



**Present:**

Doug Kipp, Chair, District 4 Board Member  
Beverley Harris, Vice-Chair, District 2 Board Member  
Agnes Fridl Poljak, District 1 Board Member  
Blair Tymchuk, District 3 Board Member  
Robert Craigie, District 5 Board Member  
Anar Dossa, District 6 Board Member  
Jerry Casanova, District 7 Board Member  
Bal Dhillon, District 8 Board Member  
Kris Gustavson, Board Member  
Ryan Hoag, Board Member  
Jeremy Walden, Board Member  
Jeff Slater, Board Member

**Staff (at various times):**

Bob Nakagawa, Registrar  
Suzanne Solven, Deputy Registrar  
Cameron Egli, Director – Hospital Pharmacy Practice and Technology  
Doreen Leong, Director – Community Pharmacy Practice and Registration  
Mykle Ludvigsen, Director – Public Accountability and Engagement  
Mike Stonefield, Chief Operating Officer – Office Operations and Business  
Lori Tanaka, Executive Assistant to the Deputy Registrar (Minute-Taker)

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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.



## 1.0 WELCOME & CALL TO ORDER

Chair Doug Kipp called the meeting to order at 9:11am 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."*

### 1.1 Oath of Office

As per the Health Professions Act (HPA) all newly elected, appointed and reappointed Board members are required to swear or affirm their Oath of Office prior to starting their term of office at the November Board meeting.

Chair Doug Kipp called on the four newly elected Board members and the three appointed public Board members (listed below) to come forward and swear/affirm their Oath of Office before Registrar Nakagawa:

Bev Harris, District 2 Board member  
Doug Kipp, District 4 Board member  
Anar Dossa, District 6 Board member  
Bal Dhillon, District 8 Board member  
Kris Gustavson, Government Appointee (re-appointed)  
Ryan Hoag, Government Appointee  
Jeremy Walden, Government Appointee

*I do swear/affirm that:*

- I will abide by the Health Professions Act and I will faithfully discharge the duties of the position, according to the best of my ability;*
- I will act in accordance with the law and the public trust placed in me;*
- I will act in the interests of the College as a whole;*
- I will uphold the objects of the College and ensure that I am guided by the public interest in the performance of my duties;*
- I will have a duty to act honestly;*
- I will declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest;*
- I will ensure that other memberships, directorships, voluntary or paid positions or affiliations remain distinct from work undertaken in the course of performing my duty as a Board member.*

### 1.2 Introductions (New Board Members Districts 2, 4, 6, 8 and Government Appointments)

The Board Chair acknowledged the results of the 2012 Board elections which were held in Districts 2, 4, 6 and 8 on October 19, 2012. The following registrants were elected to two year terms:

- District 2 – Bev Harris
- District 4 – Doug Kipp
- District 6 – Anar Dossa
- District 8 – Bal Dhillon



The Board Chair also acknowledged the re-appointment/appointment of the government appointed Board members as follows:

- Kris Gustavson (re-appointment) – for a term ending October 1, 2015
- Jeremy Walden (new appointment) – for a term ending December 31, 2015
- Ryan Hoag (new appointment) – for a term ending December 21, 2014

## 2.0 ELECTIONS

### 2.1 Election of Chair

In accordance with HPA Bylaw 12 (2) Board members at the November Board meeting must elect a Chair.

#### DISCUSSION POINTS:

- The Chair called for nominations for the position of Board Chair.
- Jerry Casanova nominated Doug Kipp for the position of Board Chair.
- Hearing no further nominations for the position of Board Chair, Registrar Nakagawa declared Doug Kipp as the new Board Chair by acclamation for a one-year term to conclude at the beginning of the November 2013 Board meeting.
- Doug Kipp assumed the position of Board Chair.

### 2.2 Election of Vice-Chair

In accordance with HPA Bylaw 12 (4) Board members at the November Board meeting must elect a Vice-Chair.

#### DISCUSSION POINTS:

- The Chair called for nominations to the position of Board Vice-Chair.
- Robert Craigue nominated Bev Harris for the position of Vice-Chair.
- Hearing no further nominations for the position of Board Vice-Chair, Chair Kipp declared Bev Harris as the new Board Vice-Chair by acclamation for a one-year term to conclude at the beginning of the November 2013 Board meeting.

## 3.0 AGENDA – NOVEMBER 16, 2012

### 3.1 Confirmation of Agenda

Chair Doug Kipp called for any additional agenda items.

**It was MOVED (Casanova) and SECONDED (Slater) that:**

The College of Pharmacists of BC Board approve the Agenda for the November 16, 2012 Board Meeting.

**CARRIED**

### 3.2 Board Evaluation Form Feedback



Feedback from the September 20-21, 2012 Board Evaluation Form was provided for information.

#### **4.0 MINUTES**

##### **4.1 Approval of the September 20-21, 2012 Board Minutes.**

Chair Doug Kipp led the Board in a review of the September 20-21, 2012 Board meeting minutes.

##### **DISCUSSION POINTS:**

- It was requested that an inaccuracy in section 5.3.1 PDAP under *Motion to Table* be amended to say 'It was **MOVED** (Denton) that'.

##### **It was MOVED (Craigie) and SECONDED (Harris) that:**

The College of Pharmacists of BC Board approve the September 20-21, 2012 Board Meeting Minutes with the above change as noted.

**CARRIED**

#### **5.0 BOARD GOVERNANCE & DEVELOPMENT**

##### **5.1 Chair's Report**

Chair Doug Kipp congratulated newly elected Board members Anar Dossa in District 6, and Bal Dhillon in District 8. He also welcomed back Bev Harris, who was re-elected in District 2. The Chair, who was re-elected in District 4, looks forward to continuing to serve on the College Board for the next two years. He also recognized and congratulated newly appointed public members Ryan Hoag and Jeremy Walden and re-appointed public member Kris Gustavson.

##### **5.2 Registrar's Report**

Registrar Bob Nagakawa welcomed Board members and reported on the following activities:

- Elections were held in Districts 2, 4, 6, and 8. The Registrar thanked Frank Archer and Trevor Watson for serving as scrutineers during the counting of the election votes.
- The College worked with the Board Resourcing Office to ensure new government appointees were appointed in a timely manner. The College also supplied information about its role and mandate to prospective appointees to ensure they were aware of the mandate of the College and the issues it faces.
- College staff met with the Ministry and a software vendor regarding the PharmaNet Modernization project. Cam Egli has been working closely with the Ministry to assist in removing any barriers.
- Mykle Ludvigsen, Doreen Leong and the Registrar attended and gave a presentation at the 7<sup>th</sup> Annual Pharmacy Technician Conference on October 13<sup>th</sup> which was well received by participants.
- Staff prepared for the November Board meeting and the AGM.
- The Registrar participated in several phone calls with the Board Chair.
- Staff met with a Ministry lawyer about the bylaw revisions to ensure a clear understanding of the purpose and rationale behind the proposed revisions.



- The Registrar covered for Ashifa Keshavji who is off on leave. This has highlighted the capacity limits the College currently has when a director isn't available to bring their wealth of information to assist in making decisions about their department.
- A number of discussions have been held between Mike Stonefield and the rest of the staff regarding the Budget submission.
- The Registrar attended portions of the meeting of the CANPI group (pharmacy inspectors) October 4-5.
- The Registrar attended the National Association of Boards of Pharmacy Meeting in Little Rock, Arkansas, October 20-24. It was identified that narcotic diversion by pharmacy technicians and falsifying criminal record checks are major issues of concern in the United States..
- The Registrar attended the National Association of Pharmacy Regulatory Authorities meeting in St John's, Newfoundland and Labrador, November 2-6
- The Registrar met with the Pharmacy Undergrad Society student representative to discuss how to enhance the College presence with pharmacy students at UBC. It was suggested that the Board consider inviting a student to observe Board meetings as that perspective is very valuable.
- The Registrar also had a discussion with UBC about opportunities and the necessity of educating students about the College

### **5.3 Board Handbook/Policies**

The Board appoints a Task Force each year to review the Board Handbook and Board Policies Manual and to make changes where they feel necessary. Any recommended revisions, additions or deletions will be brought forward for Board consideration at the Board meeting.

#### **DISCUSSION POINTS:**

- The Registrar identified the need for at least 3 members of the Board to work with him and Mykle Ludvigsen to review the Board Governance documents, most of which can be accomplished by teleconference.
- Bob Craigue, Kris Gustavson, Agnes Fridl Poljak, and Jerry Casanova volunteered.

**It was MOVED (Harris) and SECONDED (Tymchuk) that:**

That the Board appoint Bob Craigue, Kris Gustavson, Agnes Fridl Poljak, and Jerry Casanova to a Task Force to review and make recommendations on changes to the Board Handbook and Board Policies Manual.

**CARRIED**

## **6.0 STRATEGIC PLANNING UPDATE**

The Operational Plan was distributed to the Board for their information.

#### **DISCUSSION POINTS:**

- The Registrar apologized for the late distribution of the Operational Plan and explained that items in the document which had been highlighted in yellow require reporting back to the Board.



## 7.0 AUDIT COMMITTEE REPORT

### 7.1 Financial Update (Q2, LE)

The Audit Committee met on Thursday, November 15, 2012. Chief Operating Officer Mike Stonefield provided a summary of the results of the Audit Committee meeting and a high level account of the two major components of the income statement, revenue and expenses.

The Chief Operating Officer identified to the board a November 2011 Board motion passed to set up a legal contingency reserve of up to \$500k to cover the costs related to projected disciplinary cases. The College Auditors requested additional information to support setting up a contingency of this type as well as other options of how to set this up.

#### DISCUSSION POINTS:

- This proposed motion will replace the previous motion from the November 2011 Board meeting as it was not sustainable.

#### **It was MOVED (Slater) and SECONDED (Gustavson) that:**

The Board approve setting up the legal contingency reserve if an approach can be identified that is acceptable to our auditors, and within the 2012/13 budget.

**CARRIED**

### 7.2 Fiscal Budget (2013/2014)

The Audit Committee met on Thursday, November 15, 2012. Chief Operating Officer Mike Stonefield presented the proposed 2013/14 budget.

#### DISCUSSION POINTS:

- The College is unable to register thousands of pharmacy technicians in a short time frame.
- There might be better ways of doing pharmacy inspections.
- Complaints resolution is a key part of the mandate of the College and there are significant costs attached to that.
- The College is exposed to some risk in that IT infrastructure is in need of modernization, and that departures of key members of staff would result in a significant slowdown in many of the College's key operations.
- Expenses are up over last year, but the major increase in expense has an offset in the form of a matching grant.
- If the increase in the complaints budget and the cost for the return to the PST are removed from the budget, our expenses are down. If we add the PST back in, they are neutral.
- A discussion was held on the possibility of a reduction in registrant fees and how that fit with the challenges as discussed.

#### **It was MOVED (Gustavson) and SECONDED (Tymchuk) that:**

That the College of Pharmacists Board approve the recommendation of the Audit Committee to accept the proposed 2013/14 Budget as presented.

**CARRIED**



**7.3 CPBC Policy Statements (financial/Budget Management)**

The Audit Committee met on Thursday, November 15, 2012, and provides the following recommendations.

**It was MOVED (Tymchuk) and SECONDED (Slater) that:**

Ensure the college maintains cash equivalent assets of at least 2 months of projected operational expenses for the current fiscal period, with an additional 4 months of projected operational expenses being available, if needed, via the liquidation of other investment assets. How this is to be achieved will be reviewed during the annual fiscal budget planning meeting with the Audit Committee.

**CARRIED**

**It was MOVED (Slater) and SECONDED (Craigie) that:**

The Board designates the following as signatories for cheques, purchase orders and agreements:

- a) up to and including an amount of \$5,000.00 require the signature of one of the following: Registrar, Deputy Registrar or the Chief Operating Officer.
- b) over the amount of \$5,000.00 and up to and including the amount of \$200,000.00 require the signature of two of the following: Registrar, Deputy Registrar or the Chief Operating Officer.
- c) over the amount of \$200,000.00 require the signature of two of the following: Registrar, Deputy Registrar or the Chief Operating Officer plus the Chair or Vice-Chair of the Board.

**CARRIED**

**It was MOVED (Dossa) and SECONDED (Craigie) that:**

Purchase insurance and implement controls to protect College assets against theft and casualty losses and prevent access to funds by unauthorized personnel.

**CARRIED**

**It was MOVED (Gustavson) and SECONDED (Harris) that:**

To have the office premises and contents appraised every 5 years, and insured on a replacement cost basis with the coverage being reviewed annually.

**CARRIED**

**11:00 a.m.**

Adjourn to In-Camera

The College of Pharmacists Board adjourned to an in-camera session.

**11:40 a.m.**

Regular Meeting Re-Convened

The College of Pharmacists Board reconvened the regular meeting. No motions came out of the Board's in-camera session.



## 8.0 KA DISCUSSION

### **Background:**

At the September 20-21, 2012 meeting of the Board, a motion was tabled:

### **It was MOVED (Craigue) and SECONDED (Harris) that:**

That all British Columbia pharmacists will no longer be required to take the KA exam unless identified by the inquiry Committee or the discipline committee or the inspection process as needing assessment.

### **Motion to Table**

### **It was MOVED (Denton) that:**

The motion be tabled to a future meeting.

### **DEFEATED**

General discussion ensued on the motion. Support was expressed for establishing a process whereby Board members present proposed motions to be considered well in advance of meetings to allow for a more fulsome discussion.

Question was then called on the Main Motion as presented and it was

**DEFEATED**

*The Knowledge Assessment (KA), or some form of it, has been in place since the 1970s. Since adequate knowledge about drugs and drug therapy is necessary for competent pharmacy practice, the KA has been used as a surrogate indicator of competency. It is recognized that the KA is not a direct measure of practice competency, but is a reasonable surrogate to identify pharmacists who may have practice issues. A repeatedly (3X) inadequate score on the KA leads to a peer review and then to consideration by the Inquiry Committee, who may recommend remedial actions for the pharmacist.*

*The current online version of the KA is being tested by volunteer pharmacists. It is an open book multiple choice examination. If successful, pharmacists are exempt from doing another KA for 10 years.*

*In addition to the KA, pharmacists are required to participate in continuing education programs.*

*Government recognizes the KA as an important program of the College in ensuring pharmacist competency. It has indicated to other Colleges that the College of Pharmacists' KA is a model that should be considered. Any change to this approach must be presented to government for approval.*

*Critics of the program have cited the following:*

- *The impact that the KA has had on some pharmacists who have chosen not to renew their license due to being selected to do a KA.*
- *The KA is an exercise in looking up information rather than having intrinsic knowledge.*



- *Concerns about the lengthy time between assessments, which is currently set at every 10 years.*
- *The surrogate relationship of the KA to practice competence*
- *There is no predetermined pass score on the KA, rather, the cut score is determined through a peer determined statistical review.*
- *Rarely have any pharmacists who have been identified through the KA as needing further consideration, been found through peer review, to have competency issues.*

**DISCUSSION POINTS:**

- The Registrar spoke to the information provided above and presented a recommendation to the Board to have College staff work with the Quality Assurance Committee to research additional assessment tools that may satisfy the Board’s mandate to ensure public safety.
- Board member Agnes Fridl Poljak pointed out that if we are researching another assessment tool for pharmacists we should also include pharmacy technicians to include a similar assessment tool for them.
- Chair Doug Kipp raised the question will the current KA continue while additional assessment tools are being considered? The Registrar clarified that it would until such a time that we have something to replace it.

**It was MOVED (Craique) and SECONDED (Dossa) that:**

That the College of Pharmacists Board direct staff to work with the QA Committee to develop an alternative model for competency assessment to be considered by the Board. This model will be presented to the Board in February 2013.

**CARRIED**

**Health Break**

The meeting recessed at 11:57 a.m. and resumed at 1:05 p.m.

**9.0 COMMITTEES**

**9.1 Advanced Practice Advisory Group**

**a) Terms of Reference**

The Advanced Practice Pharmacist (APP) project deliverables and timelines have been brought into alignment with the College’s operational plan, this further supports the Board’s Strategic Goal 1/Objective 2 – Pharmacists’ Advanced Professional Practice.

<b>Develop and implement Advanced Practice Pharmacist*</b>	<b>Date</b>
Board approves APP Task Group ToR and membership	Nov 2012
APP Task Group program recommendations submitted to Board for approval prior to external stakeholder consultation	Apr 2013
Final draft APP proposal submitted for final Board approval prior to submission to government	Sept 2013

*Completion of this initiative falls outside of the timeline of the current strategic plan.*

To support the undertaking of the APP Task Group, the College is seeking the Board’s approval for its terms of reference.



**It was MOVED (Gustavson) and SECONDED (Casanova) that:**

That the College of Pharmacists Board approve the proposed APP Task Group terms of reference with the inclusion of a Pharm.D. member.

**CARRIED**

**b) Committee Appointments**

To further support the undertaking of the APP initiative, the creation of an APP Task Group is warranted. The proposed task group membership is comprised of eleven voting members to be appointed by the Board including:

- Four full pharmacists from community pharmacy practice (two from chain drug pharmacies and two from independent pharmacies),
- Four full pharmacists from hospital pharmacy practice
- A pharmacy undergraduate student
- A Pharm.D. candidate
- A public member

The proposed appointees to the APP Task Group are:

Richard Bachand	Vancouver Island Health Authority
Greg Shepherd	Chain community pharmacy
John Shaske	Independent community pharmacy
Marylene Kyriazis	Chain community pharmacy
David Forbes	Vancouver Island Health Authority
Shakeel Bhatti	Independent community pharmacy
Shirin Abadi	Provincial Health Services Authority
Steve Shalansky	Vancouver Coastal Health Authority
Jordan Stewart	Undergraduate pharmacy student
Melanie Patton	Undergraduate pharmacy student
Wynnie Lau	Pharm.D. candidate
Kris Gustavson	Public representative

Copies of the volunteer application forms received to date are provided.

**DISCUSSION POINTS:**

- Cam Egli outlined the background and experience of each of the candidates for appointment and reported to the Board that meetings were to begin in early January
- It was identified that a broad spectrum of pharmacists, particularly those with a perspective of front line pharmacy practice would be most helpful for this committee.
- The concept of special authority, which is used in hospital pharmacy practice, was referred to the Community Pharmacy Advisory Committee for discussion about its applicability and transferability to that practice setting.

**It was MOVED (Casanova) and SECONDED (Gustavson) that:**

That the College of Pharmacists Board appoint the proposed members for the APP Task Group.

**CARRIED**



**It was MOVED (Harris) and SECONDED (Slater) that:**

The board asks the community pharmacy advisory committee to develop a proposal to provide for community pharmacists to be able to submit special authority requests on behalf of their patients to the provincial PharmaCare program.

**CARRIED**

**9.2 Committee Appointments**

Further to the Board elections and expiry of the terms of two public Board member government appointees, vacancies are outstanding on the following Committees:

- Inquiry Committee (replacement of public Board member Penny Denton)
- Registration Committee (replacement of public Board member John Scholtens)
- Discipline Committee (replacement of public Board member John Scholtens)

**It was MOVED and SECONDED that:**

That the College of Pharmacists Board appoints the public Board members to the following Committees:

- Ryan Hoag to the Audit Committee
- Ryan Hoag to the Inquiry Committee
- Jeremy Walden to the Registration Committee
- Jeremy Walden to the Discipline Committee.

**CARRIED**

**It was MOVED (Harris) and SECONDED (Craigie) that:**

That pending receipt of his consent and Public Committee Member Volunteer Application Form, the College of Pharmacists Board appoints John Scholtens as the public representative on the Quality Assurance Committee

**CARRIED**

Board member Kris Gustavson requested that her abstained vote be recorded.

<b>10.0 NAPRA UPDATE</b>
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Registrar Bob Nakagawa and Board member Bob Craigie attended the NAPRA Board meeting scheduled November 3-5, 2012 in St. John's, Newfoundland.

Board member Bob Craigie circulated an update on the recent NAPRA meeting and asked Board members to call or email him with any questions.

**DISCUSSION POINTS:**

Board member and Board appointed representative on the NAPRA Board, Bob Craigie provided the following information:

- The summary of motions and action items provided at the NAPRA meeting was very useful and suggested the College Board consider doing the same.
- Medical marijuana – federal government is looking to include pharmacies in the distribution channel for medical marijuana.



- Verified Internet Pharmacy Practice Sites (VIPPS) program – there is a need in this day and age of dangerous internet pharmacies for patients to know and feel confident which internet pharmacies were reliable through a certification program.
- National bridging program for pharmacy technicians – NAPRA has received 380k from the federal government for the development of a program that would enable mobility between provinces for pharmacy technicians.
- National Drug Schedules – NAPRA reaffirmed its desire to continue to schedule drugs via the National Drug Schedule.
- Table of Vaccine Preventable Diseases – recommended the Board direct the Injection Drug Administration Committee (IDAC) to look into pharmacists gaining the authority to prescribe as well as inject the Table of Vaccine Preventable Diseases.

**It was MOVED (Craigue) and SECONDED (Dossa) that:**

That the matter of the authority to prescribe and inject the Table of Vaccine-Preventable Diseases go to the IDAC committee for further study.

**CARRIED**

## **11.0 PORTFOLIO UPDATES**

### **11.1 Communication Strategy**

The Director of Public Accountability and Engagement gave a presentation on the College's Communication Strategy

The College continues to move forward with communications initiatives as outlined in the communications strategy.

Since the last meeting of the Board, communications has moved forward on a number of key initiatives which include enhancing engagement opportunities for pharmacists and pharmacy technicians, further refinement of existing communications tools, investigation of new tools such as social media, and planning for the launch of more audio and video features on the College website.

As part of its strategic plan, the College is also moving forward on a number of key objectives of which communications plays a large part in each one. In the period since the last board meeting communications was working with other College departments in the development of engagement and communication plans for:

- The removal of tobacco products from community pharmacies
- The integration of pharmacy technicians into College processes and policies
- The development of an engagement strategy for all registrants

The development of a new communications strategy for the College will coincide with the overall strategic planning process beginning June, 2013.

### **11.2 Compounding Pharmacies**

A recent meningitis outbreak in the U.S. has killed and sickened many victims who had received preservative-free methylprednisolone for intrathecal injections for back pain; FDA investigators have found fungus in more than fifty vials prepared by a single



company (New England Compounding Centre). Subsequently, the FDA has received reports of other products potentially involved from other compounding services. It is important to note the same problem has not been reported in Canada.

Two issues have been identified as significant contributors to the recent events. Firstly, state boards of pharmacy are not consistently enforcing that USP Chapter 797 for sterile compounding is met. Secondly, there is poor delineation of which governing body (FDA or state board) has authority over large scale compounding.

Representatives from Health Canada and NAPRA have met to discuss Health Canada's policy 51 (Policy on Manufacturing and Compounding Drug Products in Canada 2009). The CPRC plans to use this recent safety incident to compel further discussions with respect to how compounding is regulated in Canada and if current national and jurisdictional standards are adequate to ensure public safety.

Typically, compounding pharmacies fill special orders placed by doctors for individual patients. Compounded preparations are typically topical/dermatological, parenteral (small volume and large volume) or oral in nature. Within BC, a number of pharmacies advertise their capacity for specialized compounding for bulk amounts as well.

The College of Pharmacists has adopted the NAPRA Guidelines to Pharmacy Compounding (2006) as the Standard of Practice for registrants. These 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

Professional Practice Policy 64 – Guidelines to Pharmacy Compounding, articulates the difference between 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).

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Notably, recent proposed revisions to the HPA Bylaws- Community Practice state that:

Sterile 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
- (c) such other published standards approved by the board from time to time.

In future, pharmacies that perform sterile compounding will likely require significant investment of resources and time to meet these standards.

Based on the US recent incident, further exploration is warranted as to how the College of Pharmacists of BC would be best able to play a role in ensuring public safety with respect to compounding pharmacies within its jurisdiction. Potential areas for consideration:

- Messaging opportunities for “no compounding of commercially available products”
- Registrant education/communication strategy specifically targeted at re-enforcing general awareness of compounding standards
- Establish an “in-house” technical expertise to audit, inspect, and investigate the methodological/procedural standards for sterile and non-sterile compounding at community pharmacies

**DISCUSSION POINTS:**

- The Registrar reported that a recent outbreak in the U.S. has resulted in 438 cases of meningitis, 72 deaths, and 10 peripheral joint infections due to compounding pharmacies creating injectables. They consider what they do to be manufacturing however they don't meet manufacturing standards. Standards to manufacture are significantly greater than any pharmacy could undertake. The Registrar suggests looking at some compounding practices in BC and potentially provide recommendations to ensure public safety.



**It was MOVED (Dossa) and SECONDED (Tymchuk) that:**

That the College of Pharmacists Board refer this issue to the Community Pharmacy Advisory Committee for review of the current status of compounding in BC community pharmacies and where appropriate, provide recommendations to ensure public safety.

**CARRIED**

**11.3 Policy for Naloxone**

In order to successfully implement pharmacist prescribing of naloxone the identified issues will require resolution. Responsibility for resolution does not rest solely with the College of Pharmacists.

The most significant barriers to a successful implementation involve stakeholder support of the initiative and the anticipated requirement for pharmacist compensation for patient education services. To date key stakeholders such as the Ministry of Health Pharmaceutical Services Division and the BC Pharmacy Association have not been directly engaged by the BCCDC. Therefore the level of support of these organizations for this initiative is not known. Support of the Ministry of Health and BCPhA is key to the success of this initiative, without the support of these organizations it would not be possible to develop a compensation model for pharmacists. It is highly unlikely that pharmacists would provide prescribing and education services in the absence of a compensation model.

Given that the College will have to invest significant resources to resolve the other issues regarding policy development, patient education, documentation and program administrative tasks, these should be addressed only once Ministry support of the project is confirmed.

**DISCUSSION POINTS:**

- Deputy Registrar Suzanne Solven provided a brief background on the proposal by the BC Centre for Disease Control, presented by Dr. Jane Buxton at the June Board meeting, that take-home 'naloxone kits' containing the antidote to opioid overdose, syringes, and other materials be prescribed and dispensed by pharmacists which would require a drug scheduling change as well as policy development.
- Advocating for this with stakeholders, as mentioned above, on BCCDC's behalf would require considerable resources and work and it is therefore the recommendation of the College to engage in this project only once Ministry support of the project is confirmed.
- Board member Blair Tymchuk spoke against the recommendation as well as the previous motion to support the project in principle due to concerns of potential problems with prescribing and dispensing the kit to individuals to administer the drug, not the actual patient.

**It was MOVED (Slater) and SECONDED (Craigue) that:**

That the College of Pharmacists Board approve maintaining support in principle but delaying policy development until confirmation by the Ministry of Health for support of the scheduling change and compensation model.

**CARRIED**

Board member Blair Tymchuk requested that his negative vote be recorded.



## **12.0 MEETINGS**

### **12.1 2013 Board Meeting Schedule**

The proposed Board Meeting Schedule for 2013 is:

Friday, February 15, 2013

Friday, April 19, 2013

Friday, June 21, 2013

Thursday and Friday September 19-20, 2013 (Annual Strategic Planning Session)

Thursday, November 21, 2013 half day (Board Orientation Session)

Friday, November 22, 2013 Board Meeting

Saturday, November 23, 2013 (Annual General Meeting)

#### **DISCUSSION POINTS:**

- Board member Jerry Casanova stated that he is not available for the scheduled June meeting.
- Board member Kris Gustavson stated that she is not available for the scheduled September meeting.

#### **It was MOVED and SECONDED that:**

That the College of Pharmacists Board approves the 2013 Board Meeting Schedule as presented.

**CARRIED**

### **12.2 2013 Conference Schedule**

The below schedule of upcoming conferences was provided to the Board for information purposes.

Canadian Society of Hospital Pharmacists – BC Branch AGM  
November 23-24, 2012, Marriott Pinnacle Downtown Hotel, Vancouver, BC

Canadian Society of Hospital Pharmacists Banff Seminar 2013  
March 2013, Banff Alberta

British Columbia Pharmacy Association 2013 Conference  
May 30 – June 1, 2013 – Grand Okanagan Resort and Conference Centre, Kelowna, BC

Canadian Pharmacy Association National Conference 2013  
June 1 - 4, 2013, Charlottetown, PEI

Canadian Society of Hospital Pharmacists – AGM  
August 10-13, 2013, Hyatt Regency, Calgary, AB

FIP (International Pharmaceutical Federation) Congress 2013  
August 31 – September 5, 2013, Dublin, Ireland



**DISCUSSION POINTS:**

- It was suggested that the 2013 Pharmacy Technician Conference being held on October 25 and 26 be added to the schedule.

**13. APPROVAL OF NOVEMBER 16, 2012 BOARD HIGHLIGHTS**

**Approval of November 16, 2012 Board Highlights Headlines**

Mykle Ludvigsen, Director, Public Accountability and Engagement, presented the Board with the Board Highlights headlines for approval.

**It was MOVED (Harris) and SECONDED (Hoag) that:**

The College of Pharmacists of BC Board approves the Board Highlights headlines for November 16, 2012 as presented.

**CARRIED**

**14. BOARD EVALUATION**

**Evaluation form**

Board meeting evaluation forms were distributed to Board members and completed forms were collected by the Board Chair.

**15. CLOSING COMMENTS AND BOARD MEETING ADJOURNED**

**DISCUSSION POINTS:**

- Board member Jeff Slater reminded and encouraged the Board to make arrangements to visit the new pharmacy building at UBC as it is a very impressive facility.
- Board member Bal Dhillon offered to provide a tour of the Pharmacy Drug Distribution Center where she is the Pharmacy Manager to any interested Board members.

The College of Pharmacists of British Columbia Board Meeting scheduled November 16, 2012 concluded at 2:49 pm.