



Present:

Randy Konrad, Chair & District 1 Board Member
Allan Greene, Vice-Chair & District 3 Board Member
Chris Hunter, District 5 Board Member
John Hope, District 6 Board Member (arrived approximately 9:30am)
Bruce Beley, District 7 Board Member
Kris Gustavson, Board Member
Penny Denton, Board Member
Jeff Slater, Board Member
John Scholtens, Board Member
Bal Dhillon, Board Member (Pharmacy Technician Observer)

Regrets:

Beverley Harris, District 2 Board Member
Doug Kipp, District 4 Board Member

Staff (at various times):

Suzanne Solven, A/Registrar
Lori DeCou, Director – Communications
Ashifa Keshavji, Director – Professional Development and Assessment Program
Thomas Strumski, Manager of Finance
Lori Tanaka, Administrative Assistant - Communications (Minute Taker)

Invited Guests:

Parkash Ragsdale, Deputy CEO and Professional Services Director, BC
Pharmacy Association
Sheryl Peterson, Associate Director, UBC Continuing Pharmacy Professional
Development
Glenda MacDonald, Director, UBC Continuing Pharmacy Professional
Development – *via teleconference*

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 9:08am 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 and appointed Board members are required to swear/affirm their Oath of Office which, as set out in Schedule 1, is prescribed for the purpose of section 17.11 of the HPA.

Given that this was the first Board meeting for Kris Gustavson (Government Appointee) she swore her Oath of Office to A/Registrar Suzanne Solven.

I do swear 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 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.

DISCUSSION POINTS:

- Chair Konrad introduced and welcomed new government appointed Board member, Kris Gustavson who holds both a Bachelor of Science and a Masters of Science in Nursing at UBC and is currently the Corporate Director, Accreditation and Patient Experience for the Provincial Health Services Authority and an Adjunct Professor for the School of Nursing at UBC.
- Chair Konrad also recognized that in light of the upcoming Board elections on October 21st where, for the first time, registrants will elect a pharmacy technician registrant to the College Board, this meeting would mark the last official meeting for Bal Dhillon who served as Board appointed pharmacy technician observer for the past two years.
- Bal was acknowledged for her commitment to the profession and presented with a certificate of appreciation for her contributions to the Board.



2. AGENDA

2.1 Consideration of Additions to Agenda

Chair Konrad called for any additional agenda items.

It was moved, seconded that:

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

- To item 2.3 add 2.3(a) Board member contract regarding Bridging Program for regulated technicians
- Add item 4.9(a) Benevolent Society and 4.9(b) Pillar of Pharmacy Award
- Add item 4.10 Principles to Guide Healthcare Transformations in Canada
- To item 6.1 add 6.1(b) Tapentadol

The motion was CARRIED

2.2 Confirmation of Agenda

It was moved, seconded that:

The September 23, 2011 agenda be accepted with additions as noted in 2.1.

The motion was CARRIED

2.3 Conflict of Interest Declaration

(a) Board member contract regarding Bridging Program for regulated technicians

DISCUSSION POINTS:

- Board member Bal Dhillon declared the potential for a conflict of interest regarding being contracted by the College to complete work with UBC-CPPD regarding revisions to the Bridging Program for regulated pharmacy technicians.
- The Board was reminded that in her position on the College Board, although she advises and contributes to discussion surrounding motions, Bal does not have a vote on motions; the Board was also reminded that her term as College Board member would conclude at the beginning of the November Board meeting.

It was moved, seconded that:

The Board was presented with the appropriate information and acknowledged that they agreed with the hiring of Bal Dhillon for this position with their congratulations.

The motion was CARRIED

2.4 Board Evaluation Form Feedback

DISCUSSION POINTS:

- Chair Konrad informed the Board that as no hard copies were provided at the last meeting and there was a technical issue with the electronic version, no feedback was collected at the last meeting, hard copies will be provided for this meeting.



3. APPROVAL OF MINUTES

3.1 Approval of Board Meeting Minutes June 17, 2011

NO DISCUSSION

It was moved, seconded that:

The Board approve the June 17, 2011 Board Meeting Minutes as presented.

The motion was CARRIED

3.2 Approval of Board Teleconference Minutes June 5, 2011

DISCUSSION POINTS:

- A/Registrar, Suzanne Solven thanked the Board for the opportunity and their confidence in her appointment as Acting Registrar.

It was moved, seconded that:

The Board approve the June 5, 2011 Board Teleconference Meeting Minutes as presented.

The motion was CARRIED

4. BOARD GOVERNANCE AND DEVELOPMENT

4.1 Financial Health

(a) Periodic Financial Statement

For the period March 1, 2011 to June 30, 2011.

- Financial statements for the period March 1, 2011 to June 30, 2011 were presented to the Board for information purposes by the Manager of Finance, Tom Strumski:
 - Revenues for the period are slightly ahead of budget with higher than anticipated PharmaNet revenues offsetting lower than budgeted pharmacy technician fees.
 - With respect to PharmaNet revenues the Board was reminded that the contract with PharmaNet for printing profiles expired in July 2011 but was extended for an additional 6 months. At the expiration of the additional 6 months the government wishes to put out a Request for Proposals (RFP) for the work which the College intends to aggressively pursue.
 - The under budget performance of regulated pharmacy technician fees is attributed to a more gradual uptake of regulated pharmacy technicians. Originally budgeted for 200 new technician registrants, revised forecast is between 75-100 for the fiscal year.
 - On the expense side Complaints Resolution is significantly under spent due to the unforeseen delay of a number of Discipline hearings.
 - The net result is a current surplus which is ahead of budget.



It was moved, seconded that:

The Board accept the periodic financial statement for the period March 1, 2011 to June 30, 2011 as presented.

The motion was CARRIED

(b) Request from UBC

The A/Registrar received a letter from the Dean of UBC Pharmaceutical Sciences on August 3, 2011 requesting a one-time special project donation (ranging from \$250,000 to \$750,000) in support of the new UBC Pharmacy Building.

DISCUSSION POINTS:

- A Board member raised concern regarding whether or not the College was financially in a position to make a donation of this nature at this time and whether or not this aligns with the College mandate to protect the public.
- Although the College is currently in good shape financially, the next fiscal year is questionable and will strongly depend on being awarded the PharmaNet contract through the anticipated RFP put out by government.

It was moved, seconded that:

The Board not support a one-time special project donation in support of the new UBC Pharmacy Building at this time.

The motion was CARRIED

4.2 Strategic Plan Summary

The Board held their annual Strategic Planning Meeting on June 16, 2011. The agreed upon revision to the College Strategic Plan were made by College staff and presented back to the Board for their final approval.

DISCUSSION POINTS:

- The Board expressed as a whole how productive the planning session was and the Board Chair thanked everyone for their participation.
- A Board member expressed the effectiveness of adding the Core Responsibilities to the Strategic Plan as they articulate the ongoing legislatively required work of the College.
- It was also noted, for next year's discussions, that the concept that 'Self-regulation is a Privilege and a Responsibility' could get incorporated into one of the College's values.

It was moved, seconded that:

The Board approve the updated Strategic Plan as presented.

The motion was CARRIED

4.3 Annual General Meeting

(a) Registrant Survey Re: Electronic Participation in AGM

As requested by the Board, the College emailed a brief survey to registrants enquiring about their interest in participation, by various means, in the College's Annual General Meeting.



The survey provided registrants with three options for participation in the College's AGM: physical attendance at meeting; full electronic, real-time participation; or no participation in meeting, electronic voting on resolution only. Almost 900 registrants, with a proportionate geographic and practice type breakdown, responded which is roughly 18% of the registrant base.

The results indicated that about 50% of respondents wanted the option to vote electronically on resolutions only with the other 50% preferring that registrants actually participate in the AGM either in-person or by full electronic, real-time means. The findings also indicated that for the other 50% who preferred either in-person or full electronic participation, an important reason for this preference was the perceived value of being able to hear and participate in the presentation and discussion around resolutions prior to casting a vote.

DISCUSSION POINTS:

- It was suggested that, as a pilot project, and in addition to registrants retaining the ability to attend the AGM and vote in person by ballot, the College make an audio file available containing an unedited recording of the discussion surrounding any resolutions brought forward and include that in the online voting option.

It was moved, seconded that:

In response to a resolution brought forward at the 2010 AGM and subsequent registrant survey, commencing with the 2011 AGM, College registrants will be given an opportunity to vote electronically on any resolution brought forward. In an effort to ensure that all registrants are able to make an informed decision, embedded in the online voting process, registrants will access an audio file containing an unedited recording, from the AGM, of the presentation and discussion on the resolution(s). Registrants will also be reminded that due to the fact that resolutions may not align with the College's sole mandate of protecting the public the outcome of the resolution is not binding on the College Board but will be discussed at the next regularly scheduled Board meeting following the AGM. This will be a pilot which will be evaluated by the Board.

The motion was CARRIED

(b) Resolutions

The College circulated to the Board, for their information only, the two resolutions which were received by the College in accordance with the required timeline and therefore included on the agenda of this year's Annual General Meeting which will be held on November 19, 2011.

NO DISCUSSION

(c) Volunteer of the Year

Each year College staff is canvassed to identify individuals who have been outstanding with respect to volunteering their time and expertise to the College initiatives. College staff brought forward, by way of biographies, two individuals and recommended that both nominees be recognized for their exceptional contributions.



Nominees:

- Bal Dhillon
- Ray Jang

NO DISCUSSION

It was moved, seconded that:

The recipients of the Volunteer of the Year awards are Bal Dhillon and Ray Jang.

The motion was CARRIED

4.4 Board Election Nominees and Schedule

Election ballots and nominee biographies were sent to districts 1, 3, 5, 7 and 8 on Monday, September 12, 2011.

The following nominations were received:

District 1 – Metropolitan Vancouver (to be elected to a 2 year term)

- Agnes Fridl Poljak
- Randy Konrad
- Ken Lee
- James Ng

District 3 – Vancouver Island/Coastal (to be elected to a 2 year term)

- Omar Alasaly
- Allan Greene
- Blair Tymchuk

District 5 – Northern BC (to be elected to a 2 year term)

- Robert Craigue
- Chris Hunter
- Irvin Tang

District 7 – Community Hospitals (to be elected to a 2 year term)

- Bruce Beley
- Jerry Casanova

District 8 – Pharmacy Technicians (to be elected to a 2 year term)

- Onnolee Osbourne
- Sorell Wellon
- Roberta Wiebe

Board Election Schedule

- Oct 19: Ballots deadline (5:00pm)
- Oct 21: Election tally
- Elected Board members assume office at the beginning of the November Board meeting



DISCUSSION POINTS:

- A Board member asked whether or not all nominees' biographies should be shared with all registrants rather than just within their own districts. It was confirmed that all nominee biographies are posted on the College website and thereby accessible to all registrants.

4.5 UBC/CPD Presentation

Sheryl Peterson, Associate Director, UBC Continuing Pharmacy Professional Development accompanied by Glenda MacDonald, Director, UBC Continuing Pharmacy Professional Development (via teleconference), provided an update on activities and goals.

NO DISCUSSION

4.6 Board Governance Handbook and Board Policies Recommended Revisions

The Board Governance Committee, as per their annual schedule, met in early September to review the Board Governance Handbook and Board Policies. All recommended revisions, additions and deletions were brought forward to the Board for consideration.

DISCUSSION POINTS:

- A member of the Board Governance Committee clarified that the recommended changes to the documents were mainly housekeeping items that provide clarity and bring the documents up to date.
- A Board member suggested that in light of the request that had come forward to the Board from UBC requesting a donation towards the new Pharmacy Building, the Governance Committee might look at developing an appropriate Policy to deal with items such as this.

It was moved, seconded that:

The Board approve the recommended revisions to the Board Governance Handbook and Board Policies as presented.

The motion was CARRIED

ACTION:

The Board Governance Committee will research and draft a Board Gifting Policy for consideration by the Board at a future Board meeting.

4.7 Registrar Search Task Group Report

The Chair of the Registrar Search Task Group provided the Board with an update on the status of the Registrar search confirming that the Task Group had engaged the support of executive search firm Odgers Berndtson who had developed, in consultation with a large number of internal and external stakeholders, a comprehensive candidate profile.

The job posting went up early in September and the Task Group is scheduled to meet on September 30 to receive a progress report and review the initial candidates. A long-list of candidates are scheduled to be interviewed early in November with short-listed



candidates interviewed in the weeks following. The Task Group is on target to deliver their recommended candidate to the Board at the November 2011 Board meeting.

NO DISCUSSION

4.8 BC pharmacy Association Update

BCPhA Deputy CEO and Professional Services Director Parkash Ragsdale provided the Board with an update on initiatives currently being undertaken by the Association.

DISCUSSION POINTS:

- With respect to the new Smoking Cessation program a Board member inquired whether the Association had raised with government any concerns regarding the ability for patients to receive nicotine replacement therapy (NRT) products by mail thereby bypassing the opportunity for counseling by a pharmacist which is well documented as positively contributing to a patient's success. Ragsdale clarified that there is a mechanism in place where patients who express a desire for counseling will be directed by the 811 personnel to the QuitNow program which does provide behavioural counseling services.
- In light of the recent change to the Medication Review Service (MRS) eligibility criteria which increased the number of mandatory medications from 1 to 7 in order for a patient to be eligible to receive the service, a Board member questioned whether it was the BCPhA's intention to try to have that number reduced as part of their negotiations with government regarding the next fiscal year. Ragsdale pointed out that current data indicates that the average number of medications that patients who receive the service are on is 5 and that the BCPhA will be utilizing statistics such as this in their ongoing negotiations with government.

4.9 Benevolent Society

The A/Registrar reported on a letter received from the Benevolent Society requesting that the College make changes to the online registration form and process to bring greater attention to an invitation for registrants to donate to the Benevolent Society. The request came as the result of the fact that the Benevolent Society, which is an independent Society established in 1965 to financially assist pharmacists in need, had been experiencing a decrease in contributions resulting from the College's transition to mandatory online renewals. Prior to mandatory online renewal the College had been including Benevolent Society donation information with the registration renewal package mailed to each registrant.

The Board was also informed that in addition to this solicitation type support the College, for many years, has been providing, free of charge, the administrative support necessary to process any contributions made to the Society. The A/Registrar further informed the Board that thinking that this could potentially be a better fit for the BC Pharmacy Association (BCPhA) had engaged in a preliminary conversation with them to see if they might have interest in taking it on.



DISCUSSION POINTS:

- A number of Board members discussed the appropriateness of the College's direct involvement in the work of the Society and the merit of continuing to support them in this way.
- It was suggested that the College pursue the conversation with the BCPhA regarding their interest in taking over support for the Benevolent Society. However, regardless of the outcome of that conversation the Board felt that the College should no longer be the providers of solicitation and administrative support for the Society.

ACTION:

College to report back, at the November Board meeting, the outcome of their request to the BCPhA to assume support for the Benevolent Society.

(b) Pillar of Pharmacy Award Dinner

The Chair informed the Board that BC pharmacist Derek Desrosiers will be honoured with the national Pillar of Pharmacy Award at a dinner to take place on November 8, 2011 in Richmond, BC.

DISCUSSION POINTS:

- A number of Board members acknowledged the significance of this award, expressed their congratulations, and indicated support for College representation at this event.

It was moved, seconded that:

The Board approve the purchase of a table of 10 at \$2000.00 for interested Board members and College staff to attend.

The motion was CARRIED

4.10 Principles to Guide Healthcare Transformations in Canada

A Board member brought to the attention of the Board, initiatives such as the *Principles to Guide Healthcare Transformations in Canada*, that are happening on a national level regarding healthcare transformations in Canada which appear to have a lack of pharmacist representation.

NO DISCUSSION

ACTION

College staff to look into determining who the appropriate national pharmacy body is that should be made aware of, and seek participation in, initiatives like the *Principles to Guide Healthcare Transformations in Canada*.



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) A/Registrar's Report

- With the shift from original development to ongoing maintenance of the Pharmacy Technician Bridging Program (PTBP) courses, the three provinces (BC, AB and ON) have released CONNECT from their contract 6 months earlier than anticipated and entered into a new contract with a consultant experienced in the area of bridging program maintenance. This is to ensure the continued delivery of this work on schedule (there are no cost implications to the College approved budget).
- A national meeting of the PRAs, Pharmacy Technician Training Program coordinators and various PTBP instructors was held on June 23-24, 2011 in Toronto to determine short and long-term plans and priorities for on-going revisions to the (PTBP) courses.
- NAPRA's Model Standards of Practice for Pharmacy Technicians has been circulated to stakeholders for external consultation and feedback (due by September 6, 2011). NAPRA is on target to have the final draft of the document available for winter 2011.
- UBC-CPPD is offering the Pharmacy Technician Bridging Program on a regular 3 intakes per year cycle. All of the courses are currently being offered in-class, online and PLAR (where applicable). UBC is offering approximately 25 different classes and PLAR sittings for the September 2011 intake, with each class at full capacity.

DISCUSSION POINTS:

- A Board member asked that in light of the recent announcement by the Vancouver Coastal Health Authority that approximately 200 current pharmacy assistant positions will be converted to regulated pharmacy technician positions by 2013, and given that the other Health Authorities have indicated that they will likely be following suit, is the College concerned with capacity within the bridging programs? The A/Registrar assured the Board that the College and UBC-CPPD are aware of the situation and will continue to monitor it closely but at this time do not anticipate any issues.

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

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

Type and Volume of Adaptations			
Data for the period Jan-01-2009 to Jun-30-2011			
Adaptation Code	Description	Percent	Number
NI	DOSAGE CHANGE	8%	21,810
NJ	FORMULATION CHANGE	6%	16,136
NK	DIRECTIONS FOR USE MODIFIED	5%	13,228
NL	RENEWAL OF PRESCRIPTION	76%	208,103
NM	THERAPEUTIC SUBSTITUTION	5%	12,996
Total		100%	272,273 *
Total Number of Claims		* 0.02% of total claims	
		147,033,188	
Source:			
Policy, Outcomes Evaluation and Research; Pharmaceutical Services Division; Ministry of Health Services			
Retrieved July 19, 2011; HealthIdeas			

NO DISCUSSION

5.2.2 Administering Injections

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

- 1245 pharmacists are authorized to administer injections (effective August 12 , 2011), with the following breakdown by geographical area:
 - District 1 = 379
 - District 2 = 337
 - District 3 = 201
 - District 4 = 207
 - District 5 = 65
 - Unknown (no employment info avail) = 56
- The BC Pharmacy Association continues to offer the required training sessions throughout the province:
 - August 27 – Kelowna
 - September 17 – Nanaimo
 - September 24 – Burnaby



DISCUSSION POINTS:

- The point was raised that there are a number of pharmacists taking the training but not necessarily applying to the College to receive their authorization to administer injections. The Board was reminded that there are several requirements (ex. first aid and CPR certification) in addition to the training which must be completed prior to being eligible to receiving the authority to administer injections and that pharmacists have one year from the completion of their training program to apply to the College. Additionally, a Board member informed the Board that they were aware that some organizations are encouraging pharmacists to participate in the training as part of professional development even if they are not intending to immunize.

5.2.3 Advanced Practice Pharmacist (APP)

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

- An analysis of required legislative changes and adaptation of Alberta's Additional Prescribing Authorization Program has begun.
- Currently working on completion of the project management plan.

NO DISCUSSION

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 A/Registrar provided an update on the action plan in the Board's briefing package.

- Michael Obrecht, who is developing a framework for evaluation of PDAP, met with advisory group members in June to draft a plan for presentation to the QAC. There are two Board members on the advisory group, Penny Denton and Chris Hunter.
- The Knowledge Assessment Subcommittee (KAS) met on June 15, 2011. They reviewed and finalized the policies and procedures for the computerized KA, and approved the final blueprint. Ongoing work includes development of the sample exam and item writing in order to be able to launch the assessment component in 2012.
- Due to the transition from pen and paper to computerized testing, the QAC decided to test the technology used for online testing in 2012 and obtain feedback from volunteer participants before selecting 10 % of registrants for 2013. A call for volunteers will be sent to all registrants, via Readlinks and eBlast, in October.



- The online PDAP portal was launched in September and will have a staggered start as registrants are being informed of their new annual CE requirements at the time of their individual registration renewal.
- The next QAC meeting will be held on September 26th, 2011 to review the progress of the launch of the CE component and the development of the KA component of PDAP. In addition, Michael Obrecht will present the framework for evaluation of PDAP, which he has developed with the advisory group, to the QAC for approval.

NO DISCUSSION

(b) PDAP Update Presentation

- As requested by the Board at their June meeting, Ashifa Keshavji, Director, Professional Development and Assessment Program (PDAP) provided the Board with a comprehensive update presentation of the College's PDAP program.

(c) Mandated Continuing Education Options

- Further to the June 17th, 2011 Board meeting, *"the Board instructed College staff to explore the concept of requiring mandatory CE and bring forward a briefing note on the subject to the September 2011 Board meeting for Board's further consideration."*
- A briefing note was presented to the Board which included a brief landscape of what other regulatory bodies across the country did with respect to mandating CE and offered a few options for Board consideration.

DISCUSSION POINTS:

- A Board member suggested that from time to time when the College deems it mandatory for registrants to take certain CE programs due to policy or legislative changes, the College will make a recommendation to the Board who may then choose to endorse mandatory CE or not.
- A Board member expressed the opinion that it should be the Board's responsibility to fund any mandated CE programs and as such if mandatory CE is endorsed by the Board, every effort should be made to have all costs associated with such mandated CE absorbed into the College's operating budget.

It was moved, seconded that:

The Board mandates from time to time mandatory specific CE.

The motion was WITHDRAWN

It was moved, seconded that:

From time to time, when the Board mandates certain CE, the College will explore all reasonable options to fund it internally from the College's operating budget.

The motion was CARRIED



5.3.2 Complaints Resolution

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

Complaints Resolution Statistics:

- New formal complaints received during reporting period (data cut-off August 25, 2011): 27

Categories of complaint types*

- Medication-related: 16
- Privacy/confidentiality: 2
- Professional conduct/competency: 14
- Fitness to practice: 1
- Suspected unlawful activity: 2
- Sexual misconduct: 0

**Individual complaints often have more than one issue identified from different categories*

- Open files pending Inquiry Committee disposition (at August 25): 49
- Files reviewed by Inquiry Committee (includes files opened prior to reporting period): 24
- Dispositions under HPA or PODSA*: 29

Disposed and Closed

- No further action (after investigation, Inquiry committee satisfied with Registrant's response): 4
- Letter of Advice: 2
- Consent Agreement or Letter of Undertaking (file closed): 19
- Suspension of Registrant/Closure of Pharmacy: 0
- Referred to Discipline: 0

Disposed and Monitoring

- Consent Agreement or Letter of Understanding (requiring follow-up): 4
- *Individual complaints sometimes involve more than one registrant and result in more than one disposition*

- Discipline Committee hearings: 0
- Requests for records from HPRB: 0

Note: It was anticipated that at least one disciplinary hearing would be underway by the end of this reporting period. It has been delayed due to unforeseen circumstances.

Methadone Dispensing Issues:

- The Council for the City of Vancouver recently created a task force to deal with Methadone dispensing related issues, most specifically in the Downtown Eastside. The news articles related to this issue are presented for your information as well as our letter to Dr. Penny Ballem, City Manager, City of Vancouver outlining the College's interest in participating on the task force. Dr. Ballem was also briefed via teleconference on the steps the College has taken to date, in collaboration with government, to investigate methadone dispensing related complaints.



Health Professions Review Board Annual Report:

- The Health Professions Review Board (HPRB) was created by the Legislature to provide British Columbians with a forum in which their concerns about health college transparency and process can be heard and addressed in relation to resolution of complaints and registration issues. The 2010 HPRB Annual Report was recently published and the information from that report identifies that the College of Pharmacists of BC does not show up in the list; that in 2010 no complaints regarding the College have been forwarded to the HPRB.
- The staff have embraced the College values and have changed processes to align with those values to achieve this positive culture:
 - Interactions will be handled ethically with respect and dignity while ensuring confidentiality.
 - Integrity, honesty, accountability, transparency and responsiveness in all that we do.

NO DISCUSSION

5.3.3 Inspections

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

All Site Visits Stats per month by IPC - 2011	
<i>Month</i>	<i>Total</i>
January	36
February	35
March	65
April	35
May	74
June	52
July	17
August	7
September	
October	
November	
December	
Total per all IPC's	321
*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)	

DISCUSSION POINTS:

- The A/Registrar provided an update regarding the process which is under development intended to move the College towards electronic inspections.
- Electronic forms have already been developed and the Tablet is currently being piloted, the College anticipates inspections being paperless by the end of the year.



(b) Proposed Change to the Controlled Prescription Program Information Form

- The PODSA bylaws indicate that any change to the Controlled Prescription Program (CPP) form needs to be approved by the CPBC Board and the College of Physicians and Surgeons.
 - Section (4): Sale and Disposal of Drugs
(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
- Currently the CPP form indicates the form is “Void after 5 days”, and the CPP information sheet identifies that this means the prescription cannot be honoured after midnight of the fifth day following the date of issue.
- Our inspector/practice consultants suggest (based upon site inspections) that the interpretation of “Void after 5 days” be changed to: the prescription cannot be honoured after midnight of the fifth day following the date of issue unless the start date is included in the “sig”.
- Rationale for change:
 - Physicians routinely post date narcotic prescriptions. Federal law identifies that this is not permitted.
 - The start date in the sig would enable physicians to better track their patients’ medication needs. At present many do not know exactly when the patients are due for their prescriptions.
 - The start date in the sig would aid the physician in calculating the quantity of a medication they need to prescribe.
- Informal feedback from the College of Physicians and Surgeons indicates they would be supportive of the proposed changes.

DISCUSSION POINTS:

- A concern was raised by a Board member regarding which stakeholder group would absorb the cost of reproducing the new CPP forms, it was further clarified that the government would provide the new forms once the old forms were finished.

It was moved, seconded that:

The Board approve recommended changes to the Controlled Prescription Program form and directs the A/Registrar to send a letter to the Registrar of the College of Physicians and Surgeons of BC requesting the CPSBC Board consider the recommendation.

The motion was CARRIED

5.3.4 Registration

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

New Registration Statistics (June 2011 – September 2011)

- *Pharmacist Registrants* (Mar 1, 2011 – Jul 31, 2011)
 - UBC students 113
 - Agreement on Internal Trade 25



○ Other Provinces	7
○ Outside Canada	40
○ Reinstatement	16
TOTAL	201

- *Pharmacy Technicians (Pre-registration applications Mar 1, 2011 – Sep 8, 2011)*
 - Mar 1, 2011 – Jul 31, 2011 176
 - Aug 1, 2011 – Sep 8, 2011 244
 - TOTAL 420**

Current Total Registrations/Licensure (as of Aug 31, 2011)

○ Pharmacists	4952
○ Pharmacy Technicians	21
○ Pharmacies:	
Community	1100
Hospital	69
Telepharmacy	12
Hospital Pharmacy Satellite	1
Education Site	1

NO DISCUSSION

5.3.5 Legislation/Standards

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

- 6 meetings held to continue revisions to, and drafting of Bylaws and Standards of Practice.
- Mapping of NAPRA Model Standards of Practice for Canadian Pharmacists to current Bylaws/Standards of Practice, completed (to allow adoption of NAPRA Model Standards of Practice for Canadian Pharmacists as approved in principal by the Board on September 24, 2010).
- Proposed changes to switch from current drug scheduling regulation to the drug scheduling regulation “by reference”, has been submitted to government for their consideration.

DISCUSSION POINTS:

- It was further clarified that changing from the current drug scheduling regulation to drug scheduling “by reference” will take longer than anticipated as it requires a change to not just our own legislation. Therefore this is not expected until later in 2012.

(b) Proposed Bylaw/PPP Changes

Proposed Revisions to PPP-56 Standards for Pharmacy Assistant Verification of Non-Sterile Products in Hospital Pharmacy Practice

- Based on the pharmacy technician regulation initiative, PPP-56 applies to pharmacy assistants. Revisions made allow for tech-check-tech functions during the transition period permitting this function in hospital pharmacy practice for pharmacy assistants until assistants become regulated. The broad changes



recommended by the Hospital Pharmacy Advisory Committee primarily reflect a change from “Pharmacy Technician” to “Pharmacy Assistant”.

Proposed Revisions to PPP-57 Standards for Pharmacy Assistant Verification of Sterile Products in Hospital Pharmacy Practice

- Based on the pharmacy technician regulation initiative, PPP-57 applies to pharmacy assistants. Revisions made allow for tech-check-tech functions during the transition period permitting this function in hospital pharmacy practice for pharmacy assistants until assistants become regulated. The broad changes recommended by the Hospital Pharmacy Advisory Committee primarily reflect a change from “Pharmacy Technician” to “Pharmacy Assistant”.

NO DISCUSSION

It was moved, seconded that:

The Board approve the proposed revisions to *PPP-56 Standards for Pharmacy Assistant Verification of Non-Sterile Products in Hospital Pharmacy Practice* and *PPP-57 Standards for Pharmacy Assistant Verification of Sterile Products in Hospital Pharmacy Practice* as presented.

The motion was CARRIED

(c) Adaptation and Medication Reviews Record Retention Requirements

- A question was received by a Board member for placement on the Board agenda “*Should the time of storage requirements for pharmacists’ adaptations and medication reviews etc. be more closely aligned with the requirements of the College of Physicians and Surgeons? For what period of time do physicians keep their patient and prescription records?*”
- Pharmacists record retention requirements are found in the Pharmacy Operations and Drug Scheduling Act (PODSA) Bylaws as noted below:
 8. (1) All prescriptions, patient records, invoices and documentation in respect of the purchase, receipt or transfer of Schedule I, II and III drugs and controlled drug substances must be retained for a period of not less than three years from the date
 - (a) a drug referred to in a prescription was last dispensed, or
 - (b) an invoice was received for pharmacy stock.
 - (2) Registrants, pharmacy assistants, managers, directors, and owners must not, for commercial purposes, disclose or permit the disclosure of information or an abstract of information obtained from a prescription or patient record which would permit the identity of the patient or practitioner to be determined.
 - (3) Despite subsection (1), a registrant must not destroy prescriptions, patient records, invoices or documentation until the completion of any audit or investigation currently underway for which the registrant has received notice.
- Physician requirements are located on the College of Physicians and Surgeons website.



DISCUSSION POINTS:

- A Board member pointed out the importance of the College's requirements for record retention staying in line with the requirements of other healthcare professionals.

ACTION:

- Have College staff look at retention requirements for patient and prescription records, amongst other healthcare professions, and report back to the Board.

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 A/Registrar provided an update on the action plan in the Board's briefing package.

- Further to the June 17, 2011 Board meeting, the Board directed the Registrar to draft a letter to the Premier acknowledging the announcement to fund smoking cessation products as a positive step but reaffirming the College's goal to remove tobacco from pharmacies in BC and indicating the College's willingness to work together with the Ministry to realize this goal.
- To follow-up on the Premier's letter, on August 22, 2011 A/Registrar met with Brian Menzies, the Ministerial Assistant to the Honourable Michael de Jong and on August 24, 2011 with Health Opposition Critic MLA Mike Farnworth to convey the College's long-standing position for the removal of tobacco products from pharmacies.

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 A/Registrar's reported that this action plan item has been completed.

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 2

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

5.6 Electronic Health Record

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

- CPBC (in coordination with BCPhA) is seeking clarification from MoHS with respect to some outstanding issues related to the PharmaNet Modernization project; regularly scheduled meetings are planned for ongoing information sharing.
- Registrar Moleschi met with Marnie Mitchell, CEO of BCPhA, Bob Nakagawa, ADM of Pharmaceutical Services (MoHS) and Elaine McKnight, ADM of Planning and Innovation Division (MoHS) on August 17, 2011 to discuss mutual concerns about the PharmaNet Modernization project.
- Outcomes of the meeting included a commitment from government to articulate the project vision and key objectives; to set up regularly scheduled meetings to maintain project momentum and keep BCPhA and CPBC informed; and to provision of financial resources for pharmacy conversion (but needs to define what that support will entail).

NO DISCUSSION

(b) Digital vs. Hardcopy Records

- A question was received by a Board member for placement on the Board agenda: *"Digital records of prescription and patient files. Currently we ask for hard copy of everything, but other colleges and healthcare professionals now have a digital only option. What steps would the College have to take to enable this change?"*
- This particular question was reviewed approximately 2 years ago by staff in relation to the storage of evidence pertaining to inquiry/discipline. At the time standards around the imaging of documents was still emerging and there was no case law to understand interpretation by the courts. Therefore both hard copies and electronic versions continue to be required and maintained.
- In order to consider an electronic records option for pharmacists in the Bylaws, the College would have to hire an expert legal consultant to review various provincial and federal legislation such as the Electronic Transactions Act, Freedom of Information and Protection of Privacy Act, Personal Information Protection and Electronics Documents Act, Income Tax Act, Provincial/Federal Sales Tax Act, as well as emerging court policies and case law. Any Bylaws the College could propose to government regarding an Electronic records option would have to be consistent with some (or all) of these Acts (and potentially others we are not aware of at this time).



ACTION:

- Have College staff look into the College of Physicians and Surgeons of BC's model for how they are dealing with digital versus hard copy records and report back to the Board.

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.

- Further to the June 17, 2011 Board meeting, the Board requested that "a comprehensive communications plan detailing specific communications tactics and corresponding budgets for each stakeholder group (registrants, other healthcare practitioners, government, public), be brought forward to the September 2011 Board meeting."
- The Director of Communications presented a comprehensive strategic communications plan for each specific stakeholder group that worked within the budgeted parameters established in the Board approved fiscal 2012-13 budget.

NO DISCUSSION POINTS

It was moved, seconded that:

The Board approve the proposed strategic communication plan as presented.

The motion was CARRIED

6. CONSENT ITEMS

6.1 Drug Scheduling

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

Deregulate from Schedule II to Schedule III the sale of naproxen sodium in a certain strength, daily dose and package sizes as follows:

Naproxen sodium 220 mg per oral dosage unit (when sold in products labeled with a recommended maximum daily dose of 440 mg, and in package sizes exceeding 6600 mg)

Additional Drug Schedules Regulation amendments are required due to new additions and adjustments to Schedule F.



The Drug Schedules Regulation entry for niacin needs to be removed due to a conflict with another entry for nicotinic acid.

Background

None of the proposals are controversial. NDSAC members are chosen for their knowledge and expertise in such areas as pharmacotherapy, drug utilization, drug interactions and toxicology, pharmacy practice, academic research, the drug industry and pharmaceutical regulatory affairs at federal and provincial levels. The committee meetings are conducted in a quasi-judicial process where evidence is presented, public input is allowed and interested parties can be granted standing.

NDSAC has conducted a thorough examination of the scientific evidence to support the recommendations noted above.

Several Schedule F additions are routine regulatory practice for new prescription drugs.

The removal of the entry for niacin in *extended-release formulations* is necessary because it conflicts with the more recent Schedule 1 entry for *nicotinic acid*, which includes reference to modified-release and immediate-release formulations. (It is useful to remember that “niacin” and “nicotinic acid” are two names for the same drug.)

The BC Ministry of Health’s legislative counsel and PharmaCare staff have reviewed the proposals and have expressed no concerns.

Proposed motion

The following resolution will accomplish the above-noted adjustments:

The board recommends the Drug Schedules Regulation, B.C. Reg. 9/98, is amended in the Schedules:

a) *by striking out the following:*

- 2 Naproxen sodium 220 mg per tablet (when sold in products labeled with a recommended maximum daily dose of 440 mg, and in package sizes exceeding 6600 mg)
- 2 Niacin (in extended-release formulations), and

b) *by adding the following:*

- Eculizumab
Golimumab
- 1 Lapatinib and its salts
 - 3 Naproxen sodium 220 mg per oral dosage unit (when sold in products labeled with a recommended maximum daily dose of 440 mg, and in package sizes exceeding 6600 mg)
 - 1 Olmesartan and its salts and derivatives



- 1 Romiplostim
- 1 Ustekinumab
- 1 Vorinostat

It was moved, seconded that:

The Board approve the Drug Scheduling Regulations Amendment as presented.

The motion was CARRIED

6.2 Approval of September 23, 2011 Board Highlights

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

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 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 4:55 pm.