College of Pharmacists of British Columbia

Board Meeting
April 29, 2022
Held at the College of Pharmacists of British Columbia
200-1765 West 8th Avenue, Vancouver, BC

MINUTES

Members Present:
Steven Hopp, Chair, District 4
Andrea Silver, Vice-Chair, District 3
Alex Dar Santos, District 1
Michael Ortynsky, District 5
Anca Cvaci, District 6
Claire Ishoy, District 7
Eric Sletmoen, District 8
Tracey Hagkull, Government Appointee
Anne Peterson, Government Appointee
Katie Skelton, Government Appointee
Justin Thind, Government Appointee

Regret:
Terri Gibson, District 2

Staff:
Suzanne Solven, Registrar and CEO
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 **(virtual attendance)**
Christine Paramonczyk, Director of Policy and Legislation **(virtual attendance)**
Stephanie Kwok, Executive Assistant and Board Coordinator

Guest:
Marcus Wong, Elected UBC Pharmacy Undergraduate Society President

Virtual Guests Presenters:
Louise Aerts, Executive Director, Strategy, British Columbia College of Nurses and Midwives
Cynthia Johansen, Registrar and CEO, British Columbia College of Nurses and Midwives
Dr. Derek Puddester, Deputy Registrar, College of Physicians and Surgeons of BC

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1. **WELCOME & CALL TO ORDER**
   Chair Hopp called the meeting to order at 9:30am on April 29, 2022.

   Chair Hopp acknowledged with respect that the College of Pharmacists of BC is located on the ancestral and unceded territory of the Coast Salish peoples, including the territories of the sḵwx̱wú7mesh úxwumixw (Squamish), sel̓íl̓witulh (Tsleil-Waututh), and xʷməθkʷəy̓əm

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(Musqueam) nations. He acknowledged and respected the relationship with the land that continues to this day. To the Indigenous peoples of this place we now call British Columbia. We turn our minds to you and to your ancestors. You have kept your unceded homelands strong. We are grateful to live and work here.

He also recognized that attendees of the videoconference are joining the call from different locations across BC, he also acknowledged that the Indigenous Peoples are the stewards of the lands and waters where each of us are attending from this morning.

2. CONSENT AGENDA

a) Items for further discussion

b) Approval of Consent Items (Appendix 1)

Government Appointee, Katie Skelton requested that item 2b.iv *Committee Updates* be removed from the Consent Agenda and placed onto the regular Agenda for further discussion.

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

CARRIED

3. CONFIRMATION OF AGENDA (Appendix 2)

It was moved and seconded that the Board:
Approve the April 29, 2022 Draft Board Meeting Agenda as amended.

CARRIED

4. CPSBC Efforts in Cultural Safety and Humility – An Update (Appendix 3)

Derek Puddester, Deputy Registrar, College of Physicians and Surgeons of BC ("CPSBC") provided the Board with an update on CPSBC's efforts in Cultural Safety and Humility for Indigenous Peoples.

The key topics addressed in the presentation includes:

- Alignment of CPSBC's strategic plan goals to its commitment to cultural safety and humility (CSH);
- Staff training and education around CSH;
- BCCNM/CPBC/CDSBC/CPSBC Joint Apology to Indigenous Peoples and a Pledge to Be Anti-Racist (May 2021)
- A new practice standard developed with BCCNM;
- Reviewing and renewing the complaints process;
- Retiring the College crest; and
- Next steps.

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5. GOVERNANCE COMMITTEE: BOARD MEETING GUIDELINES (Appendix 4)

Anne Peterson, Chair of Governance Committee presented on the College's new Board meeting guidelines which was approved in-principle only at the February 2022 Board meeting.

It was moved and seconded that the Board:
Approve the following resolution to amend the bylaws made under the Health Professions Act regarding Board meetings, including the removal of Robert's Rule of Order as the document governing Board meeting procedures:

"RESOLVED THAT, in accordance with the authority established in section 19(1)(c) of the Health Professions Act (HPA), and subject to filing with the Minister as required by section 19(3) of the HPA, the Board of the College of Pharmacists of British Columbia amend the bylaws made under the HPA regarding Board meeting guidelines and procedures, as set out in the schedule attached to this resolution and file such bylaws with the Minister of Health."

CARRIED

6. JURISPRUDENCE EXAMINATION MODERNIZATION PROJECT UPDATE (Appendix 5)

Doreen Leong, Director of Registration and Licensure provided the Board with an overview of the Jurisprudence Examination ("JE") and the JE Modernization Project which spanned over one year from March 2021 to March 2022.

7. LEGISLATION REVIEW COMMITTEE (Appendix 6)

a) Bylaw Amendments to Officially Adopt the NAPRA Standards for Sterile Compounding

Justin Thind, Chair of Legislation Review Committee presented to the Board on the proposed amendments to the Pharmacy Operations and Drug Scheduling Act ("PODSA") and Health Professions Act ("HPA") Bylaws to adopt the National Association of Pharmacy Regulatory Authorities' model standards for sterile compounding, for approval for filing with the Ministry of Health, along with amendments to related Professional Practice Policies.

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 and the Health Professions Act regarding the compounding of sterile preparations:

"RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act ("PODSA") and section 19(1) of the Health Professions Act ("HPA"), and subject to the filing requirements in section 21(4) of PODSA and section 19(3) of HPA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under PODSA and HPA to adopt the National Association of Pharmacy Regulatory Authorities' Model Standards for Pharmacy Compounding of Sterile Preparations (non-hazardous and hazardous), as circulated."

CARRIED

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It was moved and seconded that the Board:

Approve consequential amendments to Professional Practice Policy-64 Guidelines for Pharmacy Compounding, as circulated, effective on the date that the bylaws come into force.

CARRIED

It was moved and seconded that the Board:
Approve rescinding Professional Practice Policy-61 Hospital Pharmacy Published Standards, as circulated, effective on the date that the bylaws come into force.

CARRIED

It was moved and seconded that the Board:
Direct the Registrar to conduct research and analysis on restricting unregulated pharmacy staff from performing restricted activities, including compounding, and bring forward bylaw amendments on this issue within two years.

CARRIED

b) Amendments to the PODSA Bylaws – Fee Changes

Justin Thind, Chair of Legislation Review Committee presented to the Board on amendments to the Pharmacy Operations and Drug Scheduling Act ("PODSA") Bylaws Schedule A – Fee Schedule in accordance with the College of Pharmacists of BC 2022/2023 budget.

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

RESOLVED THAT, in accordance with the authority established in section 21(1)(c.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 approves for public posting the proposed amendments to the bylaws of the College of Pharmacists of British Columbia to the pharmacy licensure fee schedule to operationalize the 2022 budget.

CARRIED

c) Amendments to the HPA Bylaws – Fee Changes

Justin Thind, Chair of Legislation Review Committee presented to the Board on the amendments to the Health Professions Act ("HPA") Bylaws Schedule D – Fee Schedule in accordance with the College of Pharmacists of BC 2022/2023 budget.

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

RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act ("HPA"), and subject to filing with the Minister as required by section 19(3) of the HPA, the Board amend the bylaws of the College of Pharmacists of British Columbia regarding the HPA fees to operationalize the 2022 budget, as set out in the schedule attached to this resolution.

CARRIED

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8. BCCNM's Journey in Cultural Safety and Humility (Appendix 7)

Cynthia Johansen, Registrar and CEO of the British Columbia College of Nurses and Midwives (BCCNM) and Louise Aerts, Executive Director, Strategy provided the Board with an update on BCCNM's journey toward Cultural Humility and Safety for Indigenous Peoples.

The key topics addressed in the presentation includes:

- Key drivers for BCCNM;
- BCCNM's action plan for the constructive disruption to Indigenous-Specific racism amongst B.C Nurses and Midwives;
- Engagement with Knowledge Keepers and Indigenous Advisors;
- BCCNM/CPBC/CDSBC/CPSBC Joint Apology to Indigenous Peoples and a Pledge to Be Anti-Racist (May 2021); and
- A new practice standard developed with CPSBC.

9. COLLEGE BUSINESS ARISING: (Appendix 8)

a) Medication Incident Reporting

Ashifa Keshavji, Director of Practice Reviews and Quality Assurance provided the Board with an update on the College's work towards implementation of mandatory anonymous medication incident reporting in BC.

b) Faxing of CPP Prescriptions

Christine Paramonczyk, Director of Policy and Legislation provided the Board with information about the hard copy prescription requirements following the receipt of faxed Controlled Prescription Program prescriptions.

10. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA

2b.iv *Committee Updates*
Government Appointee, Katie Skelton provided an update on the recent activities of the Board Composition Committee.

The Board Composition Committee met virtually on April 13, 2022 and the following topics were discussed:

- Development of the committee's guiding principles;
- Draft work plan and assignment of tasks; and
- Timeline until the approval of the Board Competency Matrix.

ADJOURNMENT
Chair Hopp adjourned the meeting at 3:22pm on April 29, 2022.

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BOARD MEETING
April 29, 2022

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 April 2022 (Updated Format)
    c. Action Items & Business Arising
iii. Approval of February 11, 2022 Draft Board Meeting Minutes **[DECISION]**
iv. Committee Updates
v. Committee Annual Reports to the Board
vi. Audit and Finance Committee: Finance Report (Preliminary February 2022 Financials)
vii. Approval of February 10, 2022 Draft Committee of the Whole Meeting Minutes **[DECISION]**
viii. Governance Committee: Committee Member Appointments **[DECISION]**
ix. Pharmacy Examining Board of Canada (PEBC) Updates April 2022
x. Amendments to the Practice Review Committee Terms of Reference **[DECISION]**

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BOARD MEETING
April 29, 2022

2b.i. Chair's Report

INFORMATION ONLY

It is my pleasure to provide this report for the April 2022 meeting. Since the previous Board Meeting report (February 2022), I have been involved in the following activities as Board Chair:

General:

- Continued discussions with Registrar Solven discussing her onboarding and needs for support from the board.
- Reviewed draft February 2022 board meeting and Committee of the Whole meeting minutes.
- Attended regular videoconferences with Registrar and Vice-Chair to discuss College and Board business, as well as to conduct ongoing planning for upcoming board meeting
- Communicated with other board members on current and upcoming topics as was needed for current and future board agendas.
- Completed licensing certificates for a large group of new licensees
- Meeting with Charles Holmes to work on content and strategy for upcoming board discussions.

Events:

- Gave guest lecture with Vice Chair Silver and Registrar Solven to 3rd Year UBC Pharm D. Students as part of their pharmacy 341 course. We detailed the mandate of The College of Pharmacists of BC, gave an overview of our strategic plan, how we work with government, and details about what we do to ensure public safety of pharmacy care.
- Conducted a Zoom meeting along with Chair Solven with MLA, Shirley Bond, who is the Provincial Health Critic and Leader of the Official Opposition. We covered the strategic priorities of The College, our mandate, how it relates to public safety, as well as how we can work with government. There was also an opportunity for Shirley to ask questions.
- Zoom call with BCPHA board of directors and CEO Geraldine Vance to present our mandate, strategic goals, what we as health regulators can and can't do. Public safety and regulation was kept at the forefront.

Committees:

- Legislative Review Committee meeting
- Governance Committee meeting (2)
- Audit and Finance Committee meeting
- Board Composition Committee meeting
- Registrar Evaluation Succession Planning Committee meeting (on COW day)

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BOARD MEETING
April 29, 2022

2. Consent Agenda
b) Approval of Consent Items

DECISION REQUIRED

Recommended Board Motion:

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vii. Approval of February 10, 2022 Draft Committee of the Whole Meeting Minutes **[DECISION]**
viii. Governance Committee: Committee Member Appointments **[DECISION]**
ix. Pharmacy Examining Board of Canada (PEBC) Updates April 2022
x. Amendments to the Practice Review Committee Terms of Reference **[DECISION]**

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 28, 2021

Non-profit Tax Return – Filed August 11, 2021

Non-profit Information Return – Filed August 11, 2021

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.

Ministry Contract Required to Maintain MPP Eligibility – renewed March 22, 2022

Signed by:

Registrar

Chief Operating Officer

College of Pharmacists of British Columbia

BOARD MEETING
April 29, 2022

2b.ii Registrar's Update
c) 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. **Status: At their September 2020 meeting, in light of the COVID-19 State of Emergency, the Board approved extending the implementation plan to adopt the Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations and the Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations from May 2021 to April 2022.** **This item was approved at the November 2021 Board Meeting for public posting. It is anticipated that it will be brought forward to the April 2022 Board meeting for approval to file the bylaw amendments with the Ministry of Health.**	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. **Status: At the October 2019 Legislation Review Committee meeting, the committee discussed that these standards of practice should be included in the HPA Modernization Project, which began in 2021. This project is underway. No further update at this point.** **Going forward, this item will be reported under the HPA Standards of Practice Modernization project, as part of the College's 2021/22 Strategic Plan.**	06-2017	IN PROGRESS

	MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS
3.	Motion: Direct the Registrar to explore the development of new requirements for the security of information in local pharmacy computer systems. **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. No further update at this point. The current status is still in effect.**	02-2018	Completed
4.	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. **Status: Research and analysis has begun. Further, the College has engaged the Ministry of Health on the topic of amending the Drug Schedules Regulation to allow for scheduling by reference. No further update at this point. The current status is still in effect.**	11-2018	IN PROGRESS
5.	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. **Status: At the November Board meeting, the Board accepted the amendments, in principle to the Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions, as circulated. Registrar Nakagawa reported to the Board on his meeting with Mark Armitage, Assistant Deputy Minister, Health Sector Workforce and Beneficiary Services Division, Mitch Moneo, Assistant Deputy Minister, Pharmaceutical, Laboratory & Blood Services Division and David Byres, Associate Deputy Minister, Clinical Leadership on November 16, 2020. He expressed the Board's desire to collaborate with the Ministry in this matter. The Board asked Registrar Nakagawa to follow-up with another conversation with the Ministry and keep the Board appraised of the progress.** **Registrar Nakagawa had a subsequent discussion with Ministry of Health executives on December 10, 2020, who requested a more fulsome report addressing the rationale for removing the restrictions on drug administration. The College has drafted a "Drug Administration by Pharmacists" document to be**	02-2019	IN PROGRESS

	MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS
	discussed with the Ministry tentatively planned for February 2021. **The "Drug Administration by Pharmacists" document was emailed to Mark Armitage, Assistant Deputy Minister Health Sector Workforce and Beneficiary Services Division, and to Mitch Moneo, Assistant Deputy Minister Pharmaceutical, Laboratory and Blood Services Division, of the Ministry of Health on March 9, 2021.** **A briefing note on the document was included for the consent agenda for the April 2021 Board meeting. Registrar Nakagawa also met with Sheila Malcolmson, Minister of Mental Health and Addictions in April 2021 and updated her on this file to see how this fits into her portfolio and the coordinated network of mental health and addictions services. No further update.**		
6.	Motion: Direct the Registrar to require mandatory anonymous medication incident reporting in all pharmacies using any medication incident reporting platform of the pharmacy's choosing that meets the College's criteria. **Status: The NAPRA Medication Incident Working Group resumed work in August 2020 and met in February 2021 to continue work on the Draft Model Standards for Continuous Quality Improvement and Medication Incident Reporting. The final draft was completed and approved by NAPRA Board in May 2021. A project update was presented to the Board at their November 2021 meeting. Progress on the project will be provided to the Board at their April 2022 meeting.**	09-2019	IN PROGRESS
7.	Motion: Direct the Registrar to engage with the Ministry of Health to move the amendments to the Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions forward. **Status: See update under: "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."**	09-2020	IN PROGRESS
8.	Motion: Direct the Registrar to remove natural health products from the Drug Schedules Regulation in a step-wise manner to align with the removal of natural health products from the National Association of Pharmacy Regulatory Authorities' National Drug Schedules.	09-2020	IN PROGRESS

	MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS
	Status: The Board approved the initial set of relevant DSR changes at their September 2021 meeting, and the second set of changes was approved at the Board's February 2022 meeting. The last set of changes are expected to be brought forward for approval in 2023/2024.		
9.	Motion: Direct the Registrar to bring forward Board meeting guidelines, based on those from the British Columbia College of Nurses and Midwives, and associated bylaw amendments for the February 2022 meeting. **Status: The Board approved a meeting guideline document in-principle and associated bylaw amendments for filing with the Minister of Health, at their February 2022 meeting. The Board is expected to review a meeting guideline document for final approval at their April 2022 meeting.**	11-2021	IN PROGRESS
10.	Motion: Direct the Registrar to conduct a review of the telepharmacy regulatory framework within two years with a focus on standardizing requirements across all telepharmacies. **Status: This motion is under review and updates will be provided accordingly.**	02-2022	IN PROGRESS

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BOARD MEETING
April 29, 2022

2b.iii Approval of February 11, 2022 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the February 11, 2022 draft Board meeting minutes as circulated.

Appendix	
1	https://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Videoconference_Minutes-20220211.pdf

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BOARD MEETING
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2b.iv Committee Updates

INFORMATION ONLY

Purpose

To provide updates of committee activities since the last Board meeting.

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

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

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i. Application Committee

The Application Committee has met twice since the last Board meeting. The committee reviewed twelve pharmacy files. Eleven files were incomplete renewals, and one pharmacy file was an eligibility-related case. Please note, as this update was submitted on April 4, 2022 the number of pharmacy files reviewed may change dependent on the number of cases reviewed in April. (E.g., late renewals and any new eligibility cases.)

ii. Audit and Finance Committee

The Audit and Finance Committee met on April 4, 2022 to review the latest financial report and the annual report from Dominion Securities. The Committee also discussed about the audit plan for fiscal year 2021/22.

iii. Discipline Committee

The Discipline Committee did not have any hearing for the period of January 2022 to February 2022. There are currently six pending files and one file in progress. Three of the six pending cases are HPA section 39.1 files, where registrants committed an act of unprofessional conduct in another jurisdiction or while practising as a registrant of another college.

iv. Drug Administration Committee

The Drug Administration Committee (DAC) has not met once since the last Board meeting.

v. Ethics Advisory Committee

The Ethics Advisory Committee has not met since the last Board meeting.

vi. Governance Committee

The Governance Committee ("The Committee") met twice via videoconference on April 11th and April 20th.

On April 11, 2022, the Committee discussed and approved the final recommendation of Pharmacist, Pharmacy Technician and Public Member committee appointments for Board approval.

On April 20, 2022, the Committee discussed six items.

1) Discussion around the Quality Assurance Committee Terms of Reference;
2) Housekeeping revisions to the Practice Review Committee Terms of Reference;
3) Section 4.11 Code of Conduct of the CPBC Board References and Policies;
    - Discussion around need to develop a process for breach of conduct of Board members
    - Environmental scan to be completed by the next Governance Committee meeting
4) Section 4.11 - Reimbursement of Expenses to Board and Committee Members of the CPBC Board References and Policies;
5) Annual review of the Committee Orientation Manual – Part 1; and
    a) Include new section on Cultural Safety and Humility
    b) Add new Board meeting guidelines under section on College Governance
6) Review of the February 11, 2022 Board meeting evaluation survey results and discussed the following survey comments:
    - Response rate
        - Going forward, it is mandatory for Board members to complete the Board Meeting Evaluation Survey
    - Process improvement
        - To start reviewing questions that are no longer relevant in the Board meeting evaluation survey
    - Chair facilitation
    - Strategic plan alignment with Board meeting agenda items
    - Knowledge Keeper
    - Board meeting minutes
        - To be sent to the Board in advance of the next Board meeting
    - LGBTQ+ Centered-Care
        - Board guest presentation
    - Committee Evaluation Survey
        - Preliminary discussion around implementing an evaluation survey at the Committee level as well.

vii. Inquiry Committee

The Inquiry Committee met six times via videoconference and twelve times via teleconference for the period of January 2022 to February 2022. 31 files were reviewed or disposed of, of which 22 files were new files and 9 were reconsideration files. 160 calls/tips were received during this reporting period and 14 formal complaints were received. All scheduled "in-person" meetings were held virtually via Microsoft Teams. There were a higher total number of formal complaints received and opened by the Inquiry Committee.

viii. Jurisprudence Examination Subcommittee

The Jurisprudence Examination (JE) Subcommittee met once since the last Board meeting. The JE Subcommittee reviewed the statistical analysis, comments and results from the February 7 & 8, 2022 sitting of the JE. The JE Subcommittee also reviewed the results of the JE Standard Setting and recommended to the Registration Committee the new standard (cut score) for the JE.

ix. Legislation Review Committee

The Legislation Review Committee met on March 31, 2022, and discussed the following agenda items:

- Amendments to the HPA and PODSA Fee Schedules
- NAPRA Standards for Sterile Compounding
- The Policy & Legislation Forecasting Document
- LRC Future Meeting Times

x. Pharmacy Advisory Committee

The Pharmacy Advisory Committee has not met/participated in an engagement since the last Board meeting.

xi. Practice Review Committee

The Practice Review Committee met on February 22, 2022 and discussed the following items:

- PRP operational updates including review statistics, risk register, and Insight Articles
- Review of PRP Policies: Action Item Follow Up & Referrals
- Development Timelines for 2021-22 Fiscal Year Report
- 2022-23 Committee Work Plan: Next Steps / Timelines

xii. Quality Assurance Committee

The Quality Assurance Committee met on January 26th and April 6, 2022 and discussed the following agenda items:

- PDAP operational updates including CE submission, CE exemption and PDAP mobile statistics
- CE Audits & Registrant Feedback Survey Report
- QAC Terms of Reference
- Cultural Safety and Equality, Diversity and Inclusion (EDI) Education for Pharmacy Professionals
- 2022-23 Committee Work Plan: Next Steps and Timelines

xiii. Registrar Evaluation and Succession Planning Committee

The Registrar Search Committee will be meeting on April 28, 2022 to review the Registrar Evaluation Calendar and begin drafting the Registrar/CEO goals for 2022/23.

xiv. Registration Committee

The Registration Committee met three times since the last Board meeting. The committee reviewed two registrant files, in which both were related to the registrant not being unable to check off all points on the statutory declaration. The third meeting was to review and approve the new standard (cut score) for the Jurisprudence Exam. Please note, as this update was submitted on April 4, 2022 the number of registrant files reviewed may change dependent on the number of cases reviewed in April.

Appendix – available on the Board Portal under 'Committee Minutes'	
1	Audit and Finance Committee Meeting Minutes
2	Discipline Committee Update
3	Governance Committee Meeting Minutes
4	Inquiry Committee Update
5	Legislation Review Committee Meeting Minutes
6	Practice Review Committee Meeting Minutes
7	Quality Assurance Committee Meeting Minutes

College of Pharmacists of British Columbia

BOARD MEETING
April 29, 2022

2b.v Committee Annual Reports to the Board

INFORMATION ONLY

Annual reports of committee activities are submitted.

Appendix	
1	Annual Reports for all College Committees

College of Pharmacists of British Columbia

Annual Report to the Board
April 29, 2022

Application Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2021 – February 28, 2022

Committee Overview

Membership:

Pharmacists and Technicians	Public Members
Antler, Christine (until April 30, 2021)	Edgar, Natasha
Beever, John	Gustavson, Kris
Braun, Neil	James, Jennifa
Cunningham, Dianne	Lewis, Robert
Hoff, Trevor	Mandryk, Roxanna (from May 1, 2021)
Johal, Jasdeep	Moazen, Nima (until April 30, 2021)
Kelly, Dominic (from May 1, 2021)	Skelton, Katie
Lee, Derek	
Leong, Lysa	
Masson, Sarah	
Omelchuk, John (Curtis)	
Wellon, Sorell	
Zhou, Mark	

Chair: Beever, John

Vice Chair: Hoff, Trevor

Staff Resource: Leong, Doreen

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.
- Inform applicants, about the results of the licensure decision made by the Application Committee.

Relevant Statistical information

Application Committee:

- Number of meetings: 23 videoconferences

Accomplishments:

- Conducted an overall review of eligibility case files and incomplete pharmacy files.
- Drafted and revised communication materials for licensure processes – Pharmacy Licensure Guide, ReadLinks articles, webpages and correspondence
- Pharmacy applications referred to the AC:
  - 17 pharmacy files related to eligibility criteria.
  - 37 pharmacy files were incomplete/late.

Goals for Next Fiscal Year:

- Annual in-person/virtual meeting/orientation/training to review Application Committee decisions, administrative law and decision making including applying conditions to a pharmacy licence.
- Annual review and revision of all communication materials including FAQs, Pharmacy Licensure Guide, licensure pages on College website and correspondence letters/emails.

College of Pharmacists of British Columbia

Annual Report to the Board
April 29, 2022

Audit and Finance Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2021 – February 28, 2022

Committee Overview

Membership: Cvaci, Anca
Dar Santos, Alex
Hagkull, Tracey
Hopp, Steven
Ishoy, Claire (until November 26, 2021)
Silver, Andrea (effective November 26, 2021)

Chair: Hopp, Steven

Vice Chair: Dar Santos, Alex

Staff Resource: Nakagawa, Bob (until February 2022)
Solven, Suzanne (effective February 2022)
O'Callaghan, Mary

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

Responsibilities:

Annual Audit Planning and preparation

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

Audit results

- Review the auditors' draft report on the financial statements.
- Review auditors' evaluation of internal controls and processes, including internal controls over financial reporting and any material weaknesses or risks of fraud. Assess the steps management has taken to minimize significant risk of exposure. Consider effectiveness of control systems including information technology.
- Enquire into the condition of the records and the adequacy of resources committed to accounting and control.
- Enquire about changes in finance/auditing/control standards that have occurred during the year and whether there is any impact on the College financial systems.

- Meet with the auditors (without College management) to ascertain whether there are concerns that should be brought to the committee's attention.
- Coordinate with College management: the presentation of the audit findings by the auditors to the Board for Board approval; incorporate the Board approved audit report into the College Annual Report; have the auditors' present the results to the College registrants at the AGM.

Auditors' appointment

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

Financial oversight

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

Relevant Statistical information

Audit and Finance Committee:

- Number of meetings: 5 videoconferences

Accomplishments:

- Reviewed annual audit and auditor's recommendations with the auditors.
- Reviewed the annual investment report and policy.
- Recommended extending the BDO audit contract for two years.
- Reviewed the regular financial reports, including the budget impacts of the COVID-19 health crisis and moving the effective date of the PODSA fee increase from April to November.
- Reviewed and recommended approval of the 2022/23 annual budget.

Goals for Next Fiscal Year:

- Review the annual audit plan and audit results.
- Review the investment annual report and policy.
- Monitor the current year financial reports and multi-year estimates.
- Review annual budget for 2023/24.
- Review financial reports.

College of Pharmacists of British Columbia

Annual Report to the Board
April 29, 2022

Discipline Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2021 to February 28, 2022

Committee Overview

Membership:

Pharmacists and Technicians	Public Members
Alarcon, Cristina	Chan, Christina
Bains, Ajaysham (term started May 2021)	Cunningham, Dianne
Bassi, Atamjit (term started May 2021)	Dennis, Alison
Baxter, Heather	Driessen, Anneke (term ended April 2021)
Chahal, Rapinder	Hughes, Nerys (term ended April 2021)
Chauvin, Vaughn	Jesson, Kerri (term started May 2021)
Dhaliwal, Neelam	Kry, Edwin
Dhillon, Baldeep (term ended April 2021)	Kuntz, Jody (term started May 2021)
Huang, Jeffrey	Kushner, Howard (term ended April 2021)
Lam, Peter	Marcotte, Dominique
Lee, Derek	Muir, Leza (term ended April 2021)
Ragsdale, Harparkash (term started May 2021)	Peterson, Anne
Robinson, Annette (term ended April 2021)	Pivnick, Sarah (term started May 2021)
Saad, Omar	Segal, Carol
Sanfacon, Sophie	Sohani, Nida (term started May 2021)
Saran, Gurinder (term ended April 2021)	
Shaske, John (term started May 2021)	
Tchen, Paulo	
Wong, Gabriella	

Chair: Baxter, Heather
Vice-Chair: Dennis, Alison

Staff Resource: Pavan, David

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

Responsibilities:

- Conduct hearings of a matter.
- Determine disposition of the matter.

- Inform respondents, complainants and the public about action taken.
- Inform respondents and complainants about the discipline process as applicable.
- Report to the Board as applicable.

Relevant Statistical Information

For the period of March 1, 2021 to February 28, 2022:

- Number of citations for discipline hearing issued: 0
- Number of cases in progress: 1
- Number of hearing days: 0
- Number of cases heard in court: 0
- Number of cases completed: 0

Summary

During the 2020/21 fiscal year, no citations for discipline hearings were issued. There were no discipline hearings, or and penalty decisions were issued by the Discipline Committee.

Discipline Committee decisions are posted on CPBC's website.

College of Pharmacists of British Columbia

Annual Report to the Board
April 29, 2022

Drug Administration Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2021 – February 28, 2022

Committee Overview

Membership: Capelli, John
Cheung, Jenny
Dar Santos, Alex
Khurana, Anoop (from May 1, 2021)
Tsui, Wilson (until April 30, 2021)
Wang, Bing
Woodfield, Wendy
Zhu, Julia

Chair: Wang, Bing

Vice Chair: Zhu, Julia

Staff Resource: Leong, Doreen

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.

Relevant Statistical information

Drug Administration Committee

- Number of meetings: 2 videoconferences

Accomplishments:

- Discussion paper titled "Drug Administration by Pharmacists" was prepared by College staff and provided to Mitch Moneo and Mark Armitage in March 2021, summarizing evidence and key issues for drug administration by pharmacists. It also provided rationale regarding why removing the College's restrictions on pharmacy drug administration is necessary, safe, and in the public interest.
- Provided the Board an update in April 2021, on the above issue and that the College is working with the Ministry of Health to schedule a follow-up discussion on moving the proposed amendments, including the removal of the restriction that limits pharmacist drug administration to immunizations only.
- Provided the Board an update in February 2022, on the recommendation of the Drug Administration Committee to amend the Drug Administration Standards, Limits and Conditions, to lower the patient age limit for drug administration by injection to 4 years of age, and to include other minor updates as previously approved by the Board, but not remove the limit that restricts pharmacists to administering immunizations only nor the 15-30 minute wait period. The Board approved the amendments. The amendments were filed and will be in effect on April 15, 2022.

Goals for Next Fiscal Year:

- To remove the restrictions on the Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions.

College of Pharmacists of British Columbia

Annual Report to the Board
April 29, 2022

Ethics Advisory Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2021 – February 28, 2022

Committee Overview

Membership:

Pharmacists and Technicians
Badyal, Shivinder – until April 30, 2021
Cairns, Brian – effective May 1, 2021
Deol, Jagpaul – effective May 1, 2021
Dhillon, Bal
Gerber, Patricia
Labella-Stimac, Sylvie – effective May 1, 2021
Lecavalier, Tara – until April 30, 2021
Lee, Vanessa – until April 30, 2021
Liu, Robson
Low, Alan
Ng, Jing-Yi – until April 30, 2021
Spielman, Audra
Willcox, Margaret – effective May 1, 2021

Public Members
Buttar, Neelum – effective May 1, 2021
Dempsey, Alison – until April 30, 2021
Garbuzova, Elizaveta – effective May 1, 2021
Graham Jamie – until April 30, 2021

Chair:
Dhillon, Bal – until April 30, 2021
Liu, Robson – effective May 1, 2021

Vice Chair:
Liu, Robson – until April 30, 2021
Gerber, Patricia – effective May 1, 2021

Staff Resource: Pavan, David

Mandate: To provide recommendations to the Board or the Registrar on matters relating to the Code of Ethics, Conflict of Interest Standards and any other related policies or guidelines

Responsibilities:

- Provide advice and guidance regarding:
    - Ethical questions and dilemmas that have been directed to the committee from the Board, Board committees or College staff.
    - Registrant-Patient relations questions and dilemmas that have been directed to the committee from the Board, Board committees or College staff.
    - Registrant-patient relations to prevent professional misconduct that have been directed to the committee from the Board, Board committees or College Staff.
- Review and recommend updates to the Code of Ethics and Conflict of Interest Standards as necessary.
- Consult on education program proposals relating to ethics issues.

Relevant Statistical Information

Ethics Advisory Committee:

- Number of meetings: 1

Accomplishments:

- Reviewed the Ethics Advisory Committee Terms of Reference.
- Reviewed the Committee Orientation Manual.

Goals for Next Fiscal Year:

- Advise the CPBC Board on issues relating to ethics and Patient Relations.
- Conduct scheduled meetings as needed.
- Review terms of reference as needed.

College of Pharmacists of British Columbia

Annual Report to the Board
April 29, 2022

Governance Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2021 – February 28, 2022

Committee Overview

Membership: Antler, Christine – until November 26, 2021
Cvaci, Anca
Dar Santos, Alex – effective November 26, 2021
Ishoy, Claire – effective November 26, 2021
Peterson, Anne
Skelton, Katie

Chair: Peterson, Anne

Vice Chair: Ishoy, Claire – until November 26, 2021
Cvaci, Anca – effective November 26, 2021

Staff Resource: Pavan, David

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.
- Assess and make recommendations regarding the governance-related needs of the Board.

Relevant Statistical Information

Governance Committee:

- Number of meetings: 9 videoconferences

Accomplishments:

- Completed environment scans of the British Columbia College of Nurses and Midwives (BCCNM).and College of Physicians and Surgeons of British Columbia (CPSBC) committee selection process.
- Recommended to the Board the establishment of the Board Composition Committee.
- Recommended to the Board to move forward with using the British Columbia College of Nurses and Midwives (BCCNM) meeting guidelines to govern the procedures at the College's Board meetings.
- Completed an environmental scan around public representation on other Colleges' Board.
- Shared our committee member appointment process and applicant evaluation form with the College of Dental Surgeons of BC as requested.
- Formalized the Board Chair and Vice-Chair election process by developing questions to pose to Board Chair and Vice-Chair candidates and discussing about desired candidate attributes.
- Reviewed Board meeting evaluation survey results and implemented process changes as suggested.
- Made amendments to Board Reference and Policies.

Goals for Next Fiscal Year:

- Refine the applicant evaluation form for the annual committee appointments.
- 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.
- Continue to review committee TOR and update as needed.

College of Pharmacists of British Columbia

Annual Report to the Board
April 29, 2022

Inquiry Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2021 to February 28, 2022

Committee Overview

Membership:

Pharmacists and Technicians	Public Members
Ahira, Bilvinder (term began May 2021)	Barkley, Dorothy
Aujla, Enreet	Deen, Meribeth
Bhimji, Joy	Halliday, Robert
Chang, Ming (term ended April 2021)	Jennens, Helen
Dahri, Karen	Johannesen, Debbie
Gidda, Sukhvir	Mercer, James (term ended April 2021)
Harrison, Michelle	Mueller, Linda (term began May 2021)
Hoogland, Sara (term began May 2021)	Rhodes, Alison (term ended April 2021)
Hurd, Lori	Roeters, Nathan (term ended April 2021)
Khangura, Sanjiv	Stockdale, Cameron
Kuo, I fan	Sproule, Allan (term began May 2021)
Kwong, Mona	Thind, Justin
Ladha, Fatima (term began May 2021)	Woo, Leslie (term began May 2021)
Lee, Marco	Sproule, Allan (term began May 2021)
Lee, Sammy	Thind, Justin
Munroe, Janice	Woo, Leslie (term began May 2021)
Ridgeley, Alana (term ended April 2021)	
Scott, Kristoffer	
Scyner, Kelsey	
Taruc, Dennis (term began May 2021)	
Walker, Roberta	
Wong, Joyce (term ended April 2021)	
Yee, Wilson	

Chair: Harrison, Michelle
Vice-Chair: Lee, Sammy

Staff Resource: Pavan, David

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

Responsibilities:

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

Relevant Statistical Information

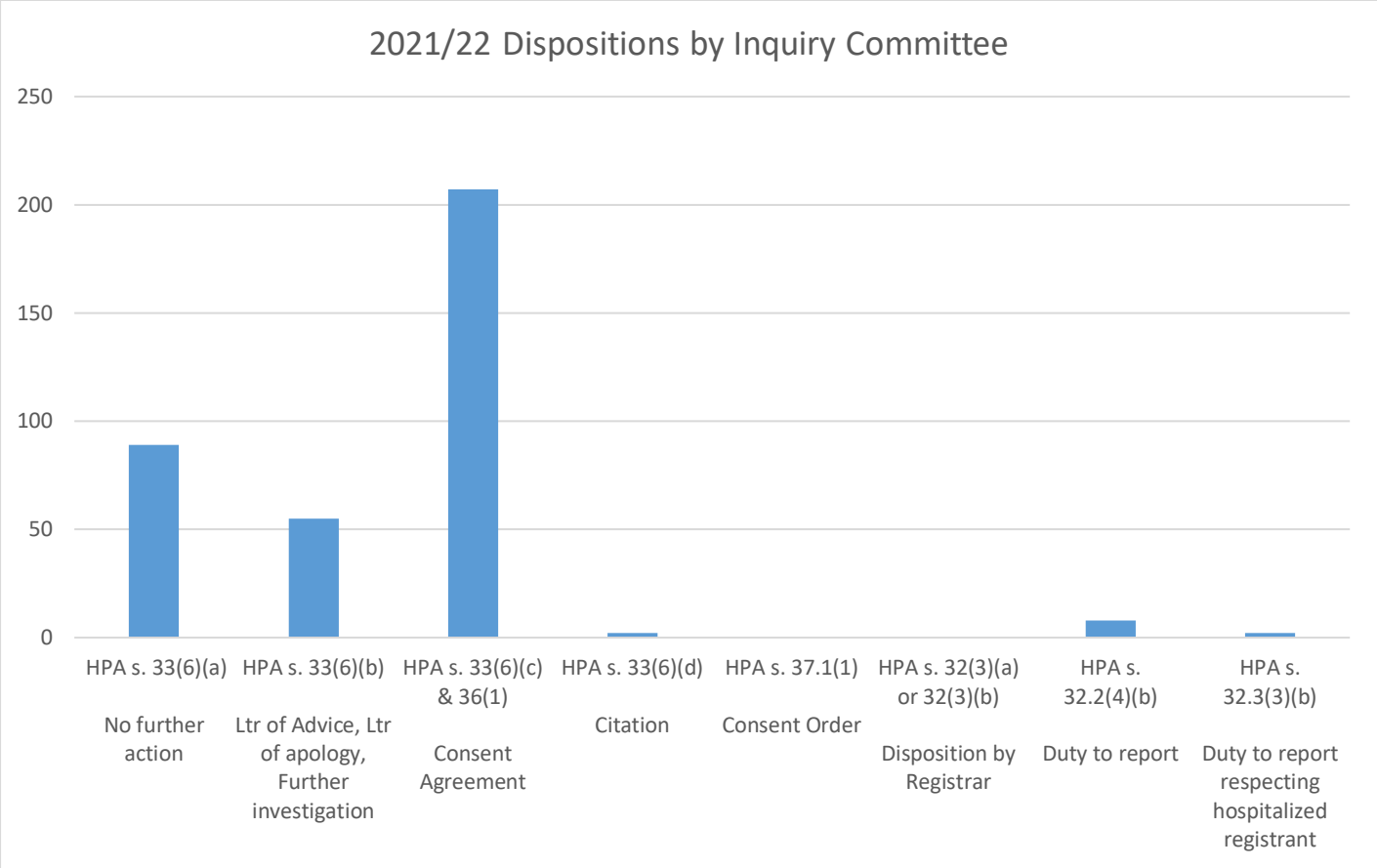
March 1, 2021 – February 28, 2022	**Total**
Intake Activities	
Total number of calls/emails/correspondences	858
Inquiry Committee Activities	
Total number of *HPA* s. 33 (formal) complaints opened/received by Inquiry Committee	166
Number of registrants involved	352
Formal complaints issues breakdown	
Medication related (Includes: incorrect drug/quantity/dose, incorrect label, incorrect patient, drug interaction, compounding error, inaccurate PharmaNet recordkeeping, inaccurate delivery)	64
Privacy / Confidential	15
Professional misconduct (Includes: sexual misconduct, off-duty conduct, conduct unbecoming, unprofessional conduct, breach of undertaking, incentives, regulatory non-compliance)	45
Competency and practice issues (Includes: knowledge issues, professional judgment issues, inadequate patient counselling, inaccurate recordkeeping, poor supervision of staff and management of pharmacy)	56
Medication review	2
Fitness to practice	13

(Includes: Duty to report)	
Unauthorized practice (Includes: practicing without licence, practicing outside of scope, sale of scheduled drugs on unlicenced premised	22
Unlawful activity (Includes: forgery, theft, diversion)	6
Methadone	6
Other	3
Total number of meetings	88
Total number of files disposed/reviewed	244
Number of new files disposed*	173
Number of reconsiderations**	69
Number of *PODSA* s. 18 reports	2
Dispositions* **	
HPA s. 33(6)(a) No further action	89
HPA s. 33(6)(b) Letter of advice, directed for further investigation, letter of apology, referred to another entity	55
HPA s. 33(6)(c) & 36(1) Consent agreement (Remedial action by consent, reprimand)	207
HPA s. 33(6)(d) Direct Registrar to issue citation	2
HPA s. 32(3)(a) & s. 32(3)(b) Dismissal by Registrar	0
HPA s. 32.2(4)(b) Duty to report	8
HPA s. 32.3(3)(b) Duty to report respecting hospitalized registrant	2
HPA s. 37.1(1) Consent order	0
Cancellation of registration	0
Total number of complaints via HPRB	3

* Some files may involve more multiple registrants.

** Some files may have been reconsidered more than once but only the final disposition is included.

*** Some files may have more than one disposition (e.g., The registrant may have agreed to sign a consent agreement and provide a letter of apology to the complainant).



Summary of Relevant Statistics

The College's Inquiry Committee investigates complaints and concerns regarding a registrant's conduct, competency, and/or ability to practice and decides on an appropriate course of action pursuant to legislation.

All intake items received are resolved by:

- informal resolution through remediation and correspondences,
- formal complaints process with resolution through remedial activities, reprimands, suspensions and practice restrictions, or
- referral to the registrar with direction to issue a citation and begin disciplinary proceedings.

In fiscal year 2021/22, the Inquiry Committee received and opened 166 formal complaints pursuant to HPA section 33 which involved over 350 registrants. Panels of the Inquiry Committee convened on 88 occasions to review and dispose of 244 cases in total, involving 348 registrants.

207 registrants agreed and consented to resolve the matters by way of a consent agreement under HPA section 36(1). In these cases, the registrants may have consented to undertake any educational courses, a reprimand or any other action as specified by the Inquiry Committee.

The Inquiry Committee took no further action against 89 registrants as their conduct or competence were found to be satisfactory or the complaint was unsubstantiated. The Inquiry Committee also

handed out 33 letters of advice whereby the registrants' conduct and competence were found to be unsatisfactory but relatively minor. These letters may include reminders and recommendations for better practice. 21 registrants were required to provide letters of apology to the complainants.

There were two cases where the Inquiry Committee directed the Registrar to issue citations whereby the registrants either failed to respond to the College or refused to give an undertaking or consent to an agreement with the Inquiry Committee. There were 11 registrants whose cases were reviewed and disposed of by the committee but have yet to sign their consent agreements at the time of reporting.

Health Professions Review Board

Under section 50.53 the HPA, the Health Professions Review Board ("HPRB") can:

- on application by a complaint under section 50.6, review the adequacy of the investigation conducted by the Inquiry Committee and the reasonableness of its disposition;
- on application by a registrant or complainant under section 50.57, review the timeliness of an investigation.

In 2021/22, there were three HPRB reviews requested by the complainants. At the time of reporting, these cases were still currently under review by the HPRB.

Notable Cases

Some notable cases disposed by the Inquiry Committee can be found on the College's website. Under section 39.3(1) of the HPA, the Inquiry Committee and Discipline Committee must direct Registrar to notify the public of complaint outcomes in relation to a serious matter.

College of Pharmacists of British Columbia

Annual Report to the Board
April 29, 2022

Jurisprudence Examination Subcommittee Report

INFORMATION ONLY

Reporting Period: March 1, 2021 – February 28, 2022

Committee Overview

Membership: **Pharmacists and Technicians**
Cao, Angel
Chan, Connie
Dhillon, Bal
Kim, Brian
Ladak, Ali
Ling, Kent
Oxford, Tara
Szeman, Christopher
Taheri, Asal (until April 30, 2021)
Rubner, Wayne (from May 1, 2021)
Saran, Gurinder (from May 1, 2021)
Wang, David (until April 30, 2021)

Chair: Szeman, Christopher

Vice Chair: Ladak, Ali Reza

Staff Resource: Leong, Doreen

Mandate: To ensure that the Jurisprudence Examination remains a valid and reliable assessment instrument.

Responsibilities:

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

Relevant Statistical Information

Jurisprudence Examination Subcommittee:

- Number of meetings: 5 videoconferences

Accomplishments:

- Key policies, processes, exam results and item statistical data reviewed and approved.
- Revised all Jurisprudence Exam communications materials ie. Jurisprudence Exam Information Guide, College website, confirmation letters and results letter to applicants.
- Conducted the Jurisprudence Exam Modernization Project which included blueprinting, item writing, item review, form review, problem identification notification (PIN) call, and standard setting.
- Recommended the new Jurisprudence Exam standard (cut score) to the Registration Committee for approval.

Goals for Next Fiscal Year:

- Annual review of all Jurisprudence Exam policies and Jurisprudence Exam communication materials.
- On-going item writing and item review to refresh the item bank.

College of Pharmacists of British Columbia

Annual Report to the Board
April 29, 2022

Legislation Review Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2021 – February 28, 2022

Committee Overview

Membership: Dhillon, Bal (membership ended in November 2021)
Ishoy, Claire (as of February 2022)
Ortynsky, Michael (as of May 2021)
Silver, Andrea
Sletmoen, Eric (as of November 2021)
Thind, Justin

Chair: Justin Thind

Vice-Chair: Andrea Silver

Staff Resource: Christine Paramonczyk

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

Responsibilities:

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

Relevant Statistical Information

Legislation Review Committee:

- Number of meetings: 3

Accomplishments:

- Over the past year, the Legislation Review Committee recommended the following changes to policy, bylaws, fees, and Standards of Practice:

Legislation	Amendments
***Health Professions Act* (HPA) Bylaws**	**<u>May 2021</u>** • Approval to file fee schedule amendments with the Minister of Health. • Approval to file fee amendments to Schedule "C" to recognize PharmAchieve's Drug Administration Course with the Minister of Health.
***Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws**	**<u>November 2021</u>** • Approval to publicly post bylaws which adopt the National Association of Pharmacy Regulatory Authorities' model standards for sterile compounding.
Professional Practice Policies ("PPP")	**<u>August 2021</u>** • Approval to implement housekeeping amendments to the following PPPs: - PPP-69 Community Manager Education Training - PPP-66 Opioid Agonist Treatment - PPP-66 Policy Guide Methadone Maintenance Treatment
***Drug Schedules Regulation* ("DSR")**	**<u>August 2021</u>** • Approval of file amendments to improve alignment with the National Drug Schedules and the Prescription Drug List made under the *Food and Drugs Act*, and to update the definition of Schedule IA (Triplicate/Duplicate Prescription Program) with the Minister of Health.

Goals for Next Fiscal Year:

- Continue work on developing a comprehensive review and reform of legislative requirements under the *Standards of Practice.*
- Review and analyze amendments to the *Health Professions Act*, anticipated to be released by the provincial government. In addition, develop bylaw amendments, to implement the *Health Professions Act* changes.
- Working with partners and stakeholders, develop requirements regarding cultural safety and humility.

College of Pharmacists of British Columbia

Annual Report to the Board
April 29, 2022

Pharmacy Advisory Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2021 to February 28, 2022

Committee Overview

Membership:

Pharmacists and Technicians
Aeng, Elissa
Bains, Angela
Barry, Arden
Chahal, Rapinder
Chang, Ming
Chua, Tho-Chin
Dahri, Karen
Davis, James
Do, Thao
Elliot, Dana
Fadaie, Moshtagh
Gojkovic, Ivana
Hopp, Steven
Ladha, Fatima
Munroe, Aita
Oxford, Tara
Ridgeley, Alana
Sihota, Aaron
Silver, Andrea
Snyder, Christine
Tejani, Aaron
Vek, Lanai
Zhu, Jack

Chair: Oxford, Tara

Vice Chair: Silver, Andrea

Staff Resource: Keshavji, Ashifa

Mandate: To provide recommendations to the Board or the Registrar on matters relating to pharmacy practice issues.

Responsibilities:

- To meet from time to time to review issues related to the practice of pharmacy that have been directed to the committee by the Board or the Registrar.
- Assist in the development of policies, procedures, guidelines and proposed legislation pertaining to pharmacy practice and standards.
- Assist in the development of information materials for circulation to practicing registrants.
- Recommend appropriate action to the Board or the Registrar regarding pharmacy practice issues.
- Work collaboratively across practice areas (e.g., community, hospital, residential care) to ensure a cohesive approach to common practice issues.

Relevant Statistical information:

- Number of meetings: 1

Accomplishments:

- Attended engagement sessions and/or provided subject matter expertise on the development of standards of practice relevant to the following projects:
    - NAPRA Model Compounding Competencies for Pharmacists and Pharmacy Technicians in Canada
    - NAPRA Model Standards of Practice for Pharmacists and Pharmacy Technicians in Canada
    - Amendments to PPP 66 Opioid Agonist Treatment and its Methadone Maintenance Treatment Policy Guide
    - Amendments to PPP 69 Community Pharmacy Manager Education
    - Amendments to PPP 58 -Professional Practice Policy-58 Medication Management (Adapting a Prescription)

Goals for Next Fiscal Year:

- Continue to review issues related to the practice of pharmacy that have been directed to the committee by the Board or the Registrar
- Continue to support the Practice Review Committee on the maintenance of the Practice Review Program

College of Pharmacists of British Columbia

Annual Report to the Board
April 29, 2022

Practice Review Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2021 to February 28, 2022

Committee Overview

Membership:	**Pharmacists and Technicians** Chadwick, Marilyn Chai, Sally Chong, Matthew Harrod, Yonette Ku, Amy Topiwalla, Deepa Zayac, Marvin	**Public Members** Aujla, Naveen Hagkull, Tracey Ray, Janet Salamat, Lorena Karen Williams, Peter
Chair:	Williams, Peter	
Vice Chair:	Ray, Janet	
Staff Resource:	Keshavji, Ashifa	
Mandate:	To monitor and enforce standards of practice to enhance the quality of pharmacy care for British Columbians.	

Responsibilities:

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

Relevant Statistical information:

- Number of meetings this fiscal: 4

Accomplishments:

- Presented the 2020-21 Fiscal Year Report to the Board
    - Review Data and Registrant Feedback Survey Results
- Initiated Program Evaluation to inform the next cycle of the PRP
- Published 5 PRP Insights Articles in Readlinks

Goals for Next Fiscal Year:

- Complete the 2021-22 PRP Fiscal Year Report
    - Review Data and Registrant Feedback Survey Results
- Resume Pharmacy Reviews, either in person or virtually
- Prepare PRP Insights Articles for Readlinks

College of Pharmacists of British Columbia

Annual Report to the Board
April 29, 2022

Quality Assurance Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2021 to February 28, 2022

Committee Overview

Membership:	**Pharmacists and Technicians**	**Public Members**
	Chan, Garry	Cheng, Tessa
	Lee, Vanessa	Hagkull, Tracey
	Lucarelli, Frank	Hozaima, Lena
	Ortynsky, Michael	Long, Stephen
	Sangha, Gursharn Shawn	
	Seet, Anthony	
	Wu, Man-Fung Allen	
	Yan, Mabel	
Chair:	Wu, Man-Fun Allen	
Vice Chair:	Hozaima, Lena	
Staff Resource:	Keshavji, Ashifa	
Mandate:	To ensure that registrants are competent to practice and to promote high practice standards amongst registrants.	

Responsibilities:

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

Relevant Statistical information:

- Number of meetings this fiscal: 4

Accomplishments:

- Conducted 2021 CE Audits for 400 registrants as recommended by the statistician
- Reviewed 2021 Registrant Feedback Survey responses
- Reaffirmed Policy 7 – PDAP Exemptions

Goals for Next Fiscal Year:

- Conduct 2022 CE Audits
- Monitor and review 2022 Registrant Feedback Survey responses
- Update and develop registrant resources based on CE Audit outcomes and registrant feedback

College of Pharmacists of British Columbia

Annual Report to the Board
April 29, 2022

Registration Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2021 – February 28, 2022

Committee Overview

Membership:

Pharmacists and Technicians
Bassi, Atamjit
Elliott, Dana (until April 30, 2021)
Heidary, Deborah (from May 1, 2021)
Huang, Chelsea
Jang, Raymond
Lee, Vanessa (until April 30, 2021)
Lim, Jihyun (Amy)
Miletic, Danka (from May 1, 2021)
Patel, Natasha
Piekarski, Mikolaj
Skaalrud, Traci
Tatchell, Mark (from May 1, 2021)

Public Members
Edwards, Ruth (from May 1, 2021)
Guppy, Avena
Kaliciak, Coral
Skelton, Katie

Chair: Jang, Raymond

Vice Chair: Huang, Chelsea

Staff Resource: Leong, Doreen

Mandate: To ensure that registrants are qualified to practice.

Responsibilities:

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

- Inform registrants, other stakeholders and the Health Professions Review Board, as required about the registration process and outcomes.

Relevant Statistical Information

Registration Committee:

- Number of meetings: 13 videoconferences

Accomplishments:

- Key policies, processes and exam results reviewed and approved including the Registration Committee Polices and Jurisprudence Exam results.
- Reviewed and updated all communication materials including webpages, correspondence letters and Registration Committee procedures.
- Approved the new Jurisprudence Exam standard (cut score) as recommended by the Jurisprudence Exam Subcommittee.
- Applications reviewed:
    - Full Pharmacist Registration Application – Statutory Declaration issue (N=4).
    - Pharmacy Technician Registration Application – Statutory Declaration issue (N=1).
    - Full Pharmacist Registration Application – Extension to January 31, 2021 deadline to register as a Full Pharmacist as a UBC pharmacy graduate (N=2)
    - Pharmacist Reinstatement Application – Extension to the deadline to register as a Full Pharmacist under the *Less than 6 Years as a Non-Practising and/or Former Pharmacist* category (N=1).
    - Full Pharmacist Registration Application – Extension of validity period of pre-registration application (N=1).
    - Full Pharmacist Registration Application – Structured Practical Training Exception (N=3).
    - Pharmacist Jurisprudence Exam – Exam accommodation (N=1).

Goals for Next Fiscal Year:

- Annual review of all Registration Committee Policies.
- Review and recommend bylaw changes related to pre-registration and registration requirements, and number of assessment attempts.
- Cancel temporary registration categories.
- Annual review and revision of all communication materials including FAQs, registration pages on College website and correspondence letters/emails.

College of Pharmacists of British Columbia

BOARD MEETING
April 29, 2022

2b.vi Audit and Finance Committee: Finance Report (Preliminary February 2022 Financials)

INFORMATION ONLY

Purpose

To report on the highlights of the February 2022 preliminary financial reports.

Background

The preliminary February financial reports reflect **twelve months** of activity prior to some year-end accruals and adjustments. These year-end accruals will be finalized prior to the annual audit though it is expected that there will be no material impact on the financials. The annual financial audit is scheduled in May and audited financials will be presented at the June Audit and Finance Committee and Board meetings. Attached are the Statement of Financial Position, summary Statement of Revenue and Expenses and more detailed reports on Revenue and on Expenses.

Statement of Financial Position

The College's cash position is well funded to meet payables with a balance of $1.7 million. Investments totalled $4.9 million. Payables and accruals are just over $836,000. The Working Capital Ratio (Current Assets to Current Liabilities) is 1.06. This is almost the same as a year ago when it was 1.08. It is dropping as the College continues to run deficits, but not too quickly. Best practices recommend that the minimum working capital ratio for not-for-profit organizations is between 1.0 – 2.0.

Revenue

Total revenues are $75,000 or 1% over budget. The total *Licensure revenues* are slightly over budget, by $63,638 or 1%. Likewise, n*on-licensure revenues* are also over budget by just over $11,000 mostly due to cost recovery arising from sub-letting suite 101.

Expenses

Total Year to Date Actual expenses is considerably under budget, by $595,214 or 5%. See the variance analysis which follows for details. Majority of the under-budget variances are due to changes in operations due to COVID-19, salary gapping and savings on legal and consulting fees.

This leaves the combined (revenue and expenses) under budget position at $670,177.

Variance analysis by department:

Department	Budget	Actual	Comment
Board & Registrar's Office	738,743	779,430	Board income replacement, facilitators / consultants are over budget, partially offset by other areas that are under budget.
Finance and Administration	2,058,319	1,937,706	Reduced spending on professional development coupled with savings on consulting, rent costs recovery and bank charges
Information Technology	2,463,139	2,368,639	Deferment of certain activities/ initiatives, savings on consulting and support expenses.
Grant Distribution	6,250	7,000	
Registration & Licensure	1,130,886	1,042,563	Savings on legal and consulting.
Quality Assurance	313,092	312,321	
Practice Reviews	1,598,808	1,495,164	Salary gapping, savings on travel and accommodation and minimal Medication Incident Reporting costs.
Complaints & Investigations	1,996,626	1,817,357	Primarily savings on discipline legal and inquiry outside services.
Policy & Legislation	551,815	531,823	Salary gapping savings
Communications & Engagement	433,340	433,545	
Projects	23,570	0	Deferment of activities in FY 2022/23.
Amortization	213,215	206,997	
Total Expenses	11,527,805	10,932,543	5% under budget ($595,261)

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

College of Pharmacists of BC

Statement of Financial Position

As at February 28, 2022

ASSETS	
Cash and Cash Equivalents	1,704,822
Investments	4,937,859
Receivables	84,901
Prepaid Expense and Deposits	516,208
Current Assets	7,243,790
Investments in College Place Joint Venture	1,481,254
Development Costs	36,988
Property & Equipment	464,387
Non-current Assets	1,982,629
Total Assets	**9,226,419**

LIABILITIES AND NET ASSETS	
Payables and Accruals	836,569
Capital Lease Obligations (Current)	12,006
Deferred Revenue	5,999,440
Total Current Liabilities	6,848,014
Capital Lease Obligations (non-current)	9,767
Total Liabilities	6,857,781
Total Net Assets	2,368,638
Total Liabilities and Net Assets	**9,226,419**

College of Pharmacists of BC

Statement of Revenue and Expenses

For the 12 months ended February 28, 2022

	Prior Year Actual 2020/21	Current Year Budget 2021/22	Current Year Actual 2021/22	Current Year Variance ($) (Budget vs. Actual)	Current Year Variance (%) (Budget vs. Actual)
Revenue					
Licensure revenue	9,469,794	10,145,269	10,208,907	63,638	1%
Non-licensure revenue	477,161	458,176	469,453	11,278	2%
Total Revenue	**9,946,956**	**10,603,445**	**10,678,361**	**74,915**	1%
Expenses					
Total Expenses Before Amortization	10,094,555	11,314,589	10,725,546	589,043	5%
Amortization	289,022	213,215	206,997	6,219	3%
Total Expenses Including Amortization	**10,383,577**	**11,527,805**	**10,932,543**	**595,261**	5%
Net surplus/(deficit) of revenue over expenses after amortization expense	**(436,622)**	**(924,359)**	**(254,183)**	**670,177**	

College of Pharmacists of BC

Statement of Revenue and Expenses

For the 12 months ended February 28, 2022

	Prior Year Actual 2020/21	Current Year Budget 2021/22	Current Year Actual 2021/22	Current Year Variance ($) (Budget vs. Actual)	Current Year Variance (%) (Budget vs. Actual)
Revenue					
Pharmacy fees	3,640,134	3,813,121	3,840,861	27,740	1%
Pharmacists fees	4,922,779	5,343,502	5,363,410	19,908	0%
Technician fees	906,881	988,646	1,004,636	15,990	2%
Licensure revenue	9,469,794	10,145,269	10,208,907	63,638	1%
Other revenue (fines/assessments, late fees, certificate of letter of standing)	194,972	116,460	131,349	14,889	13%
Grant Revenue	63,877	3,120	3,120	-	0%
Investment income	136,068	101,678	98,066	(3,612)	(4%)
College Place joint venture income	82,244	236,918	236,918	(0)	(0%)
Non-licensure revenue	477,161	458,176	469,453	11,278	2%
Transfer from Balance Sheet	-	-	-	-	0%
Total Revenue	**9,946,956**	**10,603,445**	**10,678,361**	**74,915**	1%

College of Pharmacists of BC

Statement of Revenue and Expenses

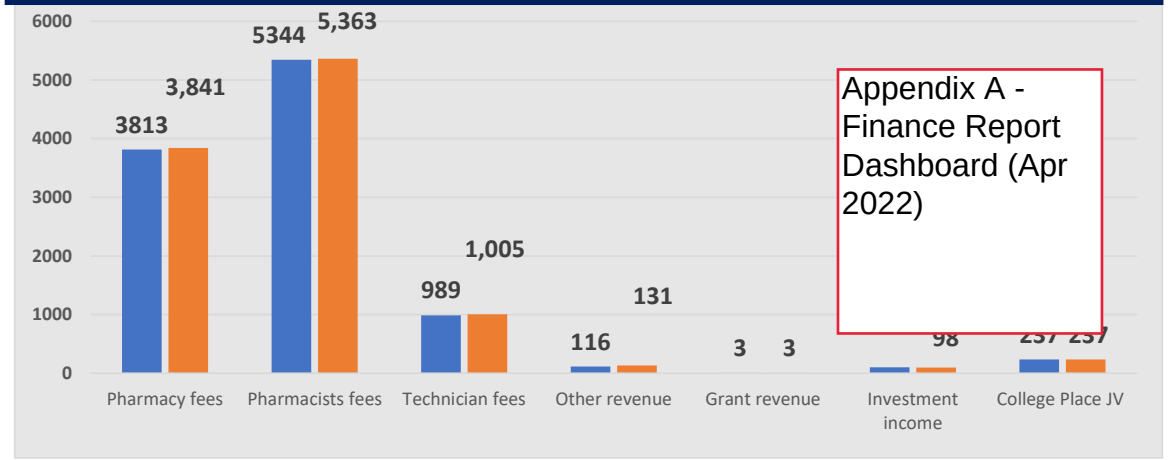
For the 12 months ended February 28, 2022

	Prior Year Actual 2020/21	Current Year Budget 2021/22	Current Year Actual 2021/22	Current Year Variance ($) (Budget vs. Actual)	Current Year Variance (%) (Budget vs. Actual)
Expenses					
Board and Registrar's Office	750,250	738,743	779,430	(40,686)	(6%)
Finance and General Administration	1,783,775	2,058,319	1,937,706	120,613	6%
Information Technology	2,336,580	2,463,139	2,368,639	94,500	4%
Grant Distribution	50,000	6,250	7,000	(750)	(12%)
Registration and Licensure	918,352	1,130,886	1,042,563	88,323	8%
Quality Assurance	287,526	313,092	312,321	772	0%
Practice Reviews	1,410,208	1,598,808	1,495,164	103,644	6%
Complaints and Investigations	1,680,173	1,996,626	1,817,357	179,269	9%
Policy and Legislation	461,424	551,815	531,823	19,992	4%
Communications and Engagement	416,265	433,340	433,545	(204)	(0%)
Projects	-	23,570	-	23,570	100%
Total Expenses Before Amortization	10,094,555	11,314,589	10,725,546	589,043	5%
Amortization	289,022	213,215	206,997	6,219	3%
Total Expenses Including Amortization	**10,383,577**	**11,527,805**	**10,932,543**	**595,261**	5%

Finance Report - Preliminary Fiscal Year ended February 2022 Financials (in CAD thousands)

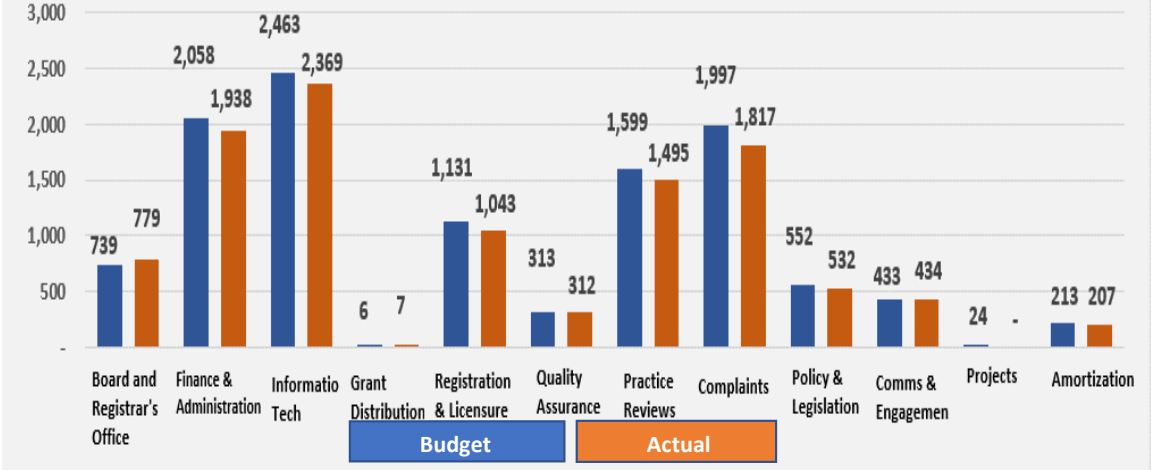
**** Fiscal year 2021/22 starts March 2021 and ends February 2022***

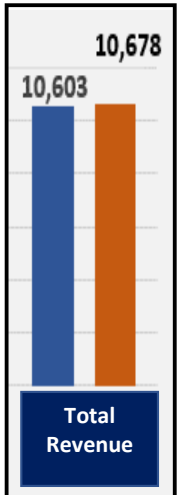
Revenue Type

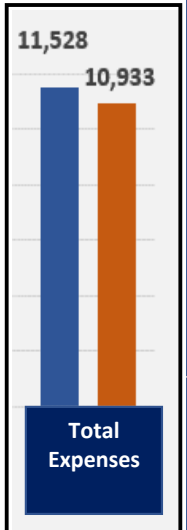


Appendix A - Finance Report Dashboard (Apr 2022)

Expenses per department







Net Surplus/Deficit Variance - 670

Budget (924K) vs. Actual (254K)

The favorable variance of $670 is the result of revenue being 1% higher than the budget amount and expenses being 5% lower than the budget amount.

Actual expenses were lower than budgeted mainly due to the continuing impact of Covid-19 coupled with the following:

a.) Implementation of costs savings strategies
- *Elimination of certain softwares/licenses*
- *Reduced support expenditures*

b.) Savings on legal and consulting fees
- *Inquiry and Discipline Committee*
- *Application Committee*

c.) Gapping savings as budgeted positions were filled later than planned:
- *Project Manager - Strategic Initiatives*
- *Policy and Legislation Analyst*

d.) Deferment of certain projects:
- *HPA modernization and Electronic Content Management*

**See the Finance Report for detailed variance analysis .*

Working Capital Ratio	Cash and Investments	Payables & Accruals
1.06 ▼	6,643 ▲	837 ▲
vs. Nov 2021 (1.09)	vs. Nov 2021 (6,415)	vs. Nov 2021 (756)

College of Pharmacists of British Columbia

BOARD MEETING
April 29, 2022

2b.vii Approval of February 10, 2022 Draft Committee of the Whole Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the February 10, 2022 draft Committee of the Whole meeting minutes as circulated.

Appendix	
1	February 10, 2022 Draft Committee of the Whole Meeting Minutes

College of Pharmacists of British Columbia

Committee of the Whole Meeting
February 10, 2022
Via Video Conference

MINUTES

Members Present:
Steven Hopp, Chair, District 4
Andrea Silver, Vice-Chair, District 3
Alex Dar Santos, Board member, District 1
Terri Gibson, Board member, District 2
Michael Ortynsky, Board member, District 5
Anca Cvaci, Board member, District 6
Claire Ishoy, District 7
Eric Sletmoen, Board Member, District 8
Tracey Hagkull, Government Appointee
Anne Peterson, Government Appointee
Katie Skelton, Government Appointee
Justin Thind, Government Appointee

Staff:
Suzanne Solven, Registrar and CEO
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
Kimberly Hilchie, Pharmacy Policy Consultant
Stephanie Kwok, Executive Assistant and Board Coordinator
Hilary Leung, Policy & Legislation Analyst
Ryan Loney, Policy & Legislation Analyst

Guest Speakers:
Bradley Chisholm, Chief Officer, Strategy and Governance, BC College of Nurses and Midwives
Charles Holmes, CEO, CE Holmes Consulting Inc

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1. **WELCOME & CALL TO ORDER**
   Chair Hopp called the meeting to order at 8:55am on February 10, 2022.

   Chair Hopp acknowledged the Syilx (pronounced Say-el-ks) Okanagan people on whose unceded traditional territories she chaired the meeting from.

College of Pharmacists of British Columbia

He also recognized that attendees of the videoconference are joining the call from different locations across BC, he acknowledged that the Indigenous Peoples are the traditional stewards of the lands and waters from where we attended the meeting

2. REGULATORY GOVERNANCE 101

Bradley Chisholm, Chief Officer, Strategy and Governance, BC College of Nurses and Midwives facilitated a Regulatory Governance 101 session with the Board.

The key topics addressed in the session includes:

- Building the foundations to effectively protect the public;
- Governance foundations;
- Indicators of good governance;
- Regulatory governance foundations;
    - Public duty;
    - Legal duty;
    - Fiduciary duty;
    - Procedural fairness;
- Tectonic shifts;
    - Regulator response to shifts;
    - Government response to shifts; and
- Board meeting guidelines.

3. BOARD MEETING GUIDELINES: ROBERT'S RULES TO ADAPTED BCCNM MEETING GUIDELINES

Charles Holmes, CEO, CE Holmes Consulting Inc, facilitated a session with the Board on Robert's Rules to Adapted BCCNM Meeting Guidelines.

The key topics addressed in the session includes:

- History, current application and value of the British Columbia College of Nurses and Midwives ("BCCNM") meeting guidelines;
- Shared understanding as to what consensus decision making mean; and
- Tools and practices to support consensus decision making.

4. COVID-19 RELATED POLICY AND BYLAW AMENDMENTS

Christine Paramonczyk, Director of Policy and Legislation provided a summary of the policy and legislation changes made in light of the COVID-19 pandemic and an update on the current status of these changes. To date, the Board has approved a number of policy and legislation changes related to COVID-19. These changes can be categorized under the following four categories:

1. Temporary Exemptions to Federal Legislation;
2. Dual Provincial Public Health Emergencies;
3. Temporary Registration; and
4. Drug Shortages Related to the COVID-19 Public Health Emergency.

College of Pharmacists of British Columbia

5. **RISK REGISTER DEEP DIVE**
   Mary O'Callaghan, Chief Operating Officer presented on communications, COVID-19 and other risks for an organization and provided an update on the current College risk register.

6. **BOARD COMPOSITION COMMITTEE TERMS OF REFERENCE AND APPOINTMENT OF MEMBERS**
   Anne Peterson, Chair of the Governance Committee discussed about the need to establish a Board Composition Committee. The purpose of the committee is to develop a list of competencies against which those wishing to serve as Board members, Board chairs and Board vice chairs will be assessed. A draft Terms of Reference was presented to the Board.

7. **ADJOURNMENT**
   Chair Hopp adjourned the meeting at 3:30pm on February 10, 2022.

College of Pharmacists of British Columbia

BOARD MEETING
April 29, 2022

2b.viii Governance Committee: Committee Member Appointments

DECISION REQUIRED

Recommended Board Motion:

Approve College committee member appointments for terms beginning May 1, 2022, as circulated.

Purpose`

To propose the appointment of new members and the re-appointment of existing members to College Committees.

Background

The College committees are a vital resource to the Board that provide essential advice, expertise, and recommendations that ultimately inform Board policies and decisions.

Every year, two main processes are undertaken to fill anticipated vacancies on College committees:

- Current eligible Committee members are asked if they would like to be considered for re-appointment; and
- The College issues a call for applications from pharmacists, pharmacy technicians and the public.

Discussion

This year, to be considered for a placement on a College committee, interested candidates were required to submit a current resume in addition to completing a standard application. Applications and resumes were reviewed by members of the Governance Committee and a slate was recommended for consideration.

In determining the slate for Governance Committee consideration, the following factors were considered:

- Years in service
- Previous management experience
- Previous committee(s) involvement
- Current external committee(s) involvement
- Other volunteer involvement
- Additional skillset or qualifications
- Composition requirements from the College Committee's terms of reference
- Type of practice (community/hospital/others)
- Geographic area of practice
- Speciality areas of practice
- Relevant education
- Technician and pharmacist balance
- Continuing and new member balance

Recommendations

The Governance Committee has recently completed its review of the recommended slate of College committee members. It recommends that the Board approve the College committee member appointments outlined in Appendix 1. All recommended appointments are for terms beginning May 1, 2022.

Appendix	
1	2022 Recommended College Committee Appointments

Appendix 1 – Committees Member Appointments[1]

(Please note, *Chair and Vice Chair terms are separate from member terms)

APPLICATION COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Beever, John	Chair	May 1, 2022 – April 30, 2023	1	Re-appointment as Chair
*Hoff, Trevor	Vice-Chair	May 1, 2022 – April 30, 2023	1	Re-appointment as Vice-Chair
Cha, Matthew	Pharmacist	May 1, 2022 – April 30, 2025	3	New appointment
Hain, Neil	Public	May 1, 2022 – April 30, 2025	3	New appointment
Kucharyshen, Rebecca	Pharmacy Technician	May 1, 2022 – April 30, 2025	3	New appointment
Lopez-Dee, Miguel	Pharmacist	May 1, 2022 – April 30, 2025	3	New appointment
Ridgeley, Alana	Pharmacy Technician	May 1, 2022 – April 30, 2025	3	New appointment
Beever, John	Pharmacist	May 1, 2022 – April 30, 2023	1	Re-appointment
Cunningham, Dianne	Public	May 1, 2022 – April 30, 2024	2	Re-appointment
Lee, Derek	Pharmacist	May 1, 2022 – April 30, 2024	2	Re-appointment
Lewis, Robert	Public	May 1, 2022 – April 30, 2024	2	Re-appointment
Skelton, Katie	Board/Public	May 1, 2022 – April 30, 2024	2	Re-appointment
Zhou, Mark	Pharmacist	May 1, 2022 – April 30, 2024	2	Re-appointment
Braun, Neil	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Edgar, Natasha	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Gustavson, Kris	Public	May 1, 2021 – April 30, 2024	3	Existing appointment
Hoff, Trevor	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
James, Jennifa	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Johal, Jasdeep	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Kelly, Dominic	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Leong, Lysa	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Mandryk, Roxanna	Public	May 1, 2021 – April 30, 2024	3	Existing appointment
Masson, Sarah	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment

[1] Rows highlighted in orange indicate a new appointment; rows highlighted in green indicate re-appointments; and, rows without a highlight indicate an existing appointment.

DISCIPLINE COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Baxter, Heather	Chair	May 1, 2022 – April 30, 2023	1	Re-appointment as Chair
* Dennis, Alison	Vice-Chair	May 1, 2022 – April 30, 2023	1	Re-appointment as Vice-Chair
Lee, Derek	Pharmacist	May 1, 2022 – April 30, 2023	1	Re-appointment
Alarcon, Cristina	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Bains, Ajaysharn	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Bassi, Atamjit	Pharmacy Technician	May 1, 2021 – April 30, 2024	3	Existing appointment
Baxter, Heather	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Chahal, Rapinder	Pharmacy Technician	May 1, 2021 – April 30, 2023	2	Existing appointment
Chan, Christina	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Chauvin, Vaughn	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Cunningham, Dianne	Public	May 1, 2021 – April 30, 2023	2	Existing appointment
Dennis, Alison	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Dhaliwal, Neelam	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Huang, Jeffrey	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Jesson, Kerri	Public	May 1, 2021 – April 30, 2024	3	Existing appointment
Kry, Edwin	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Kuntz, Jody	Public	May 1, 2021 – April 30, 2024	3	Existing appointment
Lam, Peter	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Marcotte, Dominique	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Peterson, Anne	Board/Public	May 1, 2021 – April 30, 2023	2	Existing appointment
Pivnick, Sarah	Public	May 1, 2021 – April 30, 2024	3	Existing appointment
Ragsdale, Harparkash	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Saad, Omar	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Sanfacon, Sophie	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Segal, Carol	Public	May 1, 2021 – April 30, 2023	2	Existing appointment
Shaske, John	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Sohani, Nida	Public	May 1, 2021 – April 30, 2024	3	Existing appointment
Tchen, Paulo	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Wong, Gabriella	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment

DRUG ADMINISTRATION COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Zhu, Julia	Chair	May 1, 2022 – April 30, 2023	1	New appointment as Chair
*Khurana, Anoop	Vice-Chair	May 1, 2022 – April 30, 2023	1	New appointment as Vice-Chair
Brandon, Jordan	Pharmacist	May 1, 2022 – April 30, 2025	3	New appointment
Misar, Jenny	Registered Nurse	May 1, 2022 – April 30, 2024	2	Re-appointment
Zhu, Julia	Pharmacist	May 1, 2022 – April 30, 2024	2	Re-appointment
Capelli, John	Ministry of Health Services Representative	May 1, 2021 – April 30, 2023	2	Existing appointment
Dar Santos, Alex	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Khurana, Anoop	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Woodfield, Wendy	Medical Practitioner	May 1, 2020 – April 30, 2023	3	Existing appointment

ETHICS ADVISORY COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Liu, Robson	Chair	May 1, 2022 – April 30, 2023	1	Re-appointment as Chair
*Gerber, Patricia	Vice-Chair	May 1, 2022 – April 30, 2023	1	Re-appointment as Vice-Chair
Spielman, Audra	Pharmacy Technician	May 1, 2022 – April 30, 2024	2	Re-appointment
Buttar, Neelum	Public	May 1, 2021 – April 30, 2024	3	Existing appointment
Cairns, Brian	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Deol, Jagpaul	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Dhillon, Baldeep	Pharmacy Technician	May 1, 2020 – April 30, 2023	3	Existing appointment
Garbuzova, Elizaveta	Public	May 1, 2021 – April 30, 2024	3	Existing appointment
Gerber, Patricia	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Labelle-Stimac, Sylvie	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Liu, Robson	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Low, Alan	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Wilcox, Margaret (Peggy)	Pharmacy Technician	May 1, 2021 – April 30, 2024	3	Existing appointment

GOVERNANCE COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Peterson, Anne	Chair	May 1, 2022 – April 30, 2023	1	Re-appointment as Chair
*Cvaci, Anca	Vice-Chair	November 26, 2021 – April 30, 2023	1	Existing appointment as Vice-Chair
Cvaci, Anca	Board/Pharmacist	May 1, 2022 – April 30, 2024	2	Re-appointment
Skelton, Katie	Board/Public	May 1, 2022 – April 30, 2024	2	Re-appointment
Dar Santos, Alex	Board/Pharmacist	November 26, 2021 – April 30, 2025	3	Existing appointment
Ishoy, Claire	Board/Pharmacist	November 26, 2021 – April 30, 2025	3	Existing appointment
Peterson, Anne	Board/Public	May 1, 2021 – April 30, 2023	2	Existing appointment

INQUIRY COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Harrison, Michelle	Chair	May 1, 2022 – April 30, 2023	1	Re-appointment as Chair
*Lee, Sammy	Vice Chair	May 1, 2022 – April 30, 2023	1	Re-appointment as Vice-Chair
Walker, Richard	Public	May 1, 2022 – April 30, 2025	3	New appointment
Bhimji, Farhat (Joy)	Pharmacist	May 1, 2022 – April 30, 2024	2	Re-appointment
Johannesen, Debbie	Public	May 1, 2022 – April 30, 2024	2	Re-appointment
Thind, Justin	Board/Public	May 1, 2022 – April 30, 2024	2	Re-appointment
Ahira, Bilvinder	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Aujla, Ennreet	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Barkley, Dorothy	Public	May 1, 2021 – April 30, 2023	2	Existing appointment
Dahri, Karen	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Halliday, Robert	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Harrison, Michelle	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Hoogland, Sara	Pharmacy Technician	May 1, 2021 – April 30, 2024	3	Existing appointment
Hurd, Lori	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Jennens, Helen	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Khangura, Sanjiv	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Kwong, Mona	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Kuo, I Fan	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Ladha, Fatima	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Lee, Sammy	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Mueller, Linda	Public	May 1, 2021 – April 30, 2024	3	Existing appointment
Munroe, Janice	Public	May 1, 2021 – April 30, 2023	2	Existing appointment
Scott, Kris	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Scyner, Kelsey	Pharmacy Technician	May 1, 2020 – April 30, 2023	3	Existing appointment
Sproule, Allan	Public	May 1, 2021 – April 30, 2024	3	Existing appointment
Stockdale, Cameron	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Taruc, Dennis	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Walker, Roberta	Pharmacy Technician	May 1, 2021 – April 30, 2023	2	Existing appointment
Wong, Joyce	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Woo, Leslie	Public	May 1, 2021 – April 30, 2024	3	Existing appointment
Yee, Wilson	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Yeung, Ho Bun	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment

JURISPRUDENCE EXAMINATION SUBCOMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Szeman, Christopher	Chair	May 1, 2022 – April 30, 2023	1	Re-appointment as Chair
*Ladak, Ali Reza	Vice Chair	May 1, 2022 – April 30, 2023	1	Re-appointment as Vice-Chair
Kim, Brian	Pharmacist	May 1, 2022 – April 30, 2024	2	Re-appointment
Oxford, Tara	Pharmacist	May 1, 2022 – April 30, 2024	2	Re-appointment
Rubner, Wayne	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Saran, Gurinder	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Cao, Angel	Pharmacy Technician	May 1, 2021 – April 30, 2023	2	Existing appointment
Chan, Connie	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Dhillon, Baldeep	Pharmacy Technician	May 1, 2021 – April 30, 2023	2	Existing appointment
Ladak, Ali Reza	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Ling, Kent	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Szeman, Christopher	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment

LEGISLATION REVIEW COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Thind, Justin	Chair	May 1, 2021 – April 30, 2022	1	Existing appointment as Chair
*Silver, Andrea	Vice Chair	May 1, 2021 – April 30, 2022	1	Existing appointment as Vice-Chair
Ishoy, Chair	Board/Pharmacist	February 11, 2022 – April 30, 2025	3	Existing appointment
Ortynsky, Michael	Board/Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Silver, Andrea	Board/Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Sletmoen, Eric	Board/Pharmacy Technician	November 26, 2021 – April 30, 2025	2	Existing appointment
Thind, Justin	Board/Public	May 1, 2021 – April 30, 2023	2	Existing appointment

PHARMACY ADVISORY COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Oxford, Tara	Chair	May 1, 2022 – April 30, 2023	1	Re-appointment as Chair
*Silver, Andrea	Vice Chair	May 1, 2022 – April 30, 2023	1	Re-appointment as Vice-Chair
Tejani, Aaron	Pharmacist (Residential)	May 1 ,2022 – April 30, 2023	1	Re-appointment
Silver, Andrea	Board/Pharmacist (Community)	May 1 ,2022 – April 30, 2024	2	Re-appointment
Aeng, Elissa	Pharmacist (Hospital)	May 1 ,2021 – April 30, 2024	3	Existing appointment
Bains, Angela	Pharmacist (Hospital)	May 1, 2021 – April 30, 2024	3	Existing appointment
Barry, Arden	Pharmacist (Hospital)	May 1, 2021 – April 30, 2024	3	Existing appointment
Chahal, Rapinder	Pharmacy Technician	May 1 ,2021 – April 30, 2024	3	Existing appointment
Chang, Wui Ming	Pharmacist (Residential)	May 1 ,2021 – April 30, 2024	3	Existing appointment
Chua, Tho-Chin	Pharmacist (Community)	May 1, 2021 – April 30, 2024	3	Existing appointment
Davis, James	Pharmacist (Residential)	May 1 ,2021 – April 30, 2024	3	Existing appointment
Dahri, Karen	Pharmacist (Hospital)	May 1 ,2021 – April 30, 2023	2	Existing appointment
Do, Thao	Pharmacist (Community)	May 1 ,2021 – April 30, 2023	2	Existing appointment
Elliott, Dana	Pharmacy Technician	May 1 ,2021 – April 30, 2024	3	Existing appointment
Fadaie, Moshtagh	Pharmacist (Community)	May 1, 2021 – April 30, 2024	3	Existing appointment
Gojkovic, Ivana	Pharmacist (Residential)	May 1 ,2021 – April 30, 2024	3	Existing appointment
Hopp, Steven	Board/Pharmacist (Community)	May 1 ,2021 – April 30, 2024	3	Existing appointment
Ladha, Fatima	Pharmacist (Hospital)	May 1 ,2021 – April 30, 2024	3	Existing appointment
Munroe, Aita	Pharmacy Technician	May 1 ,2021 – April 30, 2023	2	Existing appointment
Oxford, Tara	Pharmacist (Community)	May 1 ,2021 – April 30, 2024	3	Existing appointment
Ridgeley, Alana	Pharmacy Technician	May 1, 2021 – April 30, 2024	3	Existing appointment
Sihota, Aaron	Pharmacist (Community)	May 1 ,2021 – April 30, 2024	3	Existing appointment
Snyder, Christine	Pharmacist (Hospital)	May 1, 2021 – April 30, 2024	3	Existing appointment
Vek, Lanai	Pharmacist (Residential)	May 1 ,2021 – April 30, 2024	3	Existing appointment
Zhu, Jack Jia Zhen	Pharmacist (Hospital)	May 1, 2021 – April 30, 2024	3	Existing appointment

PRACTICE REVIEW COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Williams, Peter	Chair	May 1, 2022 – April 30, 2023	1	Re-appointment as Chair
*Ray, Janet	Vice Chair	May 1, 2022 – April 30, 2023	1	Re-appointment as Vice-Chair
Ramesh, Sivakamasunthary	Pharmacist	May 1, 2022 – April 30, 2025	3	New appointment
Aujla, Naveen	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Chai, Sally	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Chong, Matthew	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Chadwick, Marilyn	Pharmacist	May 1, 2021 – April 30, 2023	2	Existing appointment
Hagkull, Tracey	Board/Public	May 1, 2021 – April 30, 2023	2	Existing appointment
Harrod, Yonette	Pharmacy Technician	May 1, 2020 – April 30, 2023	3	Existing appointment
Ray, Janet	Public	May 1, 2021 – April 30, 2024	3	Existing appointment
Salamat, Lorena	Public	May 1, 2021 – April 30, 2024	3	Existing appointment
Topiwalla, Deepa	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Williams, Peter	Public	May 1, 2021 – April 30, 2023	2	Existing appointment
Zayac, Marvin	Pharmacy Technician	May 1, 2021 – April 30, 2024	3	Existing appointment

QUALITY ASSURANCE COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Wu, Man Fung (Allen)	Chair	May 1, 2022 – April 30, 2023	1	Re-appointment as Chair
*Hozaima, Lena	Vice Chair	May 1, 2022 – April 30, 2023	1	Re-appointment as Vice-Chair
Burhan, Mohamad	Public	May 1, 2022 – April 30, 2025	3	New appointment
Iskiw, Keith	Pharmacy Technician	May 1, 2022 – April 30, 2025	3	New appointment
Ortynsky, Michael	Board/Pharmacist	May 1, 2022 – April 30, 2024	2	Re-appointment
Chan, Garry Kin Ming	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Hagkull, Tracey	Board/Public	May 1, 2021 – April 30, 2023	2	Existing appointment
Hozaima, Lena	Public	May 1, 2021 – April 30, 2024	3	Existing appointment
Lee, Vanessa	Pharmacy Technician	May 1, 2021 – April 30, 2024	3	Existing appointment
Long, Stephen	Public	May 1, 2021 – April 30, 2024	3	Existing appointment
Seet, Anthony	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Shangha, Shawn	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Wu, Man Fung (Allen)	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Yan, Mabel	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment

REGISTRATION COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Jang, Raymond	Chair	May 1, 2022 – April 30, 2023	1	Re-appointment as Chair
*Huang, Chelsea	Vice Chair	May 1, 2022 – April 30, 2023	1	Re-appointment as Vice-Chair
Abrahani, Nabeel	Pharmacist	May 1, 2022 – April 30, 2025	3	New appointment
Faryon, Gary	Public	May 1, 2022 – April 30, 2025	3	New appointment
Floe, Catherine	Public	May 1, 2022 – April 30, 2025	3	New appointment
Inglis, Colleen	Pharmacist	May 1, 2022 – April 30, 2025	3	New appointment
Piekarski, Mikolaj	Pharmacist	May 1, 2022– April 30, 2024	2	Re-appointment
Bassi, Atamji	Pharmacy Technician	May 1, 2020 – April 30, 2023	3	Existing appointment
Edwards, Ruth	Public	May 1, 2021 – April 30, 2024	3	Existing appointment
Heidary, Deborah	Pharmacy Technician	May 1, 2021 – April 30, 2024	3	Existing appointment
Huang, Chelsea	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Jang, Raymond	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Kaliciak, Coral	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Lim, Jihyun	Pharmacist	May 1, 2021 – April 30, 2024	3	Existing appointment
Miletic, Danka	Pharmacy Technician	May 1, 2021 – April 30, 2024	3	Existing appointment
Patel, Natasha	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Skaalrud, Traci	Public	May 1, 2021 – April 30, 2024	3	Existing appointment
Skelton, Katie	Board/Public	May 1, 2021 – April 30, 2023	2	Existing appointment
Tatchell, Mark	Public	May 1, 2021 – April 30, 2024	3	Existing appointment

College of Pharmacists of British Columbia

BOARD MEETING
April 29, 2022

2b.ix Pharmacy Examining Board of Canada (PEBC) Updates April 2022

INFORMATION ONLY

Purpose

To update on regular PEBC matters for the April 29, 2022 CPBC Board Meeting.

Background

The PEBC meets biannually for its Annual Board Meeting in February/March and Mid-Year Board Meeting in October each year. The PEBC Board is represented by appointees from the Provincial Regulatory Authorities, pharmacy associations, and education associations. Due to the ongoing pandemic, PEBC's Annual Board Meeting was held on March 26, 2022 via videoconference. At the meeting, the PEBC Board of Directors discussed and approved reports from its committees, PEBC's Registrar-Treasurer Mr. John Pugsley, and his staff.

Discussion

2021-2022 was another challenging year for PEBC. The response to the COVID-19 pandemic in 2020-2021 has regretfully caused the cancellation and rescheduling of exams at various exam sites across the nation. As a result, additional exam sittings were offered, where able, to provide candidates with more assessment opportunities. Exam offerings in British Columbia for pharmacist and pharmacy technician candidates were successfully held as scheduled.

A strategic plan priority for 2021 was to conduct a comprehensive review of PEBC's certification processes. A Programmatic Review of the PEBC Certification Process was conducted and a final report with its findings and recommendations will be made available in Spring 2022. The PEBC Board had the opportunity to receive a summary report from the programmatic review consultants.

Gabriella Wong, appointee from CPBC, was elected as a member of the PEBC Executive Committee and appointed as Chair of the By-Laws Committee for the 2022-2023 term.

Conclusion

At the time of writing, the 2022 PEBC Update is scheduled to be published late April. Details of PEBC statistics (i.e. number of candidates for each exam) and important committee updates will be shared in this newsletter. A summary presentation or written report of the programmatic review findings will be provided to the CPBC Board at the next available opportunity.

College of Pharmacists of British Columbia

BOARD MEETING
April 29, 2022

2b.x. Amendments to the Practice Review Committee Terms of Reference

DECISION REQUIRED

Recommended Board Motion:

Approve the revised Practice Review Committee Terms of Reference, as circulated.

Purpose

To approve housekeeping revisions made to Practice Review Committee Terms of Reference.

Discussion

Under responsibilities, it currently states that the committee "*liaise with the Hospital Pharmacy Advisory Committee, Community Pharmacy Advisory, Committee and Residential Care Advisory Committee to make recommendations on current and outstanding issues pertaining to the PRP*."

Change to the Terms of Reference is proposed to amend an oversight in reference to the three advisory committees as the amalgamation of the three advisory committees into one Pharmacy Advisory Committee was approved at the February 15, 2019 Board meeting.

Please see Appendix 1 for the revised Practice Review Committee with revisions noted in track changes.

Recommendation

The Governance Committee met on April 20, 2022 and recommends that the Board approve the housekeeping revisions made to the Practice Review Committee Terms of Reference.

Appendix	
1	Revised Practice Review Committee Terms of Reference (track changes and clean)

PRACTICE REVIEW COMMITTEE

Background

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

Authority

Health Professions Act (HPA) s. 19(1)(t) and HPA Bylaws sections 15.1 and 19.

Mandate

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

Responsibilities

- Develop and update the PRP processes and policies for approval by the Board as required including but not limited to processes and policies that:
    - outline the Pharmacy Review component;
    - outline the Pharmacy Professionals' Review component;
    - outline follow-up and remediation.
- On a yearly basis review the statistics and outcomes and feedback of the PRP, determine recommendations for improvement and report to the Board as applicable.
- Liaise with the ~~Hospital Pharmacy Advisory Committee, Community Pharmacy Advisory Committee and Residential Care Advisory Committee~~ Pharmacy Advisory Committee to make recommendations on current and outstanding issues pertaining to the PRP.
- Liaise with Health Authorities, owners and directors and other stakeholders to address current and outstanding issues pertaining to the PRP.
- Review s.17(1) PODSA and 28(1) HPA reports and determine whether to refer matters arising from that review to the Inquiry Committee, Quality Assurance Committee or Registrar.

Reporting relationship

The committee as a whole reports to the Board and 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 must appoint the members of a panel and must designate a chair for each panel.
- The panel may exercise any power, duty or function of the Practice Review Committee.

Term of appointment

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

Meeting procedures

Schedule:	As required 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 Practice Review (PR) Committee members and College staff are entitled to attend committee and panel meetings, unless specifically invited by the committee chair as a guest.
Quorum:	A simple majority of the committee.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict of interest disclosure

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

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

Confidentiality

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

Remuneration

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

Amendment to terms of reference

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

PRACTICE REVIEW COMMITTEE

Background

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

Authority

Health Professions Act (HPA) s. 19(1)(t) and HPA Bylaws sections 15.1 and 19.

Mandate

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

Responsibilities

- Develop and update the PRP processes and policies for approval by the Board as required including but not limited to processes and policies that:
    - outline the Pharmacy Review component;
    - outline the Pharmacy Professionals' Review component;
    - outline follow-up and remediation.
- On a yearly basis review the statistics and outcomes and feedback of the PRP, determine recommendations for improvement and report to the Board as applicable.
- Liaise with the Pharmacy Advisory Committee to make recommendations on current and outstanding issues pertaining to the PRP.
- Liaise with Health Authorities, owners and directors and other stakeholders to address current and outstanding issues pertaining to the PRP.
- Review s.17(1) PODSA and 28(1) HPA reports and determine whether to refer matters arising from that review to the Inquiry Committee, Quality Assurance Committee or Registrar.

Reporting relationship

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Membership

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Panels

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- The Chair must appoint the members of a panel and must designate a chair for each panel.
- The panel may exercise any power, duty or function of the Practice Review Committee.

Term of appointment

- 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

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Voting rights

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

Meeting procedures

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Q*uorum:*	A simple majority of the committee.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict of interest disclosure

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

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

Confidentiality

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

Remuneration

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

Amendment to terms of reference

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

College of Pharmacists of British Columbia

BOARD MEETING
April 29, 2022

3. Confirmation of Agenda

DECISION REQUIRED

Recommended Board Motion:

Approve the April 29, 2022 Draft Board Meeting Agenda as circulated, or amended.

Appendix	
1	April 29, 2022 Draft Board Meeting Agenda

College of Pharmacists of British Columbia

Board Meeting
Friday, April 29, 2022
CPBC Office, 200-1765 West 8th Avenue, Vancouver

AGENDA

9:30am - 9:35am	5	**1.**	*Board Meeting: Call to Order* *Land Acknowledgement*	Chair Hopp
		2.	Consent Agenda a) Items for Further Discussion b) Approval of Consent Items **[DECISION]**	Chair Hopp
		3.	Confirmation of Agenda **[DECISION]**	Chair Hopp
9:35am - 10:35am	60	**4.**	College of Physicians and Surgeons of BC Efforts in Cultural Safety and Humility – An Update	Derek Puddester
10:35am - 11:00am	25	**5.**	Governance Committee: Official Approval of the Board Meeting Guidelines **[DECISION]**	Anne Peterson
11:00am - 11:30am	30	**6.**	Jurisprudence Examination Modernization Project Update	Doreen Leong
11:30am - 12:30pm	60		***LUNCH***	
12:30pm - 1:15pm	45	**7.**	Legislation Review Committee: a) Bylaw Amendments to Officially Adopt the NAPRA Standards for Sterile Compounding **[DECISION]** b) Amendments to the *Pharmacy Operations and Drug Scheduling Act* Bylaw - Fee Schedule **[DECISION]** c) Amendments to the *Health Professions Act* t Bylaws - Fee Schedule **[DECISION]**	Justin Thind
1:15pm - 2:00pm	45	**8.**	British Columbia College of Nurses & Midwives' Cultural Safety and Humility Journey	Cynthia Johansen Louise Aerts
2:00pm - 2:15pm	15	**9.**	College Business Arising: a) Medication Incident Reporting b) Faxing of CPP Prescriptions	 Ashifa Keshavji Christine Paramonczyk
2:15pm - 2:20pm	5	**10.**	Items Brought Forward from Consent Agenda	Chair Hopp
			BOARD MEETING ADJOURNED	

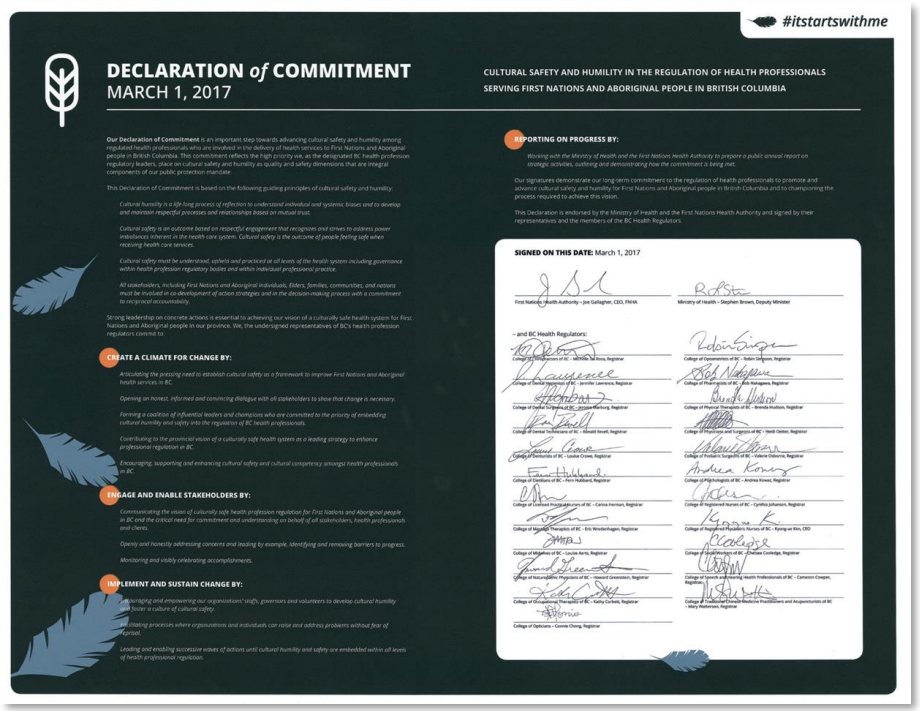
Cultural safety and humility – an update on our journey

Derek Puddester, MA, MD, MEd, FRCPC, PCC
Deputy Registrar, Complaints and Practice Investigations

April 29, 2022

The College is located on the unceded and traditional territories of the Coast Salish Peoples, including the xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səl̓ílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations, whose historical relationships with these lands continue to this day.

Background



#itstartswithme

DECLARATION *of* COMMITMENT
MARCH 1, 2017

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

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

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

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

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

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

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

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

CREATE A CLIMATE FOR CHANGE BY:

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

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

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

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

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

ENGAGE AND ENABLE STAKEHOLDERS BY:

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

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

Monitoring and visibly celebrating accomplishments.

IMPLEMENT AND SUSTAIN CHANGE BY:

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

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

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

REPORTING ON PROGRESS BY:

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

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

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

SIGNED ON THIS DATE: March 1, 2017

First Nations Health Authority – Joe Gallagher, CEO, FNHA

Ministry of Health – Stephen Brown, Deputy Minister

– and BC Health Regulators:

College of Chiropractors of BC – Michelle Del Rosa, Registrar

College of Dental Technicians of BC – Ronald Ilnett, Registrar

College of Dental Hygienists of BC – Louise Crowe, Registrar

College of Dietitians of BC – Fern Hubbard, Registrar

College of Licensed Practical Nurses of BC – Carina Forman, Registrar

College of Massage Therapists of BC – Eric Windelhagen, Registrar

College of Midwives of BC – Louise Aerts, Registrar

College of Naturopathic Physicians of BC – Vincent Greenstein, Registrar

College of Occupational Therapists of BC – Kathy Cichetti, Registrar

College of Opticians – Connie Chong, Registrar

College of Optometrists of BC – Robin Simpson, Registrar

College of Pharmacists of BC – Bob Nakagawa, Registrar

College of Physical Therapists of BC – Brenda Hudson, Registrar

College of Physicians and Surgeons of BC – Heidi Oetter, Registrar

College of Podiatric Surgeons of BC – Valerie Osborne, Registrar

College of Psychologists of BC – Andrea Kowal, Registrar

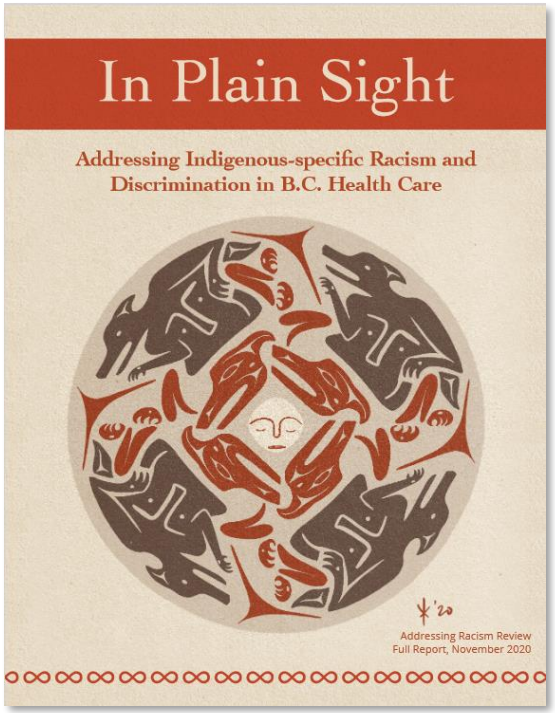
College of Registered Nurses of BC – Cynthia Johanson, Registrar

College of Registered Psychiatric Nurses of BC – Kyung-ae Kim, CEO

College of Social Workers of BC – Chelsea Coxhedge, Registrar

College of Speech and Hearing Health Professionals of BC – Cameron Cowper, Registrar

College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC – Mary Watterson, Registrar



The commitment starts at the top

Governance

- All board members and many committee members have completed cultural safety and humility training
- Additional training in:
  - Implicit bias
  - Trauma-informed practice
  - Administrative fairness
- Board, most panels of the Inquiry Committee and the Patient Relations, Practice Standards and Ethics Committee have Indigenous membership
- All formal proceedings and meetings begin with an Indigenous land acknowledgment
- Many meetings with external stakeholders involve the presence of an Indigenous Elder to witness the event

Staff training and education

- Many employees have completed the San'yas training program or equivalent
- Two facilitated sessions for all staff: *Uncomfortable Truths: the Impact of Colonization, Residential Schools and Racism* and *Cultural Safety: Change Starts with Me*

Available from:
https://www.fnha.ca/Documents/FNHA-Cultural-Humility-Pledge-Card.pdf

Our apology

British Columbia College of Nurses & Midwives

CDSBC College of Dental Surgeons of British Columbia

College of Pharmacists of British Columbia

CPSBC College of Physicians and Surgeons of British Columbia

May 11, 2021

Racism in Health Care: An Apology to Indigenous People and a Pledge to Be Anti-Racist

Indigenous people (First Nations, Métis and Inuit) have waited far too long for their legal rights to be recognized. And they have waited too long for health-system leaders to dismantle the racism that was built into our colonial health-care system—racism that continues to cause harm to this day.

As the leaders of the four largest health regulatory colleges in British Columbia, we offer our apology to the Indigenous people and communities who have experienced racism while engaging with us and with the health professionals we regulate.

A new practice standard

- *Indigenous Cultural Safety, Cultural Humility and Anti-racism*
- Worked collaboratively with the BC College of Nurses and Midwives (BCCNM)
- Consultation took 18 months; guided by two Indigenous consultants
  - Patients
  - Registrants, including a virtual discussion circle with 10 Indigenous registrants
  - Health partners
- Approved by the Board and published in February 2022 with a library of learning resources, including a series of short videos to be released in June

CPSBC College of Physicians and Surgeons of British Columbia

BCCNM British Columbia College of Nurses & Midwives

A new practice standard—what we learned

- Take the time to listen and learn—don't jump right into developing a practice standard
- Review and digest existing resources—*Reclaiming Power and Place*, *TRC Calls to Action*, *In Plain Sight*
- Nothing about us, without us
- Emotional labour—do not ask Indigenous people to do this work
- Recognize that Indigenous people are not homogenous—what works for one person may not work for another
- Have an Indigenous consultant to help guide the process
- Ensure the space for discussion is safe—you will hear traumatic stories; you may see denial and resistance

Reviewing the complaints process

- Currently undertaking a review of the **current state** of the complaints process to identify:
  - Barriers and enablers to filing a complaint
  - Opportunities for building reporting relationships with Indigenous people and communities
  - Whether it respects diversity of Indigenous people
  - Whether it is informed by Indigenous knowledge
  - Whether it is pertinent and useful to Indigenous people
- Added a specific category for Indigenous-specific discrimination
- Retained a complaint navigator who identifies as First Nations and is a registered psychiatric nurse to support complainants

Renewing the complaints process

- Will lead to a **future state** that addresses the recommendations from the *In Plain Sight* report and identifies:
  - Bylaw and policy changes
  - How to remove barriers to use
  - Opportunities for education and training, and improving protocols and procedures
  - Opportunities for developing restorative justice and early dispute resolution pathways for Indigenous people

Retiring the College crest

- 1886—adopted from the Royal Arms of the United Kingdom
- Lion—supreme power and authority of the monarchy
- Crown—right of the monarchy to claim land
- These colonial symbols do not reflect our current day values of inclusivity, accessibility

Data collection

- Since 2016, the College has collected data from registrants on the Annual Licence Renewal Form about:
  - Whether they have completed the Indigenous Cultural Competency (San'yas) Training Program
  - Whether they identify as Indigenous
- Aggregate numbers are provided to the First Nations Health Authority through a data sharing agreement and reported in the Annual Report

Next steps

- On May 31, the BCCNM and CPSBC will participate in a Blanket Ceremony with Indigenous leaders to honour the practice standard in Indigenous law
- Board retreat in June will focus on planning and prioritizing the next steps in our journey towards cultural safety and humility, and our commitment to be anti-racist

Thank you

- Questions?
- www.cpsbc.ca

@cpsbc_ca

College of Pharmacists of British Columbia

BOARD MEETING
April 29, 2022

5. Governance Committee: Official Approval of the Board Meeting Guidelines

DECISION REQUIRED

Recommended Board Motion:

Approve through a special resolution, the College of Pharmacists of British Columbia's Board Meeting Guidelines (2022), as circulated, as the document governing Board meeting procedures.

Purpose

To seek approval on the CPBC Board Meeting Guidelines ("the Guidelines") as the document governing Board meeting procedures.

Background

At their February 2022 meeting, the Board approved the Guidelines; however, this approval was in-principle only. The Board also directed the Registrar to bring forward the Guidelines to their April 29, 2022, meeting for final approval (see Appendix 1 for the February 2022 Board Briefing Note).

The Guidelines were only approved in-principle in February 2022, due to the timing of associated bylaws. At that February meeting, the Board also approved amendments to the *Health Professions Act* Bylaws ("the HPA Bylaws") to give authority to the Board to adopt, by special resolution, Board guidelines and policies to govern the procedures of their meetings. These HPA Bylaws are anticipated to come into effect on April 15, 2022. In terms of procedure, final approval of the Guidelines needs to take place *after* the associated bylaws come into effect.

Discussion

If the Board approves the Guidelines document (included in Appendix 2) through a special resolution vote, the document will take effect immediately. As a reminder, a special resolution vote requires not less than two-thirds of the votes cast by persons in attendance and eligible to vote at the meeting.

College of Pharmacists of British Columbia

BOARD MEETING
April 29, 2022

Recommendation

The Governance Committee recommends that the Board approve the Guidelines through a special resolution vote.

Guiding Questions

1. Is there anything in the CPBC Board Meeting Guidelines that is unclear?
2. Is there anything in the CPBC Board Meeting Guidelines that requires further discussion prior to implementation?

Appendix	
1	February 2022 Board Meeting Note: Board Meeting Guidelines: Robert's Rules to Adapted BCCNM Meeting Guidelines
2	College of Pharmacists of British Columbia Board Meeting Guidelines (2022)

College of Pharmacists of British Columbia

BOARD MEETING
February 11, 2022

6. Board Meeting Guidelines: Robert Rule's to Adapted BCCNM Meeting Guidelines

DECISION REQUIRED

Recommended Board Motions:

(1) Approve the following resolution to amend the bylaws made under the *Health Professions Act* regarding Board meetings, including the removal of Robert's Rule of Order as the document governing Board meeting procedures:

"RESOLVED THAT, in accordance with the authority established in section 19(1)(c) of the Health Professions Act (HPA), and subject to filing with the Minister as required by section 19(3) of the HPA, the Board of the College of Pharmacists of British Columbia amend the bylaws made under the HPA regarding Board meeting guidelines and procedures, as set out in the schedule attached to this resolution and file such bylaws with the Minister of Health."

(2) Approve the College of Pharmacists of British Columbia's Board Meeting Guidelines, as circulated, as the document governing Board meeting procedures.

Purpose

To seek Board approval:

- On the proposed draft amendments to the *Health Professions Act* Bylaws ("the HPA Bylaws") regarding Board meeting guidelines and procedures.
- To approve the College of Pharmacists of British Columbia's ("the College") Board Meeting Guidelines as the document governing Board meeting procedures.

Background

At the November 2021 meeting, the Board directed the Registrar to, "*… bring forward Board meeting guidelines, based on those from the British Columbia College of Nurses and Midwives, and associated bylaw amendments for the February 2022 meeting."*

College of Pharmacists of British Columbia

BOARD MEETING
February 11, 2022

Discussion

Proposed Bylaw Amendments
Currently, College Board meeting procedures are governed by the most recent edition of Robert's Rules of Order. More specifically, under s. 13(15) of the HPA Bylaws it states, *"Except as otherwise provided in the Act, the regulations, or these bylaws, the most recent edition of Robert's Rules of Order governs the procedures at meetings of the Board."*

To implement the Board's November 2021 direction, it is proposed that the above-noted provision be removed and replaced with the following: "*The Board may, by special resolution, adopt additional Board meeting guidelines and policies for the purposes of conducting board meetings"* (see Appendix 1 for a full copy of the proposed HPA Bylaw amendments).

This new proposed provision will enable the Board to approve meeting guidelines, as well as make future changes to those guidelines without needing to amend the HPA Bylaws. This approach is more efficient, as filing HPA Bylaw amendments on this topic involves a 60-day legislated process.

It is important to note that the above-noted HPA Bylaw amendments do not need to be posted for public comment but do need to be filed with the Ministry of Health. The HPA exempts bylaws made under s. 19 (1)(c) of that Act, which regulate the time, place, calling and conduct of meetings of the board from the 90-day public comment period. However, they do need to be filed for a 60-day period with the Ministry of Health, prior to taking effect. College staff have discussed these HPA Bylaw amendments with the Ministry of Health who have taken no issue with them proceeding for filing.

CPBC Board Meeting Guidelines
A modified version of BCCNM's Board Meeting Guidelines, titled CPBC Board Meeting Guidelines ("the draft Meeting Guidelines"), is included in Appendix 2. For comparison purposes, the BCCNM Board Meeting Guidelines document is also included in Appendix 3.

The aim of the draft Meeting Guidelines is to focus on the key processes and procedures of Board meetings. It also states that an annual review cycle is expected. Further, it outlines relevant information and procedural rules on the following topics:

- Types of Meetings
- Ways to Meet
- Meeting Materials
- Board Discussions
- Board Decisions
- Role of the Board Chair

College of Pharmacists of British Columbia

BOARD MEETING
February 11, 2022

Recommendation

The Governance Committee recommends that the Board approve the proposed HPA Bylaw amendments, by approving the Schedule to the Resolution in Appendix 4, and approve the draft CPBC Board Meeting Guidelines.

Next Steps

- If approved by the Board, the Bylaw amendments will be filed with the Ministry of Health in February for a 60-day period.
- The bylaws will come into effect beginning of April, and the CPBC Board Meeting Guidelines will be in use for the April Board meeting.

Discussion Questions

1. Is there anything unclear about the proposed amendments to the HPA bylaws?
2. Is there anything in the CPBC Board Meeting Guidelines that is unclear?
3. Does the Board require any additional training regarding the implementation of the CPBC Board Meeting Guidelines?

Appendix	
1	Proposed Amendments to the HPA Bylaws
2	College of Pharmacists of British Columbia Board Meeting Guidelines
3	BCCNM Board Meeting Guidelines
4	Schedule to the Resolution

College of Pharmacists
of British Columbia

College of Pharmacists of BC
Board Meeting Guidelines

Table of Contents

Introduction

The Board of the College of Pharmacists of British Columbia (the College or CPBC) plays a vital role in supporting and upholding the safe practice of pharmacy and pharmacy professionals registered in BC. The mandate and objects of the College are outlined in s.16 of the *Health Professions Act*. As that section states, the duty of the College is to at all times serve and protect the public, as well as exercise its powers and discharge its responsibilities under all enactments in the public interest.

Board meetings are the primary forum for Board discussions and decision-making. An effective meeting is defined as *"the assembly of people gathering to discuss ideas and make decisions that produce an outcome of value"* and the Board builds on this through its drive to cultivate a meeting space that is safe, unoppressive, and inclusive. This includes inviting and empowering Board members to contribute freely to discussions, participate in positive and robust interactions with each other, and engage in learning that will expand their awareness and knowledge of subjects to support their individual contribution to discussions and decision-making.

The purpose of these Board meeting guidelines is to outline the procedures of the Board meetings held throughout the year. These guidelines are a resource to Board members in describing:

- How Board meetings are structured and planned;
- How Board discussions can be optimized;
- How a culture of trust and respect can flourish when space is made for questions, humility, and learning; and,
- Relevant, unbiased, and balanced decisions can be made that meet and support the College's legislated authorities as set out in the *Health Professions Act* and the *Pharmacy Operations and Drug Scheduling Act;* and,
- The College's commitment to cultural safety and humility.

These Board meeting guidelines also reflect regulatory and governance best practices. It is anticipated that these guidelines be reviewed annually to continuously be receptive to the changing regulatory environment. They work in conjunction with the duties and responsibilities of Board members as established in the Oath of Office, CPBC Bylaws, and the CPBC Board Reference and Policies document. In addition, Board members should keep in mind the legislated responsibilities of the College Board as set out in the *Health Professions Act* and the *Pharmacy Operations and Drugs Scheduling Act*.

These guidelines do not apply to general College meetings such as the annual general meeting (AGM). Separate procedural rules govern those types of meeting.

Types of Meetings

There are three main types of meetings that Board members can expect to attend.

1. Regular Meetings

Regular meetings are generally held on a bi-monthly basis for the discussion of general business. These meetings are typically open to observers[1]. The minutes of the meetings are recorded and made available on the College's website. These meetings are typically video-recorded and posted online.

A Board meeting is typically held in September, November, January/February, April, and June. The Board usually does not meet during the summer months.

2. In-Camera Meetings

This is a private meeting of the Board. This type of meeting is typically open to staff involved in discussion items and invited guests may also attend. Section 13(8) of the *Health Professions Act* Bylaws requires that meeting minutes note the reason(s) why the Board held an in-camera meeting.

There are multiple reasons why the Board may want to have an in-camera meeting. For instance, the Board may want to meet with legal counsel regarding a recent legal opinion or a have discussion on the Registrar's performance evaluation.

To have an in-camera meeting, the criteria set out in s. 13(7) of the *Health Professions Act* Bylaws must be met, which states:

"The board may exclude any person from any part of a board meeting if it is satisfied that

(a) financial, personal or other matters may be disclosed of such a nature that the desirability of avoiding public disclosure of them in the interest of any person affected or in the public interest outweighs the desirability of adhering to the principle that meetings be open to the public,

(b) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced,

(c) personnel matters or property acquisitions will be discussed,

(d) the contents of examinations will be discussed,

(e) communications with the Office of the Ombudsman will be discussed, or

(f) instructions will be given to or opinions received from legal counsel for the college, the board, or a committee"

[1] During much of the COVID-19 public health emergency, regular Board meetings were held online. Outsider observers have not been able to attend these meetings due to the online format. Meetings continued to be video-recorded and available publicly online during this time.

3. Committee of the Whole Meetings

A Committee of the Whole meeting is typically scheduled before every Board meeting. This type of meeting is closed to all but Board members, select staff, and guest speakers invited to present on certain topics. No College business is conducted during this session, no formal action can be taken, no recordings are made, and no formal minutes are taken. Due to the lack of transparency to the public, the Board needs to be clear that this type of meeting is appropriate for the matter under discussion.

Some of the key purposes of Committee of the Whole sessions include Board training, and discussion on emerging issues where a Board decision is not needed at the time.

Ways to Meet

It is important to consider how and when the Board meet. There are multiple ways in which the Board may meet, but typically, in-person meetings are prioritized.

1. In-Person

   In-person meetings are the preferred type of meeting for Board members, predominantly because Board meetings involve significant discussion, planning, problem solving, and decision-making. This isthe best type of meeting to hold when it is important to reduce distractions and fully engage Board members; being face-to-face with colleagues helps build shared understanding, co-operation, and empathy.

2. Videoconference

   The option to attend a meeting remotely (i.e., by videoconference) may be available to Board members unable to participate in person. Remote meetings tend to work best for straightforward discussions where no group work is taking place or rigorous decisions are being made.

   Videoconferencing has become the standard Board meeting format because of the global pandemic and hybrid meetings may become more common moving forward, with some Board members attending meetings in person and others choosing to attend remotely.

3. By Email

   Email meetings are convened for one specific purpose only, either when information needs to bedisseminated quickly, or an urgent decision is required that cannot wait until the next scheduled Board meeting.

   Motions approved via email need to be approved by all Board members. Section 13(12) of the *Health Professions Act* Bylaws states, *"A written resolution signed by all board members is valid and binding and of the same effect as if such resolution had been duly passed at a board meeting."*

Meeting Material

1. Meeting Agendas

Regular Agendas

The agenda is prepared by staff in consultation with the Board Chair and Vice-Chair. Any Board member may propose an agenda item ahead of the meeting. The Board Chair and Registrar will decide whether to include that item on the meeting agenda for the Board's consideration.

Agendas follow a standard template, which includes the time, date, and location of the meeting. It will also outline each agenda item, the presenter for each item and an estimated allocated time for each item.

Consent Agendas

A consent agenda is typically part of the Board meeting agenda. This is a technique used to address multiple decision requests as a single agenda item so the Board can manage its meeting time. Only items that are routine or non-controversial in nature will appear on a consent agenda, or an item that requires perfunctory approval because the Board has already reached consensus in previous discussions.

Board members are expected to have carefully reviewed the items on a consent agenda prior to the meeting. The Chair will ask at the outset of the meeting if any items from the consent agenda need to be moved to the regular agenda for discussion. Any reason provided by a Board member is sufficient to have the item moved. The Chair may then decide to discuss the matter immediately or move the discussion to an appropriate time on the regular agenda.

When developing agendas, staff and Board leadership need to be confident that:

- The Board is spending the most amount of time on the most important issues.
- The Board will have the information and time to properly discuss each agenda item.
- The agenda is not too ambitious given the time allocated.
- The right people will be in the room for each discussion and, specifically, when discussions or decisions involve or impact BC First Nations, Indigenous, marginalized, or racialized individuals, groups, or communities, that either:
    - Appropriate consultation has occurred prior to the meeting and a process is in place to report out following the meeting; or
    - Representation from the specific group or community is present for the discussion.
- Staff are making the best use of the time they have with he Board when face-to-face.
- Staff are sure the topics under discussion during a closed or in-camera meeting are flagged as confidential and properly fall under s. 13(7) of the *Health Professions Act* Bylaws.

- Staff ensure the design of the meeting aligns with the Board members' level of engagement and capacity (e.g., deep discussion is not happening at a time when Board members might be tired or distracted).

2. Meeting Package

Briefing notes, with supplemental documents, form the basis of the meeting package. Along with agenda, the meeting package provides Board members with the information they need to understand the goal of each discussion, as well as background information, context, and analysis. Senior Leadership will also be present during the meeting to address any questions that arise.

The meeting package is typically posted on the College's secure document management system (the Dispensary) two weeks prior to the meeting to give Board members time to read and consider the material. Any changes made to the agenda or meeting package will be communicated to Board members either by email in advance of the meeting, or in person by the Chair at the beginning of the meeting.

3. Board Resources

Key documents, including Board manuals and polices that Board members may wish to reference either when preparing for or in-between meetings, are also housed in the online Dispensary site.

Meeting Attendance

Board members will receive an email invitation from staff for each of their Board meetings, setting out the date, time, location and, if applicable, log-in details for remote access. Board members are advised to notify staff in advance if they are unable to attend a meeting or plan to attend remotely (if the meeting is being held in-person). Board members are also asked to inform the Board Chair in advance if they plan to join the meeting late or leave early.

Board members are expected to arrive on time, with materials and notes ready to participate in the meeting. Devices not in use must be put away with notifications turned off. Where a Board member needs to attend to personal or non-Board related matters, they should, if possible, inform the Board at the outset that an interruption might occur during the meeting.

Board members attending by videoconference or teleconference are advised to:

- Consider how they might appear on camera, for example, avoiding stripes or bold patterns which can be visually distracting, adjusting lighting to minimize shadows, and reducing background noise.
- Test equipment ahead of time to make sure internet access is available and working and, if possible, to have a contingency in place in the event of system glitches.
- Have the dial-in number, access codes, or log-in details ready and join the meeting at least 10 minutes early to resolve technical issues.
- If the meeting is late to begin, email the meeting organizer to say they are ready to join the call.
- Give full attention to the meeting as they would if in the same room.
- Identify themselves if they wish to speak.
- Wait to be acknowledged by the Chair before speaking.
- Speak clearly and address Board members by name if asking specific questions.
- Ask for clarity if any part of the discussion is unclear.
- Be patient if there is a slight delay in transmission.
- Mute the line when not speaking and not place the call on hold to avoid silence fillers being broadcast to the room (i.e., news or music).
- When the meeting concludes, remember to end the call or connection.

Board members may claim expense reimbursement for preparation time and attendance at meetings (see “4.11 Reimbursement of Expenses to Board and Committee Members” in CPBC’s Board Reference and Policies).

Board Discussions

1. Opening Protocol

All Board meetings begin with a land/territorial acknowledgment. This is:

- A mark of respect and recognition of the deep, historical, and constitutionally protected connection BC First Nations have with the land occupied by the College;
- A statement to demonstrate understanding that the land on which the Board meets is unceded by BC First Nations peoples; and
- Recognition and humble gratitude to those indigenous to the land from those who are settled here.

When a meeting takes place by teleconference or videoconference, attendees are invited to acknowledge the territory from which they are each joining the meeting. Resources are available to Board members who wish to learn more about territories and the correct pronunciation of the territory names. Board members making a land/territorial acknowledgment are encouraged to speak sincerely, drawing on their personal learning and knowledge (at whatever stage that might be) so their words are neither tokenistic nor performative.

2. Meeting Conduct

The *Code of Conduct* included within the Board Reference and Policies document sets out the specific standards of conduct and expectations to which Board members must adhere. Failure to comply with the Code of Conduct may result in corrective action up to and including removal from the Board.

3. Discussion Process

The Chair is responsible for the meeting, ensures that where possible it runs on time, ensures that discussions are robust, respectful and supports good decision-making. The standard processfor moving through discussion to decision includes the following:

- Each item on the agenda will be introduced by a committee chair, staff member, or anyone else invited by the Chair to introduce the topic.
- The Chair will open the floor for any questions and discussion arising from the briefing note and background materials.
- The Chair will ensure that every member of the Board has an opportunity to share their perspective without being interrupted or silenced.
- The Chair will ensure that no one board or staff member is dominating the discussion.
- The Chair will ensure that discussion is confined to issues that fall within the Board's authority and are relevant to the issue being discussed.

- Throughout the discussion, the Chair will, where needed, highlight important points, clarify misunderstandings, and keep the discussion focused on the matters at hand.
- When Board members believe they have received the information necessary to consider the issue fully and are ready to move to a decision on the matter, the Chair will request a motion for resolution on which the Board will vote (see "*Board Decisions"* below).
- Prior to moving to decision, the Chair will check in with each Board member to ensure they have had an opportunity to share their opinion and ask questions.

4. Timeliness

Timeliness is always a key consideration for the Board. When possible, staff will bring items to the Board incrementally, with information, education sessions, and smaller decisions leading up to the final request for a decision. This ensures the Board is fully informed and comfortable with the subject matter before a decision is required.

There may be occasions where Board members may find that a discussion requires more time than was provided on the agenda. The Chair will consult with the Board to determine whether to continue or adjourn the discussion or decision to another meeting.

When the Board decides to defer a discussion or decision, it is best practice for Board members to think about what the unintended consequences of that deferral might be (e.g., a delay in information reaching registrants or education programs, halting the progress of external processes or successive decisions by other health system players, or delays in filing bylaw amendments with government, etc.).

5. Self-Reflection

One of the key values expected from Board members is self-awareness: the ability to identify the elements and nature of their own reasoning and the influences upon it, knowledge of which can empower Board members in their roles, enhance the integrity of Board discussions, and foster deep trust and respect between colleagues.

While Board members need never openly communicate or share, for example, their personal spheres of power, privilege, or bias during a Board discussion, they may find some utility in privately reflecting on these questions:

- Am I comfortable sharing what I know in the context of this discussion?
- Am I comfortable saying, "*I don't know*"?
- Am I providing my authentic point of view or am I acquiescing to a majority voice?
- Am I currently anxious, rushed, or otherwise feeling disengaged from this discussion?
- Am I open to listening to what others are saying even though I am uncomfortable or disagree with the perspective being shared?

- How might I be an ally to or support those who have said they are feeling unsafe or marginalized within the scope of this discussion?
- Am I holding myself and others accountable for creating space in this moment for an honest conversation about racism, power, and privilege to occur?
- Am I using my privilege to help those with less privilege at this table, in a way that does not lessen or undermine their power or voice?
- Am I limiting myself from considering perspectives that are different from my own? If yes, why might that be (i.e. is there bias at play)?
- Am I using language that will neither dismiss nor exclude others' skill or lived experience?
- Can I accept that I can offer my perspective but not control anyone's ability to receive it?
- Do I need to seek support outside of the Board space (e.g. an ally, a mentor, or other)?

6. Creating Space and Safety for Equitable Discussions

The most powerful Board discussions take place when all Board members deeply engage with asubject, not because they know everything about it, but because they have a strong sense of wellbeing and safety when contributing their unique views, knowledge, and ideas.

With heavy agendas and limited meeting time, Board members may often only be able to focus on what is immediately before them which, over time, may unintentionally erode trust. It is important that the Board holds itself accountable for creating space, both in and between meetings, to have the deep, challenging, provocative, or difficult conversations essential to reaching a state of equity.

This "space" relies on basic respect being present within Board relationships. Depending on the context or outcomes being sought, Board members can move discussions between:

- A **safe space**, where Board members can share thoughts, concerns, or lived experiences without fear of reprisal, mockery, or the pressure to educate. While learning or greater understanding may well be an outcome, the ultimate goal in this space is support.

- A **culturally safe space**, where Board members actively progress discussions through the application and practice of cultural awareness, sensitivity, and cultural humility.

- A **brave space**, which builds on safe and culturally safe spaces, where Board members can share their vulnerabilities, opinions, and concerns about injustice and inequity, with the specific intent to call for action, educate, or disrupt unfair or unjust systems, policies, orpractices.

Note that safety must not be conflated with comfort. The latter is passive and not conducive toequitable or meaningful discussions.

Ideally, Board members will always feel equally valued, trusted, respected, motivated, and free to contribute to Board discussions, whether they are present in person or joining a meeting remotely.However, discussions may derail if, for example, Board members:

- Show disrespect for individuals sharing their views;
- Interrupt or cut-off conversations;
- Express disdain or judgment of those showing emotion or vulnerability;
- Dismiss or disparage new information because it is not within their own personal knowledge or experience;
- Push for decisions when others may still be processing information;
- Provide unsolicited advice; or
- Breach others' confidence or privacy.

The Board must act when a Board member expresses a lack of safety, and not seek to rationalize or ignore the circumstances before it. Remaining silent, avoiding conflict, or suppressing knowledge arerecognized forms of oppressive violence that may cause significant harm.

It is always open to Board members to ask the Chair for a break from the agenda, redirect attention to holding a trusted space, and agree to ground rules. Inviting an experienced or independent facilitator to join the Board for discussions may also help to progress any difficult conversations.

Board Decisions

1. Staff and Committee Recommendations

Staff or committees typically include a recommendation in the briefing note for the Board to review and consider.

Recommendations are never brought forward in isolation: previous discussions, analysis of strategic priorities, consideration of external factors, consultation with government, system, and community partners, and previous Board discussions, for example, will have been captured when preparing the briefing note. Additionally, a full review of the issues may have already been completed by the committees delegated with such authority by the Board, in which case the Board will get a summary of the process the committee engaged in and a recommendation.

2. Decision-making Process

Board decisions are made predominantly by consensus with a confirmation vote (see further below).Depending on the nature of the discussion and the timelines involved, the Chair may consider other processes that support informed decision-making, such as bringing in an external facilitator to support the discussion.

For a regulatory Board, the primary test for any decision will always be whether the outcome serves and protects the public. It is expected that Board members will keep the College's duty and objects, as stated in s.16 of the *Health Professions Act* as their primary consideration throughout their discussion. Some sample questions are set out below to help Board members approach decisions and they are encouraged to evolve these questions as their ownlearning progresses:

- Why are we making this decision?
    - Is it in our mandate?
    - Is it tied to our strategic priorities?
    - What are the risk and budget implications?
- Do we trust the process given the importance of the decision that needs to be made? If not,what needs to change?
- Are the right people with the right experience and knowledge in the room to support a goodd ecision?
- Have we understood all the necessary facts and information?
- Is there additional information we need to make a good decision?
- Is there a perspective or opinion we have overlooked?
- Have we considered honestly the complexities of the situation and thought about what theunintended consequences might be?

- Have we received a clear analysis of where racism, power imbalances, harm, or oppression might be in play and is there a plan of engagement/mitigation?
- Will our decision support culturally safe care and aid in the eradication of Indigenous-specificracism?
- Are the assumptions made reasonable?
- Is there more than one possible course of action?
- Would it be better to defer making a decision now until we have further information or additional time to continue the discussion?
- Do we have agreement on the outcome and are we comfortable with the decision reached?

3. Consensus Decision-Making

The Board has agreed that its decisions will be achieved through consensus whenever possible. Under circumstances where consensus is not achieved, a vote will take place. Even where consensus has been reached, all decisions of the Board are confirmed with a vote in accordance with s. 13 of the *Health Professions Act* Bylaws.

What is consensus?
Consensus means finding a decision, solution or proposal acceptable enough that all members can support it, no member opposes it, and all can see that the decision meets their fiduciary duty to make decisions in the best interest of the College and therefore the public.

When does it work best?
This type of decision-making works best when a group has a common goal, a clear process, and a strong commitment to finding the most balanced solution possible. It works best in an environment that is open and trusting, where Board members are actively engaged, clear information is available to the decision-makers, and a skilled Chair is facilitating the discussion.

When doesn't it work?
Consensus is not easy. It takes time, patience, concentration and the co-operation of each participant, and the absence of any of these elements may derail the process. It is for the Chair to assess the wisdom in employing a consensus model, based on the significance of the decision before the group and the dynamics of the Board members. There will be times when the Chair realizes that consensus is not appropriate, and a vote will proceed.

Process
A consensus process needs to incorporate the following elements:

Step 1: Clarity of the issue that needs to be resolved.
Step 2: Open, but coordinated, discussion where everyone can voice their initial perspectives.
Step 3: Formation of a proposal based on perspectives and information.
Step 4: Test for agreement and amend proposal if required.
Step 5: Clarity of the decision for the minutes and actions required.

A consensus-decision making process focuses on all Board members agreeing to the ***process*** by which a decision is made.

4. Board Motions

A Board motion is a written statement of an action approved by the Board. It deals only with single or directly related issues. A draft motion is typically set out in the briefing note for the agenda item, and it is not encouraged that adjustments to that draft motion be made at the meeting. If the Board decides that the motion needs to be amended, it may be possible to do so during a meeting break. Or the item may need to be deferred to another meeting for a new motion to be appropriately crafted.

Once a decision has been reached, the Chair will call for a mover for the motion. Following any further discussion, the Chair will ask the Board to indicate, usually by verbal acknowledgment, that they accept of the motion. For the sake of clarity, the Chair will then restate the motion has been approved, so it can be captured correctly for the minutes.

No motion proposed at a Board meeting needs to be seconded (i.e. a demonstration that there is at least more than one Board member interested in seeing the decision before the Board). However, the Board has agreed that any motion proposed by a Board member that (i) has not been considered by staff, (ii) is not supported with a briefing note, and (iii) is not placed on the written agenda, must be supported by a seconder. Under such circumstances, the Chair will determine how best to deal with the proposed resolution, by:

- Allocating time at the meeting for the discussion;
- Deferring the discussion to a future meeting and directing staff to prepare a briefing note withrespect to the issue; or
- Deferring the discussion to a committee, with a recommendation for decision to come to theBoard as appropriate.

5. Recording decisions

Once finalized, motions should be explicitly stated and recorded in writing so there is no room formisinterpretation or misunderstanding, and to ensure that anyone reviewing the resolution in the future can understand its meaning and intent.

Individual votes are not recorded unless the Board has agreed to record the vote, or unless an individual Board member requests that their vote be noted.

The minutes are the official record of the meeting. Much like agendas, they follow a standard template to record the time, date, location and type of meeting, the names of Board members who attended the meeting or forwarded their regrets, the names of staff and guests in attendance.

The draft minutes are added to the next meeting agenda for review and approval by the Board. Theminutes do not need to be signed once approved.

A log of all motions is kept by staff and is a resource to the Board if required.

6. Implementing decisions

Staff will ensure that any action items or communications are attended to following the Board meeting, consulting with the Chair and Vice-Chair where necessary. The Chair will also follow up withBoard members separately after the meeting if a commitment to discuss matters offline was made.

Progress and status updates may be added to future Board agendas. Where a decision needs to berevised, this will be addressed by an additional teleconference, email meeting, or at the next scheduled Board meeting.

The Board Chair

As meeting facilitator, the Chair is responsible for setting the tone of the Board meeting and ensuring good governance practices are adhered to. It is an active role to keep Board members engaged while building a safe, cohesive, and collaborative forum in which discussions can take place.

1. Chair as Facilitator

A successful chair will:

- Ensure that every voice on the Board is heard during discussions.
- Have a strong understanding of the College, its strategy, commitments and partnerships, recognizing this knowledge will help them to guide the Board through its discussions.
- Cultivate a strong relationship with the Registrar, recognizing the interdependence of their respective roles and how their relationship affects the success of the College and its purpose.
- Spend time with Board members, staying in touch between meetings wherever possible to help the Board remain connected to its work.
- Open each meeting with a land/territorial acknowledgment, seeking assistance to learn the proper identification and pronunciation of the name(s) of the territory(ies) if uncertain.
- Set a clear direction for each meeting and regularly monitor progress throughout.
- Remember that every agenda item has a purpose but not hurry Board conversations or overlook important perspectives.
- Allow space for differences, trusting that Board members will rely on their shared values and shared understanding to drive discussions forward.
- Recognize that conflict will occur and learn when and which rules to enforce in an equitable way, or from whom to seek assistance.
- Keep a list of issues throughout each meeting that are better discussed at another time or in a different forum.
- Be self-aware and know their own sphere of influence and power as Chair.
- Work to create a culturally safe space at Board meetings through the consistent practice of cultural humility.
- Model behaviour that encourages Board members to speak out, identify, and address unsafe or racist practices, policies, or processes.
- Know when to remove themselves from facilitating a Board discussion when a conflict of interest arises.
- Ensure that Board members who identify as being part of a minority group are not tokenized, or asked what support they might need, and are provided with those supports to succeed intheir role.

- Ensure that any decision reached by the Board is based on and supported by facts.
- Close each discussion by ensuring that its purpose has been achieved or another process has been triggered.
- Formally close the proceedings by thanking all Board members and acknowledging all who supported the meeting.

2. Debrief with Board Members

If Board members have feedback or concerns following a Board meeting or have other board-relatedissues which they may not wish to share with the whole Board, they are encouraged to communicate directly and confidentially with the Chair or Vice-Chair.

3. Debrief with the Registrar

It is always good practice for the Chair and Vice-Chair to debrief with Registrar as soon as possible after the Board meeting to maintain strong and trusting relationships and ensure that meetings continue to be managed effectively, especially if the Board has a in-camera session without Senior Leadership present.

Appendix

Navigating Board Discussions

This section deals with common scenarios that may occur during Board meetings, together with suggested actions or questions that may be employed to support safety, equity, and inclusion.

While the following scenarios are written primarily to assist the Board Chair in facilitating or progressing discussions, it is important to remember that the Board ultimately acts as a whole. All Board members are responsible for ensuring the appropriateness of Board discussions, and contributing to a healthy, effective, and cohesive Board. All Board members may wish to reflect upon and familiarize themselves with this section, both as part of their own work and learning, and to recognize when and how they might support each other.

Scenario: Some or all Board members are attending the meeting by videoconference or teleconference.
• Before calling the meeting to order, check all Board members have and can access the relevant material and are ready to begin the meeting. • Verify that Board members can see and hear the meeting properly. • Review the technical meeting rules with them (e.g. muting the line when not speaking, who to inform if there are connectivity issues, etc.) • Ask a specific Board member a specific question rather than asking open-ended questions to the group (to avoid multiple Board members speaking at once). • Ask each Board member on the telephone/video if they have anything further to say on the matter under discussion to ensure no voices are forgotten. • Make sure there are sufficient pauses after asking a question to give Board members an opportunity to unmute themselves and reply.
Scenario: A Board member has a conflict of interest.

• At the outset of the meeting (or, if need be, at any time during), ask Board members directly if they have any conflicts of interest with agenda items under discussion.
• During the meeting, if a conflict of interest is identified by a Board member, allow time for them to:
  ○ outline the nature of the conflict of interest;
  ○ provide rationale for why they believe their interests are conflicted;
  ○ ask questions to ascertain if a conflict of interest does in fact exist;
  ○ ask for advice on how to manage the conflict of interest;
  ○ ask the Board if it agrees a concern exists and if the approach proposed to manage the conflict of interest is appropriate.
• Allow time, if required, for the conflicted member to leave the room, log off or disconnect their call and, later, rejoin the meeting.

Scenario:
The Board has received its presentation and is ready to begin its discussion.

- Invite Board members at random to ask their questions, or go around the table asking each Board member by name for their questions or comments. No matter which process is adopted, ensure time is taken to seek the views of every Board member.
- Alternatively, give Board members a few moments to quietly consider what they believe are the most important questions to progress discussion.
- Actively promote good debate by asking for alternative or dissenting views when discussions/decisions are not straightforward.
- If these normal procedures do not feel appropriate or engaging enough, ask the Registrar or Chief Officer(Strategy and Governance) for other facilitation options.

Scenario:
The Board has been presented with a number of options from which to make a decision.

- Ask if Board members are clear about the options presented.
- Ask Board members if one option rises clearly above the others and why.
- Ask Board members to articulate the pros and cons of each option as part of a deeper analysis.
- Ask all meeting attendees if there are any other options that have not been considered.
- Ask if further information is required before a decision can be made and, if so, what that might be.

Scenario:
The Board's discussion has stalled.

- Allow for a moment's silence; Board members may be thinking about the matter.
- Read the room: if energy is low or there are signs of boredom, irritation, or discontent, call a break.
- Be watchful for silence or agreeability and consider if this is masking a larger issue where Board members are feeling oppressed.
- Be transparent; ask questions to unearth why the discussion might have stalled to ensure there are no gaps in understanding that need to be addressed.
- If a question is asked, allow Board members time to think of their response, perhaps giving them the opportunity to spend time formulating questions on their own or in small groups.
- Ask Board members who often answer quickly to allow others to answer first to shift the dynamic in the room.
- Possible ways to acknowledge and progress the conversation:
    - "*Take your time. Let's give each other a moment to think*."
    - "*I've noticed that people aren't speaking up. Can we slow down to go around the table and get everyone's views?*"
    - *"Is there anything left to discuss or is the Board ready to reach a decision?"*
    - *"Let's take a quick break. When we get back, I am going to ask if there are any additional things we need to consider before moving to decision?"*

Scenario:
The Board has received too little, too much, or unclear information.

- Ask the presenter(s) or Senior Leadership if there is any additional context, background, or information available.
- Draw attention back to the desired outcome and college mandate to ensure Board members stay on track and help ground the discussion.
- Give space to Board members to ask and address uncomfortable questions.
- Give space to Board members to continue asking questions because they are not satisfied or comfortable with the response they have received.
- If the Board does not have what it needs to make a decision, ensure the gaps are clearly articulated and askstaff when they can bring this information back to the Board to continue the decision-making process.

Scenario:
A Board member will not participate in discussions.

- Speak to the Board member outside of the meeting to enquire if anything is wrong or if there are other concerns affecting their participation.
- Ask the Board member ahead of time how they wish to participate in the meeting and if any additional supports are needed.
- Solicit the Board member's views on agenda items pre-meeting and ask if the Board member is comfortable with the Chair sharing their views with the Board and identifying them as the source (in case this helps prompt them to elaborate on their views in the meeting).
- Possible way to acknowledge and progress the discussion:
    - "*I've noticed that you haven't been speaking up in meetings. Is there anything I can do to help with that/support you?*"

Scenario:
The Board discussion has become tense.

- Remember that vigorous debate is a signal of strong governance so encourage Board members to speak freely and from their conscience and lived experience.
- If Board members are interrupting or speaking over each other, provide each Board member two minutes to speak, uninterrupted, followed by time for others to ask questions.
- Ask if Board members wish to take a break and agree ground rules before continuing their discussion.
- Ensure that scepticism and minority views are given equal time and an equal voice.
- Repeat or summarize the statements made to ensure all positions are clearly understood.
- Adjourn the discussion if the meeting has derailed or you believe there to be no value in continuing the discussion at this particular meeting, and engage an external facilitator for support when bringing the matter back to the Board.
- Possible ways to acknowledge and progress the conversation:
    - "*So, what I am hearing is…*"
    - "*I am curious why the conversation has become tense. Can we please stop and investigate this?*"
    - "*Give me some background on that statement. I sense you have some experience with this*."
    - "*I want to hear from everyone before we move forward*."
    - "*I can see you feel strongly about this. Tell us more about…"*
    - "*I want to ensure that x has the space to respond. Can we please give x the floor to speak to that last statement."*

Scenario:
A Board member has said something that may be construed as insensitive.

- Expect emotions to rise to the surface.
- Address the issue immediately so not to normalize or reinforce the statement.
- Draw focus on what was said, not the person who said it.
- Assume positive intent.
- Assess the situation, calling a break if needed:
    - give Board members reacting to the statement an opportunity to explain their objection to what was said and their level of safety in addressing the issue;
    - separately, speak to the Board member who made the statement to: determine their understanding of what was said and their level of safety in addressing the issue; provide time for the Board member to process the concerns raised; and, if applicable, formulate a response;
    - decide whether further discussion is necessary and, if so, whether it will be a private discussion or a "community" discussion with the Board (either option creating a learning opportunity).
- Do not minimize anyone's interpretation or allow the experience of privileged voices to dominate the conversation or become the focus of it.
- On resuming the Board meeting, be transparent about what has occurred and explain next steps, inviting individuals to speak further with you after the meeting.
- Follow up with all parties to ensure there are no concerns left unacknowledged or unaddressed.
- Follow up with the Board member as applicable and, if a full Board discussion is agreed, speak to Senior Leadership to ensure time is made on a future Board agenda.
- Possible ways to acknowledge and progress the conversation:
    - "*When you said…I didn't understand what you meant. Do you have time for us to talk about this more (either now or at another time)?*"
    - "*I want to revisit something that felt like disrespect to me. I'm sure you didn't mean that. May we talk some more?*"
    - "*When you used that word or phrase, I'm not sure what you meant. Can you tell me more?*"
    - "*Tell me how you reached that opinion?*"

Scenario:
A Board member has shared that they feel unsafe during board discussions.

- Offer the Board member the opportunity to speak further or not, during or after the meeting, as they choose.
- Pay close attention to what the Board member is saying without placing any personal interpretation or meaning upon their words.
- State your commitment to help develop sustainable solutions but do not immediately focus on finding solutions or "fixing things".
- Follow up after your conversation to see how the Board member is doing.
- Follow up with the Board to agree or improve ground rules for discussions, referring to the specific issue only with the consent of the Board member who had expressed their lack of safety.
- If you are involved, do not push for details but suggest a process that will separate you from the situation and then be open to addressing matters through that process.
- Possible ways to acknowledge and progress the conversation:
    - "*I hear you/I believe you. What do you need from me in this moment?*"

- "*I am sorry. I can see this has really affected you. How can I help?*"
- "*Have I got this right? You feel…*"
- "*What I'm hearing is…is that correct?*"
- "*This is really important. I need time to reflect on this and seek counsel. May I follow up with you [at a specific time]?*"

Scenario:
A racist comment or statement has been made, or racist action has occurred, or been witnessed, or called out during the board meeting.

- Expect emotions to rise to the surface.
- Address the issue immediately so not to normalize or reinforce the racism.
- Recognize it is your role to address the conduct, not enforce reflection.
- Lead with empathy.
- Speak only from your perspective.
- If appropriate, repeat back what was said or done to help Board members understand its impact.
- Assess the situation, calling a break if needed:
  - focus on what was said, not the person who said it;
  - identify how racism was present;
  - identify and give voice to all parties concerned;
  - speak to the parties separately to ascertain their understanding of what occurred, their level of safety in addressing the issue, and how they wish to proceed; and
  - follow up as agreed, with the support of Senior Leadership, and document fully the nature of the issue and steps taken to address it.
- Acknowledge action may not happen immediately as other processes may be triggered, such as a further review or investigation as provided for in the Code of Conduct.
- On resuming the Board meeting, be transparent about what has occurred and explain next steps.
- Remind the Board of its commitment to anti-racism and the standards of conduct all Board members are required to observe in accordance with the Code of Conduct.
- If you are the target of racism, you must assess your own safety first. If necessary, ask the Vice-Chair to takeover the meeting so you can personally reflect on the situation and seek support as needed.
- If you are responsible for the racist comment or act, try not to become defensive if called out, keeping in mind the risk others are taking in sharing their observations with you. Suggest a process that will separate you from the situation and then be open to addressing matters through that process.
- Possible ways to acknowledge and progress the conversation:
  - "*I would like to repeat back what I have just heard/witnessed…*"
  - "*I'd be grateful if you could clarify what you meant by…"*
  - "*May we pause for a moment. I feel uncomfortable with what was just said and wish to stop and examine what happened*."
  - "*I am not certain if that comment/statement/action was racist but my sense is that it was. Can we please stop and discuss/address this?"*

Scenario: The Board discussion continues but no longer seems relevant to the matter at hand.
• Be transparent and acknowledge that you feel the conversation has veered off topic. • Ask how the current discussion relates to the agenda item to give Board members the opportunity to explain why it may be relevant or important. • Reframe the agenda item and ask a question that fits squarely into the purpose of the topic. • Summarize the key points that have been articulated and, if necessary, propose a way for the discussion to continue at another time. • Propose the Board moves to decision.
Scenario: The Board discussion continues but you question whether there is any value in it.
• Be transparent and state that you believe the Board has the information it needs to move on. • Ask if Board members agree with your observation and be open to continuing the discussion if others feel more time is required. • If Board members agree no further discussion is needed, move the process along by asking another question or asking for a decision.
Scenario: The Board discussion has come to an end.
• Summarize the conclusions reached by the Board and the underlying tone of its discussion. • When a resolution has been proposed, make sure that Board members understand what is being asked of them. • After the decision has been made, ask the Board if it has understood the decision reached in the meeting and if Board members share the same expectations as to next steps.

College of Pharmacists of British Columbia

5. Governance Committee: Official Approval of the Board Meeting Guidelines

Anne Peterson

Chair, Governance Committee

College of Pharmacists of British Columbia

Purpose

- To seek final approval on the College's Board Meeting Guidelines as the document governing Board meeting procedures.

College of Pharmacists of British Columbia

Background

- At the February 2022 meeting, the Board:
  - Approved the Board Meeting Guidelines in-principle; and,
  - Directed the Registrar to bring forward the document to the April 2022 Board meeting for final approval.

College of Pharmacists of British Columbia

Approval of the Board Meeting Guidelines

- Associated HPA Bylaw requirements came into effect on April 15, 2022, stating that:

  "The Board may, by special resolution, adopt additional Board meeting guidelines and policies for the purposes of conducting board meetings"

- The Meeting Guidelines will take effect immediately if passed by a special resolution vote by the Board.
- A special resolution requires not less than 2/3 of those in attendance and eligible to vote.

College of Pharmacists of British Columbia

5. Official Approval of the Board Meeting Guidelines

MOTION:

Approve through a special resolution, the College of Pharmacists of British Columbia's Board Meeting Guidelines (2022), as circulated, as the document governing Board meeting procedures.

College of Pharmacists of British Columbia

6. Jurisprudence Examination Modernization Project Update

Doreen Leong

Director of Registration & Licensure

College of Pharmacists of British Columbia

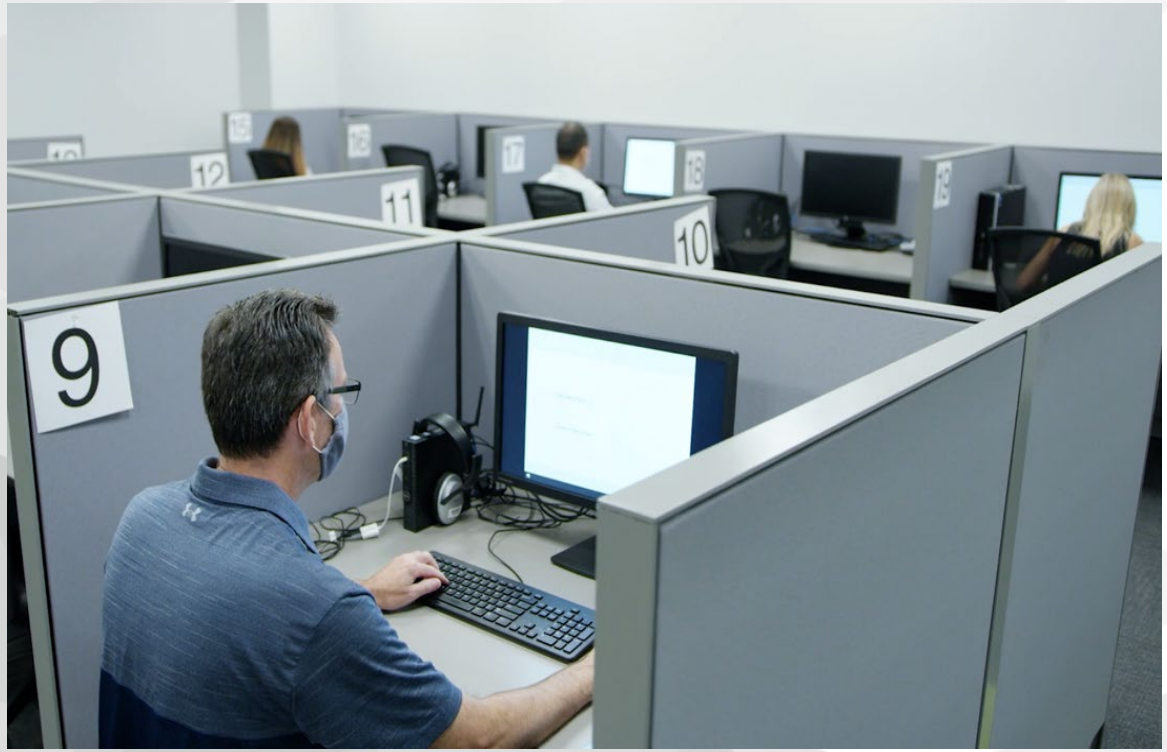
Jurisprudence Exam (JE)

- **A.K.A. the "Provincial Pharmacy Law Exam"**
- **Based on legislation contained in:**
  - Federal and provincial acts, their regulations, and bylaws,
  - College Professional Practice Policies that pertain to pharmacy operations and a registrant's responsibility in the practice of pharmacy (entry to practice), and
  - Code of Ethics.
- **Required for registration as a pharmacist or pharmacy technician in British Columbia.**
- **Held three times per year in February, June and October.**
- **Results released in approximately to two months.**

College of Pharmacists of British Columbia

Exam Delivery Methods

- February 2020 and prior: In-person, paper-based exam.
- Starting November 2020: Computer-based exam.
  - Testing options include:
    - In-person at test-center (Vancouver downtown + other locations), or
    - Remote proctoring at any location that meets the technology and environment requirements.

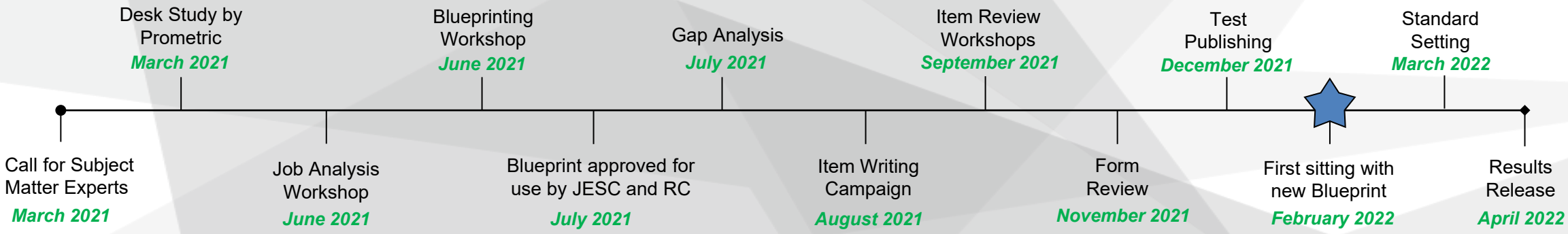


College of Pharmacists of British Columbia x PROMETRIC

JE Modernization Project (JEMP)

- Every five to seven years, the College conducts a full review of the JE, in accordance with international assessment standards.
- JEMP began in March 2021 and the full test development cycle completed in March 2022.
- Partnered with Prometric Test Development Solutions

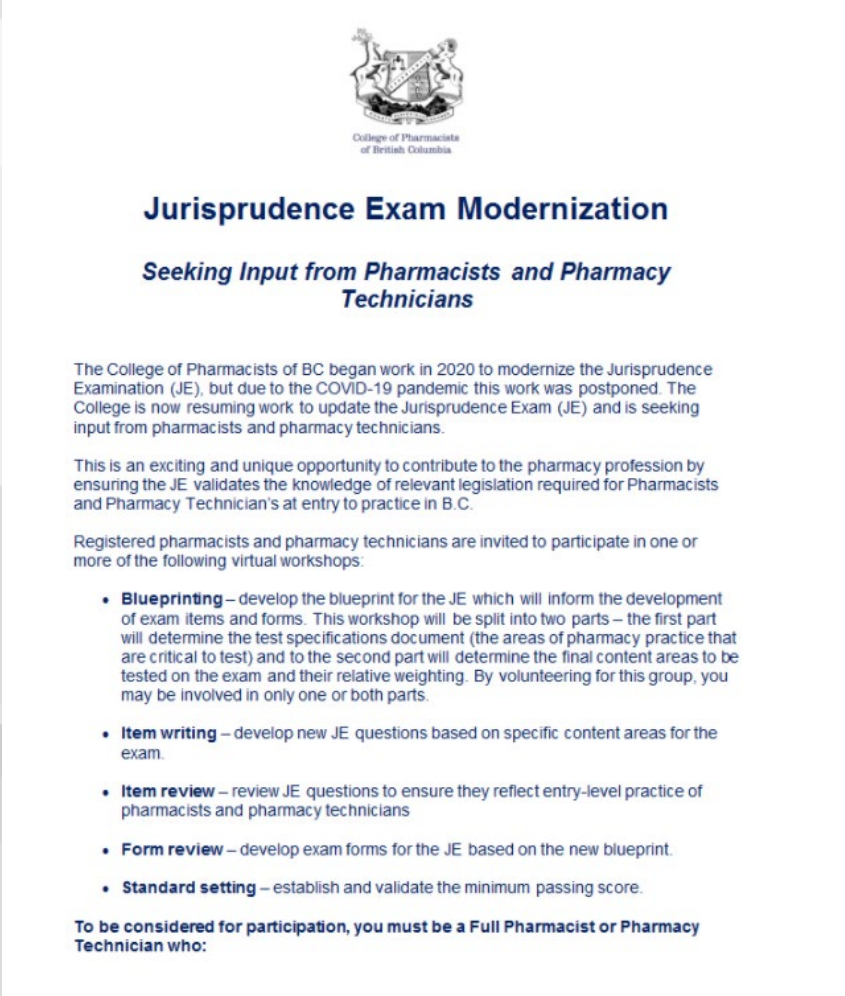
JEMP Project Timeline 2021/22



College of Pharmacists of British Columbia

Subject Matter Experts (SMEs)

- Call ran from March 4 to 21, 2021.
- 68 applications were received, 40 SMEs chosen.
- SME were objectively selected using a scoring matrix (e.g. years of pharmacy experience, practice setting, experience in exam development) to ensure:
  - a multitude of unique perspectives during the test development process in order to maintain the exam's relevance and effectiveness, and
  - representation based on the College's diverse registrant base.



College of Pharmacists of British Columbia

Jurisprudence Exam Modernization

Seeking Input from Pharmacists and Pharmacy Technicians

The College of Pharmacists of BC began work in 2020 to modernize the Jurisprudence Examination (JE), but due to the COVID-19 pandemic this work was postponed. The College is now resuming work to update the Jurisprudence Exam (JE) and is seeking input from pharmacists and pharmacy technicians.

This is an exciting and unique opportunity to contribute to the pharmacy profession by ensuring the JE validates the knowledge of relevant legislation required for Pharmacists and Pharmacy Technician's at entry to practice in B.C.

Registered pharmacists and pharmacy technicians are invited to participate in one or more of the following virtual workshops:

- **Blueprinting** – develop the blueprint for the JE which will inform the development of exam items and forms. This workshop will be split into two parts – the first part will determine the test specifications document (the areas of pharmacy practice that are critical to test) and to the second part will determine the final content areas to be tested on the exam and their relative weighting. By volunteering for this group, you may be involved in only one or both parts.
- **Item writing** – develop new JE questions based on specific content areas for the exam.
- **Item review** – review JE questions to ensure they reflect entry-level practice of pharmacists and pharmacy technicians
- **Form review** – develop exam forms for the JE based on the new blueprint.
- **Standard setting** – establish and validate the minimum passing score.

To be considered for participation, you must be a Full Pharmacist or Pharmacy Technician who:

College of Pharmacists of British Columbia

Test Development Process

Identify and rate the most important and frequently encountered tasks and knowledge areas at entry to practice.

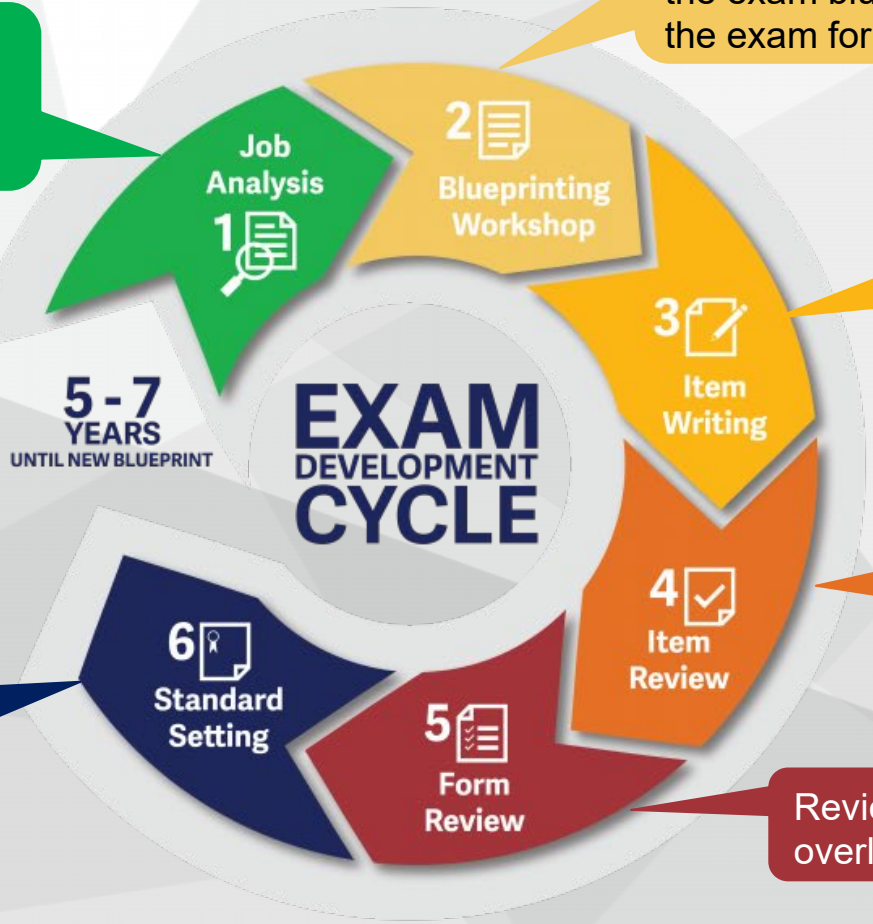
Review and identify knowledge and task statements developed during the Job Analysis to be included in the exam blueprint and the percentage of items on the exam for each domain.

Write exam items to align with the new blueprint based on best practices.

Review exam items based on blueprint and gap analysis and review and confirm there is only one correct answer.

Review exam form content for any item of overlap based on the blueprint.

Determine performance standard or 'minimum qualification' of the exam required for entry-to-practice ie. minimum passing score, or 'cut score'.



Full Cycle: 12-18 months

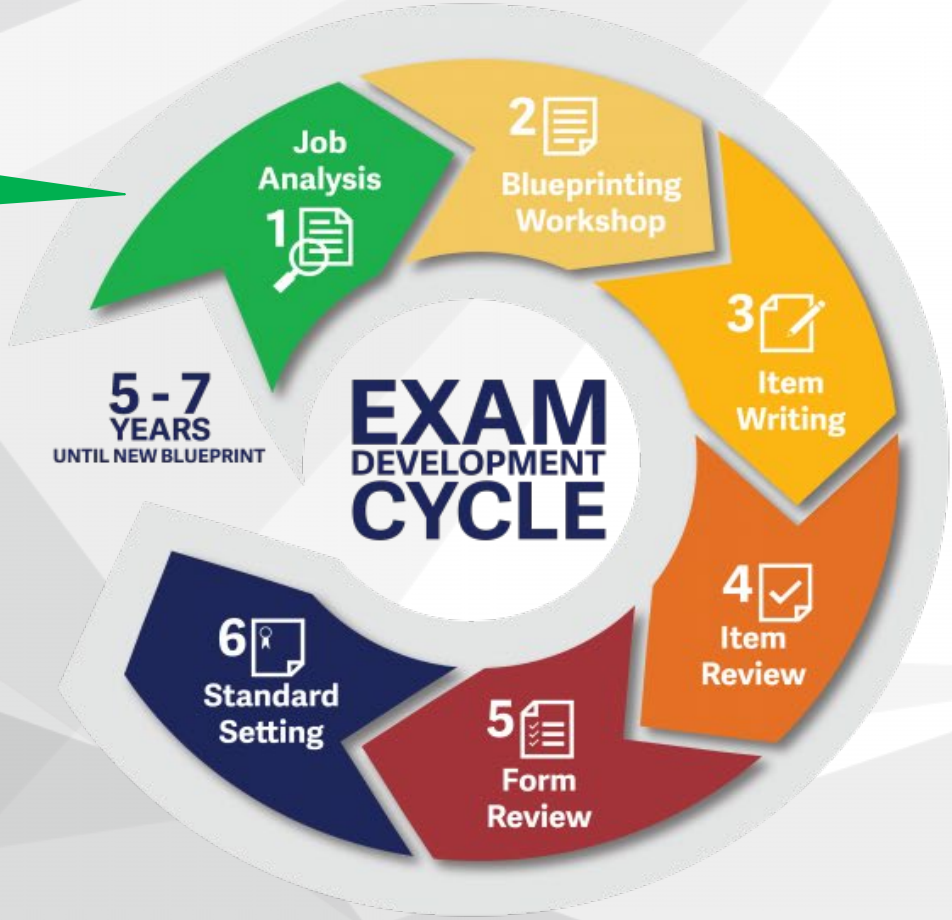
College of Pharmacists of British Columbia

Job Analysis

June 2021

Identify and rate the most important and frequently encountered tasks and knowledge areas at entry to practice.

- 10 SMEs (8 Pharmacists, 2 Pharmacy Technicians)
- This step guides the rest of the test development for the JE



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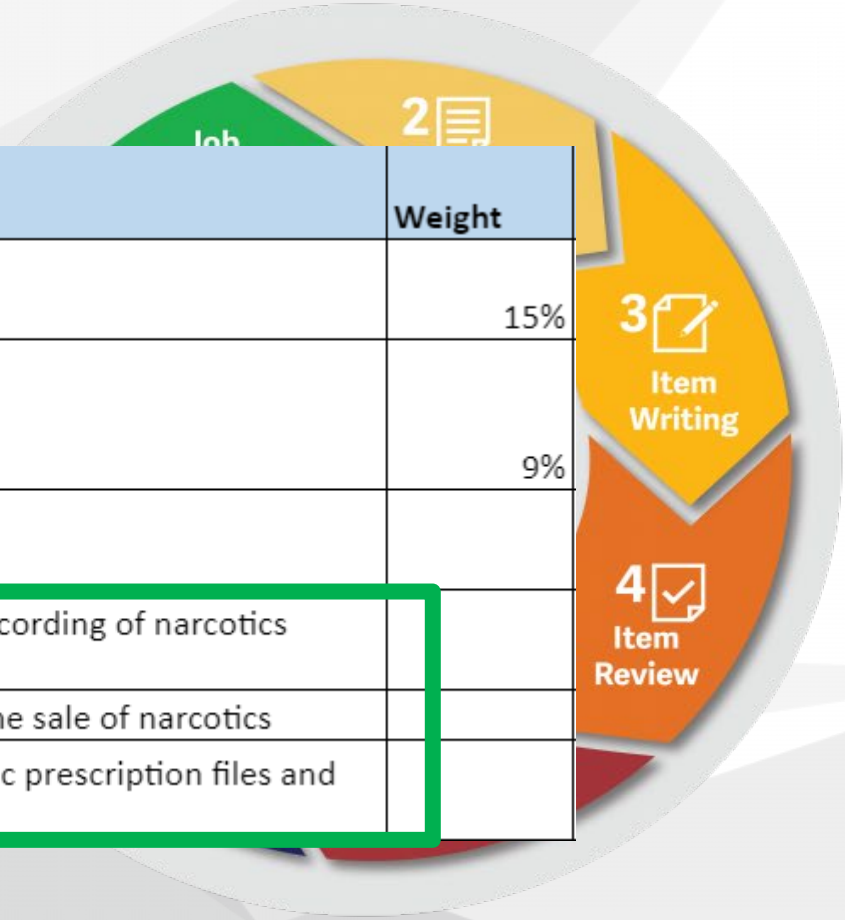
Job Analysis

June 2021

Domain/Subdomain	Knowledge	Skill/Task	Weight
Domain I: Federal Legislation			15%
Subdomain A: Controlled Drugs and Substances Act (CDSA)			9%
	K1. Narcotic Control Regulations		
		S1. Identify obligations around the recording of narcotics received from licensed dealers	
		S2. Apply appropriate legislation to the sale of narcotics	
		S3. Describe requirements for narcotic prescription files and records	



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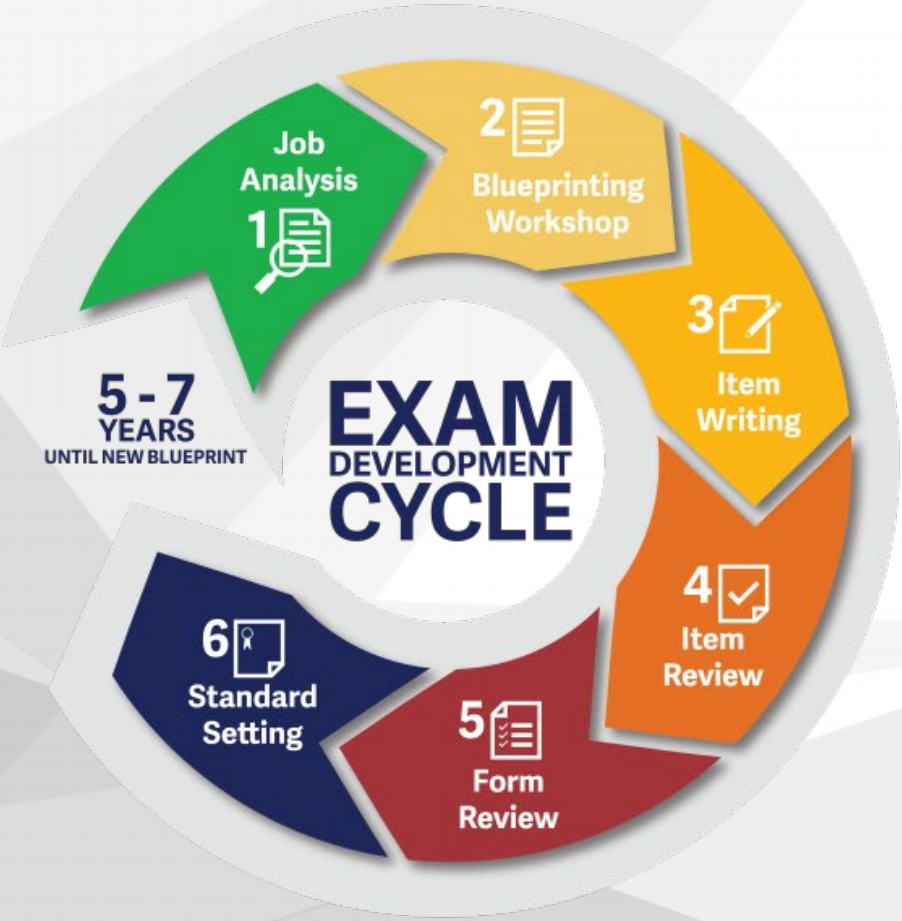
Blueprinting

June 2021

Review and identify knowledge and task statements developed during the Job Analysis to be included in the exam blueprint and the percentage of items on the exam for each domain.

- 10 Subject Matter Experts (8 Pharmacists , 2 Pharmacy Technician's)
- SMEs were asked to provide their weighting estimate
  - Determine the weighting of each domain based on importance/criticality.
- Data was aggregated and presented to the group to agree upon the final weighting of each domain.



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JE Blueprint Comparison (Old vs. New)

Domain	Subdomain	Weight	
I. Federal Legislation			**14%**
	CDSA (includes narcotics, controlled drugs and targeted substances and CPP)	5%	
	Methadone	3%	
	FDA & Regulation	2%	
	Practitioner	4%	
II. Provincial Legislation			**48%**
	HPA Bylaws	22%	
	PODSA Bylaws	16%	
	Ethics/Professionalism	10%	
III. Drug Distribution			**37%**
	Prescription Regulations Chart	24%	
	Drug Schedule Definition	5%	
	Drug Scheduling	9%	

Domain	Subdomain	Weight	
I. Federal Legislation			**15%**
	A. Controlled Drugs and Substance Act (CDSA)	9%	
	B. Food and Drug Act	5%	
	C. Practitioners	1%	
II. Provincial Legislation			**37%**
	A. Health Professions Act (HPA) and Bylaws	22%	
	B. Pharmacy Operations and Drug Scheduling Act (PODSA) and Bylaws	15%	
III. Drug Distribution			**36%**
	A. Prescription Regulations Chart	19%	
	B. Controlled Prescription Program (CPP)	9%	
	C. Drug Schedules Regulation	8%	
IV. Ethics and professionalism			**12%**
	A. Ethical Principles	7%	
	B. Duty to Report	1%	
	C. Professionalism	4%	

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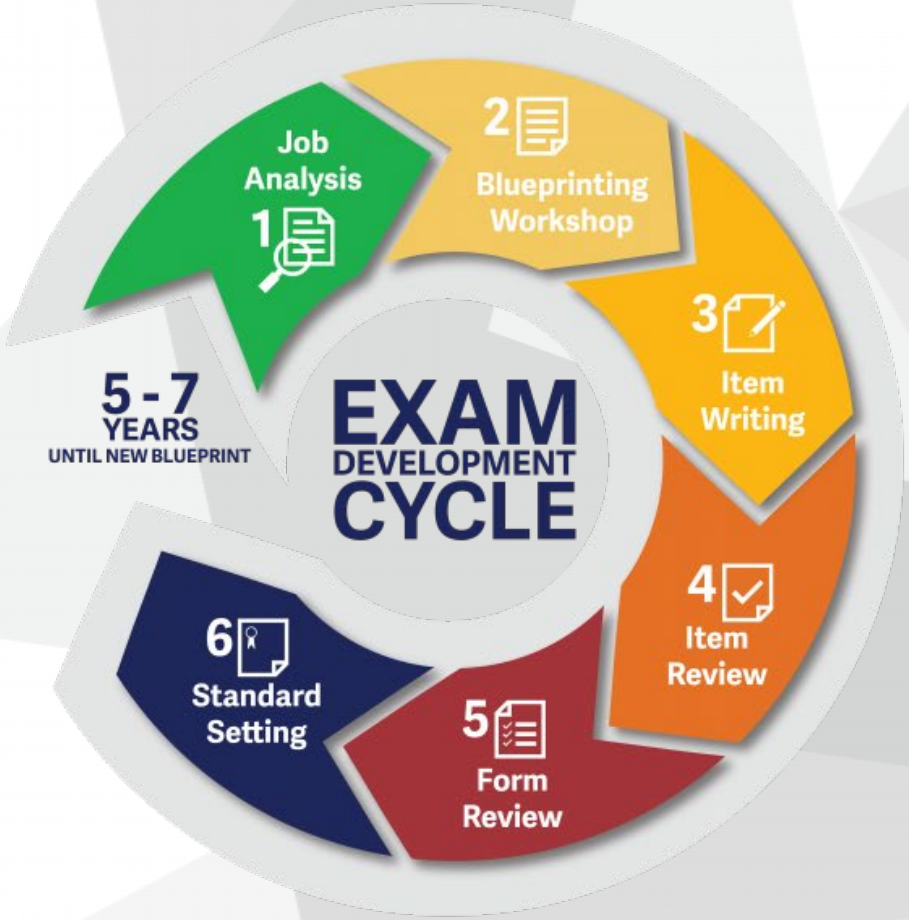
Item Writing



August 2021

Write exam questions to align with the new blueprint based on best practices.

- Gap analysis conducted prior to item writing.
- 10 SMEs (8 Pharmacists, 2 Pharmacy Technicians).
- SMEs provided training on best practices.
- 112 items written.

College of Pharmacists of British Columbia

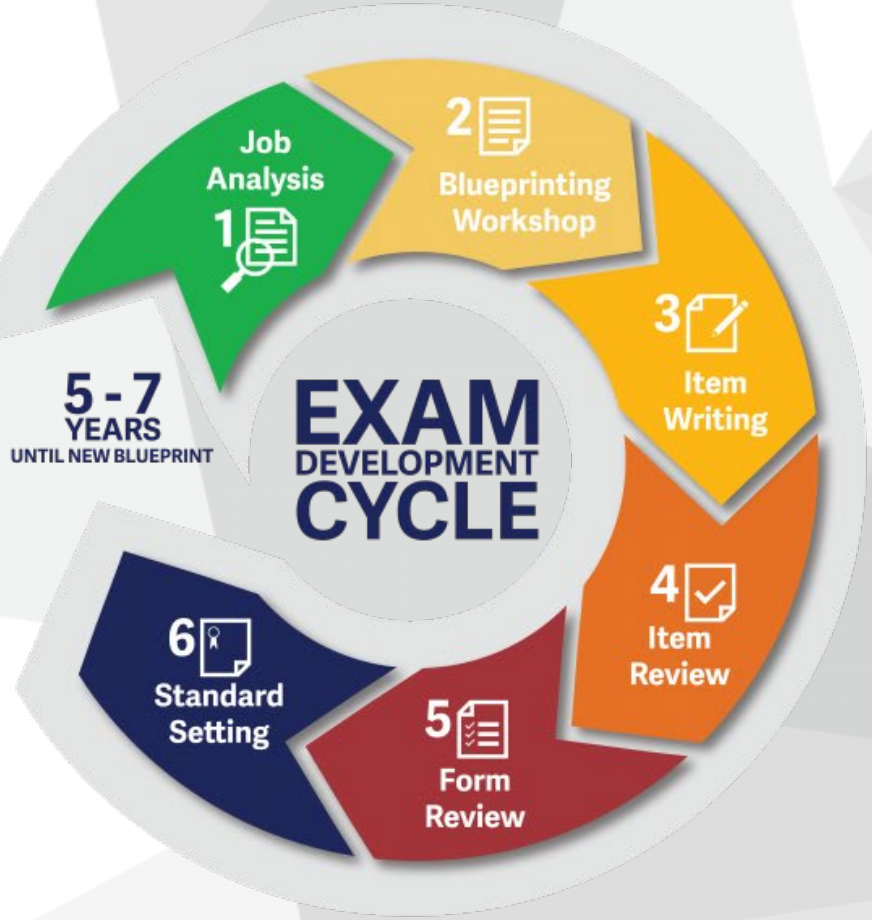
Item Writing Guidelines

Item Options

- Make distracters plausible but not correct
- Make options responsive to the information contained in the stem
- Make options similar (parallel) in content, language, length and style
- Include labels with numbers in options: no “naked” numbers
- Avoid “all of the above” or “none of the above” as options
- Pair options if necessary/possible
- Put leading words that are in each distractor into the stem instead

College of Pharmacists of British Columbia

Item Review



September – October 2021

Review exam questions based on blueprint and gap analysis and review and confirm there is only one correct answer.

- 10 SMEs (8 PS, 2 PT) formed into panels of 3-5
- 126 items reviewed
- Item review meeting goals were as follows:
  - Review and edit items, and approve for pretesting
  - Advise/Hold items that required work beyond the scope of the meeting
  - Reject/Withdraw items that were deemed unsalvageable

College of Pharmacists of British Columbia

Item Review

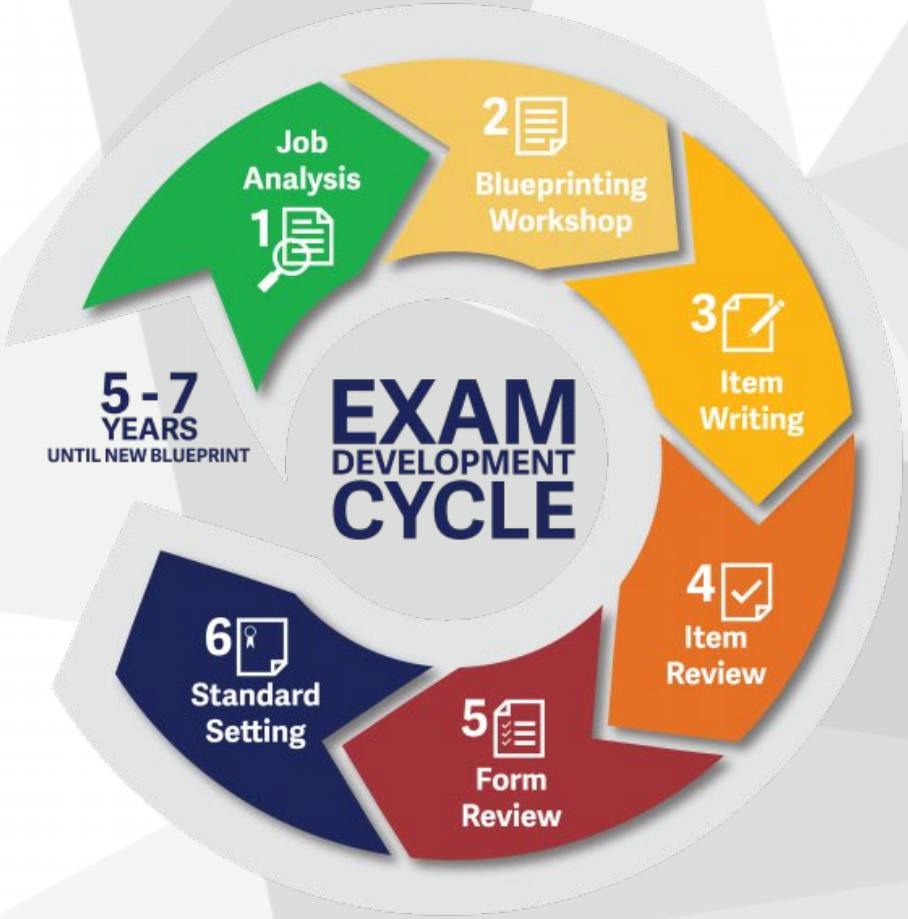
September – October 2021

Criteria	Verification
Domain/Subdomain/ICS Code	Does the item match the categories to which it is tagged?
Significance	Does the item test significant content according to CPBC test specs?
Accuracy	Are all aspects of the item accurate? • Content • Grammar, spelling, punctuation
Key	Is the key indisputably correct?
Distractors	Are the distractors clearly incorrect, i.e., there is no situation/interpretation that could make it correct? • Are distractors real (not made up)? • Plausible? • Attractive to underqualified candidates? • Parallel to key (grammar, structure, length, level of detail)?
Clang (repetition of key words)	Is there a **clang** between the stem and the key?
Bias/Sensitivity	Is the item free from bias/sensitivity issues?
Clarity	Is the item written clearly and succinctly?
Cognitive/reading load	Are there multiple phrases/clauses to keep track of? Can the item be simplified?
Universal Design	Is the item accessible to all candidates?
Drug Schedule	Is drug schedule resource required to answer this question?
Reference*	Does the item have an appropriate and accurate reference?

**References will be checked in advance by CPBC*

College of Pharmacists of British Columbia

Form Review



November 2021

Review exam form content for any areas of overlap based on the blueprint.

- 10 SMEs (8 Pharmacists, 2 Pharmacy Technician).
- Panels of 5 to 6.
- Purpose of the panel is to:
  - Identify the overlap and cueing among items,.
  - Validate the correct answer and content area of each item, and
  - Ensure the appropriateness of each item for the exam.

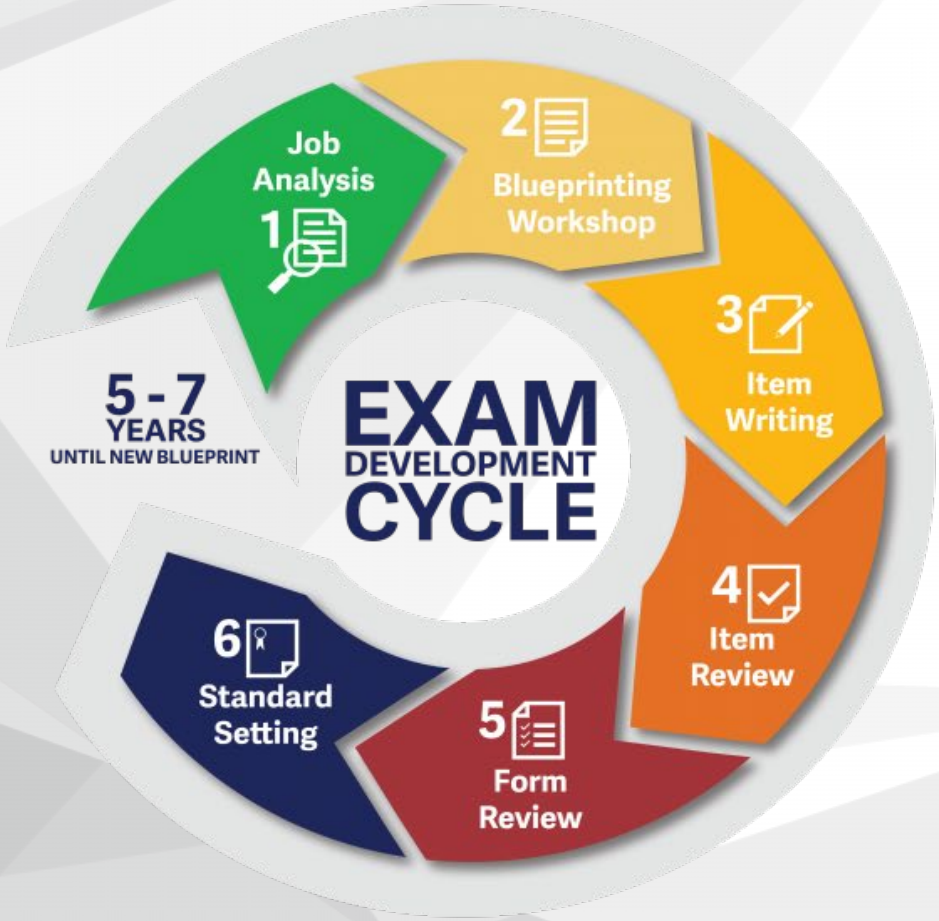
College of Pharmacists of British Columbia

Standard Setting

March 2022

Determine performance standard or ‘minimum qualification’ of the exam required for entry-to-practice ie. minimum passing score, or ‘cut score’.

- 12 Subject Matter Experts (10 Pharmacists & 2 Pharmacy Technician’s)
- Determine criteria for a minimally qualified candidate (MQC).
- Use a modified Angoff Statistical Analysis and the Beuk Adjustment Score
- SMEs write the exam and provide ratings and meet to discuss disparity and reaffirm ratings
- Data is aggregated and a cut score is recommended.



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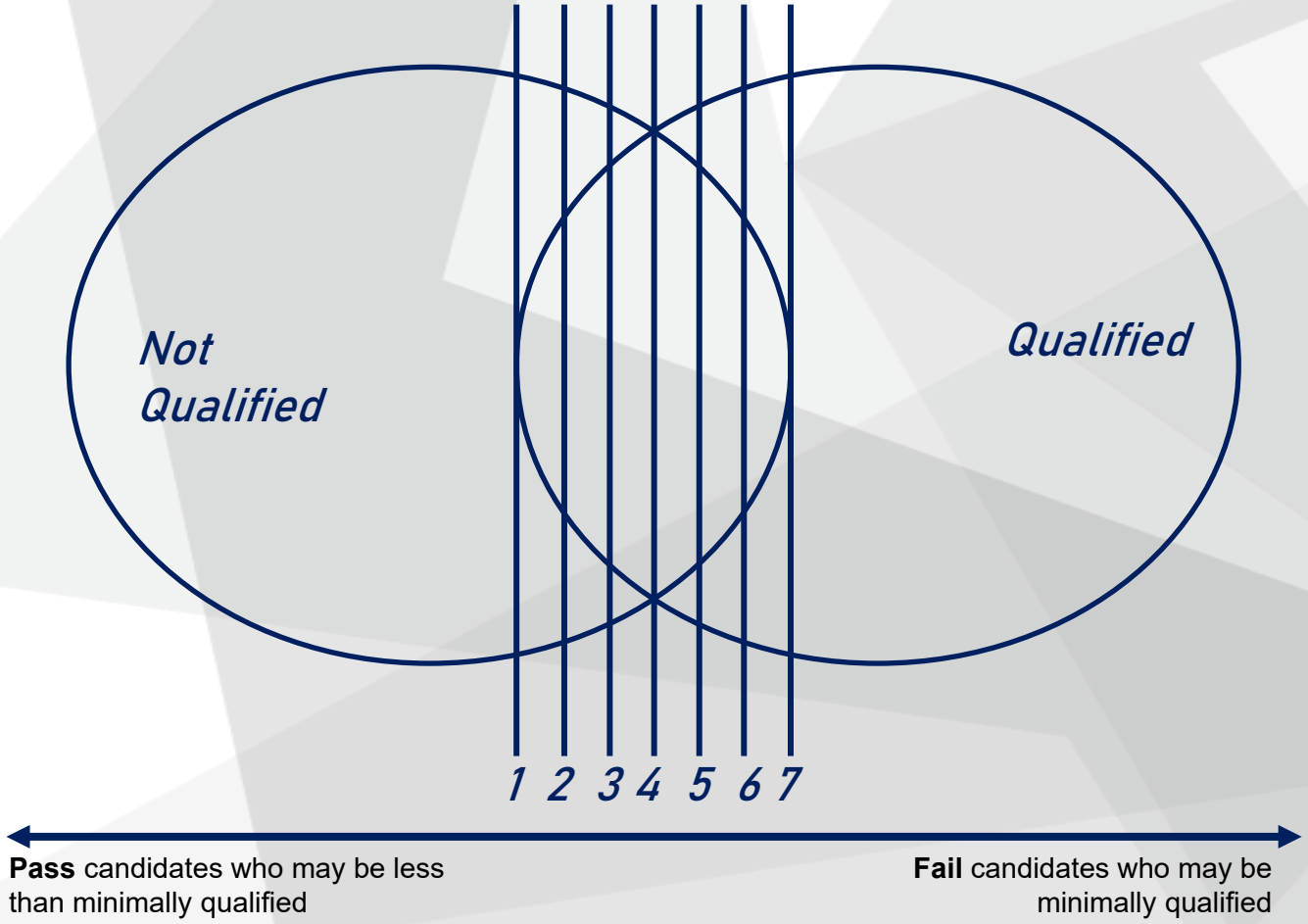
Measurement Error and Standard Setting



- There is always an overlap between those who are qualified and those who are not.
- Because of the nature of testing, it is extremely difficult to separate the two groups perfectly

College of Pharmacists of British Columbia

Final Cut Score Recommendation from JESC

- The JESC reviews the standard (cut score) recommendations based on:
  - a modified Angoff statistical analysis, and
  - the Beuk Adjustment Score
- The JESC recommends to the Registration Committee the standard for approval.

College of Pharmacists of British Columbia

BOARD MEETING
April 29, 2022

7. Legislation Review Committee
a) Bylaw Amendments to Officially Adopt the NAPRA Standards for Sterile Compounding

DECISION REQUIRED

Recommended Board Motion:

(1) Approve the following resolution to amend the bylaws made under the *Pharmacy Operations and Drug Scheduling Act* and the *Health Professions Act* regarding the compounding of sterile preparations:

"RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act ("PODSA") and section 19(1) of the Health Professions Act ("HPA"), and subject to the filing requirements in section 21(4) of PODSA and section 19(3) of HPA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under PODSA and HPA to adopt the National Association of Pharmacy Regulatory Authorities' Model Standards for Pharmacy Compounding of Sterile Preparations (non-hazardous and hazardous), as circulated."

(2) Approve consequential amendments to Professional Practice Policy-64 Guidelines for Pharmacy Compounding, as circulated, effective on the date that the bylaws come into force.

(3) Approve rescinding Professional Practice Policy-61 Hospital Pharmacy Published Standards, as circulated, effective on the date that the bylaws come into force.

(4) Direct the Registrar to conduct research and analysis on restricting unregulated pharmacy staff from performing restricted activities, including compounding, and bring forward bylaw amendments on this issue within two years.

Purpose

To propose amendments to the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") and *Health Professions Act* ("HPA") Bylaws to adopt the National Association of Pharmacy Regulatory Authorities' ("NAPRA") model standards for sterile compounding, for approval for filing with the Ministry of Health, along with amendments to related Professional Practice Policies ("PPP").

Background

Compounding

As defined under the Pharmacists Regulation, compounding in respect of a drug, is the mixing of one or more other ingredients.

NAPRA Model Standards

NAPRA is an association of the provincial and territorial pharmacy regulatory authorities as well as the Canadian Forces Pharmacy Services. NAPRA provides a platform for its pharmacy regulatory authority members to discuss issues and to take a national approach in addressing common issues in the practice of pharmacy in Canada.

One of NAPRA's roles is creating national model standards and guidelines that its members can in turn adopt or adapt for use in their own jurisdictions. Harmonizing the practice of pharmacy across jurisdictions, where possible, facilitates the movement of pharmacy professionals across jurisdictions and promotes a consistent level of pharmacy care for patients.

In 2015 and 2016, NAPRA released its *Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations* and *Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations*, respectively (collectively referred to as the Model Standards within this briefing note). These Model Standards represent the minimum requirements to be applied in compounding sterile preparations nationally and are expected to be adopted by pharmacy regulatory authorities across Canada.

The aim of the Model Standards is to provide pharmacy professionals who compound sterile preparations with the standards necessary to evaluate their practice, develop service-related procedures and implement appropriate quality controls for both patients and compounding personnel, with a view to guaranteeing the overall quality and safety of sterile preparations.

Patient safety was the driving force behind the development of the Model Standards. The Model Standards were developed in response to devastating consequences resulting from chemotherapy preparation issues in Canada and substandard facilities operating in the United States.

Implementation of the Model Standards in B.C.

In 2017, the College Board approved the Model Standards for a phased implementation. This phased approach was informed by a multi-step engagement process and set the deadline for the official adoption of the Model Standards to May 2021. However, in September 2020, the Board approved a one-time extension due to the onset of the COVID-19 pandemic. As a result, the deadline was extended from May 2021 to July 2022.

At their November 2021 meeting, the Board approved the public posting of the proposed PODSA Bylaws to adopt the Model Standards for public posting for a 90-day period. Related amendments to the HPA Standards of Practice and relevant Professional Practice Policies

("PPPs") were also posted for that comment period, even though legislation does not require the College to do so. This was done so that readers would gain clarity on the entire suite of changes proposed by the College (See Appendix 1 for the November 2021 Board meeting note).

It is important to note that at their November 2021 meeting, the Board made a policy decision that was reflected in the draft bylaws to restrict sterile compounding to registrants only. Currently, unregulated pharmacy assistants may perform sterile compounding within particular parameters. As they are unregulated, the College would hold supervising registrants accountable for the work of these assistants. Rationale in support of this restriction was grouped into three themes: public safety, accountability, and education.

Discussion

Redacted as per FOIPPA s.13 Policy Advice or Recommendations

[redacted]

[redacted]

Recommended Amendments to the Bylaws

[redacted]

Recommended Amendments to the PPPs

As noted above, the College previously posted relevant PPPs for public comment. This included PPP-57 - Standards for Pharmacy Assistant Verification of Sterile Products in Hospital Pharmacy Practice, which was proposed to be rescinded as sterile compounding would be limited to registrants only. In accordance with the discussion above on this issue, it is recommended that PPP-57 remain in place at this point.

[1] Restricted activities for the practice of pharmacy are described under s.4(1) of the Pharmacists Regulation under the HPA. In general, these activities include prescribing, compounding, dispensing and administering drugs.

Next Steps

- If approved by the Board, the bylaw amendments will be filed with the Ministry of Health for 60-days to allow for a July 4, 2022 effective date, as July 1st is a holiday.
- Changes to the following PPPs will be effective at the same time as the bylaw amendments come into force:
    - PPP-61 Hospital Pharmacy Published Standards, to be repealed.
    - PPP-64 Guidelines for Pharmacy Compounding, to be amended.
- Communications on the amendments will be developed and implemented.

Recommendation

The Legislation Review Committee recommends that the Board approve:

- Amendments to the PODSA and HPA Bylaws in Appendix 3-4 by approving the schedules to the resolution in Appendix 5 for filing with the Minister of Health.
- Repealing PPP-61 Hospital Pharmacy Published Standards, as noted in Appendix 6.
- Amendments to PPP-64 Guidelines for Pharmacy Compounding as noted in Appendix 6.
- Directing the Registrar to conduct research and analysis on restricting unregulated pharmacy staff from performing restricted activities, including compounding, and bring forward bylaw amendments on this issue within two years.

Guiding Questions

- Do you need any further information to support removing the restriction of sterile compounding to registrants only, at this point?
- Is there anything missing or unclear about the direction to the Registrar?
- Do you need any further information, from a governance perspective, regarding how the College will work with organizations that have requested additional time to comply with the Model Standards?

Appendix	
1	November 2021 Briefing Note on the Model Standards
2	Feedback Received from the 2022-2023 Public Comment Period and a Feedback Summary
3	PODSA Bylaw Amendments (proposed changes indicated via track changes)
4	HPA Bylaw Amendments (proposed changes indicated via track changes)
5	Schedules to the Resolution
6	Amendments to Relevant Professional Practice Policies (proposed changes indicated via track changes)

College of Pharmacists of British Columbia

BOARD MEETING
November 26, 2021

7. Legislation Review Committee:
a) Bylaw Amendments to Officially Adopt the NAPRA Standards for Sterile Compounding

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 the Pharmacy Operations and Drug Scheduling Act, the Board approves the proposed draft bylaws of the College of Pharmacists of British Columbia for public posting, which adopt the National Association of Pharmacy Regulatory Authorities' Model Standards for Pharmacy Compounding of Sterile Preparations (non-hazardous and hazardous), as circulated.

Purpose

To propose amendments to the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws to adopt the National Association of Pharmacy Regulatory Authorities' ("NAPRA") model standards for sterile compounding, for approval for public posting.

Background

Compounding
As defined under the Pharmacists Regulation, compounding in respect of a drug, is the mixing of one or more other ingredients.

NAPRA Model Standards
NAPRA is an association of the provincial and territorial pharmacy regulatory authorities as well as the Canadian Forces Pharmacy Services. NAPRA provides a platform for its pharmacy regulatory authority members to discuss issues and to take a national approach in addressing common issues in the practice of pharmacy in Canada.

One of NAPRA's roles is creating national model standards and guidelines that its members can in turn adopt or adapt for use in their own jurisdictions. Harmonizing the practice of pharmacy across jurisdictions, where possible, facilitates the movement of pharmacy professionals across jurisdictions and promotes a consistent level of pharmacy care for patients.

In 2015 and 2016, NAPRA released its *Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations* and *Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations*, respectively (collectively referred to as the Model Standards within this briefing note). These Model Standards represent the minimum requirements to be applied in compounding sterile preparations nationally and are expected to be adopted by pharmacy regulatory authorities across Canada.

The aim of the Model Standards is to provide pharmacy professionals who compound sterile preparations with the standards necessary to evaluate their practice, develop service-related procedures and implement appropriate quality controls for both patients and compounding personnel, with a view to guaranteeing the overall quality and safety of sterile preparations. The Model Standards were adapted from standards originally developed by the *Ordre des Pharmaciens du Québec* (the pharmacy regulatory authority of Quebec), which are in turn based on General Chapter of the United States Pharmacopeia (USP) – National Formulary, in effect in the United States.

Patient safety was the driving force behind the development of the Model Standards. The Model Standards were developed in response to devastating consequences resulting from chemotherapy preparation issues in Canada (Marchese Hospital Solutions) and substandard facilities operating in the United States (The New England Compounding Centre). Both incidents are described more below.

Marchese Hospital Solutions

In 2013, Marchese Hospital Solutions supplied nearly 1,200 Canadian cancer patients in hospital in Ontario and New Brunswick with weaker-than-prescribed doses of chemotherapy drugs. As a result, 1,202 patients were affected. The majority of the patients implicated by this error were adults (1,162), and the remainder were pediatric cases (40). A pharmacy technician originally discovered the error, which led to a thorough investigation of the under-dosing of chemotherapy drugs.

The Ontario government established an independent review to determine how the under-dosing and hospital distribution of the chemotherapy drugs occurred, and to recommend ways to prevent future incidents. The independent review and recommendations are summarized in a report titled, *A Review of the Oncology Under-Dosing Incident*. This report included twelve recommendations, one of which was for the Ontario College of Pharmacists (and by extension, NAPRA) to work quickly with Health Canada to define best practices and contemporary objective standards for non-sterile and sterile product preparation within a licensed pharmacy.

This incident also resulted in increased regulatory oversight of compounding in Ontario. The Ontario College of Pharmacists was given the authority to inspect premises where a pharmacist or pharmacy technician engages in or supervises drug preparation activities.
Appendix 1 includes media articles related to this incident.

New England Compounding Centre

In 2012, approximately 800 patients across 20 states were diagnosed with a fungal meningitis infection after receiving contaminated injections of methylprednisolone acetate manufactured by the New England Compounding Centre. As a result of this outbreak, more than 100 patients have died.

The outbreak is considered the largest public health crisis ever caused by a contaminated pharmaceutical drug. The former owner of the New England Compounding Centre as well as the supervising pharmacist were sentenced to multiple years in prison.

Appendix 2 includes articles and media publications related to this incident.

Implementation of the Model Standards in B.C.

In 2017, the College Board approved the Model Standards for a phased implementation (see Appendix 3 for the Board briefing note related to this approval). This phased approach was informed by a multi-step engagement process and set the deadline for the official adoption of the Model Standards to May 2021. However, in September 2020, the Board approved a one-time extension due to the onset of the COVID-19 pandemic (see Appendix 4 for the Board briefing note related to this extension). As a result, the deadline was extended from May 2021 to July 2022.

In order for the deadline of July 2022 to be realized, the public posting period should begin in fall 2021 to allow for time to meet the legislative requirements outlined in PODSA (i.e., the 90-day public posting period and 60-day filing period).

Implementation of the Model Standards Across Canada

To date, the Model Standards have been implemented in most provinces across Canada. More specifically, Alberta, Ontario, Manitoba, Saskatchewan, Nova Scotia, New Brunswick and Newfoundland and Labrador have already adopted them. Quebec and Prince Edward Island are the only provinces that have not implemented them[1]. Quebec has not implemented them because, as mentioned above, the Model Standards were adapted from Quebec's standards. Prince Edward Island has not implemented them as, to date, their pharmacies do not compound sterile preparations.

[1] The Model Standards were adopted by these provinces as follows (year(s)): Alberta (2016), Ontario (2016), Manitoba (2017), Saskatchewan (2019), Nova Scotia (2016), New Brunswick (2017) and Newfoundland and Labrador (2016 for non-hazardous Model Standards, 2017 for hazardous Model Standards).

Discussion

Bylaws Adopting the Model Standards
The following bylaw amendments are being proposed to adopt the Model Standards.

Summary of Amendments to the PODSA Bylaws
The Model Standards include standards related to the operation of a pharmacy (e.g., facility and equipment related requirements) which are issues included under PODSA. As such, amendments to the PODSA Bylaws are needed. Bylaw amendments have been included to require pharmacy owners and managers to ensure compliance with the NAPRA standards approved by the Board, applicable to the operation of a pharmacy (please see Appendix 5 for further details).

Summary of Amendments to Standards of Practice under the Health Professions Act ("HPA")
The Model Standards include minimum standards for pharmacists and pharmacy technicians who compound non-hazardous and hazardous sterile preparations. Accordingly, amendments to the College's Community Pharmacy, Hospital Pharmacy and Residential Care Facilities and Homes Standards of Practice documents are required (please see Appendix 6 for further details).

These amendments include a new provision requiring compliance with NAPRA Standards, as approved by the Board, and a new provision which states that only registrants can prepare sterile compounds.

It is important to note that the Board is not being asked to consider approving the draft Standards of Practice amendments at this time. Standards of Practice are not required to be publicly posted. The above-noted amendments are included in this briefing package for informational purposes. The College aims to publicly post them alongside with the draft PODSA Bylaw amendments noted above (if approved by the Board) to provide context for readers. The amended Standards of Practice will be brought forward to the Board for approval at the time of filing of Bylaws, which is expected to take place at their April 2022 meeting.

Summary of Amendments to Professional Practice Policies (PPPs)
College staff expect to amend the following PPPs to align with the adoption of the Model Standards:

- PPP- 64 Guidelines for Pharmacy Compounding: To replace the outdated reference to NAPRA's 2006 Compounding Guidelines.
- PPP- 61 Hospital Pharmacy Published Standards: To be repealed as it references outdated sterile product preparation standards.
- PPP- 57 Standards for Pharmacy Assistant Verification of Sterile Products in Hospital Pharmacy Practice: To be repealed as non-registrants will no longer be permitted to prepare sterile compounds.

It is important to note that, as with the Standards of Practice, the Board is not being asked to consider approving the draft PPP amendments at this time. PPPs are not required to be publicly posted. The above-noted amendments are included in this briefing note for informational purposes. The College aims to publicly post them alongside with the draft PODSA Bylaw amendments noted above (if approved by the Board) to provide context for the public and registrants. Any PPP amendments will be brought forward to the Board for approval at the time of filing of Bylaws, which is expected to take place at their April 2022 meeting.

Policy Decision: Restricting Sterile Compound Preparation to Registrants

The above-noted draft Bylaw amendments clearly limit compounding of sterile products to registrants only. In B.C., as per the Pharmacists Regulation made under the HPA, compounding is listed as a restricted activity that can only be conducted by a registrant while practicing the health profession of the practice of pharmacy.

The Model Standards allow pharmacy assistants "with appropriate training using a formal delegation process that complies with the requirements of the provincial/territorial authority" to prepare sterile compounds. It is our understanding pharmacy assistants were included as "compounding personnel" to accommodate jurisdictions where pharmacy technicians are not regulated. In B.C., pharmacy technicians have been regulated since 2010, and their scope of practice[2] specifically includes compounding prescriptions.

College staff recommend that the preparation of sterile compounds be restricted to registrants (i.e., pharmacists and pharmacy technicians) only. The key reasons supporting this recommendation can be grouped into three themes: public safety, accountability, and education.

> *Public Safety*
> Compounding may pose a significant public safety risk if proper procedures and techniques are not followed. These risks were realized with Marchese Hospital Solutions and New England Compounding Centre disasters, noted above.

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[2] HPA Community and Hospital Standards of Practice (section 4 and 10 respectively) define the scope of practice of pharmacy technicians as follows:

Pharmacy technicians in a community/hospital pharmacy may prepare, process and compound prescriptions, including

(a) receiving and transcribing verbal prescriptions from practitioners,
(b) ensuring that a prescription is complete and authentic,
(c) transferring prescriptions to and receiving prescriptions from other pharmacies,
(d) ensuring the accuracy of a prepared prescription,
(e) performing the final check of a prepared prescription, and
(f) ensuring the accuracy of drug and personal health information in the PharmaNet patient record.

More recently, from 2001-2019, a U.S. drug safety project (conducted by the Pew Research Centre) has identified 73 reported compounding errors or potential errors associated with more than 1,562 adverse events, including at least 116 deaths.

Permitting only registrants to compound sterile products aligns with the College's mandate of protecting public health by ensuring that every pharmacist and pharmacy technician in B.C. is fully qualified and able to provide the public with safe and ethical pharmacy care.

Accountability
Pharmacists and pharmacy technicians are regulated registrants with the College. They are held accountable to high professional standards through a number of College regulatory measures, including registration requirements, professional practice requirements, and practice reviews as well as subject to the College complaints process along with inquiry and discipline processes. In the event of a compounding error, registrants may be subject to the College's complaints process and can be held accountable for the error through mechanisms, such as limits and conditions on their practices.

Unregulated pharmacy assistants cannot be held personally accountable to the College. Since they are not regulated, pharmacy assistants cannot go through the College's inquiry and discipline processes. Further, there is no requirement for pharmacy managers to inform the College of the assistants employed in their pharmacy. Currently, the College holds supervising registrants accountable for the work of unregulated staff.

Education/Training
The preparation of sterile compounds requires knowledge, skills and abilities acquired through specific training and education, including aseptic technique and technical competences to ensure quality. Compounding is a foundational part of a pharmacy professional's education. For instance, pharmacy technicians are trained on sterile product handling in their training programs. Additionally, all registrants are also required to meet the College's continuous professional development requirements for their yearly registration renewal.

There is no standardized requirement for sterile compounding education or training for unregulated pharmacy assistants. The level and quality of training will vary across the province.

Potential Impact of Restricting Sterile Compounding to Registrants Only
College staff surveyed health authorities (Fraser Health; Island Health; Northern Health; Provincial Health Services Authority; and, Vancouver Coastal Health) and community pharmacies that have declared that they prepare non-sterile or sterile preparations through the registration renewal process, to better understand who is involved in sterile compounding.

Each pharmacy surveyed was asked to state what percentage of their pharmacy's compounding is prepared by: pharmacists, pharmacy technicians and pharmacy assistants.

Hospital Pharmacy Survey Results Summary
The survey results for hospital sites indicated that only a small number of the sites (5 out of 57) use pharmacy assistants to prepare sterile compounds. In these five sites, pharmacy assistants prepare between 1% to 25% of the total sterile preparations prepared. Based on detailed responses from each site on how many prescriptions of hazardous and non-hazardous sterile compounds each of these sites prepares per month, BC Cancer-Vancouver and Nanaimo Regional Hospital seem to prepare higher number of prescriptions per month with pharmacy assistants preparing approximately 25% of these preparations.

Community Pharmacy Survey Results Summary
Survey results for community pharmacies indicated that only a small number of community pharmacies compound sterile preparations (44 out of the 1,414 pharmacies surveyed, declared that they prepare non-hazardous sterile compounds and only 4 out of the 1,414 declared that they prepare hazardous sterile compounds).

Non-hazardous sterile compounding:
13 pharmacies reported that pharmacy assistants are involved in preparing non-hazardous sterile compounds. Detailed results show that most of these compounds are prepared by pharmacy technicians (approximately 54% pharmacy technician, 33% pharmacy assistant and 14% pharmacist).

Hazardous sterile compounding:
4 pharmacies reported that pharmacy assistants are involved in preparing hazardous sterile compounds. Detailed results show that most of the hazardous compounds at these pharmacies are prepared by either a pharmacist or pharmacy assistant (approximately 43% pharmacist, 46% assistant and 11% pharmacy technician).

The survey results from both hospital and community pharmacies indicate that restricting preparing of sterile compounds to registrants only may have a smaller impact on hospital pharmacies and a moderate impact on community pharmacies.

Legislation Review Committee
At their October 2021 meeting, the Legislation Review Committee discussed the proposed bylaws and the policy decision noted above. The committee is supportive of both.

The committee was interested however in knowing if docking of the proprietary bag and vial systems is compounding, as this work in hospitals has been performed by pharmacy assistants. According to existing compounding standards, in specific the USP 797 Pharmaceutical Compounding – Sterile Preparations standards, docking and activation of proprietary bag and vial systems in accordance with the manufacturer's labeling <u>for immediate administration</u> to an

individual patient is not considered compounding. However, docking of the proprietary bag and vial systems for future activation and administration is considered compounding.

Next Steps

- If approved by the Board, the Bylaw amendments will be publicly posted for 90-days on the College's website.
- Any feedback received will be reviewed, and any additional necessary amendments will be considered.
- After the public posting period ends, the Board's approval will be sought to file the amendments.
- Amendments to the HPA Standards of Practice and any relevant Professional Practice Policies will also be brought forward for the Board's approval.
- Communications on the amendments will be developed and implemented.

Recommendation

The Legislation Review Committee recommends that the Board approve the proposed amendments to the Bylaws to adopt the Model Standards for public posting.

Guiding Questions for the Board

When reviewing the proposed amendments, the Board is asked to consider:

- Do the proposed amendments to the PODSA bylaws clearly adopt the Model Standards in bylaw?
- Is there anything unclear, ambiguous, or unnecessary in the proposed Bylaws?
- Is there anything missing from the proposed Bylaws?

Appendix	
1	Media Articles Related to the Marchese Hospital Solutions Compounding Incident
2	Articles Related to the New England Compounding Centre
3	April 2017 Board Briefing Note
4	September 2020 Board Briefing Note
5	Amendments to the PODSA Bylaws (for Board approval to publicly post)
6	Amendments to Standards of Practice under the HPA (for information)

Pharmacy Operations and Drug Scheduling Act - BYLAWS

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Definitions

1 In these bylaws:

"*Act*" means the *Pharmacy Operations and Drug Scheduling Act*;

"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 section 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 section 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 10A;

(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 if a direct owner is or includes a corporation that is not traded publicly.

(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, demonstrating compliance with the physical requirements in the bylaws and applicable policies;

(d) Form 10B;

(e) photographs or video demonstrating compliance with the physical requirements in the bylaws and applicable policies; 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 name on the external signage of the telepharmacy described in section 18(2)(r) 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), and 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 name on the external signage described in section 18(2)(q) or section 18(2)(r), 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 the name on the external signage, 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 sections 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 sections 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 sections 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 at least 30 days before closure:

(a) an application in Form 4A;

(b) the fee(s) specified in Schedule "A";

(c) documents demonstrating compliance with sections 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 4A 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, 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, and proper destruction of non-usable 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 section 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, 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 that at a minimum, the name on the external signage of a community pharmacy must be correctly and consistently used on labels and directory listings;

(r) if the pharmacy is a central pharmacy, ensure that at a minimum, the name on the external signage of a telepharmacy must be correctly and consistently used on labels and directory listings;

(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 prescriptions 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 prescriptions,

(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, or expiry of the pharmacy licence

(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) In the event of a suspension of the pharmacy licence for a period of more than 14 days,

(a) the manager and the direct owner must complete and submit Form 4C, and

(b) the registrar may direct a manager to do any of sections 18(2)(ee)(i), (iii) or (iv).

(4) 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.

(5) 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.

(6) 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).

(7) 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; and

(c) notify the registrar of any change of name, address, telephone number, electronic mail address or any other information previously provided to the registrar;

(8) Shareholders must comply with subsections (2)(i) and (7)(c).

(9) A direct owner, manager, directors, and officers must ensure compliance with the National Association of Pharmacy Regulatory Authorities standards as approved by the board from time to time, applicable to the operation of a pharmacy.

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 policies 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.

(6.1) Despite subsection (6), a registrant may dispense drugs included in the controlled prescription program upon receipt of a verbal prescription from a practitioner if doing so is permitted under a section 56 exemption to the *Controlled Drugs and Substances Act.* The pharmacy must receive the original prescription form from the practitioner as soon as reasonably possible.

(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.

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,* section 5(2) of the *Hospital Pharmacy Standards of Practice,* or section 5 of the *Dispensing Drugs for the Purpose of Medical Assistance in Dying Standards, Limits and Conditions.*

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; or

(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 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 sections 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.

(2) A community pharmacy may carry on the activities set out in subsection (3) without a full pharmacist present only if:

(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.

(3) Subject to subsection (2) if a full pharmacist is not present, only the following activities may be carried out:

(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, except if any such activity involves 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 prescriptions 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 – Telepharmacies

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 sections 18(2)(c) and (d), 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:

"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)".

"**PharmaNet**" means "PharmaNet" as defined in section 1 of the *Information Management Regulation*, B.C. Reg. 74/2015;

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, use and disclose a patient's PharmaNet record only for the purposes of:

(a) dispensing a drug;

(b) providing patient consultation;

(c) evaluating a patient's drug usage;

(d) claims adjudication and payment by an insurer; or

(e) providing pharmacy services to, or facilitating the care of, the individual whose personal information is being collected, accessed, used or disclosed.

(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 subsection (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, using or disclosing 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.

Health Professions Act – **BYLAWS**

SCHEDULE F

PART 1 - Community Pharmacy Standards of Practice

Table of Contents

Application

1. This Part applies to all registrants providing pharmacy services in a community pharmacy.

Definitions

2. In this Part:

"community pharmacy" has the same meaning as in section 1 of the bylaws of the college under the *Pharmacy Operations and Drug Scheduling Act*;

"drug therapy problem" means a potential or actual adverse consequence of drug therapy that interferes with achieving the goals of the drug therapy;

"final check" means ensuring that:

(a) the prescription product and the prescription product label match the prescription information and the information on the manufacturer's label with respect to:

(i) drug,

(ii) dosage form,

(iii) strength,

(iv) quantity, and

(v) drug identification number;

(b) the prescription product label matches the prescription information with respect to the matters set out in section 6(2)(a) to (g);

(c) the drug has not expired and will not expire within the duration of use; and

(d) a pharmacist has completed a clinical assessment of the prescription after reviewing the patient profile.

"**incentive**" means money, gifts, discounts, rebates, refunds, customer loyalty schemes, coupons, goods or rewards;

"patient representative" means a person who is authorized to act on a patient's behalf;

"personal health number" means a unique numerical lifetime identifier used in the specific identification of an individual patient who has any interaction with the BC health system;

"prescription copy" means a copy of a prescription given to a patient by a registrant for information purposes only;

"prescription transfer" means the transfer via direct communication from a registrant to another registrant of all remaining refill authorizations for a particular prescription to a requesting community pharmacy;

"refill" means verbal or written approval from a practitioner authorizing a registrant to dispense additional quantities of drug(s) pursuant to a prescription;

"renewal" means authorization by a full pharmacist to dispense additional quantities of drug(s) pursuant to a previously dispensed prescription, in accordance with section 25.92 of the *Act*;

"*Residential Care Facilities and Homes Standards of Practice*" means the standards, limits and conditions for practice established in Part 3 of this Schedule.

Patient Choice

3. Registrants, owners and directors must not enter into agreements with patients, patient's representatives, practitioners, corporations, partnerships, or any other person or entity, that limit a patient's choice of pharmacy, except as required or permitted under the bylaws.

Community Pharmacy Technicians

4. (1) Pharmacy technicians in a community pharmacy may prepare, process and compound prescriptions, including

(a) receiving and transcribing verbal prescriptions from practitioners,

(b) ensuring that a prescription is complete and authentic,

(c) transferring prescriptions to and receiving prescriptions from other pharmacies,

(d) ensuring the accuracy of a prepared prescription,

(e) performing the final check of a prepared prescription, and

(f) ensuring the accuracy of drug and personal health information in the PharmaNet patient record.

(2) Despite subsection (1), a pharmacy technician in a community pharmacy may dispense a drug but must not

(a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use, or

(b) do anything described in

(i) sections 6(5), 6(10), 10(2), 11(3), 11(4), 12, 13(2), 13(3) or 13(4) of this Part, or

(ii) Part 4 of this Schedule

(c) dispense a drug pursuant to HPA Bylaws Schedule F, Part 5

(3) A pharmacy technician must identify his or her registrant class in any interaction with a patient or a practitioner.

Pharmacy Assistants

5. A registrant may delegate technical functions relating to the operation of the community pharmacy to a pharmacy assistant if the registrant directly supervises the pharmacy assistant and implements procedures, checks and controls to ensure the accurate and safe delivery of community pharmacy services.

Prescription

6. (1) A registrant must ensure that a prescription is authentic.

(2) A prescription must include the following information:

(a) the date of the prescription;

(b) the name of the patient;

(c) the name of the drug or ingredients and strength if applicable;

(d) the quantity of the drug;

(e) the dosage instructions including the frequency, interval or maximum daily dose;

(f) refill authorization if applicable, including number of refills and interval between refills;

(g) in the case of a written prescription, the name and signature of the practitioner;

(h) in the case of a written record of a verbal prescription,

i. the name of the practitioner and the identification number from the practitioner's regulatory college; and

ii. the name, college identification number and signature or initial of the registrant who received the verbal prescription.

(3) For the purpose of subsection (4), "prescription" includes a new prescription, a refill, a renewal or a balance owing.

(4) At the time of dispensing, a prescription must include the following additional information:

(a) the address of the patient;

(b) the identification number from the practitioner's regulatory college;

(c) the prescription number;

(d) the date on which the prescription was dispensed;

(e) the manufacturer's drug identification number or the brand name of the product dispensed;

(f) the quantity dispensed;

(g) written confirmation of the registrant who

(i) verified the patient identification

(ii) verified the patient allergy information,

(iii) reviewed the personal health information stored in the PharmaNet database in accordance with section 11.4;

(iv) performed the consultation,

(v) performed the final check including when dispensing a balance owing, and

(vi) identified and addressed a drug therapy problem, if any.

(5) A full pharmacist must

(a) review prescriptions for completeness and appropriateness with respect to the drug, dosage, route and frequency of administration,

(b) review patient personal health information for drug therapy problems, therapeutic duplications and any other potential problems,

(c) consult with patients concerning the patient's drug history and other personal health information,

(d) consult with practitioners with respect to a patient's drug therapy unless s.25.92(2) of the *Act* applies, and

(e) take appropriate action respecting a drug therapy problem.

(6) A registrant may receive a verbal prescription directly from a practitioner or from a practitioner's recorded voice message.

(7) A registrant must make a written record of a verbal prescription containing the applicable information in section 6(2).

(8) A registrant must not dispense a prescription issued for more than one patient.

(9) For refill authorizations, a registrant

(a) may accept a refill authorization for Schedule I drugs from a practitioner's agent if confident the agent consulted the practitioner and accurately conveyed the practitioner's direction, and

(b) must

(i) cancel any unused refill authorizations remaining on any previous prescription if a patient presents a new prescription for a previously dispensed drug,

(ii) advise the other pharmacy of the new prescription if unused refills are at another pharmacy, and

(iii) create a new prescription number.

(10) If a full pharmacist authorizes a prescription renewal, he or she must

(a) create a written record,

(b) assign a new prescription number, and

(c) use his or her college identification number in the practitioner field on PharmaNet.

Transmission by Facsimile

7. (1) Prescription authorizations may be received by facsimile from a practitioner to a pharmacy, if

(a) the prescription is sent only to a pharmacy of the patient's choice,

(b) the facsimile equipment is located within a secure area to protect the confidentiality of the prescription information, and

(c) in addition to the requirements of section 6(2), the prescription includes

(i) the practitioner's telephone number, facsimile number and unique identifier if applicable,

(ii) the time and date of transmission, and

(iii) the name and fax number of the pharmacy intended to receive the transmission.

(2) Prescription refill authorization requests may be transmitted by facsimile from a pharmacy to a practitioner, if the pharmacy submits refill requests on a form that includes space for

(a) the information set out in section 6(2),

(b) the name, address and 10 digit telephone number of the pharmacy, and

(c) the practitioner's name, date and time of transmission from the practitioner to the pharmacy.

(3) A registrant must not dispense a prescription authorization received by facsimile transmission for a drug referred to on the Controlled Prescription Drug List, except in a public health emergency declared by the provincial health officer. In a public health emergency, the pharmacy must receive

(a) a completed copy of the Controlled Prescription Program form transmitted by facsimile prior to dispensing the medication; and

(b) the original form by mail as soon as reasonably possible.

(4) Prescription transfers may be completed by facsimile transmission if

(a) the transferring registrant includes his or her name and the address of the pharmacy with the information required in section 8(4), and

(b) the name of the registrant receiving the transfer is known and recorded on the document to be faxed.

Prescription Copy and Transfer

8. (1) If requested to do so, a registrant must provide a copy of the prescription to the patient or the patient's representative, or to another registrant.

(2) A prescription copy must contain

(a) the name and address of the patient,

(b) the name of the practitioner,

(c) the name, strength, quantity and directions for use of the drug,

(d) the dates of the first and last dispensing of the prescription,

(e) the name and address of the community pharmacy,

(f) the number of authorized refills remaining,

(g) the signature of the registrant supplying it, and

(h) an indication that it is a copy.

(3) Upon request, a registrant must transfer to a pharmacy licenced in Canada a prescription for a drug if

(a) the drug does not contain a controlled drug substance, and

(b) the transfer occurs between a registrant and another registrant or an equivalent of a registrant in another Canadian jurisdiction.

(3.1) Despite section 3(a), a registrant may transfer a prescription for a controlled drug substance if the transfer is permitted under a section 56 exemption to the Controlled Drugs and Substances Act.

(4) A registrant who transfers a prescription to another registrant under subsection (3) must

(a) enter on the patient record

(i) the date of the transfer,

(ii) the registrant's identification,

(iii) identification of the community pharmacy to which the prescription was transferred, and

(iv) identification of the person to whom the prescription was transferred, and

(b) transfer all prescription information listed in subsection (2) (a) to (f).

(5) A registrant must make prescriptions available for review and copying by authorized inspectors of Health Canada.

Prescription Label

9. (1) All drugs dispensed pursuant to a prescription or a full pharmacist-initiated adaptation must be labeled.

(2) The label for all prescription drugs must include

(a) the name, address and telephone number of the pharmacy,

(b) the prescription number and dispensing date,

(c) the full name of the patient,

(d) the name of the practitioner,

(e) the quantity and strength of the drug,

(f) the practitioner's directions for use, and

(g) any other information required by good pharmacy practice.

(3) For a single-entity product, the label must include

(a) the generic name, and

(b) at least one of

(i) the brand name,

(ii) the manufacturer's name, or

(iii) the drug identification number.

(4) For a multiple-entity product, the label must include

(a) the brand name, or

(b) all active ingredients, and at least one of

(i) the manufacturer's name, or

(ii) the drug identification number.

(5) For a compounded preparation, the label must include all active ingredients.

(6) If a drug container is too small to accommodate a full label in accordance with subsection (2),

(a) a trimmed prescription label must be attached to the small container,

(b) the label must include

(i) the prescription number,

(ii) the dispensing date,

(iii) the full name of the patient, and

(iv) the name of the drug, and

(c) the complete prescription label must be attached to a larger container and the patient must be advised to keep the small container inside the large container.

(7) All required label information must be in English, but may contain directions for use in the patient's language following the English directions.

Preparation of Prescription Product

9.1 (1) A registrant who prepares a prescription product must ensure that:

(a) the prescription product label matches the prescription information and the information on the manufacturer's label with respect to:

(i) drug,
(ii) dosage form,
(iii) strength,
(iv) quantity,
(v) drug identification number;

(b) the prescription product label matches the prescription information with respect to the matters set out in section 6(2)(a) to (g);

(c) the drug is not expired and will not expire within the duration of use; and

(d) his or her identity is documented in writing.

(2) A pharmacy manager must ensure that the record in paragraph (1)(d) is readily available and is retained for at least three years from the date on which the prescription product was last dispensed.

Compounding

9.2 ~~(1)~~ A registrant must comply with the National Association of Pharmacy Regulatory Authorities standards as approved by the board from time to time.

~~(2) A registrant must not allow a non registrant to prepare sterile compounds.~~

Commented [CPBC1]: It is recommended that this previously proposed requirement not proceed to filing.

Dispensing

10. (1) A registrant may adjust the quantity of drug to be dispensed if

(a) a patient requests a smaller amount,

(b) a manufacturer's unit-of-use standard of package size does not match the prescribed quantity,

(c) the quantity prescribed exceeds the amount covered by the patient's drug plan, or

(d) a trial prescription quantity is authorized by the patient.

(2) A full pharmacist may adjust the quantity of drug to be dispensed, if

(a) he or she consults with a practitioner and documents the result of the consultation, and

(b) if

(i) a poor compliance history is evident on the patient record,

(ii) drug misuse is suspected, or

(iii) the safety of the patient is in question due to the potential for overdose.

(3) If a registrant doubts the authenticity of a prescription, the registrant may refuse to dispense the drug.

(4) All drugs must be dispensed in a container that is certified as child-resistant unless

(a) the practitioner, the patient or the patient's representative directs otherwise,

(b) in the registrant's judgment, it is not advisable to use a child-resistant container,

(c) a child-resistant package is not suitable because of the physical form of the drug or the manufacturer's packaging is designed to improve patient compliance, or

(d) child-resistant packaging is unavailable, or

(e) the drugs are prescribed for medical assistance in dying.

(5) A registrant must not dispense a prescription more than one year from the prescribing date, except for oral contraceptives which may be dispensed for up to two years.

(6) Before dispensing a prescription product, a registrant must perform a final check and record his or her identity in writing.

(7) A pharmacy manager must ensure the record in paragraph (6) is readily available and retained for at least three years after the last date on which that prescription product was last dispensed.

Patient Record

11. (1) A patient record must be established and maintained for each patient for whom a Schedule I drug is dispensed.

(2) For purposes of subsection (1), the patient record must include

(a) the patient's full name,

(b) the patient's personal health number,

(c) the patient's address,

(d) the patient's telephone number if available,

(e) the patient's date of birth,

(f) the patient's gender,

(g) the patient's clinical condition, allergies, adverse drug reactions and intolerances if available including the source and date the information was collected,

(h) the date the drug is dispensed,

(i) the prescription number,

(j) the generic name, strength and dosage form of the drug,

(k) the drug identification number,

(l) the quantity of drug dispensed,

(m) the intended duration of therapy, specified in days,

(n) the date and reason for discontinuation of therapy,

(o) the directions to the patient,

(p) the identification of the prescribing practitioner,

(q) special instructions from the practitioner to the registrant, if appropriate,

(r) past and present prescribed drug therapy including the drug name, strength, dosage, frequency, duration and effectiveness of therapy,

(s) the identification of any drug therapy problem and the description of any action taken,

(t) the description of compliance with the prescribed drug regimen, and

(u) Schedule II and III drug use if appropriate.

(3) If a full pharmacist obtains a drug history from a patient, he or she must request and if appropriate record the following information on the patient record:

(a) medical conditions and physical limitations,

(b) past and current prescribed drug therapy including the drug name, strength, dosage, frequency, duration and effectiveness of therapy,

(c) compliance with the prescribed drug regimen,

(d) Schedule II and III drug use.

(4) A full pharmacist must review the patient's personal health information stored on the PharmaNet database before dispensing a drug and take appropriate action if necessary with respect to any concern regarding the appropriateness of the drug or any drug therapy problem.

Pharmacist/Patient Consultation

12. (1) Subject to subsection (2), a full pharmacist must consult with the patient or patient's representative at the time of dispensing a new or refill prescription in person or, where not practical to do so, by telephone.

(2) Where a patient declines the consultation, the full pharmacist must document that the consultation was offered and declined.

(3) The full pharmacist must conduct the consultation in a manner that respects the patient's right to privacy.

(4) The pharmacist/patient consultation for a new prescription must include:

(a) confirmation of the identity of the patient,

(b) name and strength of drug,

(c) purpose of the drug,

(d) directions for use of the drug including the frequency, duration and route of therapy,

(e) potential drug therapy problems, including any avoidance measures, and action recommended if they occur,

(f) storage requirements,

(g) prescription refill information,

(h) 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.

(i) issues the pharmacist considers relevant to the specific drug or patient.

(5) The pharmacist/patient consultation for a refill prescription must include:

(a) confirmation of the identity of the patient,

(b) name and strength of drug,

(c) purpose of the drug,

(d) directions for use of the drug including frequency and duration,

(e) whether the patient has experienced a drug therapy problem.

(6) If a drug therapy problem is identified during patient consultation for a new or refill prescription, the full pharmacist must take appropriate action to resolve the problem.

(7) If an adverse drug reaction as defined by Health Canada is identified, the full pharmacist must notify the patient's practitioner, make an appropriate entry on

the PharmaNet record and report the reaction to the appropriate department of Health Canada.

Schedule II and III Drugs

13. (1) A registrant must not attribute a new prescription or refill for a Schedule II or Schedule III drug to a practitioner without the authorization of the practitioner.

(2) A pharmacist must offer to consult with the patient or the patient's representative regarding the selection and use of a Schedule II drug at the time of purchase.

(3) The pharmacist/patient consultation for a Schedule II drug must include potential drug therapy problems, including any avoidance measures, and action recommended if they occur.

(4) A pharmacist must be available for consultation with a patient or patient's representative respecting the selection and use of a Schedule III drug.

Sole Pharmacy Services Provider

14. The manager of a pharmacy may enter into an agreement with another person to be the sole provider of pharmacy services in a premise or part of a premise, if

(a) pharmacy services are provided in a manner that is consistent with the *Residential Care Facilities and Homes Standards of Practice,*

(b) patient therapeutic outcomes are monitored to enhance patient safety, and

(c) appropriate provision has been made for safe and effective distribution, administration and control of drugs.

Prohibition on the Provision of Incentives

15. (1) A registrant must not provide or distribute, or be a party to the provision or distribution of, an incentive 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.

(2) Subsection (1) does not prevent a registrant from

(a) providing free or discounted parking to patients or patient's representatives,

(b) providing free or discounted delivery services to patients or patient's representatives, or

(c) accepting payment for a drug or device by a credit or debit card that is linked to an incentive.

(3) Subsection (1) does not apply in respect of a Schedule III drug or an unscheduled drug, unless the drug has been prescribed by a practitioner.

***Health Professions Act* – BYLAWS**

SCHEDULE F

PART 2 – Hospital Pharmacy Standards of Practice

Table of Contents

Application

1. This Part applies to all registrants providing pharmacy services in a hospital pharmacy or a hospital pharmacy satellite.

Definitions

2. In this Part:

"bulk/batch drug repacking" means the repackaging in a single process of multiple units, not for immediate use;

"bulk compounding" means the preparation of products which are not commercially available in anticipation of a practitioner's order;

"*Community Pharmacy Standards of Practice*" means the standards, limits and conditions for practice established in Part 1 of this Schedule;

"final check" means ensuring that:

(a) the prescription product and the prescription product label match the product information with respect to:

(i) drug,

(ii) dosage form,

(iii) strength, and

(iv) quantity;

(b) the drug is not expired and will not expire within the duration of use; and

(c) a pharmacist has completed a clinical assessment of the prescription after reviewing the patient profile.

"hazardous drugs" means pharmaceutical preparations in which the concentration, toxicity, environmental persistence, degradation characteristics, flammability, corrosiveness, or reactivity represents a risk to the health of humans or other living organisms;

"hospital pharmacy" has the same meaning as in section 1 of the bylaws of the college under the *Pharmacy Operations and Drug Scheduling Act*;

"hospital pharmacy satellite" has the same meaning as in section 1 of the bylaws of the college under the *Pharmacy Operations and Drug Scheduling Act*;

"individual patient prescription system" means a form of drug distribution in which drugs are dispensed in patient-specific labelled drug containers;

"master formula" means a set of instructions outlining in detail the materials, equipment, and procedures required to produce a specific quantity of a product;

"multiple pouch packaging" means a pouch containing drugs to be administered at a particular time;

"unit dose distribution" means a form of drug distribution in which orders for each patient are dispensed individually and packaged in unit-of-use packages containing one dose;

"ward stock" means drugs that are stocked in a patient care area and are not labelled for a particular patient.

Drug Distribution

3. (1) The pharmacy's manager must establish a drug distribution system that

(a) provides drugs in identified dosage units ready for administration whenever possible and practical,

(b) protects drugs from contamination,

(c) provides a method of recording drugs at the time of administration, and

(d) eliminates or reduces the need to maintain ward stock.

(2) A unit dose, monitored dose, multiple pouch packaging or individual patient prescription drug distribution system must be used for dispensing drugs.

(3) Sterile compounds ~~products~~ must be 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~~

~~(a)~~ the National Association of Pharmacy Regulatory Authorities~~s~~ standards as approved by the board from time to time

~~(b)~~

~~such other published standards approved by the board from time to time.~~

~~(4)~~ ~~A registrant must not allow a non registrant to prepare sterile compounds.~~

Commented [CPBC1]: It is recommended that this previously proposed requirement not proceed to filing.

(4) Hazardous drugs must be handled and prepared in accordance with the Requirements for the Safe Handling of Antineoplastic Agents in Health Care Facilities published by the Workers Compensation Board of British Columbia and such other published standards approved by the board from time to time.

Preparation of Prescription Product

3.1 (1) A registrant who prepares a prescription product must ensure that:

(a) the prescription product label matches the product information with respect to:

(i) drug,
(ii) dosage form,
(iii) strength,
(iv) quantity; and

(b) the drug is not expired and will not expire within the duration of use.

Patient Identification

3.2 Unless dispensing to staff, outpatients or the general public under section 4(5), all registrants must use at least two person-specific identifiers to confirm the identity of a patient before providing any pharmacy service to the patient.

Drug Label

4. (1) Drug container labels must include

(a) the generic name of the drug, strength and dosage form, and

(b) hospital approved abbreviations and symbols.

(2) Only hospital pharmacy staff may alter a drug container label.

(3) Inpatient prescription labels must include

(a) a unique patient name and identifier,

(b) the generic name of the drug, strength and dosage form,

(c) parenteral vehicle if applicable, and

(d) hospital approved abbreviations and symbols.

(4) The following information must be included on the inpatient prescription label if not available on the medication administration record:

(a) the frequency of administration;

(b) the route of administration or dosage form;

(c) auxiliary or cautionary statements if applicable;

(d) the date dispensed.

(5) All drugs dispensed to staff, outpatients or the general public from a hospital pharmacy or hospital pharmacy satellite must be labeled and dispensed according to the *Community Pharmacy Standards of Practice*.

(6) Prior to releasing a prescription product, a registrant must perform a final check of the prescription product and record his or her identity in writing as required by section 17.

Returned Drugs

5. (1) Unused dispensed drugs must be returned to the hospital pharmacy.

(2) Previously dispensed drugs must not be re-dispensed unless

(a) they are returned to the hospital pharmacy in a sealed dosage unit or container as originally dispensed,

(b) the labeling is intact and includes a legible drug lot number and expiry date, and

(c) the integrity of the drug can be verified.

Drug Transfer

6. A registrant who supplies a Schedule I drug to another registrant or practitioner must comply with section 8(3) and (4) of the *Community Pharmacy Standards of Practice.*

Inpatient Leave of Absence and Emergency Take-Home Drugs

7. (1) A system must be established to provide drugs to an emergency department short stay patient requiring take-home drugs, who is unable to obtain them from a community pharmacy within a reasonable time frame.

(2) All take-home drugs issued from the emergency department must be documented in the patient's health record.

(3) All inpatient leave of absence drugs must be documented in the patient's health record.

(4) Labels for inpatient pass and emergency department take-home drugs must include

(a) the hospital's name,

(b) the patient's name,

(c) the practitioner's name,

(d) the drug name, strength and directions for use,

(e) identification of the person preparing the drug, and

(f) the date the drug is issued.

(5) Drugs must be dispensed in a container that is certified as child-resistant unless

(a) the practitioner, the patient or the patient's representative directs otherwise,

(b) in the registrant's judgment it is not advisable to use a child-resistant container,

(c) a child-resistant package is not suitable because of the physical form of the drug or the manufacturer's packaging is designed to improve patient compliance, or

(d) child-resistant packaging is unavailable.

Investigational and Special Access Program Drugs

8. Registrants must comply with the policies and directives of Health Canada with respect to storage and dispensing of Special Access Program or investigational drugs.

Bulk/Batch Drug Repackaging and Compounding

9. (1) A registrant must supervise all bulk/batch drug repackaging and bulk drug compounding.

(2) Bulk/batch drug repackaging records must be kept for three years after the repackaging date.

(3) A master formula record must be kept for each bulk compounded drug product.

(4) A separate production record must be kept for each compounded bulk product and must include

(a) the date of compounding,

(b) the lot or batch number assigned to the compounded product,

(c) the manufacturer's name and lot number for each raw material used,

(d) the identification of each registrant and pharmacy assistant involved in each step of the compounding process,

(e) the process including weights and measures performed,

(f) the results of all quality control testing,

(g) a statement of the final yield,

(h) signatures for final verification and authorization for release,

(i) a sample label, and

(j) the expiry date of the product.

(5) A production record must be kept for a period of three years after the expiry date of the compounded batch.

(6) A label must be affixed to the finished bulk/batch repackaged or bulk compounded drug and must contain

(a) generic name(s) of the drug,

(b) strength and quantity of active ingredients,

(c) dosage form,

(d) total amount of final product,

(e) expiry date of the compound,

(f) manufacturer identification and lot number or hospital pharmacy control number,

(g) storage conditions, if applicable,

(h) auxiliary labels, if applicable, and

(i) the name of the hospital.

Hospital Pharmacy Technicians

10. (1) Pharmacy technicians in a hospital pharmacy or hospital pharmacy satellite may prepare, process and compound prescriptions, including

(a) receiving and transcribing verbal prescriptions from practitioners,

(b) ensuring that a prescription is complete and authentic,

(c) transferring prescriptions to and receiving prescriptions from other pharmacies,

(d) ensuring the accuracy of a dispensed prescription,

(e) performing the final check of a dispensed prescription, and

(f) ensuring the accuracy of drug and personal health information in the PharmaNet patient record.

(2) Despite subsection (1), a pharmacy technician in a hospital pharmacy or hospital pharmacy satellite may dispense a drug but must not

(a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use,

(b) do anything described in

(i) sections 13, 15 or 16 of this Part

(ii) Part 4 of this Schedule, or

(c) dispense a drug pursuant to HPA Bylaws Schedule F, Part 5.

(3) A pharmacy technician must identify his or her registrant class in any interaction with a patient or a practitioner.

Hospital Pharmacy Assistants

11. Specific technical functions may be performed by a pharmacy assistant in a hospital pharmacy or hospital pharmacy satellite after the pharmacy's manager has established written procedures for performing the functions.

Patient Record

12. (1) The registrant must ensure the preparation and maintenance of patient records for each patient for whom drugs are prepared are complete, accurate and current, except patients admitted for less than 24 hours to

(a) surgical day care,

(b) ambulatory care,

(c) emergency short-stay, or

(d) other short-stay diagnostic or treatment units.

(2) The patient record must include

(a) the patient's full name and admission date,

(b) the hospital number and location,

(c) the patient's date of birth and gender,

(d) the attending practitioner's name,

(e) the patient's weight and height if applicable to therapy,

(f) the patient's allergies, adverse drug reactions, intolerances, and diagnoses,

(g) a chronological list of drugs which have been prescribed for the patient since admission to hospital, or, if admission is prolonged, for a minimum period of two years, and

(h) a list of all current drug orders including

(i) the drug name,

(ii) the drug strength,

(iii) the dosage,

(iv) the route,

(v) the dosage form,

(vi) intravenous diluent if applicable,

(vii) the directions for use,

(viii) administration time or frequency,

(ix) the attending practitioner,

(x) the quantity,

(xi) the start and stop date, or length of therapy, and

(xii) the date drug was dispensed, refilled or discontinued.

Patient Oriented Pharmacy Practice

13. (1) During pharmacy hours the full pharmacist must review the drug order before the drug is dispensed.

(2) The full pharmacist must check the drug order for

(a) the patient's name, hospital number and location,

(b) the signature of the practitioner,

(c) the name of the drug,

(d) the dosage form and strength,

(e) the route and frequency of administration,

(f) the duration of treatment if limited,

(g) directions for use,

(h) the date and time the order was written, and,

(i) in the case of verbal and/or telephone orders, the name and signature of the person who received the order.

(3) The full pharmacist must review the pharmacy patient record before dispensing the patient's drug and at appropriate intervals thereafter to assess

(a) appropriateness of therapy,

(b) drug interactions,

(c) allergies, adverse drug reactions and intolerances,

(d) therapeutic duplication,

(e) correct dosage, route, frequency and duration of administration and dosage form,

(f) contraindicated drugs,

(g) intravenous administration problems including potential incompatibilities, drug stability, dilution volume and rate of administration, and

(h) any other drug related problems.

(4) The full pharmacist must notify the patient's nursing staff immediately if a problem with a prescription for a ward stock item is discovered.

(5) The full pharmacist must monitor drug therapy to detect, resolve and prevent drug-related problems at a frequency appropriate for the medical condition being treated.

(6) Monitoring includes but is not limited to

(a) a review of the patient record and/or health record,

(b) discussion with the patient's practitioner and/or other appropriate individual, and

(c) use of physical assessment skills when trained to do so.

(7) The full pharmacist must provide drug information, including patient-specific information to patients and health care personnel.

(8) A full pharmacist, or a limited or student pharmacist under the direct supervision of a full pharmacist, must provide drug consultation to an outpatient or the outpatient's representative, or to an inpatient on request, and must

(a) confirm the identity of the patient,

(b) identify the name and strength of drug,

(c) identify the purpose of the drug,

(d) provide directions for use of the drug including the frequency, duration and route of therapy,

(e) discuss common adverse effects, drug and food interactions and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,

(f) discuss storage requirements,

(g) provide prescription refill information,

(h) 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.

(9) If a full pharmacist requests a history from a patient or a patient's representative, the following information must be obtained:

(a) medical conditions and physical limitations;

(b) allergies, adverse drug reactions, and idiosyncratic responses;

(c) past and current prescribed drug therapy including the drug name, strength, dosage, frequency and duration and effectiveness of therapy;

(d) compliance with the prescribed drug regimen;

(e) Schedule II and III and unscheduled drug use.

(10) A full pharmacist must provide information about the assessment, management and prevention of drug poisoning within the hospital.

Medication Administration

14. (1) The registrant must collaborate with nursing and medical staff to develop written policies and procedures for the safe administration of drugs.

(2) A medication administration record of all prescribed drugs for each patient must be produced from the pharmacy-maintained patient record.

(3) The medication administration record must include

(a) the patient's full name and identification number,

(b) the patient's location in the hospital,

(c) the presence or absence of known allergies, adverse drug reactions, and intolerances,

(d) the date or period for which the drug administration record is to be used,

(e) the name, dosage and form of all drugs currently ordered,

(f) complete directions for use for all drugs,

(g) stop or expiry dates for drug orders for which there is an automatic stop policy (if not reported by another means),

(h) predetermined, standard medication administration times for regularly scheduled drugs, and

(i) changes to drug orders.

Residential Care

15. A full pharmacist providing pharmacy care to residential care patients residing in a facility that is not licensed under the *Community Care and Assisted Living Act* must

(a) use a monitored dosage, multiple pouch packaging or unit dosage system except where the form of the drug does not permit such packaging,

(b) restrict ward stock to drugs that do not have a high potential for toxicity or require a complex dosage titration, and are commonly prescribed on a "when needed" basis,

(c) maintain a current patient record for each patient,

(d) provide administration records of all current drugs for each patient from the pharmacy maintained patient record within seventy-two hours of admission and at least monthly thereafter,

(e) review each patient's drug regimen at least every six months preferably in the setting of multidisciplinary rounds, and

(f) maintain a written record of drug reviews in the patient's permanent health record, including the date of each review, identified concerns and recommendations.

Documentation

16. (1) The full pharmacist must document directly in the patient record all activities and information pertaining to the drug therapy of the patient.

(2) For the purposes of subsection (1), the documentation must include but is not limited to

(a) actual or potential drug-related problems that warrant monitoring,

(b) recommendations for changes in drug selection, dosage, duration of therapy, and route of administration,

(c) recommendations for monitoring the response to drug therapy,

(d) notations of consultations provided to other health care professionals about the patient's drug therapy selection and management,

(e) notations of drug-related patient education and/or consultation provided,

(f) clarification of drug orders and practitioner's telephone orders received directly by the registrant,

(g) allergies, adverse drug reactions and intolerances, and

(h) the full pharmacist's signature.

17. Documentation of the identity of any registrant who prepared a prescription product or performed a final check must be in writing, readily available and retained for at least three years after the date on which the prescription product was last dispensed.

***Health Professions Act* – BYLAWS**

SCHEDULE F

PART 3 – Residential Care Facilities and Homes Standards of Practice

Table of Contents

Application

1. This Part applies to registrants providing pharmacy services in or to facilities and homes.

Definitions

2. In this Part:

"administration" means the provision of a drug to a resident as prescribed, or for drugs listed in Schedule II or III of the Drug Schedules Regulation, B.C. Reg. 9/98, or unscheduled drugs initiated by a registered nurse;

"audit" means a periodic review of the pharmacy services provided in accordance with this Part;

"*Community Pharmacy Standards of Practice*" means the standards, limits and conditions for practice established in Part 1 of this Schedule;

"facility" means a community care facility licensed under the *Community Care and Assisted Living Act* to provide care to 7 or more persons;

"final check" means ensuring that:

(a) the prescription product and the prescription product label match the prescription information and the information on the manufacturer's label with respect to:

(i) drug,

(ii) dosage form,

(iii) strength,

(iv) quantity and

(v) drug identification number;

(b) the prescription product label matches the prescription information with respect to the matters set out in section 6(8)(a) to (g);

(c) the drug is not expired and will not expire within the duration of use; and

(d) a pharmacist has completed a clinical assessment of the prescription after reviewing the patient profile.

"home" means a community care facility licensed under the *Community Care and Assisted Living Act* to provide care to 3 to 6 persons;

"licensed practical nurse" means a registrant of the College of Licensed Practical Nurses of British Columbia;

"medication safety and advisory committee" means a committee appointed under section 8.2 of the Adult Care Regulations, B.C. Reg. 536/80;

"monitored dose system" means a system of drug distribution in which drugs are dispensed for an individual resident at scheduled times from packaging which protects a dose or doses from contamination until a designated medication time;

"natural product" has the same meaning as in the *Natural Health Products Regulations* under the *Food and Drug Act* (Canada) as amended from time to time;

"registered nurse" means a registrant of the College of Registered Nurses of British Columbia;

"registered psychiatric nurse" means a registrant of the College of Registered Psychiatric Nurses of British Columbia;

"resident" means a person who lives in and receives care in a facility or home;

"Schedule II and III drugs" mean drugs listed in Schedule II or III of the *Drug Schedules Regulation*.

Supervision of Pharmacy Services in a Facility or Home

3. (1) A registrant must not provide pharmacy services in or to a facility or home unless appointed to do so by the licensee of that facility or home.

(2) A registrant must not allow any person to interfere with the provision of pharmacy services in accordance with the *Act* or the *Pharmacy Operations and Drug Scheduling Act*.

(3) The full pharmacist appointed to provide services to the facility or home must do the following:

(a) visit and audit the medication room at the facility at least every 3 months,

(b) visit and audit the medication room or storage area at the home at least once annually,

(c) make a record of all audits and meetings of the medication safety and advisory committee held in accordance with this bylaw, which must be retained in the pharmacy for at least 3 years, and

(d) arrange a meeting of the medication safety and advisory committee at least once in every 6 month period for a facility and once a year for a home.

(4) The full pharmacist appointed to provide services to a facility or home must be a member of and advise the medication safety and advisory committee about the policies and procedures in place for the

(a) safe and effective distribution, administration and control of drugs,

(b) monitoring of therapeutic outcomes and reporting of adverse drug reactions in respect of residents,

(c) reporting of drug incidents and discrepancies, and

(d) training and orientation programs for staff members who store, handle, or administer drugs to residents.

(5) The policies and procedures referred to in subsection (4) must be included in a manual kept in the facility, home and pharmacy.

(6) Except where a person in care self-administers drugs in accordance with regulations under the *Community Care and Assisted Living Act,* the registrant must ensure that all drugs are stored in a separate and locked area that is not used for any other purpose.

(7) The registrant must ensure that a copy of this Part is available in the facility or home.

Quality Management

4. A pharmacy providing services to a facility or home must have a documented ongoing quality management program that

(a) monitors the pharmacy services provided, and

(b) includes a process for reporting and documenting drug incidents and discrepancies and their follow-up.

Pharmacy Technicians

5. (1) Pharmacy technicians providing pharmacy services to a facility or home may prepare, process and compound prescriptions, including

(a) receiving and transcribing verbal prescriptions from practitioners,

(b) ensuring that a prescription is complete and authentic,

(c) transferring prescriptions to and receiving prescriptions from other pharmacies,

(d) ensuring the accuracy of a dispensed prescription,

(e) performing the final check of a dispensed prescription, and

(f) ensuring the accuracy of drug and personal health information in the PharmaNet patient record.

(2) Despite subsection (1), a pharmacy technician providing pharmacy services to a facility or home may dispense a drug but must not

(a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use,

(b) do anything described in

(i) sections 3(3), 3(4), 13(4), 15 or 16 of this Part,

(ii) Part 4 of this Schedule, or

(c) dispense a drug pursuant to HPA Bylaws Schedule F, Part 5.

(3) A pharmacy technician must identify his or her registrant class in any interaction with a patient or a practitioner.

Prescription Authorizations

6. (1) A registrant may only dispense a drug to a resident upon receipt of a prescription.

(2) When a resident is readmitted following hospitalization, new prescriptions must be received for that resident before drugs may be dispensed.

(3) A prescription may be transmitted to the pharmacy servicing the facility or home verbally, electronically or in writing.

(4) If a prescription is transmitted to the pharmacy by facsimile, the registrant must comply with section 7 of the *Community Pharmacy Standards of Practice*.

(5) If a prescription is transmitted verbally, the registrant must make a written record of the verbal prescription containing the applicable information in section 6(8).

(6) If a prescription is transmitted electronically, the registrant must use the facsimile or make a written copy as the permanent record for dispensing, numbering, initialling and filing.

(7) A prescription, written and signed by a practitioner on a resident's record, may be electronically transmitted to the pharmacy and the registrant may dispense the drug.

(8) A prescription must include the following information:

(a) the date of the prescription;

(b) the name of the resident;

(c) the name of the drug or ingredients and strength where applicable;

(d) the quantity of the drug;

(e) the dosage instructions including the frequency, interval or maximum daily dose;

(f) refill authorization if applicable, including number of refills and interval between refills;

(g) in the case of a written prescription, the name and signature of the practitioner;

(h) in the case of a written record of a verbal prescription,

i. the name of the practitioner and the identification number from the practitioner's regulatory college; and

ii. the name, college identification number and signature or initial of the registrant who received the verbal prescription.

(9) A registrant may accept a new drug order that is transmitted verbally from a practitioner to a facility's registered nurse, registered psychiatric nurse or licensed practical nurse, if

(a) the drug does not contain a controlled drug substance,

(b) the registered nurse, registered psychiatric nurse or licensed practical nurse writes the verbal order on a practitioner's order form or electronic equivalent, and

(c) transfers the written order to the pharmacy.

Preparation of Prescription Product

6.1 (1) A registrant who prepares a prescription product must ensure that:

(a) the prescription product label matches the prescription information and the information on the manufacturer's label with respect to:

(i) drug,
(ii) dosage form,
(iii) strength,

(iv) quantity; and
(v) drug identification number;

(b) the prescription product label matches the prescription information with respect to the matters set out in section 6(8)(a) to (g);

(c) the drug is not expired and will not expire within the duration of use; and

(d) his or her identity is documented in writing.

(2) A pharmacy manager must ensure the record in paragraph (1)(d) is readily available and is retained for at least three years from the date on which the prescription product was last dispensed.

Patient Identification

6.2 All registrants must use at least two person-specific identifiers to confirm the identity of a resident before providing any pharmacy service to the resident.

Compounding

6.3 ~~(1)~~ A registrant must comply with the National Association of Pharmacy Regulatory Authorities standards as approved by the board from time to time.

~~(2) A registrant must not allow a non-registrant to prepare sterile compounds.~~

Commented [CPBC1]: It is recommended that this previously proposed requirement not proceed to filing.

Dispensing

7. (1) All prescriptions dispensed to residents must be dispensed in a monitored dose system except where the form of the drug does not permit such packaging, and each package must contain not more than a 35 day supply of medication.

(2) Where directions for the use of a drug are changed by the practitioner, the registrant must, following receipt of the required confirmation, initiate and dispense a new prescription.

(3) Before dispensing a prescription product, a registrant must perform a final check and must record his or her identity in writing.

(4)

A pharmacy manager must ensure a record in paragraph (3) is readily available and is retained for at least three years from the date on which the prescription product was last dispensed.

Contingency Drugs

8. (1) A registrant may establish a supply of contingency drugs to permit the commencement of therapy upon receipt of a prescription, until the drug supply arrives from the pharmacy.

(2) Contingency drugs must be prepared by the pharmacy and dispensed in a monitored dose system in accordance with section 7(1).

(3) A list of the contingency drugs must be available in the facility, home and pharmacy.

(4) Records of use of contingency drugs must be kept in the facility or home and must include

(a) the date and time the drug was administered,

(b) the name, strength and quantity of the drug administered,

(c) the name of the resident for whom the drug was prescribed,

(d) the name or initials of the person who administered the drug, and

(e) the name of the practitioner who prescribed the drug.

Nurse Initiated Drugs

9. (1) A registrant may provide Schedule II or III drugs and unscheduled drugs for a resident upon the request of a registered nurse if the medication safety and advisory committee has approved protocols for doing so.

(2) A record of use of all medications must be on the resident's medication administration record.

Standing Orders

10. (1) Standing orders for Schedule II and III drugs and unscheduled drugs that are administered for common self-limiting conditions may be established by the medication safety and advisory committee.

(2) Standing order drugs must be authorized and signed for by a practitioner annually and a record of the signed authorization must be kept in the facility or home.

(3) A record of use of all medications must be on the resident's medication administration record.

Returned Drugs

11. (1) A registrant must provide for the return of all discontinued drugs at the time of the next scheduled delivery.

(2) Policies and procedures must be in place to ensure that upon the hospitalization of a resident, the resident's drugs are returned to the pharmacy.

(3) Previously dispensed drugs must not be re-dispensed unless

(a) they have been returned to the pharmacy in a single-drug, sealed dosage unit or container as originally dispensed,

(b) the labelling is intact and includes a legible drug lot number and expiry date, and

(c) the integrity of the product can be verified.

Drug Containers and Prescription Labels

12. (1) All drugs dispensed pursuant to a prescription must be labeled.

(2) The label for all prescriptions must include

(a) the name, address and 10-digit telephone number of the pharmacy,

(b) the prescription number and dispensing date,

(c) the full name of the resident,

(d) the name of the practitioner or registered nurse,

(e) the strength of the drug,

(f) the dosage instructions including the frequency, interval or maximum daily dose,

(g) the route of administration,

(h) medical indication for use for all "as required" prescription authorizations, and

(i) any other information required by good pharmacy practice.

(3) For single-entity products the label must include

(a) the generic name and at least one of

(i) the brand name,

(ii) the manufacturer's name, or

(iii) the drug identification number.

(4) For multiple-entity products the label must include

(a) the brand name, or

(b) all active ingredients, and at least one of

(i) the manufacturer's name, or

(ii) the drug identification number.

(5) For compounded preparations the label must include all active ingredients.

(6) If the pharmacy is unable to supply prescribed Schedule II or III drugs or unscheduled drugs to a resident and the resident has obtained a supply from another source, the drug must be in the original sealed packaging and be sent to the pharmacy for

(a) identification,

(b) repackaging in a monitored dose system if appropriate,

(c) labeling, and

(d) notation on the resident's record and the medication administration record.

(7) If labels are produced to be attached to a resident's medication administration record, the label must state "for MAR".

(8) All drugs must be labelled with the drug expiry date and manufacturer's lot number, except multi-drug sealed dosage units.

(9) A registrant must not delegate the labelling of drugs in a monitored dose system to an employee of a facility or home.

Resident Records

13. (1) A registrant must maintain a record for each resident.

(2) The record must include

(a) the resident's full name, personal health number, birth date, gender, practitioner name, name of the facility or home, and if possible, the resident's location within the facility or home,

(b) diagnoses,

(c) the presence or absence of known allergies, adverse drug reactions or intolerances relevant to drugs,

(d) the prescription number, names and drug identification numbers or natural product numbers for all drugs dispensed,

(e) the medical indication for use for all “as required” prescription authorizations and drugs dispensed,

(f) directions for use, dosage form, strength, quantity, route of administration, dosage times, dates dispensed, and

(g) the dates and reasons for early discontinuation of drug therapy if applicable.

(3) When a drug is to be administered on a “when necessary” basis, the record and prescription label must clearly indicate

(a) the specific indication for which the drug is to be given,

(b) the minimum interval of time between doses, and

(c) the maximum number of daily doses to be administered.

(4) A full pharmacist must review the resident record before dispensing a drug and take appropriate action when necessary with respect to

(a) the appropriateness of drug therapy,

(b) drug interactions,

(c) allergies, adverse drug reactions, and intolerances,

(d) therapeutic duplication,

(e) contraindicated drugs,

(f) the degree of compliance,

(g) the correct dosage, route, frequency and duration of administration and dosage form, and

(h) any other potential drug-related problems.

Resident Medication Administration Records

14. (1) The registrant must provide a medication administration record for each resident.

(2) The medication administration record must be current for each resident based on the information on the resident’s record and must be sent to the facility or home each month.

(3) A resident’s medication administration record must include

(a) the resident’s full name,

(b) the resident's location within the facility or home, where possible,

(c) the name of the practitioner,

(d) allergies,

(e) diagnoses,

(f) the month for which the record is to be used,

(g) the name and strength of all drugs currently being administered, including those to be administered on a "when necessary" basis, and

(h) full directions for use.

Resident Medication Review

15. (1) The full pharmacist responsible for a facility must

(a) review each resident's drug regimen on site or by videoconference at least once every 6 months with a practitioner if available, or a registered nurse and a facility staff member approved by the medication safety and advisory committee, and

(b) review the resident's personal health information stored on the PharmaNet database before releasing any drug to the facility.

(2) A full pharmacist must maintain a record of the reviews referred to in subsection (1) in the resident's record and in the record at the pharmacy, and the record of review must include information about

(a) the people in attendance,

(b) the date of the review, and

(c) recommendations, if any.

(3) At a facility or home, if a resident's practitioner does not attend the review, the full pharmacist must advise the practitioner of any recommendations arising from the review.

(4) The full pharmacist responsible for a home must

(a) review each resident's drug regimen and document the result of the review at least once every 6 months, and

(b) conduct the review on site at least once in every 12 month period.

(5) To continue dispensing drugs for a resident in a facility or home, prescriptions must be received from the resident's practitioner every six 6 months, either by written, verbal or electronic communication.

Resident Oriented Pharmacy Practice

16. (1) When a resident is first admitted to a facility or home, the full pharmacist must obtain a history for the resident, and the following information must be obtained if available:

(a) allergies, adverse drug reactions, and intolerances,

(b) past and present prescribed drug therapy including the drug name, strength, dosage, frequency and duration of therapy,

(c) compliance with prescribed drug regimen,

(d) Schedule II, III and unscheduled drug use, and

(e) laboratory results.

(2) The full pharmacist must routinely provide written or verbal drug information relevant to a resident's drugs to the medical, nursing or other appropriate facility or home staff.

(3) If an adverse drug reaction as defined by Health Canada is identified, a full pharmacist must

(a) notify the resident's practitioner,

(b) make an appropriate entry on the resident's record, and

(c) report the reaction to the Canada Vigilance Program Regional Office.

(4) Where a self-medication program is deemed suitable for a resident, the full pharmacist must comply with all applicable regulations under the *Community Care and Assisted Living Act* and must

(a) participate in the development of policies and procedures for the program, including appropriate storage and security requirements,

(b) ensure a drug consultation with the resident occurs,

(c) ensure authorization from the resident's practitioner and the medication safety and advisory committee is obtained,

(d) include any drugs in the self-medication program in the drug regimen review referred to in section 13(4), and

(e) document the consultation referred to in paragraph (b) in the resident's record.

(5) The drug consultation referred to in subsection (4)(b), should occur in person with the resident or resident's representative and must

(a) confirm the identity of the resident,

(b) identify the name and strength of drug being dispensed,

(c) identify the purpose of the drug,

(d) provide directions for use of the drug including the frequency, duration and route of therapy,

(e) discuss common adverse effects, drug and food interactions, and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,

(f) discuss storage requirements,

(g) provide information regarding

(i) how to monitor 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

(h) provide other information unique to the specific drug or resident.

Respite Care

17. (1) When a resident is admitted for short-stay respite care, the registrant must confirm all prescription authorizations with the resident's practitioner.

(2) The registrant must dispense drugs using a monitored dose system and provide medication administration records.

(3) Emergency stay respite care residents who arrive without notice may be administered drugs from their own supply if it is reasonable and safe to do so only until a supply is obtained from the pharmacy.

Leave of Absence Drugs

18. (1) The registrant must establish a system to ensure that leave-of-absence drugs are prepared correctly.

(2) The label on a leave of absence medication must include

(a) the facility or home name,

(b) the resident's name,

(c) the practitioner's name,

(d) the drug name, strength, quantity and complete directions for use,

(e) the initials of the person preparing the drug, and

(f) the date of issue.

(3) All leave of absence drugs must be documented on the resident's medication administration record.

SCHEDULE OF AMENDMENTS

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Pharmacy Operations and Drug Scheduling Act* are amended regarding the compounding of sterile preparations, as follows:

1. The following section has been added after section 18. (8):

    (9) A direct owner, manager, directors, and officers must ensure compliance with the National Association of Pharmacy Regulatory Authorities standards as approved by the board from time to time, applicable to the operation of a pharmacy.

SCHEDULE OF AMENDMENTS

Schedule F – Part 1 – Community Pharmacy Standards of Practice of the bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended regarding standards for the compounding of sterile preparations, as follows:

1. The following new section has been added after section 9.1:

    9.2 A registrant must comply with the National Association of Pharmacy Regulatory Authorities standards as approved by the board from time to time.

SCHEDULE OF AMENDMENTS

Schedule F – Part 2 – Hospital Pharmacy Standards of Practice of the bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended regarding standards for the compounding of sterile preparations, as follows:

1. Section 3. (3) is repealed and replaced by the following:

    3. (3) Sterile compounds must be prepared in an environment that is in accordance with the National Association of Pharmacy Regulatory Authorities standards as approved by the board from time to time.

SCHEDULE OF AMENDMENTS

Schedule F – Part 3 - Residential Care Facilities and Homes Standards of Practice of the bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended regarding standards for the compounding of sterile preparations, as follows:

1. The following new section has been added after section 6.2:

    6.3 A registrant must comply with the National Association of Pharmacy Regulatory Authorities standards as approved by the board from time to time.

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY-64**
POLICY FOCUS: **Guidelines to Pharmacy Compounding**

This policy sets out the National Association of Pharmacy Regulatory Authorities (NAPRA) standards adopted by the Board of the College of Pharmacists of BC, as referenced in the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws sections ~~6.3(1) and (2),~~ 18(9), the *Community Pharmacy Standards of Practice* sections ~~9.2(1) and (2)~~, the *Hospital Pharmacy Standards of Practice* section 3(3), and the *Residential Care Standards of Practice* sections ~~6.3. (1) and (2) and the *Hospital Pharmacy Standards of Practice* sections 3(3) and (4).~~

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POLICY STATEMENT~~(S)~~:

1. The Board of the College of Pharmacists of BC adopts the following NAPRA ~~Guidelines to Pharmacy Compounding as the Standard of Practice~~standards for compounding of sterile preparations for registrants:
    - Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations; and,
    - Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations.

~~*http://www.napra.org/Content_Files/Files/Guidelines_to_Pharmacy_Compounding_Oct2006.pdf*~~

~~**BACKGROUND:**~~

~~In 2005, the National Association of Pharmacy Regulatory Authorities (NAPRA) formed the Compounding Guidelines Task Force (CGTF). The task force was comprised of pharmacists from across Canada experienced in the area of compounding preparations. The task force members recognized that compounding is an essential part of pharmacy practice, and the guidelines reflect the knowledge they felt was required to prepare a safe and appropriate product.~~

~~Once the draft guidelines were completed, they were reviewed by NAPRA's National Advisory Committee on Pharmacy Practice, the Council of Pharmacy Registrars of Canada, and NAPRA's Executive Committee. The guidelines also underwent an extensive external review.~~

~~These guidelines, referred to as the Guidelines to Pharmacy Compounding *http://napra.ca/Content_Files/Files/Guidelines_to_Pharmacy_Compounding_Oct2006.pdf* are intended to enhance the standards of practice area addressing compounding (in BC, Role 2 of the Framework of Professional Practice).~~

~~The guidelines apply to registrants or their delegates in the preparation of all extemporaneous products. The guidelines are based on the following performance indicators for registrants fulfilling this role:~~

- ~~Have accurate knowledge and expertise to compound preparations~~
- ~~Confirm the need for a compounded product~~
- ~~Maintain access to contemporary equipment~~
- ~~Use of quality ingredients and procedures~~
- ~~Appropriate labeling~~
- ~~Suitable containers for each unique product~~
- ~~Safe and acceptable storage~~
- ~~Documentation to ensure accurate checking, duplicating, and tracing~~

~~PPP-64~~

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY-64**
POLICY FOCUS: **Guidelines to Pharmacy Compounding**

The key elements of good compounding include qualified and trained personnel, adequate premises and space, approved compounding procedures and instructions, suitable equipment, labels and containers, and accurate documentation.

For reference, the following definitions differentiate between the activities of "compounding" and "manufacturing":

Compounding - Pharmaceutical preparation of components into drug products that:

- Are considered to be within the professional practice of pharmacy, regulated by provincial regulatory authorities in accordance with guidelines and standards that ensure the quality and safety of pharmaceuticals.
- Involve a relationship that can be demonstrated to exist between a patient and / or a regulated health care professional or a practitioner.
- Do not circumvent regulatory requirements including the Food and Drugs Act and the Food and Drug Act Regulations, the National Drug Schedules, or intellectual property legislation.
- Provide a customized therapeutic solution to improve patient care without duplicating a commercially available, approved product.

Manufacturing - Preparation of products:

- Are subject to all the appropriate divisions and sections of the Food and Drugs Act and Regulations, including all applicable standards and guidelines.
- Require a Drug Identification Number (DIN) and / or Notice of Compliance (NOC) to be sold in Canada.
- Are produced independently of the demonstrated regulated health care professional-patient relationship or valid pharmacist-veterinarian-client-patient relationship.
- Are required to obtain an Establishment License (EL) (Division 1A of the Food and Drugs Act and Regulations) and meet the appropriate sections of Division 2 Good Manufacturing Practices (GMP).

The NAPRA Guidelines to Pharmacy Compounding have been adopted by five other provincial pharmacy regulatory authorities (NB, NL, NS, ON and SK).

First approved: 29 Jan 2010
Revised: 15 Apr 2011
Reaffirmed:

PPP-64

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY-61**
POLICY FOCUS: **Hospital Pharmacy Published Standards**

POLICY STATEMENT(S):

Sterile products must be prepared in accordance with the published standards noted below:

1. CSHP Official publications – Guidelines for Preparation of Sterile Products in Pharmacies

2. CSHP Official Publications – Handling and Disposal of Hazardous Pharmaceuticals (including cytotoxic drugs)

Hazardous drugs must be handled and prepared in accordance with the requirements for the Safe Handling of Antineoplastic Agents in Health Care Facilities published by WorkSafe BC and the published standards noted below:

3. CSHP Official Publications – Handling and Disposal of Hazardous Pharmaceuticals (including cytotoxic drugs)

College of Pharmacists of British Columbia

BOARD MEETING
April 29, 2022

7. Legislation Review Committee
b) Amendments to *Pharmacy Operations and Drug Scheduling Act* Bylaw – Fee Schedule

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution:

RESOLVED THAT, in accordance with the authority established in section 21(1)(c.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 approves for public posting the proposed amendments to the bylaws of the College of Pharmacists of British Columbia to the pharmacy licensure fee schedule to operationalize the 2022 budget.

Purpose

To approve amendments to the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws Schedule A – Fee Schedule ("the PODSA fee schedule") in accordance with the College of Pharmacists of BC ("CPBC") 2022/2023 budget (see Appendix 1 for a copy of the PODSA fee schedule).

Background

The Board may make bylaws as per section 21(1)(c.1) of PODSA to determine requirements for the fees provided for the purposes of making an application to issue, renew or reinstate a pharmacy licence. These fees must be consistent with the duties and objectives of the CPBC.

At its February 2022 meeting, the Board approved the CPBC's 2022/2023 budget. To operationalize this budget, PODSA fee schedule changes are necessary. These changes will result in increases of 4.5% - 4.75% to the fees in that schedule. Factors considered for the fee increases include inflation, recouping PharmaNet revenue shortfalls, and enabling projects that support CPBC operations, such as upgrades to network security and legal fees, etc.

Unlike the *Health Professions Act* ("HPA"), PODSA does not exempt particular bylaws (e.g., fee schedules) from the 90-day public posting period requirement.

Next Steps

The PODSA fee schedule will be publicly posted for 90 days. After the end of the comment period and pending review of any feedback received, the PODSA fee schedule will be brought to the Board at its September 2022 meeting for filing approval. Pending approval, the new schedule will come into effect in November 2022.

In addition to the proposed amended fee schedule corresponding revised forms will also be updated. These forms do not require Board approval or filing with the Ministry of Health.

Recommendation

The Legislation Review Committee recommends that the Board approve the PODSA fee schedule for public posting as circulated.

Guiding Questions

- Do the PODSA fee schedule amendments appropriately operationalize the Board's February 2022 approved budget?
- Are the changes to the PODSA fee schedule clear and reasonable?

Appendix	
1	Amended PODSA Fee Schedule (tracked changes)

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

LICENSURE FEES

PHARMACY APPLICATIONS

Community Pharmacy Licence	Annual licence fee.	~~$ 2,474.00~~	$ 2,592.00
Hospital Pharmacy Licence	Annual licence fee.	~~$ 2,474.00~~	$ 2,592.00
Pharmacy Education Site Licence	Annual licence fee.	~~$ 791.00~~	$ 829.00
Telepharmacy	Annual licence fee.	~~$ 2,474.00~~	$ 2,592.00
Hospital Pharmacy Satellite	Annual fee for each satellite site, to be charged to Hospital Pharmacy.	~~$ 791.00~~	$ 829.00
Application for New Pharmacy Licence (Community, Hospital and Telepharmacy)	Application valid for up to three years. Includes change of ownership.	~~$ 791.00~~	$ 829.00
Reinstatement of Pharmacy Licence	For reinstatement of a pharmacy licence that has been expired for 90 days or less.	~~$ 791.00~~	$ 829.00
Change of direct owner	Annual licence fee + application for new pharmacy	~~$ 3,265.00~~	$ 3,421.00
Change of indirect owner		$ 0.00	$ 0.00
Change of manager		$ 0.00	$ 0.00
Change in corporation name		$ 0.00	$ 0.00
Change in operating name of the pharmacy		$ 0.00	$ 0.00
Change in location of the pharmacy		~~$ 791.00~~	$ 829.00
Change in layout of the pharmacy		$ 0.00	$ 0.00
Criminal Record History (CRH)	*Fee charged by Sterling BackCheck)	$ -	$ -

OTHER FEES

Inspection Fee: Follow-up site review(s)	Where 3 or more site reviews are required to address deficiencies. From visit 3 onwards, this fee applies for each additional visit.	~~$ 1,076.00~~	$ 1,127.00
Administrative Fee		~~$ 142.00~~	$ 148.00

NOTES:
1) Fees are non-refundable.
2) Fees are subject to GST.
3) Annual renewal notices of pharmacy licensure are sent at leas t sixty (60) days prior to the expiry date.

College of Pharmacists of British Columbia

BOARD MEETING
April 29, 2022

7. Legislation Review Committee
c) Amendments to Health Professions Act Bylaws – Fee Schedule

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution:

RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act ("HPA"), and subject to filing with the Minister as required by section 19(3) of the HPA, the Board amend the bylaws of the College of Pharmacists of British Columbia regarding the HPA fees to operationalize the 2022 budget, as set out in the schedule attached to this resolution.

Purpose

To approve amendments to the *Health Professions Act* ("HPA") Bylaws Schedule D – Fee Schedule ("the HPA fee schedule") in accordance with the College of Pharmacists of BC ("CPBC") 2022/2023 budget (see Appendix 2 for a copy of the HPA fee schedule).

Background

The Board may make bylaws as per section 19(1)(p) of the HPA to establish fees payable to the CPBC by registrants. These fees must be consistent with the CPBC's duties and objectives.

At its February 2022 meeting, the Board approved the CPBC's 2022/2023 budget. To operationalize this budget, HPA fee schedule changes are necessary. These changes will result in increases of 4.5% - 4.75% to the fees in that schedule and include new fees for temporary registrants. Factors considered for the fee increases include inflation, recouping PharmaNet revenue shortfalls, and enabling projects that support CPBC operations, such as upgrades to network security and legal fees, etc.

Section 19(6.2) of the HPA exempts the establishment of HPA fees (amongst other bylaw making authorities) from the 90-day public posting period. Accordingly, if approved by the Board, these bylaws will be sent to the Ministry of Health for filing.

Next Steps

Upon approval by the Board, the amended HPA fee schedule will be held until September 2022 for filing with the Ministry of Health. This will be done to align with the timing of amendments to the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws Schedule A – Fee Schedule. The approach will result in a consistent schedule of fee changes as both the PODSA and HPA amendments would then come into effect at the same time in November 2022.

In addition to the proposed amended fee schedule corresponding revised forms will also be updated. These forms do not require Board approval but will be sent to the Ministry of Health for filing.

Recommendation

The Legislation Review Committee recommends that the Board approve the HPA fee schedule for filing with the Ministry of Health, by approving the schedule in Appendix 1.

Guiding Questions

- Do the HPA fee schedule amendments appropriately operationalize the Board's February 2022 approved budget?
- Are the changes to the HPA fee schedule clear and reasonable?

Appendix	
1	Schedule to the Resolution
2	Amended Fee Schedule (track changes)

SCHEDULE

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 D- Fee Schedule.

College of Pharmacists of B.C.

FEE SCHEDULE

HPA Bylaw "Schedule D"

REGISTRATION FEES		
Pharmacist		
Application for Pre-registration	Valid for up to three years.	$ 465.00
Application for Reinstatement	Valid for up to three years.	$ 465.00
Full Pharmacist - registration	For a term of one year.	$ 846.00
Full Pharmacist - registration renewal	For a term of one year.	$ 846.00
Non-practising Pharmacist - registration renewal	For a term of one year.	$ 846.00
Limited Pharmacist - registration	For a term of one year. Maximum three one-year terms.	$ 846.00
Limited Pharmacist - renewal	Maximum two one-year renewal terms	$ 846.00
Temporary Pharmacist - registration	Valid for 12 months	$ 116.00
Temporary Limited Pharmacist - registration	Valid for 12 months	$ 116.00
Late registration renewal fee (≤90 days from renewal date).		$ 148.00
Student Pharmacist		
New Student Pharmacist (UBC)	Valid for one year.	$ 116.00
New Student Pharmacist (Non UBC)	Valid for one year.	$ 116.00
Student Pharmacist Registration Renewal (UBC)	Valid for one year.	$ 0.00
Temporary Student Pharmacist - registration	Valid for 12 months. No additional fee after first 12 months.	$ 116.00
Pharmacy Technician		
Application for Pre-registration	Valid for up to three years.	$ 309.00
Application for Reinstatement	Valid for up to three years.	$ 309.00
Pharmacy Technician - registration	For a term of one year.	$ 564.00
Pharmacy Technician - registration renewal	For a term of one year.	$ 564.00
Non-practising Pharmacy Technician - registration renewal	For a term of one year.	$ 564.00
Temporary Pharmacy Technician - registration	Valid for 12 months	$ 116.00
Late registration renewal fee (≤90 days from renewal date).		$ 148.00
Structured Practical Training Program	Valid for 6 months from application date.	$ 438.00
CERTIFICATION FOR INJECTION DRUG ADMINISTRATION		
Application for certification		$ 120.00
ADMINISTRATION FEES		
Replacement of registration certificate		$ 146.00
Certificate of standing		$ 146.00
Processing of non-sufficient funds (NSF) cheque		$ 146.00
Criminal Record Check (CRC)	See Criminal Record Check Fee Regulation BCReg238/2002 as amended	-
Jurisprudence Examination (JE)		$ 291.00

NOTES:

1) Fees are non-refundable nor transferable.

2) All fees except Criminal Record Check are subject to GST.

3) Annual registration renewal notices are sent at least thirty (30) days prior to expiry date.

4) Completion of registration forms may be required for items with $0.00 fee amounts.

College of Pharmacists of B.C.
FEE SCHEDULE
HPA Bylaw "Schedule D"

REGISTRATION FEES

Pharmacist			
Application for Pre-registration	Valid for up to three years.	~~$ 445.00~~	$ 465.00
Application for Reinstatement	Valid for up to three years.	~~$ 445.00~~	$ 465.00
Full Pharmacist - registration	For a term of one year.	~~$ 809.00~~	$ 846.00
Full Pharmacist - registration renewal	For a term of one year.	~~$ 809.00~~	$ 846.00
Non-practising Pharmacist - registration renewal	For a term of one year.	~~$ 809.00~~	$ 846.00
Limited Pharmacist - registration	For a term of one year. Maximum three one-year terms.	~~$ 809.00~~	$ 846.00
Limited Pharmacist - renewal	Maximum two one-year renewal terms	~~$ 809.00~~	$ 846.00
Temporary Pharmacist - registration	Valid for 12 months	$ 0.00	$ 116.00
Temporary Limited Pharmacist - registration	Valid for 12 months	$ 0.00	$ 116.00
Late registration renewal fee (≤90 days from renewal date).		~~$ 142.00~~	$ 148.00
Student Pharmacist			
New Student Pharmacist (UBC)	Valid for one year.	~~$ 111.00~~	$ 116.00
New Student Pharmacist (Non UBC)	Valid for one year.	~~$ 111.00~~	$ 116.00
Student Pharmacist Registration Renewal (UBC)	Valid for one year.	$ 0.00	$ 0.00
Temporary Student Pharmacist - registration	Valid for 12 months. No additional fee after first 12 months.	$ 0.00	$ 116.00
Pharmacy Technician			
Application for Pre-registration	Valid for up to three years.	~~$ 296.00~~	$ 309.00
Application for Reinstatement	Valid for up to three years.	~~$ 296.00~~	$ 309.00
Pharmacy Technician - registration	For a term of one year.	~~$ 539.00~~	$ 564.00
Pharmacy Technician - registration renewal	For a term of one year.	~~$ 539.00~~	$ 564.00
Non-practising Pharmacy Technician - registration renewal	For a term of one year.	~~$ 539.00~~	$ 564.00
Temporary Pharmacy Technician - registration	Valid for 12 months	$ 0.00	$ 116.00
Late registration renewal fee (≤90 days from renewal date).		~~$ 142.00~~	$ 148.00
Structured Practical Training Program	Valid for 6 months from application date.	~~$ 419.00~~	$ 438.00

CERTIFICATION FOR INJECTION DRUG ADMINISTRATION

Application for certification		~~$ 115.00~~	$ 120.00

ADMINISTRATION FEES

Replacement of registration certificate		~~$ 140.00~~	$ 146.00
Certificate of standing		~~$ 140.00~~	$ 146.00
Processing of non-sufficient funds (NSF) cheque		~~$ 140.00~~	$ 146.00
Criminal Record Check (CRC)	See Criminal Record Check Fee Regulation BCReg238/2002 as amended	-	-
Jurisprudence Examination (JE)		~~$ 278.00~~	$ 291.00

NOTES:
1) Fees are non-refundable nor transferable.
2) All fees except Criminal Record Check are subject to GST.
3) Annual registration renewal notices are sent at least thirty (30) days prior to expiry date.
4) Completion of registration forms may be required for items with $0.00 fee amounts.

College of Pharmacists of British Columbia

7. Legislation Review Committee

Justin Thind

Chair, Legislation Review Committee

College of Pharmacists of British Columbia

7 a) Bylaw Amendments to Officially Adopt the NAPRA Standards for Sterile Compounding

College of Pharmacists of British Columbia

Background

- In November 2022, the Board approved publicly posting proposed PODSA Bylaws to adopt the Model Standards for public posting for a 90-day period.
- Related amendments to the HPA Standards of Practice and relevant PPPs were also posted for comment, even though the legislation doesn't require the College to do so.
  - This was done so that readers would gain clarity on the entire suite of changes proposed by the College.

College of Pharmacists of British Columbia

Background, continued

Proposed Amendments:

Source	Summary of Proposed Change
PODSA Bylaws	Requiring pharmacy owners and managers to ensure compliance with the NAPRA standards approved by the Board, applicable to the operation of a pharmacy.
HPA Bylaws	Requiring compliance with NAPRA Standards, as approved by the Board, and restricting sterile compounding registrants only.
Professional Practice Policies ("PPPs")	• *PPP- 64 Guidelines for Pharmacy Compounding*: To be updated to replace an outdated reference to NAPRA's 2006 Compounding Guidelines. • *PPP- 61 Hospital Pharmacy Published Standards*: To be repealed as it references outdated sterile product preparation standards. • *PPP- 57 Standards for Pharmacy Assistant Verification of Sterile Products in Hospital Pharmacy Practice*: To be repealed as non-registrants will no longer be permitted to prepare sterile compounds.

College of Pharmacists of British Columbia

Compounding Implementation Timeline

Phase	Deadline	Details
1	November 2017	• Gap analysis and site plan • Personnel conduct
2	May 2019	• Personnel training • Policies & procedures
3	May 2020	• Beyond use dates • Verification of facilities
4	May 2021	• Facility infrastructure
	July 2022	• Extended Full Compliance Deadline

Board Highlights June 2020, https://www.bcpharmacists.org/board-highlights-june-12-2020

College of Pharmacists of British Columbia

Public Posting Comments

- 45 responses were received during the public posting period.
- Responses were from:
  - Most regional health authorities; and,
  - Individuals working in, or representing, community and/or hospital pharmacies.

College of Pharmacists of British Columbia

Public Posting Comments, continued

Request to Move the Effective Date to 2023

- Three organizations requested that the effective date be moved into 2023.
- The rationale for the request stemmed from concerns such as timing for renovations and new facilities, as well as supply chain issues, etc.
- It is not recommended that the effective date be adjusted. Instead, the College will work with these organizations to better understand their concerns and to achieve compliance as soon as possible.
- This will mean that some organizations will likely come into full compliance after the July 2022 date.

College of Pharmacists of British Columbia

Public Posting Comments, continued

Request to Reconsider the Restriction of Sterile Compounding to Registrants Only

- Many comments received on restricting sterile compounding to registrants only. This includes:
  - Due to a shortage of pharmacy technicians, this requirement will have a significant impact on hospital pharmacies.
  - This requirement will result in increased workloads, staff burnout, increased medication errors, poor patient care and service disruptions.
  - The July 2022 implementation date for restricting sterile compounding to registrants only is not achievable. More time and resources are needed to reorganize processes to remove assistants from existing processes.
  - The College should allow pharmacy assistants to perform sterile compounding in exceptional circumstances and/or depending on the complexity and risk of the activity, where mitigation strategies are in place to address the College's concerns.
  - Some feedback highlighted that many pharmacy assistants are highly experienced and trained in sterile compounding techniques and procedures.

College of Pharmacists of British Columbia

Proposed Amendment

- Upon review, it is recommended that the College not proceed with restricting sterile compounding to registrants only, at this point.
- It is recommended that further research and analysis take place, aligned with Right Touch Regulation principles, to better ensure that that restriction does not result in negative unintended consequences, including additional patient safety issues.
- It is also recommended that this research consider any restricted activities that unregulated staff perform as public safety issues may be similar across such activities.
- College staff have liaised with the Ministry of Health on removing this proposed restriction. A second public posting would not be required.
- If approved, *PPP- 57 Standards for Pharmacy Assistant Verification of Sterile Products in Hospital Pharmacy Practice*, would not be repealed at this point.

College of Pharmacists of British Columbia

Proposed Timeline (subject to Board approval)

Date	Action
May 2022 to June 2022	60 day filing period with Minister of Health
July 2022	Amendments to PODSA and HPA Bylaws come into force; Amendments to PPPs become effective

College of Pharmacists of British Columbia

7 a) Bylaw Amendments to Officially Adopt the NAPRA Standards for Sterile Compounding

Motion #1:

Approve the following resolution to amend the bylaws made under the *Pharmacy Operations and Drug Scheduling Act* and the *Health Professions Act* regarding the compounding of sterile preparations:

"RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act ("PODSA") and section 19(1) of the Health Professions Act ("HPA"), and subject to the filing requirements in section 21(4) of PODSA and section 19(3) of HPA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under PODSA and HPA to adopt the National Association of Pharmacy Regulatory Authorities' Model Standards for Pharmacy Compounding of Sterile Preparations (non-hazardous and hazardous), as circulated."

College of Pharmacists of British Columbia

7 a) Bylaw Amendments to Officially Adopt the NAPRA Standards for Sterile Compounding

Motion #2:

Approve consequential amendments to Professional Practice Policy-64 Guidelines for Pharmacy Compounding, as circulated, effective on the date that the bylaws come into force.

College of Pharmacists of British Columbia

7 a) Bylaw Amendments to Officially Adopt the NAPRA Standards for Sterile Compounding

Motion #3:

Approve rescinding Professional Practice Policy-61 Hospital Pharmacy Published Standards, as circulated, effective on the date that the bylaws come into force.

College of Pharmacists of British Columbia

7 a) Bylaw Amendments to Officially Adopt the NAPRA Standards for Sterile Compounding

Motion #4:

Direct the Registrar to conduct research and analysis on restricting unregulated pharmacy staff from performing restricted activities, including compounding, and bring forward bylaw amendments on this issue within two years.

College of Pharmacists of British Columbia

7 b) Amendments to the *PODSA* Bylaws – Fee Schedule

College of Pharmacists of British Columbia

Background

- In February 2022, the College's 2022/23 Budget was approved, which included fee changes.
- To actualize these fee changes, amendments to the PODSA Bylaws Schedule A – Fee Schedule are required.
- Once approved by the Board, the Bylaws will be posted on the College website for a legislated 90-day public comment period.
- Following the public comment period, Board approval will be sought to approve the Bylaws for filing with the Minister of Health.

College of Pharmacists of British Columbia

7 b) Amendments to the *PODSA* Bylaws – Fee Schedule

MOTION:

RESOLVED THAT, in accordance with the authority established in section 21(1)(c.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 approves for public posting the proposed amendments to the bylaws of the College of Pharmacists of British Columbia to the pharmacy licensure fee schedule to operationalize the 2022 budget.

College of Pharmacists of British Columbia

7 c) Amendments to the *HPA* Bylaws – Fee Schedule

College of Pharmacists of British Columbia

Background

- In February 2022, the College's 2022/23 Budget was approved, which included fee changes.
- To actualize these fee changes, amendments to the HPA Bylaws Schedule D – Fee Schedule are required.
- For the fee increases to be effective, the HPA requires a 60-day filing period, but does not require them to be publicly posted.
- Subject to Board approval, the amended HPA fee schedule will be held for filing and submitted for filing with the Ministry of Health at the same time as the PODSA version, to ensure that the changes align.

College of Pharmacists of British Columbia

7 c) Amendments to the *HPA* Bylaws – Fee Schedule

MOTION:

RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act ("HPA"), and subject to filing with the Minister as required by section 19(3) of the HPA, the Board amend the bylaws of the College of Pharmacists of British Columbia regarding the HPA fees to operationalize the 2022 budget, as set out in the schedule attached to this resolution.

April 29, 2022

Cynthia Johansen, Registrar & Chief Executive Officer
Louise Aerts, Executive Director, Strategy & Integration

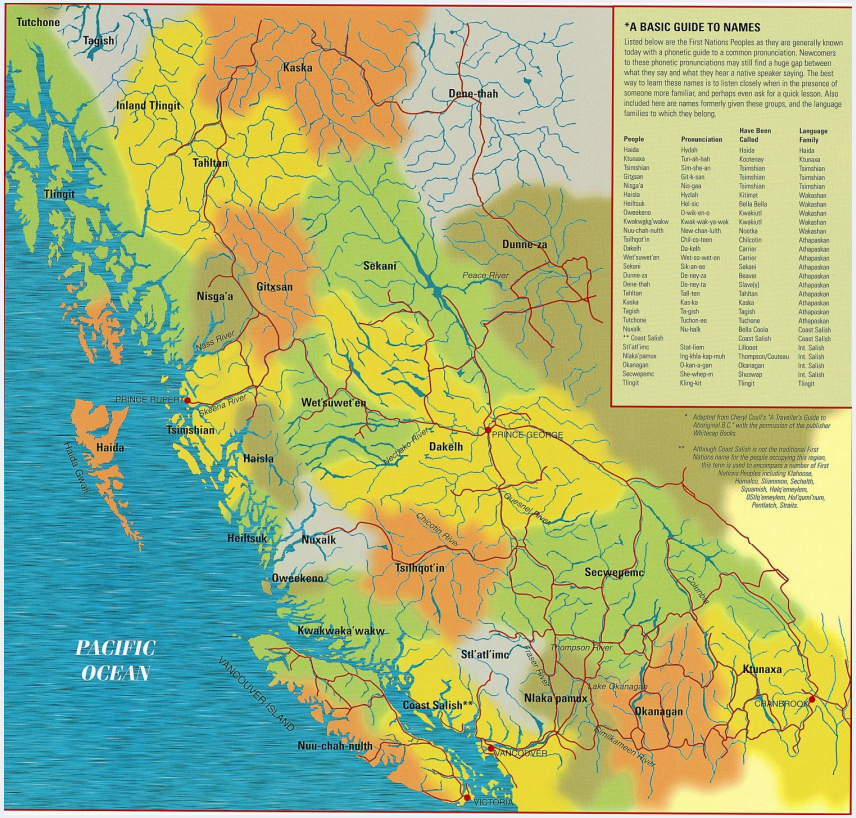
BCCNM's Journey towards Cultural Safety and Humility

BC CN & M British Columbia College of Nurses & Midwives

Territorial acknowledgement

BCCNM regulates nurses and midwives on the territories of 203 First Nations communities.

We are presenting to you from the unceded territories of the hən̓q̓əmiń əm̓ speaking peoples –, xwməθkwəy̓əm (Musqueam), and seĺílwitulh (Tsleil-Waututh) Nations, and the Sḵwx̱wú7mesh-ulh Sníchim speaking peoples - Sḵwx̱wú7mesh Úxwumixw (Squamish) Nation whose historical relationships with the land continue to this day.

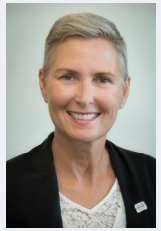


The Drivers

" The great aim of our legislation has been to do away with the tribal system and assimilate the Indian people in all respects with the other inhabitants of the Dominion as speedily as they are fit to change."
- Sir John A. MacDonald, 1887, former Prime Minister of Canada

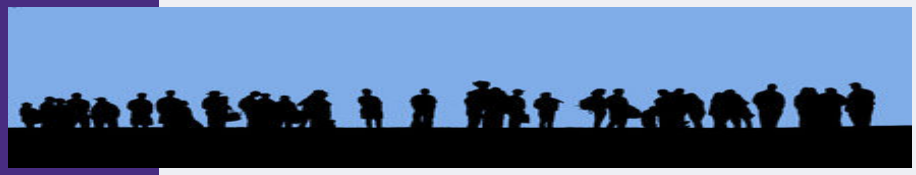
"The policies of colonial destruction of Indigenous peoples took place insidiously and over decades. The acts of violence and intent to destroy are structural, systemic and cut across multiple administrations and political leaders."
- Fannie Lafontaine, 2021, Legal Advisor, MMWG Inquiry

"… our review found clear evidence of a much more widespread and insidious problem – a lack of cultural safety and hundreds of examples of prejudice and racism throughout the entire B.C. health-care system,"
- Mary Ellen Turpel-Lafond, Investigative Lead, Addressing Indigenous-specific Racism and Discrimination in BC Health Care



Accepting the truth moves us to reconciliation - We view CSH as a central tenet in our effort to become anti-racist

- We have a legal and moral obligation to address the genocide of First Nations, Metis and Inuit peoples in Canada.
- We have the mandate and opportunity to ensure that everyone receives health care services that are free from racism and discrimination.
- UNDRIP and DRIPA require us to uphold Indigenous rights and create new pathways for Indigenous ways of knowing and being.
- We must act individually and collectively to effect change.



BCCN&M British Columbia College of Nurses & Midwives

Key Drivers for BCCNM

- Redefinition of relationship with BC First Nations and governments of BC and Canada (Health Governance Partnership)
- Relationship with First Nations Health Authority
- Truth and Reconciliation Commission's Calls to Action
- Declaration of Commitment to Cultural Safety and Humility
- United Nations Declaration on the Rights of Indigenous Peoples
- BC's Declaration of the Rights of Indigenous Peoples Act
- In Plain Sight
- Commitment of Board and Staff to bring the principles and actions to life within BCCNM

Fundamental Change

Anti-racism and cultural safety and humility is a shift in the very core of how an individual thinks, and therefore behaves.

As a regulator and as an employer, we are challenging ourselves to educate and empower our registrants, governors and staff so that they will shift their beliefs and attitudes, thus changing the culture and approach of BCCNM.

Unlearning colonization will take time and our approach and understanding of what we need to do will adjust as we learn and re-think based on past efforts, both successful and not!

We are working to influence a societal change, not just an organizational one.

Grounded in Indigenous Teachings:

Tiimithit – Do your best (personal level) and help others be at their best (organizational level)

Chen Chen Stway – Standing and working to hold each other up and work together

The Path Forward:

Truth:

Understand the personal journey first – unlearning and re-learning

Bringing your best self to your professional role to address systemic and interpersonal racism

Readiness:

Build individual stamina and resiliency to work together to lead organizational transformation to being anti-racist

Learn while you lead and lead while you learn.

Reconcili-action:

Relationships are key

Make change personally, in areas you control, and in areas you influence

Constructive Disruption to Indigenous-Specific Racism Amongst B.C. Nurses and Midwives -An Action Plan

- Accountability Statement
- The Journey
- Why Focus on Indigenous-specific racism?
- Methodology
- 8 Actions

BCCN&M British Columbia College of Nurses & Midwives

The Actions

- Framework from In Plain Sight Report
- 24 Recommendation
- Systems
- Behaviors
- Beliefs

- In Plain Sight recommendation = BCCNM Action
- 8 Actions in total (4 Systems, 2 Behaviours, 2 Beliefs)

BCCN&M British Columbia College of Nurses & Midwives

System

In Plain Sight: Recommendation #1 - *That the B.C. government apologize for Indigenous-specific racism in the health-care system, setting the tone for similar apologies throughout the health system, and affirm its responsibility to direct and implement a comprehensive system-wide approach to addressing the problem, including standardized language and definitions, and clear roles and responsibilities for health authorities, regulatory bodies, associations and unions, and educational institutions.*

BCCNM Action #1: That BCCNM apologize for its role in perpetuating Indigenous-specific racism in the health-care system, setting the tone for similar apologies by like-minded organizations, and commit to addressing the problem, including standardized language and definitions, and a clear understanding of its role as a regulator in this space.

1. Acknowledge the report and publicly commit to taking action on the recommendations.
2. Apologize for BCCNM's historical role in perpetuating Indigenous-specific racism in B.C. health care.
3. Work collaboratively with fellow health regulators to issue a joint apology to Indigenous Peoples and communities who have experienced racism while engaging with regulatory bodies or with the health professionals regulated by these regulators.
4. Hold information sessions reviewing and discussing the findings and recommendations of the In Plain Sight report for board, staff and committee members.
5. Publicly communicate actions taken on the recommendations and progress on achieving goals to ensure accountability for its commitment to cultural safety and humility.
6. Assess BCCNM bylaws, standards and policies to ensure they reflect principles of cultural safety and humility, address Indigenous-specific racism and ultimately reflect the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

System

Apology

Complaints

In Plain Sight: Recommendation #5 - *That the B.C. government, First Nations governing bodies and representative organizations, and Métis Nation BC (MNBC) jointly develop a strategy to improve the patient complaint processes to address individual and systemic Indigenous-specific racism.*

BCCNM Action #2: That BCCNM, in collaboration with Indigenous partners, review and revise its complaints process to ensure that the principles of cultural safety and humility are reflected throughout the process in an effort to address the underrepresented complaints of Indigenous-specific racism and complaints that are not made due to the impacts of racism.

System

Apology

Complaints

Standard

Spaces

In Plain Sight: Recommendation #10 - *That design of hospital facilities in B.C. include partnership with local Indigenous Peoples and the Nations on whose territories these facilities are located, so that health authorities create culturally appropriate, dedicated physical spaces in health facilities for ceremony and cultural protocol, and visibly include Indigenous artwork, signage and territorial acknowledgements throughout these facilities.*

BCCNM Action #4: Create a space at BCCNM's physical offices that acknowledges the nations and territories on which it sits, includes Indigenous artwork and signage, and provides education on Indigenous history and ways of being.

Behaviours

Speak Up Culture

Leadership

In Plain Sight: Recommendation #14 - That the B.C. government, the Provincial Health Services Authority (PHSA), the five regional health authorities, B.C. post-secondary institutions with health programs, health regulators, and all health service organizations, providers and facilities recruit Indigenous individuals to senior positions to oversee and promote needed system change.

BCCNM Action #6: Recruit and support Indigenous individuals to BCCNM's leadership and decision-making roles to oversee, inform and promote needed system change.

Beliefs

CSH Education

Registrant Education

In Plain Sight: Recommendation #20 - *That a refreshed approach to anti-racism, cultural humility and trauma-informed training for health workers be developed and implemented, including standardized learning expectations for health workers at all levels, and mandatory, low-barrier components. This approach, co-developed with First Nations governing bodies and representative organizations, MNBC, health authorities and appropriate educational institutions, to absorb existing San'yas Indigenous Cultural Safety Training*.

BCCNM Action #7: Increase staff, board members', committee members' and registrants' knowledge of Indigenous histories, culture and practices, and competence to become anti-racist and to provide culturally safe and humble care to Indigenous clients.

BCCNM's Journey

What has worked for us so far & what we have shared

Engaged with Knowledge Keepers and Indigenous Advisor

Started with learning Education Sessions – lunch and learns, funding PD
In Plain Sight Information sessions
Moved into action

Issued apology and published the Action Plan

Created the Action Plan
Quarterly updates to the board on status of actions
Dedicated page on website, intranet

New joint practice standard

Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Standard
Joint with CPSBC
Engagement – including with Indigenous registrants

Other Actions

CSH Review of complaints process
Increase indigenous leadership capacity - COP
Articulate competencies required – board, committee, staff
Review ELCs, CSH content on self-assessment in QA

Tips

Use existing reports and engagements as a starting point:

- In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in BC Health Care (2020)(“In Plain Sight”)
- Truth and Reconciliation Commission of Canada: Calls to Action (2015) (“TRC Calls to Action”)
- United Nations Declaration on the Rights of Indigenous Peoples (2007) (“UNDRIP”)
- Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019)
- BC Human Rights Tribunal: Expanding Our Vision: Cultural Equality & Indigenous Peoples’ Human Rights (January 2020) & Report on Implementation (June 2020)
- Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education & Practice(2011) (Nursing Council of New Zealand)

Be open and transparent and report on progress = accountability.

Look for ways to weave this into your work – do not keep it a separate project for too long.

You can lead while you learn in this space; you can also learn while you lead.

College of Pharmacists of British Columbia

BOARD MEETING
April 29, 2022

9. College Business Arising
a) Medication Incident Reporting

INFORMATION ONLY

Purpose

To provide the Board with an update on the College's work towards implementation of mandatory anonymous medication incident reporting in BC.

Background

At the September 2019 Board meeting, the Board directed the Registrar to require mandatory anonymous medication incident reporting in all pharmacies using any medication incident reporting platform of the pharmacy's choosing that meets the College's criteria. Medication incident reporting is also a key initiative in the College's 2021/22 - 2025/26 Strategic Plan.

Since 2019, the College has participated in the National Association of Pharmacy Regulatory Authority's (NAPRA's) working group to develop national standards of practice for reporting, analyzing, preventing, and learning from medication-related incidents. The NAPRA *Model Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting by Pharmacy Professionals* were published in July 2021 and serve as a model which can be adopted or adapted for implementation by each Pharmacy Regulatory Authority (PRA).

The College will continue to engage with other PRAs across Canada through the NAPRA Continuous Quality Improvement and Medication Incident Reporting Information Sharing Group.

Progress (December 2021-April 2022)

Since the last update to the Board at their November 26th, 2021 meeting, progress on the project includes:

- Hiring and on-boarding of project manager
- Initiating work on MIR with project manager
    - Developing project charter and scope
    - Defining timelines and milestones
- Establishing steering committee
- Identifying internal and external stakeholders for engagement

Next Steps

The College will continue to work on the development and implementation of a Medication Incident Reporting Program as included in the College's current Strategic Plan.

College of Pharmacists of British Columbia

BOARD MEETING
April 29, 2022

9. College Business Arising
b) Faxing of CPP Prescriptions

INFORMATION ONLY

Purpose

To provide information about concerns raised regarding the hard copy prescription requirements following the receipt of faxed Controlled Prescription Program prescriptions.

Background

The Controlled Prescription Program ("CPP") was established to prevent prescription forgery and reduce inappropriate prescribing of drugs. Prescriptions for the controlled drugs specified in the CPP must be written on the duplicate prescription pad specially developed for this purpose. Additionally, drugs within this program are listed under Schedule 1A in the Drug Schedules Regulation, under the *Pharmacy and Operations Drug Scheduling Act* ("PODSA"). According to s.19(6)(a) of the PODSA Bylaws, the prescription form established for the CPP must be agreed to by the CPBC and the College of Physicians and Surgeons of BC.

Typically, CPP prescriptions must be provided hard copy. However, in March 2020, the Board approved amendments to the PODSA Bylaws to allow for CPP prescriptions to be provided verbally for via fax. This was done in consultation with the provincial Ministry of Health in an aim to reduce barriers to care during the COVID-19 public health emergency. More specifically, s.19(1)(6.1) was added to the PODSA Bylaws to allow for CPP drugs to be dispensed upon the receipt of a verbal prescription from a practitioner, which states:

> *"Despite subsection (6), a registrant may dispense drugs included in the controlled prescription program upon receipt of a verbal prescription from a practitioner if doing so is permitted under a section 56 exemption to the Controlled Drugs and Substances Act. The pharmacy must receive the original prescription form from the practitioner as soon as reasonably possible."*

The amendments made in March 2020 to s.7(3)(a) and s.7(3)(b) of the Community Pharmacy Standards of Practice allow for CPP drugs to be dispensed upon the receipt of a faxed prescription from a practitioner. These sections state:

> *"A registrant must not dispense a prescription authorization received by facsimile transmission for a drug referred to on the Controlled Prescription Drug List, except in a*

public health emergency declared by the provincial health officer. In a public health emergency, the pharmacy must receive
(a) a completed copy of the Controlled Prescription Program form transmitted by facsimile prior to dispensing the medication; and
(b) the original form by mail as soon as reasonably possible."

As noted in the sections above, if a registrant receives a CPP transmitted verbally or via fax, the original prescription form must be sent to the pharmacy from the practitioner by mail, within a reasonable time. This does not appear to be a federal requirement, but rather, included as a requirement for patient safety and accountability purposes. Recently, the College has received concerns about the need for the original hard copy when CPP prescriptions are sent via fax. In some cases, practitioners may not mail them. In these situations, registrants will not be fully compliant with the requirements and left with little recourse, as the CPP drugs will have already been dispensed.

Controlled Prescription Program Advisory Committee

The Controlled Prescription Program Advisory Committee ("CPPAC") was established in 2019 and is comprised of the colleges responsible for registrants who prescribe and/or dispense CPP drugs as well as the Ministry of Health. One of the key purposes of the CPPAC is to regularly review and update the CPP components and drug list.

The CPPAC recently met on April 5, 2022, and the hard copy requirement following a faxed CPP prescription was discussed. It is recommended that further research on this issue be done to explore if this hard copy requirement should be removed. Further information on this issue is needed prior to the CPPAC supporting a change in the requirements.

Next Steps

College staff to explore CPP requirements further and continue to engage the CPPAC on this issue.

Guiding Questions

- Is there any further information you need on the CPP program and its associated hard copy prescription requirement?
- Is the need for further research on this topic clear?

College of Pharmacists of British Columbia

BOARD MEETING
April 29, 2022

9. College Business Arising
a) Medication Incident Reporting

INFORMATION ONLY

Purpose

To provide the Board with an update on the College's work towards implementation of mandatory anonymous medication incident reporting in BC.

Background

At the September 2019 Board meeting, the Board directed the Registrar to require mandatory anonymous medication incident reporting in all pharmacies using any medication incident reporting platform of the pharmacy's choosing that meets the College's criteria. Medication incident reporting is also a key initiative in the College's 2021/22 - 2025/26 Strategic Plan.

Since 2019, the College has participated in the National Association of Pharmacy Regulatory Authority's (NAPRA's) working group to develop national standards of practice for reporting, analyzing, preventing, and learning from medication-related incidents. The NAPRA *Model Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting by Pharmacy Professionals* were published in July 2021 and serve as a model which can be adopted or adapted for implementation by each Pharmacy Regulatory Authority (PRA).

The College will continue to engage with other PRAs across Canada through the NAPRA Continuous Quality Improvement and Medication Incident Reporting Information Sharing Group.

Progress (December 2021-April 2022)

Since the last update to the Board at their November 26th, 2021 meeting, progress on the project includes:

- Hiring and on-boarding of project manager
- Initiating work on MIR with project manager
    - Developing project charter and scope
    - Defining timelines and milestones
- Establishing steering committee
- Identifying internal and external stakeholders for engagement

Next Steps

The College will continue to work on the development and implementation of a Medication Incident Reporting Program as included in the College's current Strategic Plan.

College of Pharmacists of British Columbia

BOARD MEETING
April 29, 2022

9. College Business Arising
b) Faxing of CPP Prescriptions

INFORMATION ONLY

Purpose

To provide information about concerns raised regarding the hard copy prescription requirements following the receipt of faxed Controlled Prescription Program prescriptions.

Background

The Controlled Prescription Program ("CPP") was established to prevent prescription forgery and reduce inappropriate prescribing of drugs. Prescriptions for the controlled drugs specified in the CPP must be written on the duplicate prescription pad specially developed for this purpose. Additionally, drugs within this program are listed under Schedule 1A in the Drug Schedules Regulation, under the *Pharmacy and Operations Drug Scheduling Act* ("PODSA"). According to s.19(6)(a) of the PODSA Bylaws, the prescription form established for the CPP must be agreed to by the CPBC and the College of Physicians and Surgeons of BC.

Typically, CPP prescriptions must be provided hard copy. However, in March 2020, the Board approved amendments to the PODSA Bylaws to allow for CPP prescriptions to be provided verbally for via fax. This was done in consultation with the provincial Ministry of Health in an aim to reduce barriers to care during the COVID-19 public health emergency. More specifically, s.19(1)(6.1) was added to the PODSA Bylaws to allow for CPP drugs to be dispensed upon the receipt of a verbal prescription from a practitioner, which states:

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Controlled Prescription Program Advisory Committee

The Controlled Prescription Program Advisory Committee ("CPPAC") was established in 2019 and is comprised of the colleges responsible for registrants who prescribe and/or dispense CPP drugs as well as the Ministry of Health. One of the key purposes of the CPPAC is to regularly review and update the CPP components and drug list.

The CPPAC recently met on April 5, 2022, and the hard copy requirement following a faxed CPP prescription was discussed. It is recommended that further research on this issue be done to explore if this hard copy requirement should be removed. Further information on this issue is needed prior to the CPPAC supporting a change in the requirements.

Next Steps

College staff to explore CPP requirements further and continue to engage the CPPAC on this issue.

Guiding Questions

- Is there any further information you need on the CPP program and its associated hard copy prescription requirement?
- Is the need for further research on this topic clear?

College of Pharmacists of British Columbia

9. College Business Arising

Ashifa Keshavji

Director of Practice Reviews & Quality Assurance

Christine Paramonczyk

Director of Policy & Legislation

College of Pharmacists of British Columbia

9 a) Medication Incident Reporting Progress on Project (December 2021- April 2022)

Ashifa Keshavji

Director of Practice Reviews & Quality Assurance

College of Pharmacists of British Columbia

Background

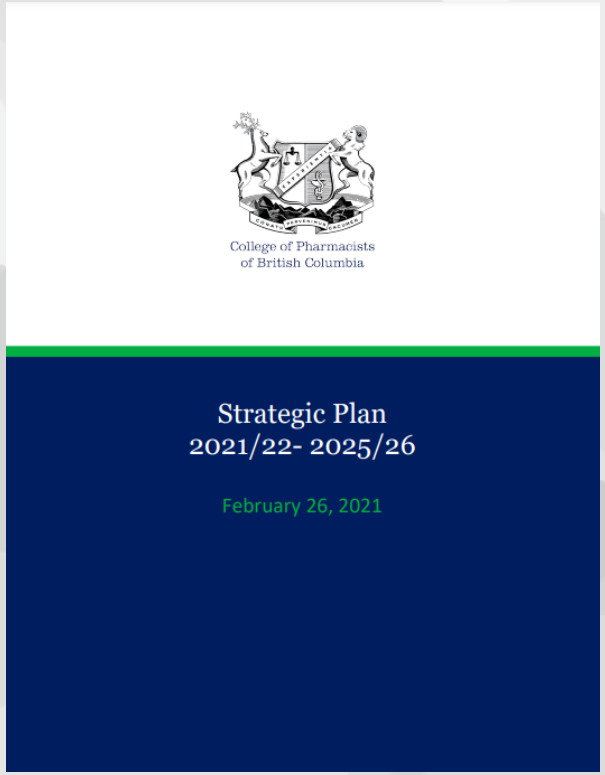
- Board motion

  "Direct the Registrar to require mandatory anonymous medication incident reporting in all pharmacies using any medication incident reporting platform of the pharmacy's choosing that meets the College's criteria"

College of Pharmacists of British Columbia

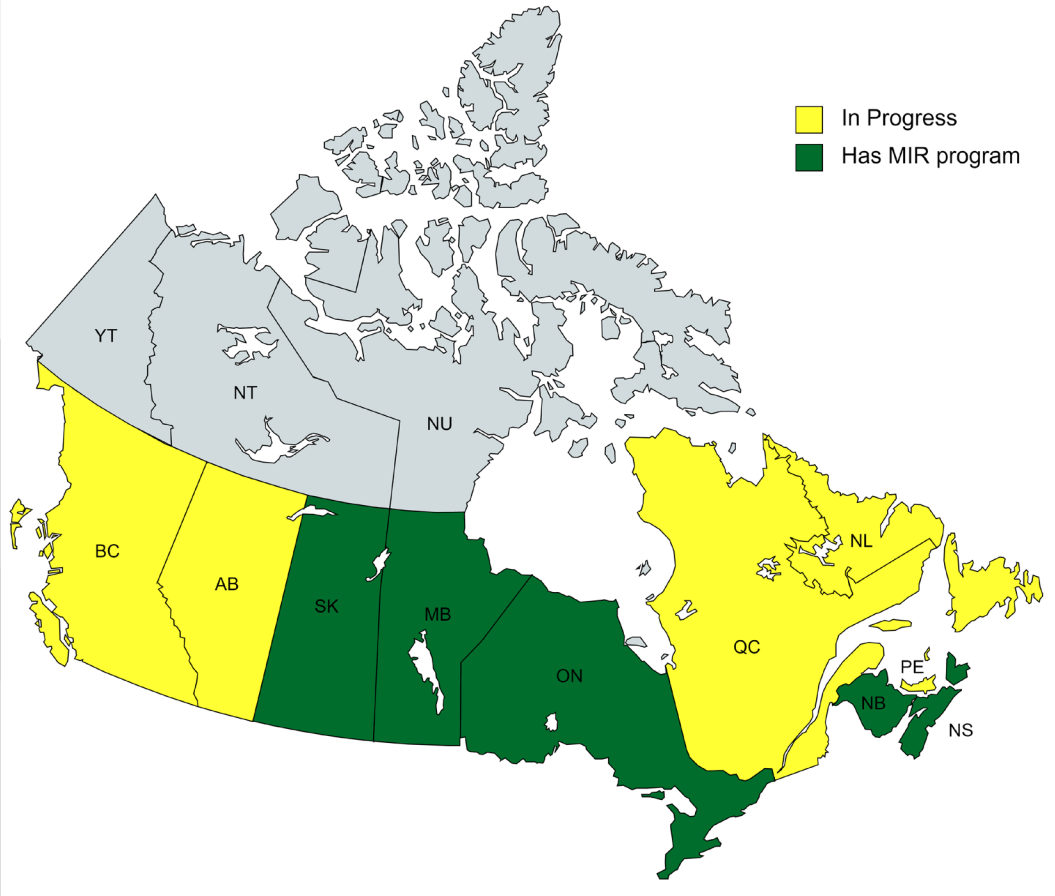
Background

- Medication incident reporting is part of the College's 2021/22 - 2025/26 Strategic Plan



College of Pharmacists of British Columbia

Status of MIR across Canada



College of Pharmacists of British Columbia

Progress (December 2021-April 2022)

- Hiring and on-boarding of project manager
- Initiating work on MIR with project manager
  - Developing project charter and scope
  - Defining timelines and milestones
- Establishing steering committee
- Identifying internal and external stakeholders for engagement

College of Pharmacists of British Columbia

Next Steps

- Developing internal/external stakeholder engagement plan
- Information gathering
  - Criteria
  - Platforms
  - National database
- Participating on NAPRA Continuous Quality Improvement and Medication Incident Reporting Information Sharing Group

College of Pharmacists of British Columbia

Questions

College of Pharmacists of British Columbia

9 b) Faxing of CPP Prescriptions

Christine Paramonczyk

Director of Policy & Legislation

College of Pharmacists of British Columbia

Background

- The Controlled Prescription Program ("CPP") was established to prevent prescription forgery and reduce inappropriate prescribing of drugs.
  - CPP prescriptions must be written on the duplicate prescription pad specially developed for this purpose.
  - CPP drugs are listed under Schedule 1A in the Drug Schedules Regulation, under the *Pharmacy and Operations Drug Scheduling Act* ("PODSA").
- According to s.19(6)(a) of the PODSA Bylaws, the prescription form established for the CPP must be agreed to by the CPBC and the College of Physicians and Surgeons of BC.

College of Pharmacists of British Columbia

Background, continued

CPPAC

- One of the key purposes of the Controlled Prescription Program Advisory Committee ("CPPAC") is to regularly review and update the CPP components and drug list.
- The CPPAC is comprised of the colleges responsible for registrants who prescribe and/or dispense CPP drugs as well as the Ministry of Health. This includes:
  - College of Pharmacists of BC
  - BC College of Nurses and Midwives
  - College of Dental Surgeons of BC
  - College of Pharmacists of BC
  - College of Physicians & Surgeons of BC
  - College of Veterinarians of BC
  - Ministry of Health (PharmaCare Program)

College of Pharmacists of British Columbia

CPP: COVID-19 Amendments

- In March 2020, the Board approved amendments to the PODSA Bylaws to allow for CPP prescriptions to be provided verbally or via fax.
  - This was done in consultation with the provincial Ministry of Health in an aim to reduce barriers to care during the COVID-19 public health emergency.
  - If a registrant receives a CPP transmitted verbally or via fax, the original prescription form must be sent to the pharmacy from the practitioner by mail, within a reasonable time.

College of Pharmacists of British Columbia

CPP: COVID-19 Amendments, continued

- Some concerns have been raised about the need for the original hard copy when CPP prescriptions are sent via fax.
- The CPPAC recently met on April 5, 2022, and the hard copy requirement following a faxed CPP prescription was discussed.
  - The CPPAC recommended that further research on this issue be done to explore if this hard copy requirement should be removed.
  - CPBC has contributed to a College of Physicians and Surgeons of BC article, soon to be published, highlighting the need for prescribers to mail the CPP original hard copy.

College of Pharmacists of British Columbia

Questions