



**Present:**

Randy Konrad, Chair & District 1 Board Member  
Allan Greene, Vice-Chair & District 3 Board Member  
Beverley Harris, District 2 Board Member  
Doug Kipp, District 4 Board Member  
Chris Hunter, District 5 Board Member  
John Hope, District 6 Board Member  
Bruce Beley, District 7 Board Member  
Margaret Cleaveley, Board Member  
Penny Denton, Board Member  
John Scholtens, Board Member  
Jeff Slater, Board Member  
Bal Dhillon, Board (Observer) Member

**Regrets:**

None

**Staff (at various times):**

Marshall Moleschi, Registrar  
Suzanne Solven, Deputy Registrar  
Lori DeCou, Director – Communications  
Thomas Strumpski, Manager of Finance  
Lori Tanaka, Administrative Assistant - Communications (Minute Taker)

**Invited Guests:**

Marnie Mitchell, Chief Executive Officer, BC Pharmacy Association  
Glenda MacDonald, Director, UBC Division of Continuing Pharmacy Professional Development  
Kimanda Jarzebiak, President, Ascent Public Affairs  
David Perry, Vice President, Ascent Public Affairs

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**Vision:** As the medication experts, registrants are professionals who apply their full knowledge, skills and abilities to achieve the best possible healthcare results through patient-centered care.

**Mission:** *To protect the public by ensuring that College registrants provide safe and effective pharmacy care to help people achieve better health.*

**Our Values:**

- Interactions will be handled ethically with respect and dignity while ensuring confidentiality.
- Integrity, honesty, accountability, transparency and responsiveness in all that we do.
- A culture of collaboration, learning and openness to change.



## 1. WELCOME AND CALL TO ORDER

Chair Konrad called the meeting to order at 9:04 am and stated the College's Mission Statement:

*"To protect the public by ensuring that College registrants provide safe and effective pharmacy care to help people achieve better health."*

## 2. AGENDA

### 2.1 Consideration of Additions to Agenda

Chair Konrad called for any additional agenda items.

**It was moved, seconded that:**

The Board approves the addition of the following items to the agenda:

1. Conflict of interest Declaration (Item 2.3)
2. Pharmacy Examining Board of Canada appointment (Item 4.2c)
3. Resignation of Margaret Cleaveley (Item 4.7)
4. Board Handbook (Item 4.8a)
  - o Declaration Form
  - o Task Group status
5. Board Highlights (Item 6.2a)

**The motion was CARRIED**

### 2.2 Confirmation of Agenda

**It was moved, seconded that:**

The February 11, 2011 agenda be accepted with additions as noted in 2.1.

**The motion was CARRIED**

### 2.3 Conflict of Interest Declaration

The Chair proposed that the Board add a Conflict of Interest Declaration as an agenda item at the start of each Board meeting in the spirit of openness and transparency.

**DISCUSSION POINTS:**

- The Chair introduced this concept to the Board along with a dictionary definition of Conflict of Interest, and stated that many other organizations include a similar item on their agendas for discussion at each meeting.
- The intent of the additional agenda item is for all Board members, at the start of each Board meeting after confirming the agenda, to declare if there might be any actual or perceived conflict of interest pertaining to any of the agenda items.



- There was a discussion around whether or not it might be a conflict of interest scenario for a Board member to hold a directorship position with any 'pharmacist advocacy group' given that the two bodies have potentially conflicting mandates.
- A Board member offered that if they were to be in a conflict of interest they would not vote on any motions pertaining to that agenda item.

**It was moved, seconded that:**

Being a member of a pharmacist advocacy group is a conflict of interest.

**The motion was amended, seconded that:**

Being a director of a pharmacist advocacy group precludes you from being a member of the College Board.

**The motion was DEFEATED**

**ACTION:**

- That the Board meeting agenda now include item 2.3 Conflict of Interest Declaration, immediately following item 2.2 Confirmation of Agenda.

**3. APPROVAL OF MINUTES**

**3.1 Approval of Board Minutes November 19, 2010**

**NO DISCUSSION**

**It was moved, seconded that:**

The Board approves the November 19, 2010 Board Meeting Minutes as presented.

**The motion was CARRIED**

**4. BOARD GOVERNANCE AND DEVELOPMENT**

**4.1 Financial Health**

**(a) Periodic Financial Statement**

- Financial statements for the period March 1, 2010 to November 30, 2010 were presented to the Board for their information only. The Registrar informed the Board that much of the current surplus reflected in the periodic financial statements is due to the following factors:
  - Timing of activities in Quality Assurance, Policy, Inspections, Special Projects, Communications and Finance & Admin as expenses were straight lined in the budget, but the bulk of these expenses are being experienced in the last 3 months of the fiscal year,
  - Higher than anticipated revenues due to a higher return on investments and a greater number of pharmacists and pharmacies than expected,



- November AGM and Board Meeting expenses which were incurred in the later part of November are not reflected in the statements presented.

*It was also noted that there were 3 months remaining in the current fiscal year, which ends February 28, 2011, at the time the periodic financial statement was generated. Higher costs in Quality Assurance and Policy, which reflects higher activity in these areas, are expected, and the final surplus for the fiscal year is anticipated to be in the range of \$200K.*

**DISCUSSION POINTS:**

- Regarding the salaries and benefits expenditures, clarification was requested in regards to what was meant by 'vacant positions not backfilled – permanent difference'? The Registrar provided that there have been a few staff positions left vacant due to uncertainty with regards to decreased revenue.
- Regarding the Complaints/Resolutions expenditures, a Board member asked whether or not any recovery costs collected would be reflected in a decrease in the expenses for the Complaints/Resolutions department. The answer provided was 'no', monies collected are reflected in 'other revenue'.

**4.2 Committees**

**(a) Resolutions Committee**

As was directed by the Board at the November 19, 2010 Board meeting, the Registrar provided a review of the current role of the Resolutions Committee as follows:

- An informal committee, no terms of reference, made up of one Board member and the Registrar,
- Tasked with reviewing resolutions submitted to the Annual General Meeting (AGM) for; duplication (two or more resolutions addressing the same issue) and structure (being clear on a desired action),
- Registrar contacts the mover of the resolution if duplication has occurred or clarity is required.

A survey of other regulatory Colleges within BC and across Canada was performed by the Registrar to determine how others deal with resolutions submitted to their AGMs. The survey produced the following results:

- The College of Physicians and Surgeons of BC, College of Dental Surgeons of BC, College of Registered Nurses of BC and colleges of pharmacy across Canada do not have Resolutions Committees for various reasons including:
  - College is not required to hold an AGM,
  - Resolutions, given that they are not binding on the College, are not brought forward to their AGM,
  - Have opted for an issues forum as opposed to submitting resolutions at their AGM.

**DISCUSSION POINTS:**

- A Board member stated that the Resolutions Committee performs a necessary function and operates well as an informal committee.



**It was moved, seconded that:**

The Resolutions Committee remain as is.

**The motion was CARRIED**

**ACTION:**

- A replacement for Margaret Cleaveley will be appointed at the April 2011 Board meeting.

**(b) Discipline Committee**

With the conclusion of Michael MacDougall's term of office as a College Board member, there is a need, as per HPA Bylaw 16(2), to appoint a public Board member to the Discipline Committee.

**It was moved, seconded that:**

John Scholtens be accepted as a public member of the Discipline Committee.

**The motion was CARRIED**

**(c) Pharmacy Examining Board of Canada (PEBC)**

Responding to a letter sent to the Board by PEBC,

**It was moved, seconded that:**

Ray Jang be re-appointed to the PEBC Committee.

**The motion was CARRIED**

**4.3 Drug Shortage Position Statement**

As was directed by the Board at the November 19, 2010 Board meeting, the Registrar provided the Board with background information regarding the shortages in the supply of drugs to Canadian pharmacies. The College's position is as follows:

The College of Pharmacists of BC has identified the following actions to address this issue on an ongoing basis:

- Continue to monitor the issue with respect to frequency and impact to patient care,
- Discuss the issue with the BC Pharmacy Association, the Ministry of Health Services (Pharmaceutical Services Division), the National Association of Pharmacy Regulatory Authorities and the Council of Pharmacy Registrars of Canada (CPRC). Include this topic for annual bilateral meetings between CPRC and Health Canada.

**DISCUSSION POINTS:**

- The Board as a whole expressed concern regarding the effect the drug shortage is having on the health and welfare of British Columbians.

**It was moved, seconded that:**

The Registrar write a formal letter to the Ministry of Health Services that expresses the College's concerns regarding drug shortages and their effect on public safety and the health of British Columbians.

**The motion was CARRIED**



#### 4.4 Provincial Leadership Update

For information only, Ascent Public Affairs, the College's government relations agency, presented the Board with an update on the BC Liberal and BC NDP leadership campaigns for 2011.

#### 4.5 AGM Resolutions

The three resolutions that were presented at the 2010 November AGM were, as promised, brought forward for discussion at this Board meeting.

##### 1. Resolution 1 - Submitted by Agnes Fridl Poljak, Paul Danganan, Stephen Yee

**BE IT RESOLVED:**

*That the Board of the College of Pharmacists of British Columbia consider eliminating the taking of verbal prescriptions from practitioners and also the elimination of the final check of the filled prescriptions from the community pharmacy technicians' scope of practice.*

At the AGM, following a diverse and respectful debate on the resolution, the vote was called.

**MOTION DEFEATED**

**DISCUSSION POINTS:**

- In support of the resolution, a Board member presented a motion:

**It was moved, seconded that:**

The College draft a bylaw change to eliminate, from the scope of practice of community pharmacy technicians, the ability to take verbal prescriptions from practitioners and perform the final check of the filled prescription.

**The motion was DEFEATED**

**ACTION:**

- The Board did however, direct the Registrar to bring to the April 2011 Board meeting a preliminary briefing note for Board's consideration which explored the option of eliminating the taking of verbal prescriptions from all registrants (pharmacists and pharmacy technicians) in all pharmacy practice settings.

##### 2. Resolution 2 - Submitted by John Douglas Kipp, Alicia Shanks, Laura Kipp

**BE IT RESOLVED:**

*That the College of Pharmacists of British Columbia Board consider amending the policy of restricting consideration and voting on matters at general meetings only to registrants attending in person, and instead open general meetings to all registrants including those attending at a distance through electronic means.*



At the AGM, following a diverse and respectful debate on the resolution, the vote was called.

**MOTION CARRIED**

**DISCUSSION POINTS:**

- The Board was provided with a number of technology alternatives, including associated costs, which would accommodate this request.
- Although generally supportive of the intent of the resolution the Board expressed caution with respect to the cost relative to demand.

**ACTION:**

- The Board directed the Registrar to bring to the April 2011 Board meeting a plan which would include the surveying of registrants to gauge potential participation in an AGM by electronic means.

**3. Resolution 3 - Submitted by Sayeeda Nathoo, Eling Chow, Bev Harris**

**BE IT RESOLVED:**

*That the Board of the College of Pharmacists of British Columbia consider establishing policy whereby the College would indemnify a pharmacist involved in such a situation, when he or she is working with a regulated pharmacy tech.*

At the AGM, following a diverse and respectful debate on the resolution, the vote was called.

**MOTION CARRIED**

**DISCUSSION POINTS:**

- The Board concluded that they do not have the authority to indemnify a registrant and were reminded that all registrants (pharmacists and pharmacy technicians) are required by legislation to carry liability insurance.
- As such the Board determined that no further action was required.

**4.6 Presentation of Draft AGM Minutes: November 20, 2010**

The draft AGM Minutes were distributed to the Board for information only. The Registrar explained that the draft AGM Minutes would be approved at the next Annual General Meeting and subsequently posted on the College website.

**4.7 Term of Office**

In the interest of openness and transparency, Board member for District 6 (Urban Hospitals), John Hope, sought guidance from the Board regarding his own Term of Office as he is no longer employed in a hospital

**DISCUSSION POINTS:**

- It was clarified that the Bylaws state that at the time a candidate runs for election they must work within the district they are running for. It does not specify that they must remain employed in that district throughout the duration of their term.



- Given that the Bylaw requirements were met, the Board felt it appropriate for John Hope to continue representing District 6 for the duration of his term.

### **Resignation of Margaret Cleaveley**

#### **DISCUSSION POINTS:**

- The letter of resignation submitted to the Chair by public appointed Board member Margaret Cleaveley was read aloud by the Chair.
- The Chair thanked Margaret for her numerous contributions over the years, including; the transition to the Health Professions Act (HPA), expanded scope of practice for pharmacists (including prescription adaptation and immunization), and the regulation of pharmacy technicians.
- Margaret thanked the Board and stated that it had been her pleasure to serve.

#### **ACTION:**

- As the Board is required to have four government appointed Board members, the College is actively pursuing, through the Provincial Board Resourcing Office, the appointment of a replacement for Margaret Cleaveley.

### **4.8 Board Meeting Schedule 2011**

A change to the Board Meeting Schedule for 2011, which was approved at the November 19, 2010 Board meeting, was presented to the Board for consideration. Due to the CFL Grey Cup game scheduled for the weekend of November 26<sup>th</sup> and subsequent inflated cost of accommodations, the November Board meeting and AGM should be rescheduled to the prior weekend:

#### **DISCUSSION POINTS:**

- The Chair clarified the reason for changing the date was due to inflated costs and lack of availability of accommodations. It was also confirmed that BCPhA has committed to align their meeting dates with that of the College.

#### **It was moved, seconded that:**

The Board approves the newly proposed Board Meeting Schedule for 2011 with Thursday, November 17, 2011 for Board Orientation, Friday, November 18, 2011 for the Board meeting and Saturday, November 19, 2011 for the AGM.

**The motion was CARRIED**

### **4.8 (a) Board Governance Handbook and Policy**

#### **Declaration Form**

#### **DISCUSSION POINTS:**

- It was clarified that the Declaration Form refers specifically to the Board Policies and the Board Handbook, not the entire Board Resource Manual.
- A Board member stated that as some policies are new to this Board, it is important that all Board members read and understand the two documents (Handbook and Guidelines) to ensure accountability and responsibility.



**It was moved, seconded that:**

Board members sign and date the Board Governance Handbook and Board Policies Declaration Form by the next meeting and submit to the Chair.

**The motion was CARRIED**

**Task Group**

The Board Policy *2.4 Committees and Task Groups* states that once the task group has completed their tasks or assignments, that they be automatically disbanded.

**DISCUSSION POINTS:**

- It was expressed that it would be worthwhile for this task group to continue on an ongoing basis to review and update both the Board Policies and the Board Handbook annually.

**It was moved, seconded that:**

The Board maintain the Board Governance Handbook Task Group as an ongoing Board committee.

**The motion was CARRIED**

**4.9 Medication Management Project (Presentation by BC Pharmacy Association)**

Marnie Mitchell, Chief Executive Officer of the BC Pharmacy Association (BCPhA) presented the Board with an update on the BC Medication Management project, which is currently underway and involves more than 100 community pharmacies and almost 300 pharmacists.

In addition, she commented on the collaborative development of the *Guidelines for Preventing Pharmacy Robbery in BC*, which was recently distributed to all pharmacists. The report created by the Robbery Task Force, led by the BCPhA with representatives from the College and RCMP, is intended to assist pharmacies in preventing robberies and offer advice on how to cope in the event of being a victim of a robbery.

**5. STRATEGIC & POLICY MATTERS**

**Goal 1**

*The enhanced and expanded care and services that pharmacists and regulated pharmacy technicians deliver are safe and effective and aligned with the healthcare needs of the public.*

**Objective 1**

*Develop a model for pharmacy technician regulation, seek government approval on bylaws and integrate into College processes and programs.*

**5.1 Pharmacy Technician Regulation**



**(a) The Registrar provided an update on the action plan in the Board's briefing package.**

- An intra-provincial meeting of the Pharmacy Regulatory Authorities (PRAs) was held in Toronto on Jan 20-21, 2011 to collaborate on pharmacy technician initiatives and discuss common issues. In particular, reviewing data from the Pharmacy Examining Board of Canada (PEBC) regarding examinations and results to-date, on-going review/revisions to the Bridging Program courses and the National Association of Pharmacy Regulatory Authorities' (NAPRA) update on changes to the Food and Drug Act Regulation, Standards of Practice and implementation of the National Ad Hoc Committee on Pharmacy Technicians.
- The fall 2010 Bridging Program courses were offered and completed:
  - Pharmacology – 86 students (Vancouver, Gibsons, Kamloops, Kelowna, Prince George)
  - Drug Distribution – 26 students (Richmond)
  - Product Preparation – 61 students (Vancouver, Langley)
- The Bridging Program courses are being offered starting mid-January 2011 as follows:
  - Prior Learning Assessment and Recognition (PLAR) - Product Preparation – across multiple sites
  - In-Class – all 4 courses – across multiple sites
  - Online – all 4 courses
- 338 pharmacy technicians are pre-registered with the College (as of January 13, 2011).
- National landscape:
  - The Ontario College of Pharmacists' (OCP) Pharmacy Act was proclaimed on December 7, 2010, enabling them to register pharmacy technicians. As of January 11, 2011, a total of 119 pharmacy technicians have registered with OCP.
  - The Alberta College of Pharmacists (ACP) is awaiting approval of the Pharmacists Professional Regulation, expected to occur early 2011.
- At the November 19, 2010 Board meeting, a Board member enquired as to whether or not the legislation in Ontario is different than BC with respect to technicians' "independent authority". The Registrar confirmed that the requirements are the same in both provinces.
  - Response from OCP confirms that although Ontario's Pharmacy Act stipulates that the pharmacy technician must be under the direction of a pharmacist it means that "a pharmacist must be physically present in the pharmacy and is responsible for setting the policies and procedures and business processes but a pharmacy technician has independent authority and accountability for their own scope of practice which is consistent with the scope of practice in BC". This is reinforced by the fact that pharmacy technicians in Ontario, consistent with BC, need personal liability insurance and have title protection.
- Also at the November 19, 2010 Board meeting, a Board member requested that the College consider allowing technicians to enroll in the bridging program without having to pre-register with the College first. This would allow technicians to take advantage of the learning for continuing education purposes only. The Registrar provided the following information for the Board's consideration:



- The development of the Bridging Program was intended for the purpose of pharmacy technician regulation. This is consistent with the national model and currently all PRAs require pre-registration with their respective Colleges. Currently registration in all courses of the bridging program are to capacity and therefore priority should be given to those pursuing regulation; thus additional students not undergoing regulation cannot be accommodated at this time. In addition, the Registrar informed the Board that UBC-CPPD is looking at other CE opportunities that would be available to all technicians.

**DISCUSSION POINTS:**

- A Board member raised a concern regarding wording on the College website claiming to have “created a new healthcare profession” stating that only the lieutenant governor had the authority to establish a new profession.
- It was clarified that wording on the College website actually says “...new healthcare professional...” It was further explained that pharmacy technicians, who through legislation, have a restricted title and specific scope of practice, will be healthcare professionals but within the profession of pharmacy.

**(b) Number of Support Staff that can be Employed Under One Pharmacist in a Dispensary**

**DISCUSSION POINTS:**

- A Board member requested that the College consider establishing a pharmacist to pharmacy technician ratio within community pharmacies to ensure safety of the public and of the services provided by pharmacies.
- As further background, the Registrar provided the results of a landscape search of what other provinces have implemented regarding ratios; only Manitoba and Quebec have ratios in place and Manitoba indicated that they are moving towards eliminating it.
- It was discussed that the College already has Standards of Practice in place to ensure safe and effective delivery of pharmacy services.
- The Standards also explicitly outline the minimum that a pharmacist must do with every prescription, including assess the appropriateness of medication and provide patient consultation.

**It was moved, seconded that:**

The Board establish a ratio in community pharmacy of pharmacist to regulated pharmacy technician staff of 1:1 plus 1.

**The motion was DEFEATED**

**Goal 1**

*The enhanced and expanded care and services that pharmacists and regulated pharmacy technicians deliver are safe and effective and aligned with the healthcare needs of the public.*

**Objective 2**

*Develop a model and support associated legislation for ensuring advanced professional practice in a manner that supports pharmacists in the delivery of consultation, cognitive services, medication management, and dispensing services.*



## 5.2 Pharmacists' Advanced Professional Practice

### 5.2.1 Adapting Prescriptions

- Over the past few months a number of ongoing collaborative meetings, which included representatives from the College of Physicians and Surgeons of BC (CPSBC), the BC Medical Association (BCMA), the Ministry of Health Services (MoHS) and the BC Pharmacy Association (BCPhA) took place.
- As a result of the consultation meetings, a few changes to the current restrictions regarding the renewal of prescriptions was presented to the Board.

Prescription Renewals	
PREVIOUS (as per Amendment to PPP-58 Orientation Guide)	NEW
<ul style="list-style-type: none"> <li>• Renewals apply to stable, chronic conditions (same medication, with no change, for a minimum of six months).</li> </ul>	<ul style="list-style-type: none"> <li>• Renewals apply to stable, chronic conditions (same medication, with no change). <i>Note: 'no change' is defined as usually a minimum of six months</i></li> </ul>
<ul style="list-style-type: none"> <li>• Maximum renewal up to approximately six months from the date of the original prescription.</li> </ul>	<ul style="list-style-type: none"> <li>• For whatever period of time felt appropriate as long as it does not exceed the expiry of the prescription. <i>Note: all prescriptions have an expiry of one year from the date the original prescription is written; oral contraceptives have a 2 year expiry date</i></li> </ul>
<ul style="list-style-type: none"> <li>• For psychiatric medications renewals are reserved for pharmacists working in multi-disciplinary teams.</li> </ul>	<ul style="list-style-type: none"> <li>• For psychiatric medications renewals are reserved for pharmacists working in multi-disciplinary teams.</li> </ul>
<p><i>Note: Grey shaded text indicates the 'new' restriction approved by the Board</i></p>	

### NO DISCUSSION

#### It was moved, seconded that:

The Board approves the changes to the Amendment to PPP-58 (December 2008) as presented.

#### The motion was CARRIED

### ACTION

- The Board directed the College to continue to work collaboratively to remove additional restrictions regarding prescription adaptations.

### 5.2.2 Administering Injections

#### (a) The Registrar provided an update on the action plan in the Board's briefing package.

The Registrar provided an update of Injection Authority:

- 1033 number of pharmacists are authorized to administer injections (effective January 13, 2011), with the following breakdown by geographical area:
  - District 1 – 318



- District 2 – 287
  - District 3 – 180
  - District 4 – 130
  - District 5 – 69
  - Outside BC – 49
- At the last meeting of the Injection Drug Administration Committee (IDAC), existing members indicated on a go forward basis, the committee is to be comprised of actively practicing registrants from their respective disciplines. As a result, the following IDAC committee members have been appointed or referred from the respective Colleges and the Ministry of Health Services, and are being presented for Board approval:
    - Cameron Zaremba – CPBC
    - Chris Salgado – CRNBC
    - Elizabeth Brodtkin – CPSBC
    - Mitch Moneo – Ministry of Health Services

**DISCUSSION POINTS:**

- The Registrar commented that pharmacists' scope of practice regarding injections is currently narrow and focuses on administering immunizations. One of the primary focuses of IDAC will be to continue looking at broadening that scope of practice to include other types of injections.

**It was moved, seconded that:**

The Board approves the members of the Injection Drug Administration Committee (IDAC) as presented.

**The motion was CARRIED**

**5.2.3 Advanced Practice Pharmacist (APP)**

**(a) The Registrar provided an update on the action plan in the Board's briefing package.**

- The APP Working Group submitted their Business Case Analysis which supported the continued development, largely following the Alberta College of Pharmacists Additional Prescriptive Authority (APA), of the establishment of an APP registrant, for Board consideration and approval.

**DISCUSSION POINTS:**

- It was discussed that next steps, which are expected to take several years, involve; an in-depth analysis of the Alberta program, the establishment of assessment and credentialing standards and processes, the creation of standards, limits and conditions for additional prescribing authority, extensive stakeholder consultation and the securing of necessary legislative changes to pharmacists' scope of practice.
- The Registrar indicated that costs associated with the initial development could be funded through the re-allocation of dollars within the current budget.
- It was expressed that the College should be pushing forward on this initiative as it is an enhancement to the whole profession, specifically in the hospital setting.



**It was moved, seconded that:**

The Board supports the continued development of the Advanced Practice Pharmacists (APP) based on the Business Case Analysis as presented.

**The motion was CARRIED**

**Goal 1**

*The enhanced and expanded care and services that pharmacists and regulated pharmacy technicians deliver are safe and effective and aligned with the healthcare needs of the public.*

**Objective 3**

*Identify and support initiatives that ensure that the skills of pharmacists and regulated pharmacy technicians are developed in accordance with the scope of practice.*

**5.3 Quality Assurance**

**5.3.1 PDAP**

**(a) The Registrar provided an update on the action plan in the Board's briefing package.**

- The newly formed CE-Plus Subcommittee had their first meeting on December 14th, 2010. All 12 registrants who responded to a call for volunteers for this committee were accepted as members. A second meeting was held on January 19th, 2011 to review progress on the launch of the PDAP Portal, which is scheduled in June.
- The communication for the launch of PDAP continued with another ReadLinks article in November. Registrants have received program details through ReadLinks and the website and will continue to do so as they are developed. The CE Component of PDAP is scheduled to launch in June 2011 with the Assessment Component following in 2012.
- The next QAC meeting will be on February 14th, 2011.
- The QAC has requested that Michael Obrecht, the external evaluator for the previous PDAP, develop a program evaluation plan for the renewed PDAP. The evaluator has asked for appointment of stakeholders to an advisory group for developing the plan. The Board was requested to appoint two members, one pharmacist and one non-pharmacist to this group.

**DISCUSSION POINTS:**

- Two Board members volunteered to serve on the PDAP Evaluation Plan Advisory Group

**It was moved, seconded that:**

The Board accepts pharmacist Chris Hunter and government appointee Penny Denton as members of the PDAP Evaluation Plan Advisory Group.

**The motion was CARRIED**

**5.3.2 Complaints Resolution**



**(a) The Registrar provided an update on the action plan in the Board’s briefing package.**

Complaints Resolution:

- Number of active complaint files = 16
- Percentage of files that will be resolved within 120 timeline = 100%
- Percentage of files are considered complex = 25%
- Number of inquiry committee meetings scheduled for 2011 = 16

The Board was also provided an update on College office security:

- A panic button has been installed at reception. The panic button, if pressed, sends a silent alarm to the police and also triggers emergency lights in both areas of the office to alert staff.
- In addition, the Vancouver Police has placed the College on a priority 911 response, meaning immediate dispatch of police officers will be sent if a 911 call is sent from the College.
- Further risk assessment will be completed over the next couple of months.

**NO DISCUSSION**

**5.3.3 Pharmacy Services Review**

**(a) The Registrar provided an update on the action plan in the Board’s briefing package.**

Methadone Maintenance Policy Update:

- Further to November 20, 2010 Board approval of PPP66 – Methadone Maintenance Policy, another stakeholder consultation session was held on February 2, 2011 to review and provide feedback on the revised Methadone Maintenance Policy Guide. The Policy Guide outlines the appropriate practice principles and guidelines required for the safe and effective delivery of this essential service. As well the Policy Guide will be the primary resource for the development of mandatory training which is scheduled to begin early in March 2011.
- Over 20 three-hour education session presentations have been booked throughout the province in March/April 2011
- On-line education module will be available by the end of March 2011.
- The following stats regarding site visits were provided to the Board for their information:

<b>All Site Visits Stats per month by IPC</b>	
<i>Month</i>	<i>Total</i>
January	29
February	39
March	29
April	50
May	45



<b>June</b>	46
<b>July</b>	31
<b>August</b>	29
<b>September</b>	36
<b>October</b>	32
<b>November</b>	30
<b>December</b>	7
<b>Total per IPC</b>	<b>403</b>

**\*stats do not include consultation - phone**

\*\*stats include 2 types of visits for 1 pharmacy (e.g. routine-regular and a methadone visit – would count as 2 visits)

**NO DISCUSSION**

**5.3.4 Registration**

**(a) The Registrar provided an update on the action plan in the Board’s briefing package.**

- Registration Statistics (March 1, 2010 – January 13, 2011)

<b>New Pharmacist Registrants</b>	
○ UBC students	153
○ Students (Non-UBC)	20
○ MRA/AIT	61
○ Other provinces	12
○ Outside Canada	66
○ Reinstate	24
<b>TOTAL</b>	<b>336</b>

Pharmacy Technicians (Pre-registration applications as of January 13, 2011)	
<b>TOTAL</b>	<b>338</b>

**NO DISCUSSION**

**5.3.5 Legislation/Standards**

**(a) The Registrar provided an update on the action plan in the Board’s briefing package.**

**Revised Code of Ethics and Conflict of Interest Standards**

- Subsequent to the Board’s initial approval of the Code of Ethics and Conflict of Interest Standards at the November 2010 Board meeting, the Ethics Advisory



Committee, as a result of some additional feedback (primarily from the BCPhA), brought forward final revised documents for the Board's approval. The suggested revisions did not alter the integrity of the original documents and in many cases provided further clarity.

**DISCUSSION POINTS:**

- A Board member requested clarity regarding the timeliness of the feedback from the BC Pharmacy Association (BCPhA) considering the documents had previously been approved at the November 2010 Board meeting
- The Registrar explained that BCPhA was asked for their feedback prior to the November 2010 Board meeting but were unable to respond in time. The Registrar further explained that the College felt it was necessary to re-examine the previously approved documents as none of the suggested changes alter the intent but rather provide clarity
- A Board member suggested that, in future, documents, like the Code of Ethics, should be brought before the Board for 'preliminary approval', prior to accepting stakeholder feedback, and then once again for 'final approval'
- The Board discussed all suggested changes at length

**It was moved, seconded that:**

The Board retain standard 3(e) in the Code of Ethics document.

**The motion was CARRIED**

**It was moved, seconded that:**

The Board remove standard 2(e) from the Conflict of Interest document.

**The motion was DEFEATED**

**It was moved, seconded that:**

The Board approves the Revised Code of Ethics and Conflict of Interest Standards as presented at this February 2011 Board meeting with the noted changes and file as directed at the November 2010 meeting.

**The motion was CARRIED**

**Goal 1**

*The enhanced and expanded care and services that pharmacists and regulated pharmacy technicians deliver are safe and effective and aligned with the healthcare needs of the public.*

**Objective 4**

*Continue to implement the plan to remove non-medicinal nicotine products from buildings that have pharmacies.*

**5.4 Removal of Tobacco**

**(a) The Registrar provided an update on the action plan in the Board's briefing package.**

- NO REPORT



**NO DISCUSSION**

**Goal 2**

*The College sets standards and conditions to ensure that emerging technologies and changes to pharmacy processes contribute to safe and effective pharmacy care.*

**Objective 1**

*Develop a policy framework to monitor safe and effective utilization of pharmacy technologies and practice processes.*

**5.5 Technology Framework**

**(a) The Registrar provided an update on the action plan in the Board's briefing package.**

- Communication of PPP-67 Pharmacy Technology is on hold until completion of guidance documentation.
- The College Board must appoint someone to be on the Ministry of Health's Data Stewardship Committee and PharmaNet Stewardship Committee; according to those committees' terms of reference.

**NO DISCUSSION**

**It was moved, seconded that:**

The Board appoints Cameron Egli (Director – PharmaNet, eHealth and Technologies) to the Ministry of Health's Data Stewardship Committee and PharmaNet Stewardship Committee.

**The motion was CARRIED**

**Goal 2**

*The College sets standards and conditions to ensure that emerging technologies and changes to pharmacy processes contribute to safe and effective pharmacy care.*

**Objective 2**

*Continue to promote the need for Electronic Health Record that includes all drugs and all people.*

**5.6 Electronic Health Record**

**(a) The Registrar provided an update on the action plan in the Board's briefing package.**

- CPBC is participating in discussions (as a stakeholder) for e-prescribing as it relates to the EMR.
- CPBC focus is on: 1) ensuring professional practice standards/policies are met and 2) Workflow design reflects best practice.
- e-prescribing is a significant component of the MoHS' PharmaNet Modernization Project (planned go live in 2012).
- Continued involvement with new business requirements documentation, workflow analysis and conformance documentation revision.



**NO DISCUSSION**

**Goal 3**

*The public, government, healthcare professionals, and registrants understand the role and value of the pharmacist.*

**Objective 1**

*Maintain a practical communications strategy.*

**5.7 Communication Strategy**

**(a) The Communications Director provided an update on the action plan in the Board's briefing package.**

- NO REPORT

**NO DISCUSSION**

**6. CONSENT ITEMS**

**6.1 Drug Schedules Regulations Amendments**

A drug scheduling recommendation has come forward from the National Drug Scheduling Advisory Committee (NDSAC):

*Adjust the following DSR entry to permit the **Unscheduled** sale of naproxen sodium in a certain strength, daily dose and package sizes:*

- 3 *Naproxen sodium 220 mg per tablet (when sold in products labeled with a recommended maximum daily dose of 440 mg, and in package sizes of up to 6600 mg)*

Products containing naproxen sodium 220 mg per tablet (when sold in products labeled with a recommended maximum daily of 440 mg, and in package sizes exceeding 6600 mg) will continue to be included in Schedule 2 (no-public-access sale by a pharmacist). The status of this entry is under review by NDSAC following a request by a manufacturer to permit Schedule 3 sale of products of this strength, daily dose and package size.

**NO DISCUSSION POINTS:**

**It was moved, seconded that:**

The Board approves the following:

*Adjust the following DSR entry to permit the **Unscheduled** sale of naproxen sodium in a certain strength, daily dose and package sizes:*

- 3 *Naproxen sodium 220 mg per tablet (when sold in products labeled with a recommended maximum daily dose of 440 mg, and in package sizes of up to 6600 mg)*



**The motion was CARRIED**

**6.2 Approval of February 11, 2011 Board Highlights**

- The Communications Director presented the Board with the Board Highlights headlines for approval.

**DISCUSSION POINTS:**

- A Board member commented that Board Highlights should include the names of members who have asked that their opposed votes be recorded in the Minutes.
- Other Board members commented that the Board Highlights are meant to reflect “Highlights only” and the views of the Board as a whole.

**It was moved, seconded that:**

The Board approves the Board Highlights headlines as presented.

**The motion was CARRIED**

**ACTION:**

- The draft Board Highlights are to be forwarded on Tuesday February 15, 2011 to the Board Chair for approval prior to distribution to all registrants and posting on the College website.

**7. EVALUATION FORM**

- Board meeting evaluation forms were distributed to Board members with any completed forms collected by the Board Chair.

**8. IN-CAMERA SESSION**

- No motions came out of the Board’s in-camera session.

**9. ADJOURNMENT**

- The Board Meeting adjourned at: 3:45 pm.