. | Personnel hand hygiene and garbing procedures, staging of components, order entry, CSP labelling, and other high-particulate-generating activities were not performed in the ante-area. |

# Inventory Management – Nursing Unit

**N = 20 items reviewed (2018-2019)**

| | 2017 – 2018 | 2018 - 2019 |
|---|---|---|
| **Rank 1** | Refrigerator temperatures were never recorded on a nursing unit. | 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 was not ensured. |
| **2** | The current, minimum and maximum refrigerator temperatures were not consistently recorded at the start and end of each work day on a nursing unit. | Same as previous year |
| **3** | Expired medication products were found in the active medication inventory area. | 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 was not used. |
| **4** | Medication carts located in public access areas were not locked while not being used. | Drugs on the nursing unit were not protected from contamination. |
| **5** | Food and/or beverages were found in medication refrigerators on a nursing unit. | Same as previous year |

# Pharmacy Manager Responsibilities

**N = 52 items reviewed (2018-2019)**

| | 2017 – 2018 | 2018 - 2019 |
|---|---|---|
| **Rank 1** | The hospital pharmacy manager did not develop, document and implement an ongoing quality management program that includes a process to review a full pharmacist's documentation notes in the hospital's medical records. | The hospital pharmacy manager did not ensure that each individual working in the pharmacy wears a badge that clearly identifies the individual's registrant class or other status. |
| **2** | The hospital pharmacy manager did not develop, document and implement an ongoing quality management program that includes a process to review patient-oriented recommendations. | The hospital pharmacy manager did not develop, document and implement an ongoing quality management program that maintains and enforces policies and procedures to comply with |

| | | |
|---|---|---|
| | | all legislation applicable to the operation of a hospital pharmacy. |
| **3** | The hospital pharmacy manager did not ensure that all records related to the purchase and receipt of controlled drug substances are signed by a full pharmacist. | The hospital pharmacy manager did not develop, document and implement an ongoing quality management program that monitors staff performance, equipment, facilities and adherence to the Hospital Pharmacy Standards of Practice. |
| **4** | The hospital pharmacy manager did not develop, document and implement an ongoing quality management program that maintains and enforces policies and procedures to comply with all legislation applicable to the operation of a hospital pharmacy. | The hospital pharmacy manager did not 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. |
| **5** | The hospital pharmacy manager did not develop, document and implement an ongoing quality management program that monitors staff performance. | The hospital pharmacy manager did not ensure that all records related to the purchase and receipt of controlled drug substances are signed by a full pharmacist. |

# Ambulatory Services

**N = 41 items reviewed (2018-2019)** ***New to top 5 list for 2018-2019***

| 2018 – 2019 | |
|---|---|
| **Rank 1** | An outpatient prescription did not include the identification number from the practitioner's regulatory college at the time of dispensing. |
| **2** | A full pharmacist did not 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. |
| **3** | Drugs dispensed to staff, outpatients or the general public from a hospital pharmacy or hospital pharmacy satellite were not labelled and dispensed according to the Community Pharmacy Standards of Practice. |
| **4** | An outpatient prescription did not include the full address of the patient, including postal code at the time of dispensing. |
| **5** | An outpatient prescription did not include written confirmation of the registrant who performed the consultation at the time of dispensing. |

# Equipment and References

### N = 9 items reviewed (2018-2019)

| | 2017 – 2018 | 2018 - 2019 |
|---|---|---|
| **Rank 1** | The current, minimum and maximum refrigerator temperatures were not consistently recorded at the start and end of each work day in the pharmacy. | The hospital pharmacy or hospital pharmacy satellite was not adequately equipped to provide safe and proper medication compounding, dispensing and/or preparation of medication orders, and for the provision of patient-oriented and administrative pharmacy services. |
| **2** | Refrigerator temperatures were never recorded in the pharmacy. | The current, minimum and maximum refrigerator temperatures were not consistently recorded at the start and end of each work day in the pharmacy. |
| **3** | The College license displayed in the hospital pharmacy has expired. | 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 was not used. |
| **4** | The hospital pharmacy was not adequately equipped to provide safe and proper sterile compounding services. | The pharmacy refrigerator temperature was not maintained between +2°C to +8°C. |
| **5** | The hospital pharmacy was not adequately equipped to provide safe and proper sterile hazardous drug compounding services. | Standard bar fridges (small volume combination fridge/freezer with one exterior door) were used to store vaccines or biologicals in the pharmacy. |

# Appendix F

## Year-Over-Year Top Non-Compliance Category Results – Hospital Pharmacist Review

## Counselling

**N = 15 items reviewed (2018-2019)**

| | 2017 – 2018 | 2018 - 2019 |
|---|---|---|
| **Rank** | | |
| **1** | The pharmacist did not provide information regarding (i) how to monitor the response to therapy, (ii) expected therapeutic outcomes, (iii) action to be taken in the event of a missed dose, and (iv) when to seek medical attention, and (i) provide other information unique to the specific drug or patient. | Same as previous year |
| **2** | The pharmacist did not discuss storage requirements when providing drug consultation to an outpatient or the outpatient's representative, or to an inpatient on request. | Same as previous year |
| **3** | The pharmacist did not provide prescription refill information when providing drug consultation to an outpatient or the outpatient's representative. | The pharmacist did not provide information regarding when to seek medical attention. |
| **4** | The pharmacist did not obtain the patient's schedule II and III and unscheduled drug use when requesting a history from a patient or a patient's representative. | The pharmacist did not provide prescription refill information when providing drug consultation to an outpatient or the outpatient's representative, or to an inpatient on request. |
| **5** | The pharmacist did not identify the purpose of the drug when providing drug consultation to an outpatient or the outpatient's representative. | N/A |

# Patient Identification Verification

### N = 3 items reviewed (2018-2019)

| | 2017 – 2018 | 2018 - 2019 |
|---|---|---|
| **Rank 1** | A registrant did not 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. | The registrant used only one person-specific identifier to confirm the identity of a patient before providing pharmacy services. |
| **2** | N/A | A registrant did not 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. |

***No further NC items identified in this category***

# Documentation

**N = 17 items reviewed (2018-2019) **New to top 5 list for 2018-2019***

| 2018 – 2019 | |
|---|---|
| **Rank 1** | The pharmacist did not document directly in the patient record all activities and information pertaining to the drug therapy of the patient. |

****No further NC items identified in this category***

# Appendix G

## Year-Over-Year Top Non-Compliance Category Results – Hospital Pharmacy Technician Review

## Patient Identification Verification

**N = 3 items reviewed (2018-2019)**

| 2017 – 2018 | | 2018 - 2019 |
|---|---|---|
| **Rank 1** | A registrant did not 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. | Same as previous year |
| **2** | A registrant did not use at least two person-specific identifiers to confirm the identity of a patient before providing any pharmacy service to the patient. | Same as previous year |
| **3** | N/A | The registrant used a patients room and/or bed number as a person-specific identifier to confirm the identity of a patient before providing pharmacy services to the patient. |

***No further NC items identified in this category***

# Documentation

### N = 8 items reviewed (2018-2019)

| | 2017 – 2018 | 2018 - 2019 |
|---|---|---|
| **Rank 1** | At the time of dispensing, an outpatient prescription did not include written confirmation of the registrant who verified the patient allergy information. | Same as previous year |
| **2** | At the time of dispensing, an outpatient prescription did not include written confirmation of the registrant who verified the patient identification. | The registrant, when responsible for performing the final check of a prescription product, did not record his or her identity in writing. |
| **3** | Documentation of the identity of any registrant who prepared a prescription product or performed a final check was not in writing, readily available and retained for at least three years after the date on which the prescription product was last dispensed. | Prior to releasing a prescription product, a registrant did not perform a final check of the prescription product and record his or her identity in writing as required by section 17. |
| **4** | Prior to releasing a prescription product, a registrant did not perform a final check of the prescription product and record his or her identity in writing as required by section 17. | The registrant verified patient identification, but did not include his/her written confirmation for doing so on the outpatient prescription. |

***No further NC items identified in this category***

# Collaboration

### N = 4 items reviewed (2018-2019)

| | 2017 – 2018 | 2018 - 2019 |
|---|---|---|
| **Rank 1** | The pharmacy technician, when interacting with a practitioner, did not identify his or her registrant class. | Same as previous year |
| **2** | N/A | The pharmacy technician, when answering the telephone, did not identify his/her registrant class. |

| | | |
|---|---|---|
| **3** | N/A | The pharmacy technician, when interacting with a patient, did not identify his or her registrant class. |

***No further NC items identified in this category***

# Product Distribution

### N = 46 items reviewed (2018-2019)

| | 2017 – 2018 | 2018 - 2019 |
|---|---|---|
| **Rank 1** | The registrant, when performing the final check, did not ensure that the prescription product and the prescription product label matched the product information with respect to the strength. | The registrant, when preparing a prescription product, did not ensure that the drug was not expired. |
| **2** | The registrant, when performing the final check, did not ensure that the prescription product and the prescription product label matched the product information with respect to the dosage form. | The registrant, when preparing a prescription product, did not ensure that the drug would not expire within the duration of use. |
| **3** | The registrant, when performing the final check, did not ensure that the prescription product and the prescription product label matched the product information with respect to the quantity. | Same as previous year |
| **4** | The registrant, when preparing a prescription product, did not ensure that the prescription product label matched the product information with respect to the quantity. | The registrant, when performing the final check of an outpatient prescription product, did not ensure that a pharmacist had completed a clinical assessment of the prescription by reviewing the patient profile. |
| **5** | The registrant, when performing the final check, did not ensure that drug was not expired. | The registrant, when preparing an outpatient prescription product, did not ensure that drug was not expired. |

College of Pharmacists of British Columbia

Practice Review Program

# Registrant Feedback Survey Report

2018 - 2019

# Table of Contents

# Executive Summary

Supporting the College of Pharmacists of British Columbia (CPBC) vision and mission as well as the provincial Health Professions Act quality assurance requirement, the Practice Review Program (PRP) was launched in 2015. The goal of the PRP is to ensure that British Columbians receive safe pharmaceutical care based on consistent implementation of legislated standards of practice. In order to evaluate and identify areas of future program development pharmacy professionals are provided the opportunity to provide feedback on the practice review process through the *Practice Review Survey*.

Once a practice review is complete pharmacy professionals involved in the review are invited to complete an optional and anonymous online survey to share their personal experience. For the 2018-2019 fiscal year 31% of community and 25% of hospital pharmacy professionals completed the survey. Once collected, survey data is analyzed at a high level to provide aggregated results that include an overall rating score, overall impact rating, impact ranking and themed comments. Limitations of this level of analysis include the potential for loss of specific feedback and nuances from individual statements as well as specific numerical response distribution. For program evaluation and ongoing development purposes these limitations are identified and noted to be acceptable and aggregated data deemed the most beneficial tool for this purpose. The majority of survey data collected represented a +/- 5 to 8 confidence interval which is a reasonable representation of the overall pharmacy professional population. One exception is hospital pharmacy data that has a confidence interval of +/- 40, due to a small sample size (5). All raw data is retained should more in-depth analysis be required in the future.

The 2018-2019 Practice Review Survey findings have been positive and beneficial in informing program evaluation and development. In community and hospital settings pharmacy reviews received agreement ratings of >90% for PRP tools, review, review results, and a > +2.00 impact rating. The PRP pre-review had the lowest agreement rating at 83% in community and 80% in hospitals. Despite outstanding results, findings have informed changes to PRP processes including IT updates to make the pre-review form more intuitive, processes to accommodate

pre-review deadline extensions, and the implementation of a 1 business day response time to PRP-related questions.

Pharmacy professionals rate action items and the action item portal (online tool) lowest with an 83-90% agreement. Individual comments identify information technology (IT) challenges as a concern. IT feedback is being incorporated to support a CPBC-wide review of online platforms. PRP tools and review have agreement ratings of >90%, while review results are slightly lower at >89%. The review impact rating, while positive, identifies a greater variance with hospital pharmacy professionals noting lower impact scores. While not confirmed, this variance may be influenced by differences in procedures, processes, and areas of specialization. Impact findings will continue to be monitored for trends and potential program implications. Pharmacy professional feedback is predominantly positive and valuable directing the development of pharmacy technician support tools as well as PRP Insight articles on key areas of preparing for a practice review, documentation, patient identification, medication error reporting, and hospital pharmacy manager frequently asked questions.

The most impressive finding, and one the PRP is most proud of, is the response of pharmacy professionals to CPBC Compliance Officers (COs). With a 98% agreement rating our COs are key to the success of the PRP being described as professional, knowledgeable, approachable, available, supportive, collaborative and polite.

A key determinant in PRP program evaluation and development comes directly from those professionals who have undergone a review and who complete a Practice Review Survey. In addition to this formal input, COs obtain direct feedback at the time of review. Along with the above mentioned program changes, findings have informed bylaw and policy updates, opioid agonist treatment policies, and electronic record keeping updates. Despite overwhelmingly positive responses, the PRP will continue to strive to improve the impact of practice reviews for pharmacy professionals so that British Columbians will receive safe and consistent based on the current standards of pharmacy practice.

# Introduction

The Practice Review Program (PRP) is a comprehensive cyclical review of pharmacies and pharmacy professionals completed to ensure the standards of the College of Pharmacists of British Columbia (CPBC) are met. The PRP directly supports the CPBC vision of *better health through excellence in pharmacy,* as well as the mission of *regulating the pharmacy profession in the public interest by setting and enforcing standards and promoting best practices for the delivery of pharmacy care in British Columbia.* In addition, the provincial Health Professions Act requires that health regulators have quality assurance requirements in place. The PRP meets this requirement through assessment of professional practice. With a goal of evaluating the PRP's impact on pharmacy professionals and to inform ongoing program development, the PRP has developed and implemented a Practice Review Survey. This report is a compilation and analysis of the Practice Review Survey results for the fiscal year 2018-2019.

# Background

Launched in 2015 at the direction of the CPBC Board and in collaboration with the Practice Review Committee (PRC) the PRP replaced pharmacy inspections and knowledge assessment exams. The goal of this change is to have an in-person, comprehensive, and holistic review program that enhances collaboration between pharmacies, pharmacy professionals, and the CPBC to ensure British Columbians receive safe pharmaceutical care based on consistent implementation of legislated standards of practice. Practice reviews were launched in community practice in February 2015, hospital practice in April 2017 and are currently being implemented in residential care.

The practice review process consists of three components (Figure 1) and is completed over a 2-3 month period. The first component involves a pre-review which includes collaborating with pharmacy managers to determine scheduling of the on-site review followed by an email confirmation and access to the online pre-review questionnaire including supporting online educational tools. The educational tools are available for access on the CPBC website. Follow up phone calls are made to pharmacy managers by PRP staff to confirm dates,

address any potential concerns, and reinforce the collaborative nature of the review. The pre-review is available online to all pharmacy managers. The pre-review questionnaire is expected to take approximately 2-3 hours. The time spent completing this questionnaire is eligible for pharmacy professionals' non-accredited continuing education annual requirements. The first component of the review is complete once the pre-review online questionnaire is complete and submitted.

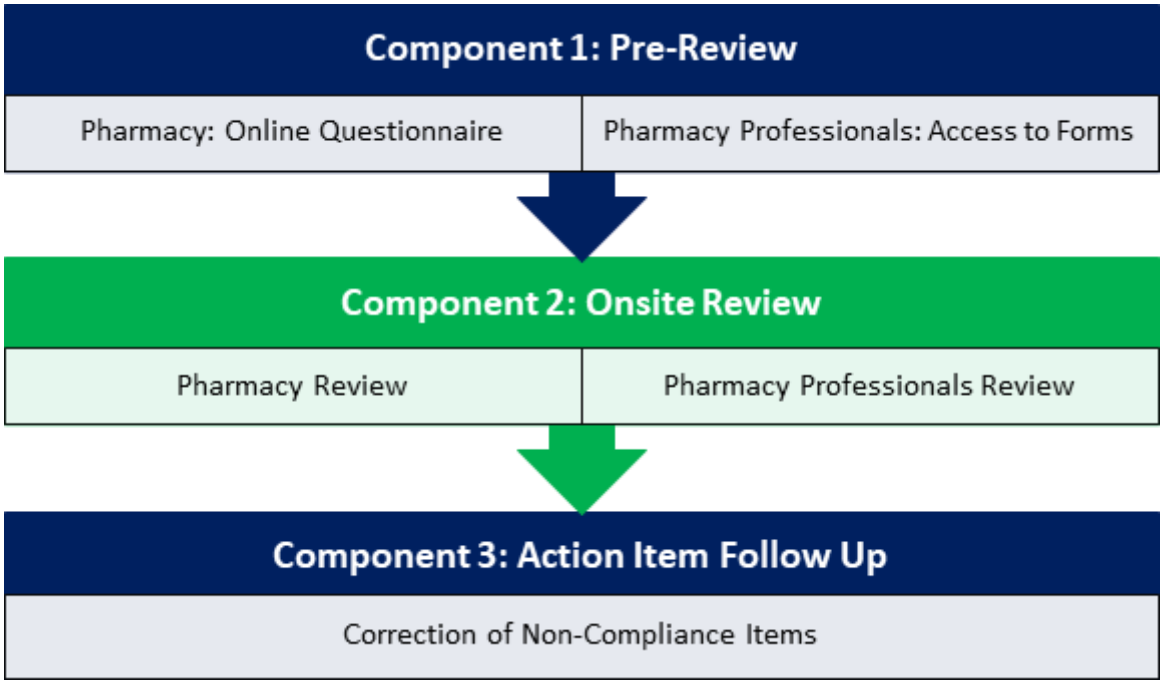
The second component of the practice review is comprised of an in-person review by a CPBC compliance officer (CO). This review includes evaluation of over 300 unique, unweighted items and processes that directly relate to CPBC standards of practice (Appendix A). During the on-site review pharmacy professionals are observed performing day-to-day pharmacy activities including patient interactions. Pharmacist reviews focus on patient identification verification, profile check, counseling, and documentation. Pharmacy technician reviews focus on patient identification verification, product distribution, collaboration, and documentation. The review of the pharmacy site takes approximately 6 hours to complete while each professional review takes 2-3 hours. During the on-site review the goal of the CO is to work collaboratively with professionals, ensuring minimal disruption to the regular business of the pharmacy while enhancing the bilateral sharing of knowledge.

At the end of the on-site visit pharmacy managers and pharmacy professionals are provided with a verbal report followed by a written report; both outlining any identified action items. Action items are areas of non-compliance that are assigned to pharmacies or pharmacy professionals. By discussing in person then reinforcing in writing, pharmacy managers and pharmacy professionals are given the opportunity to ask COs questions about their action items: why something is an issue and how it can be corrected. Through this added level of reinforcement, pharmacy professionals are able to enter their 30 day action item completion period with a clear sense of what needs to be done and why.

For the third component, community pharmacy professionals complete action items through an online action item portal, while hospital pharmacy professionals complete action items on a customized Excel spreadsheet that is returned to their CO by email. This is due to differences in data collection methods between the two types of practice review. Planning is

underway to migrate hospital practice reviews to the PRP application system as we continue to assess the technical feasibility of this project. Once action items are complete the review is closed, noting that those reviewed are in full compliance with the standards of practice of the CPBC. A pharmacy or pharmacy professional can be referred to the Inquiry Committee in cases where action items are not corrected, and non-compliance is not addressed. For the fiscal year 2018-2019, no referrals were made to the Inquiry Committee.

**Figure 1: Components of a Practice Review**




It is planned that pharmacies and pharmacy professionals will undergo a practice review on a cyclical basis. The current plan is to review pharmacies approximately every 6 years. In cases where concerns are identified reviews may be undertaken more frequently. The cyclical nature of practice reviews ensures that all 1400+ pharmacies and 6200+ pharmacy professionals in British Columbia are reviewed and in adherence to the CPBC standards of practice on a regular basis.

# Data Collection

Once a practice review is complete, all participants are invited to complete a Practice Review Survey. The goal of the survey is to obtain valuable and timely feedback from pharmacy professionals on their personal experience with the practice review process. Feedback is used by the PRP to evaluate and inform ongoing program development.

Pharmacy professionals receive an initial email invitation with a link to the Practice Review Survey followed by an email reminder 12 days later (Appendix B). Participants are given 14 days to complete the survey. The survey takes approximately 15-20 minutes to complete. Participation is optional and anonymous.

SimpleSurvey, a Canadian cloud-based software tool, hosts the Practice Review Survey. The data collected resides on application servers in Canada and is protected by Canadian privacy laws. Survey questions focus on both the Pharmacy Review and Pharmacy Professionals Review. Pharmacy managers are requested to complete both sections while pharmacy professionals complete only the Pharmacy Professionals Review portion. Survey categories and questions have been developed in collaboration between PRP staff and the PRC. To facilitate collection of a wide range of mixed data, a variety of question types are used including dichotomous (yes/no), 7-point Likert scale, impact ratings, and open-ended comment fields.

For the 2018-2019 fiscal year, 803 community and 439 hospital pharmacy professionals received an invitation to the Practice Review Survey. Of these, 31% of community and 25% of hospital professionals completed the survey (Appendix C).

98 community pharmacy managers or 34% of those reviewed completed the survey, while 5 hospital pharmacy managers or 24% completed the survey. In the case of hospital pharmacies reviewed in 2018-2019, 5 pharmacy managers made up 24% of hospital pharmacy managers reviewed because only 21 hospital pharmacies were reviewed in 2018-2019 compared to 287 community pharmacies. Because of the much larger size of hospital pharmacies and the larger number of pharmacy professionals, as expected, less hospital pharmacies are reviewed each year. In 2018-2019, 21 hospital sites were reviewed.

Response rate percentages in relation to percentage of reviews completed varied between districts and review areas. In Districts 3 (Vancouver Island/Coastal), 4

(Kootenay/Okanagan) and 5 (Northern BC) the ratio of community Pharmacy Reviews conducted to survey responses received was balanced. District 1 (Metro Vancouver) represented 27% of reviews conducted but had an over weighted survey response rate of 38%, while district 2 (Fraser Valley) represented 31% of annual reviews but was underrepresented with a 13% survey response rate. District 7 (Community Hospitals) represented 52% of the 2018-2019 practice reviews but only had 39% of survey responses, while District 6 (Urban Hospitals) consisted of 48% of 2018-2019 practice reviews but had a 61% survey response rate. The reason for these discrepancies in response rate are unknown but will be monitored with adjustments made to address this if appropriate.

Despite these variations, we are confident that the overall response rate of 31% (community pharmacy professionals) and 25% (hospital pharmacy professionals) provides a range and depth of data that can be analyzed to ultimately evaluate and inform ongoing Practice Review Program development.

# Data Analysis

Data collected through the Practice Review Survey is analyzed and summarized using 4 summary tools: overall rating score (Likert scale); overall impact rating; impact ranking and themed comments. Dichotomous (yes/no) responses were not summarized using a summary tool and interpreted at face value. All data has been analyzed at a high level to provide aggregated results to inform overall program evaluation and development. All data is maintained should it require more specific analysis.

## Overall Rating Score

The 7-point Likert scale provides respondents the opportunity to rate their agreement/disagreement to practice review related statements. Responses range from *strongly agrees* to *strongly disagree*. In analyzing responses, *agree* and *strongly agree* indicate agreement, while *disagree* and *strongly disagree* indicate disagreement, and *somewhat agree*, *neutral,* and *somewhat disagree* indicate a neutral response. Within one category, responses to several statements pertaining to that category are received. For example, in the Compliance

Officers category, responses to 5 individual statements are received from each respondent. The overall rating score combines the feedback of all 5 statements into one overall rating to provide a measure of performance for the Compliance Officers category as a whole. Managing data in this manner allows for a large volume of discrete data points to be more easily interpreted and actionable. These overall rating scores provide a substantive summary of collected responses, ultimately indicating performance of the PRP according to pharmacy professionals.

Figure 2 outlines the overall rating score formula. The limitation of using overall rating scores is that while it provides an overview of performance within a category there is the potential for loss of specific feedback related to individual statements. Poor scores and positive scores will lower and raise an overall rating score respectively, however, the specific statement within a category that may have led to the positive or negative shift would not be known using an overall rating score. If necessary, overall rating scores that raise concern can be investigated further by reviewing more detailed data.

**Figure 2: Overall Rating Score Calculation**

$$Agreement\ Rating\ \% = \frac{\#\ Agree + \#\ Strongly\ Agree}{Total\ \#\ of\ Responses}\ x\ 100$$

$$Neutral\ Rating\ \% = \frac{\#\ Somewhat\ Agree + \#\ Neutral + \#\ Somewhat\ Disagree}{Total\ \#\ of\ Responses}\ \text{x}\ 100$$

$$Disagreement\ Rating\ \% = \frac{\#\ Disagree + \#\ Strongly\ Disagree}{Total\ \#\ of\ Responses}\ x\ 100$$

## Overall Impact Rating

Impact rating questions ask respondents to rate how they feel about the practice review's impact on their practice. A scale of +5 to -5 was used with 0 identified as the baseline of no impact. A positive score indicates a positive impact on practice while a negative score indicates a negative impact on practice.

Feedback collected from impact rating questions is analyzed and collated into an overall impact rating using the formula in Figure 3. Using an averaging approach, information from

hundreds of individual impact rating scores are combined and interpreted as a whole. Substantively summarizing data in this way enhances understanding and allows the PRP to make responsive changes as necessary.

A limitation of using the overall impact rating is that averaging can obscure information related to the distribution of responses. For example, an average score of +2.5 does not tell us whether the majority of scores received were around +2.5, or whether half of the scores received were +5 and the other half 0. Similar to overall rating scores, the entirety of the raw data for impact rating questions is available for future review if required. Data can also be plotted graphically to visually analyze the distribution of responses and address this limitation.

**Figure 3: Overall Impact Rating Calculation**

$$Overall\ Impact\ Rating = \frac{Sum\ of\ impact\ scores}{Total\ count\ of\ impact\ scores}$$

## Impact Ranking

Respondents are also given the opportunity to rank the impact of parts of the review process on their practice. Unlike the overall impact rating which measures the impact of the entire Pharmacy or Pharmacy Professionals Review, the impact ranking allows pharmacy professionals to rank, in terms of impact, specific components of the review. The overall ranking is calculated by assigning points for the top three impact areas reported by each respondent and adding up the scores. A vote for highest impact area is given 3 points, second highest 2, and third highest 1.

## Open-Ended Comments

Qualitative data obtained from open-ended comments provides valuable feedback on respondents' personal experiences. Each comment is reviewed by PRP staff and grouped into themes. When theming, PRP staff review each submission to identify the underlying message within the comment. To minimize the risk of misinterpretation, comments that do not clearly fit within an existing category, once reviewed, are placed in a category of their own. These single

outlier comments, while small in number, are still valuable as they provide insight that may otherwise not be available to the PRP team. Once comments are themed they are added to a tally. For example, the comment:

> "*The website is not user friendly. My browser was not supported, College email response was 3 days later. Even then the only suggestion was to download Chrome. I use Safari, a commonly used browser. This should be an option for members to use*."

is themed "would like Safari compatibility" and tallied with that category.

This process of theming comments was recommended by the PRC with the goal of improving interpretation of the large amount of raw comment data. While the PRP recognizes that not all individual nuances in comments can be captured through theming, the benefit of being able to clearly identify and act on trends is felt to outweigh the risk of losing some of the individual nuances in comments. Risks associated with theming are minimized through retaining all raw data to allow for the review of individual comments. Despite the potential risks with theming we believe these are minimized through our process. Respondent comments are a valuable part of the overall data collected to establish a clear picture of PRP performance.

# Findings

To identify the confidence level of survey findings the online tool *Survey Systems* is used to calculate the sample size required to obtain a particular confidence interval at a 95% confidence level. This tool calculates a confidence interval based on the number of responses received versus the total number of people who received the survey. For example, if the confidence interval is calculated to be 5 and the survey reported a 90% agreement, the true percentage could be + or – 5% from the reported 90%. In other words, we would be 95% certain that the true results for the population would sit between 85-95%. Using *Survey Systems,* community pharmacy findings have a +/- 8 confidence interval; community pharmacy professionals a +/-5 confidence interval; hospital pharmacies a +/- 40 confidence interval; and hospital professionals a +/-8 confidence interval. With a +/- 40 confidence interval, hospital

pharmacy findings are acknowledged but would require further assessment prior to using the information for any large-scale program adjustments.

It is important to note that pharmacy managers complete a Practice Review Survey both for the Pharmacy Review and Pharmacy Professionals Review while pharmacy professionals only complete the Pharmacy Professionals Review component of the survey. For clarity, findings are presented under Pharmacy Review (completed by pharmacy managers) and Pharmacy Professionals Review (completed by pharmacy professionals including pharmacy managers). Overall findings have been positive, providing the PRP valuable information for program evaluation and development. Findings also assist identifying and supporting legislative and other program planning outside of the PRP but within the CPBC.

## Pharmacy Review

Pharmacy managers from 98 community pharmacies and 5 hospital pharmacies completed the 2018-2019 Practice Review Survey. We acknowledge the small sample of hospital pharmacy managers and note that overall hospital Pharmacy Review results are thus potentially skewed by individual answers. Due to the size of hospital pharmacies and the management structure within hospitals we expect the number of hospital pharmacy manager responses to be lower than in the community, both due to the lower number of reviews per year as well as the lower overall number of pharmacy managers in the hospital setting. The 5 responses from hospital pharmacy managers account for 24% of total hospital pharmacies reviewed. Findings are presented under each of the main categories of the practice review: Practice Review Program tools; Practice Review Program pre-review; Pharmacy Review scheduling process; Pharmacy Review; Pharmacy Review results; and Pharmacy Review impact (Appendix D).

### ➢ *Practice Review Program Tools*

The PRP provides online access tools to provide pharmacy managers information and instructions with respect to practice reviews. Community pharmacy managers report a 93%

agreement rating while hospital pharmacy managers report a 100% agreement rating of the Practice Review Program tools.

## ➢ *Practice Review Program Pre-Review*

Pharmacy managers complete and submit a pre-review form prior to a practice review. This form outlines the criteria that COs use during the on-site review. Survey questions focus on how appropriate, beneficial, user-friendly, and challenging this tool is. Time required to complete the tool is also requested. Community pharmacy managers report an 83% agreement rating, while hospital pharmacy managers report an 80% agreement rating of the Practice Review Program pre-review. 80% is the lowest agreement rating of the entire survey. 87% of community and 100% of hospital pharmacy managers reported no technical challenges with the pre-review. Of the 13% of community managers that did report technical difficulties, 69% note that they received satisfactory and timely technical support from the PRP. The remaining 31% did not contact the PRP for assistance.

Safari browser compatibility challenges with the pre-review are identified as a concern. This feedback is currently helping to drive and support a CPBC-wide review of online platforms and Safari browser compatibility.

## ➢ *Pharmacy Review Scheduling Process*

The Practice Review Program works with pharmacy managers to schedule practice reviews with the goal of minimizing disruption at review sites. 88% of community and 93% of hospital pharmacy managers agreed that the scheduling experience was positive and that there was adequate time to prepare for the Pharmacy Review.

## ➢ *Pharmacy Review*

Pharmacy managers share their feedback on the review experience in terms of duration, expectations, and the impact on regular work in the pharmacy. 96% of community and 100% of hospital pharmacy managers report agreement with their on-site review.

## ➢ *Pharmacy Review Results*

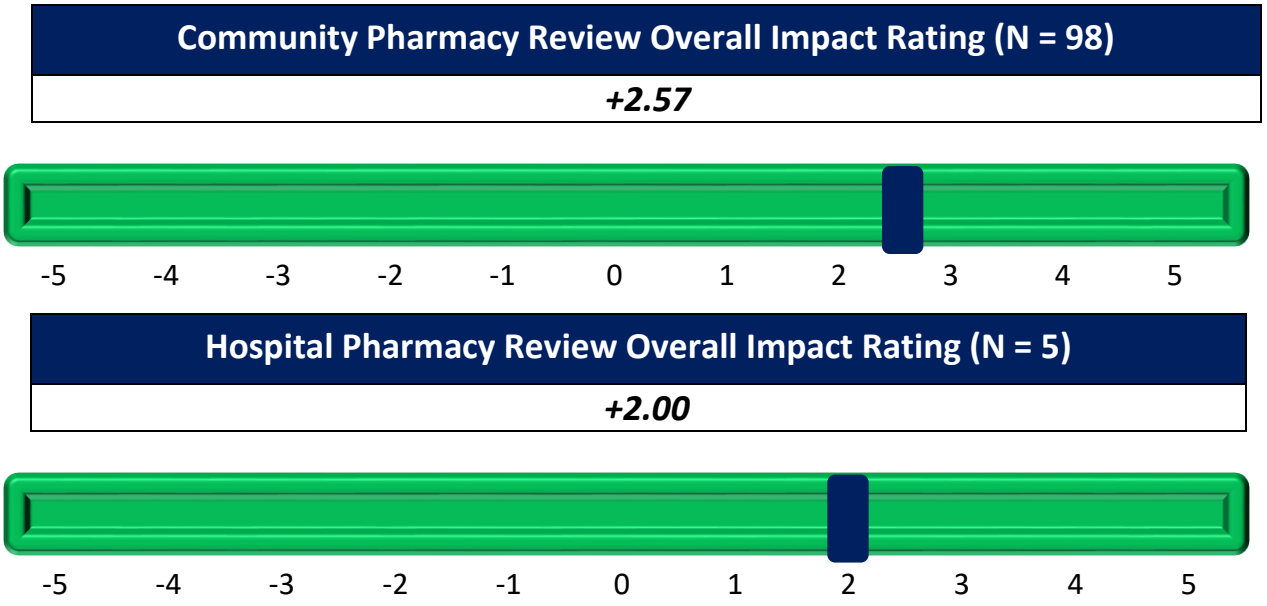
91% of community and 90% of hospital pharmacy managers agree that their results accurately reflect the Pharmacy Review findings and that the categories of the review are relevant to CPBC standards of practice and patient safety.

## ➢ *Pharmacy Review Impact*

Both community and hospital pharmacy managers report that the practice review has had a positive impact on their practice. Community pharmacy managers report an overall +2.57 impact rating while hospital pharmacy managers report a +2.00 impact rating.

In addition, pharmacy managers rank the areas assessed by COs that have the greatest impact on their practice. Community pharmacy managers highlight documentation, prescriptions, and security while hospital pharmacy managers identify nursing unit inventory management, security, and narcotics and controlled drug substances as having the greatest impact on practice.

**Figure 4: Pharmacy Review Overall Impact Rating**




***Overall Impact Rating = Sum of all scores / 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

Pharmacy professionals from 250 community pharmacies and 108 hospital pharmacies completed the post review survey. Community pharmacies had 237 pharmacists and 13 pharmacy technicians respond, while hospital pharmacies had 17 pharmacists and 88 pharmacy technicians respond (Appendix E). However, the response differential is not surprising because pharmacists represented 93% of all community pharmacy professionals reviewed in 2018-2019, while pharmacy technicians made up 72% of all hospital pharmacy professionals reviewed in 2018-2019.

Findings are presented under each of the main categories of the Pharmacy Professionals Review: Practice Review Program tools; Pharmacy Professionals Review; Pharmacy Professionals Review results; and Pharmacy Professionals Review impact.

## ➢ *Practice Review Program Tools*

An online survey and supporting educational tools are available to assist pharmacy professionals prepare for their practice review. To assess the value of these tools, pharmacy professionals are asked if they accessed these tools prior to the review. Users were prompted to provide feedback on their value including clarity of instructions, website navigation and information, and educational tool support. Both community pharmacists and pharmacy technicians reported an agreement rating of 91% and 97% respectively. Hospital pharmacists and pharmacy technicians both reported an agreement rating of 90%.

## ➢ *Pharmacy Professionals Review*

Pharmacy professionals are asked if they believe that the Pharmacy Professionals Review reflects the standards of practice outlined by the CPBC; whether the review was conducted as expected based on pre-review materials; and whether the review was conducted in a manner that limits disruption of their practice. Agreement in this area was above 90% across all practice settings and pharmacy professionals. Community pharmacists and pharmacy

technicians reported a 94% and 100% agreement rating respectively. Hospital pharmacists and pharmacy technicians reported a 92% and 93% agreement rating respectively.

## ➢ *Pharmacy Professionals Review Results*

Feedback and results relate directly to the on-site Pharmacy Professionals Review. Both face-to-face on day of review and in writing within 30 days of the review, areas of non-compliance are identified and action items to correct outstanding issues are assigned and completed. Pharmacy professionals are asked whether they feel their review results accurately reflected their practice and whether they feel the focus areas of the review are relevant to pharmacy practice in British Columbia. Results identified this as an area with split opinions between pharmacists and pharmacy technicians.

Community pharmacists reported an 89% agreement while community pharmacy technicians reported a 96% agreement rating. Hospital pharmacists reported an agreement rating of 85% while hospital pharmacy technicians reported agreement of 93%. Regardless of whether pharmacists represented the majority in community or the minority of hospital respondents, overall pharmacists report a lower agreement rating with the Pharmacy Professionals Review. These agreement ratings are still very positive and so are not concerning at this time. Despite this, it is still one area with relatively lower agreement ratings and will be monitored by the PRP.

## ➢ *Pharmacy Professionals Review Impact*

Pharmacy professionals provide feedback on how they perceive the practice review has impacted their practice. Overall, pharmacy professionals completing the 2018-2019 survey report that the practice review had a positive impact on their practice.

Community pharmacists rank documentation and counseling as having the greatest positive impact on their practice. The range of overall impact scores received from community pharmacists ranged from +1.80 to +3.02.

Community pharmacy technicians rank documentation and patient identification verification as having the greatest impact on their practice. The range of overall impact scores from community pharmacy technicians ranged from +1.92 to +2.85.

Hospital pharmacists rank counseling and patient identification verification as having the greatest positive impact on their practice. Compared to their community counterparts, hospital pharmacists report a lower magnitude and range of overall impact scores. Hospital pharmacist impact scores range between +0.41 to +0.59. These results correspond to a lower perceived impact on hospital pharmacist practice compared to their community counterparts.

Hospital pharmacy technicians rank patient identification verification and documentation as having the greatest impact to their practice. Overall impact scores were lower in magnitude and range than their community counterparts but still remained positive. Scores ranged between +0.82 to +1.54. The reasoning for this difference, while not confirmed, could be related to differences in procedures, processes and areas of specialization in hospital and community pharmacies. For example, some pharmacy professionals may not regularly perform counseling in a specialized hospital pharmacy role, etc. The PRP does not currently assess the clinical knowledge of pharmacy professionals, and instead focuses on assessing key foundational areas of pharmacy practice identified as having the greatest impact on patient safety. The PRP acknowledges that pharmacy professionals would like to be assessed on their clinical practice, and will consider this during future program development. In the meantime, we will continue to monitor feedback and make iterative changes to support the CPBC vision of *better health through excellence in pharmacy,* and CPBC's mission of *regulating the pharmacy profession in the public interest by setting and enforcing standards and promoting best practices for the delivery of pharmacy care in British Columbia.*

## ➢ *Action Items / Action Item Portal*

After the completion of a practice review, action items are assigned to address identified non-compliance issues. Pharmacy professionals are asked if they feel they had sufficient time to complete action items, if instructions on completing action items were clear, and if the tools and resources provided were useful and user friendly. Community pharmacy

professionals identified this area for potential improvement due to their relatively low agreement rating of 83% while hospital pharmacy professionals reported an agreement rating of 90%. This lower agreement is likely due to IT issues such as difficulties with using the action item portal, Safari browser incompatibility, etc.

Pharmacy professionals are asked about their experience submitting their action items. 79% of community respondents and 74% of hospital respondents reported having no technical difficulties when submitting their action items. Of those who reported technical difficulties, 71% of community pharmacy professionals and 67% of hospital pharmacy professionals reported receiving satisfactory technical support from the PRP. 29% of community pharmacy professionals and 33% of hospital pharmacy professionals reported that they did not contact the PRP department.

### ➢ *Compliance Officers*

As representatives of the CPBC, COs play a vital and visible role in the practice review process. Pharmacy professionals are asked about their experience with their CO, including the CO's knowledge of bylaws, their professionalism, and their overall support and collaboration with pharmacy professionals throughout the review process. Results in this category were overwhelmingly positive from community and hospital professionals, with a 98% agreement rating for pharmacy professionals in both practice settings.

# Application of Findings

The findings from the Practice Review Survey have reinforced the effectiveness of the Practice Review Program's planning and implementation by evaluating registrant satisfaction as a measure of departmental and program performance. As previously noted, survey results are regularly reviewed by PRP staff to ensure early identification of potential areas of concern as well as to ensure a timely response to feedback provided by pharmacy professionals. As a collaborative program the feedback is appreciated and valued as a key component of the PRP. Overall responses indicate a positive response to, and uptake of, the PRP by pharmacy professionals. As review programs are often seen as cumbersome and time-consuming, we are

pleased that the PRP's focus on working collaboratively with pharmacy professionals throughout the review process has resulted in consistent positive feedback. It is beneficial to also note areas that can be improved upon and to identify tools that can be developed to further support pharmacy practice in British Columbia.

Feedback on the Pharmacy Review (pharmacy managers) process has identified and supported changes in review scheduling to avoid peak holiday times, increasing professional reviews completed per day when possible, increasing review timing flexibility, new pre-review tool IT updates and extension policies, added residential care and compounding sections, confirmation phone calls, survey design changes, and the implementation of a 1 business day response time to PRP-related questions (Appendix F). It is noted this 1 business day response time may be sufficient to resolve the issue or be a confirmation of receipt should the query require more in depth follow-up.

Pharmacy Professional feedback also led to the development of specific focus areas for pharmacy technicians, and also noted concerns with respect to browser compatibility with some of the online PRP tools. This has been brought to the attention of the CPBC, specifically IT services and is being used to drive and support a CPBC-wide review of online platforms. In addition, both through the survey and as noted by PRP staff, the program is looking to redesign the PRP application tool to better support the PRP and pharmacy professionals.

Survey findings also drive the regular PRP publication called *PRP Insights*. *PRP Insights* are articles written and available through *Readlinks* on the CPBC website that address areas identified by the PRP review process, as being of interest or educational need for pharmacy professionals. This year the PRP program published *PRP Insights* on 6 topics, which address preparing for a practice review, documentation, patient identification, medication error reporting, hospital pharmacy manager frequently asked questions, and pharmacy technician support tools (Appendix G).

Along with feedback received through surveys, COs also gather direct feedback from pharmacy professionals during the review process. This information is shared internally with the PRP department and plays a key role in interdepartmental CPBC collaboration. One example of this is informing bylaw and policy updates including PODSA ownership

requirements, Opioid Agonist Treatment policies, and electronic record keeping updates. It is expected that this information sharing will continue to add an important voice to the larger scale HPA and PODSA bylaw modernization projects currently underway at the CPBC.

In addition to effecting change and improvements, the Practice Review Survey also reinforces the strengths of the program. With an overwhelming 98% agreement rating, PRP COs' diligent focus on collaboration, open communication, and shared learning with pharmacy professionals is the foundation of the positive review experience. Our COs and their impact on the overall program is an area of great pride for the PRP. Pharmacy professional feedback is positive for each component of the review process, including identifying the review as positively impacting practice overall. This supports the strong Practice Review Program foundation and ongoing development. Additionally, a positive impact on practice coupled with ensuring standards of pharmacy practice in British Columbia are met ultimately enhances patient safety through excellence in pharmacy.

Despite the positive responses, the PRP continues to strive to improve the impact of practice reviews for pharmacy professionals by effectively and openly communicating with pharmacy professionals to share program objectives, outcomes and changes.

# Appendix A

## Practice Review Forms and Criteria

### Community Pharmacy Review Form

http://library.bcpharmacists.org/5_Programs/5-2_PRP/5164-PRP_PharmReview_Form.pdf

### Hospital Pharmacy Review Form

http://library.bcpharmacists.org/5_Programs/5-2_PRP/5209-PRP_Hospital_PharmReview_Form.pdf

### Community Pharmacist Review Form

http://library.bcpharmacists.org/5_Programs/5-2_PRP/5163-PRP_PharmProReview_Form.pdf

### Community Pharmacy Technician Review Form

http://library.bcpharmacists.org/5_Programs/5-2_PRP/5234-PRP_Community_PT_ProReview.pdf

### Hospital Pharmacist Review Form

http://library.bcpharmacists.org/5_Programs/5-2_PRP/5300-PRP_Hospital_PSPharmProReview_Form.pdf

### Hospital Pharmacy Technician Review Form

http://library.bcpharmacists.org/5_Programs/5-2_PRP/5301-PRP_Hospital_PTPharmProReview_Form.pdf

# Appendix B

## Practice Review Survey

### Sample Practice Review Survey Invitation

College of Pharmacists of British Columbia

**Dear** Name ,

The goal of the Practice Review Program is to have all registrants and practice settings not only meet, but exceed College standards. We encourage you and your staff to continue to self-assess your pharmacy and practice on a regular basis in order to provide your patients with "better health through excellence in pharmacy".

This email confirms that the Pharmacy Review conducted at Pharmacy on between Review Dates is now complete. A full Pharmacy Review report is available on eServices.

We invite and encourage you to complete a voluntary survey on the Practice Review Program at http://questionnaire.simplesurvey.com/f/l/2018-19-CPBC-PRP1-Feedback-Surveyv2 before Due Date .

Thank you for your time and cooperation during the Pharmacy Review.

Sincerely,
**Ashifa Keshavji**, B.Sc.(Pharm.), R.Ph.
***Director of Practice Reviews and Quality Assurance*** | *College of Pharmacists of BC*
*604.733.2440 | 1.800.663.1940 | www.bcpharmacists.org*

## Sample Email Reminder

College of Pharmacists of British Columbia

Dear **Name**

**This is a reminder to complete the voluntary Practice Review Program Feedback Evaluation Survey by Due Date . Please ignore this email if you have already completed the survey. We appreciate your feedback.**

Sincerely,
**Ashifa Keshavji**, B.Sc.(Pharm.), R.Ph.
***Director of Practice Reviews and Quality Assurance*** | *College of Pharmacists of BC*
*604.733.2440 | 1.800.663.1940 | www.bcpharmacists.org*



## Survey Questions

### PRP Tools Section Questions:

1. I received clear instruction on how to access the Practice Review Program information on the College website.
2. The Practice Review Program webpage has clear information about the program, including the overall review process.
3. I received clear instructions on how to complete the Pharmacy Pre-Review.
4. The How-To-Guide and the Pharmacy Pre-Review Tutorial were helpful resources. **(Community Only)**
5. The selection email received from the College contained appropriate and clear information. **(Hospital Only)**
6. The “Practice Reviews in Progress” poster was a valuable resource for my staff. **(Hospital Only)**

### PRP Pre-Review Section Questions:

1. The online Pharmacy Pre-Review tool was user-friendly.
2. The pre-review took an appropriate amount of time.
3. I had clear expectations of the Pharmacy Review after completing the Pharmacy Pre-Review.

- *How many hours did it take you to complete the Pharmacy Pre-Review online?*
- *Did you experience any technical difficulties when completing the online Pharmacy Pre-Review?*
- *Did you receive satisfactory technical support from the PRP department?*
- *How could the online Pharmacy Pre-Review tool be improved?*

### Pharmacy Review Scheduling Process Section Questions:

1. The PRP department was helpful when I had questions or concerns related to scheduling.
2. I had adequate time to prepare for the Pharmacy Review.
3. I had clear instructions on how to schedule the Pharmacy Professionals Reviews. **(Hospital Only)**

- *How could the scheduling process be improved?*

### Pharmacy Review Section Questions:

1. The duration of the Pharmacy Review was sufficient to thoroughly review my pharmacy.
2. The Pharmacy Review was conducted as expected from the Pharmacy Pre-Review and the program information received.
3. The Pharmacy Review was conducted in a manner that was as least disruptive to my pharmacy as possible.

### Pharmacy Review Results Section Questions:

1. My Pharmacy Review results accurately reflected the review.
2. The categories of the Pharmacy Review are relevant to patient safety.

### Pharmacy Review Impact Section Questions:

- *Rate the impact to your pharmacy after the Pharmacy Review. Use 0 as the baseline (i.e. before the practice review).*
- *Rank the top 3 areas in the Pharmacy Review that have the highest positive impact on your pharmacy after the review.*
- *How has the pharmacy review impacted your pharmacy overall?*
- *How could the pharmacy review better assess your pharmacy?*
- *Is there any other area of pharmacy practice that should also be included in the Pharmacy Review?*

### PRP Tools (Pharmacy Professionals) Section Questions:

1. I received clear instructions on how to access the Practice Review Program information on the College website.
2. The Practice Review Program webpage has clear information about the program, including the overall review process.
3. I read the Pharmacy Professionals Review Form before my review.
4. I understood what to expect from a Pharmacy Professionals Review after reading the form.
5. The PRP Support Tools for the focus areas were helpful resources. **(Community Only)**

### Pharmacy Professionals Review Section Questions:

1. My Pharmacy Professionals Review reflects minimum standards as set by the College under the 4 focus areas.
2. The Pharmacy Professionals Review was conducted as expected from the program information I received.
3. My Pharmacy Professionals Review was conducted in a manner that was as least disruptive to my practice as possible.

### Pharmacy Professionals Review Results Section Questions:

1. My Pharmacy Professional Review results accurately reflected the review.
2. The focus areas of the Pharmacy Professionals Review are relevant to my practice.

### Pharmacy Professionals Review Impact Section Questions:

- *Rate the impact to your practice after the Pharmacy Review. Use 0 as the baseline (i.e. before the practice review).*
- *How has the Pharmacy Professionals Review impacted your practice overall?*
- *How could the Pharmacy Professionals Review better assess your practice?*

### Action Items / Action Item Portal Section Questions:

1. I had sufficient time to complete my action item(s).
2. I received clear instructions on how to review my action items and submit them on the Action Item portal. **(Community Only)**
3. The Action Item Tutorial was helpful. **(Community Only)**
4. The Action Item Portal was user-friendly. **(Community Only)**
5. I received clear instructions on how to review and submit my action item(s). **(Hospital Only)**

- *Did you experience any technical difficulties when submitting your action item(s)?*
- *Did you receive satisfactory technical support from the PRP department?*
- *How could the Action Item Portal/submitting action items be improved?*

## Compliance Officer Section Questions:

My Compliance Officer:

1. Was knowledgeable in current bylaws.
2. Was polite and professional.
3. Was able to answer my questions during and/or after the review.
4. Provided adequate support to complete my action item(s).
5. Made me feel comfortable to ask questions or seek clarification.

## Additional Feedback Section Questions:

- *Please provide any feedback on the Practice Review Program that has not been addressed in the survey*

# Appendix C

## Practice Review Survey Responses and Practice Reviews Completed by District and Practice Setting

### Survey Responses by Practice Setting

| Community Pharmacy Feedback Survey Statistics | |
|---|---|
| **Partial Responses** | 80 (10%) |
| **Complete Responses*** | 250 (31%) |
| **Total Responses** | 330 (41%) |

* Only completed surveys included for analysis

**98 of the 250 community pharmacy respondents were pharmacy managers**

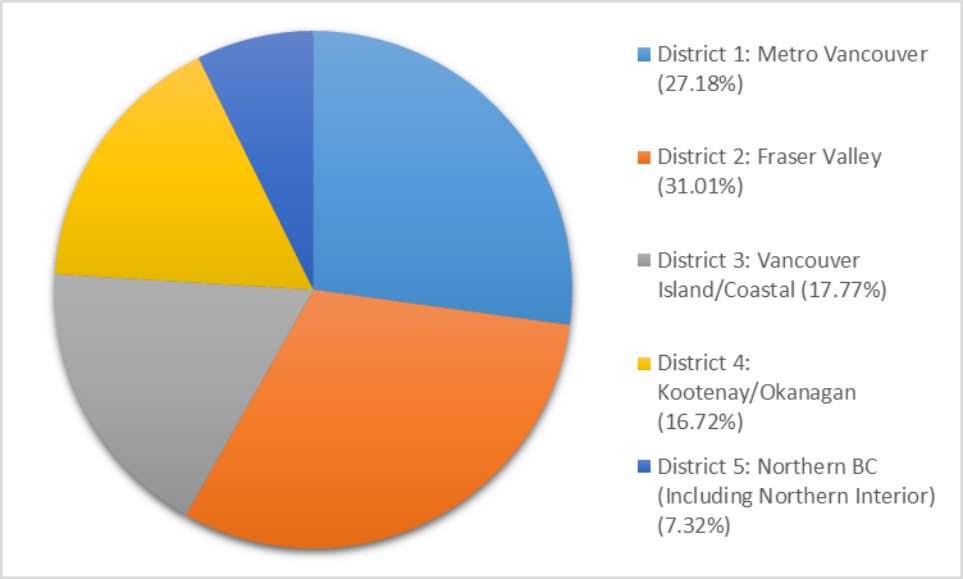
**35 of the 98 community pharmacy managers were pharmacy owners/directors**

| Hospital Pharmacy Feedback Survey Statistics | |
|---|---|
| **Partial Responses** | 20 (5%) |
| **Complete Responses*** | 108 (25%) |
| **Total Responses** | 128 (29%) |

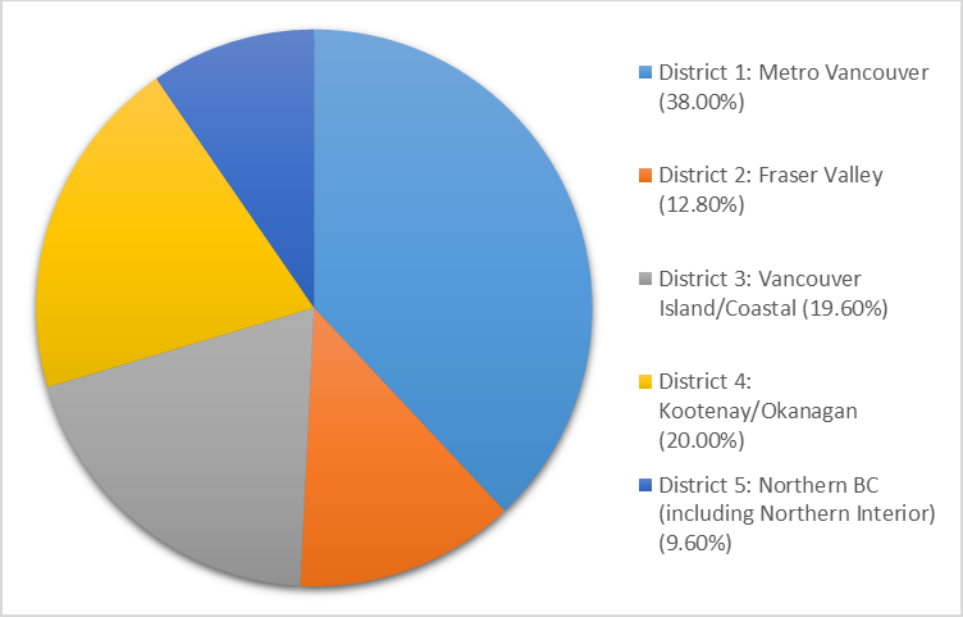
*Only completed surveys included for analysis

**5 of the 108 hospital pharmacy respondents were pharmacy managers**

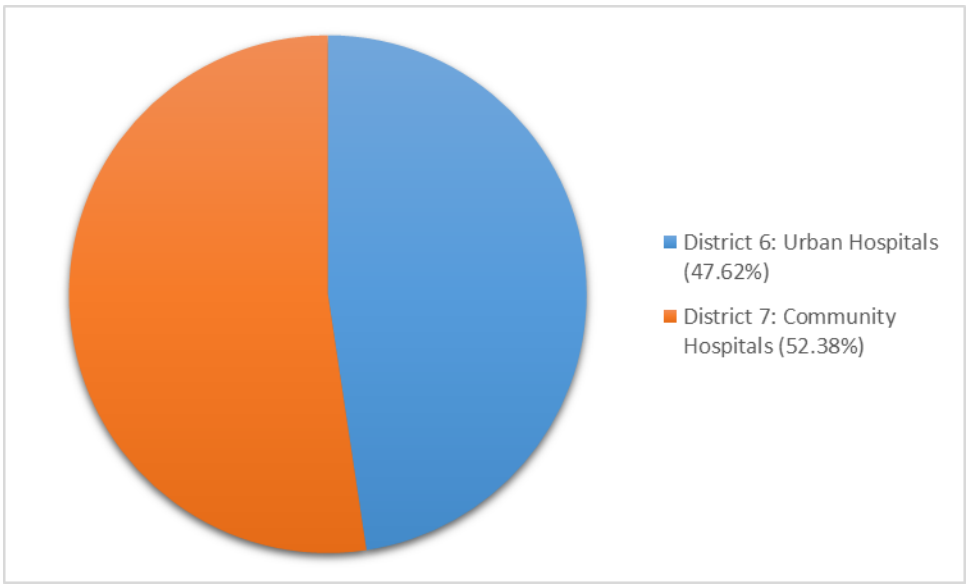
## Community Pharmacy: Practice Reviews Completed



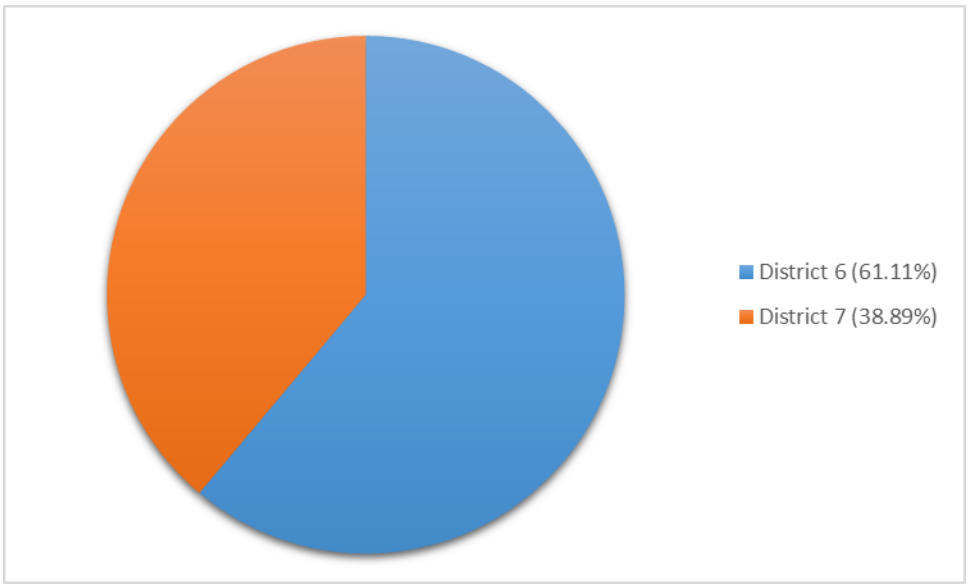

## Community Pharmacy: Survey Respondents



## Hospital Pharmacy: Practice Reviews Completed




## Hospital Pharmacy: Survey Respondents



# Appendix D

## Pharmacy Review

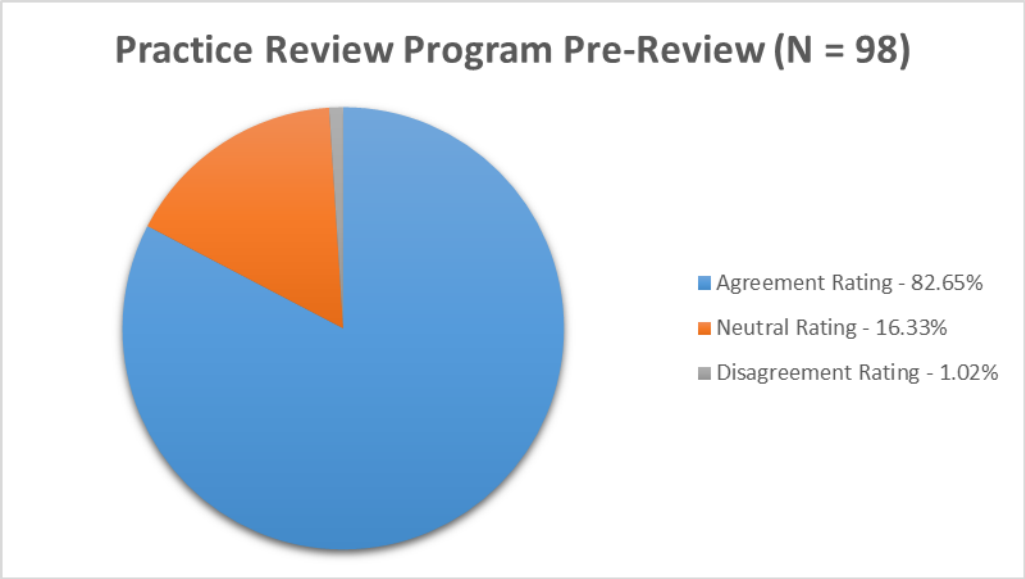
## Practice Review Program Tools Section Results

### Overall Rating – Community Pharmacy

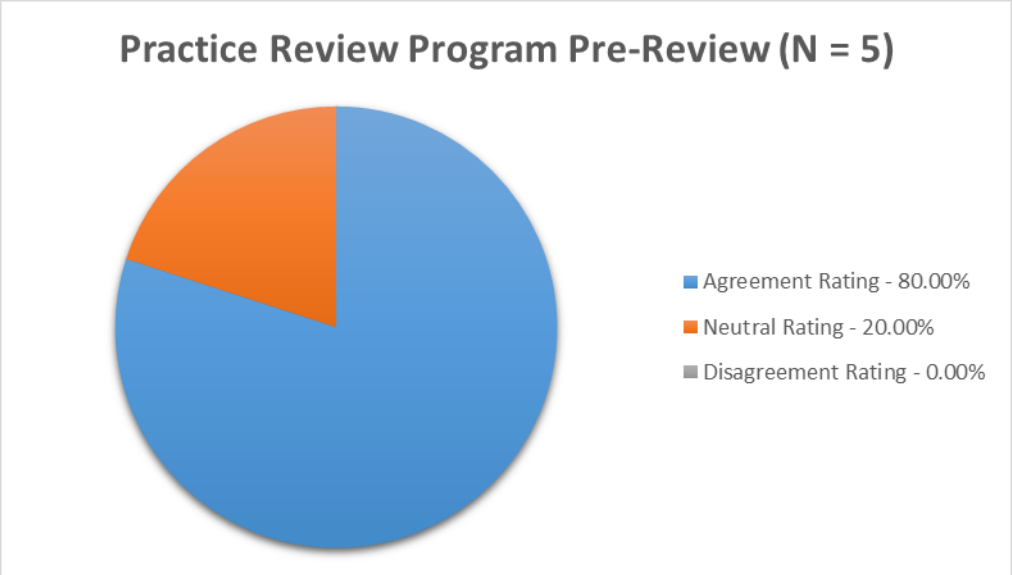

### Overall Rating – Hospital Pharmacy

# Practice Review Program Pre-Review Section Results

## Overall Rating – Community Pharmacy

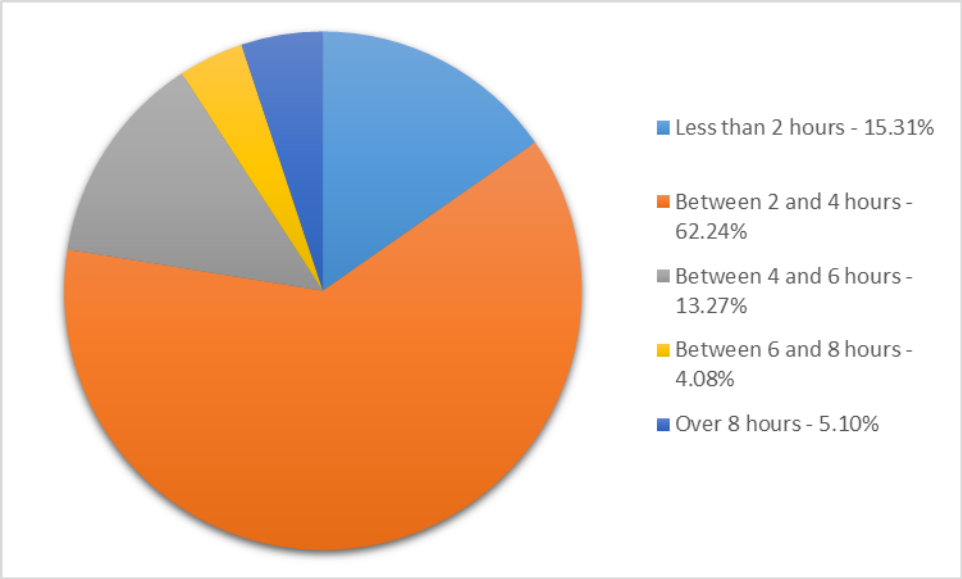



## Overall Rating – Hospital Pharmacy

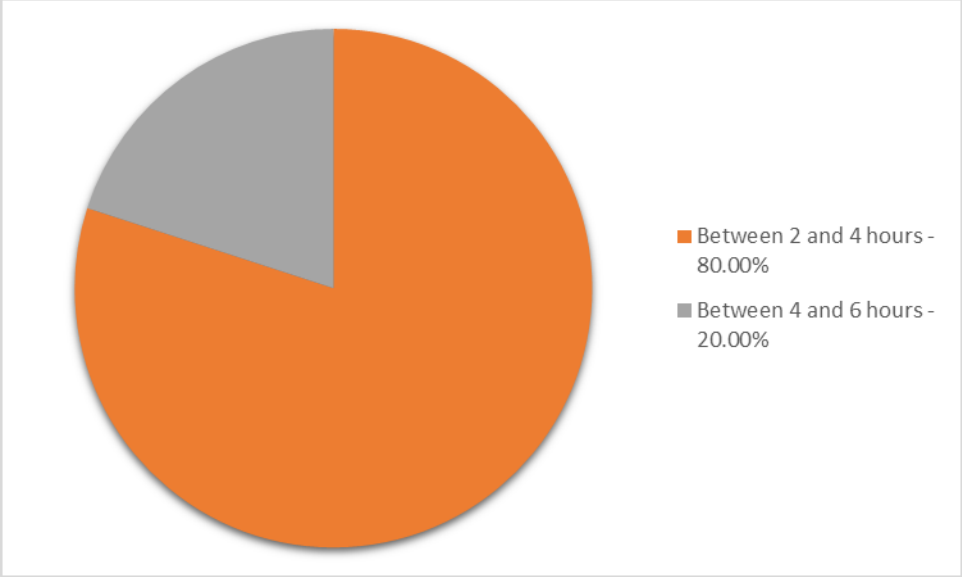


## *How many hours did it take you to complete the Pharmacy Pre-Review online?*

### Community Pharmacy, N = 98 respondents

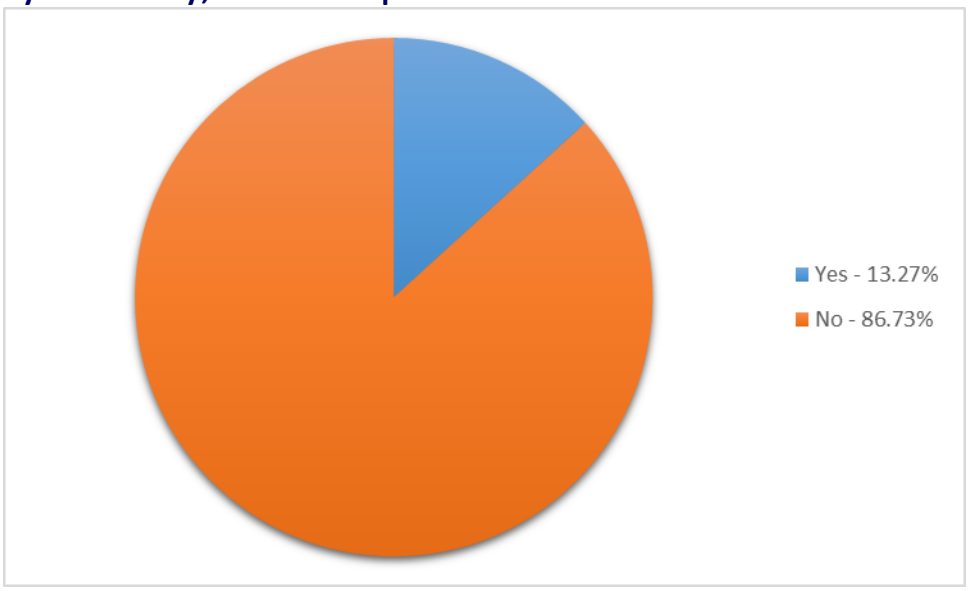



### Hospital Pharmacy, N = 5 respondents

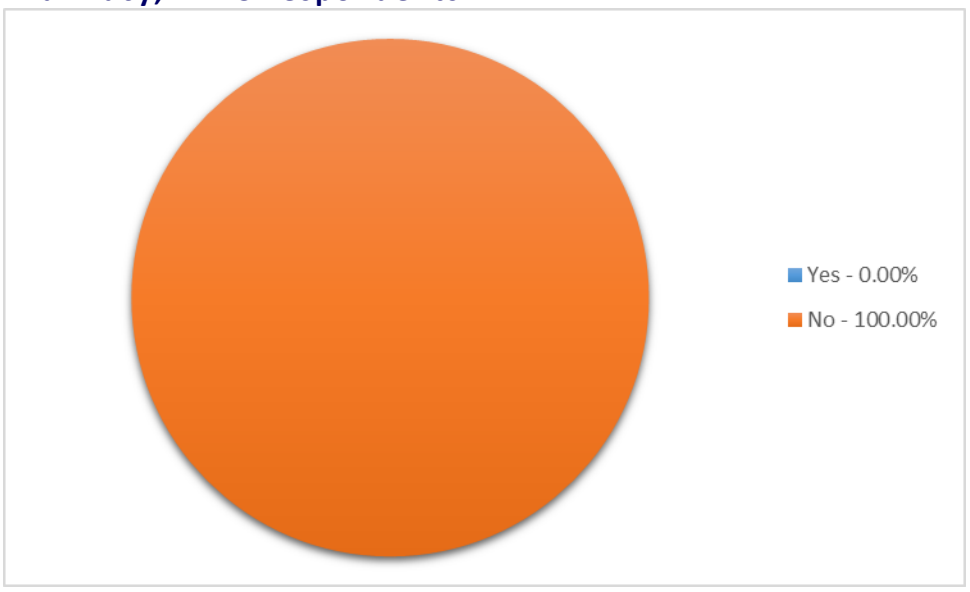


## *Did you experience any technical difficulties when completing the online Pharmacy Pre-Review?*

### Community Pharmacy, N = 98 respondents

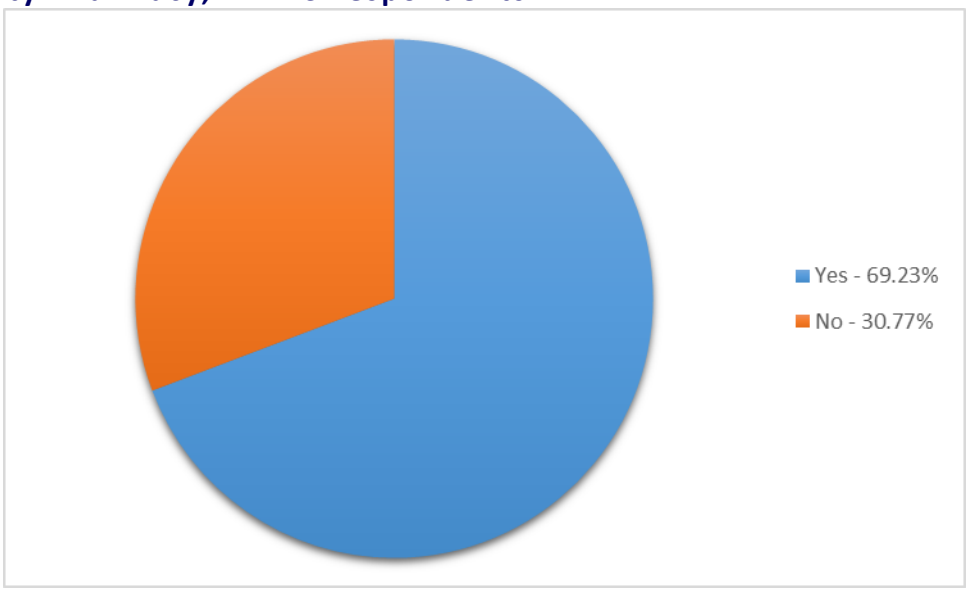



### Hospital Pharmacy, N = 5 respondents



### *Did you receive satisfactory technical support from the PRP department?*

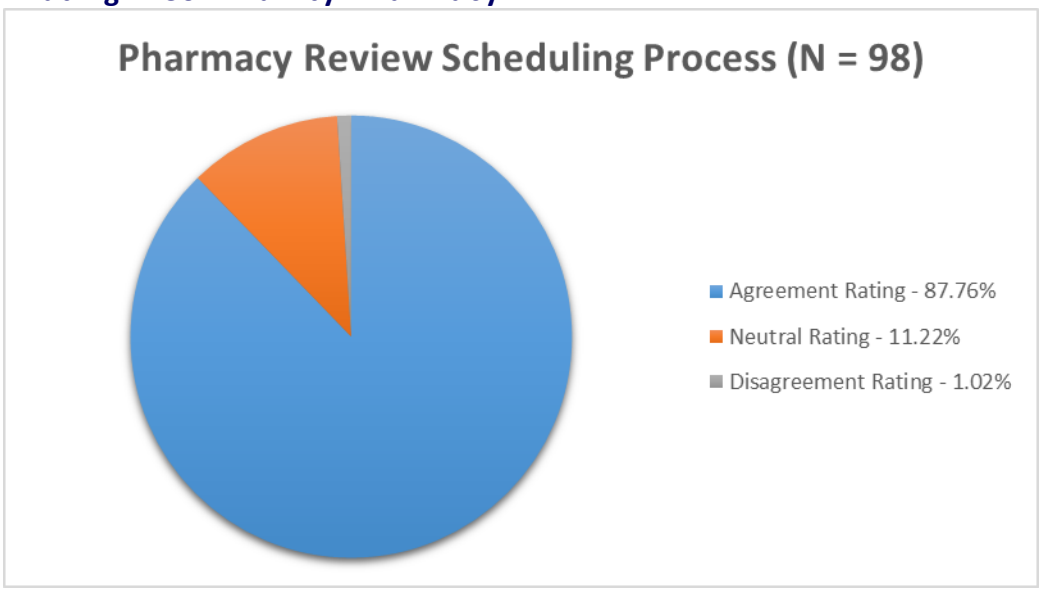
#### Community Pharmacy, N = 13 respondents



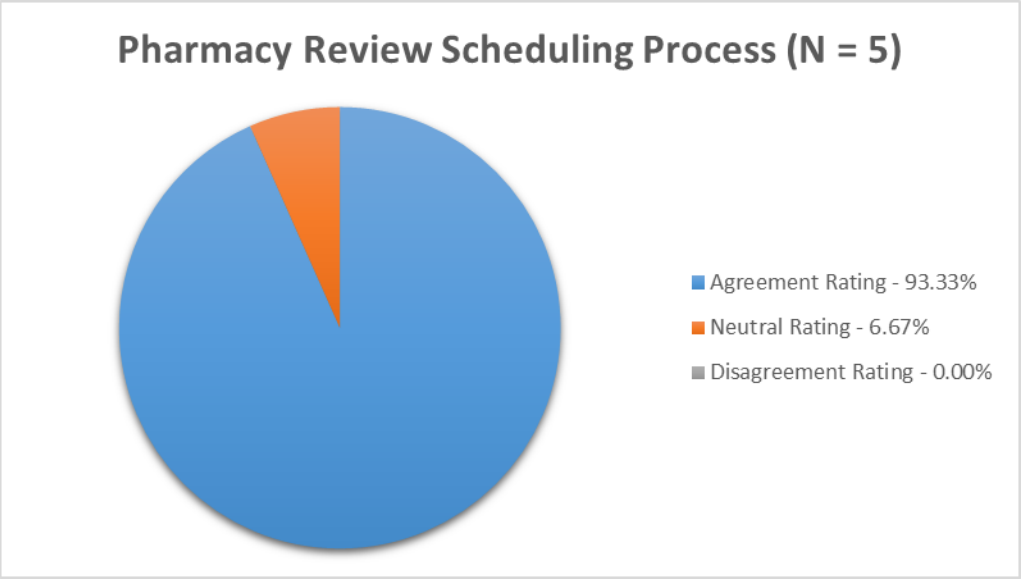

*Note: Hospital pharmacy manager respondents did not experience any technical difficulties and therefore did not require technical support from the PRP department.*

## Pharmacy Review Scheduling Process Section Results

#### Overall Rating – Community Pharmacy

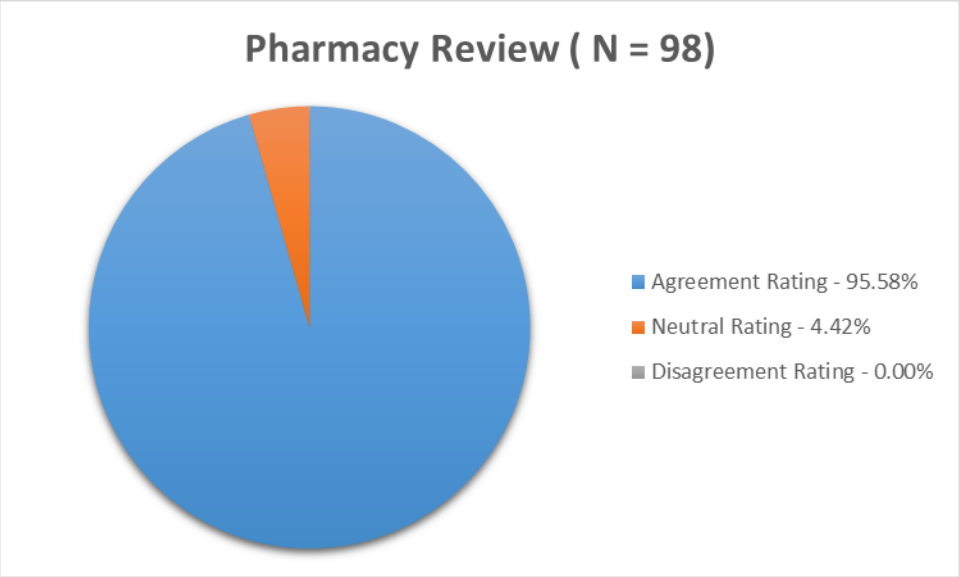


### Overall Rating – Hospital Pharmacy

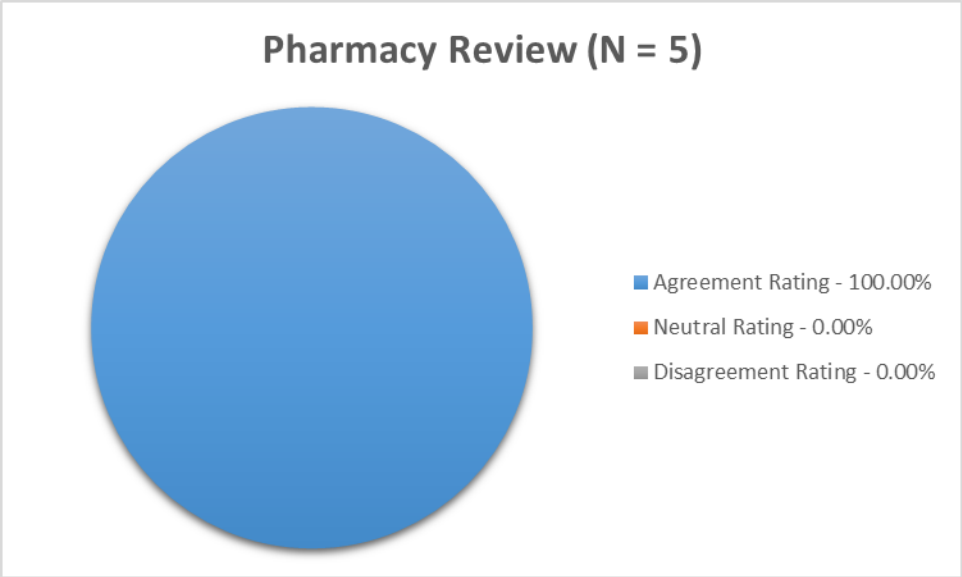



## Pharmacy Review Section Results

### Overall Rating – Community Pharmacy

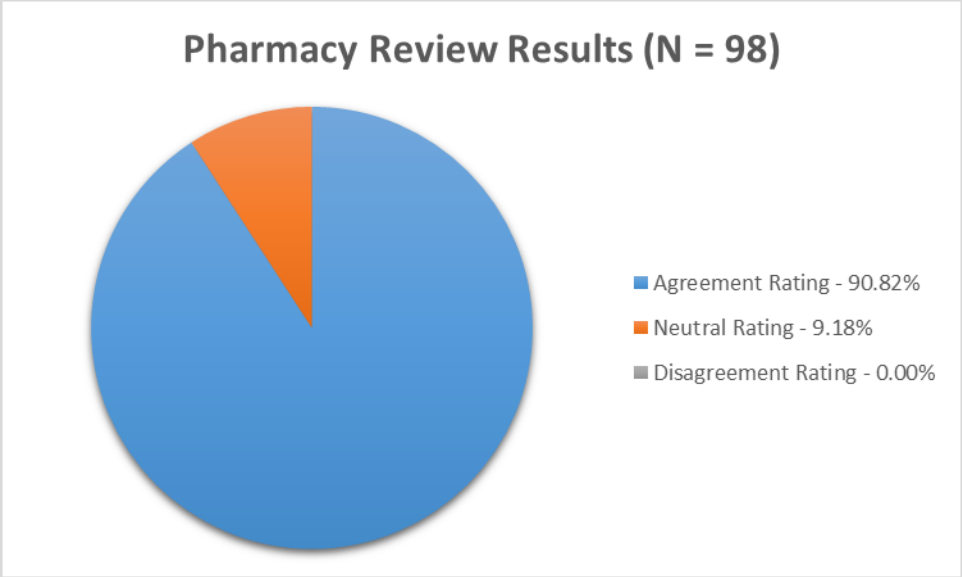


### Overall Rating – Hospital Pharmacy

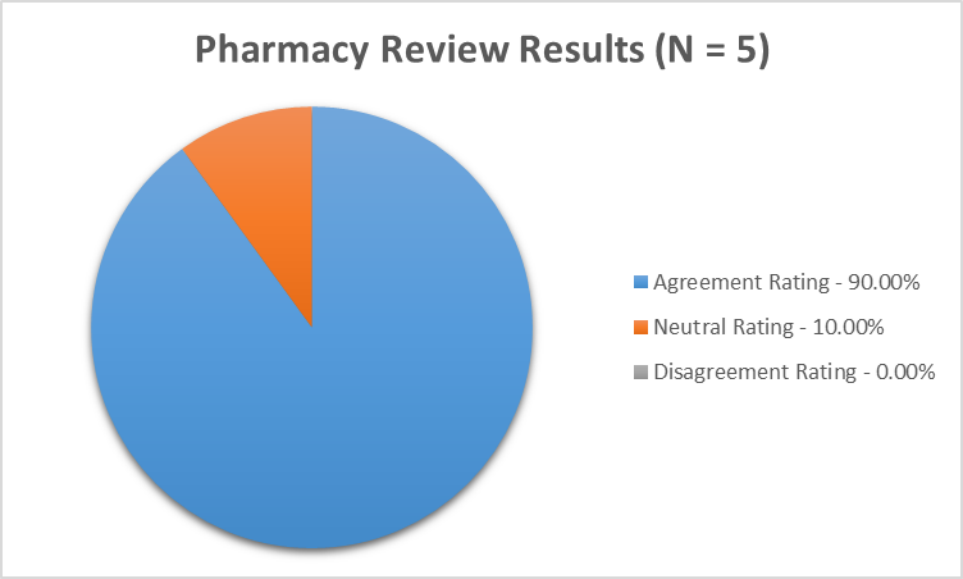



## Pharmacy Review Results Section Results

### Overall Rating – Community Pharmacy



### Overall Rating – Hospital Pharmacy

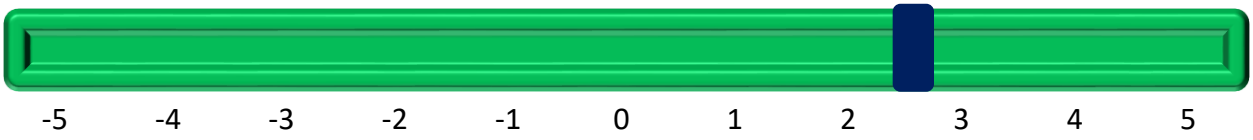



## Pharmacy Review Impact Section Results

***Rate the impact to your pharmacy after the Pharmacy Review. Use 0 as the baseline (i.e. before the practice review).***

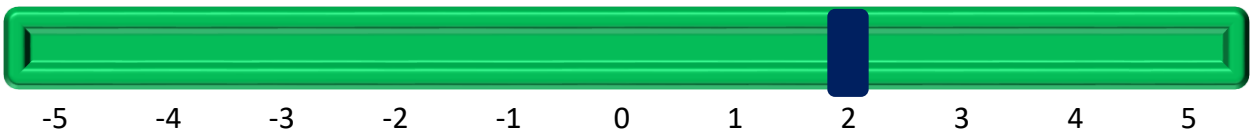
**Community Pharmacy Review Overall Impact Rating (N = 98)**

***+2.57***




**Hospital Pharmacy Review Overall Impact Rating (N = 5)**

***+2.00***




***Overall Impact Rating = Sum of all scores / 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.*

***Rank the top 3 areas in the Pharmacy Review that have the highest positive impact on your pharmacy after the review.***

| Community Pharmacy Review Impact Ranking (Highest Impact = 3 points, Second Highest Impact =2 points, Third Highest Impact = 1 point) (N=98) | |
|---|---|
| **Documentation** | 195 |
| **Prescriptions** | 81 |
| **Security** | 68 |
| **Pharmacy Manager's Responsibilities** | 61 |
| **Dispensary** | 41 |
| **Equipment and References** | 38 |
| **Inventory Management** | 34 |
| **External to Dispensary** | 31 |
| **Dispensed Products** | 17 |
| **Confidentiality** | 16 |

***Overall Impact Score = Sum of (points X votes) for each level of impact (Highest, Second Highest, Third Highest)*

| Hospital Pharmacy Review Impact Ranking (Highest Impact = 3 points, Second Highest Impact =2 points, Third Highest Impact = 1 point) (N=5) | |
|---|---|
| **Inventory Management – Nursing Units** | 11 |
| **Security** | 7 |
| **Narcotic and Controlled Drug Substances** | 5 |
| **Patient Records and Documentation** | 4 |
| **Equipment and References** | 3 |
| **Dispensed Products** | 3 |
| **Drug Orders** | 1 |
| **Confidentiality** | 0 |
| **Inventory Management - Pharmacy** | 0 |
| **After Hours Services** | 0 |
| **Pharmacy Manager's Responsibilities** | 0 |

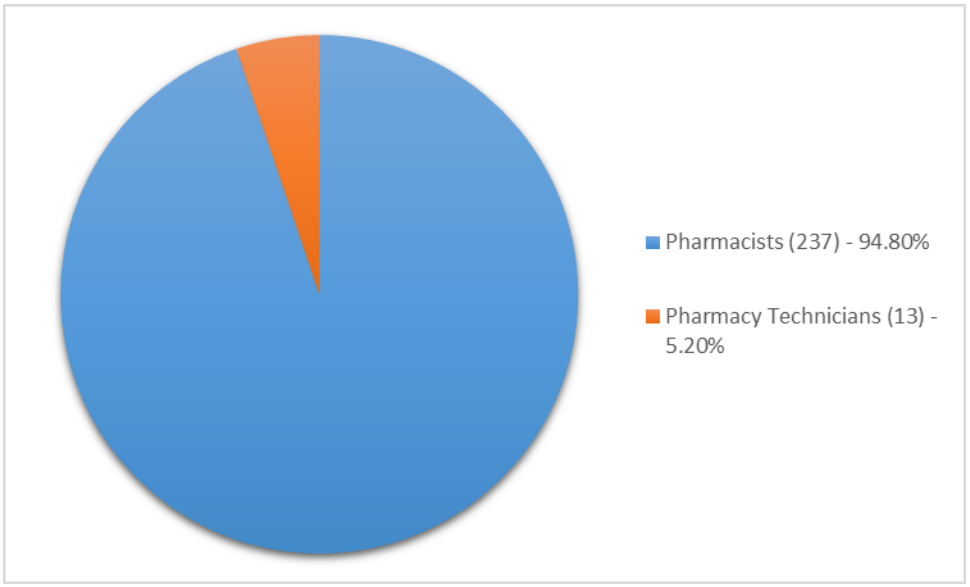
***Overall Impact Score = Sum of (points X votes) for each level of impact (Highest, Second Highest, Third Highest)*

# Appendix E

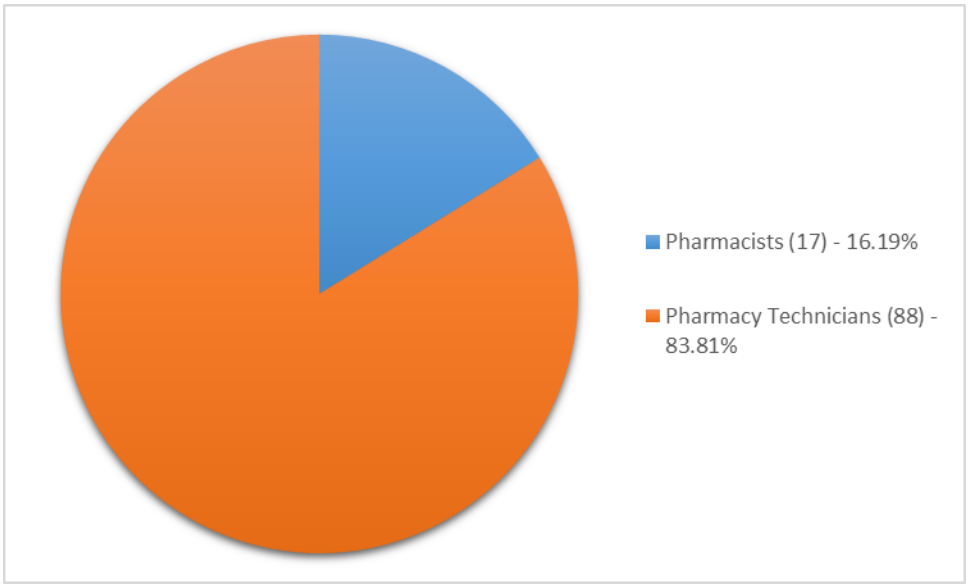
## Pharmacy Professionals Review

## Pharmacy Professionals Review Respondents by Registration Category

### Community Pharmacy Professionals - Respondents by Registration Category

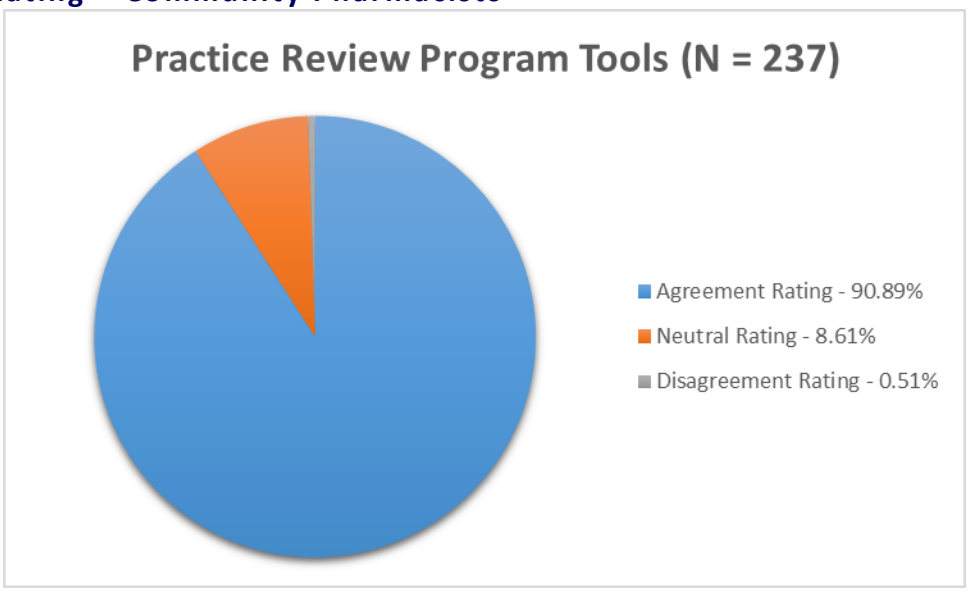



### Hospital Pharmacy Professionals - Respondents by Registration Category



# Practice Review Program Tools (Pharmacy Professionals Review) Section Results

## Overall Rating – Community Pharmacists



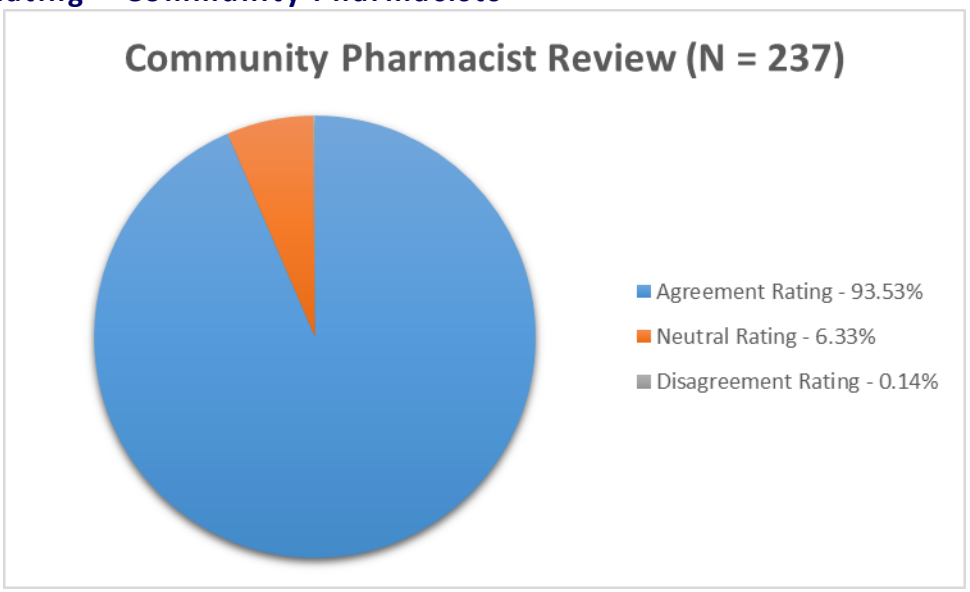

## Overall Rating – Community Pharmacy Technicians

## Overall Rating – Hospital Pharmacists

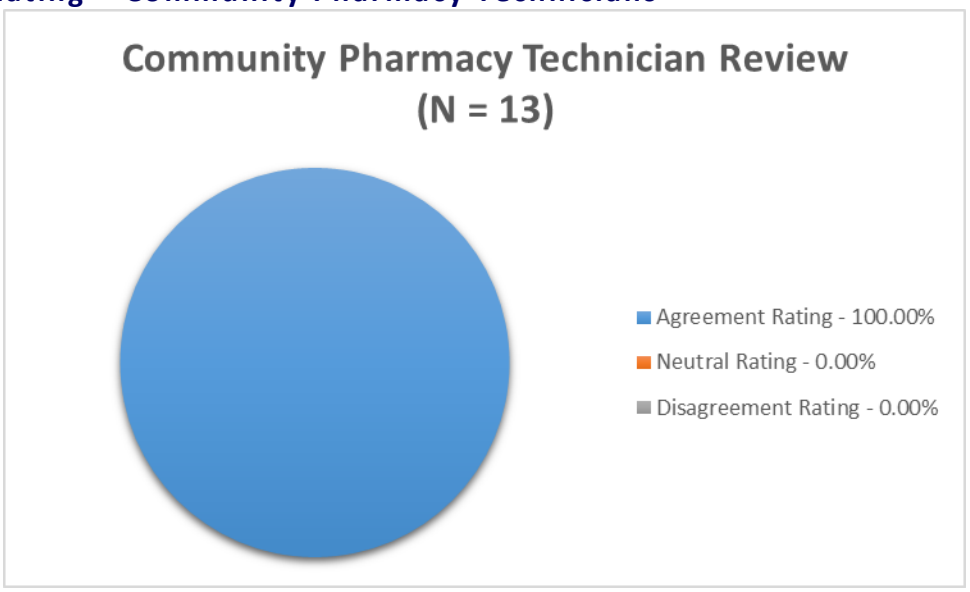

## Overall Rating – Hospital Pharmacy Technicians

# Pharmacy Professionals Review Section Results

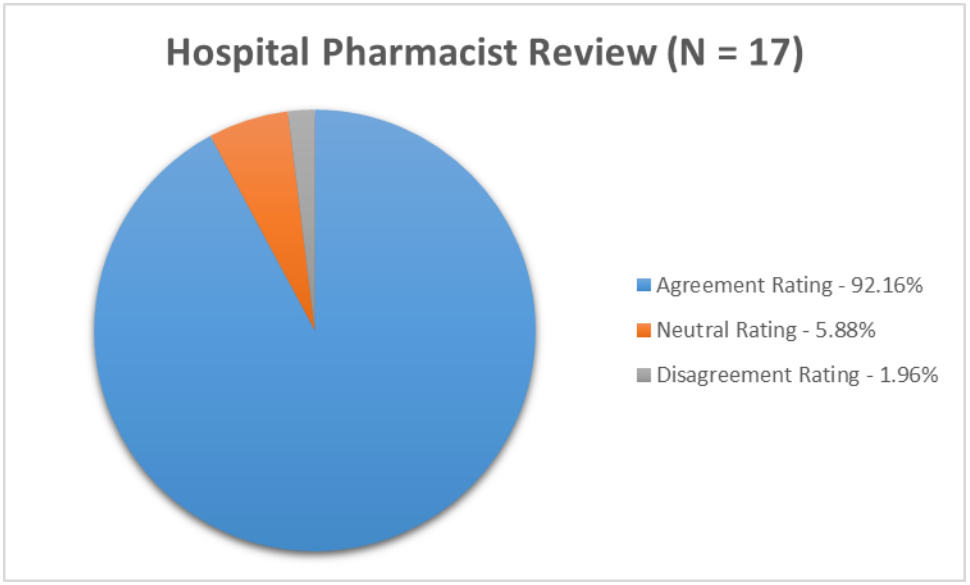
## Overall Rating – Community Pharmacists



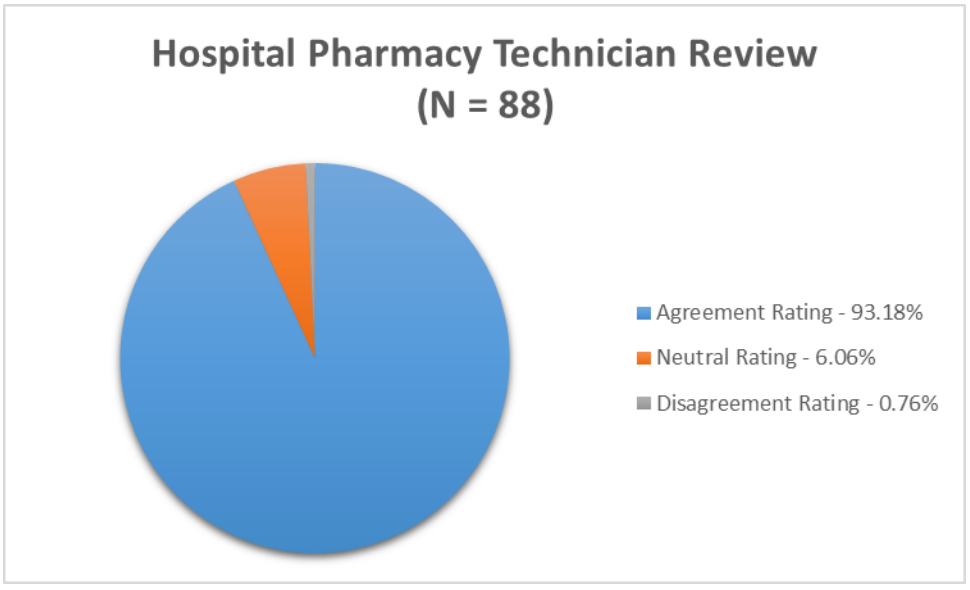

## Overall Rating – Community Pharmacy Technicians



## Overall Rating – Hospital Pharmacists

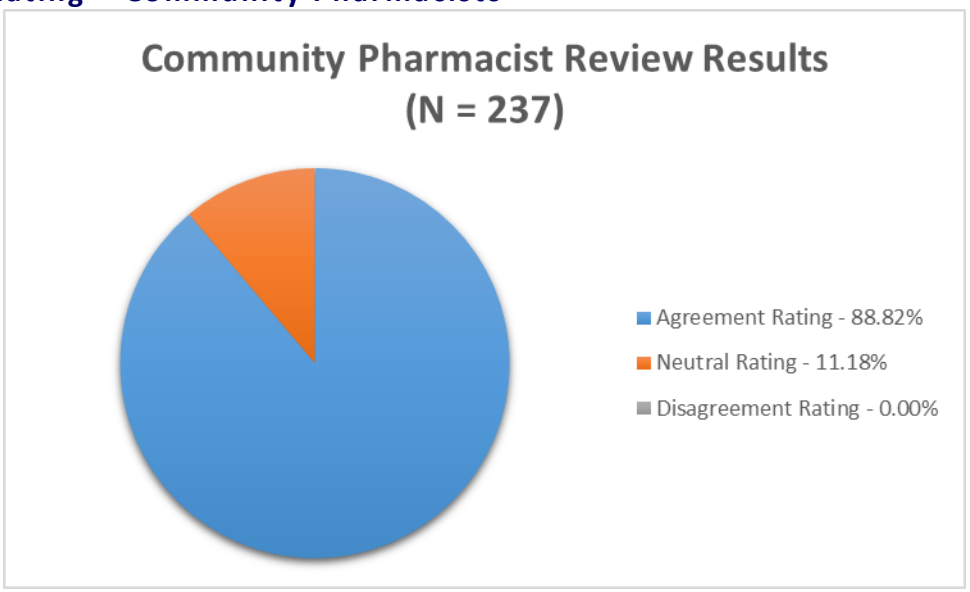



## Overall Rating – Hospital Pharmacy Technicians

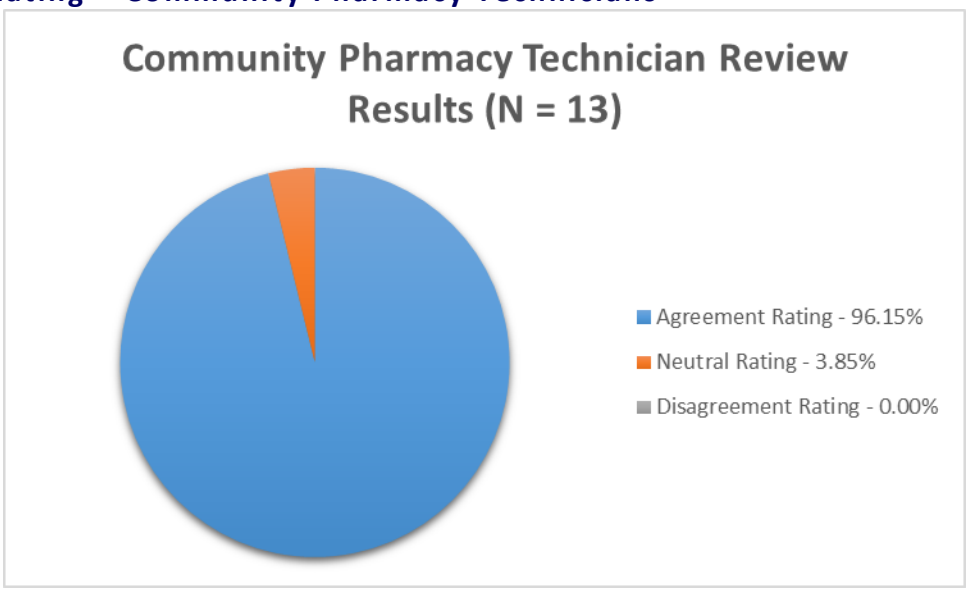


# Pharmacy Professionals Review Results Section Results

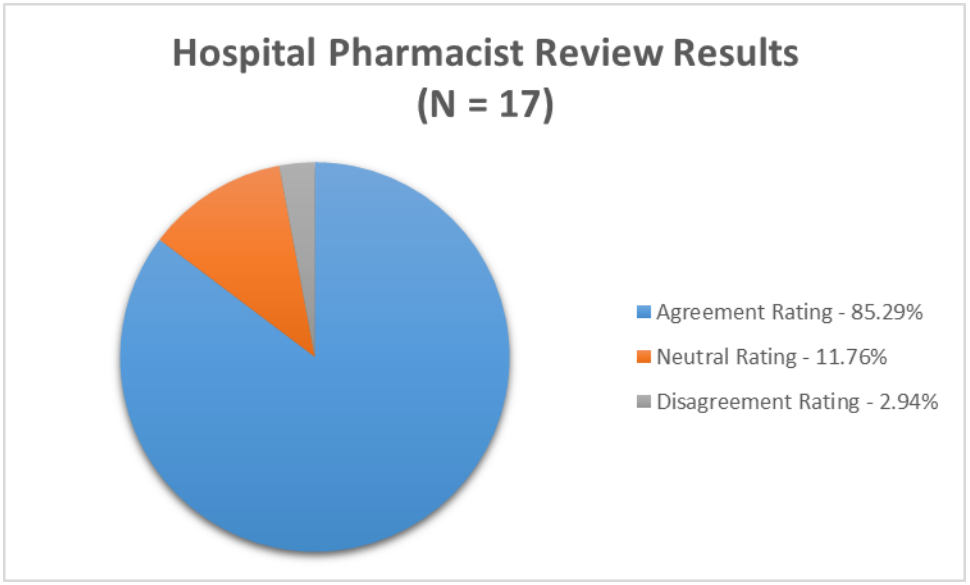
## Overall Rating – Community Pharmacists



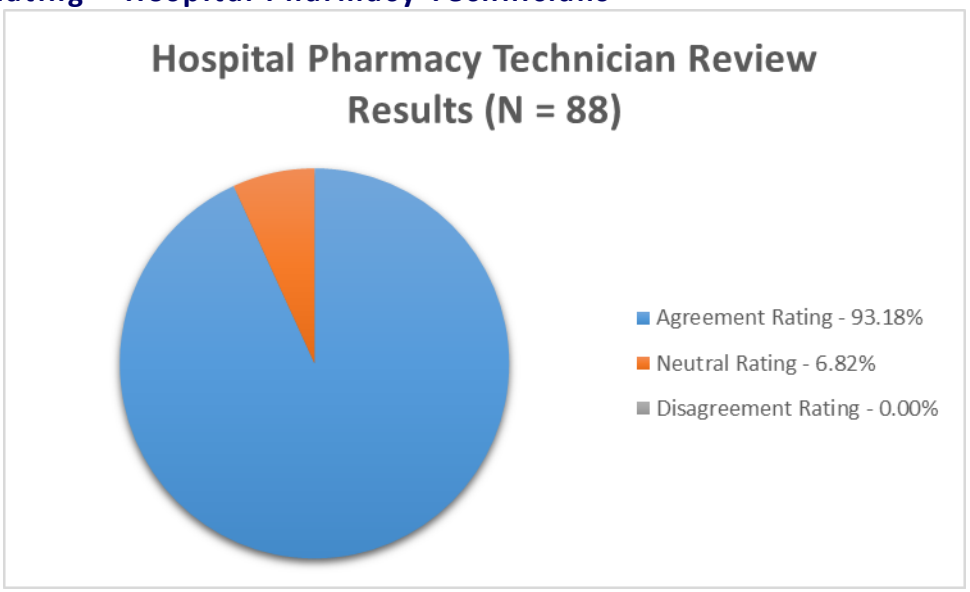

## Overall Rating – Community Pharmacy Technicians



## Overall Rating – Hospital Pharmacists




## Overall Rating – Hospital Pharmacy Technicians

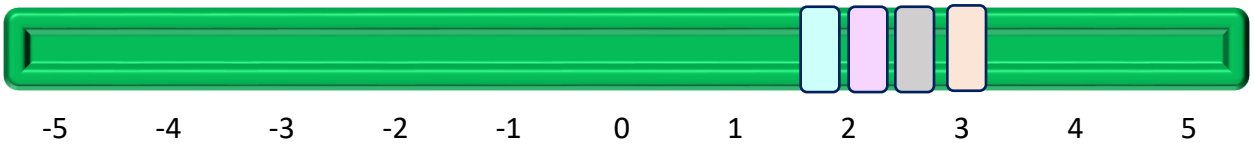


# Pharmacy Professionals Review Impact

***Rate the impact to your practice after the Pharmacy Review. Use 0 as the baseline (i.e. before the practice review).***

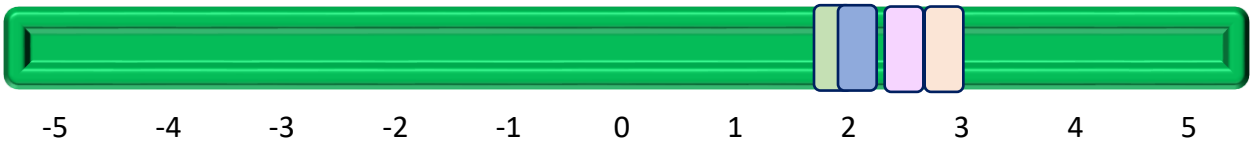
### Community Pharmacists (N = 237)

| *Category* | *Overall Impact Rating* |
|---|---|
| **Documentation** | ***+3.02*** |
| **Counseling** | ***+2.69*** |
| **Patient Identification Verification** | ***+2.16*** |
| **PharmaNet Profile Check** | ***+1.80*** |



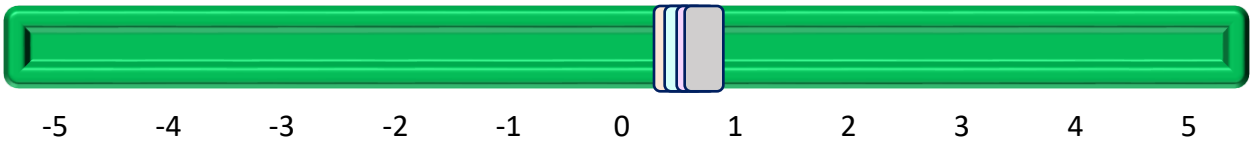

### Community Pharmacy Technicians (N = 13)

| *Category* | *Overall Impact Rating* |
|---|---|
| **Documentation** | ***+2.85*** |
| **Patient Identification Verification** | ***+2.54*** |
| **Product Distribution** | ***+2.08*** |
| **Collaboration** | ***+1.92*** |



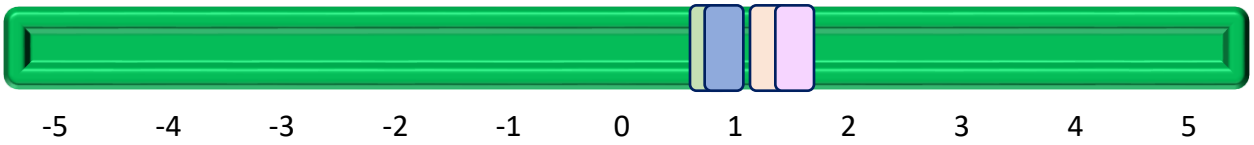
## Hospital Pharmacists (N = 17)

| *Category* | *Overall Impact Rating* |
|---|---|
| **Counseling** | ***+0.59*** |
| **Patient Identification Verification** | ***+0.53*** |
| **Profile Check** | ***+0.47*** |
| **Documentation** | ***+0.41*** |




## Hospital Pharmacy Technicians (N = 88)

| *Category* | *Overall Impact Rating* |
|---|---|
| **Patient Identification Verification** | ***+1.54*** |
| **Documentation** | ***+1.31*** |
| **Product Distribution** | ***+0.95*** |
| **Collaboration** | ***+0.82*** |

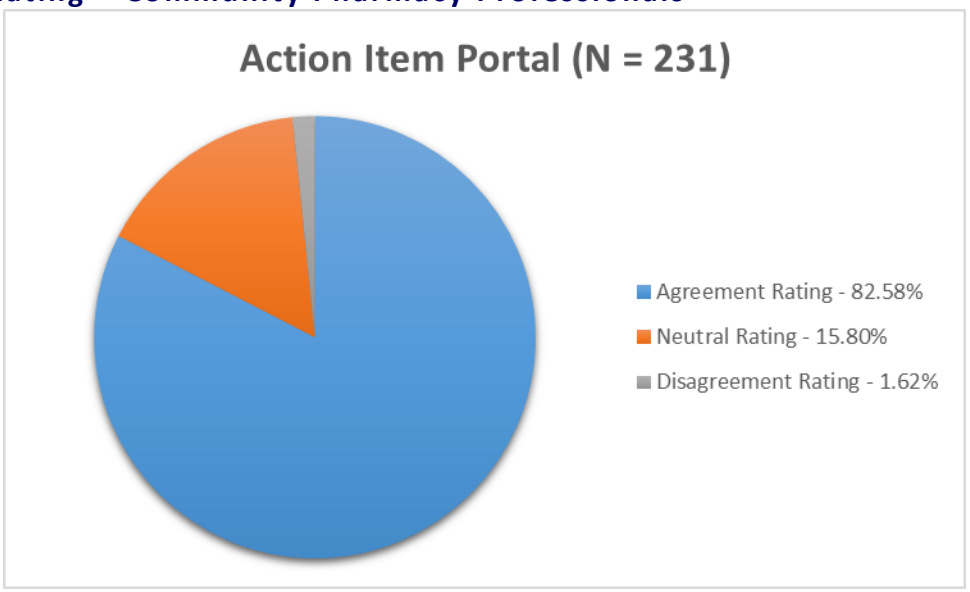



***Overall Impact Rating = Sum of all scores / Total Count*

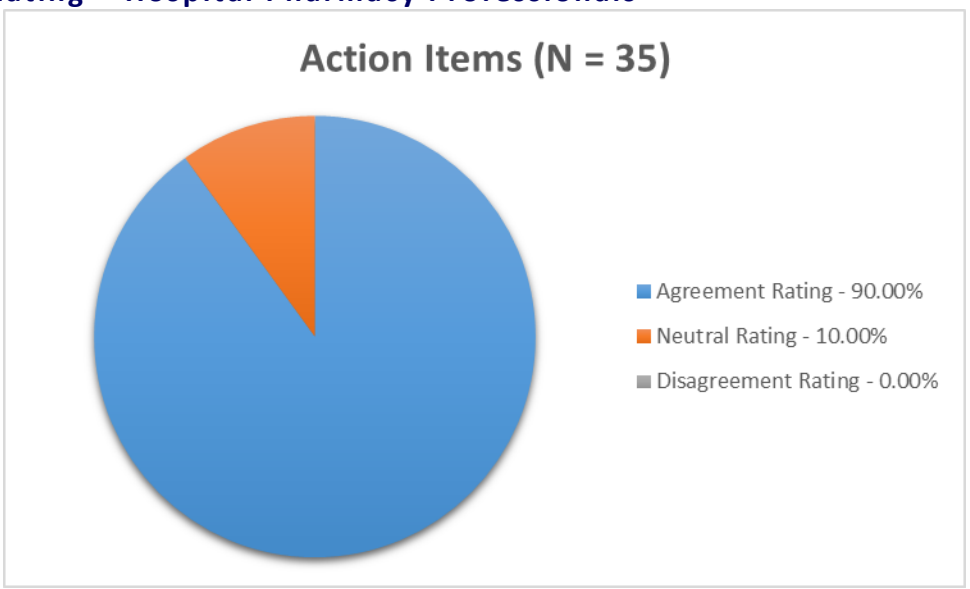
*Note: For reference, 0 means no perceived impact at all. Anything above this had a perceived positive impact, anything below had a perceived negative impact.*

# Action Items / Action Item Portal Section Results

### Overall Rating – Community Pharmacy Professionals

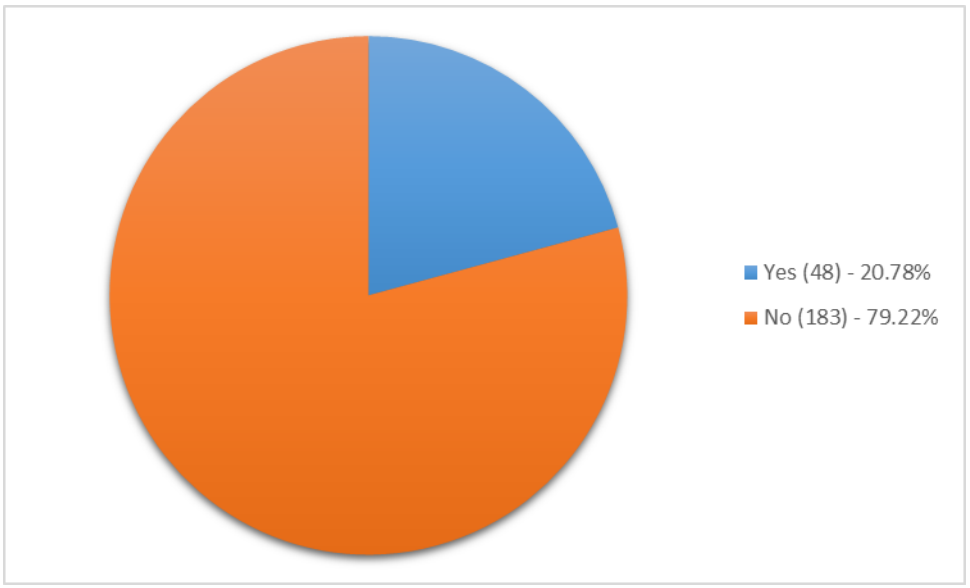



### Overall Rating – Hospital Pharmacy Professionals

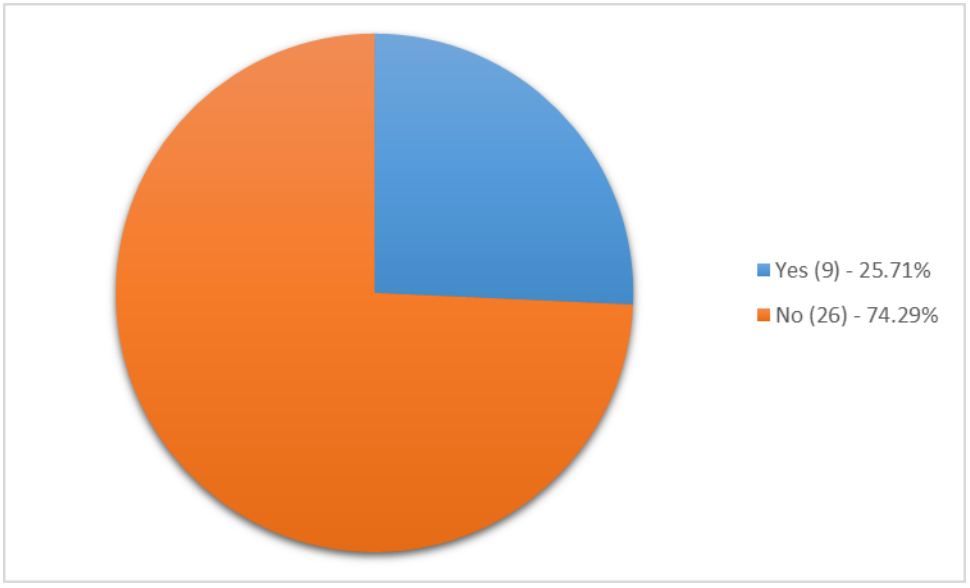


## *Did you experience any technical difficulties when submitting your action item(s)?*

### Community Pharmacy Professionals, N = 231 Respondents

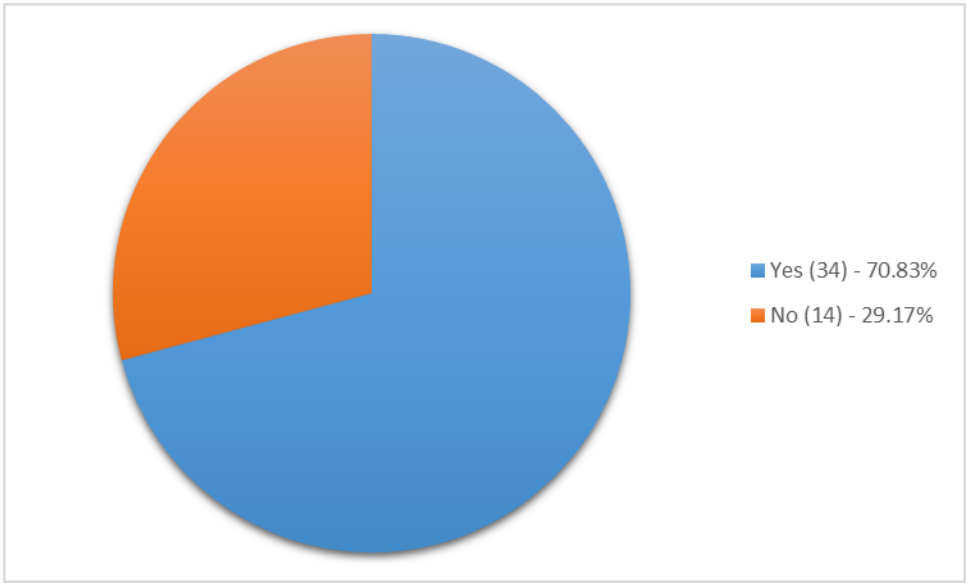



### Hospital Pharmacy Professionals, N = 35 Respondents

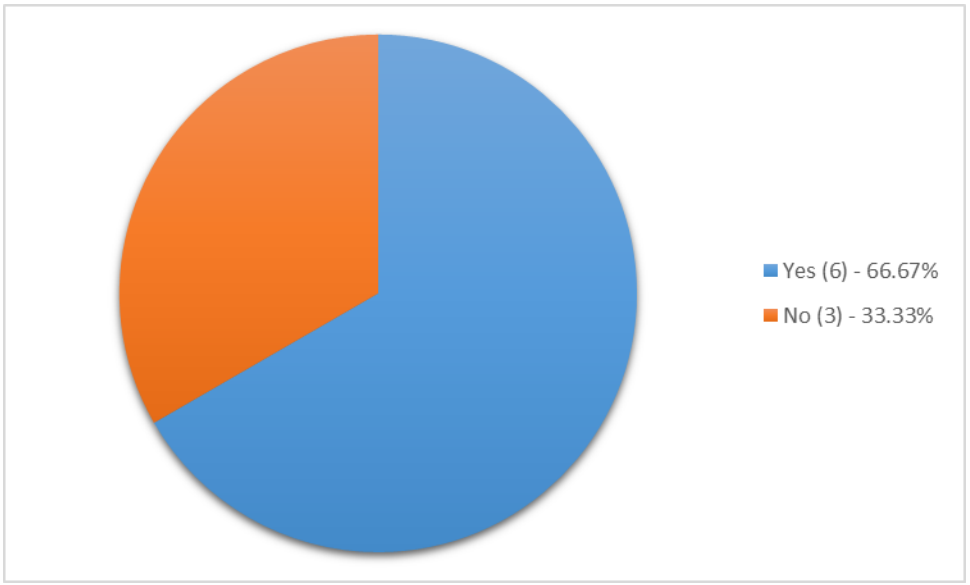


## *Did you receive satisfactory technical support from the PRP department?*

### Community Pharmacy Professionals, N = 48 Respondents

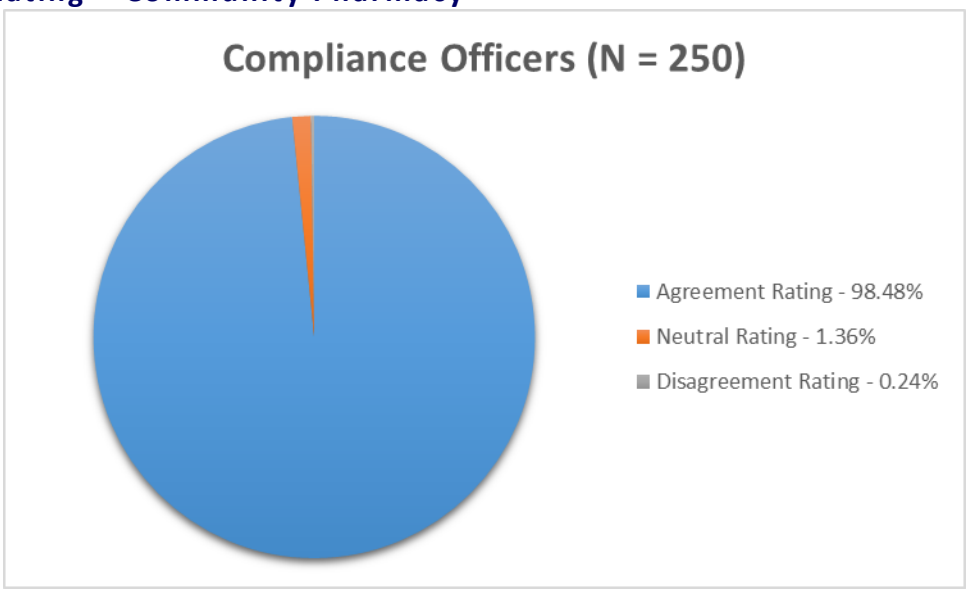



### Hospital Pharmacy Professionals, N = 9 Respondents

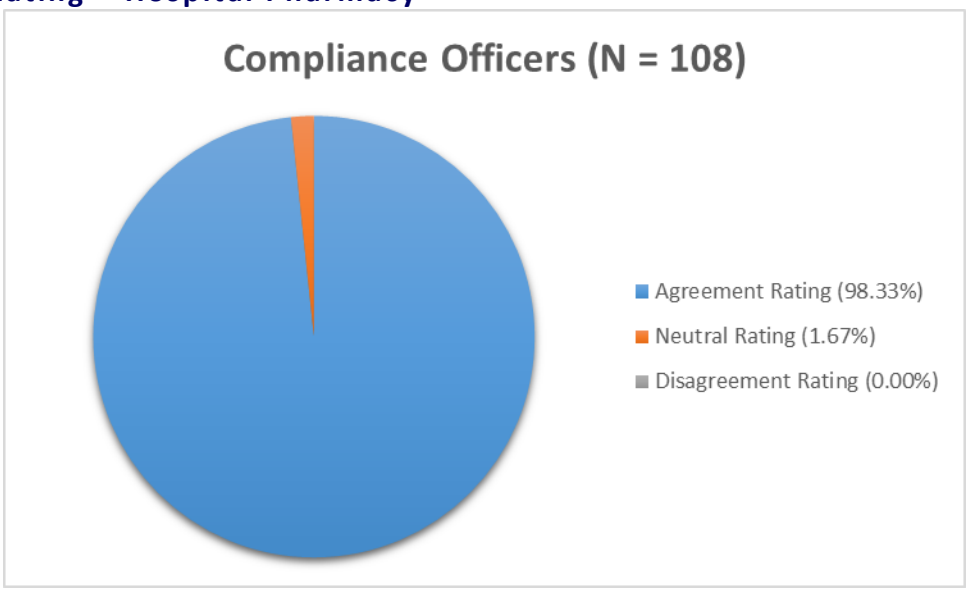


# Compliance Officers Section Results

## Overall Rating – Community Pharmacy




## Overall Rating – Hospital Pharmacy



# Appendix F

## PRP Changes Resulting From Feedback

| Action Taken | Feedback Received |
|---|---|
| Practice review schedule modified<br>• No reviews Dec 15-Jan3<br>• Replaced with CO training | Practice reviews at the end of December are disruptive to pharmacies |
| Increase in scheduling from 2 PPRs to 3 PPRs per day | Scheduling of reviews could be more efficient and less disruptive |
| Practice Review schedules allow for irregular review times to accommodate pharmacy schedules | Flexibility needed to accommodate multiple shifts including graveyard and weekends |
| IT updates to online Pharmacy Pre-Review | Technical difficulties with Pharmacy Pre-Review |
| Processes implemented to grant extensions for Pharmacy Pre-Reviews | Additional time required to complete Pharmacy Pre-Reviews |
| Addition of practice specific question sets | Practice reviews need to reflect diverse practice types |
| Implementation of phone confirmation | Scheduling emails not received by pharmacy manager |
| PRP staff provides extra support for scheduling process | Pharmacy managers required assistance in coordinating staff schedules for reviews |
| Change in format of survey data collection | Effectiveness of survey questions and tools evaluated |
| 1 business day response time implemented | Responsiveness of communication with the College could be improved |
| Pharmacy technician specific focus areas implemented | Focus areas for PPRs did not effectively reflect pharmacy technician scope |
| College's IT department review and interim communication solutions implemented | Compatibility issues with Safari (Apple) browser users |
| PRP and the IT department collaboration to explore solutions | Need for continuous IT improvement to better support internal and external users |

| Action Taken | Feedback Received |
|---|---|
| Insights Articles developed<br>• Scheduling and Preparing for Reviews<br>• Documentation Requirements for Emergency Prescription Refills<br>• Patient Identification Verification in Hospital Pharmacies<br>• Exploring Mandatory Medication Error Reporting<br>• Hospital Pharmacy Managers – How to Schedule Practice Reviews and Complete a Pre-Review<br>• New PRP Support Tools Available for Pharmacy Technicians on Collaboration and Product Distribution | Registrants learning from each other's reviews |
| Review feedback and results used to inform legislative updates for:<br>• PODSA Ownership and Bylaw Modernization<br>• Security Bylaw<br>• Electronic record keeping<br>• Counselling Bylaw<br>• Opioid Agonist Treatment (OAT) Policies | Legislation is ambiguous/difficult to interpret |

# Appendix G

## 2018-2019 PRP Insights Articles

### Scheduling and Preparing for your Community Pharmacy Practice Review

https://www.bcpharmacists.org/readlinks/prp-insights-scheduling-and-preparing-your-community-pharmacy-practice-review

### Documentation Requirements for Emergency Prescription Refills

https://www.bcpharmacists.org/readlinks/prp-insights-documentation-requirements-emergency-prescription-refills

### Patient Identification Verification in Hospital Pharmacies

https://www.bcpharmacists.org/readlinks/prp-insights-patient-identification-verification-hospital-pharmacies

### Exploring Mandatory Medication Error Reporting

https://www.bcpharmacists.org/readlinks/exploring-mandatory-medication-error-reporting

### Hospital Pharmacy Managers – How to Schedule Practice Reviews and Complete a Pre-Review

https://www.bcpharmacists.org/hospital-pm-schedule-and-pre-review

### New PRP Support Tools Available for Pharmacy Technicians on Collaboration and Product Distribution

https://www.bcpharmacists.org/readlinks/new-prp-support-tools-available-pharmacy-technicians-collaboration-and-product

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# 6. Practice Review Committee

**Michael Ortynsky**

Vice-Chair of Practice Review Committee

**James Van**

Community Pharmacy Compliance Officer

College of Pharmacists of British Columbia

# 6 a) Committee Updates

College of Pharmacists of British Columbia

# 6 b) Practice Review Data Report & Registrant Feedback Survey Report

College of Pharmacists of British Columbia

# Outline

1. **Practice Review Program**
   - Background
   - Overview
2. **Practice Review Team**
3. **2018-2019**
   - Review Data
   - Registrant Feedback Survey
4. **Key Messages & Next Steps**

College of Pharmacists of British Columbia

# Background

**2012-2014**

- Changes to quality assurance program initiated
- Consultations and Program development
- Knowledge Assessment Exam discontinued

**2015**

- Community pharmacy practice reviews launched

**2017**

- Hospital pharmacy practice reviews launched

**2019**

- Residential care pharmacy practice reviews launched

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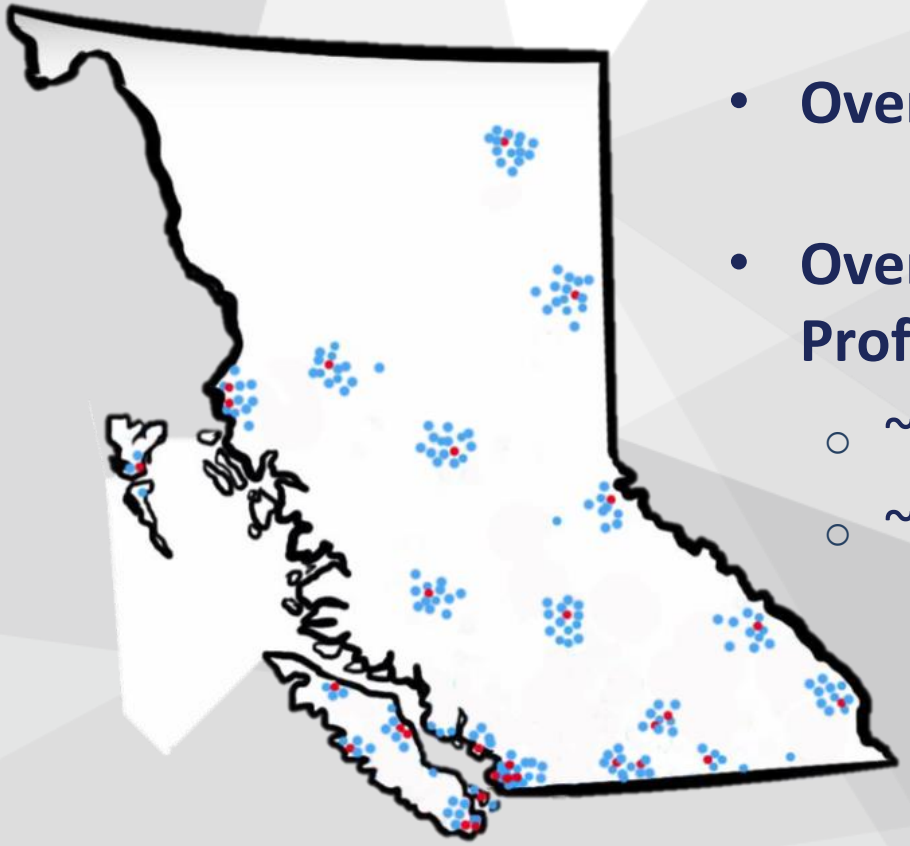
# Community Pharmacy Demographics

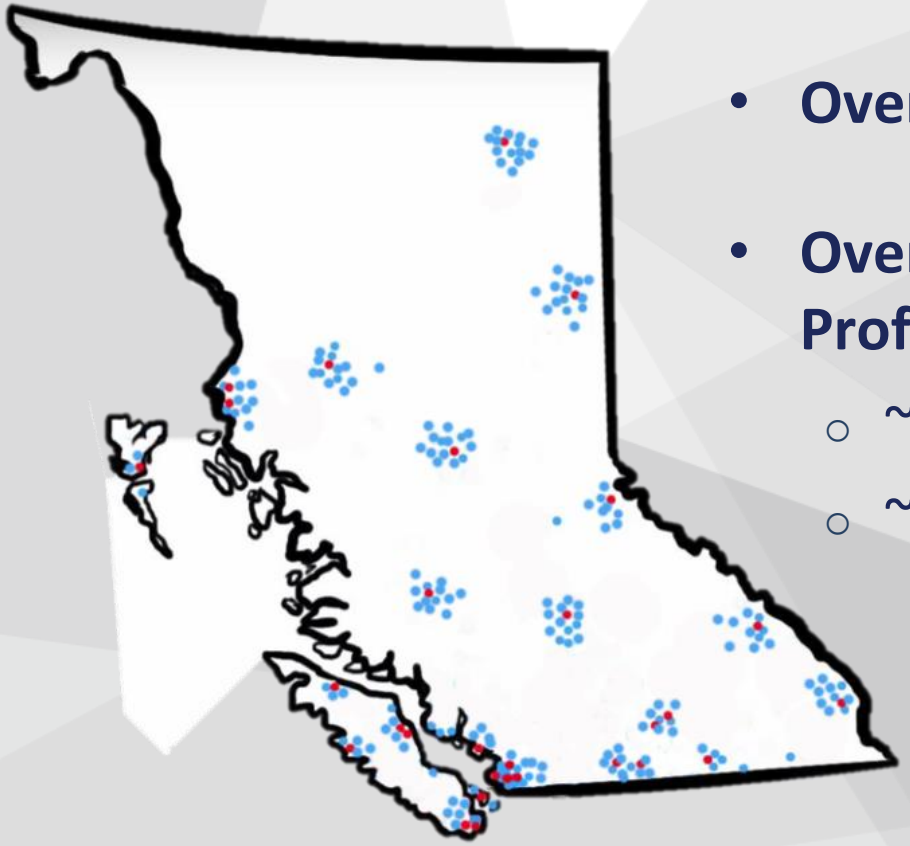


- **Over 1350 Community Pharmacies**
- **Over 4400 Community Pharmacy Professionals**
  - ~ 3990 Pharmacists
  - ~ 420 Pharmacy Technicians

**As of April 2019**

College of Pharmacists of British Columbia

# Hospital Pharmacy Demographics



- **Over 70 Hospital Pharmacies**
- **Over 1900 Hospital Pharmacy Professionals**
  - ~ 990 Pharmacists
  - ~ 940 Pharmacy Technicians

**As of April 2019**

College of Pharmacists of British Columbia

# Overview

College of Pharmacists of British Columbia

# Designed to Continuously Improve Public Safety

**The Practice Review Program helps protect public safety by:**

- Improving compliance with College Bylaws and Professional Practice Policies
- Focusing reviews on areas of practice identified as having the most impact on patient safety
- Proactively identifying where pharmacy professionals may need more guidance or education to provide quality pharmacy care
- Identifying emerging issues where more guidance or strengthened requirements may be needed to protect public safety

College of Pharmacists of British Columbia

# Pharmacy Inspections Prior to Practice Review Program

| Fiscal Year | Community Pharmacy | Hospital Pharmacy |
|---|---|---|
| 2012-13 | 90 | 34 |
| 2013-14 | 138 | 20 |
| 2014-15 | 122 | 20 |
| **Total** | **350** | **74** |

College of Pharmacists of British Columbia

# Reviews Since Launch of Practice Review Program

| Fiscal Year | Community Pharmacy | Hospital Pharmacy |
|---|---|---|
| 2015-16 | 211 | N/A |
| 2016-17 | 181 | N/A |
| 2017-18 | 240 | 23 |
| 2018-19 | 287 | 21 |
| **Total** | **919** | **44** |

College of Pharmacists of British Columbia

# Reviews Since Launch of Practice Review Program

| Fiscal Year | Community Pharmacists | Hospital Pharmacists | Community Technicians | Hospital Technicians |
|---|---|---|---|---|
| 2015-16 | 487 | N/A | 40 | N/A |
| 2016-17 | 527 | N/A | 51 | N/A |
| 2017-18 | 713 | 160 | 95 | 172 |
| 2018-19 | 738 | 118 | 58 | 311 |
| **Total** | **2465** | **278** | **244** | **483** |

College of Pharmacists of British Columbia

# Meet the Practice Review Team

**Ashifa Keshavji**

*Director of Practice Reviews & Quality Assurance*

**Ashley Le**

*Practice Reviews & QA Coordinator*

**Ed Diaz**

*Practice Reviews & QA Coordinator / Hospital Compliance Officer*

**Megi Koroveshi**

*Practice Reviews & QA Administrative Assistant*

**Givan Ho**

*Practice Reviews & QA Administrative Assistant*

College of Pharmacists of British Columbia

# Community Compliance Officers

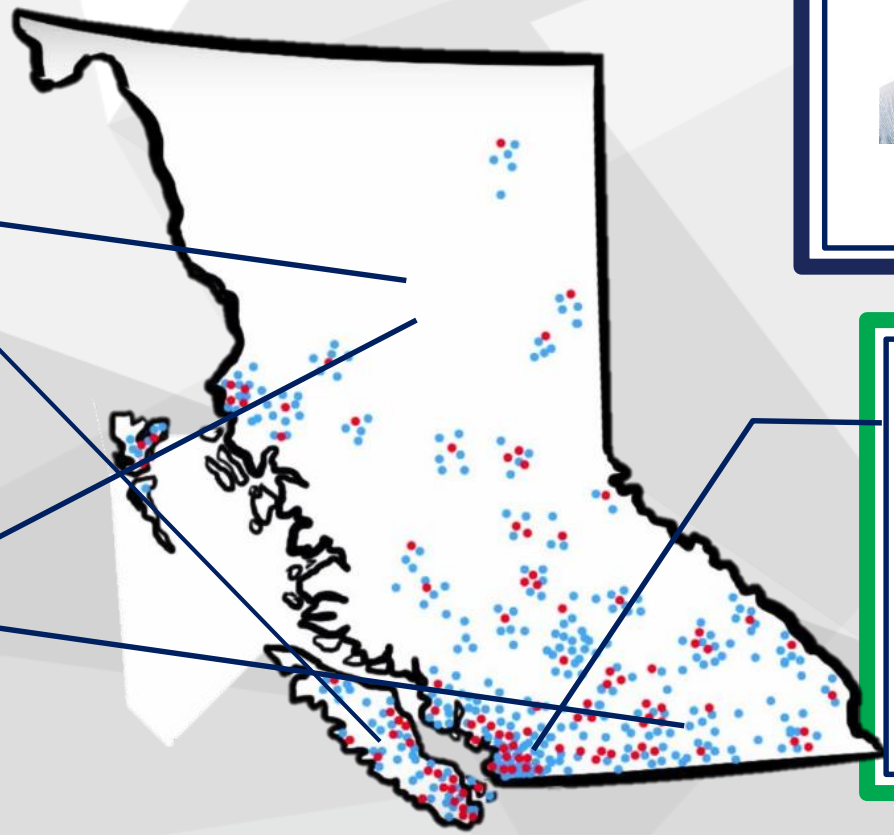
## Hospital Compliance Officers

**District 3 & 5** *(Vancouver Island / Coastal & Northern BC)*

**TBA**

**District 4 & 5** *(Kootenay / Okanagan & Northern BC)*

**David**



**Districts 6 & 7** *(Urban/Community Hospitals)*

**Wesley**

**Bethany**

**Ed**

**Districts 1 & 2** *(Metro Vancouver / Fraser Valley)*

**James**

**Mark**

**Monica**

**John**

College of Pharmacists of British Columbia

# Practice Review Program Data

## Reviews Conducted 2018-2019

| | Pharmacies | Pharmacists | Pharmacy Technicians |
|---|---|---|---|
| **Community** | 287 | 738 | 58 |
| **Hospital** | 21 | 118 | 311 |
| **Total** | 308 | 856 | 369 |

College of Pharmacists of British Columbia

# Practice Review Program Data

## Methodology

- Community pharmacy
  - Data collected via computer application
  - More detailed results
- Hospital pharmacy
  - Data collected manually via excel forms
  - Data extraction and analysis limited to broader scope

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# Community Pharmacy Review Categories

- External to Dispensary
- Dispensary
- Security
- Equipment & References
- Prescriptions
- Confidentiality
- Inventory Management
- Dispensed Products
- Documentation
- Pharmacy Manager Responsibilities
- *Methadone**
- *Compounding**

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# Hospital Pharmacy Review Categories

- Pharmacy Security
- Equipment & References
- Drug Orders
- Confidentiality
- Inventory Management - Pharmacy
- Inventory Management – Nursing Unit
- Narcotics and Controlled Drug Substances
- Dispensed Products
- Patient Records / Documentation
- After Hours Services
- Pharmacy Manager's Responsibilities
- Non-Sterile Compounding*
- Bulk Packaging*
- Residential Care*
- Sterile Compounding*
- Ambulatory / Outpatient Services*

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# Pharmacist Review Categories

| Community | Hospital |
| --- | --- |
| Patient Identification Verification | Patient Identification Verification |
| Profile Check | Profile Check |
| Counselling | Counselling |
| Documentation | Documentation |

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# Pharmacy Technician Review Categories

| Community |
| --- |
| Patient Identification Verification |
| Product Distribution |
| Collaboration |
| Documentation |

| Hospital |
| --- |
| Patient Identification Verification |
| Product Distribution |
| Collaboration |
| Documentation |

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# Impact of Data

- All action items identified during review in 2018-2019 fiscal year were resolved by end of process
  - No referrals to Inquiry Committee
- Registrant support tools developed based on review outcomes
- Computerized application allows for collection of data
  - PRP evaluation, improvement, and development
  - To inform other College areas for consistency

College of Pharmacists of British Columbia

# Registrant Feedback Survey

## Methodology

- Online Surveys emailed to registrants after reviews conducted and action items are complete
  - Voluntary and anonymous
  - Question types:
    - Yes/No
    - 7 point Likert Scale (Strongly Agree – Strongly Disagree)
    - Impact Ratings
    - Open-ended comments

College of Pharmacists of British Columbia

# Registrant Feedback Survey

**Response Rate:**

- 31% of community pharmacy registrants
- 25% of hospital pharmacy registrants

**Data Analysis:**

- Quantitative data analyzed using overall rating, overall impact rating, and impact ranking scores
- Qualitative data grouped based on general theme of comments

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# Calculation of Overall Rating Score (7 point Likert Scale)

$$Agreement\ Rating\ \% = \frac{\#\ Agree + \#\ Strongly\ Agree}{Total\ \#\ of\ Responses}\ x\ 100$$

$$Neutral\ Rating\ \% = \frac{\#\ Somewhat\ Agree + \#\ Neutral + \#\ Somewhat\ Disagree}{Total\ \#\ of\ Responses}\ \text{x}\ 100$$

$$Disagreement\ Rating\ \% = \frac{\#\ Disagree + \#\ Strongly\ Disagree}{Total\ \#\ of\ Responses}\ x\ 100$$

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# Calculation of Overall Impact Rating

$$Overall\ Impact\ Rating = \frac{Sum\ of\ impact\ scores}{Total\ count\ of\ impact\ scores}$$

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# Calculation of Impact Ranking Score

- Pharmacy professionals ranked the impact of parts of the review process on their practice.

- Points are assigned for each level of impact:
  - Highest Impact = 3 points
  - Second Highest Impact = 2 points
  - Third Highest Impact = 1 point

- Impact Ranking Score = Sum of (points X votes) for each level of impact (Highest, Second Highest, Third Highest)

College of Pharmacists of British Columbia

# Calculation of Impact Ranking Score

For example:

- Category ABC
  - 2 votes for highest impact
  - 3 votes for second highest impact
  - 4 votes for third highest impact

- Impact Ranking Score = (3 pts x 2 votes) + (2 pts x 3 votes) + (1 pt x 4 votes) = 16 points

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# Theming of Qualitative Comments

- PRP staff review each comment submission and group it based on underlying theme or message

- For example:

  *"The website is not user friendly. My browser was not supported, College email response was 3 days later. Even then the only suggestion was to download Chrome. I use Safari, a commonly used browser. This should be an option for members to use."*

- Themed as "would like Safari compatibility"

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# What are Pharmacy Professionals saying about the Practice Review Program?

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# Feedback Survey Findings – Community

**Registrants <u>MOST</u> Satisfied with:**

1. Pharmacy Technician Review (100.00% - Agreement Rating)
2. Compliance Officers (98.48% - Agreement Rating)
3. PRP Tools – Pharmacy Technicians (96.92% - Agreement Rating)

College of Pharmacists of British Columbia

# Feedback Survey Findings – Community

**Registrants <u>LEAST</u> Satisfied with:**

1. Action Item Portal (82.58% - Agreement Rating)
2. Pre-Review (82.65% - Agreement Rating)
3. Pharmacy Review Scheduling (87.76% - Agreement Rating)

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# Feedback Survey Findings – Community

**Most Impactful Areas of Pharmacy Review to Practice:**

1. Documentation
2. Prescriptions
3. Security
4. Pharmacy Manager Responsibilities

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# Feedback Survey Findings – Hospital

**Registrants <u>MOST</u> Satisfied with:**

1. PRP Tools – Pharmacy Review (100.00% - Agreement Rating)
2. Hospital Pharmacy Review (100.00% - Agreement Rating)
3. Compliance Officers (98.33% - Agreement Rating)

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# Feedback Survey Findings – Hospital

**Registrants <u>LEAST</u> Satisfied with:**

1. Pre-Review (80.00% - Agreement Rating)
2. Hospital Pharmacy Technicians – PRP Tools (90.06% - Agreement Rating)
3. Hospital Pharmacist Review Results (92.16% - Agreement Rating)

College of Pharmacists of British Columbia

# Feedback Survey Findings – Hospital

**Most Impactful Areas of Pharmacy Review to Practice:**

1. Inventory Management – Nursing Units
2. Security
3. Narcotics and Controlled Drug Substances
4. Patient Records and Documentation

College of Pharmacists of British Columbia

# Application of Findings

Examples of changes made to PRP as a result of feedback

- No reviews scheduled during peak holiday times
- Increased professional reviews per day where possible
- Increased review timing flexibility
- New pre-review tool IT updates and extension policies
- Added pharmacy technician, residential care and compounding specific questions
- Confirmation phone calls
- Survey design changes
- One business day response time
- Exploring browser compatibility issue
- Program evaluation and ongoing development

College of Pharmacists of British Columbia

# Key Messages

- Overall identified as beneficial by registrants
- All pharmacies and pharmacy professionals reviewed in 2018-2019 in compliance after completion of review process
- Registrants most satisfied with Compliance Officers and PRP tools
- Information Technology identified as area most needing enhancement
- Ongoing program evaluation and development

College of Pharmacists of British Columbia

# Next Steps

- Continue using feedback for program evaluation and development
- Conducting organization-wide review of IT systems compatibility
- Ongoing collaboration and communication with pharmacy professionals and other CPBC departments
- Continue to keep focus on regulating in the public interest

College of Pharmacists of British Columbia

# Questions

College of Pharmacists of British Columbia

# BOARD MEETING
# June 14, 2019

## 7. Strategic Plan 2020/2021 to 2024/2025 Goals and Objectives

## DECISION REQUIRED

### Recommended Board Motion:

*Approve the Strategic Plan 2020/2021 – 2024/2025 Goals and Objectives in principle.*

### Purpose

To present the draft Strategic Plan goals and objectives for approval in principle in order for staff to proceed with costing the proposed plan for presentation at the September Board meeting.

### Background

The Board and senior management developed a series of draft goals at the two-day strategic planning session in April 2019. See attached Appendix 1 for the *CPBC April 2019 Strategic Planning Retreat DRAFT Report*.

Integral to the discussions at the session was the report by Harry Cayton, *An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act* ("the Cayton Report"), provided to the Ministry of Health and publically released on April 11, 2019. This report outlines an inquiry into the College of Dental Surgeons of British Columbia and recommendations for changes to the *Health Professions Act*. Since then, staff have had the opportunity to review the report in more detail and gathered information from other health regulators in the province.

The Management Team reviewed all of this information and held a one-day strategic planning session with an external facilitator on May 24, 2019. At this session, the Management Team reviewed the Strategic Plan draft goals and created draft objectives for presentation to the Board.

In developing the draft objectives, the Management Team considered the Cayton Report, and paid particular attention paid to the concepts of "patient safety", "public health and wellness" and "right touch" regulation. These concepts, which were used in the Cayton Report, align with the College's mandate and approach to its work. Additionally, the Management Team also

considered discussions at the Board's April 2019 strategic planning session regarding the term "patient safety" and its meaning.

In addition to the drafting of objectives, the Management Team considered some action items that could be implemented to achieve those objectives.

More details on both the Board's and the Management Team's discussions are included in the *CPBC DRAFT Strategic Plan Report* (see Appendix 2). Topics highlighted in these discussions included:

- Pharmacy care that is: ethical, equitable, inclusive, socially just, respectful, and safe, including culturally safe.
- Commitment to cultural humility as a path to cultural safety.
- Provision of care and services that respects economic status and social justice.
- People feeling respected (not judged) by pharmacy care professionals.
- Inclusive care: inclusive of patient, family, health care team, and the public.
- Workload that enables safe practices such as:
    - Safe use of medication: providing education, information, and communication to end user to ensure safe use.
    - Technical safety: safe dispensing practices that minimize risk of medication errors.
- Emphasis on evidence-based, patient-centered, and interdisciplinary care.
- "Pharmacy Care Provider" in place of "Pharmacy Professional" to avoid perception of power imbalance inherent in "Professional".

**Discussion**

The Appendix 2 document, the *CPBC DRAFT Strategic Plan,* includes goals and objectives. This document will be discussed in detail at the Committee of the Whole meeting on Thursday, June 13, 2019. This draft Strategic Plan also includes comments for possible consideration and next steps. These comments include information from the Board April 2019 session and from the May 2019 Management Team strategic planning session. The comments will inform the narrative regarding each goal that will be included in the final document.

**Five-year Strategic Plan**

As the Management Team's May 2019 strategic planning session progressed, staff considered the complexity of many of the proposed objectives and their potential action items. Given the very complex nature of the goals and objectives, the originally proposed three year time-frame of the Strategic Plan would not allow time to complete many of the action items. Therefore, it is proposed that the term of the Strategic Plan be changed to 2020/21 to 2025/26, to permit five years to complete the action items.

**Next Steps**

If the five-year Strategic Plan goals and objectives in principle are approved by the Board, the following next steps would take place:

| | |
|---|---|
| **July 2019 Management Team Session** | • Map the plan over the next five years.<br>• Develop action plans for the objectives.<br>• Identify other information needed to cost the strategic plan (including staffing, consultants, legal and other resources).<br>• Cost the plan. |
| **September 2019 Board Meeting** | • Present the costed draft Strategic Plan to the Board.<br>• Discuss and determine any final revisions. |
| **November 2019 Board Meeting** | • Propose the adoption the final Strategic Plan. |

## Recommendation

It is recommended that the Board approve the five-year Strategic Plan goals and objectives in principle, as outlined in Appendix 2, to enable staff to proceed with developing action plans and costing the draft Strategic Plan.

| **Appendix** | |
|---|---|
| 1 | CPBC April 2019 Strategic Planning Retreat DRAFT Report |
| 2 | CPBC DRAFT Strategic Plan |

# CPBC Strategic Planning Retreat
April 12-13, 2019

*DRAFT Report*

Karen Graham
April 16, 2019

## Contents



## Participants

*Board*

Arden Barry, Chair, District 7 – Community Hospitals
Christine Antler, Vice Chair, District 2 – Fraser Valley
Mona Kwong, District 1 – Metropolitan Vancouver
Tara Oxford, District 3 – Vancouver Island/Coastal
Steven Hopp, District 4 – Kootenay/Okanagan
Frank Lucarelli, District 5 – Northern British Columbia
Anca Cvaci, District 6 - Urban Hospitals
Bal Dhillon, District 8 – Pharmacy Technicians
Tracey Hagkull, Government Appointee
Justin Singh Thind, Government Appointee
Anne Peterson, Government Appointee
Katie Skelton, Government Appointee

*College Management Staff*

Bob Nakagawa, Registrar
David Pavan, Deputy-Registrar
Mary O'Callaghan, Chief Operating Officer
Ashifa Keshavji, Director of Pharmacy Practice Reviews and Quality Assurance
Doreen Leong, Director of Registration and Licensure
Christine Paramonszyk, Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement

## Introduction

The College of Pharmacists of British Columbia (CPBC) held a retreat on April 12-13, 2019 to develop its strategic plan for 2020 – 2023, focused on creating strategic goals in four theme areas:

- Practice Trends
- Excellence in  Pharmacy
- Professionalism and
- HPA Modernization.

In preparation for the retreat, the Board identified a consultation and research focus for each theme area to guide staff in developing background materials to inform retreat discussions.  Also informing discussions was the December 2018 report by Harry Cayton, *An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act.*

Strategic Goals are defined as positions that CPBC wishes to attain by 2023. They describe where the College needs to be in 2023 in order to be successful and aligned with its Mission and Vision. More on Strategic Goals is found in Appendix A.

Discussions at the retreat focused on strategy and avoided delving too deeply into tactics. This report outlines the draft goals that were refined over the course of discussions and includes participants' thoughts on the scope and nature of the goals as well as tactical considerations that arose during discussions.

## Overarching Theme

CPBC's current strategic plan is presented under the overarching theme of *Organizational Excellence.* Possible overarching themes for the 2020-2023 Strategic Plan were discussed, without consensus on the need for an overarching theme. Following are possibilities for further consideration:

- Raising the Bar;
- Raising the Bar in the Public Interest;
- Excellence in Pharmacy/Pharmacy Practice;
- Public/Patient-focused Pharmacy Excellence; and
- Advancing the Health and Wellness of the Public.

## Draft Strategic Goals

Participants reached consensus on the following six goals. Further work is needed to refine them and subsequent sections in this report include more details on each goal.

1. To allow practice innovation through regulation that enables health and wellness of the public while ensuring patient safety.
2. People in British Columbia are /(The public is) given safe, evidence-based, patient-centred care.
3. To have strong, collaborative engagement with all health professionals to advance patient-centred, team-based care.
4. To have trust and confidence that pharmacy professionals are acting in the public's interest.
5. To have pharmacy professionals be a resource that the public and other health professions trust and value *(Possible Alternative: To have the public and health professions trust pharmacy professionals as valuable resources.)*
6. To have enhanced Standards of Practice that better support/enable patient-centred care.

Discussions on each Draft Strategic Goal are summarised below, including review of each one against SMART(ER) criteria. Definitions for SMART(ER) criteria are found in **Appendix B**.

### *Goal One: To allow practice innovation through regulation that enables health and wellness of the public while ensuring patient safety.*

This goal would include requirements for:

- Ensuring dispensing of product, information and advice to the public and patients that is accurate, safe, timely and confidential
- Confidential environments in which patients interact with pharmacists
- Ensuring that pharmacies and pharmacy professionals have the required resources to provide care that the public needs

Inherent in this goal is "right touch" regulation that supports industry innovation and:

- is flexible
- ensures patients have access to the care they want
- allows Industry to innovate
- enables enhanced pharmacy professionals' focus on health and wellness
- removes or avoids barriers to pharmacy professionals practising to full scope of practice

"Patient Safety" includes

- Commitment to cultural humility,
- Provision of care and services that respect economic status, social justice
- Technical safety
- Workload that enables safe practices

In order to realise this goal, CPBC would remain committed to staying current in its understanding of practice innovation and the associated regulatory implications.

*SMART(ER) Discussion*

| | |
|---|---|
| Specific | ☑ |
| Measurable | ☑ |
| Attainable | ☑ |
| Relevant | ☑ |
| Time-bound | ☑ |

## *Goal Two: People in British Columbia are /(The public is) given safe, evidence-based, patient-centred care.*

*Tactical Considerations*

- This goal is intended to address the relationship between the individual and their pharmacy care providers.
- Provision of care will respect the right to choose other 'non-western' therapies e.g. Traditional Chinese Medicine, Complimentary Medicine, First Nations healing practices etc.

Every pharmacy care professional in every practice site is enabled to provide the same standard of care

- Workload enables safe, evidence-based pharmacy practices
- Work environment enables safe dispensing practices and minimised risk of medication error
- Innovation and technology are key drivers for this goal

"Safe" connotes:

- People feeling respected (not judged) by pharmacy care professionals
- Provision of care that is committed to principles of equitable care, cultural safety and humility
- Provision of care and services that respect economic status, social justice
- Technical safety: safe dispensing practices that minimise risk of medication error
- Safe use of medication: providing education, information, and communication to end user to ensure safe use

*Regulatory Considerations*

- Practice review to include safety as described above
- Taking a proactive approach, for example training managers in safe work environments
- Clarifying CPBC's role versus that of Employment Standards or WorkSafe BC
    - working with these other agencies as needed
- Root cause analyses of medication incidents can implicate owners

*SMART(ER) Discussion*

| | |
|---|---|
| ***Specific*** | ‣ Define safe, evidence-based, patient-centred<br>‣ Consider Medscape versus Primary Literature<br>‣ Consider "Public" versus all in British Columbia<br>‣ Define IT safety |
| ***Measurable*** | ‣ Via survey, I-Quiry, Complaints data, incident reporting data, other sources of data<br>‣ Capture CEs, track coding, declarations<br>‣ Consider programs, enforcement/proof like opioid training, manager training etc.<br>‣ Define measurement tools in objectives |
| ***Attainable*** | ‣ Pieces are attainable |
| ***Realistic*** | ‣ Yes |
| ***Time Bound*** | ‣ Between 2020 - 2023 |

### *Goal Three: To have strong, collaborative engagement with all health professionals to advance patient-centred, team-based care.*

*Regulatory Considerations*

Regulatory approach will enable/promote/support

- Interprofessional collaboration and team-based care
- Referral networks and collaboration among health care professionals, including among pharmacy practice sites
- Patient-initiated collaboration

CPBC to lead engagement with other regulators to facilitate:

- Interprofessional collaboration and team-based care
- Collaborative public engagement across health professions regulators

Consider cross-regulatory college infrastructure

- Which College regulates what?

*Other considerations*

- Consider role of BCPhA
- Innovation is a driver/enabler of effective collaboration, for example electronic health records

*SMART(ER) Discussion*

| | |
|---|---|
| Specific | ☑ |
| Measurable | ☑ |
| Attainable | ☑ |
| Relevant | ☑ |
| Time-bound | ☑ |

A frame that was used to reflect on whether this goal met SMART(ER) criteria:

| Input | Activities | Output | Outcomes |
|---|---|---|---|
| | ▸ Meetings with Colleges<br>▸ IT<br>▸ Benchmark Scores | ▸ Number of meetings<br>▸ Final Scores | Short – Medium – Long term |

*Goal Four: To have trust and confidence that pharmacy professionals are acting first and foremost in the public's interest.*

*Goal Five: To have pharmacy professionals be a resource that the public and other health professions trust and value*
*(Possible Alternative: To have the public and health professions trust pharmacy professionals as valuable resources.)*

The following considerations apply to both goals.

*From the Cayton Report*

"To have the trust of the public and confidence of regulated occupations"

*From the Canadian Medical Protective Association:*

"Professionalism is at the core of medicine's contract with society. It assumes physicians will place the interests of patients above their own, even when this is difficult."

*Frame for these goals*

- Consider the moment of interaction between the patient and pharmacy professional

*Tactical Considerations*

- To ensure public receives care that is: ethical, equitable, inclusive, socially just, respectful, safe - including culturally safe
    - What is inclusive care? Inclusion of team, public, patient, family?
    - Need to see a clear path through cultural humility to cultural safety
- What would build /strengthen public trust? Ensure public understanding of what to expect:
    - Professional comportment – what it looks like
    - Pharmacy profession's role and scope of practice
    - How to raise issues and complaints
    - How to set expectations between patient and provider
- Public/patients' confidence in Pharmacy's ability to provide pharmacy care
- Professionalism is demonstrated through behaviour and relationships
    - Follow through is important
- Terminology: "The profession" or "professional" versus "person(s) providing care"
- Consider how pharmacy care professionals are viewed by themselves and others
- To have recognition of modernized Code of Ethics
    - Professions' understanding of ethics, ethical practice role, scope:
    - Code of Ethics set the expectations of professionalism
    - What to expect of peers and how to behave
    - Code of ethics and 24/7 professionalism
    - Unified code of ethics is coming for all health professionals
- Consider role of pharmacy professionals in the continuum of care
- Consider confidence of profession to take this on
    - Competence is part of professionalism
    - Professional autonomy in making patient-centred decisions
- Pharmacy professionals recognized and valued by all professions as:
    - part of the health care team
    - medication experts
- College's Role:
    - To strengthen trust and confidence in the College's Role
    - To have public trust and confidence in the College's Role
- Link to business owners (direct and indirect)

*SMART(ER) Discussion*

*Goal Four - To have trust and confidence that pharmacy professionals are acting first and foremost in the public's interest.*

| | |
|---|---|
| **Specific** | Prime Focus/First and foremost needed (edited goal with "first and foremost") |
| **Measurable** | Complaints, CE ethics, survey |
| **Attainable** | Yes |
| **Relevant** | Yes |
| **Time-bound** | Ongoing |

*Goal Five: To have pharmacy professionals be a resource that the public and other health professions trust and value*

| | |
|---|---|
| **Specific** | Not particularly – what is "professionalism'? (Edited goal to state "professionals") |
| **Measurable** | Focus on trust and value. Measuring how we are a resource is difficult |
| **Attainable** | Yes |
| **Relevant** | Yes; public interest- be careful. Know what to expect as Pharmacist as medication experts is within the Mission and Vision |
| **Time-bound** | Metric to evaluate beginning and end - ongoing |

## *Goal Six: To have enhanced Standards of Practice that better support/enable patient-centred care.*

*Regulatory Implications*

"Enhanced" links to Right Touch Regulation:

- Clear, flexible, easily adaptable
- Permissive
- Minimize red tape, technical requirements
- Remove fear of punishments, fear of audits
- Standards that are current, for example a requirement for physical address no longer "fits"
- Standards of Practice to be practice agnostic, applicable to all practice sites across the care continuum, including innovative practices that don't "fit" in more traditional practice sites
- In light of impending HPA modernization, CPBC has an opportunity to lead in Standards of Practice modernization

*Tactical Implications*

- To ensure pharmacy professionals are best placed to use full scope of practice
- Frees time for pharmacy care providers to do what benefits the public
- Empowers pharmacy care providers to use professional judgement

*SMART(ER) Discussion*

| | |
|---|---|
| Specific | ☑ |
| Measurable | ☑ |
| Attainable | ☑ |
| Relevant | ☑ |
| Time-bound | ☑ |

## General Discussion

### *Terminology*

- Avoid *Public Health* because it has specific meaning and connotations for other professions
- *The profession(al)* versus *person(s) providing care*
    - *Profession(al)* elevates the professional above the patient, creating an unequal power dynamic
- *Public, patient, client, British Columbians*, or *person/people in British Columbia*
    - Choice is dependent on context and desired outcomes
- *Effective* versus *evidence-based* or *science-based*: these terms were discussed with consensus on using *evidence-based*. Discussion included the following points:
    - Terminology is dependent on the audience
    - BC Health Minister uses "evidence based"; Health Canada uses "science based"
    - 80% of British Columbians have Grade Eight education or higher- capable of understanding evidence-based terminology
    - Evidence-based: there is one definition, more specific (others commented that there is more than one definition)
    - Effective: multiple definitions depending on the reader
    - Effective: can't guarantee effectiveness for specific patient – an unreachable goal
    - Other health professionals use evidence-based; important in collaboration to use same language
    - Evidence-based is progressive, sets a high standard.
    - Concern is rampant about non-evidence-based treatments e.g. homeopathy
    - Regulator lens: problem with pharmacist doing things that are non-evidence based
    - Respect other medicines, other Colleges e.g. TCM, Naturopaths have their own Colleges; Link to cultural humility
    - CPBC should focus on its own registrants; consider that regulation links to products that are found in Pharmacies

### *Research needed to support Board approval of the Strategic Plan*

*1. Clarify the best uses of public, patient, client, person/people, British Columbian*

- Consider relationship-based care
- Undertake literature review to understand best application
- Consider context
- Consider current wording in HPA and Bylaws
- Dynamic approach: accepted terminology may be different in 2020, 2023

*2. What does it mean to be "safe"?*

*3. Where is interprofessional collaboration headed?*

### *SMART(ER) Criteria*

- What happens in the middle of a planning cycle?
    - Consider near, mid-term and long term for each goal

## Appendix A: About Strategic Goals

Strategic goals are statements of position: they describe the position that the organization will have attained in 3-5 years in order to be successful. Success includes alignment with Mission and Vision.

Strategic Goals are stated in future action verbs - to have, to be, to provide, to manage, to offer etc. They:

- Are broad statements of intent that will produce many specific results
- May seem like BHAG (Big Hairy Audacious Goals) that require extraordinary effort
- Can be established without necessarily knowing precisely how they'll be reached
- May require cross-functional effort
- Do not identify cost factors

### Simple, General Examples

| Practice Trends | To have an effective framework in place to regulate contemporary practice by 2023 |
|---|---|
| Excellence in Pharmacy | To have regulatory tools that enable best pharmacy practice across the care continuum by 2023<br><br>To be the leader in Canada in regulation of excellence in Pharmacy |
| Professionalism in Pharmacy | To have the regulatory tools needed to assess professionalism of Registrants in all types of practice sites by 2023 |
| Standards of Practice Modernization | To have Standards of Practice that are current by 2023 |

## Appendix B: SMART(ER) Strategic Goals for CPBC

*At the beginning of the planning cycle, when setting strategic goals*

**Specific:**
Explicitly defined, without ambiguity. Not subject to individual interpretation. Explains specifically the position to be attained.

**Measurable:**
Must be able to answer the question: "How will I know that the goal is attained and what evidence will be needed to confirm it?"

**Attainable:**
Challenging but reachable within foreseeable constraints. Cannot be reached "by all means" but through method and means aligned with Mission, Vision and Values

**Relevant:**
Aligns with CPBC M and V and priorities, and is relevant to anticipated environment to 2023

**Time-bound**
Specify an appropriate time frame for your goal within planning cycle (between 2020 and 2023)

*Through the course of the strategic planning cycle*

**Evaluated:**
Assess progress on a regular basis and identify ways to overcome obstacles. CPBC Staff will define critical milestones and deliverables, usually in an annual operational planning session.

**Revised:**
Revise throughout the planning cycle as new priorities and information arise.

*And/or*

**Revisited:**
Final evaluation to assess the success or failure in achieving the strategic goal.

College of Pharmacists of British Columbia

# *REVISED Strategic Plan*
# *Version Two – Revision One*

Karen Graham
Panacea Canada Inc.
May 27, 2019
May 29, 2019
May 31, 2019

## Contents

## Preamble

The CPBC Board and senior management developed a series of draft goals at a two-day strategic planning retreat in April.

Integral to the discussions at the retreat was the Harry Cayton Report to the Ministry of Health which was released on April 11, 2019. Since then staff has had the opportunity to review the report in more detail and has gathered information from other Health Regulators.

The management team reviewed all of this information and held a one-day strategic planning session with our facilitator, Karen Graham, on May 24, 2019. At this session management reviewed the Strategic Plan draft goals and created draft objectives for presentation to the Board.

The draft objectives considered the Cayton Report and paid particular attention to the concepts of "patient safety", "public health and wellness" and "right touch" regulation.
Management also considered discussions at the Board strategic planning retreat around what should be included in "patient safety". These discussions are included in the *CPBC April 2019 Strategic Planning Retreat DRAFT Report*. Topics highlighted in our discussions included:

- Pharmacy care that is: ethical, equitable, inclusive, socially just, respectful, and safe, including culturally safe
- Commitment to cultural humility as a path to cultural safety
- Provision of care and services that respect economic status and social justice
- People feeling respected (not judged) by pharmacy care professionals
- Inclusive care: inclusive of patient, family, health care team, public
- Workload that enables safe practices such as:
    - Safe use of medication: providing education, information, and communication to end user to ensure safe use
    - Technical safety: safe dispensing practices that minimize risk of medication error
- Emphasis on evidence-based, patient-centered, interdisciplinary care
- "Pharmacy Care Provider" in place of "Pharmacy Professional" to avoid perception of power imbalance inherent in "Professional"

### Next Steps

| | |
|---|---|
| June Board Meeting | Draft Strategic Plan for Board approval in principle |
| July Management Retreat | Map the plan over 5 years<br>Develop action plans for the objectives<br>Identify other information needed in order to cost the strategic plan |
| July and August | Cost the plan<br>Consider staff, consultants, legal and other resources |
| September Board Meeting | Present costed strategic plan<br>Entertain final revisions |
| November Board Meeting | Adopt Final Strategic Plan to wild applause and general adulation…. |

## Strategic Goals and Objectives Overview

### Possible Overarching Theme: Evidence-Based, Patient-Centred, Interdisciplinary Care

Strategic goals and associated objectives have been re-ordered to reflect level of complexity as determined at the Management Staff Planning Session discussions.

### Strategic Goal One: The public is given evidence-based, patient-centred, interdisciplinary care.

Objective 1.1 To ensure evidence-based, patient-centred, interdisciplinary care, rework the Standards of Practice to advance the quality of patient care and reflect contemporary pharmacy practice.

Objective 1.2 To develop an approach to support the provision of evidence-based, patient-centred, interdisciplinary care.

### Strategic Goal Two: To enable practice innovation through regulation that enhances health and wellness of the public and ensures patient safety.

Objective 2.1: Ensure patient safety and public health and wellness by implementing a transparent plan that engages the public in identifying practice innovations and determining the College's role

### Strategic Goal Three: To have the public and health professionals trust and value pharmacy professionals.

Objective 3.1 To build awareness of what the public and health care professionals can expect from pharmacy professionals.

### Strategic Goal Four: To have strong, collaborative engagement with all health professions to advance patient-centred, interdisciplinary care.

Objective 4.1 Enhance patient health and wellness by developing a proposal for complete access to Pharmanet and/or Medication Profiles for all health professionals involved in any aspect of drug therapy provision.

## Possible Considerations and Action Steps

For each of the Strategic Goals, a series of Possible Considerations and Action Steps are proposed. These have been assimilated from the April 12-13, 2019 Board Retreat and the May 24, 2019 Management Team Planning Session.

## Strategic Goal One

### The public is given evidence-based, patient-centred, interdisciplinary care.

**Objective 1.1 To ensure evidence-based, patient-centred, interdisciplinary care, rework the Standards of Practice to advance the quality of patient care and reflect contemporary pharmacy practice.**

***Possible Considerations (Assimilated from the Board Retreat and the Management Planning Session)***

Create a Set of Common Standards regardless of practice site that are practice agnostic, i.e. applicable to all practice sites across the care continuum, including innovative practices that don't "fit" in more traditional practice sites

- Characteristics of revised standards:
    - Plain language, public-friendly
    - Hierarchy that reflects impact on patient safety and public health and wellness
    - Principle-based
    - Right Touch Regulation:
        - Clear, flexible, easily adaptable, fluid
        - Permissive, enabling
        - Minimize red tape, technical requirements
        - Remove fear of punishments, fear of audits
- In light of impending HPA modernization, CPBC has an opportunity to lead in Standards of Practice modernization
- Pharmacy Professionals will:
    - Be enabled to practice full scope
    - Have time they need to do what benefits the public
    - Be empowered to use professional judgement

### *Possible Action Steps (from the Management Planning Session)*

1. Complete an environment scan to identify what's missing
2. Evaluate existing standards to assess whether they already enable evidence-based, patient centred, interdisciplinary care
3. Rank the standards in priority, for example:
    - Standards that will have highest impact on patient safety and public health and wellness
    - Standards that have recently been revised
    - Standards that can be deleted
4. Link this objective to other goals, for example: Goal Four: To have evidence-based, patient-centred, interdisciplinary care through strong, collaborative engagement with all health professionals.

## Objective 1.2 To develop an approach to support the provision of evidence-based, patient-centred, interdisciplinary care.

*Possible Considerations (Assimilated from the Board Retreat and the Management Planning Session)*

- This objective is intended to address the relationship between the individual and their pharmacy care providers.
- Registrants to provide care that respects what the patient wants including other treatments and approaches, for example Indigenous Health Practices, Traditional Chinese Medicine
    - Note that these other treatments and approaches are regulated by their own organizations
- Consider "safety" as defined in the preamble
- Patient care to include the patient's circle of care
- Every pharmacy care professional in every practice site is able to meet the same standard of care. This is predicated on:
    - Workload that enables safe, evidence-based pharmacy practices
    - Work environments that enable safe dispensing practices and minimise risk of medication error

### *Possible Action Steps (from the Board Retreat and Management Planning Session)*

1. Enhance practice reviews to include a focus area that reflects this objective:
    a. Identify trends, evaluate and monitor progress in this focus area
2. Enhance Medication Error reporting
3. Develop tool kit for evidence-based practice that includes for example:
    a. Available CE to support evidence-based activities, for example literature reviews
    b. Guidelines for Pharmacy Managers
4. Identify safe work environment training opportunities for managers
    a. Clarify CPBC's role versus that of Employment Standards or WorkSafe BC and working with these other agencies as needed

## Strategic Goal Two

### To enable practice innovation through regulation that enhances health and wellness of the public and ensures patient safety.

**Objective 2.1: Ensure patient safety and public health and wellness by implementing a transparent plan that engages the public in identifying practice innovations and determining the College's role.**

*Possible Considerations (Assimilated from the Board Retreat and the Management Planning Session)*

- Focus first on the public's view of innovations, barriers and solutions
- Enable practice innovation that enhances patient safety and/or public health and wellness:
  - Consider safety net, risk assessment approach, start with innovations with greatest potential for risk
  - Use the lens of Standards of Practice
  - Consider avenues that don't require a bylaw change, e.g. tools, information, resources etc.
- This goal includes requirements for:
  - Ensuring dispensing of product, information and advice to the public and patients that is accurate, safe, timely and confidential
  - Confidential environments in which patients interact with pharmacists
  - Ensuring that pharmacies and pharmacy professionals have the required resources to provide care that the public need
- Right touch regulation that supports industry innovation:
  - is flexible
  - ensures patients have access to the care they want
  - enables enhanced pharmacy professionals' focus on health and wellness
  - removes or avoids barriers to pharmacy professionals practising to full scope of practice

*Possible Action Steps (from the Management Planning Session)*

1. Define practice innovation
2. Clarify the scope of the College's role as regulator
3. Establish a public advisory group to identify innovative pharmacy practices of public interest
    a. Create mechanisms for public to engage with CPBC to inform decisions/changes on innovation
4. Review regulations to identify barriers or ways in which innovation is disabled
5. Engage registrants in
    a. Development of solutions
    b. Considering the impact of innovation on staffing and resources and vice versa
6. Implement a collaboration plan that:
    a. Enables interdisciplinary collaboration at the practice level
    b. Engages Public Interest Groups. Health Profession Regulators, and relevant Industry Associations
7. Establish a process for staying current on emerging practice innovation and associated regulatory implications.
8. Output will include tools, communications etc.

## Strategic Goal Three

### To have the public and health professionals trust and value pharmacy professionals.

**Objective 3.1 To build awareness of what the public and health care professionals can expect from pharmacy professionals.**

*Possible Considerations (Assimilated from the Board Retreat and the Management Planning Session)*

Trust is built on personal contact between pharmacy professionals and:

1. Patients,
2. The public, and
3. Other health professionals

*Possible Action Steps (from the Board Retreat and Management Planning Session)*

1. Undertake baseline assessments of the public and other health professions to measure:
    a. Existing level of trust
    b. Degree of understanding of pharmacy professionals' roles
2. Implement a patient awareness plan to enhance public understanding of what pharmacy professionals should be doing. Tools might include:
    a. Patient Bill of Rights: What you can expect from pharmacy professionals
    b. CPBC signage visible to patients and the public in all practice sites
3. Implement an awareness plan to enhance public understanding of CPBC's role
    a. licensure requirements, complaints process etc.
4. Implement an awareness plan to enhance health professions' understanding of pharmacy professionals' roles
    a. What you can expect from pharmacy professionals as drug therapy experts
    b. Communicate pharmacy professionals' education, training and licensure requirements that position them as drug therapy experts
5. Collaborate with other Health Professions Regulators to encourage effective interdisciplinary collaboration in front line practice
    a. Establish a working group
    b. Create a patient care map to illustrate what each health care professional provides for patients
6. Create awareness plan for modernized Code of Ethics to set the expectations of professionalism:
    - Professions' understanding of ethics, ethical practice role, scope
    - What to expect of peers and how to behave
    - Professionalism applies 24/7
7. Lead in development of Unified Code of Ethics for all health professionals

## Strategic Goal Four

### To have strong, collaborative engagement with all health professions to advance patient-centred, interdisciplinary care.

**Objective 4.1 Enhance patient health and wellness by developing a proposal for complete access to Pharmanet and/or Medication Profiles for all health professionals involved in any aspect of drug therapy provision.**

*Note Link to Objective 1.1: To ensure evidence-based, patient-centred, interdisciplinary care, rework the Standards of Practice to advance the quality of patient care and reflect contemporary pharmacy practice.*

***Possible Considerations (Assimilated from the Board Retreat and the Management Planning Session)***

- Note that Objective 1.1 addresses modernizing Standards of Practice to enable interdisciplinary, evidence-based, patient centred care

***Possible Action Steps (from the Management Planning Session)***

*Complete access to PharmaNet/ Medication profiles*

1. Collaborate with other health professions to Implement an advocacy plan for shared health records
    a. PharmaNet
    b. Medication Profiles
    c. Access to laboratory testing and results

*Collaboration with other Health Profession Regulators*

1. Engage other health regulatory colleges in the identification of collaboration opportunities such as
    a. Co-development of relevant Bylaws, for example: Injections, MAID, Physician Dispensing
    b. Shared language, forms, messaging
2. Lead the development of common standards across health professions where applicable
    a. E.g. Code of Ethics

*Collaborative front line engagement with all health professions*

1. Link to Objective 1.1: To ensure evidence-based, patient-centred, interdisciplinary care, rework the Standards of Practice to advance the quality of patient care and reflect contemporary pharmacy practice.

2. Develop a statement on pharmacy practice in interdisciplinary care considering for example:
    a. Registrants who practice outside of existing physical practice sites
    b. Primary Care teams
    c. Existing models, e.g. REACH

College of Pharmacists of British Columbia

# 7. Strategic Plan 2020/2021 to 2024/2025 Goal and Objectives

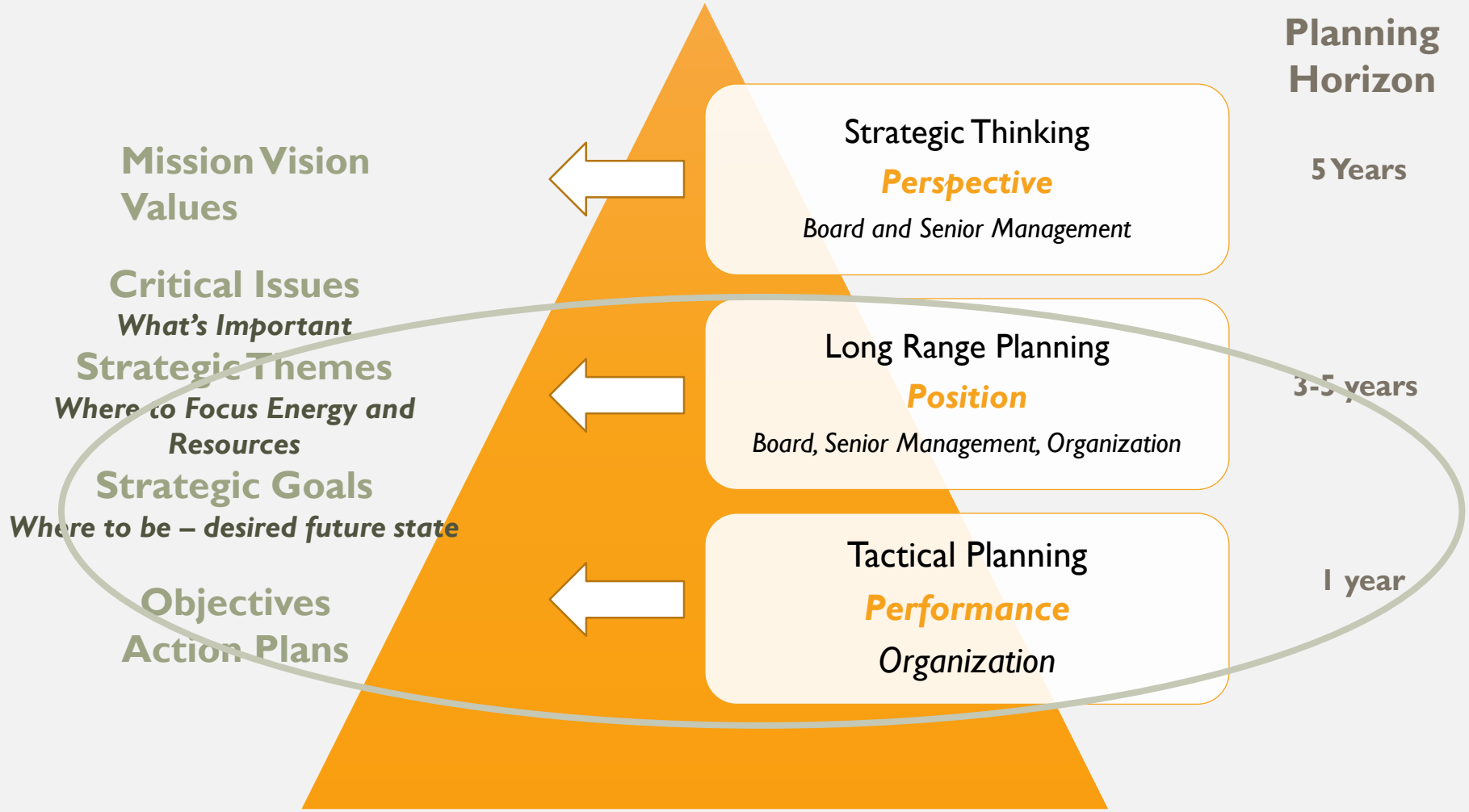
**Mary O'Callaghan**

Chief Operating Officer

College of Pharmacists of British Columbia

# REVISED FIVE-YEAR STRATEGIC PLAN 2020/21 – 2024/25

# CPBC STRATEGIC PLANNING MODEL



# PREAMBLE

- This five-year strategic plan considers carefully the Harry Cayton Report to the Ministry of Health
- It pays particular attention to *patient safety*, *public health and wellness* and *right touch regulation.*
- Safety is broadly defined and includes:
  - Pharmacy care that is ethical, equitable, inclusive, socially just, respectful, and safe, including culturally safe
  - Commitment to cultural humility as a path to cultural safety
  - Provision of care and services that respect economic status and social justice
  - People feeling respected (not judged) by pharmacy care professionals
  - Inclusive care: inclusive of patient, family, health care team, public
  - Workload that enables safe practices such as:
    - Safe use of medication: providing education, information, and communication to end user to ensure safe use
    - Technical safety: safe dispensing practices that minimize risk of medication error
  - Emphasis on evidence-informed, patient-centered, interdisciplinary care

# NEXT STEPS

- Revise Draft Strategic Plan for Approval in Principle
- Board deliberates on Revised Strategic Plan and approves in principle
- Revised Strategic Plan is costed by staff over the summer
- Costed Strategic Plan presented at September Board meeting
- Approve Strategic Plan at November Board Meeting
- Implementation starting in 2020

# STRATEGIC GOAL ONE

**The public is given evidence-informed, patient-centred, interdisciplinary care.**

**Objective 1.1** To develop a plan to support the provision of evidence-informed, patient-centred, interdisciplinary care that includes cultural safety through cultural humility.

# STRATEGIC GOAL TWO

**To enable practice innovation through regulation that enhances public health and wellness and ensures patient safety.**

**Objective 2.1**: Ensure patient safety and public health and wellness by implementing a transparent plan that engages the public in identifying practice innovations and determining the College's role.

# STRATEGIC GOAL THREE

**To have the public and health professionals trust pharmacy professionals as valuable resources who are acting first and foremost in the public interest.**

- **Objective 3.1** To communicate what the public and health professionals can expect from pharmacy professionals.

# STRATEGIC GOAL FOUR

**To have strong, collaborative engagement with all healthcare providers to advance patient-centred, interdisciplinary care.**

Objective 4.1 Enhance patient health and wellness by creating an interdisciplinary framework for collaborative engagement with all healthcare providers.

College of Pharmacists of British Columbia

# 7. Strategic Plan 2020/2021 to 2024/25 Goal and Objectives

**MOTION:**

Approve the Strategic Plan 2020/2021 to 2024/2025 Goals and Objectives in principle.

College of Pharmacists of British Columbia

# BOARD MEETING
# June 14, 2019

## 8. Excellence Canada Update

## INFORMATION ONLY

### Purpose

The College has achieved Silver Certification with Excellence Canada.

The Excellence Canada Verification Team visited our offices on Thursday, May 23, 2019 to complete their verification of our application for Silver Certification with Excellence Canada's *Excellence, Innovation and Wellness* Standard.

The Team's report was submitted to the Excellence Canada Adjudication Team for a final decision. The Adjudication Team confirmed our certification on May 23, 2019.

### Background

The 2017/18 to 2019/20 Strategic Plan includes Goal Four – Organizational Excellence. The details concerning this Goal include: "Over the next three years, the College will ensure that the efficiency and effectiveness of its foundational business processes and technological supports are upgraded to meet the ongoing needs of registrants, pharmacy owners and directors, staff and the public. It will also ensure that College governance and staffing are well organized and provided at the appropriate level to ensure the efficient and effective delivery of services to all stakeholders."

In order to approach this Goal in an organized fashion, management partnered with Excellence Canada. After meeting with the assigned Excellence Canada Business Coach, Catherine Neville, it was determined that we would work towards Silver Certification in 2019.

### About Excellence Canada

Excellence Canada was founded in 1992 by Industry Canada as the National Quality Institute (NQI). In 2011 it was rebranded as Excellence Canada and is an independent, not-for-profit corporation that is dedicated to advancing organizational performance across Canada. As Canada's national authority on Quality and Healthy Workplace practices, Excellence Canada has created a uniquely Canadian model, providing measurable standards and objective validation through its certification programs.

### Selecting a Standard

Excellence Canada has three Standards to select from. The standard that best met the Strategic Plan's Goal was the ***Excellence, Innovation and Wellness Standard.*** This standard is an integrated quality-based management system, based on a holistic strategic framework that

ensures organizations achieve the best possible outcomes across all business drivers, including Leadership, Planning, Customers, People and Processes. Each standard has four levels of certification (Bronze, Silver, Gold and Platinum), comprised of requirements that facilitate progressive implementation.

## Overview of the Silver Level

The organization has implemented a long-term plan which reflects the *excellence, Innovation and Wellness* Standard in key areas. The organization is in transition from a focus on "reacting" to issues to a more "proactive" approach, and positive results are being achieved from improvement efforts in key areas.

The key outcomes of Silver are:

- Enhanced employee involvement in planning and improvement initiatives
- A wider understanding by employees of the organization's strategic approach to excellence, innovation and wellness
- Strategic and annual operating plans are in place
- Establishment of baseline indicators, measures and related goals for excellence, innovation and wellness.

## The Five Drivers

The standards are divided between five business drivers:

- Leadership (includes Governance)
- Planning
- Customers
- People
- Processes

## Our Journey to Certification

- November 18, 2016 – Strategic Plan approved by the College Board. The Plan includes Goal Four – Organizational Excellence
- February 14, 2017 – Going for Silver project is launched at a Staff Meeting.
- February 17, 2017 – Going for Silver project is introduced by Catherine Neville to the College Board.
- March 6, 2017 – Initial self-assessment / gap analysis is facilitated by Catherine Neville.
- Excellence Council members selected as leads on Action Teams to address the gaps. A call was sent out to all staff to join the various teams. Excellent response!
- Excellence Council met monthly. The Executive Team also met monthly with Catherine Neville (usually a phone call).
- Excellence Council monitored progress, added Action Teams as needed and planned communication, staff meeting celebrations and presentations, as well as "Kahoots games" to get staff involved.

## The Numbers

- 5 Drivers
- 45 Standards to meet across the five drivers
- 13 current Excellence Council members
- 6 former Excellence Council members
- 52 individual employees involved in action teams
- 24 action teams
- 119 team members
- 47% score on March 2017 gap analysis
- 92% score on March 2019 gap analysis
- 74 pages in the submission document
- 112 pieces of evidence included with the submission
- 3 Excellence Canada verifiers to review the document, evidence and hold focus groups for certification

## Staff Involvement

As the numbers show, staff were incredibly involved. Action Teams drafted new policies and / or procedures, presented them to the Excellence Council, the Executive and / or Management Teams and then to full Staff Meetings prior to launching the new policy or procedure. While drafting a policy, Action Teams did research, engaged with our Business Coach, held focus groups, conducted staff surveys, etc. to ensure that they were drafting the best possible policy to meet the College's needs.

To meet certification requirements, it is not enough to simply have policies, etc. covering the standards. They must be known and used.

Therefore, the Excellence Council had to ensure that all staff were aware of and used the newly created policies and procedures. Therefore, the Action Teams presented their work at Staff Meetings. Excellence Canada update blogs were featured on the staff Intranet. A Completion Gauge showing the percent complete is featured on the staff Intranet with a link to updates about the project.

We held a number of milestone celebrations at staff meetings (featuring cake / breakfast / etc.) As we neared the final stages, an Action Team was formed to plan and run "Kahoots" contests at Staff meetings. Prizes were fiercely sought after! The games were multiple choice quizzes on information about the new policies, procedures, etc.

## Next Steps

- The awards are presented to recipients at Excellence Canada's 2019 Performance Excellence Summit and *Canada Awards for Excellence* event on November 5, 2019 in Toronto, Ontario. http://www.excellencesummit.ca/
- Catherine Neville will present the award to staff and the Board at the November 2019 Board meeting.
- We have two years to complete the work required for Gold Certification and have already begun that work!

| **Appendix** | |
|---|---|
| 1 | May 24, 2019 Letter from Excellence Canada confirming Silver Certification |
| 2 | Excellence Canada Silver Certification Report |

May 24, 2019

Bob Nakagawa
Registrar
College of Pharmacists of British Columbia
200 – 1765 West 8th Avenue
Vancouver, BC V6J 5C6

Dear Mr. Nakagawa,

Thank you for the submission from the College of Pharmacists of British Columbia for certification at the Silver level in the *Excellence, Innovation and Wellness® (EIW)* Standard.

The levels of the *EIW* program are progressive in scope, designed so that organizations can be externally recognized at different levels, which reinforces and assists in sustaining a focus on excellence, innovation and wellness.

We are pleased to inform you that the College of Pharmacists of British Columbia has achieved *CAE* Silver certification in *Excellence, Innovation and Wellness®.* Many of the activities noted in the submission, and verified on-site, are most commendable. A report with high level comments on our findings will be sent to you in the next couple of weeks. We would be happy to discuss the findings with your team, so please do not hesitate to contact us.

An *Excellence, Innovation and Wellness®* certificate for the Silver level will be prepared and sent to your attention. College of Pharmacists of British Columbia will be presented with the Silver award at the *Canada Awards for Excellence*, which will be held at The Carlu in Toronto on November 5th, 2019. More information about the event will be provided at a later date. Please contact Bonita Savard at Excellence Canada (416-251-7600 ext. 233) for any follow up questions you may have.

Please extend our congratulations to everyone at the College of Pharmacists of British Columbia on this fine achievement!

Sincerely,

Kathryn Cestnick

Kathryn Cestnick
Senior Vice President

cc Mary O'Callaghan – Chief Operating Officer, College of Pharmacists of British Columbia

EXCELLENCE•CANADA

improving performance, recognizing excellence | améliorer le rendement, reconnaître l'excellence

College of Pharmacists of British Columbia

*Excellence, Innovation and Wellness®*

# GOING FOR SILVER

# Verification Report

**May 2019**

# INDEX

EXCELLENCE•CANADA
improving performance, recognizing excellence | améliorer le rendement, reconnaître l'excellence

May 24, 2019

Bob Nakagawa
Registrar
College of Pharmacists of British Columbia
200 – 1765 West 8th Avenue
Vancouver, BC V6J 5C6

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Sincerely,

Kathryn Cestnick

Kathryn Cestnick
Senior Vice President

cc Mary O'Callaghan – Chief Operating Officer, College of Pharmacists of British Columbia

# College of Pharmacists of British Columbia Information

**Client Information**

| | |
|---|---|
| **Organization Name** | College of Pharmacists of British Columbia |
| **Address** | 200 – 1765 West 8th Avenue<br>Vancouver, BC V6J 5C6 |
| **Contact Person** | Mary O'Callaghan<br>604-676-4209<br>mary.ocallaghan@bcpharmacists.org |
| **Locations Visited** | 1 |
| **Number of Employees** | 65 |
| **Number of Locations** | 1 |
| **Date of Verification** | May 23, 2019 |

**Excellence Canada Verification Team**

| | |
|---|---|
| Team lead | Kathryn Cestnick<br>kathryn@excellence.ca<br>416-220-0135 |
| Team Members | Mary Galaugher<br>Erika Taylor |

# *Excellence Innovation and Wellness®* Standard


**SILVER LEVEL – our expectations**

A solid methodology is in place across the organization based on the Standard, and has been implemented in key areas.

- The organization is in transition from a focus on "reacting" to issues to a more "proactive" approach.
- Positive results are being achieved from improvement efforts in some areas.

**The key outcomes of the Silver level are:**

- A wide understanding by employees of the organization's strategic approach to excellence, innovation and wellness.
- Strategic and operating plans are in place.
- Establishment of baseline indicators, measures and related goals for excellence, innovation and wellness.

# Verification Process Followed

**Purpose**

The purpose of the verification was to evaluate the programs and practices of College of Pharmacists of British Columbia (hereafter referred to as CPBC.) and to determine if CPBC satisfied the requirements at the SILVER level of the EIW requirements.

**Scope and Verification Requirements**

The scope of the review included approximately 65 employees at CPBC.

College of Pharmacists of British Columbia submitted an application outlining how it satisfied each one of the requirements. An Excellence Canada survey was not conducted.

The following formed part of the verification process:

- Correspondence with CPBC staff to finalize details around travel and site visit
- Review of the EIW Silver level application, including a review of appendices and supporting documentation
- Review of the CPBC website
- Focus groups for:
    - Executive Team
    - Senior management team – Directors
    - Managers and Supervisors
    - Staff
- Tour of facility and review of the Intranet
- Wrap up/Debrief meeting with Mary

**A NOTE TO THE READER**

In all areas, College of Pharmacists of British Columbia has met or exceeded the requirements and minimum scores for certification for the Silver level of the *Excellence, Innovation and Wellness®* (EIW) standard. This report outlines strengths and opportunities that were noted while reviewing the submission and in talking with employees during the site visit. The opportunities noted in this report generally apply to the College moving forward to the next level of *Excellence, Innovation and Wellness®*, and would not necessarily have been expected to be in place at the EIW Silver level. A brief report of our observations follows.

# Summary of Findings

We are pleased to report that College of Pharmacists of British Columbia has met the requirements for the SILVER level of the progressive program, ***Excellence Innovation and Wellness®,*** and is well on its way to the Gold level.

We have summarized our findings in more detail in the following pages.

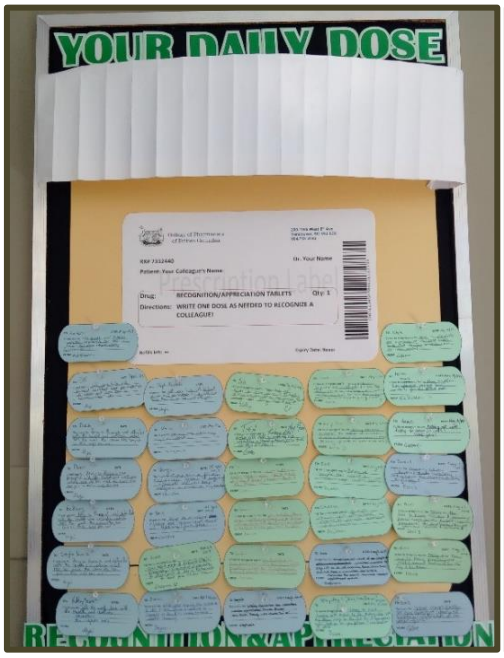
*"We want to congratulate College of Pharmacists of British Columbia on its excellent work and commitment to Excellence, Innovation and Wellness®.*

*Keep up the great work!"*

*The Excellence Canada Team*

# Best Practices Noted

- Engagement of staff in the excellence journey, and use of games like KAHOOTs to foster comradery
- Your Daily Dose – recognition visually of kudos, and bringing forward to staff meetings for further recognition and celebration, gifts out of the treasure box, CPBC socks, etc.
- "Our Strategy Starts With You" online survey open to the public
- Live streaming of board meetings to the public




# Verification Results

**We asked employees…**
**"What has changed the most since you started the excellence journey…"**

| | |
|---|---|
| • The culture<br>• Processes<br>• Documentation<br>• Similar, common language<br>• Transparency<br>• Collaboration across departments<br>• Tracking of measurements<br>• Team building<br>• Growth<br>• More structure<br>• More detailed<br>• More clarity on where we are headed<br>• Focus on people<br>• Staff are really driving the changes<br>• Internal communications focus<br>• Using lessons learned | • Staff meetings are 2-way conversations<br>• Front line staff take the lead on projects<br>• Sense of owner of the college by staff<br>• Information sharing<br>• A lot of committees<br>• Modernization<br>• Understanding of other areas<br>• Looking for better ways to do things<br>• Change management<br>• Innovation<br>• Health and Wellness committee<br>• Generous professional development<br>• Improving efficiencies<br>• Less silos<br>• Less duplication<br>• Less emails |

## Leadership

### Strengths

> ***"I feel valued and the college cares about you"***
>
> Employee in a focus group

- Governance practices are strong, each Board package (meetings are held five times a year) includes Compliance, Risk, Strategic plan update, Financials, etc.
- Engaged Board with live streaming of board meetings
- Transparency to employees and the public at large
- Engaged leadership at all levels
- Leadership development program
- Generous professional development support
- Performance Evaluation system contains elements of leadership competencies, customer service goals, culture, etc.
- Comprehensive employee handbook
- Twice a year management retreats
- Excellence Council in place with many working groups (52 people involved in action teams, 24 teams, 119 team members!)
- Good communication, e.g., all-staff meetings, one-on-ones, Intranet, SharePoint, cross-functional working groups, open door policy, regular check-ins, etc.
- Corporate social responsibility plan in place, and activities noted, e.g., Volunteer Day for staff, Women's shelter, food bank, shoe box, Pink, Orange Shirt Days, Plaid Day, etc.
- Recognized by the CLEAR award, e.g., Drug Safe BC (time-lock safes have reduced incidences dramatically)

### Opportunities

- Congratulations on the wonderful work that has been accomplished over the last couple of years! With so much change, sometimes comes "change fatigue" – be mindful of the pace of change. We heard from some staff that they want more quality versus quantity when it comes to new initiatives. One said" I feel ambushed – we launch a new project before the bugs are fixed from the last one – then have to fix the problems afterwards"
- Ensure that you continue to focus on priority setting on all fronts
- Continue to work on indicators of effectiveness for leadership and the Board

## Planning

### Strengths

> ***"I am excited that we are making changes – that's what the public expects of us"***
>
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- Strategic plan has been developed with multiple stake holders' involvement
- "Our Strategy Starts With You" on the website for the public to participate
- Mission and vision well understood by all
- Excellent planning processes in place and use of Cascade software
- KPIs and operational plans in place
- Focusing on risk, e.g., risk register
- Knowledge Management repository work is in progress
- Innovation plan has been developed
- Strong financial system
- IT Roadmap developed
- Communications tools have been developed and external communications strategy in place


### Opportunities

- Continue the work on risk management, ensuring that all aspects of risks are considered, monitored and mitigated
- Continue the work on centralizing the knowledge management repository
- Continue to enhance the capabilities of the Cascade software, e.g., including a risk component
- Continue to celebrate innovation and capture lessons learned

## Customers

### Customers

### Strengths

- Very committed to the customer and providing excellent service
- Customer Experience Plan in place
- Customer Service Commitment has been well communicated
- Decisions are made through the lens of the customer (being the public)
- Use of Advisory Committees
- Practice Review Program
- Customer Service survey has been conducted and includes internal customers
- Baseline measures have been established with action plans in place to improve customer experiences (many improvements noted, e.g., live voice on the phone)
- Customer standards have been developed
- Many avenues for customers to provide feedback, e.g., website, social media, email, phone, surveys
- Customer service goals are linked to the performance evaluation process

### Opportunities

- Continue the great work started with your survey, continue to measure and share results and action plans with stakeholders
- Provide training on customer service if needed

### Partners

### Strengths

- Key partners have been identified

### Opportunities

- Where appropriate, ensure MOU's and SLAs are in place for key partners

## People

### Strengths

- Excellent employee handbook
- Workforce plan in place
- Performance evaluations and frequent Check-ins
- Employee engagement is tracked through surveys, and there are action plans to address issues
- Health and Wellness Committee
- Health and wellness assessment conducted
- Employees reported a good work life balance
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- Job descriptions are in place (see opportunity)
- We heard many activities are ongoing, e.g. Ted Talks, Walking Wednesday, telecommuting policy, flexibility, some walking meetings, there are bike lockers and showers, Christmas party, EFAP, dress casual policy, etc.
- Employees feel recognized for good work, e.g., Your Daily Dose, Rx for Success, Service awards, shout-outs at staff meetings, birthday celebrations, Christmas party, barbecues, etc.

### Opportunities

- While we heard many examples of flexibility, perhaps consider formalizing flexibility issues, e.g., compressed work weeks, earned days off, etc.
- We heard that there were too many meetings – perhaps a "meeting smart" approach, e.g., meetings to be no more than 45 minutes, permission to not attend if it is not relevant, etc.
- Due to the amount of change and the growth of the number of employees, there was feedback in focus groups about the need to continue to clarify roles
- Continue to leverage the resources of Great West Life and Morneau Shepell for more promotion of all aspects of good health
- Continue to analyze the data from HR (and GWL, Morneau Shepell) to inform ongoing planning for your wellness focus

## Processes

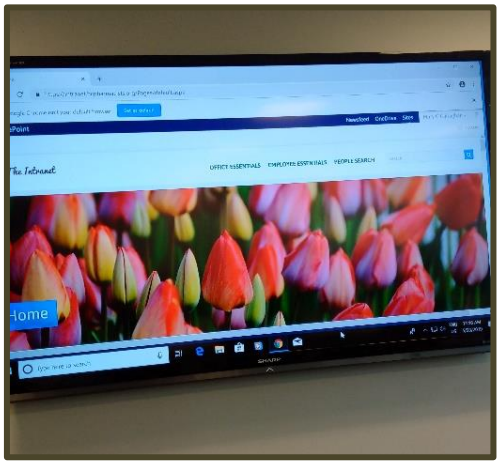
### Process Improvement

### Strengths

- Continual improvement policy in place
- Key Processes are documented with consistent methodology and available on the intranet
- Process owners have been identified
- Training has been provided for those affected
- Many cross functional teams in place to improve processes, huge participation
- Lessons learned are being shared
- IT Steering committee in place and there is a scoring system to prioritize the projects

### Opportunities

- Ensure that there is transparency around the IT projects, so that staff can see where the priorities are and where projects sit in terms of execution and completion
- Continue to track lessons learned and build the knowledge repository
- Ensure that new processes and initiatives consider the impact of physical and psychological health and safety employees and customers
- Continue to document, improve, measure and monitor key process stability



## Processes *(continued)*

### Project Management

**Strengths**

- Current projects have been identified
- IT uses a consistent method for executing a project
- Projects are prioritized through the IT Steering Committee
- IT Project manager has been hired

### Change Management

**Strengths**

- Good focus on change management
- Change Management Toolkit

**Opportunities**

- Continue to monitor the workload and pace of the projects that are ongoing

### Procurement

**Strengths**

- Excellent systems in place for procurement
- Key suppliers have been identified
- Procurement policy in place
- Appropriate criteria is in place for the selection of suppliers

**Opportunities**

- Continue to involve employees in assessing new products where appropriate

# What employees are saying…

**What it is like to work at College of Pharmacists of British Columbia - the culture**

| | |
|---|---|
| • Professional<br>• Collaborative<br>• Open<br>• Our voices are heard<br>• Family<br>• Good team | • Good work life balance<br>• Family oriented<br>• Supported<br>• Amazing<br>• Common goals<br>• Approachable |

**If I could change one thing…**

| | |
|---|---|
| • Need to grow my team so I can have better work-life balance<br>• So many rules/regulations – it frustrates creativity<br>• IT infrastructure – we are still struggling<br>• Better relations with government<br>• Compressed work week<br>• More telecommuting<br>• Change work location<br>• More meeting rooms | • Slow changes down – more quality and less quantity<br>• Prioritize projects<br>• Better role clarity – we overlap, wear multiple hats<br>• Use instant messaging<br>• Meetings are too many and too long<br>• More focus on physical health, e.g., gym discounts |

**What I would never want to change and most proud of…**

| | |
|---|---|
| • Committed to speaking with one voice (less silos)<br>• Innovation<br>• We grow each other<br>• We have a safe environment<br>• We ask why<br>• Collaboration<br>• Support for each other and families<br>• Pot lucks<br>• Christmas party<br>• Inter-departmental interaction<br>• Pension plan<br>• Feeling appreciated<br>• Generous professional development<br>• My employer cares | • Attitudes<br>• Work ethics<br>• We are treated like human beings!<br>• Sense of family<br>• Team culture<br>• Flexibility<br>• Work-life balance<br>• Volunteer days<br>• Personal obligation days<br>• Focus on mental health<br>• Ted Talks<br>• Last week of December off<br>• Casual days in summer<br>• Professional development is encouraged |

# Scores

## *Excellence, Innovation and Wellness* ®

### Scoring Chart: Going for Silver

| *Applicant* | ***COLLEGE OF PHARMACISTS of BC*** | Available Points | Total Available Points | Actual Points | Total Actual Points | % per driver |
|---|---|---|---|---|---|---|
| | **LEADERSHIP** | | | | | |
| | ***Governance*** | | | | | |
| a) | Governance framework policies applicable to the organization's mandate and goals have been established, and such policies have been communicated across all areas. | 40 | | 40 | | |
| b) | Indicators of effectiveness of leadership have been established and measured for both Board of Directors and senior management. | 40 | | 35 | | |
| | ***Leadership*** | | | | | |
| c) | The senior leadership team endorses and supports the values and principles. | 40 | | 35 | | |
| d) | There is a vision, mission and/or values statement that has had input from key stakeholders. These statements are communicated broadly. | 40 | | 40 | | |
| e) | A continual improvement policy or statement has been shared within the organization. | 40 | | 40 | | |
| f) | In the decision-making process, the organization considers the wide-spread impact of decisions on customers and employees. Impacts include quality, physical and psychological health and safety, ethical behaviour and societal issues. | 40 | | 30 | | |
| g) | There is a method to review and ensure compliance with relevant provincial and national legislation, regulations and standards, including human rights, privacy, health and safety, disability, accessibility, employment standards, etc. | 40 | | 40 | | |
| h) | There is clear accountability and cascading of responsibility for excellence, innovation and wellness. | 40 | | 40 | | |
| i) | A leadership development program is in place that focuses on improving leadership, management, and supervisory skills and abilities. | 40 | | 35 | | |
| j) | Leaders at all levels influence, and are held accountable for, strengthening organizational culture. | 40 | | 40 | | |
| k) | Leaders at all levels promote and nurture innovation, and successes as well as lessons learned are shared and celebrated. | 40 | | 35 | | |
| l) | Efforts are made to reduce silos through methods such as transparency, knowledge sharing and effective communication, as assessed by employees. | 40 | | 35 | | |
| m) | The corporate social responsibility (CSR) plan demonstrates the organization's commitment to its community and society. | 40 | 520 | 35 | 480 | 92% |

*…continued next page*

| | Available Points | Total Available Points | Actual Points | Total Actual Points | % per driver |
|---|---|---|---|---|---|
| **PLANNING** | | | | | |
| a) An organization-wide strategic plan including Key Performance Indicators and a dashboard, e.g., a balanced scorecard, has been developed and implemented with input from key stakeholders. | 40 | | 40 | | |
| b) An assessment to this *Excellence, Innovation and Wellness* ® Standard is conducted regularly and the identified opportunities are built into improvement plans. | 40 | | 40 | | |
| c) Flowing out of the strategic plan, an annual operating plan, with key priorities and clear goals, has been developed and relates to excellence, innovation and wellness. | 40 | | 40 | | |
| d) A financial management system has been developed to track financial performance. | 40 | | 40 | | |
| e) An enterprise risk management (ERM) plan has been developed to address identified risks. | 40 | | 25 | | |
| f) An innovation plan has been developed and shared. | 40 | | 30 | | |
| g) A knowledge management system that aligns to a workforce plan is in place. The plan includes capturing and sharing of lessons learned. | 40 | | 30 | | |
| h) An information technology plan has been developed to support the operational goals. | 40 | | 30 | | |
| i) A communication plan has been developed for both internal and external stakeholders. The organization uses a variety of methods to communicate its various policies and plans. | 40 | 360 | 35 | 310 | 86% |
| **CUSTOMERS** | | | | | |
| ***Customers*** | | | | | |
| a) The organization identifies and segments its current customer groups based on needs. Segmentation includes both internal and external customers. | 40 | | 40 | | |
| b) A customer experience "promise" exists and has been communicated clearly and consistently to all customers and employees. | 40 | | 40 | | |
| c) Employees understand the importance of contributing to a positive customer experience. | 40 | | 35 | | |
| d) Linked to the strategic plan, a customer experience plan or strategy is in place that defines the customer experience, with a plan for how to execute the plan and measure results. | 40 | | 40 | | |
| e) Customer requirements are identified, analyzed and embedded in the customer experience plan. | 40 | | 30 | | |
| f) Service standards exist at key customer contact points and have been communicated to relevant stakeholders. | 40 | | 30 | | |
| g) Mechanisms are in place for customers to provide input on their requirements; seek assistance; and give feedback on measures that are relevant to them. | 40 | | 40 | | |

*…continued next page*

| | Available Points | Total Available Points | Actual Points | Total Actual Points | % per driver |
|---|---|---|---|---|---|
| **CUSTOMERS** *(continued)* | | | | | |
| ***Customers*** | | | | | |
| h) Baseline voice of the customer feedback measures for both internal and external customers have been implemented. Results have been collected, and used to inform planning and innovation. | 40 | | 40 | | |
| i) The organization communicates with its customer groups using a variety of relevant methods. The value of the organization's services has been communicated to its stakeholders. | 40 | | 35 | | |
| ***Partners*** | | | | | |
| j) The organization identifies its key partners. | 40 | | 40 | | |
| k) Partnership agreements are in place that define the relationship, roles and responsibilities and desired outcomes. | 40 | 440 | 30 | 400 | 91% |
| **PEOPLE** | | | | | |
| a) A comprehensive healthy workplace policy including physical and psychological health and safety is in place, and has been shared with employees. | 40 | | 40 | | |
| b) The leaders actively promote a culture of work/life balance. | 40 | | 35 | | |
| c) Awareness training is provided for employees, covering the organization's excellence journey. | 40 | | 40 | | |
| d) Human resources policies have been developed and are easily accessible to all employees. Human resources policies should reflect compliance with relevant human rights legislation, and include diversity and inclusion. | 40 | | 40 | | |
| e) Employees clearly understand their roles and responsibilities as outlined in current position descriptions. | 40 | | 30 | | |
| f) A human resources (HR) plan and a wellness plan are in place, and clearly link to the overall strategic plan and related operational plans. | 40 | | 35 | | |
| g) A workforce plan is in place to support attraction, talent management, succession planning and retention strategies. | 40 | | 35 | | |
| h) There is a system in place for recruitment, selection, and on-boarding of employees. | 40 | | 40 | | |
| i) There is a system in place for managing employee performance and development in line with departmental, operational and strategic goals. | 40 | | 40 | | |
| j) Training and development requirements are determined with employee input, and employees are assisted in acquiring and implementing new skills. | 40 | | 40 | | |
| k) Human resources indicators are identified, measured and analyzed, and the results are used to inform planning. | 40 | | 25 | | |
| l) Employee engagement and innovation is measured, results are shared and employees are involved in developing and implementing action plans. | 40 | | 40 | | |
| m) A wellness assessment has been conducted and its results, as well as reviews of data such as benefits claims, are used to identify physical and psychological health and safety hazards and risks. | 40 | | 40 | | |

*…continued next page*

| | Available Points | Total Available Points | Actual Points | Total Actual Points | % per driver |
|---|---|---|---|---|---|
| **PEOPLE *(continued)*** | | | | | |
| n) Management provides various avenues for employees to provide feedback, and to put forward innovative ideas and suggestions for improvement. | 40 | | 40 | | |
| o) A rewards and recognition program is under development, ensuring both individual and team (functional and cross functional) approaches, with a focus on rewards and recognition initiatives. | 40 | | 40 | | |
| p) Policies for diversity and inclusion are well understood as reflected in daily practice. | 40 | 640 | 40 | 600 | 94% |
| **PROCESSES** | | | | | |
| ***Process Improvement*** | | | | | |
| a) Key processes and process owners have been identified. | 40 | | 40 | | |
| b) Training for process management and related tools has been conducted for involved employees. | 40 | | 40 | | |
| c) Key work processes and/or procedures are documented using a consistent, continual improvement methodology across the organization, and are easily accessible by employees. | 40 | | 40 | | |
| d) Key internal stakeholders across organizational levels are involved in process improvement activities with demonstrated input from employees directly impacted by any changes in an environment that encourages innovation. | 40 | | 40 | | |
| e) Key processes are assessed for their impact on the physical and psychological health and safety of employees, customers, partners and suppliers, as applicable. | 40 | | 30 | | |
| f) Key measures have been identified and data is actively being collected and used to measure and monitor key process stability. | 40 | | 30 | | |
| ***Project Management*** | | | | | |
| g) Key projects have been identified. | 40 | | 40 | | |
| h) Training for project management and related tools has been conducted for involved employees. | 40 | | 35 | | |
| ***Project Management*** | | | | | |
| i) A standardized methodology is in place for managing key projects. | 40 | | 40 | | |
| ***Change Management*** | | | | | |
| j) Change management principles and activities have been introduced into improvement plans, processes and projects. | 40 | | 35 | | |
| ***Procurement*** | | | | | |
| k) A list of key suppliers is available for employees as required. | 40 | | 40 | | |
| l) A procurement policy has been established and shared with employees, as required. | 40 | | 40 | | |

*…continued next page*

| | Available Points | Total Available Points | Actual Points | Total Actual Points | % per driver |
|---|---|---|---|---|---|
| **PROCESSES** *(continued)* | | | | | |
| ***Procurement*** | | | | | |
| m) Appropriate information and criteria is used to select capable suppliers. | 40 | | 40 | | |
| n) Prior to procurement and whenever possible, employees are involved in assessing the impacts of products or services that impact their health, safety and/or productivity. | 40 | | 35 | | |
| o) Baseline supplier performance measures are identified and collected. | 40 | 600 | 40 | 565 | 94% |
| | | 2560 | | 2355 | |
| **Percentage of available points (*Actual score ÷ Available Points*)** | | 92% | | | |
| **A Minimum of 70% of available points is needed to qualify for Silver certification and a minimum score of 60% is required for each of the drivers** | | | | | |

# Conclusion

Excellence Canada congratulates College of Pharmacists of British Columbia on qualifying for *Canada Awards for Excellence* Silver recognition in *Excellence, Innovation and Wellness®*.

We look forward to celebrating with you and your team on November 5, 2019!

***Thank you for your dedication to an excellence journey!***

College of Pharmacists of British Columbia

# 8. Excellence Canada Update

**Mary O'Callaghan**

Chief Operating Officer

College of Pharmacists of British Columbia

# *Excellence, Innovation and Wellness*

## Going for Silver

Verification

May 23, 2019

# Verification Team

Kathryn Cestnick,  Lead Verifier
Mary Galaugher, Verifier
Erika Taylor, Observer

# Excellence, Innovation and Wellness

# *Key outcomes of EIW Silver*

- A wide understanding by employees of the organization's strategic approach to excellence, innovation and wellness.
- Strategic and operational plans are in place.
- Establishment of baseline indicators, measures and related goals for excellence, innovation and wellness.

# *Best Practices*

- Engagement of staff in the excellence journey, and use of games like KAHOOTs to foster comradery
- Your Daily Dose – recognition visually of kudos, and bringing forward to staff meetings for further recognition and celebration, gifts out of the treasure box, CPBC socks, etc.
- “Our Strategy Starts With You” online survey open to the public
- Live streaming of board meetings to the public

# *Leadership - Strengths*

- Governance practices are strong, each Board package includes Compliance, Risk, Strategic plan update, Financials, etc.
- Engaged Board with live streaming of board meetings
- Transparency to employees and the public at large
- Engaged leadership at all levels
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# *Leadership - Strengths (continued)*

- Twice a year management retreats
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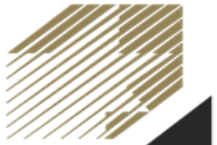

# *Leadership - Opportunities*

- Congratulations on the wonderful work that has been accomplished over the last couple of years! With so much change, sometimes comes “change fatigue” – be mindful of the pace of change. We heard from some staff that they want more quality versus quantity when it comes to new initiatives. One said” I feel ambushed – we launch a new project before the bugs are fixed from the last one – then have to fix the problems afterwards”
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- Focusing on risk, e.g., risk register

# *Planning - Strengths (continued)*

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***"I am excited that we are making changes – that's what the public expects of us"***

Employee in a focus group

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- Continue to celebrate innovation and capture lessons learned

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# *Customers (continued)*

**Customers - Opportunities**

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# *Customers (continued)*

**Partners - Strengths**

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**Partners – Opportunities**

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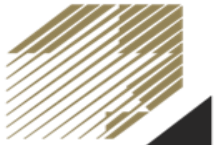

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- Due to the amount of change and the growth of the number of employees, there was feedback in focus groups about the need to continue to clarify roles

# *People - Opportunities (continued)*

- Continue to leverage the resources of Great West Life and Morneau Shepell for more promotion of all aspects of good health
- Continue to analyze the data from HR (and GWL, Morneau Shepell) to inform ongoing planning for your wellness focus

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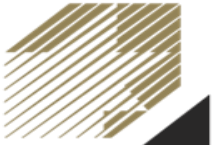

# *Processes (continued)*

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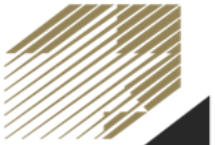

# *Processes* *(continued)*

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# *Processes (continued)*

**Change Management - Strengths**

- Good focus on change management
- Change Management Toolkit

**Change Management - Opportunities**

- Continue to monitor the workload and pace of the projects that are ongoing

# *Processes (continued)*

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- Key suppliers have been identified
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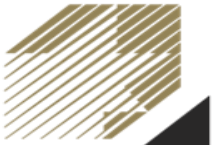
**Procurement – Opportunities**

- Continue to involve employees in assessing new products where appropriate


Employee Feedback

# *…what has changed the most since you started the excellence journey?*

- The culture
- Processes
- Documentation
- Similar, common language
- Transparency
- Collaboration across departments
- Tracking of measurements
- Team building
- Growth
- More structure
- More detailed
- More clarity on where we are headed
- Focus on people
- Staff are really driving the changes
- Internal communications focus
- Using lessons learned
- Staff meetings are 2-way conversations

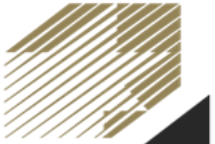


# *…what has changed the most since you started the excellence journey? (continued)*

- Front line staff take the lead on projects
- Sense of owner of the college by staff
- Information sharing
- A lot of committees
- Modernization
- Understanding of other areas
- Looking for better ways to do things
- Change management
- Innovation
- Health and Wellness committee
- Generous professional development
- Improving efficiencies
- Less silos
- Less duplication
- Less emails

# *…if you could change one thing, what would it be?*

- Need to grow my team so I can have better work-life balance
- So many rules/regulations – it frustrates creativity
- IT infrastructure – we are still struggling
- Better relations with government
- Compressed work week
- More telecommuting
- Change work location
- More meeting rooms
- Slow changes down – more quality and less quantity
- Prioritize projects
- Better role clarity – we overlap, wear multiple hats
- Use instant messaging
- Meetings are too many and too long
- More focus on physical health, e.g., gym discounts



# *…what you would NOT change and are most proud of*

- Committed to speaking with one voice (less silos)
- Innovation
- We grow each other
- We have a safe environment
- We ask why
- Collaboration
- Support for each other and families
- Pot lucks
- Christmas party
- Inter-departmental interaction
- Pension plan
- Feeling appreciated
- Generous professional development
- My employer cares
- Attitudes
- Work ethics

# *…what you would NOT change and are most proud of (continued)*

- We are treated like human beings!
- Sense of family
- Team culture
- Flexibility
- Work-life balance
- Volunteer days
- Personal obligation days
- Focus on mental health
- Ted Talks
- Last week of December off
- Casual days in summer
- Professional development is encouraged

# *…what it is like to work at CPBC*

- Professional
- Collaborative
- Open
- Our voices are heard
- Family
- Good team
- Good work life balance
- Family oriented
- Supported
- Amazing
- Common goals
- Approachable

Congratulations to the team at

# College of Pharmacists of BC

*on achieving*

***Excellence, Innovation and Wellness***

**Silver**

EXCELLENCE CANADA

# *Canada Awards for Excellence*

**You are now eligible to receive a**

***CAE* Silver**

## See you at the

*Canada Awards for Excellence*!

## November 5th, 2019

# Thank you for your dedication to an Excellence journey!

College of Pharmacists of British Columbia

# BOARD MEETING
# June 14, 2019

## 9. Legislation Review Committee
## b) PODSA Modernization Phase Two Bylaw Amendments

# DECISION REQUIRED

## Recommended Board Motion:

Approve the following resolution:

*RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act and subject to the requirements in section 21(8) of Pharmacy Operations and Drug Scheduling Act, the Board of the College of Pharmacists of British Columbia approves the proposed draft bylaws relating to Phase Two of the PODSA Modernization initiative for public posting, as circulated.*

## Purpose

To seek approval from the Board to publicly post draft amendments to the bylaws under *Pharmacy Operations and Drug Scheduling Act* ("PODSA"), as circulated, for a period of ninety days. The draft amendments are regarding Phase Two of the PODSA Modernization initiative.

## Background

In accordance with its Strategic Plan, the College conducted a comprehensive review and reform of legislative requirements under PODSA, including the bylaws and policies made under that Act. The Board previously received updates on this initiative at its September 2018 and April 2019 meetings.

There are two phases of the PODSA Modernization initiative:

- PODSA Phase One involved amendments to the PODSA Bylaws relating to pharmacy ownership requirements. The legislative reforms in PODSA Phase One came into effect on April 1, 2018.
- PODSA Phase Two involves a review of legislation and policies to ensure the following:
  - Bylaws are clearer and duplication in bylaws and policies is addressed.
  - Professional Practice Policies ("PPPs") are standardized and transitioned to bylaw where needed.
  - Bylaws and PPPs have consistent writing style and structure.

The following key bylaw topics addressed in PODSA Phase Two were identified from registrant and stakeholder feedback as well as Practice Review Program ("PRP") data.

***PODSA Bylaws***

| **High Priority Topics** |
|---|
| Operation of a Community Pharmacy without a Full Pharmacist present. |
| Responsibilities of Managers, Direct Owners, Directors, Officers and Shareholders. |
| Storage of drugs and confidential health information, including offsite storage. |
| House-keeping amendments, including ensuring consistency of writing style[1]. |

| **Lower Priority Topics** |
|---|
| Developing provisions to allow for community telepharmacy reinstatement. |
| Determining if certain provisions are better placed in the *Health Professions Act* Bylaws |
| Reviewing the "Top 10" requirements that are not being complied with (based on PRP data). Reviewing those requirements to determine if any bylaw amendments are needed or if other tools (e.g., education, etc.) would assist with enhancing compliance. |
| Reviewing PharmaNet requirements in light of the recent transition of administration of PharmaNet functions to the Ministry of Health. |

**Right Touch Regulation**

The College's approach to the drafting of PODSA Bylaw amendments seeks to be principle-based and incorporate "Right Touch Regulation"[2]. In very general terms, the principles of Right Touch Regulation asks regulators to identify the regulatory force needed to achieve a desired effect, and for regulation to be proportionate to the risk posed.

## Discussion

The College has been developing bylaws to implement the PODSA Phase Two initiative. These proposed bylaws are included in Appendix 1 and 2 for approval for public posting.

[1] Since this will be the first comprehensive review and revision of the PODSA Bylaws, housekeeping changes are a high priority to ensure that there is overall consistency in language in the Bylaws to enhance readability and avoid confusion.

[2] Professional Standards Authority (2015). Right Touch Regulation, Revised. Retrieved from: https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf?sfvrsn=eaf77f20_20

**Overview of the Proposed PODSA Bylaw Amendments**

***High Priority Topics***

*Operation of a Community Pharmacy without a Full Pharmacist*

The College identified that provisions on the operation of a community pharmacy without a pharmacist need updating to reflect modern pharmacy practices, and to align with other existing bylaws (i.e., pharmacy security provisions). Key amendments include:

- Reframing "operation without a pharmacist" provisions to:
  - Clearly set out the conditions that must be met before certain activities can take place without a pharmacist present.
  - Clearly set out specific activities that can be performed without a pharmacist present and who can perform them.
- Clarify that pharmacy technicians may access the dispensary to perform functions within their scope of practice, but not involving patient interaction.
- Activities that will no longer be permitted due to public safety risks and lack of confidentiality of personal health information:
  - Dispensed prescriptions waiting for pickup are no longer permitted to be kept outside the dispensary.
  - Non-registrants will no longer be able to accept requests for prescriptions, orders for Schedule II and III drugs and telephone requests from patients to order prescriptions.
- Other Key Amendments:
  - Pharmacies will be allowed to receive drug shipments when no pharmacist is present.
  - Access to Schedule III drugs will be permitted if the larger premises that the pharmacy is located in, is closed to customers. This will allow for stocking of Schedule III drugs, cleaning, etc. Related amendments were also drafted to bylaws regarding community and telepharmacy security to ensure alignment regarding Schedule III drug provisions.
  - Clarify that the Pharmacy Manager is still responsible for the operation of the pharmacy and to personally manage it.

*Responsibilities of Managers, Direct Owners, Directors, Officers and Shareholders*

In general, the College identified that the language and intent of several provisions under this category needed clarification to avoid confusion, and updating to more principle-based language. In addition, some requirements needed better alignment with the associated public safety risk of the activity described. Key amendments include:

- Develop a more logical flow of provisions and group similar requirements for easier user navigation and readability.
- Remove requirements for staff badges. Use a more principle-based approach to ensure that the public can identify registrant class and non-registrant status of pharmacy staff.

- Allow more flexibility in the pharmacy name, as currently only the pharmacy operating name is allowed to be used. Require consistent use of a chosen pharmacy name and address on labels and directory listings. In addition, the pharmacy name on signage should be the same as on labels and directory listings. Remove packaging, advertising and stationary from this requirement.
- To better reflect technological advancements and pharmacist responsibilities, remove the requirement for managers to provide staff with updated drug information.
- Remove the requirement for managers to notify the Registrar of their short-term absence.
- Clarify that a manager should confirm that staff's registration status remains current (i.e., not just checked at time of employment).
- Ensure that reporting staff employment changes to the Registrar includes terminations.
- Shorten the reporting period from 48 hours to immediately when a manager ceases to be a manager of a pharmacy.
- Allow for unanticipated temporary pharmacy closures for up to 90 days to provide registrants with more flexibility and to be better able to address urgent matters (e.g., flooding, etc.). In addition, clarify that the existing temporary pharmacy closure provisions (for up to 14 days) are for anticipated closures.
- Other minor wording changes for clarity purposes:
  - Align the requirement of manager's responsibilities of day-to-day operations with PODSA requirement (i.e., personally manage and be responsible for the operation of the pharmacy).
  - Require that staffing levels should be *commensurate* with workload.
  - Require that quality assurance requirements for pharmacies be in the form of policies and procedures. Remove reference to a requirement for a quality assurance program.

*Storage of Drugs and Confidential Health Information, Including Offsite Storage*

The College identified that a review of provisions on storage of drugs and records was needed to better ensure alignment across the bylaws and with any associated public safety risks. Key amendments include:

- Use terms "safe" and "secure" instead of "appropriate" to better convey storage conditions that ensure product integrity, protects public safety, and prevents unauthorized access.
- Remove the requirement for 40 square feet storage space in community pharmacies and telepharmacies. Given the new electronic record-keeping bylaw provisions, pharmacies may not require this specific storage space for records.
- Clarify the following:
  - Off-site record storage sites need to be secured from unauthorized access and monitored. The College proposes to remove a requirement for a bonded site.
  - Unused drugs must be stored separately from other stock and within the pharmacy.
  - Storage space in the dispensary must be clean and organized.

— The pharmacy manager is held accountable for drug shipments regardless of where the drugs are stored. Therefore, drug shipments can be delivered to a secure location within the same premises where the pharmacy is located, only if the storage is temporary, safe and secure.

*Housekeeping Amendments*

In addition to drafting new or revised amendments, the existing bylaws were reviewed to ensure consistency in terminology, and for a more coherent flow of provisions. The numbering of bylaws was revised to remove the over-use of subsections to assist with improved readability. In addition, a number of amendments were made with respect to PODSA Phase One. For instance, to remove transition provisions, as that period is complete and to update the documents needed for licensure purposes. Additionally, the College will no longer require a particular scale for pharmacy diagrams (i.e., ¼ inch equals one foot) as part of the application for a new pharmacy licence. Rather, the Bylaws will focus on the diagram demonstrating compliance with the College's physical requirements for pharmacies. Another amendment proposed is regarding community pharmacy and telepharmacy security. It will require that the time-delay safe used currently to store Schedule IA drugs be kept inside the dispensary. This clarification aligns with definition of "dispensary" in the PODSA Bylaws, which means the area of a community pharmacy or a telepharmacy that contains Schedule I and II drugs.

***Lower Priority Topics***

*Community Telepharmacy Reinstatement*

The College pharmacy reinstatement process works as follows: If a pharmacy licence is not renewed by the licence expiry date, the pharmacy is no longer licensed and the pharmacy will be required to cease operations and close. However, pharmacy operators who wish to re-open have up to 90 days after the licence expiry date to complete a reinstatement process. This reinstatement process allows operators to follow the standard renewal process to obtain their pharmacy licence once all requirements are met. They will not have to submit a new pharmacy licence application, which amounts to cost- and time-savings.

The above-noted pharmacy reinstatement process exists for all pharmacy license types *except* telepharmacies. As such, the College proposes to add provisions on telepharmacy licence reinstatement, including requirements for an associated form and fee.

*Determining if Certain Provisions are Better Placed in the Health Professions Act Bylaws*

Legal counsel reviewed a number of provisions that could fall under the PODSA Bylaws or HPA Bylaws. Based on that review, it is recommended that any amendments be considered for the HPA Modernization initiative, which is anticipated to be incorporated into the College's next strategic plan.

*Reviewing the "Top 10" Requirements Not Being Complied With (based on PRP data)*

The "Top 10" requirements not being complied with were integrated into the priority topics outlined throughout this briefing note.

*Reviewing PharmaNet Requirements*

As the College no longer administers PharmaNet on behalf of the Ministry of Health, the College identified the need to review existing requirements related to PharmaNet to determine if they continue to align with the College's role. Key amendments include:

- Update definitions for better alignment with the *Pharmaceutical Services Act* and remove definitions for terms that are no longer used in the Bylaws.
- Remove requirements to maintain a computer system that is compliant with PharmaNet requirements. The College implicitly requires that pharmacies have a computer system that is compliant with PharmaNet requirements, given that those that do not have a compliant computer system would not be able to connect to PharmaNet.
- Update timelines to revise information on PharmaNet to align with the new PharmaNet Professional and Software Conformance Standards requirements (i.e., from 90 to 120 days).
- Maintain certain requirements for enforcement purposes, even though similar provisions exist in the *Pharmaceutical Services Act* (e.g., to keep the patient record current, to correct or reverse PharmaNet entries, as well as accessing and recording information).
- Remove provision regarding patient requests to correct PharmaNet information, as this is duplicative of s.70 of the *Health Professions Act* Bylaws (i.e., patient right to correct an error or omission in a record).
- Simplify provision on identifying patients to remove the existing non-exhaustive list of examples of pharmacy services.

***New Priority Topic***

The review of the PODSA Bylaws identified that the current definition of "patient's representative" is focused on legal representatives. More specifically, the definition is:

> *""patient's representative" means*
> *(a) a "committee of the patient" under the Patient's Property Act,*
> *(b) the parent or guardian of a patient who is under 19 years of age,*
> *(c) a representative authorized by a representation agreement under the Representation Agreement Act to make or help in making decisions on behalf of a patient,*
> *(d) a decision maker or guardian appointed under section 10 of the Adult Guardianship Act, or*
> *(e) a temporary substitute decision maker chosen under section 16 of the Health Care (Consent) and Care Facility (Admission) Act."*

The above-noted definition does not accurately reflect the full range of people who may serve as a patient's representative in certain situations (e.g., an individual who may pick up their spouse's medication). As such, an amendment was drafted to state that the term means a person who is authorized to act on a patient's behalf. Various pieces of legislation authorize different individuals to act on a person's behalf, and the College will prepare communication tools to clarify the meaning of this term.

**Stakeholder Consultations**

An internal Working Group comprised of staff from all College departments was established for this initiative. The Working Group developed the College's proposals for amendments, which formed the basis for consultations with external advisors and stakeholders. In addition, the Working Group reviewed draft bylaw amendments.

Numerous consultations have been held, including (see Appendix 3 for a report on the engagement activities for this initiative):

| Format and Date | Topics | Invitees |
|---|---|---|
| In-person (with teleconference option) in October 2018 | - Operation of a community pharmacy without a pharmacist<br>- Storage requirements | All College Committee members and representatives from the First Nations Health Authority. |
| Teleconferences and emails beginning in Winter 2018 | - Drug delivery<br>- Storage | Representatives from corporate pharmacy chains and the Canadian Association for Pharmacy Distribution Management. |
| Online survey in Fall 2018 | - Multiple topics, including pharmacy manager responsibilities, storage, operation of a community pharmacy without a pharmacist, disaster preparedness and temporary pharmacy licences. | Sent to all registrants and key stakeholders (over 350 responses were received). |
| In-person (with teleconference option) in February 2019 | - Depot shipments of medications | Group of pharmacists who identified as regularly using this delivery method. |
| Teleconferences in March 2019 | - Depot shipments of medications | Pharmacy regulatory authorities in Nova Scotia and Saskatchewan (discussion on their related policies). |
| In-person (with teleconference option) in March 2019 | - Emergency preparedness, temporary pharmacy licences and closures.<br>- Local emergency program coordination offices presented on how they engage with pharmacy and prepare for emergencies. | All College Committee members and representatives from the First Nations Health Authority were invited to attend. In addition, representatives from local emergency program coordination offices attended and presented information. |

| Format and Date | Topics | Invitees |
|---|---|---|
| Teleconference in March 2019 | - Emergency preparedness<br>- Temporary pharmacy licences. | A leadership team from Health Emergency Management BC. |
| Teleconference in April 2019 | - PODSA Bylaw provisions related to PharmaNet. | Representatives from the Ministry of Health. |
| In-person (with teleconference option) in May 2019 | - Comprehensive overview of all bylaw amendments. | Representatives from the Ministry of Health. |

***Legal Consultation***
In addition to working with multiple College departments, the College also worked closely with external legal counsel. Legal counsel reviewed policy background documents used to inform bylaw amendments, assisted with drafting bylaw amendments, and addressed any legal issues that arose.

## Next Steps

In regards to the bylaw amendments, the next steps consist of the following:

- After the 90 day public posting period, review and analyze all feedback received;
- Draft any changes with legal counsel based on feedback received;
- Finalize the bylaws for filing with Ministry of Health;
- Seek Board approval for filing of final bylaws (targeting the November 2019 Board meeting);
- File the final bylaws with the Ministry of Health; and
- Work with College staff to develop communications on the new requirements.

In addition, College staff are continuing to work on the policy changes. This includes further revising and refining of the PPPs under PODSA. As per the regular approval process, these PPPs are expected to be brought forward to the Board's November 2019 meeting for approval.

## Recommendation

The Legislation Review Committee recommends that the Board approve the amendments to PODSA Bylaws, as circulated.

| Appendix | |
|---|---|
| 1 | Proposed Draft Bylaws for Public Posting (track changes) |
| 2 | Proposed Draft Bylaws for Public Posting (clean) ***(*** |
| 3 | Engagement Report |

# *Pharmacy Operations and Drug Scheduling Act - BYLAWS*

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10. Pharmacy Pre-Opening Inspection Report – Community

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~~12. Application for Telepharmacy Licence Renewal - Community~~

**Definitions**

1 In these bylaws:

**"*Act*"** means the *Pharmacy Operations and Drug Scheduling Act*;

**"attestation"** means the attestation referred to in section 2(2)(d)(ii) of the *Act*;

**"BC Annual Report"** means an annual report filed with the BC Registry Services;

**"British Columbia Company Summary"** means a summary issued by the BC ~~Corporate~~ Registry Services;

**"central pharmacy"** means a community pharmacy that holds one or more telepharmacy licences;

**"Central Securities Register"** means the register maintained under section 111(1) of the *Business Corporations Act* [SBC 2002] C.57 as amended ~~from time to time~~;

**"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 substances"** means a drug which includes a substance listed in the Schedules in the regulations made pursuant to the *Controlled Drugs and Substances Act* (Canada), and 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;

**"criminal record history"** means the results of a criminal record search of Royal Canadian Mounted Police and local police databases, in the form approved by the board ~~from time to time~~;

**"direct owner"** has the same meaning as in section 1 of the *Act*;

**"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 18(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 *Act*;

**"electronic signature"** means

(a) information in electronic form that a person has created or adopted in order to sign a record, other than with respect to a prescription signed by a full

pharmacist for the purpose of prescribing, that is in, attached to or associated with a record, is secure and is only reproducible and used by that person; and,

(b) with respect to a prescription signed by a full pharmacist for the purpose of prescribing, the electronic signature must meet the requirements of paragraph (a) and must be a unique mark personally applied by that pharmacist;

**"full pharmacist"** means a member of the college who is registered in the class of registrants established in section 41(a) of the Bylaws under the *Health Professions Act*;

**"health authority"** includes

(a) a regional health board designated under the *Health Authorities Act*,
(b) the Provincial Health Services Authority,
(c) First Nations Health Authority, and
(d) Providence Health Care Society;~~.~~

**"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;*

**"indirect owner"** has the same meaning as in section 1 of the *Act*;

**"manager"** has the same meaning as in section 1 of the *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*~~ means a person who is authorized to act on a patient's behalf;

**"personal health information"** has the same meaning as in section 25.8 of the *Health Professions Act*;

**"pharmacy"** has the same meaning as in section 1 of the *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;
(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;

**"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;

**"record"** has the same meaning as the definition of record in Schedule 1 of the *Freedom of Information and Protection of Privacy Act*;

***"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 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*;

**"signature"** on a record means either a handwritten signature in ink or an electronic signature;

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

**"telepharmacy"** means a pharmacy located in a rural and remote community that is licensed to provide pharmacy services;

***"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.

## PART I – Pharmacy Licences

### Licence Types

2~~.~~ (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.

### New Community Pharmacy Licence

3 (1) Applicants for a new community pharmacy licence must submit an application consistent with the type of ownership under section 5(2) of the *Act*.

(2) A direct owner may apply for a new community pharmacy licence by submitting:

(a) an application in Form 1A;

(b) the fee(s) 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 pharmacy, demonstrating compliance with the physical requirements in the bylaws and applicable policies;

(d) Form 10;

(e) photographs or video demonstrating compliance with the physical requirements in the bylaws and applicable policies; and

(f) a copy of the pharmacy's ~~current~~ valid business licence issued by the jurisdiction to the direct owner, if applicable.

(3) In addition to the requirements in subsection (2), a direct owner described in section 5(2)(b) or (c) of the *Act* must submit:

(a) an ~~Form 7~~email contact of each indirect owner;

(b) a copy of the power(s) of attorney, if applicable;

~~(c) a copy of the Certificate of Incorporation, and~~

~~(d) a copy of the Notice of Articles, or~~

~~(e)~~(c) a copy of the current British Columbia Company Summary~~, whichever is current~~; and

~~(f)~~(d) a certified true copy of the Central Securities Register ~~if a direct owner is or includes a corporation that is not traded publicly.; and~~

~~(g) a certified true copy of the Central Securities Register for a parent corporation if a direct owner is a subsidiary corporation.~~

(4) If an indirect owner is a company incorporated under the *Company Act* or the *Business Corporations Act* that is not traded publicly, the following must be submitted for that company:

(a) an email contact of each indirect owner;

~~(a)~~(b) a copy of the power(s) of attorney, if applicable;

~~(b) a copy of the Certificate of Incorporation, and~~

~~(c) a copy of the Notice of Articles, or~~

~~(d)~~(c) a copy of the current British Columbia Company Summary~~, whichever is current~~; and

~~(e)~~(d) a certified true copy of the Central Securities Register.

(5) Proof of eligibility in Form 5 and a criminal record history in accordance with section 14 must be submitted by the following:

(a) any pharmacist who is a direct owner described in section 5(2)(a) of the *Act*;

(b) indirect owner(s); and

(c) the manager.

**Community Pharmacy Licence Renewal**

4~~.~~ (1) A direct owner may apply to renew a community pharmacy licence no later than 30 days prior to the expiry of the existing pharmacy licence by submitting:

(a) an application in Form 2A;

(b) the fee(s) specified in Schedule "A";

(c) a copy of the pharmacy's ~~current~~ valid business licence issued by the jurisdiction to the direct owner, if applicable; and

(d) a copy of the current British Columbia Company Summary or the most recently filed BC Annual Report, if a direct owner is or includes a corporation.

(2) At the time of the renewal application, an attestation in Form 5 must be submitted by:

(a) any pharmacist who is a direct owner described in section 5(2)(a) of the *Act*;

(b) indirect owner(s); and

(c) the manager.

(3) An application submitted later than 30 days prior to the expiry of the pharmacy licence is subject to the fee(s) specified in Schedule "A".

~~4.1. The first application to renew an existing licence, submitted after the *Pharmacy Operations and Drug Scheduling Amendment Act 2016* comes into force, is an application for a new community pharmacy licence under section 3 but the requirements in subsections 3(2)(c),(d) and (e) do not apply.~~

**Community Pharmacy Licence Reinstatement**

5~~.~~ (1) A direct owner may apply to reinstate a community pharmacy licence that has been expired for 90 days or less by submitting:

(a) an application in Form 3A;

(b) the fee(s) specified in Schedule "A";

(c) a copy of the pharmacy's ~~current~~valid business licence issued by the jurisdiction to the direct owner, if applicable; and

(d) a copy of the current British Columbia Company Summary, if the direct owner is or includes a corporation.

(2) At the time of the reinstatement application, an attestation in Form 5 must be submitted by:

(a) any pharmacist who is a direct owner described in section 5(2)(a) of the *Act*;

(b) indirect owner(s); and

(c) the manager.

~~5.1. The first application to reinstate an existing licence, submitted after the *Pharmacy Operations and Drug Scheduling Amendment Act 2016* comes into force, is an application for a new community pharmacy licence under section 3 but the requirements in subsections 3(2)(c),(d) and (e) do not apply.~~

**New Hospital Pharmacy Licence**

6~~.~~ (1) Applicants for a new hospital pharmacy licence must submit an application consistent with the type of ownership under section 5(2) of the *Act*.

(2) A direct owner may apply for a new hospital pharmacy licence by submitting:

(a) an application in Form 1C;

(b) the fee(s) specified in Schedule "A"; and

(c) a diagram professionally drawn to ~~a~~ scale ~~of ¼ inch equals 1 foot~~, including the measurements and entrances of the pharmacy, demonstrating compliance with the physical requirements in the bylaws and applicable policies~~confirming compliance with Schedule "D"~~.

(3) The manager must submit an attestation in Form 5 and a criminal record history in accordance with section 14.

(4) 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 licens~~e~~ed as a community pharmacy or telepharmacy.

**Hospital Pharmacy Licence Renewal**

7~~.~~ (1) A direct owner may apply to renew a hospital pharmacy licence no later than 30 days prior to the expiry of the existing pharmacy licence by submitting:

(a) an application in Form 2C; and

(b) the fee(s) specified in Schedule "A".

(2) At the time of the renewal application, the manager must submit an attestation in Form 5.

(3) An application submitted later than 30 days prior to the expiry of the pharmacy licence is subject to the fee(s) specified in Schedule "A".

~~7.1. The first application to renew an existing hospital licence, submitted after the *Pharmacy Operations and Drug Scheduling Amendment Act 2016* comes into force, is an application for a new hospital pharmacy licence under section 6 but the requirement in subsection 6(2)(c) does not apply.~~

**Hospital Pharmacy Licence Reinstatement**

8~~.~~ (1) A direct owner may apply to reinstate a pharmacy licence that has been expired for 90 days or less by submitting:

(a) an application in Form 3C; and

(b) the fee(s) specified in Schedule "A".

(2) At the time of the reinstatement application, the manager must submit an attestation in Form 5.

~~8.1. The first application to reinstate an existing licence, submitted after the *Pharmacy Operations and Drug Scheduling Amendment Act* 2016 comes into force, is an application for a new hospital pharmacy licence under section 6 but the requirement in subsection 6(2)(c) does not apply.~~

**New Pharmacy Education Site Licence**

9~~.~~ (1) Applicants for a new pharmacy education site licence must submit an application consistent with the type of ownership under section 5(2) of the *Act*.

(2) A direct owner may apply for a new pharmacy education site licence by submitting:

(a) an application in Form 1F; and

(b) the fee(s) specified in Schedule "A".

~~.~~(3) The manager must submit an attestation in Form 5 and a criminal record history in accordance with section 14.

**Pharmacy Education Site Licence Renewal**

10~~.~~ (1) A direct owner may apply to renew a pharmacy education licence no later than 30 days prior to the expiry of the existing pharmacy licence by submitting:

(a) an application in Form 2F; and

(b) the fee(s) specified in Schedule "A".

(2) At the time of the renewal application, the manager must submit an attestation in Form 5.

(3) An application submitted later than 30 days prior to the expiry of the pharmacy licence is subject to the fee(s) specified in Schedule "A".

~~10.1. The first application to renew an existing licence, submitted after the *Pharmacy Operations and Drug Scheduling Amendment Act* 2016 comes into force, is an application for a new pharmacy education site licence under section 9.~~

**Pharmacy Education Site Licence Reinstatement**

11~~.~~ (1) A direct owner may apply to reinstate a pharmacy education site licence that has been expired for 90 days or less by submitting:

(a) an application in Form 3F; and

(b) the fee(s) specified in Schedule "A".

(2) At the time of the reinstatement application, the manager must submit an attestation in Form 5.

~~11.1. The first application to reinstate an existing licence, submitted after the *Pharmacy Operations and Drug Scheduling Amendment Act* 2016 comes into force, is an application for a new pharmacy education site licence under section 9.~~

**New Telepharmacy Licence**

12~~.~~ A direct owner of a community pharmacy may apply for a new telepharmacy licence by submitting:

(a) an application in Form 1B~~2~~;

(b) the fee(s) 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, confirming compliance with Schedule "C";

(d) Form 11;

(e) photographs or video confirming compliance with Schedules "C" and "E"; and

(f) if applicable, a copy of the telepharmacy's valid business licence issued to~~by~~ the direct owner by the jurisdiction in which the telepharmacy is located.

**Conditions for Telepharmacy Licence**

12.1~~31.~~ (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~~telepharmacy 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 licence as a community pharmacy,

(e) the central pharmacy applicant and the telepharmacy will have the same direct 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.

**Telepharmacy Licence Renewal**

13. (1) A direct owner may apply to renew a telepharmacy licence no later than 30 days prior to the expiry of the existing telepharmacy licence by submitting:

(a) an application in Form 2B12;

(b) the fee(s) specified 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.

(2) An application submitted later than 30 days prior to the expiry of the telepharmacy licence is subject to the fee(s) specified in Schedule "A".

**Telepharmacy Licence Reinstatement**

13.1 A direct owner may apply to reinstate a telepharmacy licence that has been expired for 90 days or less by submitting:

(a) an application in Form 3B;

(b) the fee(s) specified in Schedule "A"; and

(c) if applicable, a copy of the telepharmacy's valid business licence issued to the direct owner by the jurisdiction in which the telepharmacy is located.

**Criminal Record History of Direct Owner, Indirect Owner(s) and Manager**

14. A direct owner, indirect owner(s) and a manager must submit a criminal record history pursuant to section 5.1 of the *Act*, in the form approved by the board from time to time.

**Unlawful Operation**

15. (1) Pursuant to section 7(1) of the *Act*, persons listed in Schedule "B" are authorized under this bylaw to store, dispense or sell drugs or devices to the public.

(2) Pursuant to section 7(3) of the *Act*, the registrar may authorize the direct owner, indirect owner(s) or manager of an unlicensed pharmacy, or a full pharmacist to continue the operation of the pharmacy for a period not exceeding 90 days, for the limited purpose of transferring drugs and personal health information on the premises to another licensced pharmacy.

(3) On receiving a referral under section 16(6), the application committee may consider whether to authorize the operation of the pharmacy pursuant to section 7(3) of the *Act* pending a determination under section 4(4)(b) of the *Act* as to relevance or risk to the public.

## PART II - All Pharmacies

### Change in Direct Owner, Indirect Owner(s) or Manager

16. (1) If a direct owner changes, the registrar may issue a new pharmacy licence upon receipt of the following from the new direct owner:

(a) Form 8A;

(b) the fee(s) specified in Schedule "A";

(c) a copy of the pharmacy's ~~current~~valid business licence issued by the jurisdiction to the new direct owner, if applicable; and

(d) the documents listed in sections 3(3), 3(4) and 3(5) as applicable.

(2) If there is a change of indirect owner(s) the following must be submitted by the direct owner:

(a) Form 8B;

(b) the fee(s) specified in Schedule "A";

(c) a Notice of Change of Directors, if applicable;

(d) a certified true copy of the Central Securities Register, if there is a change of shareholder(s) of a non-publicly traded corporation; and

(e) the documents listed in sections 3(3), 3(4) and 3(5), as applicable.

(3) If the change in subsection (2) includes a new indirect owner(s), proof of eligibility in Form 5 and a criminal record history in accordance with section 14 must be submitted by the new indirect owner(s).

(4) If there is a change of manager, the registrar may issue a new pharmacy licence and telepharmacy licence if applicable, upon receipt of:

(a) Form 8C submitted by the direct owner;

(b) the fee(s) specified in Schedule "A"; and

(c) proof of eligibility in Form 5 and a criminal record history in accordance with section 14 submitted by the new manager.

(5) In the event that a direct owner, indirect owner(s) or manager is no longer eligible under section 3 of the *Act*, the direct owner, indirect owner(s) or manager must submit a notice in Form 6.

(6) On receipt of a Form 6 under subsection (5), the r~~R~~egistrar must refer the matter to the application committee who may act under sections 4(3), 4(4), 4(5) of the *Act*.

**Changes to the Pharmacy Premises and Name**

17~~.~~ (1) If there is a change in the name of a corporation that is a direct owner, the registrar may amend the pharmacy licence, and telepharmacy licence if applicable, upon receipt of the following ~~must be submitted~~ from the direct owner:

(a) Form 8D;

(b) the fee(s) specified in Schedule "A";

(c) a copy of the pharmacy's ~~current~~valid business licence issued by the jurisdiction to the direct owner with the new corporation name, if applicable; and

(d) a copy of the Alteration to the Notice of Articles.

(2) If there is a change in the name of a corporation that is an indirect owner, the following must be submitted by the direct owner:

(a) Form 8D;

(b) the fee(s) specified in Schedule "A"; and

(c) a copy of the Alteration to the Notice of Articles.

(3) If there is a change in the pharmacy name or in the operating name of the pharmacy, the registrar may amend the pharmacy or telepharmacy licence upon receipt of the following from the direct owner ~~must be submitted~~:

(a) Form 8E;

(b) the fee(s) specified in Schedule "A"; ~~and~~

(c) for a change of operating name, a copy of the pharmacy's ~~current~~ valid business licence with the new operating name issued by the jurisdiction to the direct owner, if applicable; and~~.~~

(d) for a change of pharmacy name, photographs or video demonstrating compliance with section 18(2)(q) or 18(2)(r).

(4) If there is a change in location of the pharmacy, the registrar may issue a new pharmacy licence upon receipt of the following from the direct owner:

(a) Form 8F;

(b) the fee(s) specified in Schedule "A"; ~~and~~

(c) the requirements in section 3(2)(c), (d) and (e) for a community pharmacy, or

(d) the requirements in section 6(2)(c) for a hospital pharmacy; ~~and~~

(e) a copy of the pharmacy's ~~current~~valid business licence with the address of the new location issued by the jurisdiction to the direct owner, if applicable; and

~~(e)~~(f) photographs or video demonstrating compliance with section 18(2)(ee~~t~~)(v).

(5) If there is a change in layout of the pharmacy, the direct owner must submit the following:

(a) Form 8G;

(b) the fee(s) specified in Schedule "A"; and

(c) a diagram, photographs or video to demonstrate the changes in layout in accordance with section 3(2)(c),(d) and (e) for a community pharmacy;~~,~~ ~~or~~

(d) a diagram to demonstrate the changes in layout in accordance with section 6(2)(c) for a hospital pharmacy; or

~~(d)~~(e) a diagram, photographs or video to demonstrate the changes in layout in accordance with section 12(c)(d) and (e) for a telepharmacy.

17.1 (1) A direct owner of a pharmacy that is permanently closing must notify the r~~R~~egistrar by submitting the following before closure:

(a) an application in Form 4;

(b) the fee(s) specified in Schedule "A";

(c) documents demonstrating compliance with section 18(2)(ee)(i), (ii), (iii) and (iv); and

(d) photographs or video demonstrating compliance with section 18(2)(ee)(v).

(2) The manager of the pharmacy receiving drugs, medical devices, and/or patient and prescription records from the closing pharmacy must submit Part 2 of Form 4 within 14 days of receiving date the drugs, medical devices, and/or patient and prescription records.

**Responsibilities of Manager, Direct Owners, Directors, Officers and Shareholders**

18~~.~~ (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,

(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) personally manage and be responsible for the daily operation of the pharmacy;

(b) ensure compliance with all legislation, bylaws, policies and procedures applicable to the operation of a pharmacy~~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, and~~

~~(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;~~

(c)~~(g)~~ establish ~~-~~policies and procedures

(i) to specify the duties to be performed by registrants and support persons,~~;~~

(ii)~~(h)~~ ~~establish procedures~~ for

~~(iii)~~ inventory management,

~~(iv)~~ product selection, ~~and~~

~~(v)~~ proper destruction of unusable drugs and devices,

(iii) for pharmacy security,

(iv) for emergency preparedness, and

(v)~~(k)~~ ~~ensure there is a written~~for drug recall ~~procedure in place for~~of pharmacy inventory;

(d) ensure all policies and procedures are in writing and regularly maintained;

(e)~~(r)~~ ensure that pharmacy staff are trained in policies and procedures ~~regarding pharmacy security~~;

(f)~~(l)~~ ensure that all steps in the drug recall procedure are documented, if the procedure is initiated;

(g)~~(b)~~ ensure ~~confirm~~ that ~~the staff members~~ all individuals working in the pharmacy who ~~re~~represent themselves as registrants ~~are registrants~~ have been granted and maintain registration with the College, in accordance with the policies approved by the board;

(h)~~(c)~~ notify the registrar ~~in writing~~ of ~~the~~any appointments, ~~and~~ resignations or terminations of registrants employed at the pharmacy as ~~they~~those changes occur;

(i)~~(d)~~ cooperate with inspectors acting under section 17 of the *Act* or sections 28 or 29 of the *Health Professions Act*;

(j)~~(e)~~ ensure that

(i) registrant and support persons staff levels are ~~sufficient~~commensurate with ~~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, and

(ii) meeting quotas, targets or similar measures do not compromise patient safety or compliance with the bylaws, Code of Ethics or standards of practice;

~~(r) ensure that pharmacy staff are trained in policies and procedures regarding pharmacy security;~~

~~(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;~~

(k)~~(i)~~ ensure that all records related to the purchase and receipt of controlled drug substances are signed by a full pharmacist;

(l)~~(j)~~ ensure ~~appropriate security and~~ safe and secure storage of all Schedule I, II, and III drugs and controlled drug substances for all aspects of pharmacy practice and which is in accordance with the policies approved by the board~~including operation of the pharmacy without a registrant present~~;

(m)~~(j.1)~~ ensure that pharmacy records containing personal information about patients are secure from unauthorized access, use, disclosure, modification and destruction;

(n)~~(m)~~ ensure that each individual working in the pharmacy~~.~~ ~~wears a badge that clearly identifies~~ presents themselves to the public in a manner that clearly identifies their~~the individual's~~ registration class;~~nt~~

(o) ensure that registrants identify themselves in a manner that clearly differentiates them from other individuals working in the pharmacy who are not ~~-~~registrants; ~~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;~~

(p)~~(o)~~ immediately notify the registrar in writing ~~within 48 hours~~ of ceasing to be the pharmacy's manager;

(q)~~(p)~~ ensure

(i) the correct and consistent use of the community pharmacy ~~operating~~ name and address ~~as it appears on the community pharmacy licence~~ for all community pharmacy identification on or in labels~~,~~ and directory listings, and

(ii) that all signage containing the community pharmacy name is correct and consistent with the community pharmacy name used in (i)~~, signage, packaging, advertising and stationery~~;

(r)~~(p.1)~~ if the pharmacy is a central pharmacy, ensure

(i) the correct and consistent use of each telepharmacy ~~operating~~ name and address ~~as it appears on the telepharmacy licence~~ for all telepharmacy identification on or in~~-~~, labels and~~,~~ directory listings, and

(ii) that all signage containing the telepharmacy name is ~~-~~correct and consistent with the telepharmacy name used in (i)~~, signage, packaging, advertising and stationery associated with that telepharmacy~~;

(s) ensure that narcotic reconciliation is performed in accordance with the policies approved by the board;

(t)~~(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) provide for the safe transfer and appropriate storage of all Schedule I, II, and III drugs and controlled drug substances,~~

~~(ii) advise the registrar in writing of the disposition of all drugs and prescription records at the time of a closure,~~

~~(iii) 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,~~

~~(iv) 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~~

~~(v) remove all signs and advertisements from the closed pharmacy premises;~~

~~(u) in the event that a pharmacy will be closed temporarily for up to 14 consecutive days,~~

~~(i) notify patients and the public of the temporary closure at least 30 days prior to the start of the temporary closure, and~~

~~(ii) make arrangements for emergency access to the pharmacy's hard copy patient records.~~

(u)~~(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;

(v)~~(u)~~ ensure the pharmacy contains the reference material and equipment in accordance with the policies approved by the board~~approved by the board from time to time~~;

(w)~~(x)~~ require anyone 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;

(x)~~(y)~~ retain the undertakings referred to in ~~paragraph~~ subsection (~~x~~w) in the pharmacy for 3 years after employment or any contract for services has ended;

(y)~~(z)~~ provide the registrar with access to the pharmacy and premises as defined in section 20(1~~2~~) in cases where a pharmacy licence has been cancelled or suspended due to loss of eligibility under section 3 of the *Act*;

(z~~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

(i)~~(a)~~ deliver a prescription to a particular registrant or pharmacy for dispensing of a drug or device specified in the prescription, or

(ii)~~(b)~~ obtain any other pharmacy service from a particular registrant or pharmacy~~;~~ , ~~and~~

(aa~~bb~~) notify the registrar of persistent non-compliance by a direct owner and indirect owner(s) with their obligations under the bylaws to the *Act*; ~~and~~

(bb~~cc~~) notify the registrar of any change of telephone number, fax number, electronic mail address or any other information previously provided to the registrar~~;~~ .

(cc)~~(u)~~ in the event ~~that~~of an anticipated ~~a pharmacy will be closed~~ temporar~~ily~~ closure, which is permitted for ~~up to~~no more than 14 consecutive days~~,~~

(i) notify patients and the public of the anticipated temporary closure at least 30 days prior to the start of the ~~temporary~~ closure in accordance with the policies approved by the board, ~~and~~

~~(ii) make arrangements for emergency access to the pharmacy's hard copy patient records.~~(ii) document steps taken to comply with the bylaws and applicable policies on anticipated temporary closures,

(iii) contact all patients whose prepared prescriptions are ready for pick-up to advise of the closure and provide them with the opportunity to obtain their prepared prescription prior to the closure start date,

(iv) make alternate arrangements with local prescribers, as appropriate, and

(v) return any prepared prescriptions in the pharmacy to inventory and reverse those prescriptions in PharmaNet;

(dd) in the event of an unanticipated temporary closure due to unforeseen circumstances, which is permitted for no more than 90 days~~,~~

(i) notify the registrar of closures of 15~~-~~ to 90 days in accordance with the policies~~y~~ approved by the board,

(ii) where possible, contact all patients whose prescriptions are ready for pick-up to advise of the closure and provide them with the opportunity to obtain their prepared prescription,

(iii) where possible, notify patients, the public, and local prescribers of the closure and alternate means of obtaining essential pharmacy services during the closure in accordance with the policies approved by the board,

(iv) apply for a new pharmacy licence if the closure will exceed 90 days, and

(v) return any prepared prescriptions in the pharmacy to inventory and reverse those prescriptions in PharmaNet;~~.~~

(ee)~~(t)~~ in the event of a permanent pharmacy closure ~~or relocation~~, cancellation, expiry or a suspension of the pharmacy licence for a period of more than 14 days unless otherwise directed by the registrar

(i) provide for the safe and secure transfer and appropriate storage of all Schedule I, II, and III drugs and controlled drug substances,

(ii) advise the registrar in writing of the disposition of all drugs and prescription records at the time of a closure, in accordance with policies approved by the board,

(iii) 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,

(iv) arrange for the ~~safe~~secure transfer and continuing availability of the prescription records at another pharmacy, or at ~~an off-site~~ storage facility that is ~~bonded and secure~~monitored and secured from unauthorized access, and

(v) remove all signs and advertisements from the closed pharmacy premises;

~~(3) Subsection (2)(p) does not apply to a hospital pharmacy, hospital pharmacy satellite, telepharmacy or a pharmacy education site.~~

~~(4) For the purpose of subsection (2)(t), a pharmacy closure includes a suspension of the pharmacy licence for a period of more than 30 days, unless otherwise directed by the registrar.~~

(3~~5~~) Subsection (2)(z~~aa~~) does not prevent a manager, direct owner or indirect owner(s) 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.

(4~~6~~) Subsection (2)(z~~aa~~) does not apply in respect of a Schedule III drug or an unscheduled drug, unless the drug has been prescribed by a practitioner.

(57) A pharmacy education site's manager must ensure that only registrants and instructors are present in the pharmacy education site and must also comply with subsections (2)(a), (b), (c)(ii), (d), (e), (id), (h), (po), (r) and (eet)(i) and (ee)(ii).

(68) A direct owner, directors and officers must do all of the following:

(a) ensure compliance with subsections (2)(c)(i), (c)(iii), (c)(iv), (c)(v), (id), (ie), (lj), (qp), (rp.1), (yz) and (zaa);

(b) ensure that the requirements to hold a pharmacy licence under the *Act* are met at all times;

(c) notify the registrar of any change of name, address, telephone number, electronic mail address or any other information previously provided to the registrar; and

(d) in the event of a permanent pharmacy closure or if the location of the pharmacy changes pharmacy closure under subsection (2)(eet), notify the registrar in writing at least thirty days before the effective date of proposed closure in Form 4.

(97) Shareholders must comply with subsections (2)(id) and (6)8(c).

**Sale and Disposal of Drugs**

19. (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 policiesy 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**

20~~.~~ (1) In this section:

**"premises"** means:

(a) a hospital as defined in the *Hospital Act*, or

(b) the building or part of the building, within which the pharmacy is located, and includes loading spaces and excludes other businesses in the building.

(2) 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 policies~~y~~ approved by the board.

(3~~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~~4~~) All drug shipments must be delivered unopened to:

(a) the pharmacy, or

(b) an area of the premises other than the pharmacy if the storage of the drug shipment is temporary, safe and secure ~~a secure storage area~~.

(54) Non-usable and expired drugs must be stored ~~in a separate area of the pharmacy or a secure storage area~~ in the pharmacy in an area separate from other pharmacy stock or drug products until final disposal.

(65) 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.

**Depot Delivery**

20.1 Registrants are not permitted to deliver prescription drugs to off-site premises used for the drop off of prescription drugs for subsequent dispersal to or retrieval by individual patients, except in accordance with the policies approved by the board.

**Interchangeable Drugs**

21. 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**

22. 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**

23. (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) Despite subsection (1), a registrant must not destroy prescriptions, patient records, invoices and documentation as described in subsection (1) until the completion of any audit or investigation for which the registrant has received notice.

(3) Registrants, support persons, managers, direct owners, and indirect 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.

23.1. (1) All records required to be kept under bylaws of the college or other legislation that regulates the practice of pharmacy shall be readable, complete, filed systematically and maintained in a manner that is secure, auditable and allows for easy retrieval.

(2) Notwithstanding subsection (1), a prescription record that is valid must be retrievable immediately.

(3) For purposes of subsection (2):

(a) prescriptions for oral contraceptives are valid for a period of up to two years from the prescribing date~~.~~; and

(b) prescriptions other than for oral contraceptives are valid for a period of up to one year from the prescribing date.

(4) With respect to prescriptions for drugs included in the controlled prescription program, the original prescription form must be retained, regardless of whether or not such prescription form has also been stored electronically.

(5) Prescriptions stored electronically must accurately reflect the original prescription, including the original colour composition of that prescription.

23.2~~.~~ (1) A pharmacy manager must ensure that a policy is in place that:

(a) describes the pharmacy's records filing system, the records format and the method and system for storing records~~.~~;

(b) is compliant with the sections 23.1, 23.2 and 23.3 requirements; and

(c) is readily accessible to and understood by pharmacy staff.

(2) With respect to electronic records, the policy must include a description of the process for the preservation, storage and backing up of records that is compliant with section 23.3 requirements.

23.3~~.~~ (1) A pharmacy may maintain electronic records containing personal health information if the pharmacy has the equipment, software and systems necessary for the input, storage, use, protection and retrieval of records that are required to be kept under bylaws of the college or other legislation that regulates the practice of pharmacy.

(2) For purposes of subsection (1), the equipment, software and systems must:

(a) be capable of storing the electronic records for the periods required by applicable law;

(b) keep the records secure from unauthorized access, use, disclosure, modification and destruction;

(c) for audit purposes, be capable of uniquely identifying each time an electronic record is accessed and modified;

(d) be capable of restricting the functions that may be used by an authorized person;

(e) be capable of tracing alterations to records by identifying the original entry, the identity of the individual who made the alteration and the date of the alteration;

(f) be capable of searching and sorting electronic prescription records chronologically, and by drug name, drug strength, patient, prescriber, prescription number and transaction number;

(g) ensure that electronic records can be stored, backed up and recovered in accordance with subsection (3); and~~,~~

(h) provide for a deliberate and auditable procedure to be carried out by the pharmacy manager or by an authorized person prior to the destruction of any electronic record that includes information identifying the pharmacy manager or authorized person who destroyed the record and the date, time and reason for its destruction.

(3) A pharmacy manager must ensure that electronic records are preserved and backed up at least once daily and that such electronically preserved and backed up records are stored:

(a) in a location resistant to environment perils including but not limited to fires and floods;

(b) so that they are secure from unauthorized access, use, modification, destruction and disclosure; and~~,~~

(c) in a manner that would enable the backed up records, once restored, to be compliant with section 23.1(1) requirements.

(4) Notwithstanding subsections (1), (2) and (3), a pharmacy that presently stores electronic records has six months from the date this section comes into effect to bring itself into full compliance with the requirements of subsections (1), (2) and (3).

## PART III – Community Pharmacies

### Community Pharmacy's Manager – Quality Management

24~~.~~ (1) A community pharmacy's manager must establish and maintain written quality management policies and procedures ~~develop, document and implement an ongoing quality management program~~ that

(a) ~~maintains and enforces policies and procedures to~~ ensure pharmacy staff, equipment, and facilities comply with all legislation, bylaws and policies applicable to the operation of a community pharmacy~~,~~

(b) include a process to monitor compliance with the quality management policies and procedures~~monitors staff performance, equipment, facilities and adherence to the *Community Pharmacy Standards of Practice*~~;, and

(c) include~~s~~ 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~~ policies and procedures 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**

25. (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 that is clean and organized,

(e) contain a double stainless steel sink with hot and cold running water,

(f) contain an adequate stock of drugs to provide full dispensing services, and

(g) contain a refrigerator.

(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.~~

**Community Pharmacy and Telepharmacy Security**

26~~.~~ (1) A community pharmacy or telepharmacy must:

(a) keep Schedule IA drugs in a locked metal safe inside the dispensary 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 premises in which the pharmacy is located are ~~is~~ accessible to non-registrants, the pharmacy must be secured as follows:

(a) ~~i~~If the premises in which the pharmacy is located are closed and accessible to non-registrant staff:

(i) the dispensary area must be secured by a monitored alarm~~,~~;, and

(ii)~~(b)~~ ~~S~~subject to subsection (2.1), ~~s~~Schedule I and II drugs, controlled drug substances and personal health information, are secured by physical barriers.

(b) ~~i~~if the pharmacy is closed but other areas of the premises in which the pharmacy is located are open:

(i) the dispensary area must be secured by a monitored alarm~~,~~;~~ and~~

(ii) subject to subsection (2.1), ~~s~~Schedule I, and II ~~and III~~ drugs, controlled drug substances and personal health information, are secured by physical barriers, and~~.~~

(iii) ~~s~~Schedule III drugs and controlled drug substances are inaccessible to anyone other than full pharmacists, temporary pharmacists and pharmacy technicians.

(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 26(2)(a)(ii) and (b)(ii) 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~~ or 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 manager, direct owner or indirect owner(s) 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.

~~(~~(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).

**Permitted activities ~~Operation~~ of a Community Pharmacy w~~W~~ithout a Full Pharmacist Present**

27~~.~~ (1) Except as provided in subsection (2), a community pharmacy must not ~~be open to the public~~ operate unless a full pharmacist is present.

~~(2)~~ A community pharmacy~~may operate~~ is not entitled to carry on the activities set out in subsection (2) without a full pharmacist present ~~if all the following requirements are met:~~unless:

(a) the registrar is notified of the hours during which a full pharmacist is not present;

(b) the pharmacy is secured in accordance with section 26(2); and

~~(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; and~~

(c)~~(f)~~ the hours when a full pharmacist is on duty are posted.

(2~~3~~) Subject to ~~If the requirements of~~ subsection (1)~~(2) are met~~, a pharmacy may only carry out the following activities ~~may be performed at a community pharmacy by anyone who is not a registrant~~ without a full pharmacist~~s~~ present:

(a) pharmacy technicians may access the dispensary to perform activities outlined in section 4 of the *Community Pharmacy Standards of Practice*, that do not require pharmacist supervision, with the exception of activities involving patient interaction ~~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~~; orand

(b) receive drug shipments under section 20(43).~~orders from drug wholesalers, containing Schedule I, II and III drugs, may be received but must be kept secure and remain unopened.~~

(3) Nothing contained in this section relieves a pharmacy manager of their responsibilities under section 18(2)(a).

**Outsource Prescription Processing**

28~~.~~ (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 IV – Hospital Pharmacies

**Hospital Pharmacy’s Manager – Quality Management**

29~~.~~ (1) A hospital pharmacy’s manager must ~~develop, document and implement an ongoing quality management program~~ establish and maintain written quality management policies and procedures that

(a) ~~maintains and enforces policies and procedures to~~ ensure pharmacy staff, equipment, and facilities comply with all legislation, bylaws and policies applicable to the operation of a hospital pharmacy,

(b) include a process to monitor compliance with the quality management policies and procedures~~monitors staff performance, equipment, facilities and adherence to the *Hospital Pharmacy Standards of Practice*~~,

(c) include~~s~~ a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies,

(d) document~~s~~ 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**

30. (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 V – Telepharmacy

~~**Telepharmacy Licence**~~

~~31. (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 listed in Schedule "F", the proposed telepharmacy does not have a licence as a community pharmacy,~~

~~(e) the central pharmacy applicant and the telepharmacy will have the same direct 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.~~

**Telepharmacy Operation**

31~~.1~~ (1) A telepharmacy must not remain open and prescriptions must not be dispensed without a full pharmacist physically present 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) In accordance with section 18(2)(d) and 18(2)(e), ~~A~~a telepharmacy must have ~~a~~ policie~~s~~y and procedure~~s~~ ~~manual~~ on site that outline~~s~~ 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.

## PART VI – PharmaNet

### Application of Part

32~~.~~ This Part applies to every pharmacy that connects to PharmaNet.

### Definitions

33~~.~~ In this Part:

**"PharmaNet"** means "PharmaN~~n~~et" as defined in section 1 of the *Information Management Regulation,* B.C. Reg. 74/2015;

~~**"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 *British Columbia ~~PharmaNet~~*

*Professional and Software ~~Compliance~~ Conformance Standards, Electronic Health Information Exchange* as the "patient record (pharmacy)~~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**

34~~.~~ 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**

35~~.~~ (1) A registrant must enter the prescription information and ~~transmit~~ record it ~~into~~ PharmaNet at the time of dispensing and keep the ~~PharmaNet~~ patient record current.

(2) A registrant may collect and ~~transmit~~ record patient ~~record~~ information ~~into~~ 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,

(d) for the purposes of claims adjudication and payment by an insurer, or

(e) to the extent necessary to provide pharmacy services to, or to facilitate the care of, the individual whose personal information is being accessed.

~~(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.~~

(34) 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 120 ~~90~~ days of the original entry i~~o~~n PharmaNet.

(45) 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.

(56) If a registrant is unable to comply with the deadlines in subsections (34) or (45), he or she must provide the information required to make the correction to the ~~college~~ Ministry of Health 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*.~~

## PART VII – Confidentiality

### Confidentiality

36~~.~~ A registrant must take reasonable steps to confirm the identity of a patient, patient's representative, registrant or practitioner before providing any pharmacy service ~~that~~ requires accessing or disclosure of patient personal health information.~~, 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 us~~

## PART VIII – College

### Forms

37~~.~~ The r~~R~~egistrar may establish forms for the purposes of the *Act*.

### Use, Disclosure and Retention of Criminal Record History Information

38~~.~~ (1) The College may disclose criminal record history information only for the purpose of licensing pharmacies or for the purpose of regulating registrants (including for the discipline of registrants).

(2) The College must retain criminal record history information only for so long as is permitted by the applicable College records retention and disposal provisions established by the College.

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**Definitions**

1 In these bylaws:

**"*Act*"** means the *Pharmacy Operations and Drug Scheduling Act*;

**"attestation"** means the attestation referred to in section 2(2)(d)(ii) of the *Act*;

**"BC Annual Report"** means an annual report filed with the BC Registry Services;

**"British Columbia Company Summary"** means a summary issued by the BC Registry Services;

**"central pharmacy"** means a community pharmacy that holds one or more telepharmacy licences;

**"Central Securities Register"** means the register maintained under section 111(1) of the *Business Corporations Act* [SBC 2002] C.57 as amended;

**"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 substances"** means a drug which includes a substance listed in the Schedules in the regulations made pursuant to the *Controlled Drugs and Substances Act* (Canada), and 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;

**"criminal record history"** means the results of a criminal record search of Royal Canadian Mounted Police and local police databases, in the form approved by the board;

**"direct owner"** has the same meaning as in section 1 of the *Act*;

**"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 18(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 *Act*;

**"electronic signature"** means

(a) information in electronic form that a person has created or adopted in order to sign a record, other than with respect to a prescription signed by a full

pharmacist for the purpose of prescribing, that is in, attached to or associated with a record, is secure and is only reproducible and used by that person; and,

(b) with respect to a prescription signed by a full pharmacist for the purpose of prescribing, the electronic signature must meet the requirements of paragraph (a) and must be a unique mark personally applied by that pharmacist;

**"full pharmacist"** means a member of the college who is registered in the class of registrants established in section 41(a) of the Bylaws under the *Health Professions Act*;

**"health authority"** includes

(a) a regional health board designated under the *Health Authorities Act*,
(b) the Provincial Health Services Authority,
(c) First Nations Health Authority, and
(d) Providence Health Care Society;

**"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;*

**"indirect owner"** has the same meaning as in section 1 of the *Act*;

**"manager"** has the same meaning as in section 1 of the *Act*;

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

**"patient's representative**" means a person who is authorized to act on a patient's behalf;

**"personal health information"** has the same meaning as in section 25.8 of the *Health Professions Act*;

**"pharmacy"** has the same meaning as in section 1 of the *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,
(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;

**"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;

**"record"** has the same meaning as the definition of record in Schedule 1 of the *Freedom of Information and Protection of Privacy Act*;

***"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 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*;

**"signature"** on a record means either a handwritten signature in ink or an electronic signature;

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

**"telepharmacy"** means a pharmacy located in a rural and remote community that is licensed to provide pharmacy services;

***"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.

## PART I – Pharmacy Licences

### Licence Types

2 (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.

### New Community Pharmacy Licence

3 (1) Applicants for a new community pharmacy licence must submit an application consistent with the type of ownership under section 5(2) of the *Act*.

(2) A direct owner may apply for a new community pharmacy licence by submitting:

(a) an application in Form 1A;

(b) the fee(s) specified in Schedule "A";

(c) a diagram professionally drawn to scale, including the measurements and entrances of the pharmacy, demonstrating compliance with the physical requirements in the bylaws and applicable policies;

(d) Form 10;

(e) photographs or video demonstrating compliance with the physical requirements in the bylaws and applicable policies; and

(f) a copy of the pharmacy's valid business licence issued by the jurisdiction to the direct owner, if applicable.

(3) In addition to the requirements in subsection (2), a direct owner described in section 5(2)(b) or (c) of the *Act* must submit:

(a) an email contact of each indirect owner;

(b) a copy of the power(s) of attorney, if applicable;

(c) a copy of the current British Columbia Company Summary; and

(d) a certified true copy of the Central Securities Register.

(4) If an indirect owner is a company incorporated under the *Company Act* or the *Business Corporations Act* that is not traded publicly, the following must be submitted for that company:

(a) an email contact of each indirect owner;

(b) a copy of the power(s) of attorney, if applicable;

(c) a copy of the current British Columbia Company Summary; and

(d) a certified true copy of the Central Securities Register.

(5) Proof of eligibility in Form 5 and a criminal record history in accordance with section 14 must be submitted by the following:

(a) any pharmacist who is a direct owner described in section 5(2)(a) of the *Act*;

(b) indirect owner(s); and

(c) the manager.

**Community Pharmacy Licence Renewal**

4 (1) A direct owner may apply to renew a community pharmacy licence no later than 30 days prior to the expiry of the existing pharmacy licence by submitting:

(a) an application in Form 2A;

(b) the fee(s) specified in Schedule "A";

(c) a copy of the pharmacy's valid business licence issued by the jurisdiction to the direct owner, if applicable; and

(d) a copy of the current British Columbia Company Summary or the most recently filed BC Annual Report, if a direct owner is or includes a corporation.

(2) At the time of the renewal application, an attestation in Form 5 must be submitted by:

(a) any pharmacist who is a direct owner described in section 5(2)(a) of the *Act*;

(b) indirect owner(s); and

(c) the manager.

(3) An application submitted later than 30 days prior to the expiry of the pharmacy licence is subject to the fee(s) specified in Schedule "A".

**Community Pharmacy Licence Reinstatement**

5 (1) A direct owner may apply to reinstate a community pharmacy licence that has been expired for 90 days or less by submitting:

(a) an application in Form 3A;

(b) the fee(s) specified in Schedule "A";

(c) a copy of the pharmacy's valid business licence issued by the jurisdiction to the direct owner, if applicable; and

(d) a copy of the current British Columbia Company Summary, if the direct owner is or includes a corporation.

(2) At the time of the reinstatement application, an attestation in Form 5 must be submitted by:

(a) any pharmacist who is a direct owner described in section 5(2)(a) of the *Act*;

(b) indirect owner(s); and

(c) the manager.

**New Hospital Pharmacy Licence**

6 (1) Applicants for a new hospital pharmacy licence must submit an application consistent with the type of ownership under section 5(2) of the *Act*.

(2) A direct owner may apply for a new hospital pharmacy licence by submitting:

(a) an application in Form 1C;

(b) the fee(s) specified in Schedule "A"; and

(c) a diagram professionally drawn to scale, including the measurements and entrances of the pharmacy, demonstrating compliance with the physical requirements in the bylaws and applicable policies.

(3) The manager must submit an attestation in Form 5 and a criminal record history in accordance with section 14.

(4) 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 licensed as a community pharmacy or telepharmacy.

**Hospital Pharmacy Licence Renewal**

7 (1) A direct owner may apply to renew a hospital pharmacy licence no later than 30 days prior to the expiry of the existing pharmacy licence by submitting:

(a) an application in Form 2C; and

(b) the fee(s) specified in Schedule "A".

(2) At the time of the renewal application, the manager must submit an attestation in Form 5.

(3) An application submitted later than 30 days prior to the expiry of the pharmacy licence is subject to the fee(s) specified in Schedule "A".

**Hospital Pharmacy Licence Reinstatement**

8 (1) A direct owner may apply to reinstate a pharmacy licence that has been expired for 90 days or less by submitting:

(a) an application in Form 3C; and

(b) the fee(s) specified in Schedule "A".

(2) At the time of the reinstatement application, the manager must submit an attestation in Form 5.

**New Pharmacy Education Site Licence**

9 (1) Applicants for a new pharmacy education site licence must submit an application consistent with the type of ownership under section 5(2) of the *Act*.

(2) A direct owner may apply for a new pharmacy education site licence by submitting:

(a) an application in Form 1F; and

(b) the fee(s) specified in Schedule "A".

(3) The manager must submit an attestation in Form 5 and a criminal record history in accordance with section 14.

**Pharmacy Education Site Licence Renewal**

10 (1) A direct owner may apply to renew a pharmacy education licence no later than 30 days prior to the expiry of the existing pharmacy licence by submitting:

(a) an application in Form 2F; and

(b) the fee(s) specified in Schedule "A".

(2) At the time of the renewal application, the manager must submit an attestation in Form 5.

(3) An application submitted later than 30 days prior to the expiry of the pharmacy licence is subject to the fee(s) specified in Schedule "A".

**Pharmacy Education Site Licence Reinstatement**

11 (1) A direct owner may apply to reinstate a pharmacy education site licence that has been expired for 90 days or less by submitting:

(a) an application in Form 3F; and

(b) the fee(s) specified in Schedule "A".

(2) At the time of the reinstatement application, the manager must submit an attestation in Form 5.

**New Telepharmacy Licence**

12 A direct owner of a community pharmacy may apply for a new telepharmacy licence by submitting:

(a) an application in Form 1B;

(b) the fee(s) specified in Schedule "A";

(c) a diagram professionally drawn to scale, including the measurements and entrances of the telepharmacy, confirming compliance with Schedule "C";

(d) Form 11;

(e) photographs or video confirming compliance with Schedules "C" and "E"; and

(f) if applicable, a copy of the telepharmacy's valid business licence issued to the direct owner by the jurisdiction in which the telepharmacy is located.

**Conditions for Telepharmacy Licence**

12.1 (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 telepharmacy 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 licence as a community pharmacy,

(e) the central pharmacy applicant and the telepharmacy will have the same direct 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.

**Telepharmacy Licence Renewal**

13 (1) A direct owner may apply to renew a telepharmacy licence no later than 30 days prior to the expiry of the existing telepharmacy licence by submitting:

(a) an application in Form 2B;

(b) the fee(s) specified 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.

(2) An application submitted later than 30 days prior to the expiry of the telepharmacy licence is subject to the fee(s) specified in Schedule "A".

**Telepharmacy Licence Reinstatement**

13.1 A direct owner may apply to reinstate a telepharmacy licence that has been expired for 90 days or less by submitting:

(a) an application in Form 3B;

(b) the fee(s) specified in Schedule "A"; and

(c) if applicable, a copy of the telepharmacy's valid business licence issued to the direct owner by the jurisdiction in which the telepharmacy is located.

**Criminal Record History of Direct Owner, Indirect Owner(s) and Manager**

14 A direct owner, indirect owner(s) and a manager must submit a criminal record history pursuant to section 5.1 of the *Act*, in the form approved by the board.

**Unlawful Operation**

15 (1) Pursuant to section 7(1) of the *Act*, persons listed in Schedule "B" are authorized under this bylaw to store, dispense or sell drugs or devices to the public.

(2) Pursuant to section 7(3) of the *Act*, the registrar may authorize the direct owner, indirect owner(s) or manager of an unlicensed pharmacy, or a full pharmacist to continue the operation of the pharmacy for a period not exceeding 90 days, for the limited purpose of transferring drugs and personal health information on the premises to another licensed pharmacy.

(3) On receiving a referral under section 16(6), the application committee may consider whether to authorize the operation of the pharmacy pursuant to section 7(3) of the *Act* pending a determination under section 4(4)(b) of the *Act* as to relevance or risk to the public.

**PART II - All Pharmacies**

**Change in Direct Owner, Indirect Owner(s) or Manager**

16 (1) If a direct owner changes, the registrar may issue a new pharmacy licence upon receipt of the following from the new direct owner:

(a) Form 8A;

(b) the fee(s) specified in Schedule "A";

(c) a copy of the pharmacy's valid business licence issued by the jurisdiction to the new direct owner, if applicable; and

(d) the documents listed in sections 3(3), 3(4) and 3(5) as applicable.

(2) If there is a change of indirect owner(s) the following must be submitted by the direct owner:

(a) Form 8B;

(b) the fee(s) specified in Schedule “A”;

(c) a Notice of Change of Directors, if applicable;

(d) a certified true copy of the Central Securities Register, if there is a change of shareholder(s) of a non-publicly traded corporation; and

(e) the documents listed in sections 3(3), 3(4) and 3(5), as applicable.

(3) If the change in subsection (2) includes a new indirect owner(s), proof of eligibility in Form 5 and a criminal record history in accordance with section 14 must be submitted by the new indirect owner(s).

(4) If there is a change of manager, the registrar may issue a new pharmacy licence and telepharmacy licence if applicable, upon receipt of:

(a) Form 8C submitted by the direct owner;

(b) the fee(s) specified in Schedule “A”; and

(c) proof of eligibility in Form 5 and a criminal record history in accordance with section 14 submitted by the new manager.

(5) In the event that a direct owner, indirect owner(s) or manager is no longer eligible under section 3 of the *Act*, the direct owner, indirect owner(s) or manager must submit a notice in Form 6.

(6) On receipt of a Form 6 under subsection (5), the registrar must refer the matter to the application committee who may act under sections 4(3), 4(4), 4(5) of the *Act*.

**Changes to the Pharmacy Premises and Name**

17 (1) If there is a change in the name of a corporation that is a direct owner, the registrar may amend the pharmacy licence, and telepharmacy licence if applicable, upon receipt of the following from the direct owner:

(a) Form 8D;

(b) the fee(s) specified in Schedule “A”;

(c) a copy of the pharmacy’s valid business licence issued by the jurisdiction to the direct owner with the new corporation name, if applicable; and

(d) a copy of the Alteration to the Notice of Articles.

(2) If there is a change in the name of a corporation that is an indirect owner, the following must be submitted by the direct owner:

(a) Form 8D;

(b) the fee(s) specified in Schedule “A”; and

(c) a copy of the Alteration to the Notice of Articles.

(3) If there is a change in the pharmacy name or in the operating name of the pharmacy, the registrar may amend the pharmacy or telepharmacy licence upon receipt of the following from the direct owner:

(a) Form 8E;

(b) the fee(s) specified in Schedule “A”;

(c) for a change of operating name, a copy of the pharmacy’s valid business licence with the new operating name issued by the jurisdiction to the direct owner, if applicable; and

(d) for a change of pharmacy name, photographs or video demonstrating compliance with section 18(2)(q) or 18(2)(r).

(4) If there is a change in location of the pharmacy, the registrar may issue a new pharmacy licence upon receipt of the following from the direct owner:

(a) Form 8F;

(b) the fee(s) specified in Schedule “A”;

(c) the requirements in section 3(2)(c), (d) and (e) for a community pharmacy, or

(d) the requirements in section 6(2)(c) for a hospital pharmacy;

(e) a copy of the pharmacy’s valid business licence with the address of the new location issued by the jurisdiction to the direct owner, if applicable; and

(f) photographs or video demonstrating compliance with section 18(2)(ee)(v).

(5) If there is a change in layout of the pharmacy, the direct owner must submit the following:

(a) Form 8G;

(b) the fee(s) specified in Schedule “A”; and

(c) a diagram, photographs or video to demonstrate the changes in layout in accordance with section 3(2)(c),(d) and (e) for a community pharmacy;

(d) a diagram to demonstrate the changes in layout in accordance with section 6(2)(c) for a hospital pharmacy; or

(e) a diagram, photographs or video to demonstrate the changes in layout in accordance with section 12(c)(d) and (e) for a telepharmacy.

17.1 (1) A direct owner of a pharmacy that is permanently closing must notify the registrar by submitting the following before closure:

(a) an application in Form 4;

(b) the fee(s) specified in Schedule "A";

(c) documents demonstrating compliance with section 18(2)(ee)(i), (ii), (iii) and (iv); and

(d) photographs or video demonstrating compliance with section 18(2)(ee)(v).

(2) The manager of the pharmacy receiving drugs, medical devices, and/or patient and prescription records from the closing pharmacy must submit Part 2 of Form 4 within 14 days of receiving date the drugs, medical devices, and/or patient and prescription records.

**Responsibilities of Manager, Direct Owners, Directors, Officers and Shareholders**

18 (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,

(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) personally manage and be responsible for the daily operation of the pharmacy;

(b) ensure compliance with all legislation, bylaws, policies and procedures applicable to the operation of a pharmacy;

(c) establish policies and procedures

(i) to specify the duties to be performed by registrants and support persons,

(ii) for inventory management, product selection, proper destruction of unusable drugs and devices,

(iii) for pharmacy security,

(iv) for emergency preparedness, and

(v) for drug recall of pharmacy inventory;

(d) ensure all policies and procedures are in writing and regularly maintained;

(e) ensure that pharmacy staff are trained in policies and procedures;

(f) ensure that all steps in the drug recall procedure are documented, if the procedure is initiated;

(g) ensure that all individuals working in the pharmacy who present themselves as registrants have been granted and maintain registration with the College, in accordance with the policies approved by the board;

(h) notify the registrar of any appointments, resignations or terminations of registrants employed at the pharmacy as those changes occur;

(i) cooperate with inspectors acting under section 17 of the *Act* or sections 28 or 29 of the *Health Professions Act*;

(j) ensure that

(i) registrant and support persons staff levels are commensurate with workload volumes and patient care requirements are met at all times in accordance with the bylaws, Code of Ethics and standards of practice, and

(ii) meeting quotas, targets or similar measures do not compromise patient safety or compliance with the bylaws, Code of Ethics or standards of practice;

(k) ensure that all records related to the purchase and receipt of controlled drug substances are signed by a full pharmacist;

(l) ensure safe and secure storage of all Schedule I, II, and III drugs and controlled drug substances for all aspects of pharmacy practice and which is in accordance with the policies approved by the board;

(m) ensure that pharmacy records containing personal information about patients are secure from unauthorized access, use, disclosure, modification and destruction;

(n) ensure that each individual working in the pharmacy presents themselves to the public in a manner that clearly identifies their registration class;

(o) ensure that registrants identify themselves in a manner that clearly differentiates them from other individuals working in the pharmacy who are not registrants;

(p) immediately notify the registrar in writing of ceasing to be the pharmacy's manager;

(q) ensure

(i) the correct and consistent use of the community pharmacy name and address for all community pharmacy identification on or in labels and directory listings, and

(ii) that all signage containing the community pharmacy name is correct and consistent with the community pharmacy name used in (i);

(r) if the pharmacy is a central pharmacy, ensure

(i) the correct and consistent use of each telepharmacy name and address for all telepharmacy identification on or in, labels and directory listings, and

(ii) that all signage containing the telepharmacy name is correct and consistent with the telepharmacy name used in (i);

(s) ensure that narcotic reconciliation is performed in accordance with the policies approved by the board;

(t) notify the registrar of any incident of loss of narcotic and controlled drug substances within 24 hours;

(u) 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;

(v) ensure the pharmacy contains the reference material and equipment in accordance with the policies approved by the board;

(w) require anyone 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;

(x) retain the undertakings referred to in subsection (w) in the pharmacy for 3 years after employment or any contract for services has ended;

(y) provide the registrar with access to the pharmacy and premises as defined in section 20(1) in cases where a pharmacy licence has been cancelled or suspended due to loss of eligibility under section 3 of the *Act*;

(z) 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

(i) deliver a prescription to a particular registrant or pharmacy for dispensing of a drug or device specified in the prescription, or

(ii) obtain any other pharmacy service from a particular registrant or pharmacy;

(aa) notify the registrar of persistent non-compliance by a direct owner and indirect owner(s) with their obligations under the bylaws to the *Act*;

(bb) notify the registrar of any change of telephone number, fax number, electronic mail address or any other information previously provided to the registrar;

(cc) in the event of an anticipated temporary closure, which is permitted for no more than 14 consecutive days

(i) notify patients and the public of the anticipated temporary closure at least 30 days prior to the start of the closure in accordance with the policies approved by the board,

(ii) document steps taken to comply with the bylaws and applicable policies on anticipated temporary closures,

(iii) contact all patients whose prepared prescriptions are ready for pick-up to advise of the closure and provide them with the opportunity to obtain their prepared prescription prior to the closure start date,

(iv) make alternate arrangements with local prescribers, as appropriate, and

(v) return any prepared prescriptions in the pharmacy to inventory and reverse those prescriptions in PharmaNet;

(dd) in the event of an unanticipated temporary closure due to unforeseen circumstances, which is permitted for no more than 90 days

(i) notify the registrar of closures of 15 to 90 days in accordance with the policies approved by the board,

(ii) where possible, contact all patients whose prescriptions are ready for pick-up to advise of the closure and provide them with the opportunity to obtain their prepared prescription,

(iii) where possible, notify patients, the public, and local prescribers of the closure and alternate means of obtaining essential pharmacy services during the closure in accordance with the policies approved by the board,

(iv) apply for a new pharmacy licence if the closure will exceed 90 days, and

(v) return any prepared prescriptions in the pharmacy to inventory and reverse those prescriptions in PharmaNet;

(ee) in the event of a permanent pharmacy closure, cancellation, expiry or a suspension of the pharmacy licence for a period of more than 14 days unless otherwise directed by the registrar

(i) provide for the safe and secure transfer and appropriate storage of all Schedule I, II, and III drugs and controlled drug substances,

(ii) advise the registrar in writing of the disposition of all drugs and prescription records at the time of a closure, in accordance with policies approved by the board,

(iii) 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,

(iv) arrange for the secure transfer and continuing availability of the prescription records at another pharmacy, or at storage facility that is monitored and secured from unauthorized access, and

(v) remove all signs and advertisements from the closed pharmacy premises;

(3) Subsection (2)(z) does not prevent a manager, direct owner or indirect owner(s) 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.

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

(5) A pharmacy education site's manager must ensure that only registrants and instructors are present in the pharmacy education site and must also comply with subsections (2)(a), (b), (c)(ii), (d), (e), (i), (p), (ee)(i) and (ee)(ii).

(6) A direct owner, directors and officers must do all of the following:

(a) ensure compliance with subsections (2)(c)(i), (c)(iii), (c)(iv), (c)(v), (i), (j), (l), (q), (r), (y) and (z);

(b) ensure that the requirements to hold a pharmacy licence under the *Act* are met at all times;

(c) notify the registrar of any change of name, address, telephone number, electronic mail address or any other information previously provided to the registrar; and

(d) in the event of a permanent pharmacy closure or if the location of the pharmacy changes under subsection (2)(ee), notify the registrar in writing at least thirty days before the effective date of proposed closure in Form 4.

(7) Shareholders must comply with subsections (2)(i) and (6)(c).

**Sale and Disposal of Drugs**

19 (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 policies 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**

20 (1) In this section:

**"premises"** means:

(a) a hospital as defined in the *Hospital Act*, or
(b) the building or part of the building, within which the pharmacy is located, and includes loading spaces and excludes other businesses in the building.

(2) 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 policies approved by the board.

(3) 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.

(4) All drug shipments must be delivered unopened to:

(a) the pharmacy, or

(b) an area of the premises other than the pharmacy if the storage of the drug shipment is temporary, safe and secure.

(5) Non-usable and expired drugs must be stored in the pharmacy in an area separate from other pharmacy stock or drug products until final disposal.

(6) 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.

**Depot Delivery**

20.1 Registrants are not permitted to deliver prescription drugs to off-site premises used for the drop off of prescription drugs for subsequent dispersal to or retrieval by individual patients, except in accordance with the policies approved by the board.

**Interchangeable Drugs**

21 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**

22 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**

23 (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) Despite subsection (1), a registrant must not destroy prescriptions, patient records, invoices and documentation as described in subsection (1) until the completion of any audit or investigation for which the registrant has received notice.

(3) Registrants, support persons, managers, direct owners, and indirect 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.

23.1 (1) All records required to be kept under bylaws of the college or other legislation that regulates the practice of pharmacy shall be readable, complete, filed systematically and maintained in a manner that is secure, auditable and allows for easy retrieval.

(2) Notwithstanding subsection (1), a prescription record that is valid must be retrievable immediately.

(3) For purposes of subsection (2):

(a) prescriptions for oral contraceptives are valid for a period of up to two years from the prescribing date, and

(b) prescriptions other than for oral contraceptives are valid for a period of up to one year from the prescribing date.

(4) With respect to prescriptions for drugs included in the controlled prescription program, the original prescription form must be retained, regardless of whether or not such prescription form has also been stored electronically.

(5) Prescriptions stored electronically must accurately reflect the original prescription, including the original colour composition of that prescription.

23.2 (1) A pharmacy manager must ensure that a policy is in place that:

(a) describes the pharmacy's records filing system, the records format and the method and system for storing records;

(b) is compliant with the sections 23.1, 23.2 and 23.3 requirements; and

(c) is readily accessible to and understood by pharmacy staff.

(2) With respect to electronic records, the policy must include a description of the process for the preservation, storage and backing up of records that is compliant with section 23.3 requirements.

23.3 (1) A pharmacy may maintain electronic records containing personal health information if the pharmacy has the equipment, software and systems necessary for the input, storage, use, protection and retrieval of records that are required to be kept under bylaws of the college or other legislation that regulates the practice of pharmacy.

(2) For purposes of subsection (1), the equipment, software and systems must:

(a) be capable of storing the electronic records for the periods required by applicable law;

(b) keep the records secure from unauthorized access, use, disclosure, modification and destruction;

(c) for audit purposes, be capable of uniquely identifying each time an electronic record is accessed and modified;

(d) be capable of restricting the functions that may be used by an authorized person;

(e) be capable of tracing alterations to records by identifying the original entry, the identity of the individual who made the alteration and the date of the alteration;

(f) be capable of searching and sorting electronic prescription records chronologically, and by drug name, drug strength, patient, prescriber, prescription number and transaction number;

(g) ensure that electronic records can be stored, backed up and recovered in accordance with subsection (3); and

(h) provide for a deliberate and auditable procedure to be carried out by the pharmacy manager or by an authorized person prior to the destruction of any electronic record that includes information identifying the pharmacy manager or authorized person who destroyed the record and the date, time and reason for its destruction.

(3) A pharmacy manager must ensure that electronic records are preserved and backed up at least once daily and that such electronically preserved and backed up records are stored:

(a) in a location resistant to environment perils including but not limited to fires and floods;

(b) so that they are secure from unauthorized access, use, modification, destruction and disclosure; and

(c) in a manner that would enable the backed up records, once restored, to be compliant with section 23.1(1) requirements.

(4) Notwithstanding subsections (1), (2) and (3), a pharmacy that presently stores electronic records has six months from the date this section comes into effect to bring itself into full compliance with the requirements of subsections (1), (2) and (3).

## PART III – Community Pharmacies

### Community Pharmacy's Manager – Quality Management

24 (1) A community pharmacy's manager must establish and maintain written quality management policies and procedures that

(a) ensure pharmacy staff, equipment, and facilities comply with all legislation, bylaws and policies applicable to the operation of a community pharmacy,

(b) include a process to monitor compliance with the quality management policies and procedures, and

(c) include 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 policies and procedures 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**

25 (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 that is clean and organized,

(e) contain a double stainless steel sink with hot and cold running water,

(f) contain an adequate stock of drugs to provide full dispensing services, and

(g) contain a refrigerator.

(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.

**Community Pharmacy and Telepharmacy Security**

26 (1) A community pharmacy or telepharmacy must:

(a) keep Schedule IA drugs in a locked metal safe inside the dispensary 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 premises in which the pharmacy is located are accessible to non-registrants, the pharmacy must be secured as follows:

(a) if the premises in which the pharmacy is located are closed and accessible to non-registrant staff:

(i) the dispensary area must be secured by a monitored alarm; and

(ii) subject to subsection (2.1), Schedule I and II drugs, controlled drug substances and personal health information, are secured by physical barriers.

(b) if the pharmacy is closed but other areas of the premises in which the pharmacy is located are open:

(i) the dispensary area must be secured by a monitored alarm;

(ii) subject to subsection (2.1), Schedule I, and II drugs, controlled drug substances and personal health information, are secured by physical barriers, and

(iii) Schedule III drugs and controlled drug substances are inaccessible to anyone other than full pharmacists, temporary pharmacists and pharmacy technicians.

(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 26(2)(a)(ii) and (b)(ii) 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 or 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 manager, direct owner or indirect owner(s) 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.

(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).

**Permitted activities of a Community Pharmacy without a Full Pharmacist Present**

27 (1) Except as provided in subsection (2), a community pharmacy must not operate unless a full pharmacist is present. A community pharmacy is not entitled to carry on the activities set out in subsection (2) without a full pharmacist present unless:

(a) the registrar is notified of the hours during which a full pharmacist is not present;

(b) the pharmacy is secured in accordance with section 26(2); and

(c) the hours when a full pharmacist is on duty are posted.

(2) Subject to subsection (1), a pharmacy may only carry out the following activities without a full pharmacist present:

(a) pharmacy technicians may access the dispensary to perform activities outlined in section 4 of the *Community Pharmacy Standards of Practice*, that do not require pharmacist supervision, with the exception of activities involving patient interaction; and

(b) receive drug shipments under section 20(4).

(3) Nothing contained in this section relieves a pharmacy manager of their responsibilities under section 18(2)(a).

**Outsource Prescription Processing**

28 (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 IV – Hospital Pharmacies

### Hospital Pharmacy’s Manager – Quality Management

29 (1) A hospital pharmacy’s manager must establish and maintain written quality management policies and procedures that

(a) ensure pharmacy staff, equipment, and facilities comply with all legislation, bylaws and policies applicable to the operation of a hospital pharmacy,

(b) include a process to monitor compliance with the quality management policies and procedures,

(c) include a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies,

(d) document periodic audits of the drug distribution process,

(e) include a process to review patient-oriented recommendations,

(f) include a process that reviews a full pharmacist’s documentation notes in the hospital’s medical records,

(g) include a process to evaluate drug use, and

(h) regularly update 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

30 (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 V – Telepharmacy

### Telepharmacy Operation

31 (1) A telepharmacy must not remain open and prescriptions must not be dispensed without a full pharmacist physically present 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) In accordance with section 18(2)(d) and 18(2)(e), a telepharmacy must have policies and procedures on site that outline 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.

## PART VI – PharmaNet

### Application of Part

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

### Definitions

33 In this Part:

**"PharmaNet"** means "PharmaNet" as defined in section 1 of the *Information Management Regulation,* B.C. Reg. 74/2015;

**"patient record"** means the patient record described in section 11(2) of the *Community Pharmacy Standards of Practice* and in the *British Columbia Professional and Software Conformance Standards, Electronic Health Information Exchange* as the "patient record (pharmacy)".

### Operation of PharmaNet

34 A pharmacy must connect to PharmaNet.

### Data Collection, Transmission of and Access to PharmaNet Data

35 (1) A registrant must enter the prescription information and record it in PharmaNet at the time of dispensing and keep the patient record current.

(2) A registrant may collect and record patient information in PharmaNet or access a patient's PharmaNet record only

(a) to dispense a drug,

(b) to provide patient consultation,

(c) to evaluate a patient's drug usage,

(d) for the purposes of claims adjudication and payment by an insurer, or

(e) to the extent necessary to provide pharmacy services to, or to facilitate the care of, the individual whose personal information is being accessed.

(3) A registrant must revise information in PharmaNet 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 120 days of the original entry in PharmaNet.

(4) A registrant must reverse information in PharmaNet, 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.

(5) If a registrant is unable to comply with the deadlines in subsections (3) or (4), he or she must provide the information required to make the correction to the Ministry of Health as soon as possible thereafter.

## PART VII – Confidentiality

### Confidentiality

36 A registrant must take reasonable steps to confirm the identity of a patient, patient's representative, registrant or practitioner before providing any pharmacy service that requires accessing or disclosure of patient personal health information.

## PART VIII – College

### Forms

37 The registrar may establish forms for the purposes of the *Act*.

### Use, Disclosure and Retention of Criminal Record History Information

38 (1) The College may disclose criminal record history information only for the purpose of licensing pharmacies or for the purpose of regulating registrants (including for the discipline of registrants).

(2) The College must retain criminal record history information only for so long as is permitted by the applicable College records retention and disposal provisions established by the College.

College of Pharmacists of British Columbia


# PODSA BYLAWS MODERNIZATION

## Engagement Report

College of Pharmacists of British Columbia

*We acknowledge with respect that the College of Pharmacists of BC is located on the unceded and traditional territories of the Coast Salish peoples – sḵwx̱wú7mesh úxwumixw (Squamish), sel̓íl̓witulh (Tsleil-Waututh), and xʷməθkʷəy̓əm (Musqueam) nations whose historical relationships with the land continue to this day. Learn more about cultural humility and safety.*

# College of Pharmacists of British Columbia

We are the regulator of pharmacy practice in British Columbia.

Our duty as a health regulator is to protect the public by licensing and regulating pharmacists and pharmacy technicians and the pharmacies where they practice. We are responsible for setting and enforcing standards and promoting best practices for the delivery of pharmacy care in British Columbia.

Learn more about the College of Pharmacists of BC at bcpharmacists.org/who-we-are.

For further questions about this engagement, please contact communications@bcpharmacists.org

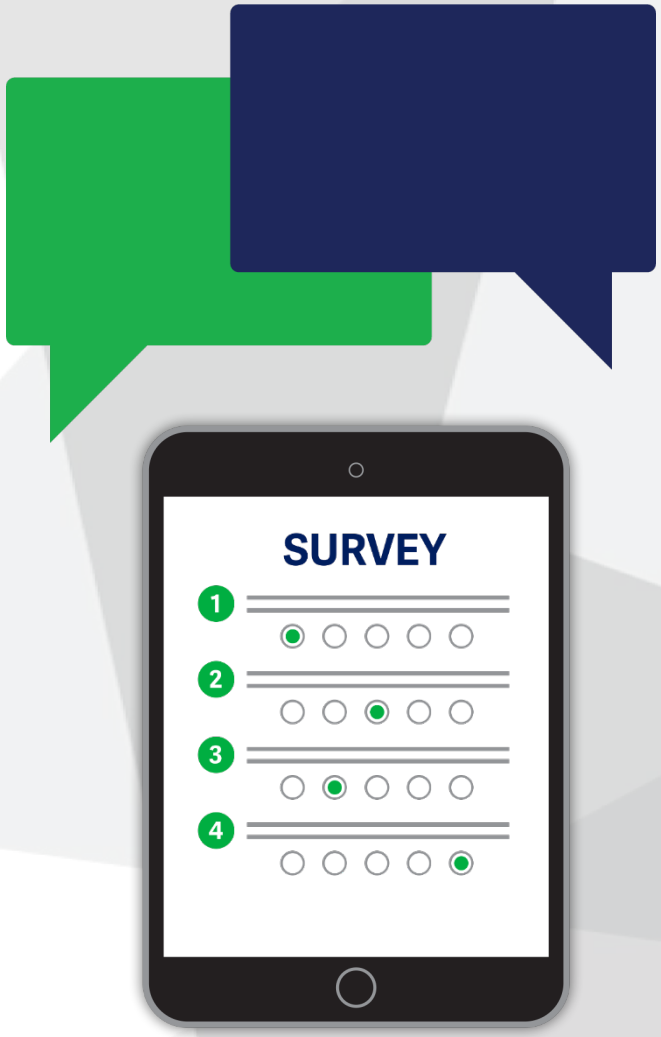

*Included under Goal 1, Legislative Standards & Modernization, Objective 2: Implement a comprehensive review and reform of legislative requirements under PODSA within the College's 2017-2019 Strategic Plan.*

# Modernizing our Bylaws Under the *Pharmacy Operations and Drug Scheduling Act*

As part of our 2017-2019 Strategic Plan, the College is conducting a comprehensive review of the requirements under the *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws.

Registrant and stakeholder feedback as well as Practice Review Program data was used to help inform the scope of the review.

The College will also be applying best practices for developing bylaws such as the concept of Right Touch Regulation. Right Touch Regulation means always asking what risk we are trying to regulate, being proportionate and targeted in regulating that risk or finding ways other than regulation to promote good practice and high-quality healthcare.




# Engagement

Input was sought around several key areas which fall under the responsibilities of a pharmacy manager or pharmacy owner.

## ENGAGEMENT FOCUS AREAS

**Consistent use of a pharmacy's name**

**Depot shipments of medications**

**Drug delivery and storage (including offsite storage)**

**Emergency and disaster preparedness**

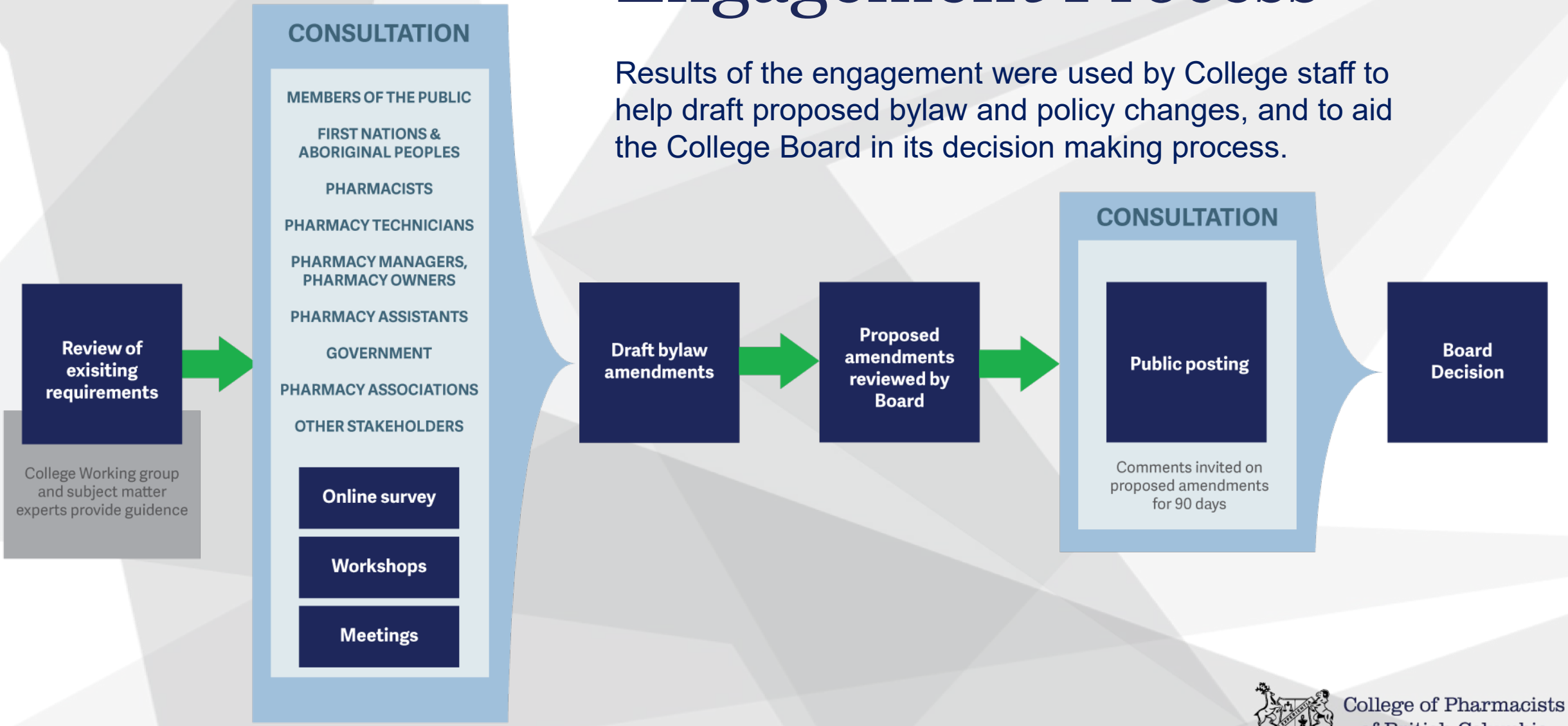
**Pharmacy manager responsibilities, including**

- **Day-to-day management of a pharmacy**
- **Ensuring access to new drug information**
- **Public identification of registrants**
- **Pharmacy manager's absence from the pharmacy**
- **Reporting changes in registrant staffing**

**Operation without a pharmacist**

# Engagement Process

Results of the engagement were used by College staff to help draft proposed bylaw and policy changes, and to aid the College Board in its decision making process.




*This engagement was at the level of INVOLVE on the [IAP2 spectrum of engagement](#).*

College of Pharmacists of British Columbia

# Who did we hear from?

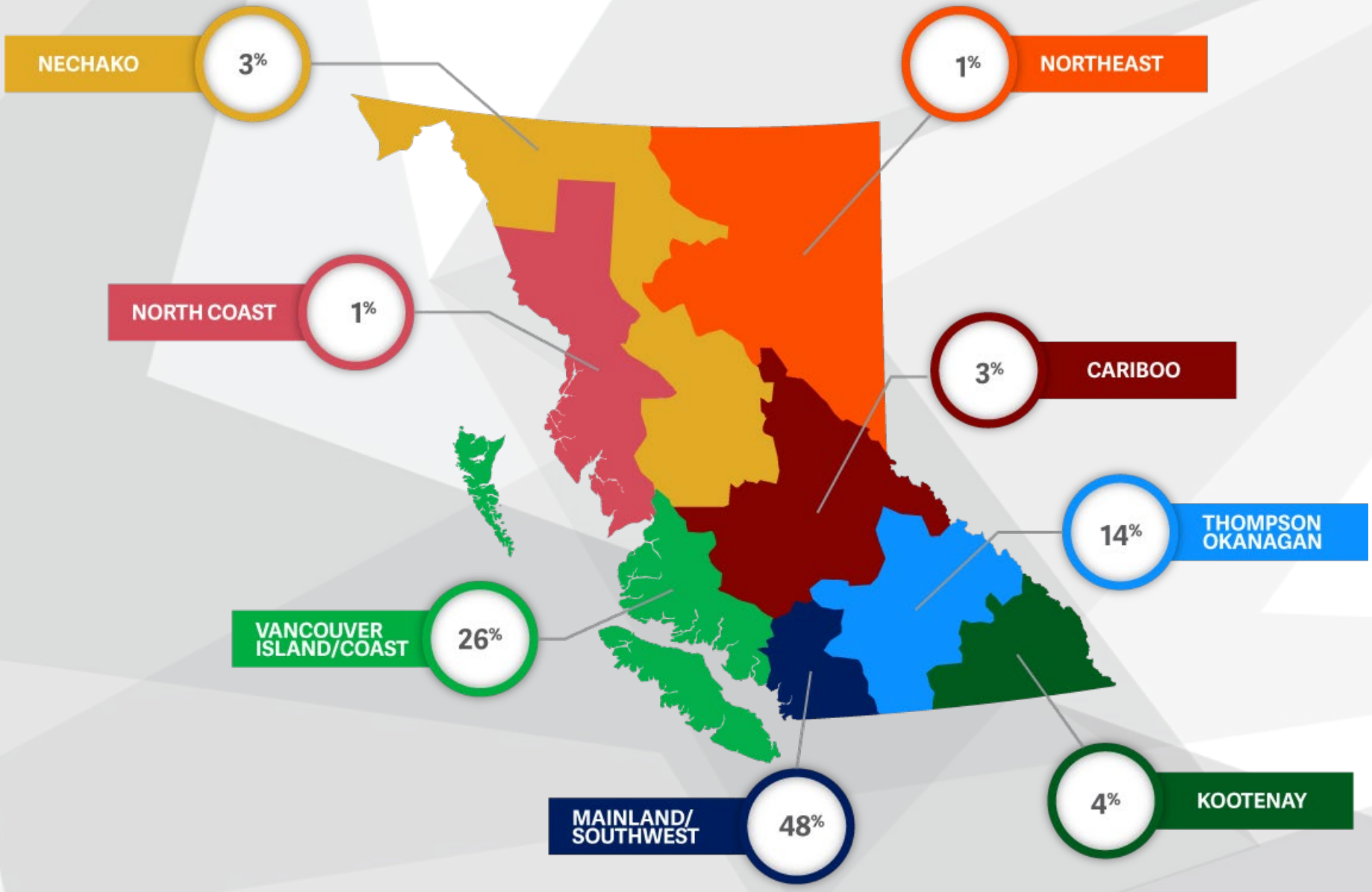
The College received 360 responses through the online survey in addition to hearing from 95 stakeholders through workshops and meetings.

| SURVEY | WORKSHOPS & MEETINGS |
|---|---|
| RESPONSES | PARTICIPANTS |
| 360 | 95 |

College of Pharmacists of British Columbia

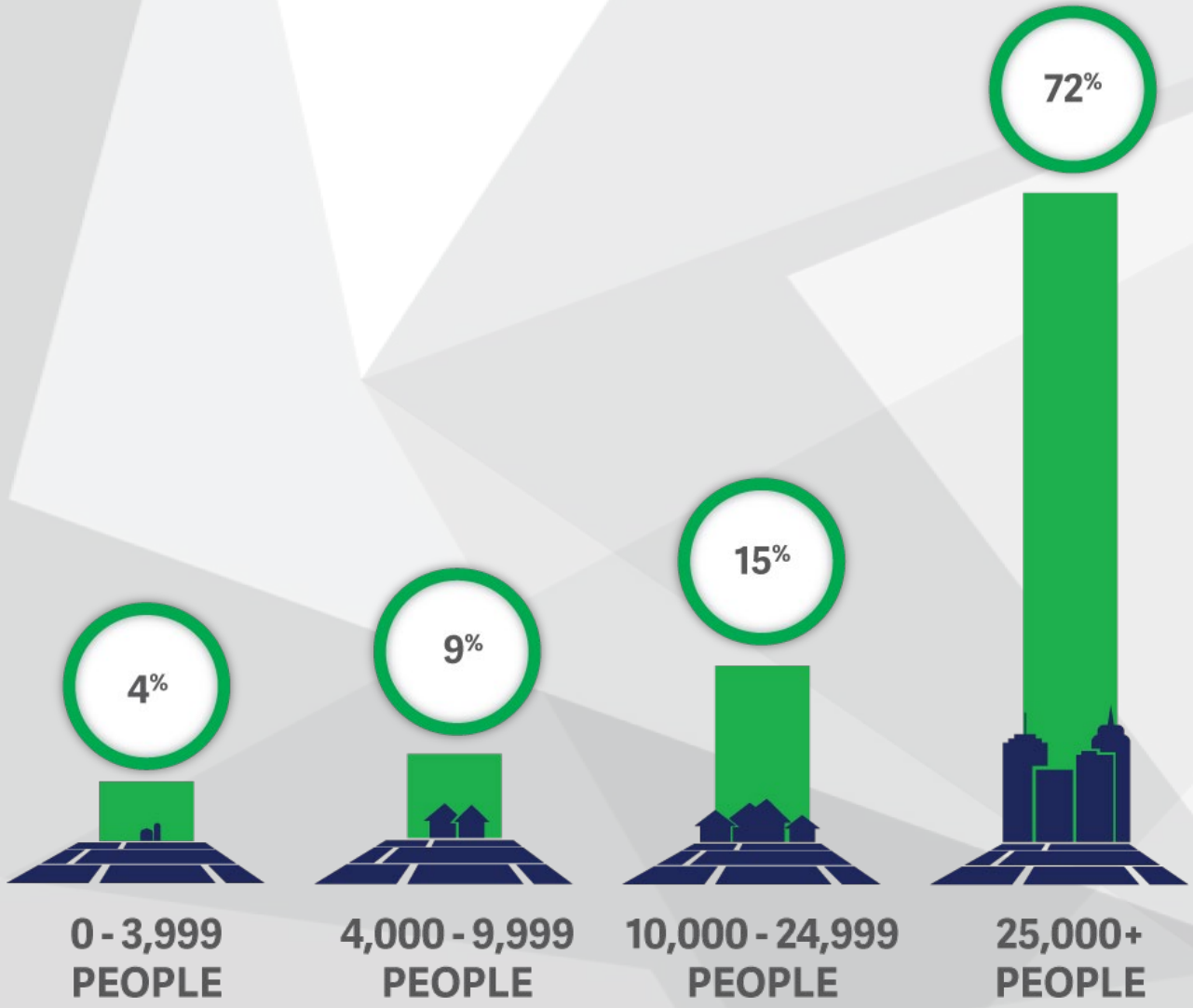
# Across BC...

**PHARMACY MANAGER RESPONSIBILITIES SURVEY**



# Communities small and large…

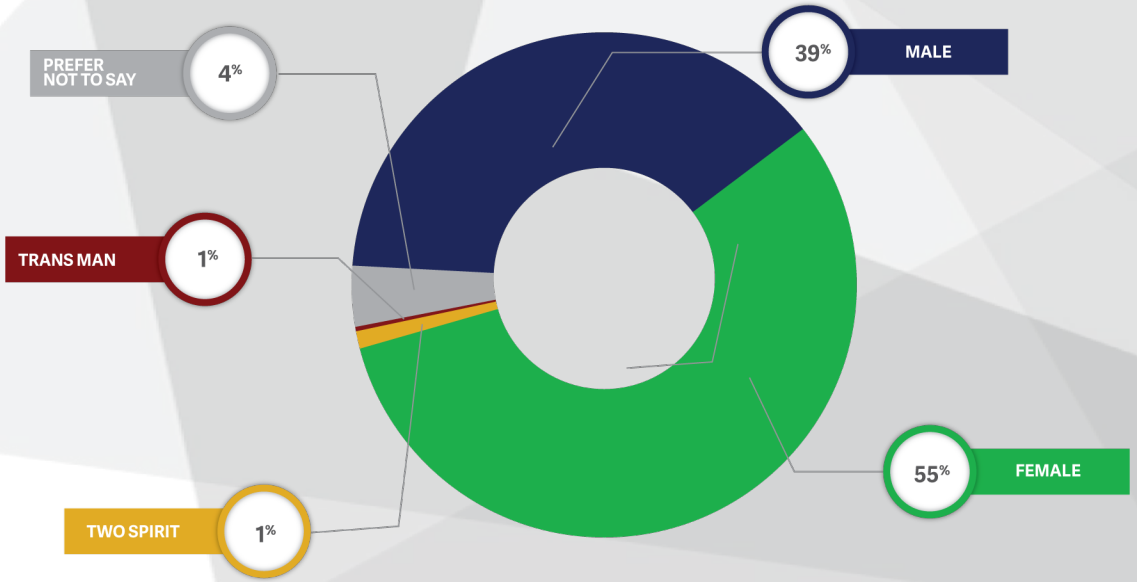




# Diversity and identity...

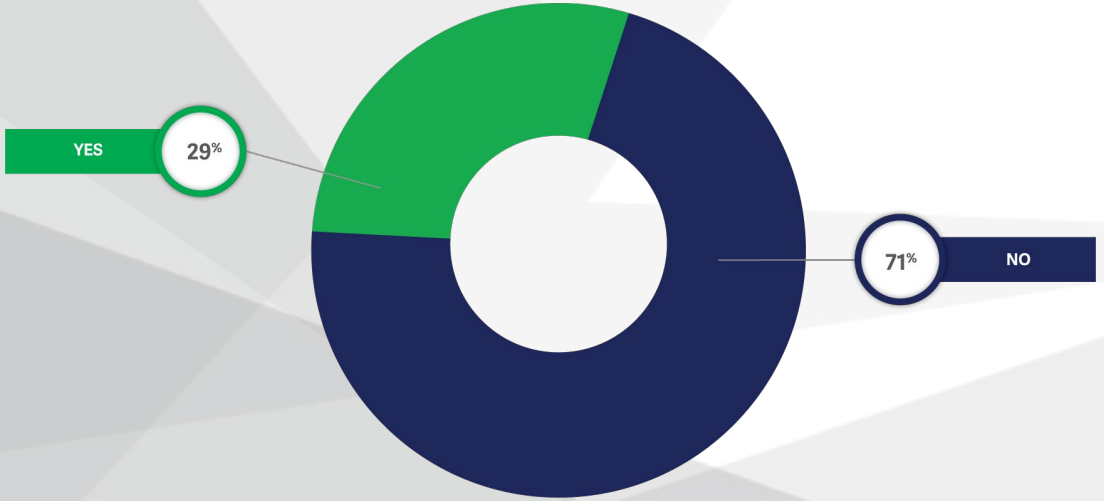


*Equity and diversity are important to the College.*
*The College is also committed to improving cultural humility and safety for First Nations and Aboriginal Peoples in BC.*




**Gender most identified as**

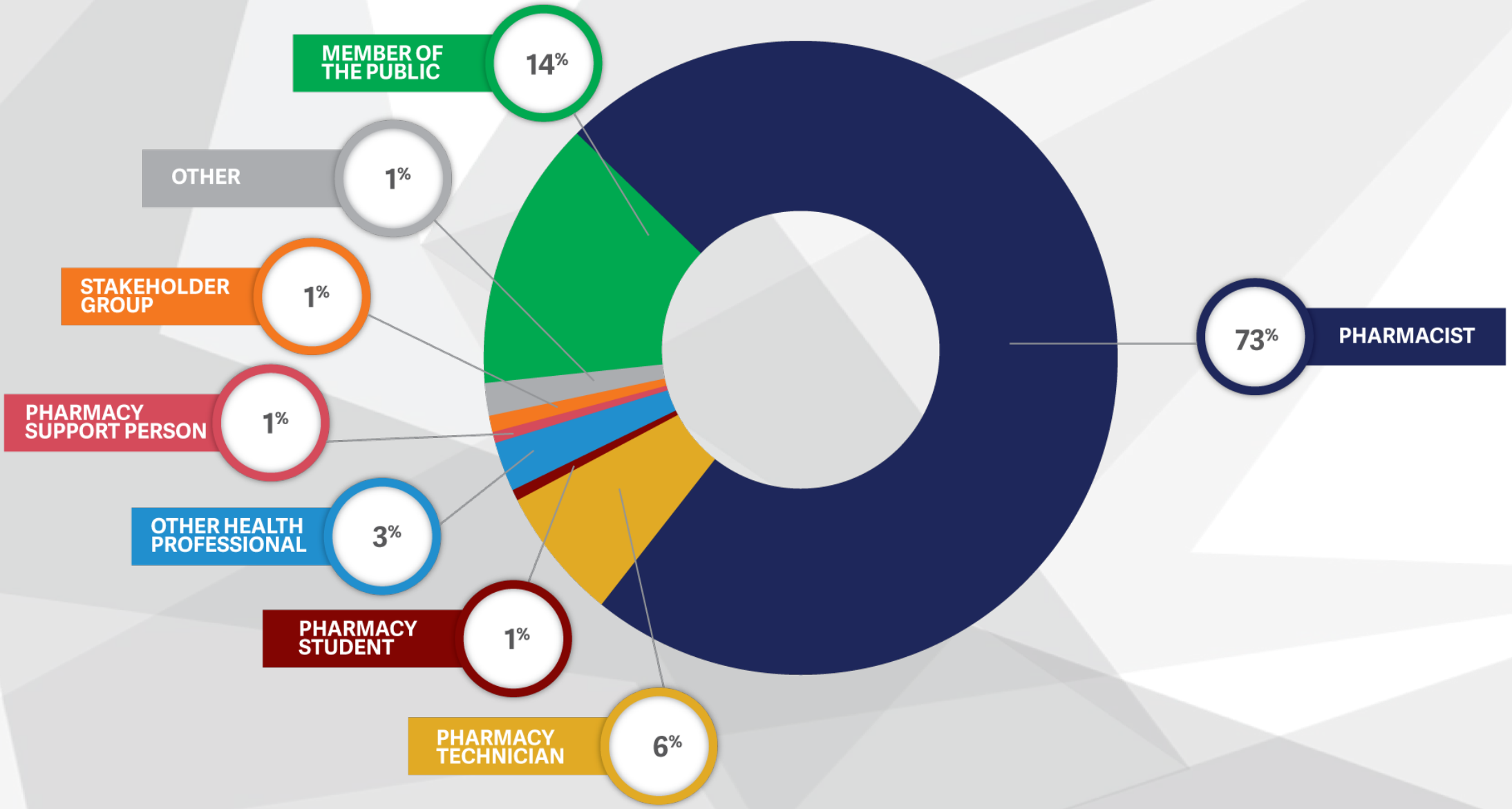

**Identify as an Aboriginal person, that is, First Nations, Métis or Inuit**




**Identify as a visible minority**

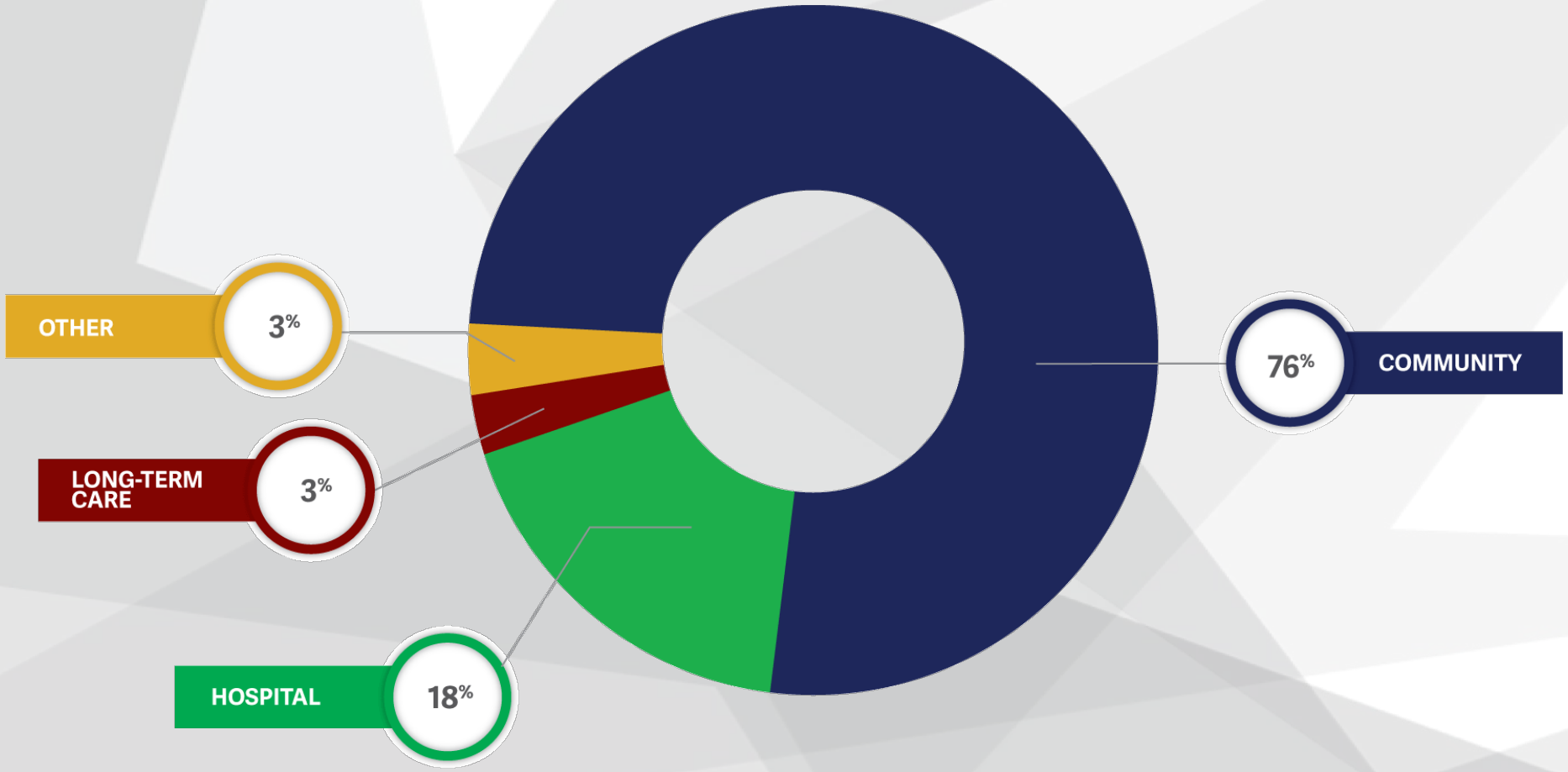
# Different stakeholder groups...

PHARMACY MANAGER RESPONSIBILITIES SURVEY



# Pharmacy professionals working in different practice settings...





# Owners and managers...





**40%*** **PHARMACY MANAGER**

**16%** **PHARMACY OWNER**

* of pharmacists who responsed to the suvey

# Workshops and meetings…

We heard from 95 participants through meetings, engagement sessions and email submissions surrounding the engagement focus areas.

| ENGAGEMENT | REGISTRANTS* | PUBLIC / OTHER* |
|---|---|---|
| **TOPIC** | **PARTICIPANTS** | **PARTICIPANTS** |
| Consultations on operation without a pharmacist and storage requirements | 25 | 7 |
| Consultations on drug delivery and storage | 3 | 2 |
| Consultations on depot shipments of medications | 3 | 0 |
| Meeting with other pharmacy regulators on approaches to depot shipments of medications | 0 | 2 |
| Consultations on emergency preparedness, temporary pharmacy licences and pharmacy closures | 29 | 16 |
| Meeting with Health Emergency Management BC | 0 | 8 |
| **Total** | **60** | **35** |

* Pharmacists or pharmacy technicians registered with the College of Pharmacists of BC ** Anyone not registered with the College

# Different stakeholder groups …

Representatives from various different stakeholder groups were invited to provide input through workshops, meetings and email submissions.

| WORKSHOPS AND MEETINGS |
| --- |
| **STAKEHOLDERS** |
| Canadian Association for Pharmacy Distribution Management |
| College Committee Members |
| First Nations Health Authority |
| Drug Distributers |
| Health Emergency Management BC |
| Local Emergency Preparedness Coordinators |
| Other Canadian Pharmacy Regulators |
| Pharmacy Chain Corporate Representatives |
| Representatives from pharmacies currently practicing depot shipments |

# What did we hear?

College of Pharmacists of British Columbia


# Pharmacy Manager Responsibilities

Pharmacy managers play a crucial role in ensuring safe pharmacy practices for the public. They have distinct and extensive responsibilities under the *Pharmacy Operations and Drug Scheduling Act* and the College's related Bylaws.

The College sought input around pharmacy manager responsibilities through an online survey which provided valuable insight under many of the areas of focus included in the College's review of bylaws and policies under the *Pharmacy Operations and Drug Scheduling Act* (PODSA).

Many comments, and all graphs presented throughout this report are based on the pharmacy managers responsibilities survey.


# Consistent Use of a Pharmacy's Name

For public safety purposes, the College needs to ensure the public can easily identify the specific pharmacy that dispensed their drugs, issued clinical advice, or placed an advertisement.

Currently, the College's requires the correct and consistent use of the community pharmacy operating name as it appears on the community pharmacy licence. This means the name on labels and signage, etc., must be the same as the operating name appearing on the government issued business licence.

*For example, if the name on the business licence is "PharmacyChain #1234", according to the Bylaws, "PharmacyChain #1234" must be used on materials such as, store front signage. However, the exact operating name is not always as recognizable to the public as the commonly known pharmacy name (e.g., the "common name", such as PharmacyChain, PharmacyChain Street, or PharmacyChain Neighbourhood, etc.).*

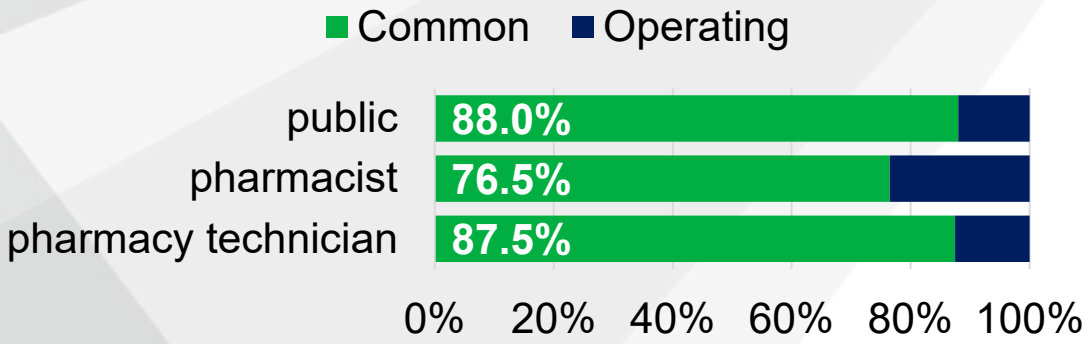
# Consistent Use of a Pharmacy's Names

**Which pharmacy name (operating name or "common name") best enables the public to identify a pharmacy?**

**RESPONSE THEMES**

- **Name needs to be unique. Public needs additional identifiers (i.e. store number or location) to differentiate between stores from the same chain**
- **Common name and location are easier to remember and recognize by the public**
- **Use of common name and contact information already happens in community practice, and is reflective of hospital practice**
- **Name must fit on labels**
- **Use a central repository to prevent the same common names**
- **Use both an operating name and a common name**
- **This issue is not applicable to independent, hospital pharmacies or in rural areas**
- **Over regulation**

## Common Names Preferred by Majority of Respondents




## Additional Comments & Considerations

- Corporate websites and ads need common name
- Cost considerations for pharmacies for change
- Operating name is confusing to the public
- Labelling requirements should be consistent across community and residential care
- Common name to be used on public facing materials, operating name to be used on 'professional' materials

# Reporting Changes in Registrant Staffing

## Barriers to Reporting for Pharmacy Managers identified by respondents

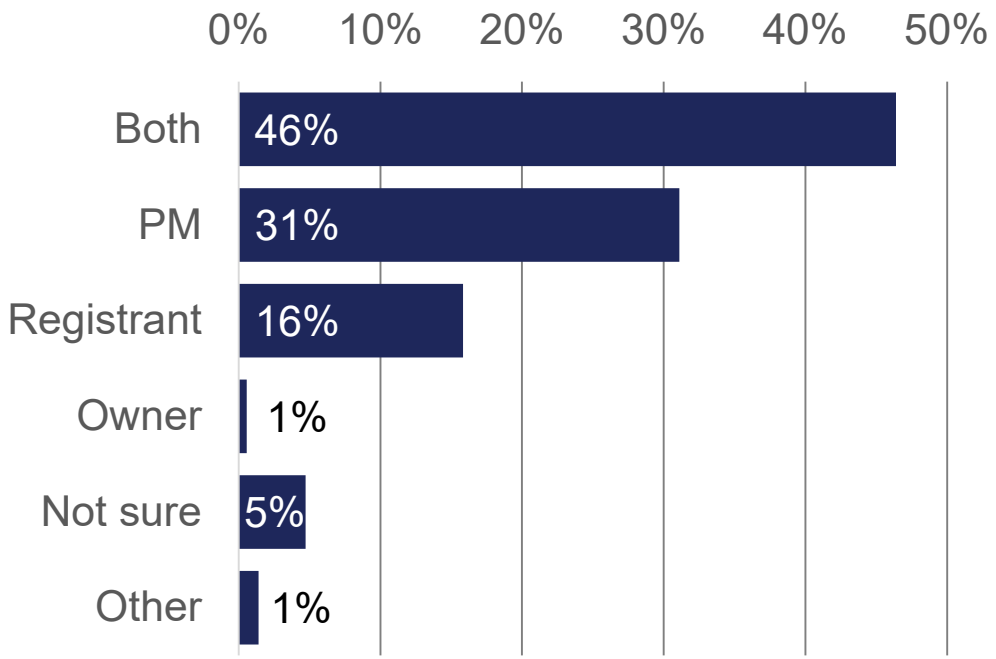
- Time and workload
- Changes are too frequent
- Challenging to report “as it occurs”
- Technical difficulties

## Barriers to Reporting for Registrants identified by respondents

- Condition of termination or resignation
- Difficult situation such as death, serious illness or accidents
- Reporting processes (i.e. navigating College website)
- Lack of awareness; individual forgets
- Frequent changes in working location

**Who should notify the College of staffing changes?**

**BREAKDOWN OF RESPONSES**



# Ensuring access to new drug and device information

## QUESTIONS ASKED

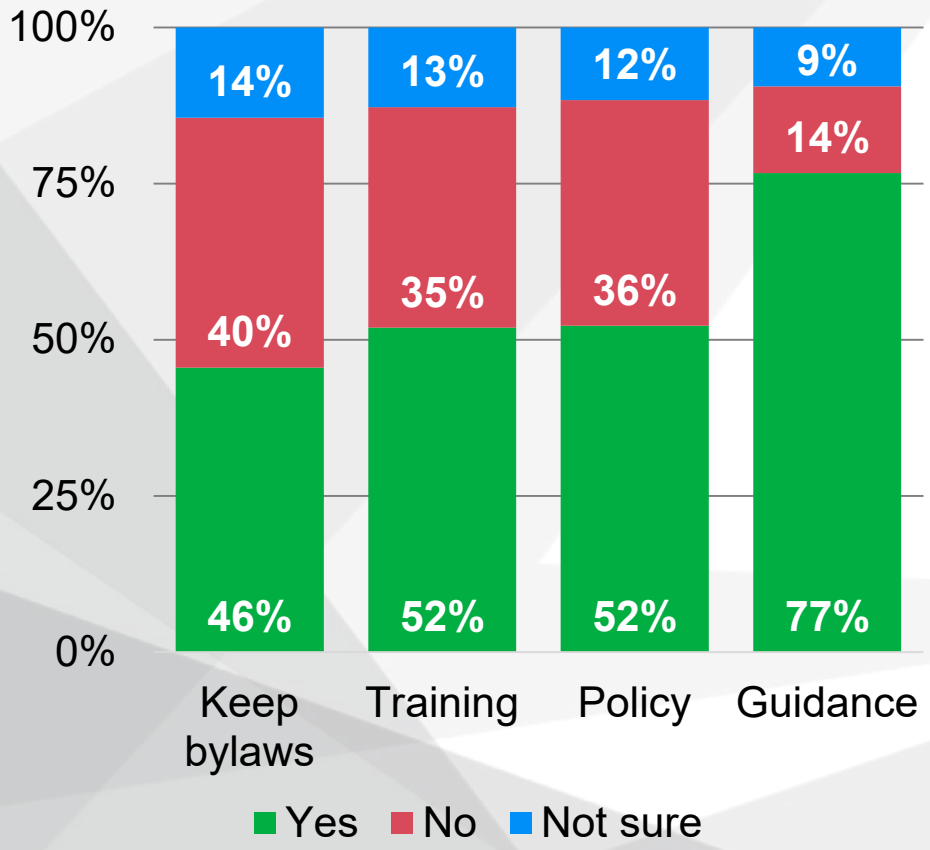
***1. Keep or remove this bylaw?***
*If the existing requirement (PODSA Bylaws s. 18(2)(f)) were removed, do you think that there may be a potential risk that pharmacy staff (registrants and non-registrants) would not be as informed about the latest information directed to the pharmacy on drugs and devices?*

***2. Require training instead***
*Would it be more effective to require that pharmacy managers train their staff on how and when to access new information directed to the pharmacy on drugs and devices?*

***3. Require policy and procedure instead***
*Would if be more effective to require that pharmacy managers develop policies and procedures on how they will continually ensure that pharmacy staff have immediate access to new information directed to the pharmacy on drugs and devices?*

***4. Guidance to developing policy and procedure?***
*If policies and procedures were to be required, do you think pharmacy managers need additional guidance from the College regarding what information should be included in them?*

## What we heard…



# Public Identification of Registrants

**QUESTIONS ASKED**

1. **Keep the badge requirement?**

*Is wearing a badge that identifies a registrant's class or other status (e.g., pharmacist, pharmacy manager, pharmacy technician, or pharmacy assistant) the best way to ensure the public can easily identify the professional training and credentials of the staff person they are interacting with?*

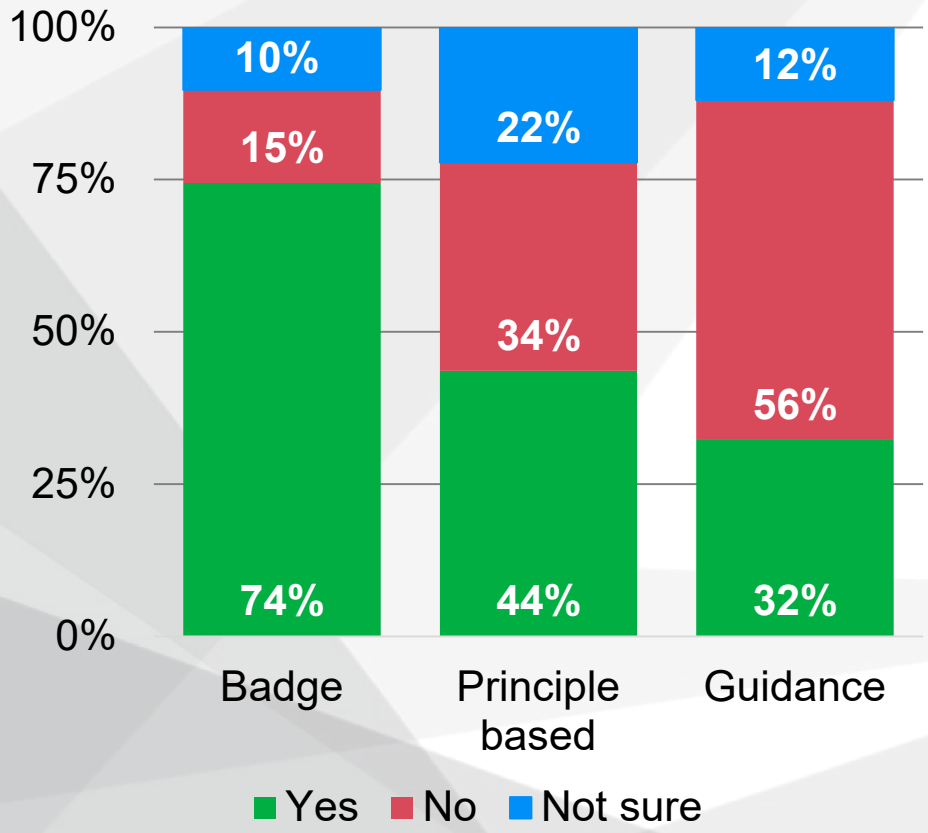
2. **Switch to more principle based language**

*Should the College's requirements for identification focus more on the intended outcome? For instance, focus on what information needs to be provided to the public (e.g., registrant status), but not how it needs to be communicated (e.g., by wearing a badge).*

3. **Require Guidance?**

*Do you think pharmacy managers need additional guidance from the College regarding acceptable ways that this requirement could be met (e.g., use of a badge or nametag or verbally-informing each patient, etc.)?*

## What we heard…



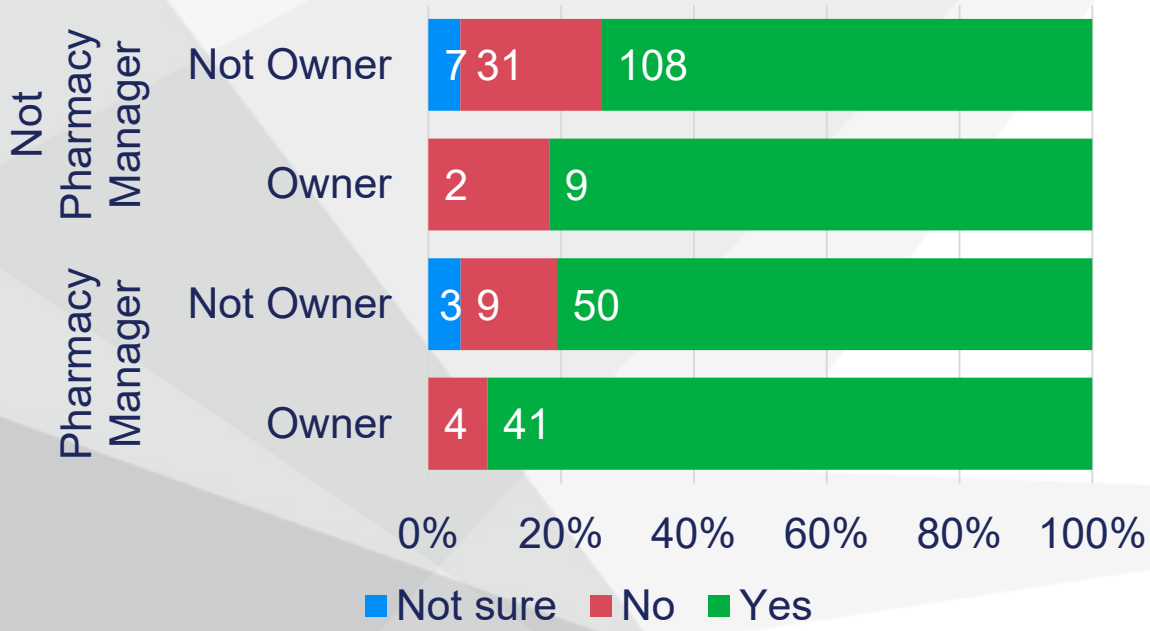
# Day-to-Day Management of a Pharmacy

**Is the meaning of "day-to-day" clear in the requirement for a manager to "*actively participate in the day-to-day management of the pharmacy*" (s. 18(2)(a) PODSA - Bylaws)**

**COMMENTS AND ISSUES**

- **Current provision is unclear about whether a physical presence is required**
  - Belief that physical presence is *not essential* as "accessibility" and "responsiveness," be it through phone/text messages are more important
  - Belief that managers should be physically present or appoint someone else to be responsible if not present
- **Hospital operation is different than community and should be dealt with differently**
- **Consequences needed when managers do not follow procedures**

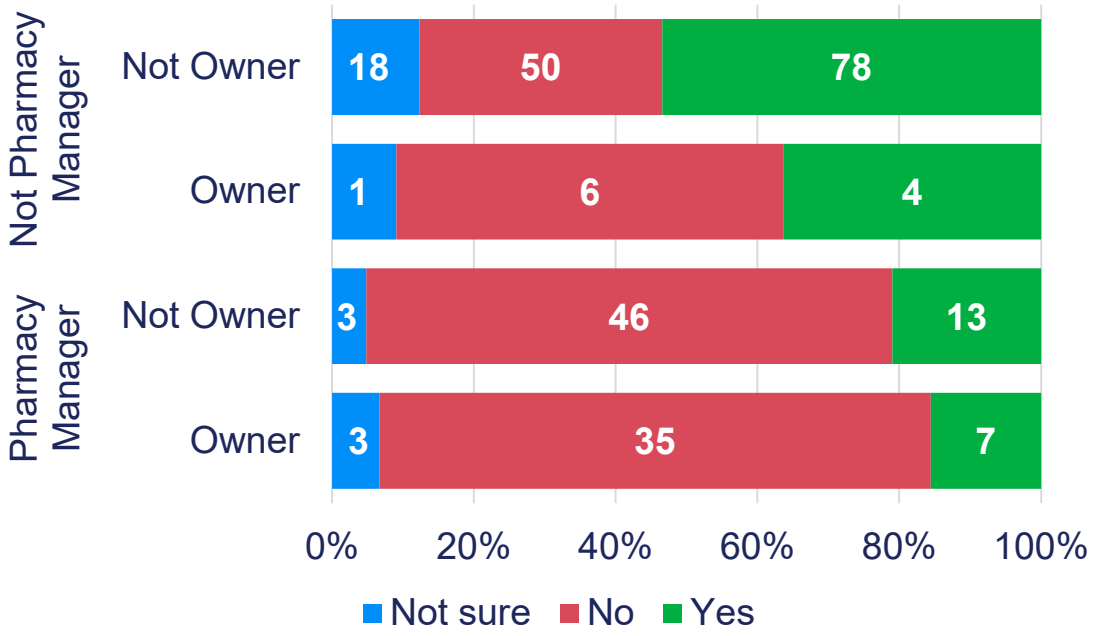
## Clarity of "day-to-day"



# Pharmacy Manager's Absence from the Pharmacy

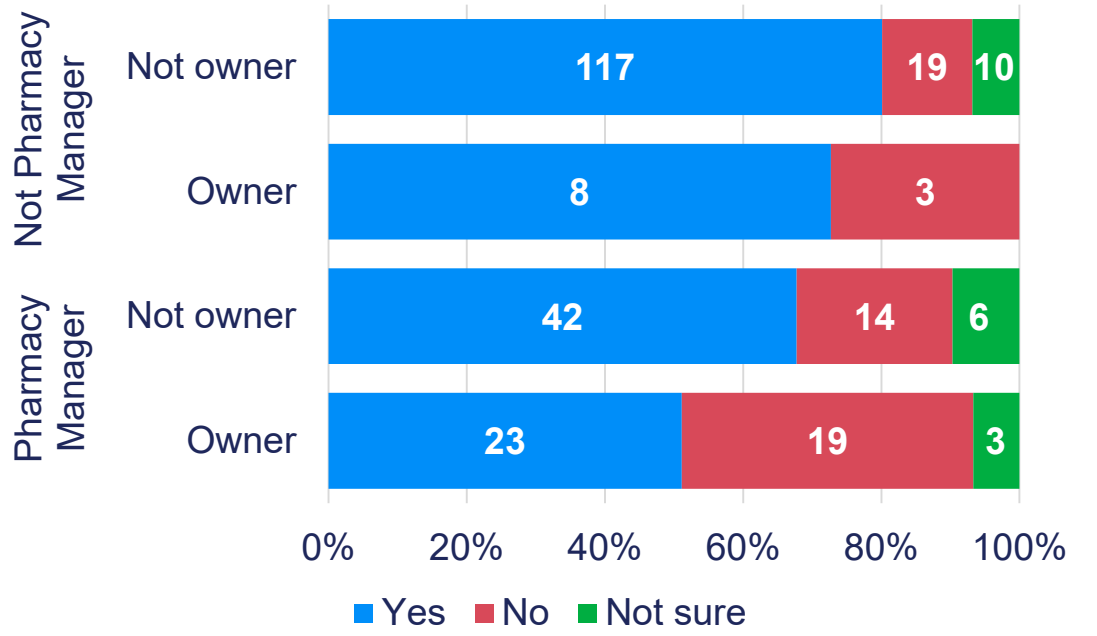
**Given the significant role that a pharmacy manager has in a pharmacy, is there a public safety need to shorten the length of time that the manager can be absent from a pharmacy without notifying the College (e.g., from a period of 8 weeks to 5 weeks)?**

**BREAKDOWN OF RESPONSES**




**Do you think a pharmacy manager should appoint an interim manager during a prolonged leave of absence (e.g., an absence of more than 5 weeks?)**

**BREAKDOWN OF RESPONSES**



# Operation Without a Pharmacist

## Proposed Changes Discussed

**Reframe "operation without a pharmacist" requirements to**

- Clearly set out the conditions that must be met before certain specified activities can take place without a pharmacist present, and
- Clearly set out specific activities that can be performed without a pharmacist present, and who can perform them, provided that the conditions are met

**Change activities that are permitted without a pharmacist present:**

- New permitted activity: Pharmacy technicians may access the dispensary to perform technical functions within their scope of practice
- Activities that will no longer be permitted:
  - Dispensed prescriptions waiting for pickup are no longer permitted to be kept outside the dispensary
  - Prescriptions, orders for Schedule II and III drugs and telephone requests from patients to order a certain prescription will no longer be accepted by non-registrants

## Consultation

### RESPONSE THEMES

- **Use of the term "*after-hours*" instead of "operate" since operate implies that the pharmacy is fully operational**
- **Confusion over whether assistants and cleaning staff are currently allowed in pharmacy when no pharmacist is present.**
- **Technicians are College registrants with liability insurance. What is the risk of allowing them to be in a pharmacy, practicing within their scope without a full pharmacist present?**
- **If pharmacy assistants were added as a separate registrant class, they would be able to enter pharmacies after-hours?**
- **Pharmacies may experience difficulties scheduling drug deliveries during times when a pharmacist is present**
- **Schedule III drugs should not be secured by physical barriers**

# Depot Shipment of Prescriptions

**Consultation**

**SUMMARY OF RESPONSE THEMES**

*Opinions are mixed about depot shipments, with some participants viewing them as essential, some viewing them as necessary but only with a contractual arrangement, and some arguing that there should not be depot shipments.*

- **Numerous models of depot shipments used**
- **Depot shipments used by Provincial Health Services Authority agencies to ship specialized drugs such as antiretroviral drugs (ARVs) and renal drugs; and pharmacies to ship prescriptions to remote health centres**
- **Service providers involved include prescribers, pharmacists and other health professionals**
- **Depot shipments occur in urban, suburban, rural and remote settings**

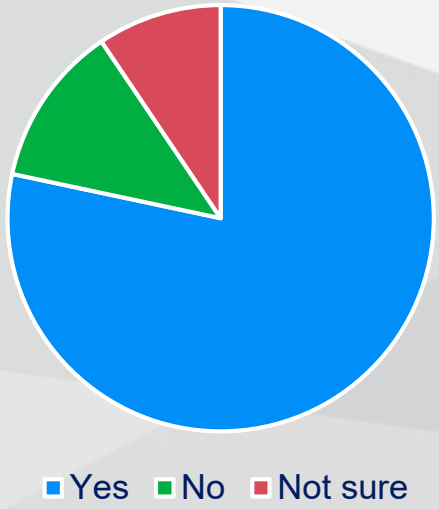
## Key Takeaways

- **Unclear line of accountability** between the host pharmacy and depot site for patient counselling, especially when there is no contractual arrangement for depot shipments.
- **Some medications are not listed in PharmaNet** (e.g. antiretroviral drugs (ARVs)) – this presents a patient safety risk as the depot pharmacist is not able to review the full medication history of the patient to assess contraindications or missed adherence if they are dispensing medications to the patient.
- **Reimbursement may need standardization** in a contractual arrangement, so that pharmacies are not incentivized to operate as a depot service at the expense of quality patient care.
- **A drop-off depot could be result in poor patient care**. Large central fill operations along with inexpensive pick up depots could result in the loss of appropriate patient-pharmacist dialogue if proper safeguards are not put in place.
- **The public may not understand that a depot is not serving the same role as a pharmacy.** The public's perception is that wherever they pick up their medication is a pharmacy. They may not understand the subtlety of the pick up depot (if not a pharmacy) which could impact opportunities for counselling and patient safety interventions.
- **Need to define what is a "dispense"**. This will determine what is expected for the act of dispensing, such as ensuring the medication is appropriate for the patient, and conducting medication counselling. It may also be necessary to determine how the definition of dispensing will apply to non-pharmacy depots.

# Emergency and Disaster Preparedness: Temporary Pharmacy Licenses

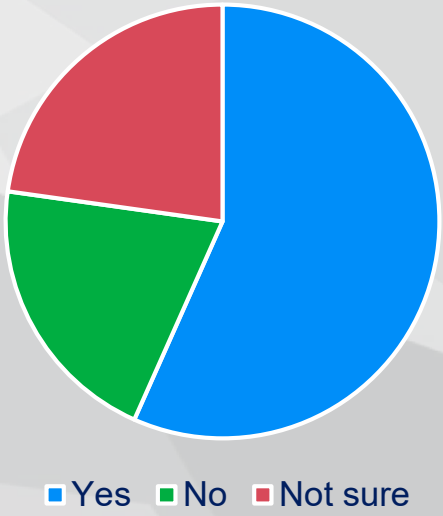
**SURVEY**

Do you think it would be beneficial to the public for the College to have a Temporary Pharmacy licence type that affected pharmacies could apply for in the case of an emergency?



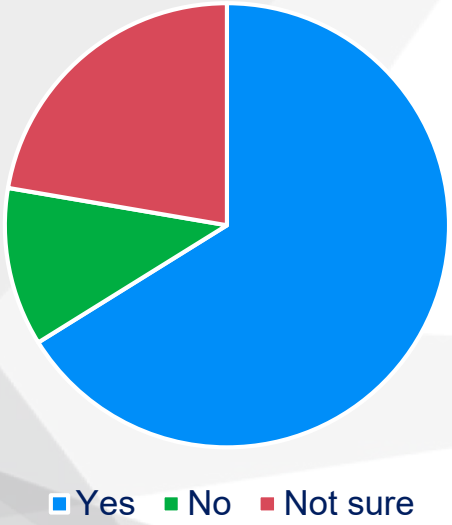

**78% Yes**

Would you expect your pharmacy to temporarily relocate to a location nearby an evacuation area to care for patients if that pharmacy was asked to evacuate?




**57% Yes**

As a pharmacy manager or owner, would you apply for a Temporary Pharmacy Licence if your pharmacy was asked to evacuate?




**66% Yes**

# Emergency and Disaster Preparedness (cont.)

**Consultation with Emergency Preparedness Coordinator (local or regional staff responsible for emergency management programs) on expectations related to pharmacy disaster preparedness**

**QUESTIONS ASKED**

- **Do your emergency management plans involve access to prescription medication during an emergency? If so, can you please explain how these plans work, and let us know if there are any current challenges/barriers to providing access to prescription medication?**
- **Would it be helpful if the College allows evacuated pharmacies to reopen quickly at a location nearby the emergency area to serve patients located in/around the emergency area?**
- **Should pharmacies contact you regarding their own disaster preparedness plans? If so, what should this communication with you look like?**

## Key Takeaways

- **From the Emergency Preparedness Coordinator's perspective, a key barrier to establishing a plan to provide emergency access to prescription medication is a lack of understanding of how pharmacies operate**.
- **Greatly appreciated allowing pharmacies to reopen quickly to help with emergencies.**
- **Did not feel that pharmacies needed to open in a location nearby the emergency area to serve patients located in/around that area.**
  - Residents in evacuation areas would be moved to other areas where health and social services will be provided.
  - Suggested that pharmacists may be well-placed to help with local emergency response teams since pharmacists tend to have a great connections with their community and patients, and could assist with identifying patients and their health needs.
- **Expressed a strong interest in connecting with local pharmacies to know and ensure that they have an emergency plan in place**
  - Preferred method of communication is to meet with local pharmacies as a group rather than on an individual basis for efficiency. The College may have a role in facilitating this dialogue.

# Drug Delivery and Storage (including offsite storage)

## Proposed Changes Discussed

Currently, Schedule I, II, and III drugs are allowed to be delivered after hours and received by a non-registrant, as long as the drugs are kept secure and remain unopened.

In exploring ways to to enhance security and to prevent diversion, the College sought feedback from pharmacy distributors around potentially changing this requirements to:

***Require that drugs must be delivered only when there is a registrant (pharmacist or pharmacy technician) present, and that drugs be must be stored in the licenced area of the pharmacy.***

**Consultation**

**RESPONSE THEMES**

- **Many pharmacies already receive shipments during pharmacy business hours**
- **Some pharmacies receive early morning deliveries to meet next-day delivery needs, as well as to account for traffic congestion concerns**
- **Concerns about staffing capacity and patient care in rural communities**
- **Potential delays for patients receiving medications**
- **Increased costs**
- **Proposed changes could inadvertently introduce more security concern.**

College of Pharmacists of British Columbia

# BOARD MEETING
# June 14, 2019

## 9. Legislation Review Committee
## c) Repealing Multiple Professional Practice Policies

# DECISION REQUIRED

## Recommended Board Motions:

*Repeal the following Professional Practice Policies, effective immediately:*

- PPP-40 Repackaging Bulk Nonprescription Drugs
- PPP-47 Operational Procedures for Complying with Benzodiazepines and Other Targeted Substances Regulation
- PPP-72 Inquiry and Discipline Publication Policy

## Purpose

To propose repealing, effective upon approval, the following Professional Practice Policies ("PPPs"):

- PPP-40 Repackaging Bulk Nonprescription Drugs;
- PPP-47 Operational Procedures for Complying with *Benzodiazepines and Other Targeted Substances Regulation*; and,
- PPP-72 Inquiry and Discipline Publication Policy

## Background

The College is currently working on *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Modernization Phase Two, an initiative under the current Strategic Plan. A key aspect of this initiative is to review and recommended changes to the existing suite of PPPs that fall under PODSA. This involves a comprehensive review of PODSA-related PPPs to identify which ones should:

- Be transitioned to bylaw to strengthen them;
- Be rescinded or transitioned to a guideline; and,
- Remain as policies and reviewed to identify any needed revisions.

Following from this work, this briefing note includes the recommended repeal of three PPPs for the Board's approval.

## Discussion

Below is an overview of the rationale for repealing of the following three PPPs:

- PPP-40 Repackaging Bulk Nonprescription Drugs;
- PPP-47 Operational Procedures for Complying with *Benzodiazepines and Other Targeted Substances Regulation*; and,
- PPP-72 Inquiry and Discipline Publication Policy.

**PPP-40 Repackaging Bulk Nonprescription Drugs**

This policy sets out requirements regarding when a community pharmacy repackages bulk non-prescription drugs (Schedule II, III or Unscheduled drugs) into smaller packages for sale. PPP-40 specifies minimum labeling requirements and requires the drugs be repackaged into child-resistant containers. Regardless of the original drug Schedule, PPP-40 requires these repackaged drugs to be sold in the Professional Service Area, and requires patient consultation prior to sale.

The College consulted Health Canada and confirmed that the repackaging of non-prescription drugs is regulated under the *Food and Drug Act* and *Regulation*, and this practice requires a Health Canada approved Drug Establishment Licence[1]. Given such Federal conditions, these repackaged drugs would be in compliance with the federal labeling, packaging, and quality assurance standards of any other non-prescription drugs approved for sale in Canada. This eliminates the need for the College to set requirements on this issue. Furthermore, labeling and packaging requirements set out in PPP-40 are outdated and no longer align with Health Canada's recently updated labeling and packaging requirements for non-prescription drugs[2]. To avoid duplication and misalignment with Health Canada requirements, this PPP is recommended to be rescinded (see Appendix 1).

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[1] Health Canada (2019). Guidance on Drug Establishment Licences and Associated Fees. Retrieved from: https://www.canada.ca/en/health-canada/services/drugs-health-products/compliance-enforcement/establishment-licences/directives-guidance-documents-policies/guidance-drug-establishment-licences-drug-establishment-licensing-fees-0002.html

[2] Health Canada (2017). Good Label Package Practice Guide for non-prescription Drugs and Natural Health Products. Retrieved from: https://www.canada.ca/en/health-canada/services/drugs-health-products/reports-publications/medeffect-canada/good-label-package-practices-guide-non-prescription-drugs-natural-health-products.html

**PPP-47 Operational Procedures for Complying with Benzodiazepines and Other Targeted Substances Regulation**

This policy references operational procedures for complying with the Benzodiazepines and Other Targeted Substances Regulations and the *Controlled Drugs and Substances Act*.

The requirements in this policy duplicates federal legislation and includes some inconsistencies with that legislation. Therefore, it is recommended that PPP-47 be repealed (see Appendices 2 and 3).

In addition, Health Canada intends to propose amendments to the Benzodiazepines and Other Targeted Substances Regulations[3]. As such, PPP-47 is likely to be quite outdated in the near future.

**PPP-72 Inquiry and Discipline Publication Policy**

This policy states how the College's Inquiry and Discipline results and citations will be published pursuant to relevant provisions of the *Health Professions Act*.

PPP-72 does not set out any requirements on registrants, and most of this information is available on the College's website under the Complaints tab-Complaints and Discipline Publication Policy[4]. Therefore, it is recommended that PPP-72 be repealed (see Appendix 4). The College is exploring whether to post the document on the website, as general information for the public and registrants.

## Next Steps

- Remove the repealed PPP's from the College's website;
- Work with the Communications and Engagement department to communicate the PPP changes to the public and registrants;
- Create a guidance document related to pharmacy disaster preparedness; and
- Confirm whether to post information on the College's website regarding how and when the College's Inquiry and Discipline results and citations will be published pursuant to relevant provisions of the *Health Professions Act*, as noted above.

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[3] Health Canada (2019). Notice to Interested Parties - Regulatory amendments regarding pharmacists. Retrieved from: https://www.canada.ca/en/health-canada/programs/consultation-regulatory-amendments-pharmacists.html

[4] College of Pharmacists BC (2019). Complaints and Discipline Publication Policy. Retrieved from: http://www.bcpharmacists.org/complaints-and-discipline-publication-policy

## Recommendation

The Legislation Review Committee recommends that the Board approve repealing the following three PPPs:

- PPP-40 Repackaging Bulk Nonprescription Drugs,
- PPP-47 Operational Procedures for Complying with Benzodiazepines and Other Targeted Substances Regulation; and,
- PPP-72 Inquiry and Discipline Publication Policy.

| **Appendix** | |
|---|---|
| 1 | Repeal PPP-40 Repackaging of Bulk Nonprescription Drugs |
| 2 | Repeal PPP-47 Operational Procedures for Complying with *Benzodiazepines and Other Targeted Substances Regulation* |
| 3 | PPP-47 Mapping to Federal Legislation |
| 4 | Repeal PPP-72 Inquiry and Discipline Publication Policy |

**POLICY STATEMENTS(S):**

1. Repackaged nonprescription drugs must not be sold from the Professional Products Area of licensed pharmacies.

2. Repackaged nonprescription drugs may be sold from the Professional Service Area of licensed pharmacies under the following conditions:

    - The package labelling should include the name of the medication, appropriate expiry date, lot number, the classification of the drug (laxative, anti-allergenic, etc.), and at a minimum common directions.

    - The medication should be repackaged in a child-resistant container when possible.

3. There must be pharmacist-patient consultation for all repackaged drugs, with particular emphasis on contraindications for use of the drug.





First approved: 16 Jun 2000
Revised: 20 Jun 2003
Reaffirmed: 27 Mar 2009

**POLICY STATEMENT(S):**

1. Notwithstanding provincial rules permitting the advertising of drugs, Targeted Substances cannot be advertised to the general public.

2. Any loss or theft of Targeted Substances must be reported to the federal Minister of Health within ten days of discovery with a copy of the report forwarded to the College. Loss and theft reporting forms are available through the federal Office of Controlled Substances, Compliance, Monitoring and Liaison Division, Address Locator 3502B, or by telephone at (613) 954-1541 or by fax at (613) 957-0110.

3. Pharmacists receiving Targeted Substances from a licensed dealer, another pharmacy or hospital must keep a record (either in a register or an invoice record system) showing the brand name, quantity (where applicable including package size and number of packages), strength, the name and address of the supplier, and the date it was received. The record must be kept for a minimum of three years.

   In the hospital setting, only a pharmacist or practitioner practising in the hospital and authorized by the person in charge of the hospital may order a Targeted Substance on behalf of the hospital.

4. Targeted Substances received by the community pharmacy, hospital pharmacy department or nursing unit must be stored in a secure environment.

5. Registrants are required to keep on file all written prescriptions and a written record of verbal prescriptions for three years from the last dispensing date. Prescriptions for Targeted Substances may be filed in the regular prescriptions and not in the separate file created for narcotic and controlled medications.

   The Regulations do not specifically require that, in hospitals:
   (a) all issues of Targeted Substances to and returns from nursing units be recorded
   (b) the receiving nursing unit signs for the receipt of Targeted Substances
   (c) the recording of administered doses to patients be on a document other than the Medication Administration Record (MAR)
   (d) a dose which is not administered to the patient, but returned to stock, be documented

   However, the person in charge of the hospital may wish to implement additional controls should these be required in that particular setting.

6. The pharmacist can refill a prescription for a Targeted Substance where refills are authorized by the practitioner and the pharmacist makes documentation at the time of the refill. Refills must be provided in accordance with the interval that may be specified on the prescription.

   A prescription cannot be refilled one year after the date on the prescription regardless of remaining refills.

7. With Targeted Substances, a pharmacist may transfer the remaining refills of a prescription to another pharmacist in another pharmacy. Section 54 prohibits the further transfer of the prescription once it has been received at a second pharmacy. The pharmacist receiving the transferred prescription may not further transfer any remaining refills.

8. Only a licensed medical, dental or veterinary practitioner can prescribe Targeted Substances.

9. If the pharmacist deems it appropriate to destroy Targeted Substances, prior approval from Health Canada is not required. However, records including the name, strength per unit, and quantity of the Targeted Substance destroyed must be kept for three years.

   The destruction must render the product unusable and it must be witnessed by another health care professional. An exemption is made for hospital practice where a hospital employee who is a health care professional, may destroy an opened ampoule containing amounts of a Targeted Substance without a witness.

10. As described in Section 4 of the *Controlled Drug and Substance Act*, "double-doctoring" and rules for possession apply for Targeted Substances.

11. The regulations prohibit the exportation of Targeted Substances by pharmacists, including through the mail, pursuant to a prescription for a patient residing outside Canada.





First approved: 01 Feb 2002
Revised: 26 Apr 2002 / 20 Jun 2003 / 15 Apr 2011
Reaffirmed: 27 Mar 2009

**PPP-47**

# PPP-47 – Operational Procedures for Complying with Benzodiazepine and Other Targeted Substances Regulations

## Mapping to Federal Legislation

| PPP-47 | Federal Legislation |
|---|---|
| 1. Notwithstanding provincial rules permitting the advertising of drugs, Targeted Substances cannot be advertised to the general public. | Benzodiazepines and Other Targeted Substances Regulations (BOTSR)<br>3 A person must not<br>(a) advertise a targeted substance to the general public; or<br><br>(b) issue or publish an advertisement for a targeted substance unless the advertisement<br><br>(i) is published in literature distributed to, or in a trade publication for, licensed dealers, pharmacists, practitioners or hospitals, and<br><br>(ii) displays in the upper left quarter of its first page, in a clear manner and in a conspicuous colour and size, the following symbol:<br><br>  <br><br><br>Symbol for caution, consisting of a square outline divided in half from top left corner to bottom right corner. The top right half has an uppercase letter C inside and lower left half has an uppercase letter T inside. |
| 2. Any loss or theft of Targeted Substances must be reported to the federal Minister of Health within ten days of discovery with a copy of the report forwarded to the College. Loss and theft reporting forms are available through the federal Office of Controlled Substances, Compliance, Monitoring and Liaison Division, Address Locator 3502B, or by telephone at (613) 954-1541 or by fax at (613) 957-0110. | BOTSR:<br>7 (1) The following persons must take any steps that are necessary to ensure the security of a targeted substance in their possession and any licence or permit in their possession with respect to a targeted substance and must, not later than 10 days after discovery, report to the Minister any loss or theft of a targeted substance or of a licence or permit: |

| PPP-47 | Federal Legislation |
|---|---|
| | (a) a licensed dealer;<br><br>(b) a pharmacist;<br><br>(c) a practitioner;<br><br>(d) the person in charge of a hospital;<br><br>(e) a person to whom an exemption has been granted under section 56 of the Act; and<br><br>(f) a person who, pursuant to a permit issued under Part 7, is responsible for the targeted substance while it is in transit or in transhipment in Canada. |
| 3. Pharmacists receiving Targeted Substances from a licensed dealer, another pharmacy or hospital must keep a record (either in a register or an invoice record system) showing the brand name, quantity (where applicable including package size and number of packages), strength, the name and address of the supplier, and the date it was received. The record must be kept for a minimum of three years.<br><br>In the hospital setting, only a pharmacist or practitioner practising in the hospital and authorized by the person in charge of the hospital may order a Targeted Substance on behalf of the hospital. | BOTSR:<br>50 If a pharmacist receives a targeted substance from a licensed dealer, a pharmacist in another pharmacy or a hospital, the pharmacist must keep a record of the following information:<br><br>(a) the brand name of the targeted substance received or, if the targeted substance does not have a brand name, the specified name;<br><br>(b) the quantity and strength per unit of the targeted substance received, the number of units per package and the number of packages;<br><br>(c) the name and address of the licensed dealer, pharmacist or hospital that supplied it; and<br><br>(d) the date on which it was received.<br><br>9 The information or records required by these Regulations must be kept for a period of at least two years after |

| PPP-47 | Federal Legislation |
|---|---|
| | (a) in the case of information, the day that the information was obtained; and<br><br>(b) in the case of a record, the day that the last transaction was recorded on the record.<br><br>63 (2) No person may order a targeted substance on behalf of a hospital other than a pharmacist or practitioner practising in the hospital who is authorized by the person in charge of the hospital to order targeted substances for the hospital. |
| 4. Targeted Substances received by the community pharmacy, hospital pharmacy department or nursing unit must be stored in a secure environment. | BOTSR:<br>6 Subject to section 59, a person licensed or otherwise authorized under these Regulations to deal in a targeted substance must store the targeted substance in the place used for the purpose of conducting their business or professional practice and in the area in that place where only authorized employees have access, except where the targeted substance is for the person's own use or for the benefit of another person or animal under their care. |
| 5. Registrants are required to keep on file all written prescriptions and a written record of verbal prescriptions for three years from the last dispensing date. Prescriptions for Targeted Substances may be filed in the regular prescriptions and not in the separate file created for narcotic and controlled medications.<br><br>The Regulations do not specifically require that, in hospitals:<br>(a) all issues of Targeted Substances to and returns from nursing units be recorded<br>(b) the receiving nursing unit signs for the receipt of Targeted Substances<br>(c) the recording of administered doses to patients be on a document other than the Medication Administration Record (MAR) | BOTSR:<br>9 The information or records required by these Regulations must be kept for a period of at least two years after<br><br>(a) in the case of information, the day that the information was obtained; and<br><br>(b) in the case of a record, the day that the last transaction was recorded on the record. |

| PPP-47 | Federal Legislation |
|---|---|
| (d) a dose which is not administered to the patient, but returned to stock, be documented<br><br>However, the person in charge of the hospital may wish to implement additional controls should these be required in that particular setting. | |
| 6. The pharmacist can refill a prescription for a Targeted Substance where refills are authorized by the practitioner and the pharmacist makes documentation at the time of the refill. Refills must be provided in accordance with the interval that may be specified on the prescription.<br><br>A prescription cannot be refilled one year after the date on the prescription regardless of remaining refills. | BOTSR:<br>52 A pharmacist may only refill a prescription for a targeted substance if<br><br>(a) the practitioner who prescribed it expressly directs that the prescription may be refilled and specifies the number of refills;<br><br>(b) the pharmacist makes a record of each refill in accordance with section 53;<br><br>(c) less than one year has elapsed since the day on which the prescription was issued by the practitioner;<br><br>(d) at least one refill remains on the prescription; and<br><br>(e) in the case where an interval between refills has been specified by the practitioner, it has expired. |
| 7. With Targeted Substances, a pharmacist may transfer the remaining refills of a prescription to another pharmacist in another pharmacy. Section 54 prohibits the further transfer of the prescription once it has been received at a second pharmacy. The pharmacist receiving the transferred prescription may not further transfer any remaining refills. | BOTSR:<br>54 (1) A pharmacist may transfer a prescription for a targeted substance to another pharmacist, except a prescription that has already been transferred.<br><br>(2) Before a pharmacist sells or provides a targeted substance to an individual under a prescription transferred under subsection (1), the pharmacist must<br><br>(a) in the case of a verbal transfer, record the information required by subsection 51(3); |

| PPP-47 | Federal Legislation |
|---|---|
| | (b) in the case of a written transfer, have obtained from the transferring pharmacist a copy of<br><br>(i) the prescription written by the practitioner, or<br><br>(ii) the record made in accordance with subsection 51(3) of the practitioner's verbal prescription; and<br><br>(c) in all cases, record<br><br>(i) the name and address of the transferring pharmacist,<br><br>(ii) the number of authorized refills remaining and, if applicable, the specified interval between refills, and<br><br>(iii) the date of the last refill.<br><br>(3) A pharmacist who transfers a prescription under subsection (1) must record the date of the transfer, the name of the pharmacist to whom the prescription was transferred, the name and address of the pharmacy where that pharmacist practises and, if applicable, the number of refills that are being transferred. |
| 8. Only a licensed medical, dental or veterinary practitioner can prescribe Targeted Substances. | BOTSR:<br>58 A practitioner may, with respect to a targeted substance, prescribe it for or administer it to an individual or animal, or sell, provide, send, deliver or transport it to or for an individual or for the benefit of an animal, only if<br><br>(a) the individual or animal is a patient that the practitioner is treating in their professional capacity; and |

| PPP-47 | Federal Legislation |
|---|---|
| | (b) the targeted substance is required to treat the individual's or animal's medical condition.<br><br>Controlled Drugs and Substances Act (CDSA):<br>2(1) **practitioner** means a person who is registered and entitled under the laws of a province to practise in that province the profession of medicine, dentistry or veterinary medicine, and includes any other person or class of persons prescribed as a practitioner<br><br>New Classes of Practitioners Regulations made under CDSA:<br>2 For the purpose of the definition practitioner in subsection 2(1) of the Act, the following classes of persons are prescribed:<br><br>(a) midwives;<br><br>(b) nurse practitioners; and<br><br>(c) podiatrists. |
| 9. If the pharmacist deems it appropriate to destroy Targeted Substances, prior approval from Health Canada is not required. However, records including the name, strength per unit, and quantity of the Targeted Substance destroyed must be kept for three years. The destruction must render the product unusable and it must be witnessed by another health care professional. An exemption is made for hospital practice where a hospital employee who is a health care professional, may destroy an opened ampoule containing amounts of a Targeted Substance without a witness. | BOTSR:<br>1(2) For the purpose of these Regulations, a targeted substance is destroyed when it is altered or denatured to such an extent that its consumption is rendered impossible or improbable.<br><br>2(2) A pharmacist, a practitioner or the individual in charge of a hospital may destroy a targeted substance if<br><br>(a) before the destruction, the pharmacist, practitioner or individual records information with respect to the destruction, including the name, strength per unit and quantity of the targeted substance to be destroyed; |

| PPP-47 | Federal Legislation |
| --- | --- |
| | (b) the targeted substance is destroyed using a method of destruction that conforms with all applicable federal, provincial and municipal environmental legislation;<br><br>(c) the person records the date of destruction;<br><br>(d) subject to subsection (3), the destruction is witnessed by a pharmacist or a practitioner; and<br><br>(e) immediately following the destruction, the person who destroyed the targeted substance and the witness referred to in paragraph (d) sign and print their names on a joint statement, indicating that they witnessed the destruction and that the targeted substance destroyed has been altered or denatured to such an extent that its consumption has been rendered impossible or improbable.<br><br>(3) A targeted substance that constitutes the remainder of an open ampule, the partial contents of which have been administered to a patient, may be destroyed by a hospital employee who is a licensed health professional without a witness.<br><br>9 The information or records required by these Regulations must be kept for a period of at least two years after<br><br>(a) in the case of information, the day that the information was obtained; and<br><br>(b) in the case of a record, the day that the last transaction was recorded on the record.<br><br>Letter from Health Canada re destruction of CDSA drugs: |

| PPP-47 | Federal Legislation |
|---|---|
| | http://www.bcpharmacists.org/news/health-canada-no-longer-requires-pre-authorization-destruction-narcotics-and-controlled-drugs |
| 10. As described in Section 4 of the Controlled Drug and Substance Act, "double-doctoring" and rules for possession apply for Targeted Substances. | CDSA:<br>4(2) No person shall seek or obtain<br><br>(a) a substance included in Schedule I, II, III or IV, or<br><br>(b) an authorization to obtain a substance included in Schedule I, II, III or IV<br><br>from a practitioner, unless the person discloses to the practitioner particulars relating to the acquisition by the person of every substance in those Schedules, and of every authorization to obtain such substances, from any other practitioner within the preceding thirty days. |
| 11. The regulations prohibit the exportation of Targeted Substances by pharmacists, including through the mail, pursuant to a prescription for a patient residing outside Canada. | BOTSR:<br>4 (5) A licensed dealer may possess a targeted substance set out in Part 2 of Schedule 1 for the purpose of exporting that substance if the licensed dealer has obtained the substance under these Regulations and is licensed to export the targeted substance.<br><br>(6) An individual may possess a targeted substance set out in Part 2 of Schedule 1 for the purpose of exporting that substance in accordance with section 69.<br><br>15 (1) Subject to subsection (2), sections 4 and 16 and subsection 33(1), a licensed dealer may<br><br>(a) possess a targeted substance set out in Part 2 of Schedule 1; and<br><br>(b) produce, make, assemble, import, export, sell, provide, send, deliver, transport or destroy a targeted substance. |

| PPP-47 | Federal Legislation |
| --- | --- |
| | (2) A licensed dealer may carry out an activity set out in subsection (1) if the licensed dealer<br><br>(a) is licensed to carry on the activity with respect to that targeted substance;<br><br>(b) carries out the activity in accordance with any conditions set out in the dealer's licence;<br><br>(c) sells or provides the targeted substance to<br><br>(i) another licensed dealer,<br><br>(ii) a pharmacist,<br><br>(iii) a practitioner,<br><br>(iv) a hospital,<br><br>(v) the Minister, or<br><br>(vi) a person to whom an exemption relating to the substance has been granted under section 56 of the Act;<br><br>(d) in the case of a producer of a targeted substance, produces the substance in the quantities and within the periods authorized by the dealer's licence;<br><br>(e) in the case of a maker or assembler of a product or compound that contains a targeted substance, but that is not a test kit, sells or provides the product or compound in the strength per unit and the quantity or package size authorized by the dealer's licence; |

| PPP-47 | Federal Legislation |
| --- | --- |
| | (f) in the case of the importation of a targeted substance, has an import permit issued under section 37; and<br><br>(g) in the case of the exportation of a targeted substance, has an export permit issued under section 43. |

**POLICY CATEGORY:** **PROFESSIONAL PRACTICE POLICY-72**
**POLICY FOCUS:** **Inquiry and Discipline Publication Policy**

**POLICY STATEMENT(S):**

1. Inquiry and Discipline results will be published consistent with the BC Health Regulators (BCHR)[1] recommended public notification framework pursuant to s. 39.3 of the *Health Professions Ac*t.
2. Citations will be published consistent with the BCHR recommended public notification framework pursuant to s. 53(1)(b) of the *Health Professions Act*.

**BACKGROUND:**

The College of Pharmacists of BC has an obligation to publish details of its inquiry and discipline proceedings under certain prescribed circumstances, pursuant to section 39.3 of the *Health Professions Act.*

**SUPPORTING DOCUMENTS**
*Health Professions Act*
BC Health Regulators Public Notification Framework





[1] Formerly known as the Health Professions Regulators of BC.

College of Pharmacists of British Columbia

# BOARD MEETING
# June 14, 2019

## 9. Legislation Review Committee
## d) Recognized Pharmacy Education Program

# DECISION REQUIRED

## Recommended Board Motion:

Approve the following resolution to amend Schedule "C" of the bylaws made under the *Health Professions Act* regarding Recognized Education Programs:

*"RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act ("HPA"), and subject to the requirements in section 19(3) of HPA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under the HPA relating to Schedule "C" Recognized Education Programs, for filing with the Minister of Health, as set out in the schedule attached to this resolution."*

## Purpose

To approve proposed housekeeping amendments to *Health Professions Act* (HPA) Bylaws Schedule "C" Recognized Education Programs, for filing with the Minister of Health.

## Background

Multiple sections of the HPA Bylaws require that potential registrants obtain specific educational credentials from recognized programs to be registered with the College. In addition, specific educational credentials are required for pharmacists seeking certification for drug administration (i.e., injection/intranasal drug administration authority).

Schedule "C" under the HPA Bylaws lists pharmacy education programs in Canada and the United States as well as injection/intranasal drug administration programs, that are recognized by the College.

Due to the development of new pharmacy education programs, program name changes and the discontinuation of certain programs, from time to time it is necessary to amend Schedule "C" to accurately reflect those changes. As such, in early 2019, draft housekeeping amendments to Schedule "C" were made to remove outdated content and reflect current program names (see Appendix 1).

## Discussion

**Public Posting of Proposed Schedule "C", Recognized Education Programs**

At their February 2019 meeting, the Board approved publicly posting the above-noted draft housekeeping amendments to Schedule "C" (see Appendix 2). That period was for 90 days, and ended on May 16, 2019.

During the public posting period, no comments were received. As such, no further revisions are recommended to the housekeeping amendments.

## Next Steps

As per section 19(3) of HPA, the next step in the process to finalize the bylaws, is that they must be filed with the Minister of Health. The amended bylaws will come into effect 60 days after the filing date, in mid-August 2019, assuming that they are not disallowed by the Minister. The College would inform the public and registrants of the changes via communications tools, such as articles on the College's website.

## Recommendation

The Legislation Review Committee recommends that the Board approve the proposed housekeeping amendments to Schedule "C" of the HPA Bylaws (by approving the schedule to the resolution in Appendix 3), for filing with the Minister of Health.

| **Appendix** | |
|---|---|
| 1 | Amendments to HPA Bylaws – Schedule "C" Recognized Education Programs (track changes) |
| 2 | February 2019 Board meeting note on Schedule "C" Recognized Education Programs |
| 3 | Schedule to the Resolution |

**College of Pharmacists of B.C.**
**HPA Bylaw - Schedule C**
**RECOGNIZED EDUCATION PROGRAMS**

| FULL PHARMACIST REGISTRATION | | | |
|---|---|---|---|
| **Location** | **Recognized Pharmacy Education Program** | **Recognized Universities** | **Location** |
| Canada | Baccalaureate or Pharm.D (entry level) Pharmacy Program accredited by the Canadian Council for Accrediation of Pharmacy Programs (CCAPP) | Dalhousie University, College of Pharmacy | Halifax, Nova Scotia |
| | | Memorial University of Newfoundland | St. John's, Newfoundland |
| | | Université de Montréal, Faculte de pharmacie | Montreal, Quebec |
| | | Universite Laval, Faculte de phamacie | Quebec, Quebec |
| | | University of Alberta, Faculty of Pharmacy and Pharmaceutical Sciences | Edmonton, Alberta |
| | | University of British Columbia, Faculty of Pharmaceutical Sciences | Vancouver, B.C. |
| | | University of Manitoba, Faculty of Pharmacy | Winnipeg, Manitoba |
| | | University of Toronto, Leslie L. Dan Faculty of Pharmacy | Toronto, Ontario |
| | | University of Saskatchewan, College of Pharmacy and Nutrition | Saskatoon, Saskatchewan |
| | | University of Waterloo, School of Pharmacy | Kitchener, Ontario |
| United States | Baccalaureate or Pharm.D (entry level) Pharmacy Program accredited by the Accreditation Council for Pharmacy Education (ACPE) | Albany College of Pharmacy and Health Sciences | New York |
| | | Appalachian College of Pharmacists | Virginia |
| | | Auburn University Harrison School of Pharmacy | Alabama |
| | | Belmont University School of Pharmacy | Tennessee |
| | | Butler University College of Pharmacy and Health Sciences | Indiana |
| | | California Northstate University College of Pharmacy | California |
| | | Campbell University School of Pharmacy and Health Sciences | North Carolina |
| | | Cedarville University School of Pharmacy | Ohio |
| | | Chicago State University College of Pharmacy | Illinois |
| | | Concordia University School of Pharmacy | Wisconsin |
| | | Creighton University Medical Center School of Pharmacy and Health Professions | Nebraska |
| | | Drake University College of Pharmacy and Health Sciences | Iowa |
| | | Duquesne University Mylan School of Pharmacy | Pennsylvania |
| | | D'Youville College School of Pharmacy | New York |
| | | East Tennessee State University Bill Gatton College of Pharmacy | Tennessee |
| | | Fairleigh Dickinson University School of Pharmacy | New Jersey |
| | | Ferris State University College of Pharmacy | Michigan |
| | | Florida Agricultural & Mechanical University College of Pharmacy and Pharmaceutical Sciences | Florida |
| | | Hampton University School of Pharmacy | Virginia |
| | | Harding University College of Pharmacy | Arkansas |
| | | Howard University College of Pharmacy | Washington, D.C. |
| | | Husson University School of Pharmacy | Maine |
| | | Idaho State University College of Pharmacy | Idaho |
| | | Lake Erie College of Osteopathic Medicine School of Pharmacy | Pennsylvania |
| | | Lipscomb University College of Pharmacy and Health Sciences | Tennessee |
| | | Loma Linda University School of Pharmacy | California |
| | | Long Island University Arnold and Marie Schwartz College of Pharmacy and Health Sciences | New York |
| | | Manchester University College of Pharmacy | Indiana |
| | | Marshall University School of Pharmacy | West Virginia |
| | | MCPHS University School of Pharmacy-Worcester | Massachusetts |
| | | MCPHS University School of Pharmacy-Boston | Massachusetts |
| | | Mercer University College of Pharmacy & Health Sciences | Georgia |
| | | Midwestern University Chicago College of Pharmacy | Illinois |
| | | Midwestern University College of Pharmacy-Glendale | Arizona |
| | | North Dakota State University College of Pharmacy, Nursing and Allied Sciences | North Dakota |
| | | Northeast Ohio Medical University College of Pharmacy | Ohio |
| | | Northeastern University Bouve' College of Health Sciences School of Pharmacy | Massachusetts |
| | | Notre Dame of Maryland University School of Pharmacy | Maryland |
| | | Nova Southeastern University College of Pharmacy | Florida |
| | | Ohio Northern University College of Pharmacy | Ohio |
| | | Ohio State University College of Pharmacy | Ohio |
| | | Oregon State University College of Pharmacy | Oregon |
| | | Pacific University School of Pharmacy | Oregon |
| | | Palm Beach Atlantic University Lloyd L. Gregory School of Pharmacy | Florida |
| | | Philadelphia College of Osteopathic Medicine School of Pharmacy | Pennsylvania |
| | | Presbyterian College School of Pharmacy | South Carolina |
| | | Purdue University College of Pharmacy | Indiana |
| | | Regis University School of Pharmacy | Colorado |
| | | Roosevelt University College of Pharmacy | Illinois |
| | | Rosalind Franklin University of Medicine and Science College of Pharmacy | Illinois |
| | | Roseman University of Health Sciences College of Pharmacy | Nevada |
| | | Rutgers, the State University of New Jersey Ernest Mario School of Pharmacy | New Jersey |
| | | Samford University McWhorter School of Pharmacy | Alabama |
| | | Shenandoah University Bernard J. Dunn School of Pharmacy | Virginia |
| | | South Carolina College of Pharmacy | South Carolina |
| | | South College School of Pharmacy | Tennessee |
| | | South Dakota State University College of Pharmacy | South Dakota |
| | | South University School of Pharmacy | Georgia |
| | | Southern Illinois University Edwardsville School of Pharmacy | Illinois |
| | | Southwestern Oklahoma State University College of Pharmacy | Oklahoma |
| | | St. John Fisher College Wegmans School of Pharmacy | New York |
| | | St. John's University College of Pharmacy and Health Science | New York |
| | | St. Louis College of Pharmacy | Missouri |
| | | Sullivan University College of Pharmacy | Kentucky |
| | | Temple University School of Pharmacy | Pennsylvania |
| | | Texas A & M University Health Science Center Irma Lerma Rangel College of Pharmacy | Texas |
| | | Texas Southern University College of Pharmacy and Health Sciences | Texas |
| | | Texas Tech University Health Sciences Center School of Pharmacy | Texas |
| | | Thomas Jefferson University Jefferson School of Pharmacy | Pennsylvania |
| | | Touro New York College of Pharmacy | New York |
| | | Touro University - California College of Pharmacy | California |
| | | Union University School of Pharmacy | Tennessee |
| | | University at Buffalo The State University of New York School of Pharmacy & Pharmaceutical Sciences | New York |
| | | University of Arizona College of Pharmacy | Arizona |
| | | University of Arkansas for Medical Sciences College of Pharmacy | Arkansas |
| | | University of California, San Diego Skaggs School of Pharmacy & Pharmaceutical Sciences | California |
| | | University of California, San Francisco School of Pharmacy | California |
| | | University of Charleston School of Pharmacy | West Virginia |
| | | University of Cincinnati James L. Winkle College of Pharmacy | Ohio |
| | | University of Colorado Anschutz Medical Campus Skaggs School of Pharmacy and Pharmaceutical Scien | Colorado |
| | | University of Connecticut School of Pharmacy | Connecticut |
| | | University of Findlay College of Pharmacy | Ohio |
| | | University of Florida College of Pharmacy | Florida |
| | | University of Georgia College of Pharmacy | Georgia |
| | | University of Hawaii at Hilo Daniel K. Inouye College of Pharmacy | Hawaii |
| | | University of Houston College of Pharmacy | Texas |
| | | University of Illinois at Chicago College of Pharmacy | Illinois |
| | | University of Iowa College of Pharmacy | Iowa |
| | | University of Kansas School of Pharmacy | Kansas |
| | | University of Kentucky College of Pharmacy | Kentucky |
| | | University of Louisiana at Monroe College of Pharmacy | Louisiana |
| | | University of Maryland Eastern Shore School of Pharmacy | Maryland |
| | | University of Maryland School of Pharmacy | Maryland |

| | | | |
|---|---|---|---|
| | | University of Michigan College of Pharmacy | Michigan |
| | | University of Minnesota College of Pharmacy | Minnesota |
| | | University of Mississippi School of Pharmacy | Mississippi |
| | | University of Missouri-Kansas City School of Pharmacy | Missouri |
| | | University of Montana College of Health Professions and Biomedical Sciences Skaggs School of Pharma | Montana |
| | | University of Nebraska Medical Center College of Pharmacy | Nebraska |
| | | University of New England College of Pharmacy | Maine |
| | | University of New Mexico College of Pharmacy | New Mexico |
| | | University of North Carolina Eshelman School of Pharmacy | North Carolina |
| | | University of Oklahoma College of Pharmacy | Oklahoma |
| | | University of Pittsburgh School of Pharmacy | Pennsylvania |
| | | University of Puerto Rico Medical Sciences Campus School of Pharmacy | Puerto Rico |
| | | University of Rhode Island College of Pharmacy | Rhode Island |
| | | University of Saint Joseph School of Pharmacy | Connecticut |
| | | University of Southern California School of Pharmacy | California |
| | | University of South Florida School of Pharmacy | Florida |
| | | University of Tennessee Health Science Center College of Pharmacy | Tennessee |
| | | University of Texas at Austin College of Pharmacy | Texas |
| | | University of the Incarnate Word Feik School of Pharmacy | Texas |
| | | University of the Pacific Thomas J. Long School of Pharmacy & Health Sciences | California |
| | | University of the Sciences Philadelphia College of Pharmacy | Pennsylvania |
| | | University of Toledo College of Pharmacy and Pharmaceutical Sciences | Ohio |
| | | University of Utah College of Pharmacy | Utah |
| | | University of Washington School of Pharmacy | Washington |
| | | University of Wisconsin-Madison School of Pharmacy | Wisconsin |
| | | University of Wyoming School of Pharmacy | Wyoming |
| | | Virginia Commonwealth University at the Medical College of Virginia Campus School of Pharmacy | Virginia |
| | | Washington State University College of Pharmacy | Washington |
| | | Wayne State University Eugene Applebaum College of Pharmacy and Health Sciences | Michigan |
| | | West Virginia University School of Pharmacy | West Virginia |
| | | Western New England University College of Pharmacy | Massachusetts |
| | | Western University of Health Sciences College of Pharmacy | California |
| | | Wilkes University Nesbitt College of Pharmacy & Nursing School of Pharmacy | Pennsylvania |
| | | Wingate University School of Pharmacy | North Carolina |
| | | Xavier University of Louisiana College of Pharmacy | Louisiana |

| CERTIFIED PRACTICE - CERTIFICATION OF PRACTISING PHARMACISTS FOR DRUG ADMINISTRATION BY INJECTION AND INTRANASAL ROUTE | | | |
|---|---|---|---|
| **Location** | **Recognized Pharmacy Education Program** | **Recognized Providers** | |
| ~~British Columbia~~ | ~~Pharmacy 403~~ | ~~UBC Faculty of Pharmaceutical Sciences~~ | |
| Canada | Injection and Immunization training as part of a Baccalaureate or Pharm.D (entry level) pharmacy program accredited by the Canadian Council of Accrediation of Pharmacy Programs | | |
| British Columbia | Immunization Competency Program for BC Health Professionals and Administration of Injections Accredited Program Practical Administration of Injections for BC Pharmacists ~~(CCCEP Stage 2 Accredited)~~ | BC Pharmacy Association | |
| ~~Canada~~ | ~~Pharmacy Based Immunization Delivery in Canada (CCCEP Stage 2 Accredited)~~ | ~~Canada Safeway~~ | |
| Canada | Administering Injections and Immunizations Preparation Course - Part 1 and Part 2 ~~(CCCEP Stage 2 Accredited)~~ | Alberta Pharmacists' Association | |
| Canada | Injections and Immunizations ~~Training~~ Certificate Program ~~(CCCEP Stage 2 Accredited)~~ | Ontario Pharmacists' Association | |
| Canada | Injectable Medication and Vaccine Administration Training Program for Pharmacists ~~(CCCEP Stage 2 Accredited)~~ | Pear Healthcare Solutions Inc. | |
| Canada | Practical Training for the Immunization Competencies Education Program, Moduce 15 - Essential Competencies for Injection of Other Substances ~~(Module 15)~~ and ~~Practical Training~~ Education Program for ~~the~~ Immunization Competencies ~~Education Program (CCCEP Stage 2 Accredited)~~ | rxBriefCase (Advancing Practice) | |
| Canada | ~~Immunization Competencies Education Program, Essential Competencies for Injection of Other Substances (Module 15) and~~ Administration of Injections Practical Skills Workshop ~~Training Program~~ for Manitoba Pharmacists ~~(CCCEP Stage 2 Accredited)~~ and Manitoba Module: Administration of Injections and Education Program for Immunization Competencies | rxBriefCase (Advancing Practice) and College of Pharmacists of Manitoba | |
| Canada | ~~Immunization Competencies Education Program, Essential Competencies for Injection of Other Substances (Module 15) and Theory and Technique in Administration of Injections - A Course for Practising Pharmacists~~ Theory and Technique in Administration of Injections - A Course for Practicing Pharmacists and Education Program for Immunization Competencies | rxBriefCase (Advancing Practice), University of Toronto Leslie Dan College of Pharmacy | |
| Canada | Immunization and Injection Administration Training Program (IIATP) ~~(CCCEP Stage 2 Accredited)~~ | Dalhousie Continuing Pharmacy Education | |
| Canada | Memorial University Injection & Immunization Live Training Program and Education Program for Immunization Competencies | rxBriefCase (Advancing Practice) and the Memorial University School of Pharmacy | |
| Canada | The Continuing Professional Development for Pharmacists - Immunization and Injection Training Program and Education Program for Immunization Competencies | rxBriefCase (Advancing Practice) and the University of Saskatchewan Continuing Professional Development for Pharmacists | |
| British Columbia | Intranasal Immunization Drug Administration Module | College of Pharmacists of British Columbia | |
| Canada | Cardiopulmonary Resuscitation | St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training | |
| Canada | First Aid | St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training | |

| CERTIFIED PRACTICE - RECERTIFICATION OF PRACTISING PHARMACISTS FOR DRUG ADMINISTRATION BY INJECTION AND INTRANASAL ROUTE | | | |
|---|---|---|---|
| **Location** | **Recognized Pharmacy Education Program** | **Recognized Providers** | |
| British Columbia | Immunization Competency Program for BC Health Professionals and Administration of Injections Accredited Program Practical Administration of Injections for BC Pharmacists ~~(CCCEP Stage 2 Accredited)~~ | BC Pharmacy Association | |
| ~~Canada~~ | ~~Pharmacy Based Immunization Delivery in Canada (CCCEP Stage 2 Accredited)~~ | ~~Canada Safeway~~ | |
| Canada | Administering Injections and Immunizations Preparation Course - Part 1 and Part 2 ~~(CCCEP Stage 2 Accredited)~~ | Alberta Pharmacists' Association | |
| Canada | Injections and Immunizations Certificate ~~Training~~ Program ~~(CCCEP Stage 2 Accredited)~~ | Ontario Pharmacists' Association | |
| Canada | Injectable Medication and Vaccine Administration Training Program for Pharmacists ~~(CCCEP Stage 2 Accredited)~~ | Pear Healthcare Solutions Inc. | |
| Canada | Practical Training for the Immunization Competencies Education Program, Module 15 - Essential Competencies for Injection of Other Substances ~~(Module 15)~~ and ~~Practical Training~~ Education Program for ~~the~~ Immunization Competencies Education Program ~~(CCCEP Stage 2 Accredited)~~ | rxBriefCase (Advancing Practice) | |
| Canada | ~~Immunization Competencies Education Program, Essential Competencies for Injection of Other Substances (Module 15) and~~ Administration of Injections ~~Training Program~~ Practical Skills Workshop for Manitoba Pharmacists ~~(CCCEP Stage 2 Accredited)~~ and Manitoba Module: Administration of Injections and Education Program for Immunization Competencies | rxBriefCase(Advancing Practice) and College of Pharmacists of Manitoba | |
| Canada | ~~Immunization Competencies Education Program, Essential Competencies for Injection of Other Substances (Module 15) and Theory and Technique in Administration of Injections - A Course for Practising Pharmacists~~ Theory and Technique in Administration of Injections - A Course for Practicing Pharmacists | rxBriefCase (Advancing Practice) and the University of Toronto Leslie Dan College of Pharmacy | |
| Canada | Immunization and Injection Administration Training Program (IIATP) ~~(CCCEP Stage 2 Accredited)~~ | Dalhousie Continuing Pharmacy Education | |
| Canada | Memorial University Injection & Immunization Live Training Program and Education Program for Immunization Competencies | rxBriefCase (Advancing Practice) and the Memorial University School of Pharmacy | |
| Canada | The Continuing Professional Development for Pharmacists - Immunization and Injection Training Program and Education Program for Immunization Competencies | rxBriefCase (Advancing Practice) and the University of Saskatchewan Continuing Professional Development for Pharmacists | |
| British Columbia | Intranasal Immunization Drug Administration Module | College of Pharmacists of British Columbia | |
| Canada | Cardiopulmonary Resuscitation | St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training | |
| Canada | First Aid | St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training | |
| **PHARMACY TECHNICIAN REGISTRATION** | | | |
| **Location** | **Recognized Pharmacy Education Program** | **Recognized Education Programs** | **Location** |
| British Columbia | Certificate Program accredited by the Canadian Council for Accrediation of Pharmacy Programs (CCAPP) | CDI College | Burnaby |
| | | ~~Insignia College of Health and Business~~ | ~~Victoria~~ |
| | | ~~MTI Community College~~ | ~~Surrey~~ |
| | | Okanagan College | Kelowna |
| | | Selkirk College | Castlegar |
| | | Stenberg College (previouslyThompson Career College) | Kamloops |
| | | Stenberg College | Surrey |
| | | Vancouver Community College | Vancouver |

College of Pharmacists of British Columbia

# BOARD MEETING
# February 15, 2019

## 6. Legislation Review Committee
## c) Recognized Pharmacy Education Programs

# DECISION REQUIRED

## Recommended Board Motion:

*Approve the proposed housekeeping amendments to Schedule "C" of the Health Professions Act Bylaws on Recognized Education Programs for public posting, as circulated.*

## Purpose

To approve proposed housekeeping amendments to *Health Professions Act* (HPA) Bylaws Schedule "C" Recognized Education Programs, for public posting.

## Background

Multiple sections of the HPA Bylaws require that potential registrants obtain specific educational credentials from recognized programs in order to be registered with the College. In addition, specific educational credentials are required for pharmacists seeking certification for drug administration (i.e., injection/intranasal drug administration authority).

Maintaining a current list of recognized pharmacy and pharmacy technician education programs, including programs for injection/intranasal drug administration authority, enables the College to ensure registrants are appropriately registered with the College and certified to practice.

Schedule "C" under the HPA Bylaws lists recognized pharmacy education programs in Canada and the United States, injection/intranasal drug administration programs, and recognized pharmacy technician programs in British Columbia.

## Discussion

Due to the development of new pharmacy education programs, program name changes and the discontinuation of certain programs, from time to time it is necessary to amend Schedule "C" to accurately reflect those changes. As such, Schedule "C" has been amended to remove outdated content and reflect current program names (see Appendix 1).

## Recommendation

The Legislation Review Committee recommends that the Board approve the proposed housekeeping amendments to Schedule “C” of the HPA Bylaws, for public posting.

## Next Steps

If approved by the Board, the amended Schedule “C” of the HPA Bylaws will be publicly posted for comment for a 90-day period. All feedback received will be reviewed and is expected to be brought forward to the June 2019 Board meeting. At that time, the Board is expected to consider whether to file the proposed Schedule “C” with the Ministry of Health for a 60-day period, after which the changes will take effect.

| **Appendix** | |
|---|---|
| 1 | Amendments to HPA Bylaws – Schedule C (track changes and clean copy) |

## SCHEDULE OF AMENDMENTS

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended by repealing and replacing Schedule C – Recognized Education Programs, as follows:

**College of Pharmacists of B.C.**
**HPA Bylaw - Schedule C**
**RECOGNIZED EDUCATION PROGRAMS**

| **FULL PHARMACIST REGISTRATION** | | | |
|---|---|---|---|
| **Location** | **Recognized Pharmacy Education Program** | **Recognized Universities** | **Location** |
| Canada | Baccalaureate or Pharm.D (entry level) Pharmacy Program accredited by the Canadian Council for Accrediation of Pharmacy Programs (CCAPP) | Dalhousie University, College of Pharmacy | Halifax, Nova Scotia |
| | | Memorial University of Newfoundland | St. John's, Newfoundland |
| | | Université de Montréal, Faculte de pharmacie | Montreal, Quebec |
| | | Universite Laval, Faculte de phamacie | Quebec, Quebec |
| | | University of Alberta, Faculty of Pharmacy and Pharmaceutical Sciences | Edmonton, Alberta |
| | | University of British Columbia, Faculty of Pharmaceutical Sciences | Vancouver, B.C. |
| | | University of Manitoba, Faculty of Pharmacy | Winnipeg, Manitoba |
| | | University of Toronto, Leslie L. Dan Faculty of Pharmacy | Toronto, Ontario |
| | | University of Saskatchewan, College of Pharmacy and Nutrition | Saskatoon, Saskatchewan |
| | | University of Waterloo, School of Pharmacy | Kitchener, Ontario |
| United States | Baccalaureate or Pharm.D (entry level) Pharmacy Program accredited by the Accreditation Council for Pharmacy Education (ACPE) | Albany College of Pharmacy and Health Sciences | New York |
| | | Appalachian College of Pharmacists | Virginia |
| | | Auburn University Harrison School of Pharmacy | Alabama |
| | | Belmont University School of Pharmacy | Tennessee |
| | | Butler University College of Pharmacy and Health Sciences | Indiana |
| | | California Northstate University College of Pharmacy | California |
| | | Campbell University School of Pharmacy and Health Sciences | North Carolina |
| | | Cedarville University School of Pharmacy | Ohio |
| | | Chicago State University College of Pharmacy | Illinois |
| | | Concordia University School of Pharmacy | Wisconsin |
| | | Creighton University Medical Center School of Pharmacy and Health Professions | Nebraska |
| | | Drake University College of Pharmacy and Health Sciences | Iowa |
| | | Duquesne University Mylan School of Pharmacy | Pennsylvania |
| | | D'Youville College School of Pharmacy | New York |

| | |
|---|---|
| East Tennessee State University Bill Gatton College of Pharmacy | Tennessee |
| Fairleigh Dickinson University School of Pharmacy | New Jersey |
| Ferris State University College of Pharmacy | Michigan |
| Florida Agricultural & Mechanical University College of Pharmacy and Pharmaceutical Sciences | Florida |
| Hampton University School of Pharmacy | Virginia |
| Harding University College of Pharmacy | Arkansas |
| Howard University College of Pharmacy | Washington, D.C. |
| Husson University School of Pharmacy | Maine |
| Idaho State University College of Pharmacy | Idaho |
| Lake Erie College of Osteopathic Medicine School of Pharmacy | Pennsylvania |
| Lipscomb University College of Pharmacy and Health Sciences | Tennessee |
| Loma Linda University School of Pharmacy | California |
| Long Island University Arnold and Marie Schwartz College of Pharmacy and Health Sciences | New York |
| Manchester University College of Pharmacy | Indiana |
| Marshall University School of Pharmacy | West Virginia |
| MCPHS University School of Pharmacy-Worcester | Massachusetts |
| MCPHS University School of Pharmacy-Boston | Massachusetts |
| Mercer University College of Pharmacy & Health Sciences | Georgia |
| Midwestern University Chicago College of Pharmacy | Illinois |
| Midwestern University College of Pharmacy-Glendale | Arizona |
| North Dakota State University College of Pharmacy, Nursing and Allied Sciences | North Dakota |
| Northeast Ohio Medical University College of Pharmacy | Ohio |
| Northeastern University Bouve' College of Health Sciences School of Pharmacy | Massachusetts |
| Notre Dame of Maryland University School of Pharmacy | Maryland |
| Nova Southeastern University College of Pharmacy | Florida |
| Ohio Northern University College of Pharmacy | Ohio |
| Ohio State University College of Pharmacy | Ohio |
| Oregon State University College of Pharmacy | Oregon |
| Pacific University School of Pharmacy | Oregon |
| Palm Beach Atlantic University Lloyd L. Gregory School of Pharmacy | Florida |
| Philadelphia College of Osteopathic Medicine School of Pharmacy | Pennsylvania |
| Presbyterian College School of Pharmacy | South Carolina |
| Purdue University College of Pharmacy | Indiana |
| Regis University School of Pharmacy | Colorado |
| Roosevelt University College of Pharmacy | Illinois |

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|---|---|
| Rosalind Franklin University of Medicine and Science College of Pharmacy | Illinois |
| Roseman University of Health Sciences College of Pharmacy | Nevada |
| Rutgers, the State University of New Jersey Ernest Mario School of Pharmacy | New Jersey |
| Samford University McWhorter School of Pharmacy | Alabama |
| Shenandoah University Bernard J. Dunn School of Pharmacy | Virginia |
| South Carolina College of Pharmacy | South Carolina |
| South College School of Pharmacy | Tennessee |
| South Dakota State University College of Pharmacy | South Dakota |
| South University School of Pharmacy | Georgia |
| Southern Illinois University Edwardsville School of Pharmacy | Illinois |
| Southwestern Oklahoma State University College of Pharmacy | Oklahoma |
| St. John Fisher College Wegmans School of Pharmacy | New York |
| St. John's University College of Pharmacy and Health Science | New York |
| St. Louis College of Pharmacy | Missouri |
| Sullivan University College of Pharmacy | Kentucky |
| Temple University School of Pharmacy | Pennsylvania |
| Texas A & M University Health Science Center Irma Lerma Rangel College of Pharmacy | Texas |
| Texas Southern University College of Pharmacy and Health Sciences | Texas |
| Texas Tech University Health Sciences Center School of Pharmacy | Texas |
| Thomas Jefferson University Jefferson School of Pharmacy | Pennsylvania |
| Touro New York College of Pharmacy | New York |
| Touro University - California College of Pharmacy | California |
| Union University School of Pharmacy | Tennessee |
| University at Buffalo The State University of New York School of Pharmacy & Pharmaceutical Sciences | New York |
| University of Arizona College of Pharmacy | Arizona |
| University of Arkansas for Medical Sciences College of Pharmacy | Arkansas |
| University of California, San Diego Skaggs School of Pharmacy & Pharmaceutical Sciences | California |
| University of California, San Francisco School of Pharmacy | California |
| University of Charleston School of Pharmacy | West Virginia |
| University of Cincinnati James L. Winkle College of Pharmacy | Ohio |
| University of Colorado Anschutz Medical Campus Skaggs School of Pharmacy and Pharmaceutical Sciences | Colorado |
| University of Connecticut School of Pharmacy | Connecticut |
| University of Findlay College of Pharmacy | Ohio |

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| University of Florida College of Pharmacy | Florida |
| University of Georgia College of Pharmacy | Georgia |
| University of Hawaii at Hilo Daniel K. Inouye College of Pharmacy | Hawaii |
| University of Houston College of Pharmacy | Texas |
| University of Illinois at Chicago College of Pharmacy | Illinois |
| University of Iowa College of Pharmacy | Iowa |
| University of Kansas School of Pharmacy | Kansas |
| University of Kentucky College of Pharmacy | Kentucky |
| University of Louisiana at Monroe College of Pharmacy | Louisiana |
| University of Maryland Eastern Shore School of Pharmacy | Maryland |
| University of Maryland School of Pharmacy | Maryland |
| University of Michigan College of Pharmacy | Michigan |
| University of Minnesota College of Pharmacy | Minnesota |
| University of Mississippi School of Pharmacy | Mississippi |
| University of Missouri-Kansas City School of Pharmacy | Missouri |
| University of Montana College of Health Professions and Biomedical Sciences Skaggs School of Pharmacy | Montana |
| University of Nebraska Medical Center College of Pharmacy | Nebraska |
| University of New England College of Pharmacy | Maine |
| University of New Mexico College of Pharmacy | New Mexico |
| University of North Carolina Eshelman School of Pharmacy | North Carolina |
| University of Oklahoma College of Pharmacy | Oklahoma |
| University of Pittsburgh School of Pharmacy | Pennsylvania |
| University of Puerto Rico Medical Sciences Campus School of Pharmacy | Puerto Rico |
| University of Rhode Island College of Pharmacy | Rhode Island |
| University of Saint Joseph School of Pharmacy | Connecticut |
| University of Southern California School of Pharmacy | California |
| University of South Florida School of Pharmacy | Florida |
| University of Tennessee Health Science Center College of Pharmacy | Tennessee |
| University of Texas at Austin College of Pharmacy | Texas |
| University of the Incarnate Word Feik School of Pharmacy | Texas |
| University of the Pacific Thomas J. Long School of Pharmacy & Health Sciences | California |
| University of the Sciences Philadelphia College of Pharmacy | Pennsylvania |
| University of Toledo College of Pharmacy and Pharmaceutical Sciences | Ohio |
| University of Utah College of Pharmacy | Utah |
| University of Washington School of Pharmacy | Washington |
| University of Wisconsin-Madison School of Pharmacy | Wisconsin |

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| | | University of Wyoming School of Pharmacy | Wyoming |
| | | Virginia Commonwealth University at the Medical College of Virginia Campus School of Pharmacy | Virginia |
| | | Washington State University College of Pharmacy | Washington |
| | | Wayne State University Eugene Applebaum College of Pharmacy and Health Sciences | Michigan |
| | | West Virginia University School of Pharmacy | West Virginia |
| | | Western New England University College of Pharmacy | Massachusetts |
| | | Western University of Health Sciences College of Pharmacy | California |
| | | Wilkes University Nesbitt College of Pharmacy & Nursing School of Pharmacy | Pennsylvania |
| | | Wingate University School of Pharmacy | North Carolina |
| | | Xavier University of Louisiana College of Pharmacy | Louisiana |
| **CERTIFIED PRACTICE - CERTIFICATION OF PRACTISING PHARMACISTS FOR DRUG ADMINISTRATION BY INJECTION AND INTRANASAL ROUTE** | | | |
| **Location** | **Recognized Pharmacy Education Program** | **Recognized Providers** | |
| Canada | Injection and Immunization training as part of a Baccalaureate or Pharm.D (entry level) pharmacy program accredited by the Canadian Council of Accrediation of Pharmacy Programs | | |
| British Columbia | Immunization Competency Program for BC Health Professionals and Administration of Injections Accredited Program Practical Administration of Injections for BC Pharmacists | BC Pharmacy Association | |
| Canada | Administering Injections and Immunizations Preparation Course - Part 1 and Part 2 | Alberta Pharmacists' Association | |
| Canada | Injections and Immunizations Certificate Program | Ontario Pharmacists' Association | |

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| Canada | Injectable Medication and Vaccine Administration Training Program for Pharmacists | Pear Healthcare Solutions Inc. | |
| Canada | Practical Training for the Immunization Competencies Education Program, Moduce 15 - Essential Competencies for Injection of Other Substances and Education Program for Immunization Competencies | rxBriefCase (Advancing Practice) | |
| Canada | Administration of Injections Practical Skills Workshop for Manitoba Pharmacists and Manitoba Module: Administration of Injections and Education Program for Immunization Competencies | rxBriefCase (Advancing Practice) and College of Pharmacists of Manitoba | |
| Canada | Theory and Technique in Administration of Injections - A Course for Practicing Pharmacists and Education Program for Immunization Competencies | rxBriefCase (Advancing Practice), University of Toronto Leslie Dan College of Pharmacy | |
| Canada | Immunization and Injection Administration Training Program (IIATP) | Dalhousie Continuing Pharmacy Education | |
| Canada | Memorial University Injection & Immunization Live Training Program and Education Program for Immunization Competencies | rxBriefCase (Advancing Practice) and the Memorial University School of Pharmacy | |
| Canada | The Continuing Professional Development for Pharmacists - Immunization and Injection Training Program and Education Program for Immunization Competencies | rxBriefCase (Advancing Practice) and the University of Saskatchewan Continuing Professional Development for Pharmacists | |
| British Columbia | Intranasal Immunization Drug Administration Module | College of Pharmacists of British Columbia | |
| Canada | Cardiopulmonary Resuscitation | St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training | |

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|---|---|---|---|
| Canada | First Aid | St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training | |
| **CERTIFIED PRACTICE - RECERTIFICATION OF PRACTISING PHARMACISTS FOR DRUG ADMINISTRATION BY INJECTION AND INTRANASAL ROUTE** | | | |
| **Location** | **Recognized Pharmacy Education Program** | **Recognized Providers** | |
| British Columbia | Immunization Competency Program for BC Health Professionals and Administration of Injections Accredited Program Practical Administration of Injections for BC Pharmacists | BC Pharmacy Association | |
| Canada | Administering Injections and Immunizations Preparation Course - Part 1 and Part 2 | Alberta Pharmacists' Association | |
| Canada | Injections and Immunizations Certificate Program | Ontario Pharmacists' Association | |
| Canada | Injectable Medication and Vaccine Administration Training Program for Pharmacists | Pear Healthcare Solutions Inc. | |
| Canada | Practical Training for the Immunization Competencies Education Program, Module 15 - Essential Competencies for Injection of Other Substances and Education Program for Immunization Competencies Education Program | rxBriefCase (Advancing Practice) | |
| Canada | Administration of Injections Practical Skills Workshop for Manitoba Pharmacists and Manitoba Module: Administration of Injections and Education Program for Immunization Competencies | rxBriefCase(Advancing Practice) and College of Pharmacists of Manitoba | |

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|---|---|---|---|
| Canada | Theory and Technique in Administration of Injections - A Course for Practicing Pharmacists | rxBriefCase (Advancing Practice) and the University of Toronto Leslie Dan College of Pharmacy | |
| Canada | Immunization and Injection Administration Training Program (IIATP) | Dalhousie Continuing Pharmacy Education | |
| Canada | Memorial University Injection & Immunization Live Training Program and Education Program for Immunization Competencies | rxBriefCase (Advancing Practice) and the Memorial University School of Pharmacy | |
| Canada | The Continuing Professional Development for Pharmacists - Immunization and Injection Training Program and Education Program for Immunization Competencies | rxBriefCase (Advancing Practice) and the University of Saskatchewan Continuing Professional Development for Pharmacists | |
| British Columbia | Intranasal Immunization Drug Administration Module | College of Pharmacists of British Columbia | |
| Canada | Cardiopulmonary Resuscitation | St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training | |
| Canada | First Aid | St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training | |
| **PHARMACY TECHNICIAN REGISTRATION** | | | |
| **Location** | **Recognized Pharmacy Education Program** | **Recognized Education Programs** | **Location** |
| British Columbia | Certificate Program accredited by the Canadian Council for Accrediation of Pharmacy Programs (CCAPP) | CDI College | Burnaby |
| | | Okanagan College | Kelowna |
| | | Selkirk College | Castlegar |
| | | Stenberg College (previouslyThompson Career College) | Kamloops |
| | | Stenberg College | Surrey |
| | | Vancouver Community College | Vancouver |

College of Pharmacists of British Columbia

# BOARD MEETING
# June 14, 2019

## 9. Legislation Review Committee
## e) Telepharmacy Licence Requirements – Removal of Schedule "C" and "E"

# DECISION REQUIRED

## Recommended Motion:

Approve the following resolution to amend the bylaws made under the *Pharmacy Operations and Drug Scheduling Act* relating to telepharmacy licence requirements:

*"RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act ("PODSA"), and subject to the requirements in section 21(4) of PODSA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under PODSA relating to telepharmacy licence requirements and the removal of Schedules "C" and "E", for filing with the Minister of Health, as set out in the schedules attached to this resolution."*

## Purpose

To approve proposed amendments to the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws with respect to the following:

- Amending the PODSA Bylaws to replace references to Schedules "C" and "E" with a reference to physical requirements; and,
- Repeal Schedules "C" and "E" under the PODSA Bylaws.

## Background

The PODSA Bylaws outline requirements for pharmacy licensure, including telepharmacies. As part of the licensure process, an applicant for a new telepharmacy licence must provide a diagram, photos and videos of the proposed site to demonstrate that it complies with the physical requirements for a telepharmacy as outlined in the College's Bylaws and policies. This is consistent with the process for a new community pharmacy licence.

Currently, s.12(c) and (e) of the PODSA Bylaws requires that new telepharmacy applications include diagrams, photos and videos confirming compliance with Schedules "C" and "E", where appropriate, under the PODSA Bylaws. Schedules "C" and "E" are lists of all existing relevant

physical requirements for telepharmacies throughout the College's Bylaws and policies. As such, when telepharmacy physical requirements are amended, the Schedules must also be consequentially amended. This requires public posting and filing with the Ministry of Health every time a relevant amendment is made.

There are no similar Schedules for applicants for new community pharmacies. Instead, s.3(2)(c) and (e) under the PODSA Bylaws requires that new community pharmacy applications include diagrams, photos and videos "…demonstrating compliance with the physical requirements in the bylaws and applicable policies". Detailed information on how to submit a community pharmacy application is outlined on the College website.

Due to the issues noted above, in fall 2018, draft amendments to the PODSA Bylaws were made regarding telepharmacy licensure and Schedules "C" and "E" (see Appendix 1 and 2).

## Discussion

**Public Posting of Proposed Telepharmacy Licensure Amendments.**

At their November 2018 meeting, the Board approved publicly posting amendments to the PODSA Bylaws to require that telepharmacy applicants demonstrate compliance with the physical requirements in the bylaws and applicable policies, instead of referencing Schedules "C" and "E". The Board also approved posting the repeal of Schedules "C" and "E" (see Appendix 3). That public posting period ended on May 16, 2019.

During the public posting period, no comments were received. As such, no further revisions are recommended to the housekeeping amendments.

## Next Steps

As per section 21(4) of PODSA, the next step in the process to finalize the bylaws, is that they must be filed with the Minister of Health. The amended bylaws will come into effect 60 days after the filing date, in mid-August 2019, assuming that they are not disallowed by the Minister. The College would inform the public and registrants of the changes via communications tools, such as articles on the College's website and the pharmacy licensure guide.

## Recommendation

The Legislation Review Committee recommends that the Board approve the proposed amendments to the PODSA Bylaws regarding telepharmacy licensure and the repealing of Schedules “C” and “E” (by approving the schedule to the resolution in Appendix 4), for filing with the Minister of Health.

| Appendix | |
|---|---|
| 1 | PODSA Bylaws (proposed amendments in track changes) |
| 2 | Schedules “C” and “E” (proposed to be repealed) |
| 3 | November 2018 Board meeting note on telepharmacy licensure |
| 4 | Schedules to the Resolution |

## *Pharmacy Operations and Drug Scheduling Act* - BYLAWS

### Table of Contents

**Commented [A1]:** Schedule "C" is proposed to be removed, and replaced by amended language outlined in section 12 of the PODSA Bylaws.

**Commented [A2]:** Schedule "E" is proposed to be removed, and replaced by amended language outlined in section 12 of the PODSA Bylaws.

3F. Application for Pharmacy Licence Reinstatement – Pharmacy Education Site
4. Application for Pharmacy Closure
5. Manager/Direct Owner/Indirect Owner – Proof of Eligibility
6. Manager/Direct Owner/Indirect Owner – Notice of Ineligibility
7. Indirect Owner – Email Contacts
8A. Application for Change of Direct Owner
8B. Application for Change of Indirect Owner(s)
8C. Application for Change of Manager
8D. Application for Change of Corporation Name
8E. Application for Change of Operating Name
8F. Application for Change of Location
8G. Application for Change of Layout
10. Pharmacy Pre-Opening Inspection Report – Community
11. Pharmacy Pre-Opening Inspection Report – Community Telepharmacy
12. Application for Telepharmacy Licence Renewal - Community

**Definitions**

1. In these bylaws:

**"*Act*"** means the *Pharmacy Operations and Drug Scheduling Act*;

**"attestation"** means the attestation referred to in section 2(2)(d)(ii) of the *Act*;

**"British Columbia Company Summary"** means a summary issued by the BC Corporate Registry Services;

**"central pharmacy"** means a community pharmacy that holds one or more telepharmacy licences;

**"Central Securities Register"** means the register maintained under section 111(1) of the *Business Corporations Act* [SBC 2002] C.57 as amended from time to time;

**"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;

**"criminal record history"** means the results of a criminal record search of Royal Canadian Mounted Police and local police databases, in the form approved by the board from time to time;

**"direct owner"** has the same meaning as in section 1 of the *Act*;

"**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 18(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 *Act*;

**"electronic signature"** means

(a) information in electronic form that a person has created or adopted in order to sign a record, other than with respect to a prescription signed by a full pharmacist

for the purpose of prescribing, that is in, attached to or associated with a record, is secure and is only reproducible and used by that person; and,

(b) with respect to a prescription signed by a full pharmacist for the purpose of prescribing, the electronic signature must meet the requirements of paragraph (a) and must be a unique mark personally applied by that pharmacist;

**"full pharmacist"** means a member of the college who is registered in the class of registrants established in section 41(a) of the Bylaws under the *Health Professions Act*;

**"health authority"** includes

(a) a regional health board designated under the *Health Authorities Act*,
(b) the Provincial Health Services Authority,
(c) First Nations Health Authority, and
(d) Providence Health Care Society.

**"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;*

**"indirect owner"** has the same meaning as in section 1 of the *Act*;

**"manager"** has the same meaning as in section 1 of the *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 Professions Act*;

**"pharmacy"** has the same meaning as in section 1 of the *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;
(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.

**"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;

**"record"** has the same meaning as the definition of record in Schedule 1 of the *Freedom of Information and Protection of Privacy Act*;

***"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 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*;

**"signature"** on a record means either a handwritten signature in ink or an electronic signature;

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

**"telepharmacy"** means a pharmacy located in a rural and remote community that is licenced to provide pharmacy services;

"**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.

## PART I – Pharmacy Licences

### Licence Types

2. (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.

### New Community Pharmacy Licence

3 (1) Applicants for a new community pharmacy licence must submit an application consistent with the type of ownership under section 5(2) of the *Act*.

(2) A direct owner may apply for a new community pharmacy licence by submitting:

(a) an application in Form 1A;

(b) the fee(s) 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 pharmacy, demonstrating compliance with the physical requirements in the bylaws and applicable policies;

(d) Form 10;

(e) photographs or video demonstrating compliance with the physical requirements in the bylaws and applicable policies; and

(f) a copy of the pharmacy's current business licence issued by the jurisdiction, if applicable.

(3) In addition to the requirements in subsection (2), a direct owner described in section 5(2)(b) or (c) of the *Act* must submit:

(a) Form 7;

(b) a copy of the power(s) of attorney, if applicable;

(c) a copy of the Certificate of Incorporation, and

(d) a copy of the Notice of Articles, or

(e) a copy of the British Columbia Company Summary, whichever is current;

(f) a certified true copy of the Central Securities Register if a direct owner is or includes a corporation that is not traded publicly; and

(g) a certified true copy of the Central Securities Register for a parent corporation if a direct owner is a subsidiary corporation.

(4) If an indirect owner is a company incorporated under the *Company Act* or the *Business Corporations Act* that is not traded publicly, the following must be submitted for that company:

(a) a copy of the power(s) of attorney, if applicable;

(b) a copy of the Certificate of Incorporation, and

(c) a copy of the Notice of Articles, or

(d) a copy of the British Columbia Company Summary, whichever is current; and

(e) a certified true copy of the Central Securities Register.

(5) Proof of eligibility in Form 5 and a criminal record history in accordance with section 14 must be submitted by the following:

(a) any pharmacist who is a direct owner described in section 5(2)(a) of the *Act*;

(b) indirect owner(s); and

(c) the manager.

**Community Pharmacy Licence Renewal**

4. (1) A direct owner may apply to renew a community pharmacy licence no later than 30 days prior to the expiry of the existing pharmacy licence by submitting:

(a) an application in Form 2A;

(b) the fee(s) specified in Schedule "A";

(c) a copy of the pharmacy's current business licence issued by the jurisdiction, if applicable; and

(d) a copy of the current British Columbia Company Summary, if a direct owner is or includes a corporation.

(2) At the time of the renewal application, an attestation in Form 5 must be submitted by:

(a) any pharmacist who is a direct owner described in section 5(2)(a) of the *Act*;

(b) indirect owner(s); and

(c) the manager.

(3) An application submitted later than 30 days prior to the expiry of the pharmacy licence is subject to the fee(s) specified in Schedule "A".

4.1. The first application to renew an existing licence, submitted after the *Pharmacy Operations and Drug Scheduling Amendment Act 2016* comes into force, is an application for a new community pharmacy licence under section 3 but the requirements in subsections 3(2)(c),(d) and (e) do not apply.

**Community Pharmacy Licence Reinstatement**

5. (1) A direct owner may apply to reinstate a community pharmacy licence that has been expired for 90 days or less by submitting:

(a) an application in Form 3A;

(b) the fee(s) specified in Schedule "A";

(c) a copy of the pharmacy's current business licence issued by the jurisdiction, if applicable; and

(d) a copy of the current British Columbia Company Summary, if the direct owner is or includes a corporation.

(2) At the time of the reinstatement application, an attestation in Form 5 must be submitted by:

(a) any pharmacist who is a direct owner described in section 5(2)(a) of the *Act*;

(b) indirect owner(s); and

(c) the manager.

5.1. The first application to reinstate an existing licence, submitted after the *Pharmacy Operations and Drug Scheduling Amendment Act 2016* comes into force, is an application for a new community pharmacy licence under section 3 but the requirements in subsections 3(2)(c),(d) and (e) do not apply.

**New Hospital Pharmacy Licence**

6. (1) Applicants for a new hospital pharmacy licence must submit an application consistent with the type of ownership under section 5(2) of the *Act*.

(2) A direct owner may apply for a new hospital pharmacy licence by submitting:

(a) an application in Form 1C;

(b) the fee(s) specified in Schedule "A"; and

(c) a diagram professionally drawn to a scale of ¼ inch equals 1 foot, including the measurements and entrances of the pharmacy, confirming compliance with Schedule "D".

(3) The manager must submit an attestation in Form 5 and a criminal record history in accordance with section 14.

(4) 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.

**Hospital Pharmacy Licence Renewal**

7. (1) A direct owner may apply to renew a hospital pharmacy licence no later than 30 days prior to the expiry of the existing pharmacy licence by submitting:

(a) an application in Form 2C; and

(b) the fee(s) specified in Schedule "A".

(2) At the time of the renewal application, the manager must submit an attestation in Form 5.

(3) An application submitted later than 30 days prior to the expiry of the pharmacy licence is subject to the fee(s) specified in Schedule "A".

7.1. The first application to renew an existing hospital licence, submitted after the *Pharmacy Operations and Drug Scheduling Amendment Act 2016* comes into force, is an application for a new hospital pharmacy licence under section 6 but the requirement in subsection 6(2)(c) does not apply.

**Hospital Pharmacy Licence Reinstatement**

8. (1) A direct owner may apply to reinstate a pharmacy licence that has been expired for 90 days or less by submitting:

(a) an application in Form 3C; and

(b) the fee(s) specified in Schedule "A".

(2) At the time of the reinstatement application, the manager must submit an attestation in Form 5.

8.1. The first application to reinstate an existing licence, submitted after the *Pharmacy Operations and Drug Scheduling Amendment Act* 2016 comes into force, is an application for a new hospital pharmacy licence under section 6 but the requirement in subsection 6(2)(c) does not apply.

**New Pharmacy Education Site Licence**

9. (1) Applicants for a new pharmacy education site licence must submit an application consistent with the type of ownership under section 5(2) of the *Act*.

(2) A direct owner may apply for a new pharmacy education site licence by submitting:

(a) an application in Form 1F; and

(b) the fee(s) specified in Schedule "A".

(3) The manager must submit an attestation in Form 5 and a criminal record history in accordance with section 14.

**Pharmacy Education Site Licence Renewal**

10. (1) A direct owner may apply to renew a pharmacy education licence no later than 30 days prior to the expiry of the existing pharmacy licence by submitting:

(a) an application in Form 2F; and

(b) the fee(s) specified in Schedule "A".

(2) At the time of the renewal application, the manager must submit an attestation in Form 5.

(3) An application submitted later than 30 days prior to the expiry of the pharmacy licence is subject to the fee(s) specified in Schedule "A".

10.1. The first application to renew an existing licence, submitted after the *Pharmacy Operations and Drug Scheduling Amendment Act* 2016 comes into force, is an application for a new pharmacy education site licence under section 9.

**Pharmacy Education Site Licence Reinstatement**

11. (1) A direct owner may apply to reinstate a pharmacy education site licence that has been expired for 90 days or less by submitting:

(a) an application in Form 3F; and

(b) the fee(s) specified in Schedule "A".

(2) At the time of the reinstatement application, the manager must submit an attestation in Form 5.

11.1. The first application to reinstate an existing licence, submitted after the *Pharmacy Operations and Drug Scheduling Amendment Act* 2016 comes into force, is an application for a new pharmacy education site licence under section 9.

**New Telepharmacy Licence**

12. A direct owner of a community pharmacy may apply for a new telepharmacy licence by submitting:

(a) an application in Form 2;

(b) the fee(s) 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, demonstrating

**Commented [A3]:** Proposed that Schedule "C" be removed and this requirement be amended to be more similar to s.3(2)(c) of the PODSA Bylaws. A checklist tool is be developed to help applicants understand what the applicable physical requirements are.

compliance with the physical requirements in the bylaws and applicable policies~~confirming compliance with Schedule "C"~~;

(d) Form 11;

(e) photographs or video demonstrating compliance with the physical requirements in the bylaws and applicable policies~~confirming compliance with Schedules "C" and "E"~~; and

(f) if applicable, a copy of the telepharmacy's business licence issued by the jurisdiction in which the telepharmacy is located.

**Commented [A4]:** Proposed that Schedules "C" and "E" be removed and this requirement be amended to be more similar to s.3(2)(e) of the PODSA Bylaws. A checklist tool is be developed to help applicants understand what the applicable physical requirements are.

**Telepharmacy Licence Renewal**

13. A direct owner may apply to renew a telepharmacy licence no later than 30 days prior to the expiry of the existing telepharmacy licence by submitting:

(a) an application in Form 12;

(b) the fee(s) specified 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.

**Criminal Record History of Direct Owner, Indirect Owner(s) and Manager**

14. A direct owner, indirect owner(s) and a manager must submit a criminal record history pursuant to section 5.1 of the *Act*, in the form approved by the board from time to time.

**Unlawful Operation**

15. (1) Pursuant to section 7(1) of the *Act*, persons listed in Schedule "B" are authorized under this bylaw to store, dispense or sell drugs or devices to the public.

(2) Pursuant to section 7(3) of the *Act*, the registrar may authorize the direct owner, indirect owner(s) or manager of an unlicensed pharmacy, or a full pharmacist to continue the operation of the pharmacy for a period not exceeding 90 days, for the limited purpose of transferring drugs and personal health information on the premises to another licenced pharmacy.

(3) On receiving a referral under section 16(6), the application committee may consider whether to authorize the operation of the pharmacy pursuant to section 7(3) of the *Act* pending a determination under section 4(4)(b) of the *Act* as to relevance or risk to the public.

**PART II - All Pharmacies**

**Change in Direct Owner, Indirect Owner(s) or Manager**

16. (1) If a direct owner changes, the registrar may issue a new pharmacy licence upon receipt of the following from the new direct owner:

(a) Form 8A;

(b) the fee(s) specified in Schedule "A";

(c) a copy of the pharmacy's current business licence issued by the jurisdiction, if applicable; and

(d) the documents listed in sections 3(3), 3(4) and 3(5) as applicable.

(2) If there is a change of indirect owner(s) the following must be submitted:

(a) Form 8B;

(b) the fee(s) specified in Schedule "A";

(c) a Notice of Change of Directors, if applicable;

(d) a certified true copy of the Central Securities Register, if there is a change of shareholder(s) of a non-publicly traded corporation; and

(e) the documents listed in sections 3(3), 3(4) and 3(5), as applicable.

(3) If the change in subsection (2) includes a new indirect owner(s), proof of eligibility in Form 5 and a criminal record history in accordance with section 14 must be submitted by the new indirect owner(s).

(4) If there is a change of manager, the registrar may issue a new pharmacy licence upon receipt of:

(a) Form 8C submitted by the direct owner;

(b) the fee(s) specified in Schedule "A"; and

(c) proof of eligibility in Form 5 and a criminal record history in accordance with section 14 submitted by the new manager.

(5) In the event that a direct owner, indirect owner(s) or manager is no longer eligible under section 3 of the *Act*, the direct owner, indirect owner(s) or manager must submit a notice in Form 6.

(6) On receipt of a Form 6 under subsection (5), the Registrar must refer the matter to the application committee who may act under sections 4(3), 4(4), 4(5) of the *Act*.

**Changes to the Pharmacy Premises and Name**

17. (1) If there is a change in the name of a corporation that is a direct owner the following must be submitted:

(a) Form 8D;

(b) the fee(s) specified in Schedule "A";

(c) a copy of the pharmacy's current business licence issued by the jurisdiction, if applicable; and

(d) a copy of the Alteration to the Notice of Articles.

(2) If there is a change in the name of a corporation that is an indirect owner, the following must be submitted:

(a) Form 8D;

(b) the fee(s) specified in Schedule "A"; and

(c) a copy of the Alteration to the Notice of Articles.

(3) If there is a change in the operating name of the pharmacy, the following must be submitted:

(a) Form 8E;

(b) the fee(s) specified in Schedule "A"; and

(c) a copy of the pharmacy's current business licence issued by the jurisdiction, if applicable.

(4) If there is a change in location of the pharmacy, the registrar may issue a new pharmacy licence upon receipt of the following from the direct owner:

(a) Form 8F;

(b) the fee(s) specified in Schedule "A"; and

(c) the requirements in section 3(2)(c), (d) and (e) for a community pharmacy, or

(d) the requirements in section 6(2)(c) for a hospital pharmacy; and

(e) a copy of the pharmacy's current business licence issued by the jurisdiction, if applicable.

(5) If there is a change in layout of the pharmacy, the direct owner must submit the following:

(a) Form 8G;

(b) the fee(s) specified in Schedule "A"; and

(c) a diagram, photographs or video to demonstrate the changes in layout in accordance with section 3(2)(c),(d) and (e) for a community pharmacy, or

(d) a diagram to demonstrate the changes in layout in accordance with section 6(2)(c) for a hospital pharmacy.

**Responsibilities of Manager, Direct Owners, Directors, Officers and Shareholders**

18. (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,

(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, and

(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;

(j.1) ensure that pharmacy records containing personal information about patients are secure from unauthorized access, use, disclosure, modification and destruction;

(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) provide for the safe transfer and appropriate storage of all Schedule I, II, and III drugs and controlled drug substances,

(ii) advise the registrar in writing of the disposition of all drugs and prescription records at the time of a closure,

(iii) 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,

(iv) 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

(v) remove all signs and advertisements from the closed pharmacy premises;

(u) in the event that a pharmacy will be closed temporarily for up to 14 consecutive days,

(i) notify patients and the public of the temporary closure at least 30 days prior to the start of the temporary closure, and

(ii) make arrangements for emergency access to the pharmacy's hard copy patient records.

(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 anyone 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) provide the registrar with access to the pharmacy premises in cases where a pharmacy licence has been cancelled or suspended due to loss of eligibility under section 3 of the *Act*;

(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 a direct owner and indirect owner(s) with their obligations under the bylaws to the *Act*; and

(cc) notify the registrar of any change of telephone number, fax number, electronic mail address or any other information previously provided to the registrar.

(3) Subsection (2)(p) does not apply to a hospital pharmacy, hospital pharmacy satellite, telepharmacy or a pharmacy education site.

(4) For the purpose of subsection (2)(t), a pharmacy closure includes a suspension of the pharmacy licence for a period of more than 30 days, unless otherwise directed by the registrar.

(5) Subsection (2)(aa) does not prevent a manager, direct owner or indirect owner(s) 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.

(6) 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.

(7) A pharmacy education site's manager must ensure that only registrants and instructors are present in the pharmacy education site and must also comply with subsections (2)(a), (d), (h), (o), (r) and (t)(i) and (ii).

(8) A direct owner, directors and officers must do all of the following:

(a) ensure compliance with subsections 2(d), (e), (g), (j), (k), (p), (p.1), (q), (z) and (aa);

(b) ensure that the requirements to hold a pharmacy licence under the Act are met at all times;

(c) notify the registrar of any change of name, address, telephone number, electronic mail address or any other information previously provided to the registrar; and

(d) in the event of a pharmacy closure under subsection 2(t), notify the registrar in writing at least thirty days before the effective date of proposed closure in Form 4.

(9) Shareholders must comply with subsections 2(d) and 8(c).

**Sale and Disposal of Drugs**

19. (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**

20. (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**

21. 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**

22. 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**

23. (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) Despite subsection (1), a registrant must not destroy prescriptions, patient records, invoices and documentation as described in subsection (1) until the completion of any audit or investigation for which the registrant has received notice.

(3) Registrants, support persons, managers, direct owners, and indirect 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.

23.1. (1) All records required to be kept under bylaws of the college or other legislation that regulates the practice of pharmacy shall be readable, complete, filed systematically and maintained in a manner that is secure, auditable and allows for easy retrieval.

(2) Notwithstanding subsection (1), a prescription record that is valid must be retrievable immediately.

(3) For purposes of subsection (2):

(a) prescriptions for oral contraceptives are valid for a period of up to two years from the prescribing date; and

(b) prescriptions other than for oral contraceptives are valid for a period of up to one year from the prescribing date.

(4) With respect to prescriptions for drugs included in the controlled prescription program, the original prescription form must be retained, regardless of whether or not such prescription form has also been stored electronically.

(5) Prescriptions stored electronically must accurately reflect the original prescription, including the original colour composition of that prescription.

23.2. (1) A pharmacy manager must ensure that a policy is in place that:

(a) describes the pharmacy's records filing system, the records format and the method and system for storing records,

(b) is compliant with the sections 23.1, 23.2 and 23.3 requirements; and

(c) is readily accessible to and understood by pharmacy staff.

(2) With respect to electronic records, the policy must include a description of the process for the preservation, storage and backing up of records that is compliant with section 23.3 requirements.

23.3. (1) A pharmacy may maintain electronic records containing personal health information if the pharmacy has the equipment, software and systems necessary for the input, storage, use, protection and retrieval of records that are required to be kept under bylaws of the college or other legislation that regulates the practice of pharmacy.

(2) For purposes of subsection (1), the equipment, software and systems must:

(a) be capable of storing the electronic records for the periods required by applicable law;

(b) keep the records secure from unauthorized access, use, disclosure, modification and destruction;

(c) for audit purposes, be capable of uniquely identifying each time an electronic record is accessed and modified;

(d) be capable of restricting the functions that may be used by an authorized person;

(e) be capable of tracing alterations to records by identifying the original entry, the identity of the individual who made the alteration and the date of the alteration;

(f) be capable of searching and sorting electronic prescription records chronologically, and by drug name, drug strength, patient, prescriber, prescription number and transaction number;

(g) ensure that electronic records can be stored, backed up and recovered in accordance with subsection (3); and,

(h) provide for a deliberate and auditable procedure to be carried out by the pharmacy manager or by an authorized person prior to the destruction of any electronic record that includes information identifying the pharmacy manager or authorized person who destroyed the record and the date, time and reason for its destruction.

(3) A pharmacy manager must ensure that electronic records are preserved and backed up at least once daily and that such electronically preserved and backed up records are stored:

(a) in a location resistant to environment perils including but not limited to fires and floods;

(b) so that they are secure from unauthorized access, use, modification, destruction and disclosure; and,

(c) in a manner that would enable the backed up records, once restored, to be compliant with section 23.1(1) requirements.

(4) Notwithstanding subsections (1), (2) and (3), a pharmacy that presently stores electronic records has six months from the date this section comes into effect to bring itself into full compliance with the requirements of subsections (1), (2) and (3).

## PART III – Community Pharmacies

**Community Pharmacy's Manager – Quality Management**

24. (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**

25. (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,

(f) contain an adequate stock of drugs to provide full dispensing services, and

(g) contain a refrigerator.

(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.

**Community Pharmacy and Telepharmacy Security**

26. (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 26(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 manager, direct owner or indirect owner(s) 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.

(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**

27. (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 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; and

(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**

28. (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 IV – Hospital Pharmacies

**Hospital Pharmacy's Manager – Quality Management**

29. (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**

30. (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 V – Telepharmacy**

**Telepharmacy Licence**

31. (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 listed in Schedule "F", the proposed telepharmacy does not have a licence as a community pharmacy,

(e) the central pharmacy applicant and the telepharmacy will have the same direct 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.

**Telepharmacy Operation**

31.1 (1) A telepharmacy must not remain open and prescriptions must not be dispensed without a full pharmacist physically present 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.

## PART VI – PharmaNet

### Application of Part

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

### Definitions

33. 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**

34. 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**

35. (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**

36. 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.

## PART VII – College

**Forms**

37. The Registrar may establish forms for the purposes of the *Act*.

**Use, Disclosure and Retention of Criminal Record History Information**

38. (1) The College may disclose criminal record history information only for the purpose of licensing pharmacies or for the purpose of regulating registrants (including for the discipline of registrants).

(2) The College must retain criminal record history information only for so long as is permitted by the applicable College records retention and disposal provisions established by the College.

**College of Pharmacists of B.C.**

**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)** | **Community Pharmacy: *PODSA Bylaws* s.18(2)(p)**<br>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. | **Telepharmacy: *PODSA Bylaws* s.18(2)(p.1)**<br>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.<br>**Telepharmacy: *PODSA Bylaws* s.31(1)(c)**<br>The registrar must not issue a telepharmacy licence to a central pharmacy unless the proposed operating name of the telepharmacy includes the word "telepharmacy". | (Entrance to the pharmacy) | ✓ |
| | **Hours of operation sign** | ***PODSA Bylaws* s.27(2)(f)**<br>The hours when a full pharmacist is on duty are posted. | | | ✓ |
| | **Professional products area for schedule 3 drugs (+ Lock and Leave barriers if the premises is opened for business while the pharmacy is closed)**<br>**OR N/A** | ***PODSA Drug Schedule Regulations* s.2(3)**<br>Schedule III drugs may be sold by a pharmacist to any person from the self-selection Professional Products Area of a licensed pharmacy.<br>***PODSA Bylaws* s.25(1)(a)**<br>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.<br>***PODSA Bylaws* s.18(2)(j)**<br>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. | | ✓ | ✓ |
| | **Signage at 25 feet from dispensary OR N/A** | ***PODSA Bylaws* s.25(1)(a)**<br>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. | | ✓ | ✓ |
| | **"Medication Information" Sign**<br>**OR N/A** | ***PODSA Bylaws* s.25(1)(b)**<br>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** | **Dispensary area** | ***PODSA Bylaws* s.25(2)(a)**<br>The dispensary area of a community pharmacy or a telepharmacy must be at least 160 square feet.<br>**Telepharmacy: *PODSA Bylaws* s.25(3)**<br>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. | | | ✓ |
| | **Gate/door at the entrance into the dispensary** | ***PODSA Bylaws* s.25(2)(b)**<br>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)**<br>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)**<br>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.25(4)**<br>In all new and renovated community pharmacies or telepharmacies, an appropriate area must be provided for patient consultation that | | ✓ | ✓ |

| Category | Item | Reference & Requirements | Diagram | Photo/Video |
|---|---|---|---|---|
| | | (a) ensures privacy and is conducive to confidential communication, and<br>(b) includes, but is not limited to, one of the following:<br>(i) a private consultation room, or<br>(ii) a semiprivate area with suitable barriers. | | |
| | **Dispensing counter and service counter** | ***PODSA Bylaws* s.25(2)(c)**<br>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.<br>**Telepharmacy: *PODSA Bylaws* s.25(3)**<br>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.34(b)**<br>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<br>(i) is only accessible to registrants and support persons,<br>(ii) is under the direct supervision of a registrant, and<br>(iii) does not allow information to be visible to the public, unless intended to display information to a specific patient. | ✓ | ✓ |
| | **Shelving** | ***PODSA Bylaws* s.25(2)(d)**<br>The dispensary area of a community pharmacy or a telepharmacy must contain adequate shelf and storage space. | ✓ | ✓ |
| **Security** | **Secure storage space** | ***PODSA Bylaws* s.25(5)**<br>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**<br>**OR**<br>**Safe Declaration** | ***PODSA Bylaws* s.26(1)(a)**<br>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.<br>***PPP-74 Policy Statement #4***<br>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.<br>***PODSA Bylaws* s.26(4)**<br>The manager, direct owner or indirect owners (s) 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.26(1)(b)**<br>A community pharmacy or telepharmacy must install and maintain a security camera system that:<br>(i) has date/time stamp images that are archived and available for no less than 30 days, and<br>(ii) is checked daily for proper operation.<br>***PPP-74 Policy Statement #4***<br>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.26(1)(c)**<br>A community pharmacy or telepharmacy must install and maintain motion sensors in the dispensary. | | ✓ |
| | **Monitored alarm OR N/A** | ***PODSA Bylaws* s.26(2)(a)**<br>When no full pharmacist is present and the premise is accessible to non-registrants, the dispensary area must be secured by a monitored alarm.<br>***PPP-74 Policy Statement #4***<br>Independent alarms for the dispensary are optional, when a full pharmacist is present at all times and the premise is accessible by non-registrants.<br>**Telepharmacy (in addition to the above):**<br>***PODSA Bylaws* s.26(2.2)**<br>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.<br>***PODSA Bylaws* s.31.1(3)**<br>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.26(2)(b)**<br>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.<br>***PPP-74 Policy Statement #4***<br>Physical barriers provide an additional layer of security and deter:<br>1. Unauthorized access to drugs, including but not limited to:<br>• All Schedule I, and II and, controlled drug substances and personal health information.<br>2. Unauthorized access to personal health information, including but not limited to: | ✓ | ✓ |

| Category | Item | Reference & Requirements | Diagram | Photo/Video |
|---|---|---|---|---|
| | | • Hard copies of prescriptions,<br>• Filled prescriptions waiting to be picked up, and/or<br>• Labels, patient profiles, and any other personal health information documents waiting for disposal.<br>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.<br>When a full pharmacist is present at all times, physical barriers are optional. | | |
| | | **Telepharmacy (in addition to the above):**<br>***PODSA Bylaws* s.26(2.2)**<br>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.<br>***PODSA Bylaws* s.31.1(3)**<br>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 & Reference** | **Double stainless steel sink** | ***PODSA Bylaws* s.25(2)(e)**<br>The dispensary area of a community pharmacy or a telepharmacy must contain a double stainless steel sink with hot and cold running water.<br>***PPP-59* Policy Statement #1**<br>The dispensary of all community pharmacies at a minimum must have the following equipment as per PODSA Bylaw 18(2)(w):<br>(n) double sink with running hot and cold water; | ✓ | ✓ |
| | **Equipment (basic):**<br>**1. Telephone**<br>**2. Refrigerator**<br>**3. Rx filing supplies**<br>**4. Rx balance**<br>**5. Metric weights**<br>**6. Glass graduates**<br>**7. Mortar**<br>**8. Pestle**<br>**9. Spatulas**<br>**10. Funnels**<br>**11. Stirring rods**<br>**12. Ointment slab/ parchment paper**<br>**13. Counting tray**<br>**14. Disposable drinking cups**<br>**15. Soap dispenser**<br>**16. Paper towel dispenser**<br>**17. Plastic/metal garbage containers**<br>**18. Plastic lining**<br>**19. Fax machine** | ***PODSA Bylaws* s.18(2)(w)**<br>The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.<br>***PPP-59* Policy Statement #1**;<br>The dispensary of all community pharmacies at a minimum must have the following equipment as per PODSA Bylaw 18(2)(w):<br>(a) telephone;<br>(b) refrigerator;<br>(c) prescription filing supplies;<br>***PPP-12* Policy Statement #3**<br>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.<br>(d) prescription balance having a sensitivity rating of 0.01;<br>(e) metric weights (10 mg to 50 g) for balances requiring weights or instruments with equivalent capability;<br>(f) metric scale glass graduates (a selection, including 10 ml size);<br>(g) mortar and pestle;<br>(h) Spatulas (metal and nonmetallic);<br>(i) funnels (glass or plastic);<br>(j) stirring rods (glass or plastic);<br>(k) ointment slab or parchment paper;<br>(l) counting tray;<br>(m) disposable drinking cups;<br>(o) soap dispenser and paper towel dispenser;<br>(p) plastic or metal garbage containers to be used with plastic liners;<br>(q) fax machine<br>***HPA Bylaws Schedule F Part 1 s. 7(1)(b)***<br>The facsimile equipment is located within a secure area to protect the confidentiality of the prescription information | ✓ Fridge only | ✓ |
| | **Equipment (Cold Chain)**<br>**1. Thermometer**<br>**2. Temperature log** | ***PPP-68* Policy Statement:**<br>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.<br>***Communicable Disease Control Immunization Program Section VI – Management of Biologicals (2015)* s.3.3.2**<br>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.<br>At the start and end of each work day, record the minimum and maximum temperatures reached since the last monitoring, on the Temperature Form.<br>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)**<br>**1. Calibrated device**<br>**2. Auxiliary labels**<br>**3. Containers for daily dose** | ***PPP-66 Policy Guide MMT (2013)* Principle 3.3.1**<br>Methadone doses must be accurately measured in a calibrated device that minimizes the error rate to no greater than 0.1 ml.<br>***PPP-66 Policy Guide MMT (2013)* Principle 3.3.1 Guidelines**<br>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. | | ✓ |

| Category | Item | Reference & Requirements | Diagram | Photo/Video |
|---|---|---|---|---|
| | **4. Patient/Rx Log**<br>**OR N/A** | ***PPP-66 Policy Guide MMT (2013)* Principle 4.1.6**<br>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.<br>***PPP-66 Policy Guide MMT (2013)* Principle 4.1.6 Guidelines**<br>Each dose must be dispensed in an individual, appropriately sized, child-resistant container.<br>***PPP-66 Policy Guide MMT (2013)* Principle 4.1.3**<br>Prior to releasing a methadone prescription the patient and pharmacist must acknowledge receipt by signing a patient/ prescription-specific log. | | |
| | **References (CPBC)**<br>**1. BC Pharmacy Practice Manual**<br>**2. ReadLinks** | ***PODSA Bylaws* s.18(2)(w)**<br>The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.<br>***PPP-3* Electronic Database References**<br>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.<br>***PPP-3* Policy Statement 1st Paragraph**<br>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)**<br>**1. Compendium**<br>**2. Complementary/ Alternative**<br>**3. Dispensatory**<br>**4. Drug Interactions**<br>**5. Nonprescription Medication (2x)**<br>**6. Medical Dictionary**<br>**7. Pregnancy and Lactation**<br>**8. Pediatrics**<br>**9. Therapeutics** | ***PODSA Bylaws* s.18(2)(w)**<br>The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.<br>***PPP-3* Electronic Database References**<br>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.<br>***PPP-3* Page 2**<br>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 18(2)(w).<br>[which are:<br>1. Compendium (current year);<br>2. Complementary/Alternative (within the last 4 years);<br>3. Dispensatory (within last 9 years);<br>4. Drug Interactions (in its entirety every 2 years, or continual updates);<br>5. Nonprescription Medication (most current issue of BOTH references required);<br>6. Medical Dictionary (within the last 15 years);<br>7. Pregnancy and Lactation (within the last 3 years);<br>8. Pediatrics (within the last 4 years);<br>9. Therapeutics (within last 4 years)] | | ✓ |
| | **References (if applicable)**<br>• **Veterinary**<br>• **Psychiatric**<br>• **Geriatric**<br>• **Specialty compounding**<br>• **Methadone**<br>○ **PPP-66**<br>○ **CSPBC**<br>○ **CAMH**<br>○ **Monograph**<br>**OR N/A** | ***PODSA Bylaws* s.18(2)(w)**<br>The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time.<br>***PPP-3* Electronic Database References**<br>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.<br>***PPP-3* Page 2**<br>In addition to the above list, pharmacies must be equipped with references relevant to their practices (e.g. Veterinary, Psychiatric, Geriatric).<br>***PPP-66* Required References**<br>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:<br>(1) CPBC Methadone Maintenance Treatment Policy Guide (2013) and subsequent revisions,<br>(2) most recent version of the CPSBC Methadone and Buprenorphine: Clinical Practice Guideline for Opioid Use Disorder,<br>(3) most current edition of Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorders, and<br>(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)***<br>At the time of dispensing, a prescription must include the following additional information:<br>(a) the address of the patient;<br>(b) the identification number from the practitioner's regulatory college;<br>(c) the prescription number;<br>(d) the date on which the prescription was dispensed;<br>(e) the manufacturer's drug identification number or the brand name of the product dispensed;<br>(f) the quantity dispensed. | | ✓ |

| Category | Item | Reference & Requirements | Diagram | Photo/Video |
|---|---|---|---|---|
| | | **Telepharmacy (in addition to the above):**<br>***PODSA Bylaws* s.31.1(4)**<br>Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy.<br>***PODSA Bylaws* s.31.1(4.1)**<br>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. | | |
| **Confidentiality** | **Shredder OR**<br>**Contract with a Document Destruction Company** | ***HPA Bylaws* s.75**<br>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.<br>***HPA Bylaws* s.78**<br>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. | | ✓ |
| | **Offsite Storage Contract**<br>**OR N/A** | ***HPA Bylaws* s.74(b)**<br>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. | | ✓ |
| **Inventory Management** | **Drug Receiving Area** | ***PODSA Bylaws* s.20(3)**<br>All drug shipments must be delivered unopened to the pharmacy or a secure storage area. | ✓ | ✓ |
| | **Drugs** | ***PODSA Bylaws* s.25(2)(f)**<br>The dispensary area of a community pharmacy or a telepharmacy must contain an adequate stock of drugs to provide full dispensing services. | | ✓ |
| | **Storage area for non-usable and expired drugs** | ***PODSA Bylaws* s.20(4)**<br>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**<br>**1. Single entity product**<br>**2. Multiple-entity product** | ***HPA Bylaws Schedule F Part 1* s.9(2)**<br>The label for all prescription drugs must include<br>(a) the name, address and telephone number of the pharmacy,<br>(b) the prescription number and dispensing date,<br>(c) the full name of the patient,<br>(d) the name of the practitioner,<br>(e) the quantity and strength of the drug,<br>(f) the practitioner's directions for use, and<br>(g) any other information required by good pharmacy practice.<br>***HPA Bylaws Schedule F Part 1* s.9(3)**<br>For a single-entity product, the label must include<br>(a) the generic name, and<br>(b) at least one of<br>(i) the brand name,<br>(ii) the manufacturer's name, or<br>(iii) the drug identification number (DIN).<br>***HPA Bylaws Schedule F Part 1* s.9(4)**<br>For a multiple-entity product, the label must include<br>(a) the brand name, or<br>(b) all active ingredients and at least one of<br>(i) the manufacturer's name or<br>(ii) the drug identification number (DIN). | | ✓ |
| | | **Telepharmacy (in addition to the above):**<br>***PODSA Bylaws* s.31.1(4)**<br>Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy.<br>***PODSA Bylaws* s.31.1(4.1)**<br>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)**<br>All drugs must be dispensed in a container that is certified as child-resistant unless…. | | ✓ |

| Category | Item | Reference & Requirements | Diagram | Photo/Video |
|---|---|---|---|---|
| **Pharmacy Manager's Responsibilities** | **Name Badge** | ***PODSA Bylaws* s.18(2)(m)**<br>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** | ***PODSA Bylaws* s.18(2)(g)**<br>A manager must establish policies and procedures to specify the duties to be performed by registrants and support persons.<br>***PODSA Bylaws* s.18(2)(h)**<br>A manager must establish procedures for<br>(i) inventory management,<br>(ii) product selection, and<br>(iii) proper destruction of unusable drugs and devices.<br>***PODSA Bylaws* s.18(2)(k)**<br>A manager must ensure there is a written drug recall procedure in place for pharmacy inventory.<br>***PODSA Bylaws* s.18(2)(q)**<br>A manager must establish and maintain policies and procedures respecting pharmacy security.<br>***PPP-74 Policy Statement #1***<br>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:<br>• Training,<br>• Pharmacy security equipment,<br>• Emergency responses,<br>• Incident review, and<br>• Pharmacy security evaluation<br>***PPP-74 Policy Statement #5***<br>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.<br>***PODSA Bylaws* s.24(1)(c)**<br>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<br>***HPA Bylaws* s.79**<br>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. | | ✓ (or document file) |
| | | **Telepharmacy (in addition to the above):**<br>***PODSA Bylaws* s.31.1(8)**<br>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. | | |

## 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)** | ***HPA Bylaws Schedule F Part 6 s.5(2)***<br>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.31.1(1)(a)**<br>A telepharmacy must not remain open and prescriptions must not be dispensed without a full pharmacist physically present 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 *Telepharmacy Standards of Practice*.<br>***PODSA Bylaws Definitions***<br>"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 18(2).<br>***HPA Bylaws Schedule F Part 6* s.3**<br>"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.<br>***HPA Bylaws Schedule F Part 6* s.4(3)**<br>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)**<br>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)**<br>All prescription processing must occur at the central pharmacy unless a full pharmacist is physically present on duty at the telepharmacy.<br>***HPA Bylaws Schedule F Part 6* s.6(2)**<br>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.31.1(1)(a)**<br>A telepharmacy must not remain open and prescriptions must not be dispensed without a full pharmacist physically present 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 *Telepharmacy Standards of Practice*.<br>***HPA Bylaws Schedule F Part 6* s.3**<br>"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.<br>***HPA Bylaws Schedule F Part 6* s.4(2)(a)**<br>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.<br>***HPA Bylaws Schedule F Part 6* s.4(4)**<br>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.<br>***HPA Bylaws Schedule F Part 6* s.4(5)**<br>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**<br>"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.<br>***HPA Bylaws Schedule F Part 6* s.4(2)(b)**<br>A supervising pharmacist must be readily available at all times when a telepharmacy is open to provide pharmacist/patient consultation.<br>***HPA Bylaws Schedule F Part 6* s.7**<br>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*. |
| | **Policy and procedure manual (document file acceptable)** | ***PODSA Bylaws* s.24(2)**<br>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.* |

College of Pharmacists of British Columbia

# BOARD MEETING
# November 23, 2018

## 4b.vii. Legislation Review Committee
## a) Telepharmacy Licence Requirements – Removal of Schedules "C" and "E"

# DECISION REQUIRED

## Recommended Motion:

Approve the following resolution:

*"RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act, and subject to the requirements in section 21(8) of the Pharmacy Operations and Drug Scheduling Act, the Board of the College of Pharmacists of BC approves the proposed draft bylaws of the College of Pharmacists of British Columbia relating to telepharmacy licence requirements and the removal of Schedules "C" and "E" for public posting, as circulated."*

## Purpose

To consider approval of the following for public posting purposes:

- Amending the *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws to replace references to Schedules "C" and "E" with a reference to physical requirements; and,
- Repeal Schedules "C" and "E" under the PODSA Bylaws.

## Background

The PODSA Bylaws outline requirements for pharmacy licensure, including telepharmacies. As part of the licensure process, an applicant for a new telepharmacy licence must provide a diagram, photos and videos of the proposed site to demonstrate that it complies with the physical requirements for a telepharmacy as outlined in the College's Bylaws and policies. This is consistent with the process for a new community pharmacy licence.

Currently, s.12(c) and (e) of the PODSA Bylaws requires that new telepharmacy applications include diagrams, photos and videos confirming compliance with Schedules "C" and "E", where appropriate, under the PODSA Bylaws. Schedules "C" and "E" are lists of all existing relevant physical requirements for telepharmacies throughout the College's Bylaws and policies.

There are no similar Schedules for applicants for new community pharmacies. Instead, s.3(2)(c) and (e) under the PODSA Bylaws requires that new community pharmacy applications include diagrams, photos and videos "…demonstrating compliance with the physical requirements in the bylaws and applicable policies". Detailed information on how to submit a community pharmacy application is outlined on the College website[1].

## Discussion

The use of Schedules "C" and "E" in the PODSA Bylaws pose the following key issues:

- When telepharmacy physical requirements are amended, the Schedules must also be consequentially amended. This requires public posting and filing with the Ministry of Health every time a relevant amendment is made.
- The use of Schedules "C" and "E" for telepharmacy applications is not consistent with the process for community pharmacies.

## Proposed Amendments

The proposed amendments involve repealing Schedules "C" and "E" and replacing references to them in the PODSA Bylaws (i.e., s.12(c) and (e)) with a requirement that applicants demonstrate compliance with the physical requirements in the bylaws and applicable policies. This is consistent with the approach for community pharmacy licence applicants.

For telepharmacy applicant convenience, a checklist can be created comprised of all relevant physical requirements in the Bylaws and policies. This checklist tool could be updated quickly, as it would not require public posting and filing should physical requirements change.

## Recommendation

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

[1] See: http://www.bcpharmacists.org/community-pharmacy

## Next Steps

If the Board approves the proposed bylaws for public posting, the approved amendments would then be publicly posted on the College's website for 90 days. If no substantive revisions are made to the draft bylaws, then at the April 2019 Board meeting, the College would propose that the draft bylaws be filed with the Ministry of Health.

If the bylaw amendments are approved for filing at the April 2019 Board meeting, the amended bylaws would come into force in June 2019. The College would inform its registrants of the changes via communications tools, such as ReadLinks articles and Frequently Asked Questions articles on the College's website.

| **Appendix** | |
|---|---|
| 1 | PODSA Bylaws (proposed amendments in track changes) |
| 2 | Schedules "C" and "E" (proposed to be repealed) |

**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 to clarify telepharmacy licensure requirements as follows:

1. Section 12.(c) is repealed and replaced with the following:

   (c) a diagram professionally drawn to a scale of ¼ inch equals 1 foot, including the measurements and entrances of the telepharmacy, demonstrating compliance with the physical requirements in the bylaws and applicable policies;

2. Section 12.(e) is repealed and replaced with the following:

   (e) photographs or video demonstrating compliance with the physical requirements in the bylaws and applicable policies; and

**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 two schedules: Schedule C and Schedule E.

College of Pharmacists of British Columbia

# 9. Legislation Review Committee

**Mona Kwong**

Chair of Legislation Review Committee

College of Pharmacists of British Columbia

# 9 a) Committee Updates

College of Pharmacists of British Columbia

# Committee Updates

## May 16, 2019 Meeting

- PODSA Modernization Phase Two Bylaw Amendments
- Repealing Multiple Professional Practice Policies
- Recognized Pharmacy Education Programs
- Telepharmacy Licence Requirements - Removal of Schedules "C" and "E"

College of Pharmacists of British Columbia

# Committee Update, continued

**Key Upcoming Committee Work**

- Review of any feedback and potential approval for filing of the following:
  - Committee Member Terms of Office
  - Authorizing the Register to Act under s.32(3) of the HPA
  - PODSA Fee Amendments

College of Pharmacists of British Columbia

# 9 b) PODSA Modernization Phase Two Bylaw Amendments

College of Pharmacists of British Columbia

# Project Background

- The College's Strategic Plan includes modernizing the requirements under PODSA. This initiative has two phases:
  - **Phase One** (July 2016 – April 2018) focused on new pharmacy ownership requirements, with significant process and system changes.

College of Pharmacists of British Columbia

# Project Background (continued)

***Phase One***

| | |
|---|---|
| **May 2016** | *Provincial Government Amended PODSA*<br>• Authorized the College to know the identity of all pharmacy owners, determine their suitability to own a pharmacy, and hold them accountable. |
| **May 2016 – April 2018** | The College developed amendments to the PODSA Bylaws and forms to operationalize the new Act. |
| **April 2018** | All changes came into effect. |

College of Pharmacists of British Columbia

# Project Background (continued)

- **Phase Two (May 2018 – March 2020) involves a review of legislative requirements and policies to ensure the following:**
  - Bylaws are clearer and duplication in Bylaws and policies is addressed.
  - Professional Practice Policies ("PPPs") are standardized and transitioned to Bylaw where needed.
  - Bylaws and PPPs have consistent writing style and structure.
- Our approach to the drafting of revisions seeks to be principle-based and incorporate "Right Touch Regulation".

College of Pharmacists of British Columbia

# Project Timeline

Major milestones and target dates:

- Public posting of proposed Bylaw amendments - ***June 2019***
- Filing of proposed Bylaw amendments - ***November 2019***
- Amendments to Bylaws and PPPs take effect - ***January 2020***
- Post-implementation support and communications – ***January - March 2020***

College of Pharmacists of British Columbia

# Project Scope - Scope Determination

- The proposed scope for PODSA Phase Two was informed by registrant and stakeholder feedback as well as Practice Review Program ("PRP") data.
- The scope was reviewed with the College Management Team, Legislation Review Committee and the Board in 2018.
- The Board reviewed the scope again at their April 2019 meeting.

College of Pharmacists of British Columbia

# Project Scope - Bylaws

**High Priorities:**

- Operation without a pharmacist
- Storage and offsite storage
- Responsibilities of pharmacy managers and owners
- Temporary pharmacy licences*
- Removal of forms *
- House-keeping/ consistency of writing style

**Medium Priorities:**

- Duty to respond to the College *
- PharmaNet requirements
- Community Telepharmacy Reinstatement Bylaws and forms
- Top Ten requirements not in compliance (from PRP data)

** Note that upon detailed analysis and consultation, we are no longer recommending changes in these areas.*

College of Pharmacists of British Columbia

# Stakeholder Engagement

Key activities include:

- Developing and meeting with an internal Working Group of subject matter experts on a regular basis;
- Holding external consultation sessions and issuing a comprehensive online survey to obtain feedback;
- Engaging with external legal counsel to draft the amendments; and,
- Meeting with the Ministry of Health.

College of Pharmacists of British Columbia

# Stakeholder Engagement, continued

| Date and Format | Topics | Invitees |
|---|---|---|
| **October 2018**: in-person (with teleconference option) | - Pharmacy operation without a pharmacist<br>- Storage requirements | - All College Committee members<br>- First Nations Health Authority<br>- 28 attendees |
| **Winter 2018**: teleconferences and emails | - Drug delivery<br>- Storage requirements | - Corporate pharmacy chains<br>- Canadian Association for Pharmacy Distribution Management |
| **November/December 2018**: online survey | - Multiple topics, including pharmacy manager responsibilities, storage, pharmacy operation without a pharmacist, disaster preparedness and temporary pharmacy licences. | - All registrants and key external stakeholders<br>- 360 responses |
| **February 2019**: in-person (with teleconference option) | - Depot shipments of medications | - Group of pharmacists who identified as using this delivery method.<br>- 3 attendees |

College of Pharmacists of British Columbia

# Stakeholder Engagement, continued

| Date and Format | Topics | Invitees |
|---|---|---|
| **March 2019**: teleconferences | - Depot shipments of medications | - Pharmacy regulatory authorities in Nova Scotia and Saskatchewan |
| **March 2019**: in-person (with teleconference option) | - Emergency preparedness, temporary pharmacy licences and pharmacy closures.<br>- Presentation on local emergency management. | - All College Committee members<br>- First Nations Health Authority<br>- Local emergency program coordinators<br>- 32 attendees |
| **March 2019**: teleconference | - Emergency preparedness<br>- Temporary pharmacy licences. | - Health Emergency Management B.C. |
| **April 2019**: teleconference | - PODSA Bylaw provisions related to PharmaNet. | - Ministry of Health |
| **May 2019**: in-person | - Briefing on all amendments | - Ministry of Health |

College of Pharmacists of British Columbia

# Proposed Key Bylaw Amendments

College of Pharmacists of British Columbia

# Operation Without a Pharmacist

**Background:**

- Needs to be updated to reflect modern pharmacy practice and align with other bylaws.

**Rationale:**

- Clearly permit pharmacy technicians to perform duties when pharmacists are not present.

College of Pharmacists of British Columbia

# Operation Without a Pharmacist, continued

**Key Changes:**

- New/Clarifications:
  - Pharmacy technicians can perform activities not requiring patient interaction.
  - Access to Schedule III drugs to be allowed if the larger premises that the pharmacy is located in, is closed to customers (to allow for stocking of Schedule III drugs, etc.).

- No longer permitted:
  - Dispensed prescriptions waiting for pickup cannot be kept outside the dispensary.
  - Requests for prescriptions, orders for Schedule II and III drugs and telephone requests from patients, cannot be accepted by non-registrants.

College of Pharmacists of British Columbia

# Storage and Offsite Storage

**Background:**

- Several provisions on storing drugs and records need to be reviewed together and updated.

**Rationale:**

- Align language used to describe storage conditions.
- Current descriptions of shelf and storage space have been confusing.
- With electronic record-keeping, less space may be needed for storing files.

College of Pharmacists of British Columbia

# Storage and Offsite Storage, continued

**Key Changes:**

- Use of terms such as “safe” and “secure” to describe storage conditions.
- Expired drugs to be stored separately and within the pharmacy.
- Off-site record storage to be secured from unauthorized access and monitored.
- Permit drug shipments to be delivered to a secured location, within the same premises that the pharmacy is located (e.g., loading docks).
- Remove requirement of 40 square feet storage space.

College of Pharmacists of British Columbia

# Responsibilities of Pharmacy Managers and Owners

**Background:**

- Several provisions are outdated and cause confusion for registrants.

**Rationale:**

- Language and intent of several provisions need clarification to avoid confusion, and updating to more principle-based language.
- Some requirements need better alignment with public safety risk.

College of Pharmacists of British Columbia

# Responsibilities of Pharmacy Managers and Owners, continued

**Key Changes:**

- More logical flow and grouped similar requirements for easier user navigation.
- Aligned the language for the manager's responsibility over the day-to-day operations with that in the Act.
- Managers are to confirm that staff registration status remains current.
- Remove requirement for manager to provide staff with updated drug information.

College of Pharmacists of British Columbia

# Responsibilities of Pharmacy Managers and Owners, continued

**Key Changes (continued):**

- Shorten the reporting period to the College from 48 hours to immediately when a manager no longer manages a pharmacy.
- Allow more flexibility in the pharmacy name (currently only operating name is permitted).
- Remove requirement for staff badges. Used more principle-based approach to ensure that the public can identify registrant class and non-registrant status of pharmacy staff.

College of Pharmacists of British Columbia

# Temporary Pharmacy Closures (PPP-46)

**Background and Rationale:**

- The Bylaws currently allow a temporary closure of up to 14 days.
- PPP-46 on temporary pharmacy closures outlines further requirements that need to be transitioned to bylaw.
- Existing requirements on temporary pharmacy closures may not be reasonable in the event of an emergency or unforeseen circumstance (e.g., may require more than 14 days to address).

College of Pharmacists of British Columbia

# Temporary Pharmacy Closures (PPP-46), continued

**Key Changes:**

- Created new provisions for *anticipated* and *unanticipated* temporary closure requirements.
- Anticipated temporary closures are up to 14 days.
- Unanticipated temporary closures are up to 90 days, to align with pharmacy reinstatement rules.
- The College will consider how best to provide any guidance for temporary closures via policy and communications tools.

College of Pharmacists of British Columbia

# PharmaNet Requirements

**Background:**

- PharmaNet Provisions need to be reviewed and updated to ensure alignment with the College's role.

**Rationale:**

- The College no longer administers PharmaNet. Certain existing requirements may not be within the College's jurisdiction.

College of Pharmacists of British Columbia

# PharmaNet Requirements, continued

**Key Changes:**

- Better align definitions with the *Pharmaceutical Services Act*.
- Remove requirement to maintain a computer system that is compliant with PharmaNet requirements.
- Maintain certain requirements for enforcement purposes.
- Remove provision regarding patient requests to correct information, as it duplicates a *Health Professions Act* Bylaw provision.
- Simplify the requirement on identifying patients, their representatives, registrants or practitioners.

College of Pharmacists of British Columbia

# Other Key Amendments:

**Community Telepharmacy Reinstatement Bylaws and Forms**

Create telepharmacy reinstatement requirements.

**Patient Representative**

Broaden the definition to allow for a wider range of representatives.

**Professional Practice Policies ("PPPs")**

Ground the following PPPs within the bylaws:

- Depot Shipments of Prescriptions (PPP-24)
- Pharmacy Disaster Preparedness (PPP-25)
- Cold Chain Management of Biologicals (PPP-68)
- Narcotic Counts and Reconciliations (PPP 65)

College of Pharmacists of British Columbia

# Proposed Timeline (subject to Board approval)

| Date | Action |
|---|---|
| **June to September 2019** | 90 day public posting period |
| **November 2019** | Board approval for filing bylaws with the Ministry of Health<br><br>Related PPPs will be brought forward for approval. |
| **January 2020** | Bylaws comes into force |

College of Pharmacists of British Columbia

# 9 b) PODSA Modernization Phase Two Bylaw Amendments

**MOTION:**

Approve the following resolution:

RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act and subject to the requirements in section 21(8) of Pharmacy Operations and Drug Scheduling Act, the Board of the College of Pharmacists of British Columbia approves the proposed draft bylaws relating to Phase Two of the PODSA Modernization initiative for public posting, as circulated.

College of Pharmacists of British Columbia

# 9 c) Repealing Multiple Professional Practice Policies

College of Pharmacists of British Columbia

# Background

- PODSA Modernization Phase Two includes a review of the existing suite of Professional Practice Policies ("PPPs") that fall under PODSA. This involves identifying which PPPs should:
  - Be transitioned to bylaw to strengthen them;
  - Be rescinded or transitioned to a guideline; and,
  - Remain as policies and reviewed to identify any needed revisions.
- Of the 11 PPPs reviewed:
  - 3 recommended for repeal (June 2019)
  - 8 recommended for amendment (November 2019)

College of Pharmacists of British Columbia

# Background

**Three PPPs recommended to be repealed (June 2019):**

- PPP-40 Repackaging Bulk Nonprescription Drugs;
- PPP-47 Operational Procedures for Complying with Benzodiazepines and Other Targeted Substances Regulation; and,
- PPP-72 Inquiry and Discipline Publication Policy.

**Eight PPPs recommended for amendments (November 2019):**

- PPP-24 Depot Shipments of Prescriptions
- PPP-25 Pharmacy Disaster Preparedness
- PPP-46 Temporary Pharmacy Closures
- PPP-54 Identifying Patients for PharmaNet Purposes
- PPP-59 Pharmacy Equipment
- PPP-65 Narcotic Counts and Reconciliations
- PPP-68 Cold Chain Management of Biologicals
- PPP-73 Validate Identification and College Registration Status for New Pharmacy Hires

College of Pharmacists of British Columbia

# Repealing PPP-40 Repackaging Bulk Nonprescription Drugs

PPP-40 sets out requirements for community pharmacy repackaging of bulk non-prescription drugs into smaller packages for sale.

It is recommended for repeal:

- This practice is regulated under the *Food and Drug Act* and *Regulation,* and requires a Health Canada-approved Drug Establishment Licence.
- Keeping the PPP would be misaligned with federal legislation.

College of Pharmacists of British Columbia

# Repealing PPP-47 Operational Procedures for Complying with Benzodiazepines and Other Targeted Substances Regulation

PPP-47 outlines operational procedures for complying with the Benzodiazepines and Other Targeted Substances Regulations and the *Controlled Drugs and Substances Act.*

It is recommended for repeal:

- PPP-47 duplicates federal legislation and includes some inconsistencies.
- Health Canada intends to propose amendments to the Benzodiazepines and Other Targeted Substances Regulations.
- Keeping the PPP would be misaligned with federal legislation.

College of Pharmacists of British Columbia

# Repealing PPP-72 Inquiry and Discipline Publication Policy

This policy states how the College will publish its inquiry and discipline results as well as citations.

It is recommended for repeal:

- PPP-72 should not be a professional practice policy:
  - PPPs are outward-facing: they provide the public and registrants with information on College requirements. However, PPP-72 does not set out any requirements on registrants.
- Most of the information in PPP-72 is available in other areas of the College's website.

College of Pharmacists of British Columbia

# 9 c) Repealing Multiple Professional Practice Policies

**MOTION:**

Repeal the following Professional Practice Policies, effective immediately:

- PPP-40 Repackaging Bulk Nonprescription Drugs
- PPP-47 Operational Procedures for Complying with Benzodiazepines and Other Targeted Substances Regulation
- PPP-72 Inquiry and Discipline Publication Policy

College of Pharmacists of British Columbia

# 9 d) Recognized Pharmacy Education Programs

College of Pharmacists of British Columbia

# Background

- Schedule “C” under the Health Professions Act (“HPA”) Bylaws lists recognized pharmacy education programs in Canada and the United States, injection and intranasal drug administration programs, and recognized pharmacy technician programs in British Columbia.

- Maintaining a current list of recognized pharmacy education programs enables the College to ensure registrants are appropriately registered with the College and certified to practice.

College of Pharmacists of British Columbia

# Background, continued

## February 2019 Board Meeting

- Board approval of publicly posting an updated Schedule “C”.

## Public Posting

- The public posting period ended in May 2019.
- No comments were received.

## June 2019 Board Meeting

- The Legislation Review Committee recommends that the Board approve filing the amendments with the Ministry of Health.

College of Pharmacists of British Columbia

# Proposed Timeline (subject to Board approval)

| Date | Action |
|---|---|
| **February to May 2019** | 90 day public posting period. |
| **June 2019** | Amended Schedule “C” brought forward for a 60 day filing period with the Ministry of Health. |
| **August 2019** | Amended Schedule “C” comes into force. |

College of Pharmacists of British Columbia

# 9 d) Recognized Pharmacy Education Programs

**MOTION:**

Approve the following resolution to amend Schedule "C" of the bylaws made under the Health Professions Act regarding Recognized Education Programs:

"RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act ("HPA"), and subject to the requirements in section 19(3) of HPA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under the HPA relating to Schedule "C" Recognized Education Programs, for filing with the Minister of Health, as set out in the schedule attached to this resolution."

College of Pharmacists of British Columbia

# 9 e) Telepharmacy Licence Requirements – Removal of Schedules “C” and “E”

College of Pharmacists of British Columbia

# Background

- Telepharmacy applicants must provide a diagram, photos and videos to demonstrate that the proposed site complies with the College's requirements.
  - Specifically, the PODSA Bylaws require that telepharmacy applicants demonstrate compliance with Schedules "C" and "E". Those schedules list all relevant physical requirements for telepharmacies in the Bylaws and policies.

College of Pharmacists of British Columbia

# Background, continued

- There are no similar Schedules for applicants for new community pharmacies. Instead, applicants must demonstrate "*…compliance with the physical requirements in the bylaws and applicable policies*".
- Detailed information on how to submit a community pharmacy application is outlined on the College website.

College of Pharmacists of British Columbia

# Background, continued

## November 2018 Board Meeting

- Board approved publicly posting amended PODSA Bylaws to align telepharmacy and community pharmacy application language.

## Public Posting

- The posting period was from February to May 2019.
- No comments were received.

## June 2019 Board Meeting

- The Legislation Review Committee recommends that the Board approve filing the amendments with the Ministry of Health.

College of Pharmacists of British Columbia

# Proposed Timeline (subject to Board approval)

| Date | Action |
|---|---|
| **February to May 2019** | 90 day public posting period. |
| **June 2019** | Amended telepharmacy licensure requirements to brought forward for a 60 day filing period with the Ministry of Health. |
| **August 2019** | Amended requirements comes into force. |

College of Pharmacists of British Columbia

# 9 e) Telepharmacy Licence Requirements – Removal of Schedules “C” and “E”

**MOTION:**

Approve the following resolution to amend the bylaws made under the Pharmacy Operations and Drug Scheduling Act relating to telepharmacy licence requirements:

“RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act (“PODSA”), and subject to the requirements in section 21(4) of PODSA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under PODSA relating to telepharmacy licence requirements and the removal of Schedules “C” and “E”, for filing with the Minister of Health, as set out in the schedules attached to this resolution.”

College of Pharmacists of British Columbia

# BOARD MEETING
# June 14, 2019

## 10. Governance Committee
## b) Revisions to the Governance Committee Terms of Reference

# DECISION REQUIRED

## Recommended Board Motion:

*Approve a revision to the responsibilities of the Governance Committee Terms of Reference, to include Board member evaluations.*

## Purpose

To approve a revision to the responsibilities of the Governance Committee Terms of Reference, to include Board member evaluations.

## Background

The Governance Committee is a Board established committee with a mandate to provide recommendations to the Board on matters relating to Board governance.

## Discussion

At its most recent meeting, the Governance Committee reviewed its current terms of reference. It recommends a change to the responsibilities section to include Board member evaluations, in addition to Board meeting evaluations. See Appendix 1 for the proposed amended Terms of Reference.

## Recommendation

The Governance Committee recommends that the Board approve the revision to the Governance Committee Terms of reference.

| Appendix | |
|---|---|
| 1 | Revised Governance Committee Terms of Reference (track changes) |

# GOVERNANCE COMMITTEE

## Background

The Board has established the Governance Committee.

## Authority

Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws s. 19.

## Mandate

To provide recommendations to the Board on matters relating to Board governance.

## Responsibilities

- Review Board policies and manuals and recommend revisions to these documents.
- Review and make recommendations regarding Board member orientation and ongoing development.
- Review and make recommendations on policies and practices related to the recruitment, election and/or appointment of Board and committee members.
- Provide advice and guidance on Board evaluations, including Board meeting evaluations and Board member evaluations.
- Assess and make recommendations regarding the governance-related needs of the Board.

## Reporting relationship

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

## Membership

- At least 3 but no more than 5 Board members appointed by the Board.
- Must include at least one public representative.

## Term of appointment

- Appointments are determined by the Board and will not exceed 3 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A member appointed to the committee ceases to be a member if they are no longer a Board member.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

## Committee officers

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

## Voting rights

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

## Meeting procedures

| | |
|---|---|
| *Schedule:* | At least three times annually to fulfill its mandate and responsibilities. |
| *Format:* | In person, by teleconference or by videoconference. |
| *Agenda:* | Developed by College staff in consultation with the committee chair with input from committee members. |
| *Attendees:* | Only Governance Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests. |
| *Quorum:* | A majority of the committee. |
| *Minutes:* | Drafted by College staff for review and approval at next committee meeting; filed at the College office. |
| *Secretariat Support:* | Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes. |

## Conflict-of-interest disclosure

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

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

## Confidentiality

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

## Remuneration

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

## Amendment to terms of reference

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

College of Pharmacists of British Columbia

# BOARD MEETING
# June 14, 2019

## 10. Governance Committee
## c) Revisions to the Drug Administration Committee Terms of Reference

# DECISION REQUIRED

## Recommended Board Motion:

*Approve a revision to the Drug Administration Committee Terms of Reference, to reflect the name change of the College of Registered Nurses of British Columbia to the British Columbia College of Nursing Professionals.*

## Purpose

To approve a revision to the Drug Administration Committee Terms of Reference to update the name of the regulatory college for nursing professionals in British Columbia.

## Discussion

At its most recent meeting, the Governance Committee reviewed the current terms of reference for existing committees. It recommends a revision to the Drug Administration Committee Terms of Reference, to reflect the recent name change of the College of Registered Nurses of British Columbia to the British Columbia College of Nursing Professionals. See Appendix 1 for the proposed amended Terms of Reference.

## Recommendation

The Governance Committee recommends that the Board approve the revision to the Drug Administration Committee Terms of Reference.

| Appendix | |
|---|---|
| 1 | Revised Drug Administration Committee Terms of Reference (track changes) |

# DRUG ADMINISTRATION COMMITTEE

## Background

The Board is required to establish a Drug Administration Committee.

## Authority

Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws sections 18 and 19; HPA Pharmacists Regulation.

## Mandate

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

## Responsibilities

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

## Reporting relationship

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

## Membership

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

## Term of appointment

Appointments are determined by the Board and will not exceed 3 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.

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

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

## Committee officers

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

## Voting rights

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

## Meeting procedures

| | |
|---|---|
| *Schedule:* | As required to fulfill mandate and responsibilities; to be determined at first meeting. |
| *Format:* | In person, by teleconference or by videoconference. |
| *Agenda:* | Developed by College staff in consultation with the committee chair with input from committee members. |
| *Attendees:* | Only Injection Drug Administration Committee members and College staff are entitled to attend committee meetings, unless specifically invited by the committee as a guest. |
| *Quorum:* | A majority of the committee. |
| *Minutes:* | Drafted by College staff for review and approval at next committee meeting; filed at the College office. |
| *Secretariat Support:* | Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes. |

## Conflict of interest disclosure

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

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

## Confidentiality

Members must declare conflicts of interest at any time a conflict of interest or potential conflict of interest arises.

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

## Remuneration

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

## Amendment to terms of reference

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

College of Pharmacists of British Columbia

# BOARD MEETING
# June 14, 2019

## 10. Governance Committee
## d) Revisions to the Application Committee Terms of Reference

# DECISION REQUIRED

## Recommended Board Motion:

*Approve a revision to the Application Committee Terms of Reference to remove a responsibility to establish sub committees and ad hoc working groups for Board appointment, to review, develop and administer and establish requirements for the purposes of the application process.*

## Purpose

To approve a revision to the Application Committee Terms of Reference regarding the Committee's responsibilities.

## Discussion

At its most recent meeting, the Governance Committee reviewed the current terms of reference for existing committees. It recommends a revision to the Application Committee Terms of Reference, to remove the following responsibility:

- Establish sub committees and ad hoc working groups for Board appointment, to review, develop and administer and establish requirements for the purposes of the application process.

The Application recommends removing the above-noted responsibility, as requirements of the application process are stated in legislation and are not subject to change. See Appendix 1 for the proposed amended Terms of Reference.

## Recommendation

The Governance Committee recommends that the Board approve the revisions to the Application Committee Terms of Reference.

| Appendix | |
|---|---|
| 1 | Revisions to the Application Committee Terms of Reference (track changes) |

# APPLICATION COMMITTEE

## Background

The Board is required to establish an Application Committee.

## Authority

Health Professions Act (HPA) sections 19(1)(t) and HPA Bylaws sections 15.2, 19 and 20.
Pharmacy Operations and Drug Scheduling Act (PODSA) sections 1, 4(2), 4(3), 4(4), 4(5), 4.1 and 5.1(b).

## Mandate

To review pharmacy licence applications that have been referred to the committee and determine whether to issue, renew or reinstate a licence with or without conditions.

## Responsibilities

- Review applications for a pharmacy licence as referred by the Registrar that do not meet the eligibility criteria defined in PODSA.
- Request additional information or evidence, if required to make a decision.
- Issue, renew or reinstate a pharmacy licence, with or without conditions, to applicants who satisfy the Application Committee they are eligible to hold a pharmacy licence.
- Refuse to issue, renew or reinstate a pharmacy licence, to applicants who do not satisfy the Application Committee that they are eligible to hold the pharmacy licence.
- Develop conditions with respect to issuing, renewing and reinstating a pharmacy licence.
- ~~Establish sub-committees and ad hoc working groups for Board appointment, to review, develop, administer and establish requirements for the purposes of the application process.~~
- Inform applicants, about the results of the licensure decision made by the Application Committee.

## Reporting relationship

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

## Membership

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

## Panels

- The committee may meet in panels of at least 3 persons but not more than 5 persons, and each panel must include at least 1/3 public representatives.
- The chair of the Application Committee must appoint the members of a panel and must designate a chair of the panel.
- The panel may exercise any power, duty or function of the Application Committee.

## Term of appointment

- Appointments are determined by the Board and will not exceed 3 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

## Committee officers

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

## Voting rights

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

## Meeting procedures

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

## Conflict-of-interest disclosure

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

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

## Confidentiality

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

## Remuneration

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

## Amendment to terms of reference

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

College of Pharmacists of British Columbia

# BOARD MEETING
# June 14, 2019

## 10. Governance Committee
## e) Establishment of the Past Chairs Advisory Committee

# DECISION REQUIRED

## Recommended Board Motion:

*Approve the establishment of the Past Chairs Advisory Committee with the terms of reference as circulated.*

## Purpose

To approve the establishment of the Past Chairs Advisory Committee.

## Background

In November of 2017, amendments to the *Health Professions Act* (HPA) Bylaws were made which changed the terms of office for elected Board members from two years to three years, and from a maximum of 3 consecutive terms to a maximum of 2 consecutive terms. To align with these changes, bylaws related to the College's election cycle were also amended[1]. The new terms of office and election cycle became effective in 2018.

## Discussion

As a result of these changes, new Board members have been appointed to the Board as the terms of the previous Board members ended. The Governance Committee has identified a need for knowledge sharing between the previous and current Board members to allow for appropriate knowledge transfer. The Governance Committee thereby proposes the establishment of a Past Chairs Advisory Committee with the mandate to provide advice and historical context on various issues as they arise and at the request of the current Board.

[1] Election Cycle, HPA Bylaw 7.1, *Commencing with the 2018 elections, elections shall follow a three-year cycle, pursuant to which board members from even-numbered electoral districts are elected in the first year of the cycle, board members from odd-numbered electoral districts are elected in the second year of the cycle, and no election is held in the third year of the cycle.*

To clarify the role of the Past Chairs Advisory Committee, a Terms of Reference for this Committee has been drafted. Please see Appendix 1 for the proposed Terms of Reference for the Past Chairs Advisory Committee.

## Recommendation

The Governance Committee recommends that the Board approve the establishment of the Past Chairs Advisory Committee and its Terms of Reference.

| **Appendix** | |
|---|---|
| 1 | Past Chairs Advisory Committee Terms of Reference |

# PAST CHAIRS ADVISORY COMMITTEE

## Background

The Board has established the Past Chairs Advisory Committee

## Authority

Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws s. 19.

## Mandate

To provide advice and historical context on various issues as they arise and at the request of the current Board.

## Authority & Limitations

The Past Chairs Advisory Committee has no authority, nor is the current Board under any obligation to follow the committee's advice. Committee members are not authorized to speak for the Board.

## Reporting relationship

The committee reports through the Chair to the Board. The committee must submit a report of its activities to the Board annually, or as required by the Board.

## Membership

- Membership is limited to those who have previously served on the Board as Chair and are willing to serve in a continued advisory capacity.
- At least 3 but no more than 5 Board members appointed by the Board.

## Term of appointment

- Appointments are determined by the Board and will not exceed 3 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three consecutive committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.
- The constitution of the committee will be reviewed every 5 years to determine whether there is a need for this committee.

## Committee officers

Board appoints a committee Chair and Vice-Chair from among the members of the committee. The Chair of the committee will be the current Immediate Past Chair

## Voting rights

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

## Meeting procedures

| | |
|---|---|
| *Schedule:* | The Past Chairs Advisory Committee will meet at the call of the current Immediate Past Chair, in response to a request of the Board as a whole. |
| *Format:* | In person, by teleconference or by videoconference. |
| *Agenda:* | Developed by College staff and the Board Chair in consultation with the committee chair with input from board members. |
| *Attendees:* | Only Past Chair Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests. |
| *Quorum:* | A majority of the committee. |
| *Minutes:* | Drafted by College staff for review and approval at next committee meeting; filed at the College office. |
| *Secretariat Support:* | Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes. |

## Conflict-of-interest disclosure

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

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

## Confidentiality

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

## Remuneration

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

## Amendment to terms of reference

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

College of Pharmacists of British Columbia

# BOARD MEETING
# June 14, 2019

## 10. Governance Committee
## f) Establishment of the Registrar Evaluation and Succession Planning Committee

# DECISION REQUIRED

## Recommended Board Motion:

*Approve the establishment of the Registrar Evaluation and Succession Planning Committee with the terms of reference as circulated.*

## Purpose

To approve the establishment of the Registrar Evaluation and Succession Planning Committee.

## Discussion

At its most recent meeting, the Governance Committee identified the need for committees to oversee the Registrar evaluation and Registrar succession planning process. The Governance Committee recommends the establishment of one committee to oversee both the ongoing evaluation of the Registrar and the Registrar succession planning process.

To clarify the role of the Registrar Evaluation and Succession Planning Committee, a Terms of Reference for this Committee has been drafted. Please see Appendix 1 for the proposed Terms of Reference for the Registrar Evaluation and Succession Planning Committee.

## Recommendation

The Governance Committee recommends that the Board approve the establishment of the Registrar Evaluation and Succession Planning Committee and its Terms of Reference.

| Appendix | |
|---|---|
| 1 | Registrar Evaluation and Succession Planning Committee Terms of Reference |

# Registrar Evaluation and Succession Planning Committee

## Background

The Board has established the Registrar Evaluation and Succession Planning Committee to oversee both the ongoing evaluation of the Registrar and the Registrar succession planning process.

## Authority

Health Professions Act (HPA) – Section 21 (1).

## Mandate

To oversee the Registrar performance evaluation and Registrar succession planning processes

## Responsibilities

With the Registrar and the Board, establish and administer:

1. An annual performance management plan
    a. Establish joint ownership of the annual process with the Registrar;
    b. Work collaboratively with the Registrar to agree on performance criteria at the commencement of the annual cycle;
    c. Recommend performance criteria for board approval;
    d. Provide mid-year feedback to the Registrar;
    e. Review year-end results and determine compensation action;
    f. Recommend compensation adjustments (salary and benefits) for board approval;
    g. Conduct formal year-end discussion with the registrar to provide the performance feedback and discuss next steps as applicable.
2. A succession plan for the Registrar
    a. Review and revise the Registrar's job description for board review and approval annually;
    b. Work collaboratively with the Registrar to Identify a roster of potential candidates, including their readiness and interest;
    c. Inform and advise the Board on potential candidates annually or more often as necessary;
    d. Discuss any action needed to further prepare potential candidates for succession;
    e. Discuss with the Registrar, the anticipated timeline for succession needs.

## Reporting relationship

The committee reports to the Board.

## Membership

- The Board Chair
- The Board Vice Chair
- Two Board members at large
- A public Board member

## Term of appointment

The Board Chair and Vice Chair of the Board are determined by virtue of their positions. The additional board members are appointed by the Board.

## Committee officers

The Board Chair is the Chair of the committee. The Board Vice Chair is the Vice Chair of the committee.

## Voting

While the committee operates by consensus, if a vote is required, each committee member is entitled to one vote.

## Meeting procedures

| | |
|---|---|
| *Schedule:* | At least twice per year, usually prior to the April mid-term evaluation and September annual evaluation. Other meetings at the call of the Chair. |
| *Format:* | In person, by teleconference or by videoconference. |
| *Agenda:* | Circulated in advance of the meetings. |
| *Attendees:* | Only committee members, College staff and invited guests are entitled to attend committee meetings. |
| *Quorum:* | A majority of the committee or all members of a panel. |
| *Minutes:* | Drafted by the secretariat for review and approval at next committee meeting; filed at the College office. |
| *Secretariat Support:* | Provided by an external contractor approved by the Board. |

## Confidentiality

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

## Remuneration

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

College of Pharmacists of British Columbia

# BOARD MEETING
# June 14, 2019

## 10. Governance Committee
## g) Appointment of Members to the Registrar Evaluation and Succession Planning Committee

## DECISION REQUIRED

### Recommended Board Motion:

*Appoint the following members to the Registrar Evaluation and Succession Planning Committee:*

- *The Board Chair, Arden Barry*
- *The Board Vice Chair, Christine Antler*
- *Two Board Member at Large:*
    1) *Anca Cvaci*
    2) *Steven Hopp*
- *A Public Board Member, Justin Thind*

College of Pharmacists of British Columbia

# 10. Governance Committee

**Mona Kwong**

Chair of Governance Committee

College of Pharmacists of British Columbia

# 10 a) Committee Updates

**May 14, 2019 Meeting**

- Committee Terms of Reference
  1. Revisions to the Governance Committee Terms of Reference
  2. Revisions to the Drug Administration Committee Terms of Reference
  3. Revisions to the Application Committee Terms of Reference
  4. Establishment of the Past Chairs Advisory Committee
  5. Establishment of the Registrar Evaluation and Succession Planning Committee
- Board Member Evaluation

College of Pharmacists of British Columbia

# 10 b) Revisions to the Governance Committee Terms of Reference

College of Pharmacists of British Columbia

# Background

- At the May 2019 meeting, the Governance Committee reviewed the current terms of reference for existing committees.
- And recommends the establishment of two new committees.

# Governance Committee Terms of Reference

- The Governance Committee reviewed its current terms of reference
  - A minor change in language to the responsibilities section to include Board member evaluations in addition to Board meeting evaluations.

College of Pharmacists of British Columbia

# 10 b) Revisions to the Governance Committee Terms of Reference

**MOTION:**

Approve a revision to the responsibilities of the Governance Committee Terms of Reference, to include Board member evaluations.

College of Pharmacists of British Columbia

# 10 c) Revisions to the Drug Administration Committee Terms of Reference

College of Pharmacists of British Columbia

# Drug Administration Committee Terms of Reference

- The Governance Committee recommends a revision to the Drug Administration Committee Terms of Reference.
  - To reflect the recent name change of the College of Registered Nurses of British Columbia to the British Columbia College of Nursing Professionals.

College of Pharmacists of British Columbia

# 10 c) Revisions to the Drug Administration Committee Terms of Reference

**MOTION:**

Approve a revision to the Drug Administration Committee Terms of Reference, to reflect the name change of the College of Registered Nurses of British Columbia to the British Columbia College of Nursing Professionals.

College of Pharmacists of British Columbia

# 10 d) Revisions to the Application Committee Terms of Reference

College of Pharmacists of British Columbia

# Application Committee Terms of Reference

- The Governance Committee recommends a revision to the Application Committee Terms of Reference.
  - To remove the responsibility to: establish sub committees and ad hoc working groups for Board appointment, to review develop and administer and establish requirements for the purposes of the application process.
  - Requirements of the application process are stated in legislation.

College of Pharmacists of British Columbia

# 10 d) Revisions to the Application Committee Terms of Reference

**MOTION:**

Approve a revision to the Application Committee Terms of Reference to remove a responsibility to establish sub committees and ad hoc working groups for Board appointment, to review, develop and administer and establish requirements for the purposes of the application process.

College of Pharmacists of British Columbia

# 10 e) Establishment of the Past Chairs Advisory Committee

College of Pharmacists of British Columbia

# New Past Chairs Advisory Committee

Background:

- Recently, the Board approved changes to the *Health Professions Act* Bylaws to amend terms of office for elected Board members came into effect.
- Terms of office were changed from two years to three years and from a maximum of 3 consecutive terms to a maximum of 2 consecutive terms.

New Past Chairs Advisory Committee:

- Resulting from these changes, the Governance Committee recommends the establishment of the Past Chairs Advisory Committee to allow knowledge transfer between past and current Board members.

College of Pharmacists of British Columbia

# 10 e) Establishment of the Past Chairs Advisory Committee

**MOTION:**

Approve the establishment of the Past Chairs Advisory Committee with the terms of reference as circulated.

College of Pharmacists of British Columbia

# 10 f) Establishment of the Registrar Evaluation and Succession Planning Committee

College of Pharmacists of British Columbia

# New Registrar Evaluation and Succession Planning Committee

- The Governance Committee recommends the establishment of one committee to oversee both the ongoing evaluation of the Registrar and the Registrar succession planning process.

College of Pharmacists of British Columbia

# 10 f) Establishment of the Registrar Evaluation and Succession Planning Committee

**MOTION:**

Approve the establishment of the Registrar Evaluation and Succession Planning Committee with the terms of reference as circulated.

College of Pharmacists of British Columbia

# 10 g) Appointment of Members to the Registrar Evaluation and Succession Planning Committee

College of Pharmacists of British Columbia

# 10 g) Appointment of Members to the Registrar Evaluation and Succession Planning Committee

**MOTION:**

Appoint the following members to the Registrar Evaluation and Succession Planning Committee:

- The Board Chair, Arden Barry
- The Board Vice Chair, Christine Antler
- Two Board Member at Large
  1) Anca Cvaci
  2) Steven Hopp
- A Public Board Member, Justin Thind