



College of Pharmacists
of British Columbia

**Board Meeting
June 12, 2020
Via Video Conference**

MINUTES

Members Present:

Christine Antler, Chair, District 2
Anca Cvaci, Vice-Chair, District 6
Alex Dar Santos, District 1
Andrea Silver, District 3
Steven Hopp, District 4
Michael Ortynsky, District 5
Bal Dhillon, District 8
Tracey Hagkull, Government Appointee
Anne Peterson, Government Appointee
Katie Skelton, Government Appointee
Justin Thind, Government Appointee

Regrets:

Claire Ishoy, District 7

Staff:

Bob Nakagawa, Registrar
David Pavan, Deputy Registrar
Ashifa Keshavji, Director of Practice Reviews and Quality Assurance
Doreen Leong, Director of Registration and Licensure
Mary O'Callaghan, Chief Operating Officer
Anu Sharma, Acting Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement
Laura Briard, Policy and Legislation Analyst
Kimberly Hilchie, Pharmacy Policy Consultant
Stephanie Kwok, Executive Assistant

Guests:

Michael Coughtrie, Dean, UBC Faculty of Pharmaceutical Sciences
Bill Cox, Auditor, BDO Canada
Parsa Shahbazi-Amin, UBC Pharmacy Undergraduate Society President

1. WELCOME & CALL TO ORDER

Chair Antler called the meeting to order at 12:33pm on June 12, 2020.

Chair Antler acknowledged the Coast Salish People on whose unceded traditional territories the meeting is being chaired from, the Coast Salish, Squamish and Tsleil-Waututh First Nations. She also recognized that attendees of the videoconference are joining the call from other First Nations territories across BC.

2. CONSENT AGENDA

a) Items for further discussion

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

b) Approval of Consent Items (Appendix 1)

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

CARRIED

3. CONFIRMATION OF AGENDA (Appendix 2)

It was moved and seconded that the Board:
Approve the June 12, 2020 Draft Board Meeting Agenda as circulated.

CARRIED

4. BLACK LIVES MATTER

Chair Antler recognized that Black lives matter and that silence is not an option. Collectively, the College and the Board will reflect on the steps we can take to be anti-racist and work to identify and address systematic racism.

Registrar Nakagawa acknowledged to the Board and the public of BC that the College has a responsibility to stand against racism. The College has established a Working Group to take action and develop a plan to guide our organization in raising awareness of the racism experienced by Black people in BC.

Read the Registrar's Full Statement below (posted following the Board meeting):
[Registrar's Message: Black Lives Matter](#)

5. GOVERNANCE COMMITTEE UPDATE

Anne Peterson, Chair of the Governance Committee reported that the committee met once since the last Board meeting on May 28, 2020 via videoconference. The committee discussed the results from the April 17, 2020 Board meeting evaluation survey. Some of the key points discussed included options for virtual educational sessions and opportunities for the Board, time for an open agenda during the Board meeting, establishing a multi-disciplinary committee and amending the current Board meeting evaluation survey to include questions specific to Board members' experiences of having Board meetings virtually. The committee agreed not to proceed with the points discussed.

6. AUDIT AND FINANCE COMMITTEE: AUDITOR'S REPORT (Appendix 3)

Bill Cox, Auditor from BDO Canada reported that the College received a clean audit. The Audit and Finance Committee met with Bill on June 11, 2020 via videoconference. The Committee reviewed the financial statements in detail and discussed the statements of disclosure and audit results.

It was moved and seconded that the Board:

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

CARRIED

7. IMPACT OF COVID-19 ON THE COLLEGE OF PHARMACISTS OF BC (Appendix 4)

Registrar Nakagawa provided an overview of the College's recent activities since its office closure on March 13, 2020.

Chief Operating Officer, Mary O'Callaghan presented the College's latest estimate projections that include the first 2 months of the COVID-19 pandemic. After a review of the College's current approach to many activities, including travel, accommodations and professional development, the College's fiscal resources are sufficient such that the previously approved fee increases do not need to be implemented at this time. A more complete financial review will be undertaken in the summer, for consideration in the Fall.

8. EXTERNAL CUSTOMER SATISFACTION ENGAGEMENT RESULTS (Appendix 5)

Gillian Vrooman, Director of Communications and Engagement presented the results from the College's 2019 Customer Satisfaction Survey. Results from the 2019 survey indicated an 85% approval rating among respondents.

9. DRUG ADMINISTRATION COMMITTEE – PHARMACISTS' INJECTION AUTHORITY UPDATE (Appendix 6)

Alex Dar Santos, District 1 Board member and member of the Drug Administration Committee provided the Board with an update on the recommendations for pharmacists' injection authority. The Safe Drug Administration by Pharmacists Working Group met once on October 28, 2019 and has not convened since the cancellation of the second meeting on May 22, 2020 by the Ministry of Health. The Drug Administration Committee will reconvene in June to discuss next steps moving forward.

10. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA

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

ADJOURNMENT

Chair Antler adjourned the meeting at 2:41pm on June 12, 2020.



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BOARD MEETING June 12, 2020

2b.i. Chair's Report

INFORMATION ONLY

It is my pleasure to provide this report for the June 2020 Board meeting. Since the previous Board Meeting report (April 2020), I have been involved in the following activities as Board Chair:

General:

- Liaised with Registrar, Vice Chair and Board to plan COVID-19 related Board teleconferences
- Chaired Board teleconferences on April 30 and May 7
- Reviewed draft April 2020 board meeting and April and May Board teleconference meeting minutes
- Liaised with Registrar and Vice Chair to plan the June 2020 Board meeting
- Liaised with facilitator to plan the June 2020 Board Committee of the Whole
- Attended regular teleconferences with Registrar and Vice-Chair on Board items related to COVID-19 response and June board meeting
- Answered general questions/queries of fellow Board members

Events:

- WATSON webinar – Getting the Board's Work Done in the Current Context of the pandemic – Practice Points from the (Virtual) Boardroom Table

Committees:

- Application Committee
- Audit and Finance Committee
- Governance Committee
- Practice Review Committee
- Registrar Evaluation and Succession Planning Committee



College of Pharmacists
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Compliance Certificate

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

Annual Report - Filed June 28, 2019

Non-profit Tax Return – Filed August 19, 2019

Non-profit Information Return – Filed August 19, 2019

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

Employee pension plan remittances – all remittances are current.

WorkSafeBC BC assessments – all remittances are current.

Employer Health Tax assessments – all remittances are current.

Sales Taxes – all remittances are current.

Investments – invested as per policy.

Bank signing authority documents – current as per policy.

Insurance – all insurance policies are up to date.

Business Licence – current.

Signed by:

Handwritten signature of Bob Nakayama in black ink.

Registrar

Handwritten signature of M. O'Callaghan in black ink.

Chief Operating Officer



College of Pharmacists
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BOARD MEETING June 12, 2020

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

INFORMATION ONLY

MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS
<p>1. Motion: Direct the Registrar to draft bylaws to adopt the Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations and the Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations, to be effective for May 2021, which will officially establish minimum requirements to be applied in compounding sterile preparations.</p> <p>Status: Recommended implementation plan has been communicated to registrants. College staff will bring forward a proposed motion for the Board's consideration, to officially adopt the Standards, closer to the May 2021 effective date. No further update at this point. The current status is still in effect.</p>	04-2017	IN PROGRESS
<p>2. Motion: Direct the Registrar to develop bylaws and/or practice standards for Medication Reviews and require mandatory training for pharmacists who wish to conduct them. To be prioritized by the Legislation Review Committee for implementation.</p> <p>Status: At the October 2019 Legislation Review Committee meeting, the committee discussed that these standards of practice should be included in the HPA Modernization Project which will begin in February 2020.</p>	06-2017	IN PROGRESS
<p>3. Motion: Direct the Registrar to explore the development of new requirements for the security of information in local pharmacy computer systems;</p> <p>Status: The Policy & Legislation Department has addressed some of the issues in the new electronic record keeping PPP. Work is being done by the Ministry of Health addressing this issue with PRIME and updated SCS document No further update at this point. The current status is still in effect.</p>	02-2018	IN PROGRESS
<p>4. Motion: If new requirements are deemed necessary, direct the Registrar to propose that the Ministry of Health consider amending their PharmaNet Professional and Software Compliance</p>	02-2018	IN PROGRESS

MOTIONS/ACTION ITEMS		RELEVANT BOARD MEETING	STATUS
	Standards document to enhance the software security requirements of the local pharmacy computer systems." Status: Ministry of Health has posted conformance standards and will come into effect December 31/2020.		
5.	Motion: Direct the Registrar to pursue drug scheduling by reference to federal legislation and the National Drug Schedules established by the National Association of Pharmacy Regulatory Authorities (NAPRA), with respect to the Drug Schedules Regulation. Status: Research and analysis has begun. No further update at this point. The current status is still in effect.	11-2018	IN PROGRESS
6.	Motion: Direct the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for Schedule 1A drugs and drugs for cosmetic purposes and retaining current age limit restrictions. Status: The Ministry of Health has recently requested that a working group be established to explore potential effects of the removal of restrictions on pharmacist injection and intranasal administration of medications in British Columbia. The College and Ministry have drafted a terms of reference and timeline for this working group. The first meeting of the working group was held on October 28, 2019. An update from the first meeting was provided to the Board at the November 2019 Board meeting. The second meeting of the working group was scheduled for February 12, 2020, however cancelled as the Ministry of Health staff we unavailable to attend. The meeting will be rescheduled. Due to emerging priorities related to COVID-19, the planned meeting of the Drug Administration Committee (DAC) to discuss next steps was cancelled. The DAC met on May 25, 2020, the DAC's recommendation on next steps is included in the June Board consent agenda materials.	02-2019	IN PROGRESS
7.	Motion: Direct the Registrar to require mandatory anonymous medication incident reporting in all pharmacies using any medication incident reporting platform of the pharmacy's choosing that meets the College's criteria. Status: The NAPRA Medication Incident Working Group is on hold due to COVID -19. No further update at this point. The current status is still in effect.	09-2019	IN PROGRESS

MOTIONS/ACTION ITEMS		RELEVANT BOARD MEETING	STATUS
8.	<p>Direct the Registrar to review the impact of COVID-19 on the finances of the College before proceeding with operationalizing the fee increases planned for the end of 2020.</p> <p>Status: The Registrar has reviewed the April financials. A report will be provided at the June Board meeting.</p>	04-2020	IN PROGRESS



College of Pharmacists
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BOARD MEETING June 12, 2020

2b.iii Approval of April 17, 2020 Draft Board Meeting Minutes
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DECISION REQUIRED

Recommended Board Motion:

Approve the April 17, 2020 draft Board meeting minutes as circulated.

Appendix

1	http://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Videoconference_Minutes-20200417.pdf
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BOARD MEETING June 12, 2020

2b.iv Committee Updates

INFORMATION ONLY

Purpose

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

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

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

i. Application Committee

The Application Committee met two times since the April 2020 Board meeting. The committee reviewed thirteen pharmacy files. One file was a late pharmacy renewal case and two pharmacy files were eligibility-related cases.

ii. Audit and Finance Committee

The Audit and Finance Committee has not met since the last Board meeting. The committee will meet with the auditors for a more detailed review of the auditor's report prior to the June Board meeting.

iii. Discipline Committee

The Discipline Committee did not have any hearings and files heard in court for the period of March 2020 to April 2020. There are two files in progress and five pending files.

iv. Drug Administration Committee

The Drug Administration Committee (DAC) met once (on May 25) since the last Board meeting to provide them with an update on the 1) The Safe Drug Administration by Pharmacists Working Group (Working Group) meeting requested by the Ministry of Health and 2) the status of the recommendation made by the DAC to the Board on February 15, 2019.

v. Ethics Advisory Committee

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

vi. Governance Committee

The Governance Committee update will be provided as part as item 4 on the regular Board agenda.

vii. Inquiry Committee

The Inquiry committee met twice in-person and nine times via teleconference for the period of March 2020 to April 2020. Seventy-six files were reviewed or disposed of, of which forty-five files were new files, eighteen were reconsideration files, and twelfth were PODSA s. 18 report files. 151 calls/tips were received during this reporting period and twenty formal complaints were received. The increase in number of calls received for the months of March and April 2020 was attributed to complaints received related to the COVID-19 pandemic and 30-day supply.

viii. Jurisprudence Examination Subcommittee

The Jurisprudence Examination Subcommittee has not met since the last Board meeting.

ix. Legislation Review Committee

The Legislation Review Committee has not met since the last Board meeting.

x. Pharmacy Advisory Committee

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

xi. Practice Review Committee

The Practice Review Committee met by teleconference on May, 27 2020 and discussed the following agenda items:

- PRP operational updates including the statistics, risk register, and Insight Articles
- Current status of reviews and plan to resume reviews
- PRP Yearly Review Data and Registrant Feedback Reports

The committee plans to finalize the yearly reports for presentation to the Board at their September meeting

xii. Quality Assurance Committee

The Quality Assurance Committee has not met since the last Board meeting.

xiii. Registrar Evaluation and Succession Planning Committee

The Registrar Evaluation and Succession Planning Committee met twice since the last Board meeting on May 25 and June 1, 2020 via videoconference. The committee reviewed the Registrar and CEO's 2019/20 goals in light of the COVID-19 pandemic and identified new goals related to COVID-19 for consideration by the Board.

xiv. Registration Committee

The Registration Committee met twice since the April 2020 Board meeting. The committee reviewed thirteen files. 12 files were UBC Structured Practical Training exceptions and 1 was a request for the jurisprudence examination extension.

Appendix – available on the Board Portal under ‘Committee Minutes’	
1	Discipline Committee Update
2	Governance Committee Meeting Minutes
3	Inquiry Committee Update



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BOARD MEETING June 12, 2020

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

INFORMATION ONLY

Purpose

To report on the highlights of the **April 2020** financial reports.

Background

The April 2020 financial reports reflect **two month's** activity. Attached are the Statement of Financial Position, a summary Statement of Revenue and Expenditures and more detailed reports on Revenue and on Expenditures.

Statement of Financial Position

The College's cash position is well funded to meet payables with a balance of over \$1,054,000. Investments at the end of April totalled just over \$4.7 million. Payables and accruals are just under \$700,000.

Revenue

The total *Licensure revenues* are slightly under budget, by about \$48,000 or 3%. This is primarily due to one-time fees, particularly Jurisprudence Exam fees. *Other revenues* (administrative fees, etc.) are under budget by about \$4,000, mainly due to fines received, while Grant revenue is under budget due to timing until the one remaining grant milestone payment has completed the next milestone. Investment income is almost right on budget, while Joint Venture income is right on budget. The combined result is that actual revenues are a little under budget, approximately \$55,000 or 3% under budget.

Expenses

Total Year to Date Actual expenditures are considerably under budget, by a little under \$400,000 or 20%. See the variance analysis which follows for details. Much of the under budget variances are due to changes in operations due to COVID-19.

Variance analysis by department:

Department	Budget	Actual	Comment
Board & Registrar's Office	127,062	92,824	Reduced travel and accommodation and conferences.
Finance and Administration	737,913	640,287	Reduced professional development, some timing re IT projects.
Registration & Licensure	163,216	135,306	Salary gapping and reduced committee travel and accommodation.
Quality Assurance	50,901	45,366	Timing and committee travel and accommodation.
Practice Review	283,881	236,197	Reduced travel and accommodation for committee meetings and compliance officers.
Complaints Resolution	374,155	236,362	Salary gapping and timing re outside services.
Policy and Legislation	93,685	87,661	Salary gapping and timing re outside services.
Communications & Engagement	74,261	65,635	Timing re engagement activities.
Projects (PODSA Modernization)	21,903	0	Timing re outside services.
Amortization	49,481	46,290	
Total Expenses	1,976,459	1,585,928	20% under budget. (\$390,531)

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

Statement of Financial Position

As at April 30, 2020

ASSETS	
Cash and Cash Equivalents	1,054,208
Investments	4,728,540
Receivables	96,899
Prepaid Expense and Deposits	428,034
Current Assets	6,307,681
Investments in College Place Joint Venture	1,545,963
Development Costs	177,277
Property & Equipment	673,197
Non-current Assets	2,396,437
Total Assets	8,704,118

LIABILITIES AND NET ASSETS	
Payables and Accruals	694,423
Capital Lease Obligations (Current)	7,575
Deferred Revenue	4,775,314
Deferred Contributions	60,237
Total Current Liabilities	5,537,549
Capital Lease Obligations (non-current)	32,719
Total Liabilities	5,570,268
Total Net Assets	3,133,850
Total Liabilities and Net Assets	8,704,118

College of Pharmacists of BC

Statement of Revenue and Expenses

For the 2 months ended April 30, 2020

	Budget YTD 2020/21	Actual YTD 2020/21	Variance (\$) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Licensure revenue	1,578,374	1,529,879	(48,495)	(3%)
Non-licensure revenue	81,110	74,625	(6,485)	(8%)
Transfer from Balance Sheet	-	-	-	0%
Total Revenue	1,659,485	1,604,504	(54,981)	(3%)
Total Expenses Including Amortization	1,976,459	1,585,928	390,531	20%
Net Surplus/(Deficit) of revenue over expenses after amortization expense	(316,974)	18,576	335,550	

College of Pharmacists of BC

Statement of Revenue

For the 2 months ended April 30, 2020

	Budget YTD 2020/21	Actual YTD 2020/21	Variance (\$) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Pharmacy fees	604,284	593,664	(10,620)	(2%)
Pharmacists fees	821,776	794,050	(27,726)	(3%)
Technician fees	152,314	142,166	(10,148)	(7%)
Licensure revenue	1,578,374	1,529,879	(48,495)	(3%)
Other revenue (fines/assessments, late fees and certificate of letter of standing)	15,995	11,924	(4,071)	(25%)
Grant Revenue	2,227	-	(2,227)	(100%)
Investment income	21,813	21,625	(188)	(1%)
College Place joint venture income	41,076	41,076	0	0%
Non-licensure revenue	81,110	74,625	(6,485)	(8%)
Transfer from Balance Sheet	-	-	-	0%
Total Revenue	1,659,485	1,604,504	(54,981)	(3%)

College of Pharmacists of BC

Statement of Expenses

For the 2 months ended April 30, 2020

	Budget YTD 2020/21	Actual YTD 2020/21	Variance (\$) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Expenses				
Board and Registrar's Office	127,062	92,824	34,239	27%
Finance and Administration	737,913	640,287	97,626	13%
Registration and Licensure	163,216	135,306	27,910	17%
Quality Assurance	50,901	45,366	5,535	11%
Practice Reviews	283,881	236,197	47,684	17%
Complaints and Investigations	374,155	236,362	137,793	37%
Policy and Legislation	93,685	87,661	6,025	6%
Communications and Engagement	74,261	65,635	8,626	12%
Projects	21,903	-	21,903	100%
Total Expenses Before Amortization	1,926,978	1,539,638	387,340	20%
Amortization	49,481	46,290	3,191	6%
Total Expenses Including Amortization	1,976,459	1,585,928	390,531	20%



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BOARD MEETING June 12, 2020

2b.vi. Practice Review Committee: Phase 1 and 2 Update

INFORMATION ONLY

Purpose

To provide the Board with an update on the Practice Review Program (PRP).

Background

The Practice Review Program is an in-person review of a pharmacy professional's practice and the pharmacy where they work. The program aims to protect public safety by improving compliance with College Bylaws and Professional Practice Policies and ensuring consistent delivery of pharmacy services across British Columbia.

Every pharmacy and pharmacy professional will be reviewed to ensure they meet College standards. The Program's multi-year time frame allows for all pharmacies and pharmacy professionals currently practicing in British Columbia to be reviewed on a cyclical basis. In some cases reviews may occur more frequently in order to address areas of concern.

Transparency is an important element of the Practice Review Program. The results of the Pharmacy Review are shared with the pharmacy manager, and results of all Pharmacy Professionals Reviews are shared confidentially with each individual pharmacist and pharmacy technician.

The Practice Review Program first began in February 2015 and started with reviews in community pharmacy practice settings. The program expanded to include hospital pharmacy practice settings with reviews beginning in April 2017.



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BOARD MEETING June 12, 2020

Practice Review Program Update

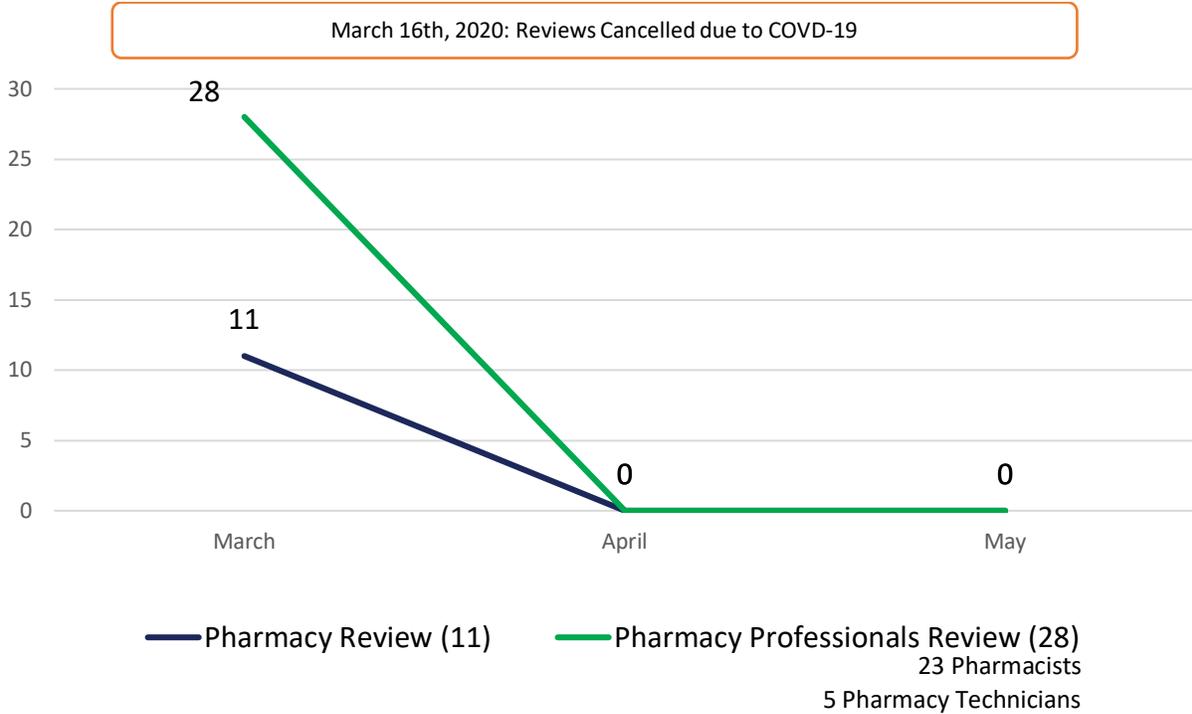
Update	Next Steps
2019-20 Annual Report <ul style="list-style-type: none"> Drafted and reviewed by the Practice Review Committee 	2019-20 Annual Report <ul style="list-style-type: none"> Finalize report and present to the Board
COVID-19 <ul style="list-style-type: none"> Canceled reviews for March 16th and onwards Provided extensions to action item deadlines Initiate plan to resume conducting reviews (modifications/alternate models) 	COVID-19 <ul style="list-style-type: none"> Develop and implement plan to resume conducting reviews when appropriate in accordance with BC's Restart Plan Re-evaluate fiscal year targets based on discontinuation of reviews and relaunch
IT <ul style="list-style-type: none"> PRP 2 Application under development by CPBC IT department, to allow separation of Pharmacy Professionals Reviews from the Pharmacy Review 	IT <ul style="list-style-type: none"> Complete user interface testing Develop launch plan
Review Criteria <ul style="list-style-type: none"> Updated questions in the Pharmacy Review to be consistent with current legislation <ul style="list-style-type: none"> New Opioid Agonist Treatment delivery requirements 	Review Criteria <ul style="list-style-type: none"> Monitor legislation changes and update review forms as needed Initiate project for criteria refinement (frequency, criticality/risk)
Risk Register <ul style="list-style-type: none"> Updated Risk Register to include provincial, national and global events such as a pandemic 	Risk Register <ul style="list-style-type: none"> Continue to monitor and update Risk Register
PRP Insights Articles <ul style="list-style-type: none"> Published new PRP Insights article 	PRP Insights Articles <ul style="list-style-type: none"> Develop new PRP Insights articles
Other Projects <ul style="list-style-type: none"> HPA (Health Professions Act) Bylaw Modernization Working Group NAPRA Compounding Standards Working Group Medication Incident Reporting 	Other Projects <ul style="list-style-type: none"> Continue to provide subject matter expertise (SME) for CPBC projects

Appendix	
1	PRP Operational Statistics
2	PRP Insights Articles for ReadLinks

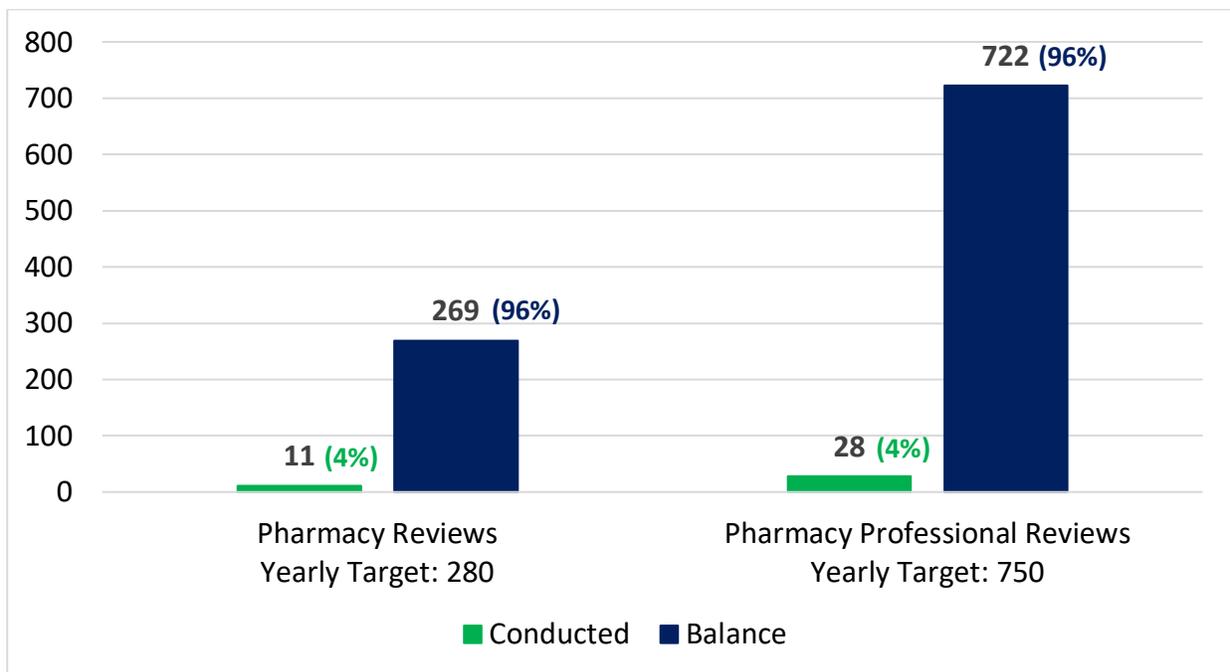
Practice Review Program Operational Statistics: 2020-21 Fiscal Year

COMMUNITY PRACTICE

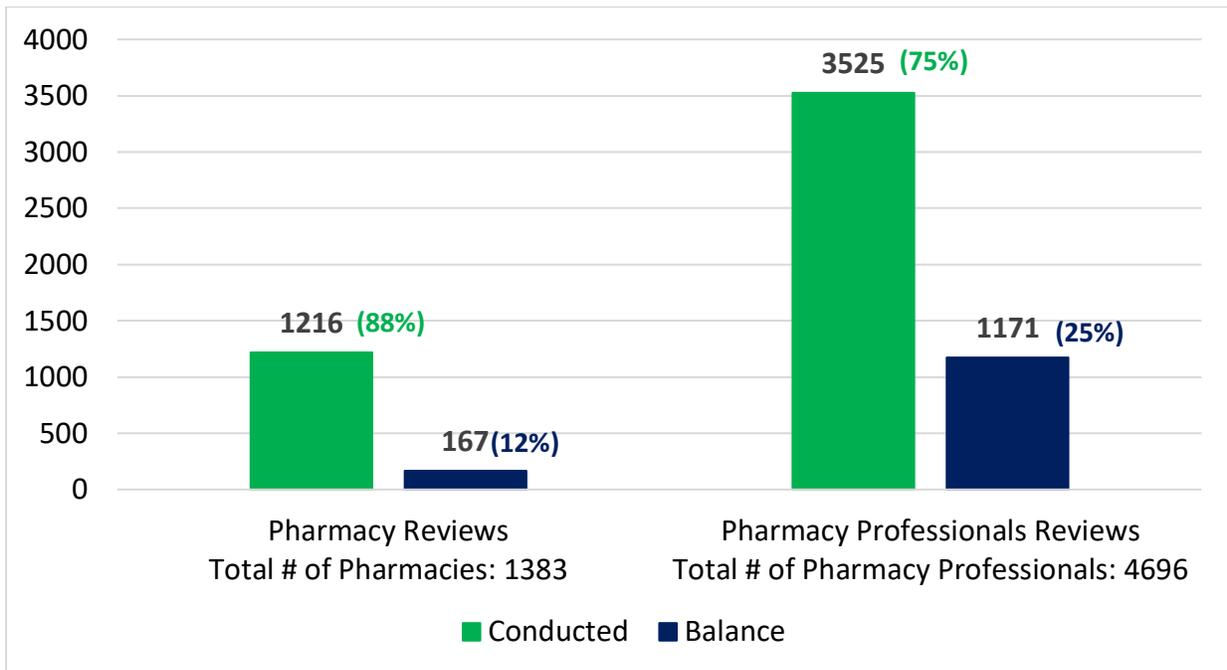
Fiscal Year:



Fiscal Year Progress:

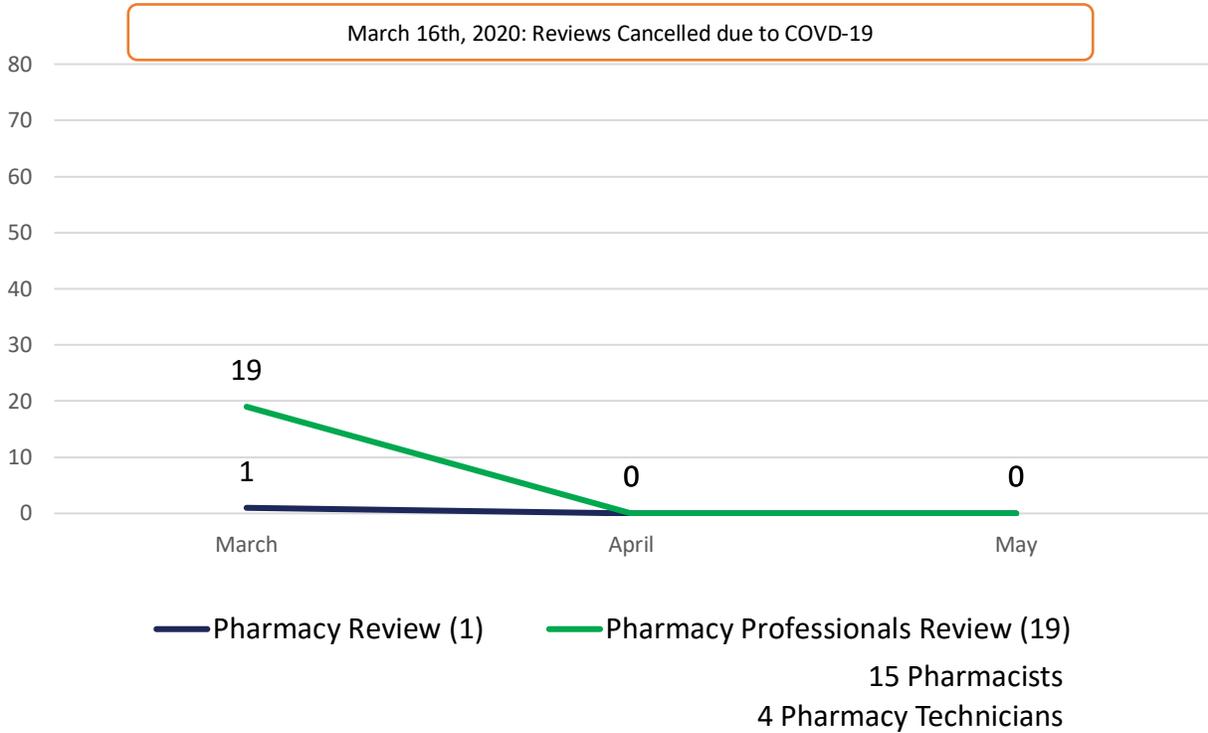


Overall (Cycle) Progress:

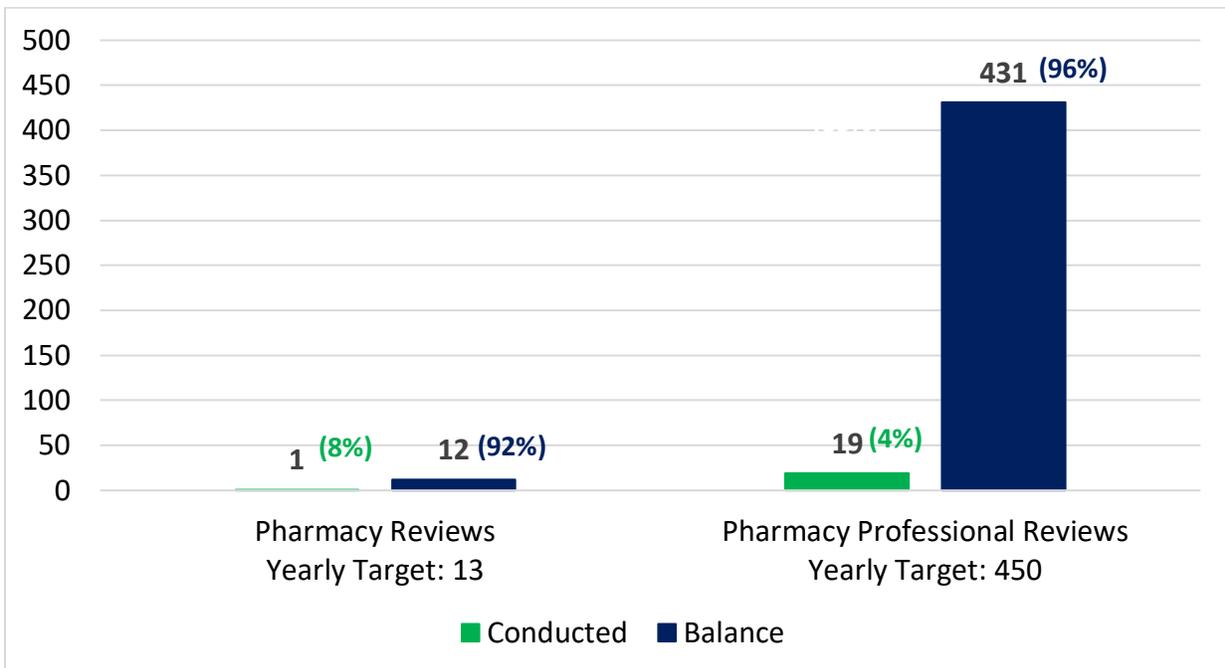


HOSPITAL PRACTICE

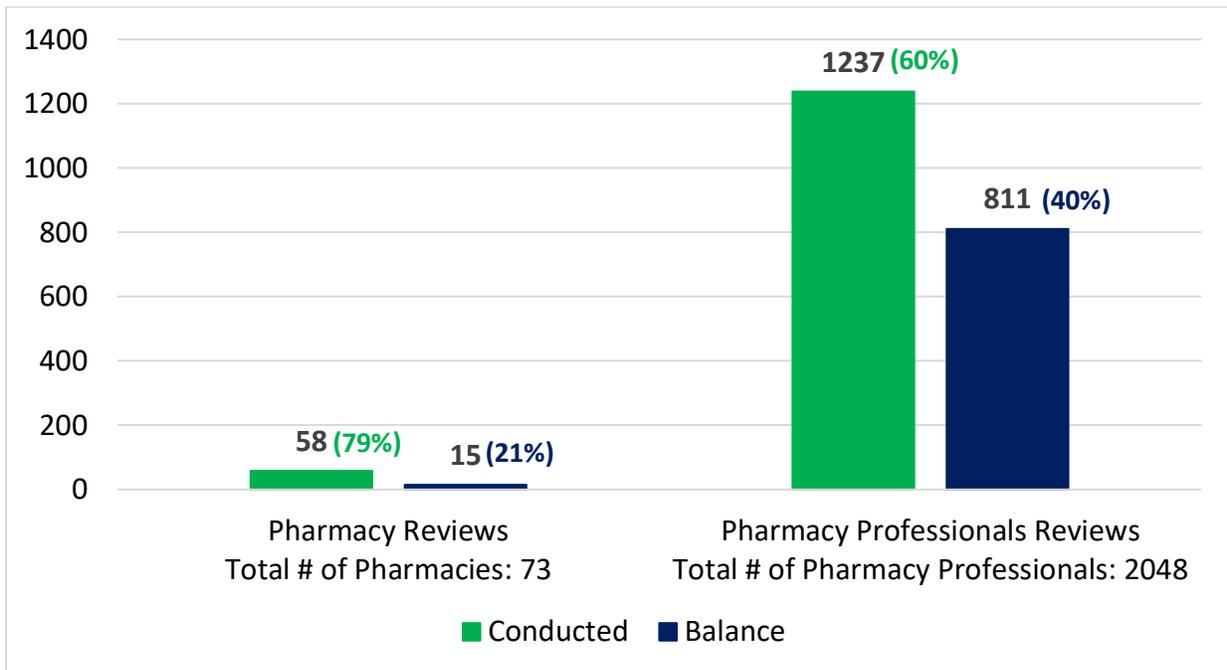
Fiscal Year:



Fiscal Year Progress:



Overall (Cycle) Progress:



Practice Review Program: Insights Articles

April 2020 Article: [Reminder of the Importance of Patient Identification and Counselling, Including for Deliveries](#)



REMINDER OF THE IMPORTANCE OF PATIENT IDENTIFICATION AND COUNSELLING, INCLUDING FOR DELIVERIES

Since the inception of the Practice Review Program, College Compliance Officers have found patient identification verification and counselling to be two of the top areas of non-compliance among pharmacy professionals, with counselling being the top area.

Pharmacists have a duty and a responsibility to ensure that the **right patient** takes the **right drug** at the **right dose** at the right time AND in the **right way** to ensure effective drug therapy and patient safety.

The College would like to remind pharmacists of the importance of positively identifying patients and ensuring that patients understand the medication they are taking and how to take it appropriately to optimize therapy, promote adherence and ensure safety.

Additionally, to support continuity of care during the COVID-19 pandemic, many pharmacies are seeing an increased demand for medication delivery services. Registrants are reminded that positive patient identification and counselling are required for all medication deliveries.

Learn More: Patient ID and Counselling during Medication Delivery

PATIENT IDENTIFICATION

Patient identification verification is always the first step to providing effective pharmacy care. The *Pharmacy Operations and Drug Scheduling Act (PODSA)* Bylaws require that the identity of the patient is confirmed before providing pharmacy services.

Patient identification is a fundamental standard to ensure that the right patient gets the right drug.

Learn More: [PRP Insights – Patient ID in Community Pharmacy](#)

At the time of dispensing, every prescription in community pharmacy must include written confirmation of the registrant who verified the patient's identification, in order to take responsibility

Verification of patient identification can be completed by either pharmacists or pharmacy technicians.

For NEW patients In community pharmacy:

In cases where the patient is not known to the registrant, positive identification is best achieved by viewing one piece of primary identification or two pieces of secondary identification.

Primary identifications are those that include a photo of the patient. For example, BC Services Cards are acceptable as primary ID, but Care Cards are only acceptable as secondary ID.

For RETURNING patients In community pharmacy:

Where a patient is personally known to the registrant, the registrant may positively identify the patient. Even if the registrant is familiar with and can positively identify the patient, asking open ended questions such as date of birth, address or phone number are still good practices that can further prevent possible mix-ups and errors. However, if a registrant is unfamiliar with a returning patient, as with a new patient, verification of patient identification should always involve requesting the patient present one piece of primary or two pieces of secondary ID.

Patients without primary or secondary ID

Where a patient or patient's representative does not have a primary or secondary ID, the registrant should use their professional judgement in identifying the patient or patient's representative. These steps should be documented.

For additional information, please refer to the full [Patient Identification Verification Focus Area](#), and [Professional Practice Policy 54 – Identifying Patients and Patient Representatives in Community Pharmacy and Telepharmacy Settings](#).

The table below outlines various types of acceptable primary and secondary IDs

PRIMARY IDENTIFICATION	SECONDARY IDENTIFICATION
<ul style="list-style-type: none"> ◦ BC Services Card ◦ Driver's Licence ◦ Passport ◦ Provincial Identity Card issued by the Province of BC ◦ Police Identity Card issued by RCMP or Municipality ◦ Certificate of Indian Status Card ◦ Permanent Resident Card issued by the Government of Canada 	<ul style="list-style-type: none"> ◦ Care Card issued by the Province of BC ◦ Birth Certificate ◦ Canadian Citizenship Card ◦ Record of Landing of Permanent Residency ◦ Work/Visitor/Study Permit issued by the Government of Canada ◦ Naturalization Certificate ◦ Marriage Certificate ◦ Change of Name Certificate ◦ Identification or Discharge Certificate from External Affairs Canada or Canadian Armed Forces ◦ Consular Identity Card

COUNSELLING

Results from practice reviews show that counselling is the top area of non-compliance. Pharmacists are required to ensure that patients know about the medication they are taking and that they understand how to take it appropriately. The *Health Professions Act (HPA) Bylaws* require a full pharmacist to consult with a patient or patient's representative at the time of dispensing a new or refill prescription.

Learn More: [PRP Insights – Counselling in Community Pharmacy](#)

Every prescription, both new and refill, requires counselling by the pharmacist on their respective requirements, and must include a written confirmation of the pharmacist who performed the consultation. Simply having the pharmacy assistant or technician ask the patient "Do you have any questions for the pharmacist?" is not acceptable.

Similarly, when the pharmacist counsels, simply asking the patient if they have any questions without counselling on all requirements is not acceptable. **A lack of questions from a patient is not considered declining a consultation.** If a patient declines the consultation to the pharmacist, the pharmacist must document that the consultation was declined.

Counselling for NEW prescriptions must include:

- *Confirmation of the **identity** of the patient*
- ***Name and strength** of drug*
- ***Purpose** of the drug*
- ***Directions for use** of the drug including the frequency, duration and route of therapy*
- ***Potential drug therapy problems**, including any avoidance measures, and action recommended if they occur*
- ***Storage requirements***
- ***Prescription refill information***
- ***How to monitor** the response to therapy*
- *Expected **therapeutic outcomes***
- *Action to be taken in the event of a **missed dose***
- ***When to seek medical attention***
- *Issues the pharmacist considers relevant to the **specific drug or patient***

Counselling for REFILL prescriptions must include:

- Confirmation of the **Identity** of the patient
- **Name and strength** of drug
- **Purpose** of the drug
- **Directions for use** of the drug including frequency and duration
- Whether the patient has experience a **drug therapy problem**

For additional information on Counselling in Community Pharmacy, please refer to the full [Counselling Focus Area](#)

PATIENT ID AND COUNSELLING DURING MEDICATION DELIVERY

A pharmacist should confirm if their patient is experiencing symptoms of COVID-19 or is self-isolating prior to delivering medications. In addition, a pharmacist should consider how to maintain physical distancing while delivering medications to a patient.

The College has also recently amended *Professional Practice Policy-71* to allow pharmacists to use their professional judgement to deliver Opioid Agonist Treatment (OAT) drugs to a patient if they feel it is safe, appropriate and in the best interest of the patient to do so.

The College would like to remind registrants that positive patient identification and counselling are required for all medication deliveries.

DELIVERY OF OAT BY NON-PHARMACISTS

Temporary amendments to *Professional Practice Policy-71* allowing pharmacists to authorize regulated health professionals and, in exceptional circumstances, pharmacy employees (including pharmacy technicians and pharmacy assistants), to deliver OAT are now in effect.

When giving this authorization, the pharmacist must ensure that the regulated health professional, or pharmacy employee has the appropriate knowledge and competence to properly identify the patient.

Additionally, a pharmacist must provide proper counselling if not in person, then by phone before the authorized individual releases the dose to the patient.

QUESTIONS

For questions related to patient identification and counselling in community pharmacy practice, please contact the College's Practice Support department at practicesupport@bcpharmacists.org.

Previous Articles:

February 2020 Article: [Pharmacy Managers Role in Scheduling Staff for Professionals Reviews \(Hospitals Practice\)](#)

December 2019 Article: [PRP Insights: Updating a Patient's Allergies, Adverse Drug Reactions and Intolerances in a Hospital Setting](#)

November 2019 Article: [PRP Insights - Residential Care](#)

August 2019 Article: [Hospital Pharmacies Providing Pharmacy Services to Outpatients: Releasing Medications](#)

June 2019 Article: [All Changes to the Approved Pharmacy Diagram Require a Change in Layout Application](#)

February 2019 Article: [Undergoing Pharmacy Renovations? Don't Forget to Report Layout Changes to the College](#)

December 2018 Article: [New PRP Support Tools Available for Pharmacy Technicians on Collaboration and Product Distribution](#)

October 2018 Article: [Patient Identification Verification in Hospital Pharmacies](#)

July 2018 Article: [Documentation Requirements for Emergency Prescription Refills](#)

May 2018 Article: [Scheduling and Preparing for your Practice Review in Community Pharmacies](#)

December 2017 Articles: [Patient ID in Community Pharmacy](#) , [Profile Check in Community Pharmacy](#) , [Counseling in Community Pharmacy](#), [Documentation in Community Pharmacy](#)

November 2017: [New PRP Focus Areas](#)

July 2017: [New PRP Focus Areas for Pharmacy Technicians in Community Practice Coming Soon](#)

May 2017: [Prepare for Your Next Practice Review with the New PRP Support Tools!](#)

April 2017: [Advice from our Compliance Officers on your next review](#)

March 2017: [Compliance Officers offer individual perspectives on practice reviews](#)

February 2017: [Meet our Compliance Officers](#)

January 2017: [Managing Return-to-Stock Medications](#)

October 2016: [When Are CPP Forms Required for Residential Care Facilities, Hospices and Hospitals](#)

June 2016: [Privacy, Confidentiality and Security of Patient Health Information](#)

March 2016: [Expiry Dates of Compounding Materials and Products](#)

November 2015: [Signing Narcotic Records](#)

August 2015: [Policy and Procedure Manual](#)

June 2015: [Retaining Prescriptions](#)

March 2015: [Drug Product Distribution Requirements](#)



College of Pharmacists
of British Columbia

BOARD MEETING June 12, 2020

2b.vii Approval of April 30, 2020 Draft Board Meeting Minutes
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DECISION REQUIRED

Recommended Board Motion:

Approve the April 30, 2020 draft Board meeting minutes as circulated.

Appendix

1	http://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Videoconference_Minutes-20200430.pdf
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College of Pharmacists
of British Columbia

BOARD MEETING June 12, 2020

2b.viii Approval of May 7, 2020 Draft Board Meeting Minutes
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DECISION REQUIRED

Recommended Board Motion:

Approve the May 7, 2020 draft Board meeting minutes as circulated.

Appendix	
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1	http://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Videoconference_Minutes-20200507.pdf
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College of Pharmacists
of British Columbia

BOARD MEETING June 12, 2020

2b.ix Anticoagulation Management Clinic Pilot Project Update

INFORMATION ONLY

Purpose

To provide an update as requested by the Board at the April Board meeting.

Appendix

1	Anticoagulation Management Clinic Pilot Project Update
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An Evaluation of a Pharmacist Led Anticoagulation Management Clinic

May Leung, BScPharm, PharmD, BCPS; Mir Iqbal Ali, MD; Alison Alleyne, BScPharm, PharmD; Rumi McGloin, BScPharm, ACPR, PharmD

Background

- Venous thromboembolism (VTE) occurs at an annual incidence of about 1-2 per 1000 patients¹
- Anticoagulants are classified as high-risk medications by the Institute of Safe Medication Practices (ISMP)² and require close monitoring
- Suboptimal anticoagulant management can increase adverse events (e.g. thromboembolic events and bleeding) and lead to increase emergency room visits, hospital re-admissions and increase length of hospital stay³
- Risk of bleeding varies with type of anticoagulant, duration of therapy and risk factors for bleeding present.⁴
- Within first three months of VTE treatment the absolute risk of major bleeding is estimated to be 2.06% with warfarin, including heparin bridging.⁴
- Rate of VTE recurrence is highest during heparin therapy and the transition to warfarin⁵
- Pharmacist managed anticoagulation clinics have been shown to reduce bleeding and thromboembolic events rates⁶
- Under usual medical care, INR time in therapeutic range (TTR) is 65% and increased to 73% when patients were followed at pharmacist-led anticoagulation clinic⁷
- In 2007 - 84 patients required anticoagulation for VTE and resulted in 511 in person encounters at ambulatory daycare (ADC) and emergency department (ED) at Surrey Memorial Hospital and 588 telephone follow-up encounters
- Patients diagnosed with VTE are referred to the Anticoagulation Management (ACM) clinic at Jim Pattison Outpatient Care and Surgery Centre (JPOCSC) within 24-48 hours of discharge from acute care
- ACM clinical pharmacist works in collaboration with physician and patient to:
 - Assess appropriateness of initial anticoagulation selection and duration
 - Conduct a comprehensive medication review to identify any drug therapy problems (e.g. drug interactions)
 - Provide education and longitudinal monitoring to patient on anticoagulants
 - Administer low molecular weight heparin (LMWH) and provide initial dosing and duration of anticoagulation under a delegated authority from an Internist

Aim

- To decrease unnecessary acute care visits by 90% for all patients ≥ 19 years of age with a confirmed diagnosis of VTE and requiring anticoagulation.

Methods

- All patients followed at the ACM clinic between October 2010 to March 2018 had data collected using a standardized form for continued quality assessments through Plan-Do-Study-Act cycles
 - Outcome measures – Increased number of visits to ACM clinic
 - Process Measures – Patient adherence to treatment during ACM clinic follow-up, Target INR TTR ≥ 60% for 80% of the all patients on warfarin
 - Balancing Measures – Rates of bleeding secondary to anticoagulation
 - Major bleeding⁸ –
 - Any clinically overt sign of hemorrhage and requires treatment and/or
 - Bleeding in a critical area or organ such as intracranial, intraspinal, intraocular, retroperitoneal, etc., and/or
 - Bleeding causing a fall in hemoglobin level of ≥ 20 g/L or leading to transfusion of ≥ two units of blood
 - Minor bleeding –
 - Any bleeding that does not cause the patient to seek treatment

Results

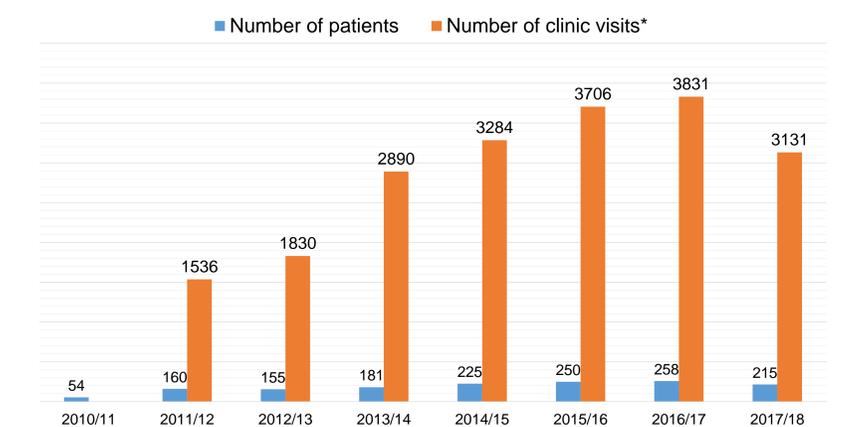
Table 1: Patient Characteristics		N=1360
Mean age, years (± SD)		58 ± 17
Male, n (%)		665 (49)
Median length of stay, days (IQR)		39 (69)
Diagnosis, n (%)		
○ Proximal or Distal Deep Vein Thrombosis (DVT)		640 (47)
○ Pulmonary Embolism (PE)		346 (26)
○ Upper Extremity DVT		115 (9)
○ Combined PE & DVT		93 (7)
○ Other ^a		148 (11)
Risk factors for thrombosis ^b , n (%)		
○ No known risk factors		478 (35)
○ Obesity		361 (27)
○ Cancer		335 (25)
○ Smoking		203 (15)
○ Recent surgery		199 (15)
○ Varicose veins		160 (12)
○ Travel within last 2 months		149 (11)
○ Family history of VTE		139 (10)
○ Hormone therapy		78 (6)
○ Thrombophilia testing positive ^c		60 (4)
○ Current pregnancy		32 (2)

^a Atrial fibrillation, mechanical valve, left ventricular thrombus, heparin induced thrombocytopenia without evidence of thrombosis

^b Patients may have 1 or more risk factors

^c Factor V Leiden, Protein C and S deficiency, Prothrombin gene mutation

Table 2: Patient outcomes, n (%)		N=1360
Successful transfer to primary care provider		1183 (87)
Completed course of treatment at ACM clinic		100 (7.4)
Self discharged against medical advice		37 (2.7)
Transferred to acute care		21 (1.5)
Discharged due to non-adherence		19 (1.4)



*Clinic visits included in-person, virtual and telephone appointments

Figure 1: ACM Patient Volume per Fiscal Year

Table 3: INR Time in Therapeutic Range (TTR*)

Data Collection Period	TTR (%) ± SD
2012/2013	79.9 ± 20.4
2016/2017	83.6 ± 16.9

*TTR calculated using Rosendaal Method⁹. International guidelines recommend maintaining a TTR of 60% or above in order to maximize the benefits of warfarin and to limit adverse events¹

Table 4: Bleeding events, n (%)

N=1360	
Minor bleed	104 (7.6)
Major bleed	19 (1.4)

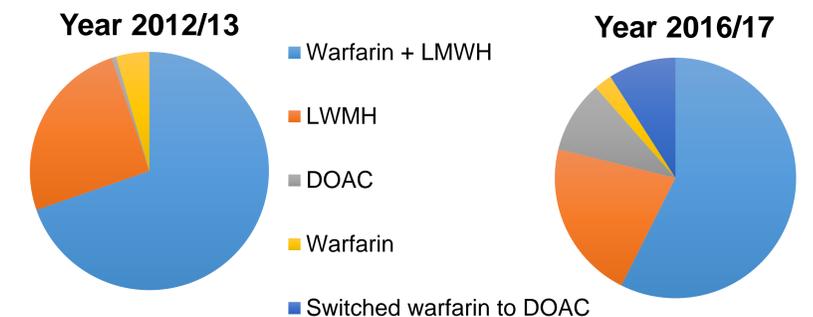


Figure 2: Trend in VTE treatment regimens

Discussion

- Areas of further improvement identified are as follows:
 - Introduce a “validated” bleeding risk score at initial assessment
 - Introduce a standard assessment for modifiable risk factors for non-adherence
 - Introduce a patient-reported experience measures survey at ACM clinic
 - Continue to optimize usage of direct oral anticoagulants (DOACs) for VTE treatment as evidenced by Figure 2
- ACM patient volumes remain steady above 200 patients and 3000 patient encounters despite increased use of DOACs
- DOACs are not appropriate in all patient populations (e.g. obesity, reduced renal function, cancer associated thrombosis)

Conclusions

- ACM achieved the goals set for the pilot project started in 2010
 - Reduced unnecessary visits to acute care
 - INR TTR ≥ 60% in majority of patients
 - Maintained high rates of adherence to anticoagulation regimens
 - Similar rates of major bleeding as reported in literature

Acknowledgements

- Dr. Anisha Lakhani for initial set-up of ACM
- Dr. Leanne Leung, Dr. Fidelia Leung, Ms. Harpreet Goldsmith and Ms. Anita Ho and all clinical JPOCSC pharmacists for providing invaluable patient care and maintaining the ACM patient database.

References

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College of Pharmacists
of British Columbia

BOARD MEETING June 12, 2020

2b.x Updated Registrar and CEO Goals for 2020

DECISION REQUIRED

Recommended Board Motion:

Approve the updated Registrar and CEO Goals for 2020, as circulated.

Purpose

Registrar goals for consideration by the Board.

Draft Goals

1. Conduct an internal review of departments to ensure that the College's resources are being used most efficiently and effectively to carry out the College's mandate and strategic plan. Report back to the Board.
 - KPIs - Quality of feedback to the Board. Demonstration of flexibility, nimbleness, innovation and adaptation in how resources are being used to meet the College's strategic goals and operational tasks.
2. Capture staff learnings of successes and challenges from the COVID-19 pandemic and report back to the Board
 - KPIs - Quality of feedback to the Board. Demonstration of insights around the learnings captured. Identification of steps taken or still required to improve College's ability to react to a future crisis. Demonstrate consideration of staff culture and morale impacts due to COVID-19.
3. Review financial position and make suggestions for changes and improvements
 - KPIs – Demonstration of actions taken to ensure an ongoing healthy fiscal position for the College. Review possible changes to improve the finances of the College without sacrificing performance



College of Pharmacists
of British Columbia

BOARD MEETING June 12, 2020

3. Confirmation of Agenda

DECISION REQUIRED

Recommended Board Motion:

Approve the June 12, 2020 Draft Board Meeting Agenda as circulated, or amended.

Appendix	
1	June 12, 2020 Draft Board Meeting Agenda



Board Meeting Friday, June 12, 2020

AGENDA

12:30pm - 12:35pm	5	1. Call to Order <i>Land Acknowledgement</i>	Chair Antler
		2. Consent Agenda a) Items for Further Discussion b) Approval of Consent Items [DECISION]	Chair Antler
		3. Confirmation of Agenda [DECISION]	Chair Antler
12:35pm - 12:45pm	10	4. Governance Committee Update	Anne Peterson
12:45pm - 1:00pm	15	5. Audit and Finance Committee: a) Auditor's Report [DECISION]	Steven Hopp Bill Cox Paul Fripp
1:00pm - 1:45pm	45	6. Impact of COVID-19 on the College of Pharmacists of BC	Registrar Nakagawa Mary O'Callaghan
1:45pm - 2:00pm	15	BREAK	
2:00pm - 2:15pm	15	7. External Customer Satisfaction Engagement Results	Gillian Vrooman
2:15pm - 3:00pm	45	8. Drug Administration Committee: Pharmacists' Injection Authority Update	Alex Dar Santos
3:00pm - 3:05pm	5	9. Items Brought Forward from Consent Agenda	Chair Antler



College of Pharmacists
of British Columbia

BOARD MEETING June 12, 2020

6. Impact of COVID-19 on the College of Pharmacists of BC

INFORMATION ONLY

Purpose

To review the impact of the COVID-19 health pandemic on the 2020/21 budget.

Background

The Board approved the 2020/21 Budget at the February Board meeting. At the April Board meeting, the Board directed the Registrar to review the impact of the pandemic before proceeding with the fee increases that had been included in the approved budget.

Discussion

With two months of operations in the new fiscal year and over one month since we have adjusted operations due to the pandemic, finance has prepared a financial report showing our estimated “Latest Estimate” projections. There are still many unknowns, but we are experiencing savings in travel, accommodations, professional development, etc. We are also projecting a reduction in revenues due to difficulties in scheduling exams.

We are still reviewing our approach to many activities given social distancing and changing priorities.

However, the projections that we have done, do indicate, at this point in time, that we will have sufficient savings to avoid the need for the budgeted fee increases.

Next Steps

Continue to monitor financial reports and the impact of future resumption of normal operations for impact to the budget.

Appendix	
1	April Board Report - COVID-19 Impact on the College Budget
2	April 2020 – Statement of Revenue and Expenses with Latest Estimate Projections



College of Pharmacists
of British Columbia

BOARD MEETING April 17, 2020

5. COVID-19 Impact on the College Budget

DECISION REQUIRED

Recommended Board Motion:

Direct the Registrar to review the impact of COVID-19 on the finances of the College before proceeding with operationalizing the fee increases planned the end of 2020.

Purpose

To evaluate the impact of the COVID-19 health pandemic on the 2020/21 budget. .

Background

The Board approved the College's 2020/21 budget at the February 14, 2020 Board meeting. Key considerations taken into account in the preparation of the budget were:

- The Strategic Plan activities
- Continuing to implement best business practices throughout the organization
- The multi-year plan and the impact on the closing reserve balance
- Reviewing College processes, looking for efficiencies and cost savings.
- The impact of the accounting principle of deferred revenue which results in annual fee increases mainly generating additional revenue in the following fiscal year.

Approximately 74% of the College budget is fixed – mainly salaries and multi-year contracts (primarily for IT). Particular attention had been given to the variable portion of the budget to see where cost savings could be found and several adjustments had been made prior to finalizing the draft budget.

While the Board was only approving the budget for the fiscal year 2020/21, the Board was particularly concerned about Year 3 in the multi-year plan, where the closing balance of the reserves is projected to be just over \$500,000. The Reserve Policy states that the Reserve balance should be \$2,000,000.

Noting that fee increases primarily impact the next fiscal year, the budget assumptions included the following fee recommendations:

Pharmacy - \$2,474 (5.5% increase) - effective December 1, 2020
Pharmacists - \$778 (5.25% increase) – effective November 1, 2020
Pharmacy Technician - \$539 (5.25% increase) – effective November 1, 2020

The impact of COVID-19 on Canadian society has been significant and profound. In consideration of the pervasive financial impact, the College should re-assess the proposed fee increase.

Discussion

One month after the budget was approved our world and operational plans changed drastically due to the impact of COVID-19.

At this time we do not know how long this situation will last, nor do we know the impact that it will have on College operations and the 2020/21 finances. We do know that there will be some savings:

- Board expenses, travel and accommodation
- Staff salaries and benefits
- Project management – due to the strategic plan activities that are currently on hold
- Travel and accommodations – practice reviews on hold
- Professional development and conferences – conferences and courses cancelled

The fee increases included in the budget primarily generate revenue in the next fiscal year. This year's revenue calculation included \$16,500 from the fee increase, while we project that it will contribute \$383,000 towards 2021/22's revenue.

The bylaw changes required for the fee increases are on the April Board meeting agenda.

The profound impact of COVID-19 on the finances of Canadians needs to be recognized. The projected budget requirements and planned fee increases should be reviewed and reconsidered in this context.

Options

1. Direct the Registrar to review the impact of the COVID-19 pandemic on the finances of the College once the State of Emergency has been lifted, or when deemed appropriate by the Registrar in consultation with the Chair. Do not proceed with operationalizing the fee increases approved in the budget.
2. Proceed with the bylaw changes required for the fee increases, as per the approved budget.

Guiding Questions

Key questions for the Board to consider are:

- 1. What impact will this recommendation have on the financial health of the College?
- 2. Will the time required for this review unnecessarily delay the fee increase, and adversely affect the operations of the College, and our ability to serve and protect the health of British Columbians?

Recommendation

Option 1. Direct the Registrar to review the impact of the COVID-19 pandemic on the finances of the College once the State of Emergency has been lifted, or when deemed appropriate by the Registrar in consultation with the Chair. Do not proceed with operationalizing the fee increases approved in the budget.

Appendix	
1	February 2020 Budget Briefing note and appendices



College of Pharmacists
of British Columbia

BOARD MEETING February 14, 2020

5. Audit and Finance Committee b) Budget 2020/2021

DECISION REQUIRED

Recommended Motion:

Approve the 2020/2021 budget with total expenditures in the amount of \$11,329,901 and a transfer from the balance sheet in the amount of \$1,114,329 as presented.

Synopsis

The budget being presented funds the new strategic plan's activities. It also funds the activities and planning required in order to apply to be verified for Gold Certification with Excellence Canada in 2021.

The proposed budget continues to draw upon reserve funds as discussed in previous budgets in order to minimize fee increases.

Historical Background

Over the years, the College had accumulated a fairly large surplus. In 2013, the Board approved a plan to reduce this surplus by lowering registrants' fees and by spending some of the funds each year on certain projects, thus budgeting for a loss each year for approximately five years.

In 2016, as we were nearing the midpoint of reducing this surplus, the Audit and Finance Committee scheduled a number of meetings to review significant College expenditures, other College's fee schedules, etc. College expenditures were reviewed according to the HPA Mandate and the CPBC Mission and Vision. As a result, the Board approved some changes to expenditures and increased fees for the first time in three years.

Unfortunately, later that year, the College was served notice that the Ministry of Health was not going to renew the PharmaNet contract that the College had held for many years. This would result in a significant reduction in revenues for the College. Again, management and the Audit and Finance Committee reviewed expenditures and fees and made adjustments.

The Board reduced the amount of the College's Reserves from \$4,500,000 to \$3,000,000 and allowed the budget planning to "borrow" from the Reserves in order to spread out the time to recover from this revenue loss.

Last year, the Board approved reducing the Reserve even lower to \$2,000,000 in order to keep the fee increase to a 2 % increase. Later in the year there was some concern expressed about the Reserves in future years getting too low.

Current Year Background and Approach Taken

The budget planning process began in November with a review of the 2019/20 budget and projected actuals (latest estimates). Finance staff met with Directors and Managers to review anticipated activities and current year expenditures. Revenues, statistics and trends were reviewed. Draft budgets were developed and discussed by the Executive.

The budget for 2020-2021 was developed to ensure support for both core functions and strategic objectives. Cost pressures added additional stress on the current resources available. Budget reductions were made across the organization. A budget package that balanced the need for fee increases while maintaining an acceptable reserve balance was developed.

The Executive Team and Finance staff reviewed draft budgets as they were developed, looking at the impact to:

- the Multi-Year Plan,
- the Closing Reserve Balances
- the inclusion of Strategic Plan activities
- continuing with implementing best practices throughout the organization
- keeping fee increases as low as possible

The Audit and Finance Committee met on February 6, 2020 to review and discuss the draft budget options and recommend this budget for approval by the Board.

Challenges

Accounting rules do present an interesting challenge concerning "recognizing" / recording revenues from registrants' fees. There can be up to three years lag from budget approval to fully earning the fees. The Board approves the budget in February (but the new fees do not go into effect until November / December of the year). Registrants / pharmacies renew throughout the year, so it can take a year until the last have renewed. Then, according to accounting standards, we only recognize one month of revenue at a time, as their registration / licence is for twelve months. This lag significantly complicates budget planning.

Another factor that we've noticed is the original "cohort" of February renewals is decreasing as that group retires. New registrants are primarily registering in the summer (as university students graduate). This means a few months less revenue in that year.

Discussion

During last year's budget discussions, the Board approved using Reserve funds to permit a more gradual approach to accommodating the loss of revenue from the PharmaNet contract and to building up revenue from fees. This is necessary as (as discussed above) any fee increase takes two years to be fully earned and recognized as revenue.

While reviewing draft budgets, the Executive Team was concerned about reducing Reserve Balances below \$500,000. In the event of unexpected circumstances the College needs some reserves to be fiscally responsible. This is not as critical as other businesses which recognize revenue as invoiced. Although we "defer" registrants' fees over the year, the College has the use of those funds, which reduces for the need for drawing from reserves.

The year with the most concern (due to the revenue lag) is Year 3. Although the Board will only be approving the budget for 2020/21 (Year 1), the revenue impact is significant in Year 2 and Year 3.

Major Initiatives in 2020/21 that are funded in the draft budgets

- HPA Modernization bylaw review and process review, including project management and legal services.
- Excellence Canada Gold Certification action plan review and submission preparation.
- Records management processes and staff training, including privacy training, continue being rolled out.
- IT improvements – gap analysis, planning and remediation re critical improvements required. Planning re next steps.
- Medication error reporting planning.
- Continued IT development support for iMIS (the College's database).
- Review of the Practice Review Program's software and looking at options for changing the software used and beginning implementing the software later in the year.

The Draft Budget

Version A plans for expenditures of \$11,329,901.

In order to earn sufficient revenue in the year 2020/21, this means that fees would increase:

- Pharmacies - \$2,474 (a 5.5% increase or an increase of \$129) effective December 1, 2020.
- Pharmacists - \$778 (a 5.25% increase or an increase of \$39) effective November 1, 2020.
- Pharmacy Technicians - \$518 (a 5.25% increase or an increase of \$26) effective November 1, 2020.
- All other administrative fees also increase by 5.25%.

Recommended Motion:

Approve the 2020/2021 budget with total expenditures in the amount of \$11,329,901 and a transfer from the balance sheet in the amount of \$1,114,329 as presented.

Appendix	
1	2020/21 Budget Statement of Revenue and Expenses
2	2020/21 Multi-Year Plan

College of Pharmacists of BC
Statement of Revenue and Expenses
Draft Fiscal Budget 2020/21
Prepared on: February 3, 2020

	Budget 2019/20	Latest Estimates 2019/20	YTD Actual November 2019	Budget FY 2020/21
Revenue				
Licensure revenue				
Pharmacy fees	3,527,412	3,515,186	2,599,862	3,688,832
Pharmacists fees	4,856,146	4,793,914	3,545,778	5,098,607
Technician fees	876,048	882,641	654,539	940,653
	9,259,606	9,191,741	6,800,179	9,728,092
Non-licensure revenue				
Other revenue	100,931	118,966	109,742	104,983
Grant Revenue	60,240	10,240	-	13,360
Investment income	142,858	138,922	103,803	122,676
College Place joint venture income	270,300	240,442	202,725	246,454
	574,329	508,570	416,270	487,473
Total Revenue	9,833,935	9,700,311	7,216,449	10,215,565
Expenditures				
Board and Registrar's Office	823,536	847,419	662,539	821,568
Finance, Human Resources and Administration	1,952,273	1,986,982	1,427,422	2,021,275
Information Technology	2,021,321	2,145,944	1,614,700	2,246,533
Grant Distribution	58,240	58,240	41,228	10,240
Registration, Licensure and Pharmanet	937,490	974,521	692,916	1,014,031
Quality Assurance	312,501	301,842	210,504	317,163
Practice Reviews	1,543,755	1,489,339	1,085,955	1,698,169
Complaints Resolution	1,668,418	1,539,484	1,106,964	1,781,575
Policy and Legislation	571,753	410,677	305,635	562,211
Public Engagement	437,207	424,999	276,789	436,683
Projects	147,115	88,456	69,444	123,570
Total Expenditures	10,473,610	10,267,902	7,494,096	11,033,017
Amortization	365,058	303,557	223,889	296,884
Total Expenses including amortization	10,838,668	10,571,459	7,717,985	11,329,901
Deficiency of revenue over expenditures	(1,004,733)	(871,148)	(501,536)	(1,114,329)

Fee Assumptions:

5.5% increase (Years 1 - 2) for Pharmacy

5.25% increase (Years 1 - 2) for Pharmacist & Pharmacy Technician

1.5% increase for all categories (Years 3 - 6)

**College of Pharmacists of BC
Budget 2020-21 & Multi-Year Plan**

Prepared on: February 3, 2020

Fee Assumptions:

5.5% increase (Years 1 - 2) for Pharmacy
5.25% increase (Years 1 - 2) for Pharmacist & Pharmacy Technician
1.5% increase for all categories (Years 3 - 6)

	CURRENT			YR 1 2020-21 BUDGET (DRAFT)	MULTI-YEAR PLAN				
	2019-20				YR 2	YR 3	YR 4	YR 5	YR 6
	BUDGET	LATEST EST.	9-MO ACTUAL		2021-22	2022-23	2023-24	2024-25	2025-26
Revenue deferred	8,744,240	8,701,834	6,486,974	9,173,978	9,879,723	10,765,126	11,438,815	11,964,763	12,529,757
Revenue licensure other	515,366	489,905	313,205	554,113	595,037	631,009	652,863	675,122	699,574
Revenue other	574,329	508,573	416,270	487,475	486,087	497,726	508,384	519,249	530,324
Revenue	9,833,935	9,700,311	7,216,449	10,215,565	10,960,847	11,893,861	12,600,062	13,159,134	13,759,655
Total Expenditures	10,838,668	10,571,459	7,717,985	11,329,901	11,766,786	11,968,810	12,260,124	12,276,873	12,493,783
OpEx	3,727,820	3,800,376	3,611,876	3,793,788	4,008,411	4,055,267	4,188,311	4,043,623	4,095,868
Labour	7,110,848	6,771,083	4,106,109	7,536,113	7,758,375	7,913,543	8,071,813	8,233,250	8,397,915
Excess (Deficiency) of Revenue over Expenditures	(1,004,733)	(871,148)	(501,536)	(1,114,329)	(805,939)	(74,949)	339,937	882,261	1,265,872
Reserves, Opening Balance ¹	3,368,879	3,368,879	3,368,879	2,497,731	1,383,402	577,463	502,515	842,452	1,724,713
<i>Add : Excess of Revenue over Expenditures</i>							339,937	882,261	1,265,872
<i>Less : Deficiency of Revenue over Expenditures</i>	(1,004,733)	(871,148)	(501,536)	(1,114,329)	(805,939)	(74,949)			
Reserves, Closing Balance	2,364,146	2,497,731	2,867,343	1,383,402	577,463	502,515	842,452	1,724,713	2,990,585
Approved Reserve Balance	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
Excess (Deficiency) of Reserves	364,146	497,731	867,343	(616,597)	(1,422,537)	(1,497,485)	(1,157,548)	(275,287)	990,585

FEE TYPE	CURRENT			YR 1 2020-21 BUDGET (DRAFT)	MULTI-YEAR PLAN				
	2019-20				YR 2	YR 3	YR 4	YR 5	YR 6
	BUDGET	LATEST EST.	9-MO ACTUAL	2021-22	2022-23	2023-24	2024-25	2025-26	
Pharmacy (licensure renewal)	\$2,345. Increased from \$2,299 effective Dec 1, 2019			\$2,474 effective Dec 1, 2020 (\$129 incr. or 5.5%)	\$2,610 (\$136 incr. or 5.5%)	\$2,650 (\$40 incr. or 1.5%)	\$2,690 (\$40 incr. or 1.5%)	\$2,731 (\$41 incr. or 1.5%)	\$2,772 (\$41 incr. or 1.5%)
Pharmacist (full renewal)	\$739. Increased from \$724 effective Nov 1, 2019			\$778 effective Nov 1, 2020 (\$39 incr. or 5.25%)	\$819 (\$41 incr. or 5.25%)	\$832 (\$13 incr. or 1.5%)	\$845 (\$13 incr. or 1.5%)	\$858 (\$13 incr. or 1.5%)	\$871 (\$13 incr. or 1.5%)
Pharmacy Technician (full renewal)	\$492. Increased from \$482 effective Nov 1, 2019			\$518 effective Nov 1, 2020 (\$26 incr. or 5.25%)	\$545 (\$27 incr. or 5.25%)	\$554 (\$9 incr. or 1.5%)	\$563 (\$9 incr. or 1.5%)	\$572 (\$9 incr. or 1.5%)	\$581 (\$9 incr. or 1.5%)

****Remarks****

¹ Opening 2019/20 reserve balance based on closing balance of audited 2018/19 financial statements.

College of Pharmacists of BC
Statement of Revenue and Expenses
Latest Estimates - FY 2020/21
Based on April 2020 YTD Actuals

	Budget 2020/21	Latest Estimates 2020/21	Variance Budget vs. LE (\$)	Variance Budget vs. LE (%)
Revenue				
Licensure revenue				
Pharmacy fees	3,688,831	3,617,395	(71,436)	(2%)
Pharmacists fees	5,098,606	4,886,201	(212,405)	(4%)
Technician fees	940,653	899,173	(41,480)	(4%)
	9,728,090	9,402,769	(325,321)	(3%)
Non-licensure revenue				
Other revenue (fines/assessments, late fees, certificate of letter of standing, practice binder)	96,782	104,171	7,389	8%
Grant Revenue	13,360	13,360	0	0%
Investment income	130,880	122,679	(8,201)	(6%)
College Place joint venture income	246,453	246,453	(0)	(0%)
	487,475	486,663	(812)	(0%)
Total Revenue	10,215,565	9,889,432	(326,133)	(3%)
Expenses				
Board and Registrar's Office	821,568	718,599	102,969	13%
Finance and Administration	4,267,808	4,227,808	40,000	1%
Grant Distribution	10,240	10,240	-	0%
Registration and Licensure	1,014,031	879,571	134,460	13%
Quality Assurance	317,163	311,132	6,031	2%
Practice Reviews	1,698,169	1,441,879	256,290	15%
Complaints and Investigations	1,781,575	1,662,641	118,934	7%
Policy and Legislation	562,211	565,023	(2,812)	(1%)
Communications and Engagement	436,683	434,283	2,400	1%
Projects	123,570	31,070	92,500	75%
Total Expenses Before Amortization	11,033,019	10,282,247	750,773	7%
Excess/(Deficiency) of revenue over expenses before amortization expense	(817,455)	(392,815)	424,640	(52%)
Amortization	296,884	306,884	(10,000)	(3%)
Total Expenses Including Amortization	11,329,901	10,589,131	740,773	7%
Net Surplus/(Deficit) of revenue over expenses after amortization expense	(1,114,329)	(699,699)	414,640	

Revenue assumptions:

- 1.) All UBC students will choose to apply for the "free" Temporary Limited Pharmacists.
- 2.) No JE revenue has been factored in LE, no JE exams due to failure to secure examination room.
- 3.) Factored in slow growth in new pharmacy openings coupled with the odd store closure/cancellation of licence

Major expense assumptions:

- 1.) Travel, meals and accommodation - no expenses will be incurred by Committee members and employees except for Board members for the in-person Board meeting starting September 2020.
- 2.) Salaries and Benefits - Administrative Assistant (Registration and Licensure) will be hired in September 2020. There will be no hiring for FY 2020/21 for the Investigator and Compliance Officer positions.
- 3.) MIR and HPA modernization project - 50% of monthly budgeted expenses are factored in LE starting September 2020.
- 4.) Professional development - employees will mostly attend online seminars/trainings which are bit cheaper than in-person events.



College of Pharmacists
of British Columbia

6. Impact of COVID-19 on the College of Pharmacists of BC

Bob Nakagawa

Registrar

Mary O'Callaghan

Chief Operating Officer



Impact of COVID-19 on the budget

- While we do not know the impact that the pandemic will have on the budget, we do know that there will be savings.
- We now have two months of finance reporting for this fiscal year and one of those months reflects a full month after the health emergency declaration.
- Finance has reviewed these reports and has met with each of the College's departments in order to estimate the impact for the rest of the fiscal year.
- While there are savings in a number of areas (such as Board and committee travel and accommodation) there are also possible revenue impacts due to difficulties in scheduling exams.



Latest Estimate Projections

- Finance has prepared a report that shows the projected annual figures compared to the budgeted figures.
- This Latest Estimate report illustrates the potential decrease to revenues of over \$300,000.
- However, there is also a decrease to expenses in just about every department. These reduced expenditures could result in a savings of \$750,000.
- The net result is a budget savings of over \$400,000.



Conclusion

- As the approved 2020/21 budget assumed fee increase would result in approximately \$400,000 additional revenue for this fiscal year and next fiscal year, at this point in time it appears that there should be sufficient savings to avoid the immediate need for the budgeted fee increase.
- We will continue to monitor the financial impact of COVID-19 on the College operations in order to inform a fulsome budget discussion at the AFC and Board in the Fall.



College of Pharmacists
of British Columbia

BOARD MEETING June 12, 2020

7. External Customer Satisfaction Engagement Results

INFORMATION ONLY

Purpose

To present the Board with the results from the College's 2019 Customer Satisfaction Survey, which was conducted from October 25 – November 22, 2019.

Background

In December 2016, the College of Pharmacists of BC partnered with Excellence Canada, in pursuit of its *Excellence, Innovation and Wellness (EIW) Standard*, one of the most progressive standards for organizational excellence in the world.

[Excellence Canada](#) is a non-profit organization that is dedicated to developing standards for, as well as certifying and recognizing organizational excellence, across all sectors in Canada.

The *Excellence, Innovation and Wellness® Standard* serves as a roadmap for organizations in any sector that wish to improve performance in all aspects of the organization. The standard's design is based on research and knowledge pertaining to success factors in the workplace and the experiences and outcomes of successful organizations.

The 5 Drivers of the Excellence, Innovation and Wellness Standard are:

- Leadership
- Planning
- Customers
- People
- Process and Project Management

[On November 5, 2019, the College received its Canada Award for Excellence – Silver Certification in the Excellence, Innovation and Wellness® category.](#) This work supports the [College's 2017/18 – 2019/20 Strategic Plan](#), which places particular focus on the theme of Organizational Excellence

The customer satisfaction survey supports ongoing work related to the Customers Driver.

About the Customer Driver

The Customer Driver examines how the organization engages its customers and partners for satisfaction and success. This driver includes listening, acting and reporting on Voice of the Customer feedback, as well as using collaboration and innovation to improve products, services and relationships.

The College defines a “customer” as someone who utilizes our services/products or ultimately benefits from the work we do as an organization or in conjunction with other organizations.

Customer Experience Plan

The College is committed to providing good customer service by having staff deliver professional, helpful and high quality services and assistance.

In order to ensure achievement of the key outcomes associated with Excellence Canada’s Customer Driver, the College created a Customer Experience Plan (*See Appendix 1: Customer Experience Plan*).

The Customer Experience Plan outlines the College’s Customer Service strategy, commitment and objectives. It also provides relevant definitions, and outlines customer service expectations for College staff, as well as the College’s approach to feedback-monitoring mechanisms (the Customer Service Satisfaction Survey).

Customer Service Satisfaction Survey

Customer satisfaction is measured through an annual survey and the College has set a goal of achieving at least 80% in the overall results. The Customer Satisfaction Survey was first introduced in 2018 as part of the College’s ongoing work towards meeting the *Excellence, Innovation and Wellness® Standard*.

Discussion

The College’s 2019 Customer Service Satisfaction Survey was held from October 25 – November 22, 2019. It experienced a significant increase in the number of participants and a slight increase in overall satisfaction with the College’s customer service.

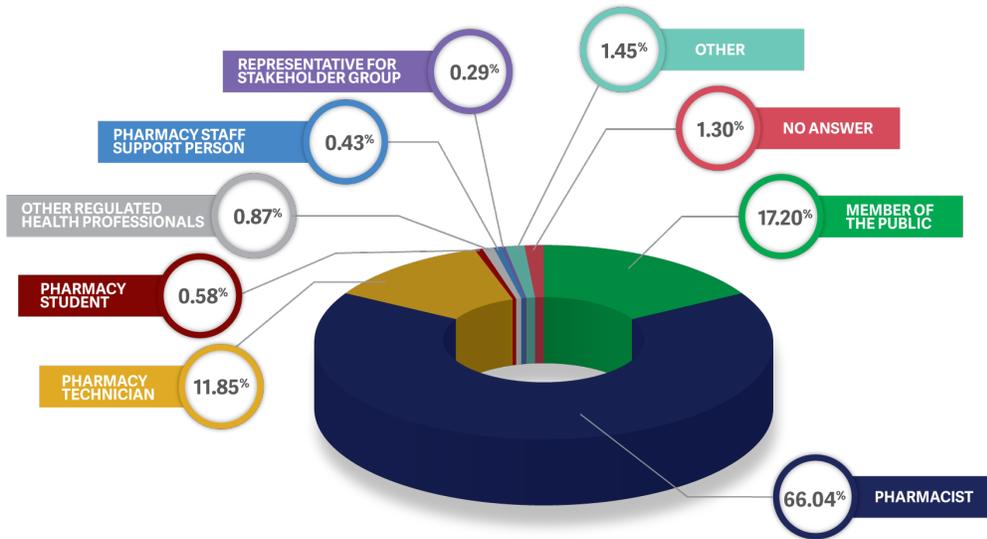
Who We Heard From

The 2019 survey was completed by a total of 741 respondents, representing an 46% increase in participation over 2018’s survey, which was completed by a total of 400 respondents.

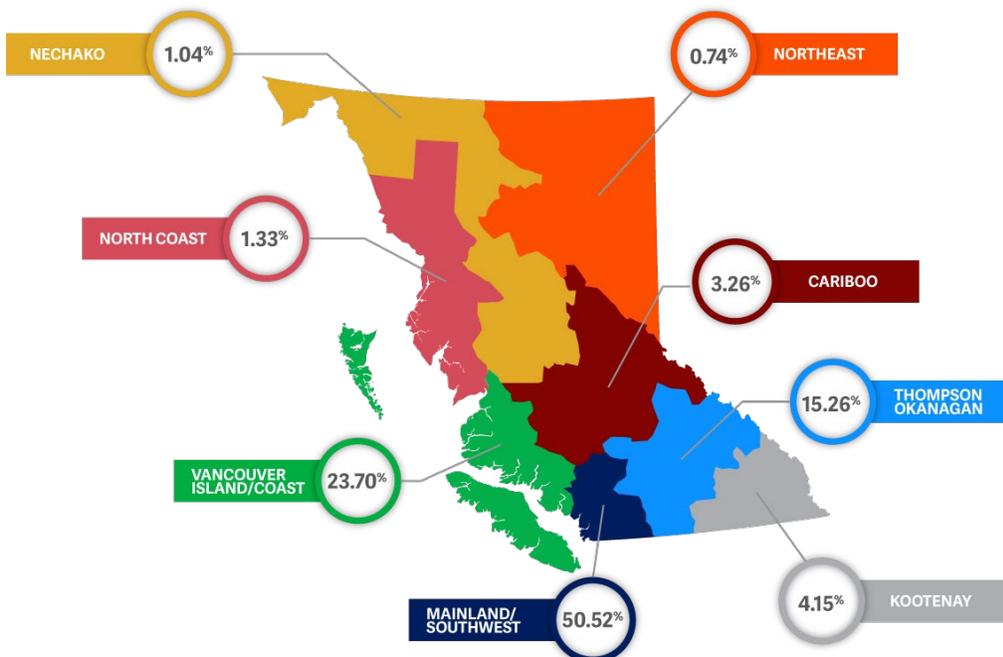
The survey attracted public participation with over 17% of respondents identifying as members of the public.

The College also heard from a wide range of stakeholder groups, including:

- Pharmacists
- Pharmacy Technicians
- Pharmacy Students
- Pharmacy Support Persons
- Other Health Professionals



Respondents from all over British Columbia participated in the survey, with the majority of responses coming from larger urban centres in the Lower Mainland, Vancouver Island and Thompson Okanagan.



Respondents ranged in age from under 18 to over 65, with 53.9% choosing to identify as female, and 38.4% identifying as male. In addition, 3.32% of participants identified as an Aboriginal person (First Nations, Métis or Inuit), and 34.70% of participants identified as a visible minority (this includes persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.)

What We Heard

Participants were asked a number of questions about their experiences contacting, or otherwise corresponding with the College, and how satisfied they were with the College’s level of professionalism, response time, and overall accessibility.

Results from the survey indicated an 85% approval rating among respondents. This is a slight increase from the 2018 approval rating of 84%.

Customer Service Questions	Level of Agreement
The service I received was professional.	81.48
I was able to contact this department through various methods of communication. (email, phone, face-to-face meetings, webex etc.)	88.83
I was able to access the appropriate representative to manage my inquiry.	87.67
My inquiry was addressed.	85.69
My phone call or email was acknowledged by the next business day.	82.10

Next Steps

The feedback gathered through this survey will be used to inform the College’s ongoing service objectives and ensure that we continue to deliver professional and ethical service that enables us to meet our mandate in protecting the public through the regulation of pharmacy practice in BC.

The College would like to thank all those who took the time to complete the survey and help us continue to improve and adjust our service standards to best suit the needs of patients in British Columbia.

Appendix	
1	Customer Experience Plan



College of Pharmacists
of British Columbia

Customer Experience Plan

Our Organizational Strategy

Our Vision:

Better health through excellence in pharmacy.

Our Mission:

The College regulates the pharmacy profession in the public interest. We set and enforce standards and promote best practices for the delivery of pharmacy care in British Columbia.

Our Values:

Being Professional and Ethical

We achieve this by:

- promoting and maintaining the highest standards of ethical conduct;
- taking responsibility for our actions and their results;
- engaging meaningfully with all stakeholders; and
- acting with honesty and integrity.

Providing Quality Service

We achieve this by:

- being consistent in our processes and messaging;
- executing proper research and due diligence;
- providing accurate and useful information;
- having transparent processes; and
- being timely and responsive.

Building Quality Relationships

We achieve this by:

- listening to others;
- maintaining confidentiality;
- acknowledging the perspectives of others;

- recognizing & respecting the capabilities of others; and
- being non-judgmental, open and honest with others.

A Culture of Excellence

We achieve this by:

- being solution oriented;
- being adaptable and innovative;
- collaborating to identify best practices;
- recognizing and celebrating achievements; and
- fostering the development of the organization and the individual.

Strategic Plan – Organizational Excellence

The College's 2017/18 – 2019/20 Strategic Plan focuses on the theme of organizational excellence – only through ensuring our foundational business processes, IT, governance and staffing are effective and efficient can we meet our goals and provide patients with better health through excellence in pharmacy.

Four strategic goals will guide the College in continuing to achieve its mission while supporting the unique needs of the public and evolving pharmacy practice over the next three years.

Legislative Standards & Modernization

Working to modernize the legislative requirements under the Pharmacy Operations and Drug Scheduling Act (PODSA) to better ensure they are clear, consistent and enforceable

Professional Excellence

Working to ensure that the practice of pharmacy meets or exceeds the standards set out to protect the public and maintain their trust.

Drug Therapy Access & Monitoring

Exploring avenues that enhance the ability of pharmacy professionals to maximize the public's access to safe, high quality drug therapy.

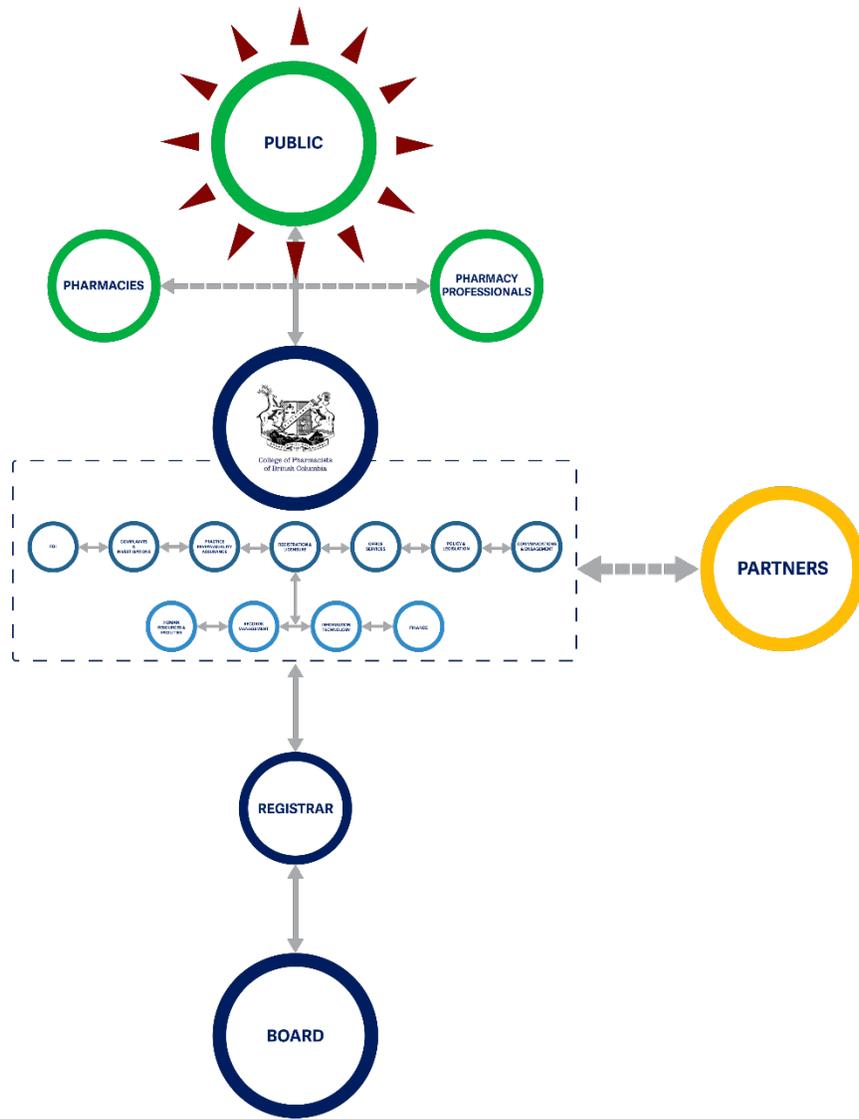
Organizational Excellence

Ensuring the efficacy and efficiency of its foundational business processes, technological supports, and organization of its governance and staffing to meet the ongoing needs of registrants, pharmacy owners, directors, staff, the public and other stakeholders.

Key Customers Group

Customers are defined as someone who utilizes our services/products or ultimately benefits from the work we do as an organization or in conjunction with other organizations.

All departments provide internal support and services to collectively meet the College's mandate.



[Click to enlarge](#)

Our Customer Service Strategy

Customer Vision

We are receptive to our customers' needs for information, innovation, and leadership as the authority for the pharmacy profession in BC.

Customer Mission

We deliver professional and ethical customer service that advances the College's mission, while striving to achieve quality and excellence in our work with the public, pharmacy professionals, stakeholders, and each other.

Customer Service Commitment

Public

We license and regulate pharmacies, pharmacists and pharmacy technicians in BC, to help ensure that they are able to achieve the highest professional standards, and in turn provide the public with the best possible patient care.

We are committed to serving the public as a fundamental component of BC's health system.

Pharmacy Professionals and Pharmacies

We set and enforce the standards for pharmacy practice in BC and work to provide pharmacy professionals with the resources they need to meet these standards and achieve excellence within their individual practices.

We also work with pharmacies to ensure they have the information and resources needed to maintain and exceed a standard of care within their daily operations in line with provincially legislated requirements.

Internal Customers

We promote a collaborative, respectful and positive working environment for College staff and internal customers. To help ensure efficiency and efficacy in our foundational business process, technological supports, organizational governance, and staffing, and in turn, enables us to create and maintain a high standard of organizational excellence.

Customer Service Objectives

The following table provides an in-depth overview of the College's service objectives for each individual customer segment, as well as the specific services provided to achieve these objectives.

Customer	Objective	Services
External		
Public	<ul style="list-style-type: none"> • The College is obligated to serve and protect the public and to exercise its powers and discharge its responsibilities under all enactments in the public interest per the <i>Health Professions Act</i> and <i>Pharmacy Operations and Drug Scheduling Act</i>. • Ensure public safety and the provision of safe and ethical pharmacy care by enforcing the <i>Health Professions Act</i> and <i>Pharmacy Operations and Drug Scheduling Act</i>. • Protect patient safety, as well as the overall patient experience, by enforcing bylaws, including standards of practice and ethical standards among BC's pharmacies and pharmacy professionals. • Help ensure that patients have access to any and all relevant information regarding pharmacy practice in BC. • Responding to the dynamic landscape of health care in BC. • Provide excellent customer service. 	<ul style="list-style-type: none"> • Setting and enforcing a standard level of care. • Complaints Resolution • Providing access to information regarding pharmacy service provision in BC • Providing access to staff resources for queries. • Public safety initiatives – Naloxone, DrugSafeBC etc.
Pharmacy Professionals	<ul style="list-style-type: none"> • Enforce bylaws as well as standards of practice and ethical standards to ensure that pharmacy professionals maintain an appropriate level of competency in their practice. • Ensure that pharmacy professionals have reasonable access to relevant information regarding licensure, registration and professional development. 	<ul style="list-style-type: none"> • Practice Reviews <ul style="list-style-type: none"> ○ Evaluation and feedback from Compliance Officers • Practice Support • Provision of professional development opportunities • Licensure and Registration • Professional Practice Policies

	<ul style="list-style-type: none"> • Ensure that pharmacy professionals have reasonable access to the College’s staff resources. • Protect patient safety, as well as the overall patient experience, by enforcing bylaws among BC’s pharmacies and pharmacy professionals. • Provide excellent customer service. 	<ul style="list-style-type: none"> • ReadLinks articles • HPA / PODSA Bylaws • Continuing education requirements • Remediation • BC Pharmacy Practice Manual
Pharmacies	<ul style="list-style-type: none"> • Enforce bylaws as well as standards of practice and ethical standards to ensure that the pharmacy maintains an appropriate level of competency in their practice. • Help ensure that pharmacies have access to relevant information regarding pharmacy practice in BC. • Advise on requirements for the operation of a pharmacy business, including licensure and regulation. • Protect patient safety, as well as the overall patient experience, by enforcing bylaws among BC’s pharmacies and pharmacy professionals. • Provide excellent customer service. 	<ul style="list-style-type: none"> • Pharmacy Reviews <ul style="list-style-type: none"> ○ Evaluation and feedback from Compliance Officers • Practice Support • Licensure • Professional Practice Policies • ReadLinks Articles • HPA / PODSA Bylaws • Online resources (i.e. guides, webinars, forms etc.) • BC Pharmacy Practice Manual
Internal		
All departments	<ul style="list-style-type: none"> • All departments provide internal support and services to collectively meet the College’s mandate. 	

Feedback Monitoring

Customer Satisfaction Survey

College staff are expected to provide good customer service by delivering professional, helpful and high quality services and assistance. The success of this goal will be measured by achieving 80% in the overall results from all customer service satisfaction surveys collected.

External customers – a random sampling of all external customers will be sent an anonymous customer satisfaction survey to complete.

Internal customers – Each internal department will send a customer satisfaction survey to its internal customers twice a year - once before the performance evaluation check-in, and once before the completion of the performance evaluation process.

Social Media

The College will measure feedback through social media. The following statistics will be tracked and monitored:

- Facebook page rating
- Comment sentiments (positive and negative)
- Likes
- Retweets
- Shares

Correspondence

The College's website encourages customers to contact the College by phone or email regarding their feedback, comments and concerns.

All College departments will track their correspondence to ensure that they are responding to emails and phone calls within 3 business days (based on a sample of 10%).



College of Pharmacists
of British Columbia

7. External Customer Satisfaction Engagement Results

Gillian Vrooman (she/her)

Director of Communications and Engagement

Excellence Canada: Customers

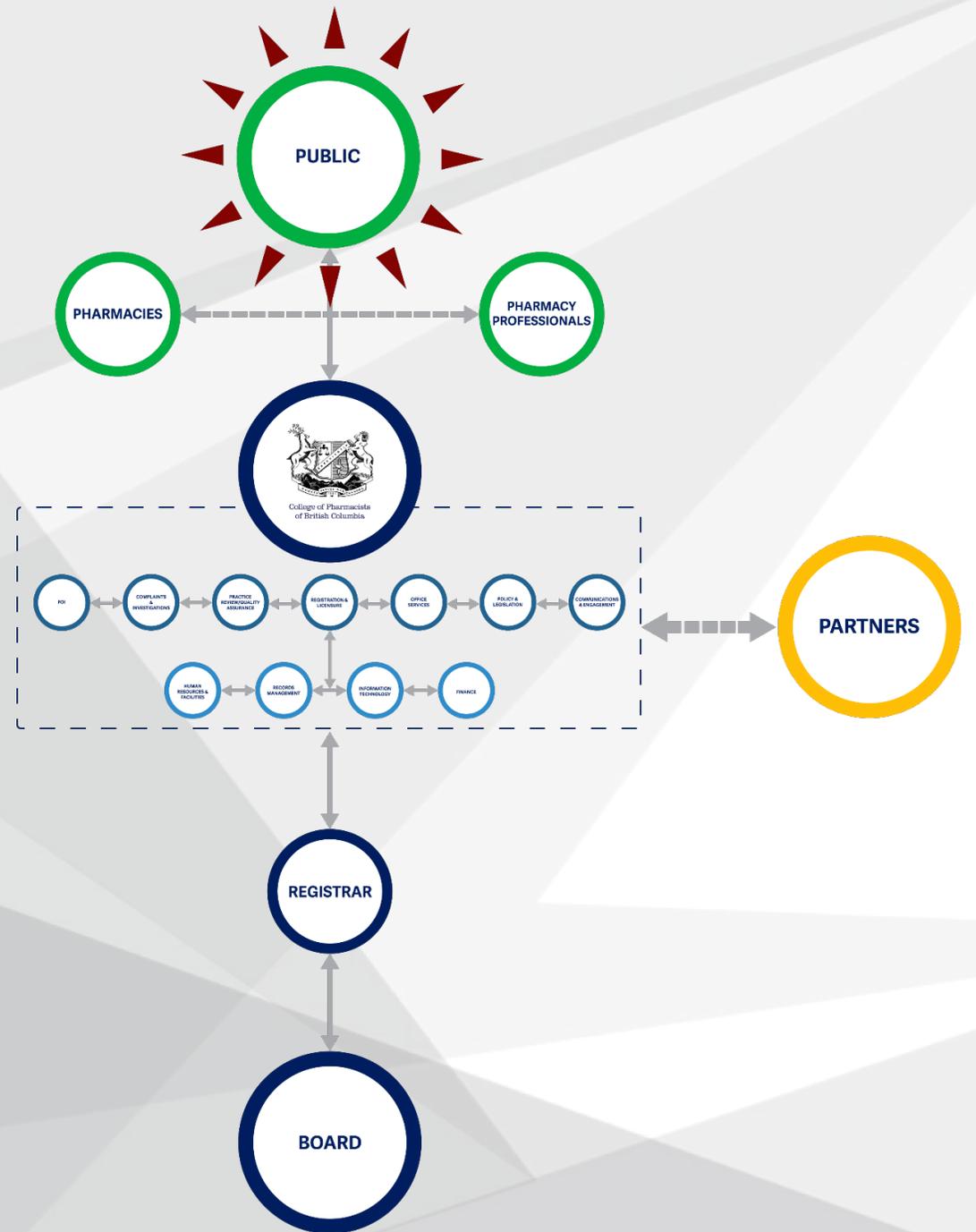
*CANADA
AWARDS FOR
EXCELLENCE*



SILVER RECIPIENT 2019
EXCELLENCE, INNOVATION
& WELLNESS

Customers

Someone who utilizes our services/products or ultimately benefits from the work we do as an organization or in conjunction with other organizations.



Our Customer Service Strategy

Customer Vision

We are receptive to our customers' needs for information, innovation, and leadership as the authority for the pharmacy profession in BC.

Customer Mission

We deliver professional and ethical customer service that advances the College's mission, while striving to achieve quality and excellence in our work with the public, pharmacy professionals, stakeholders, and each other.

Our Customer Service Goal

Customer Service Expectation

College staff are expected to provide good customer service by delivering professional, helpful and high quality services and assistance. This includes responding to inquiries within 1 business day.

Customer Service Goal

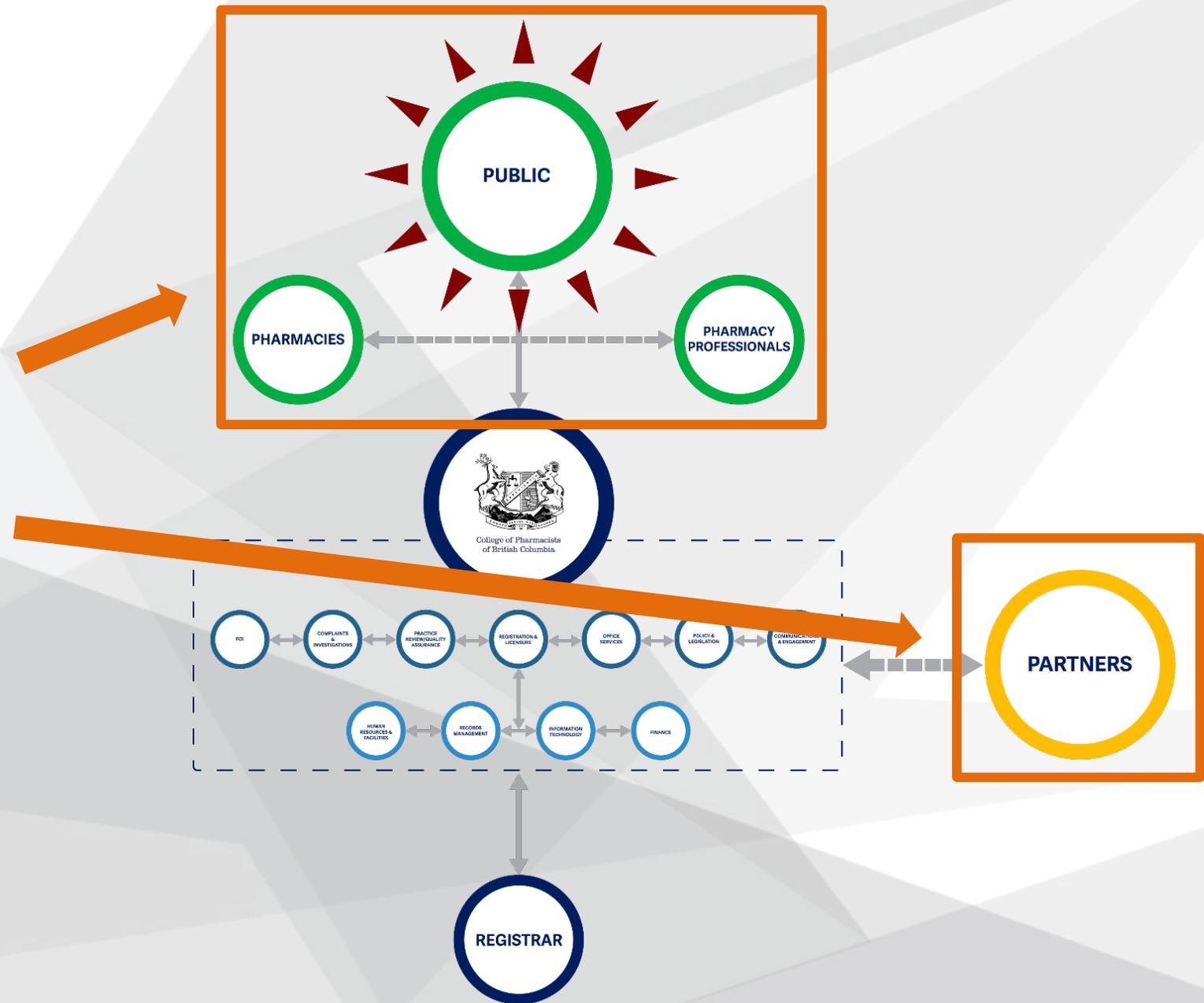
The College has set a goal of achieving at least an 80% overall customer satisfaction rating.

Measuring Customer Service Satisfaction



External Customers

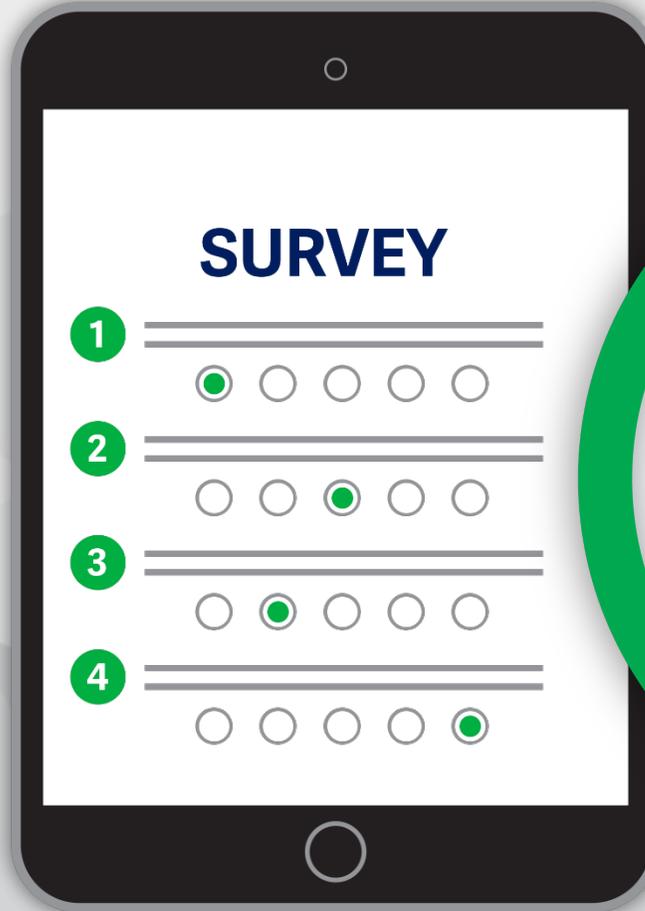
Members of the public, pharmacy professionals, and partners.



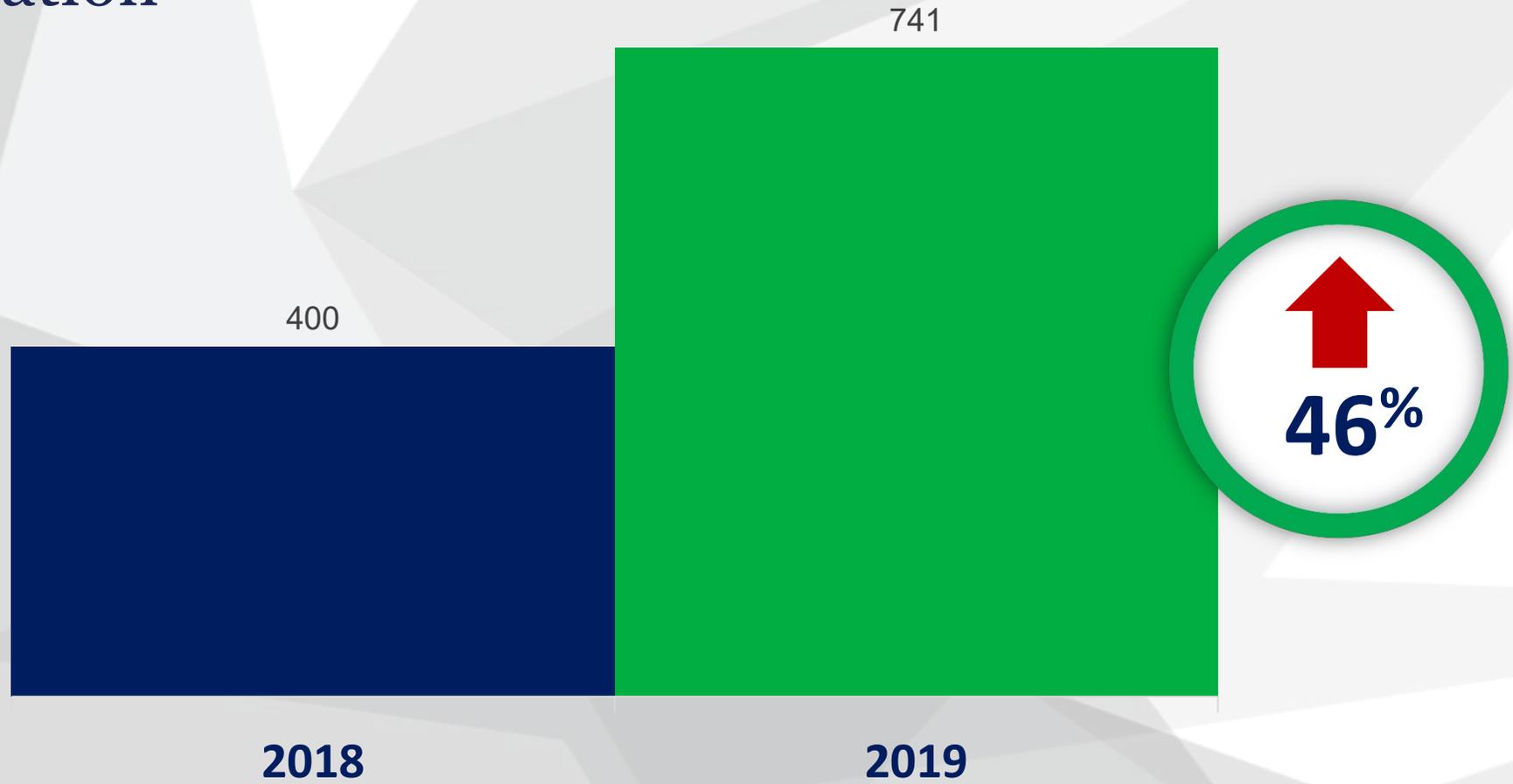


Who did we hear from?

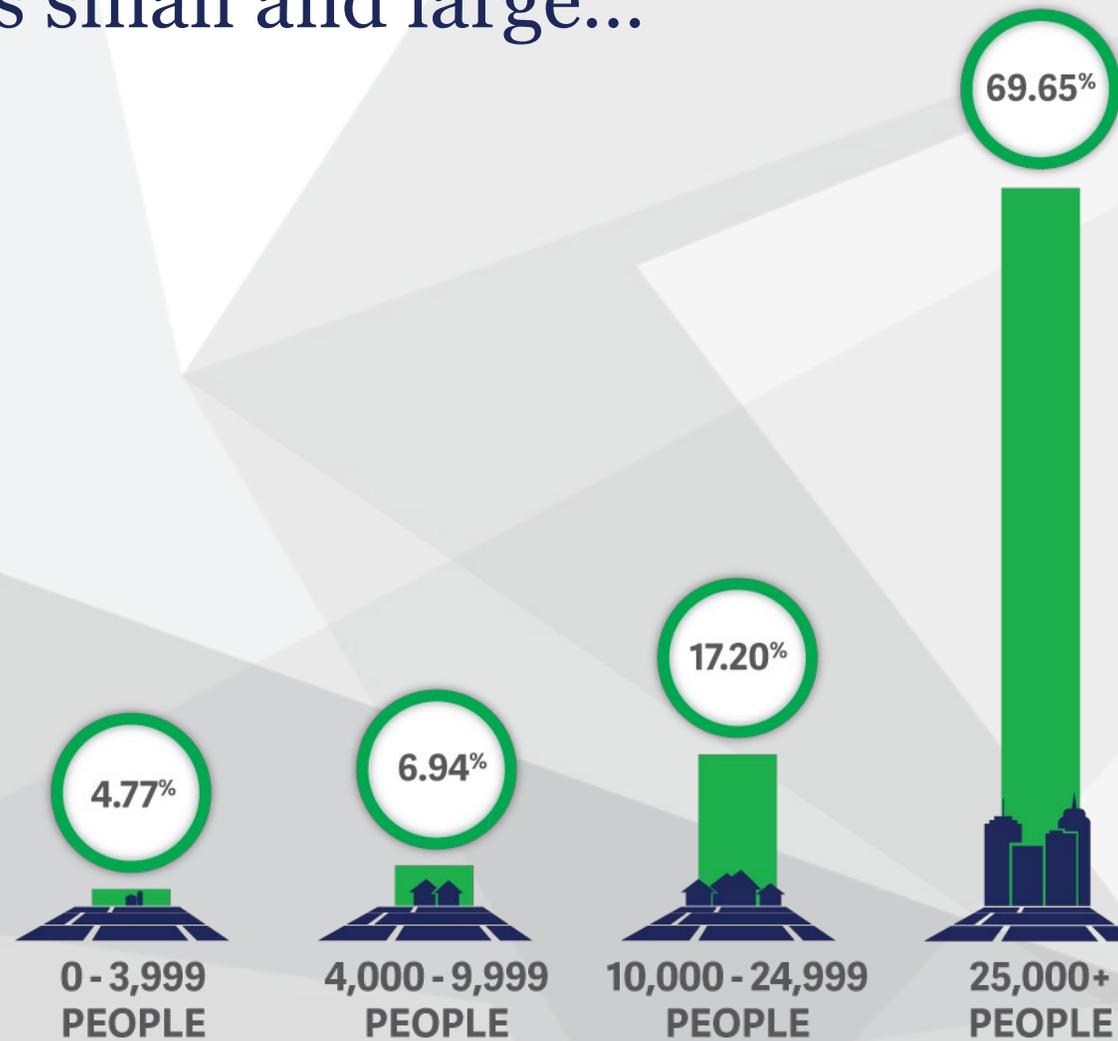
Customer Satisfaction Survey Participation



Significant Increase in Participation

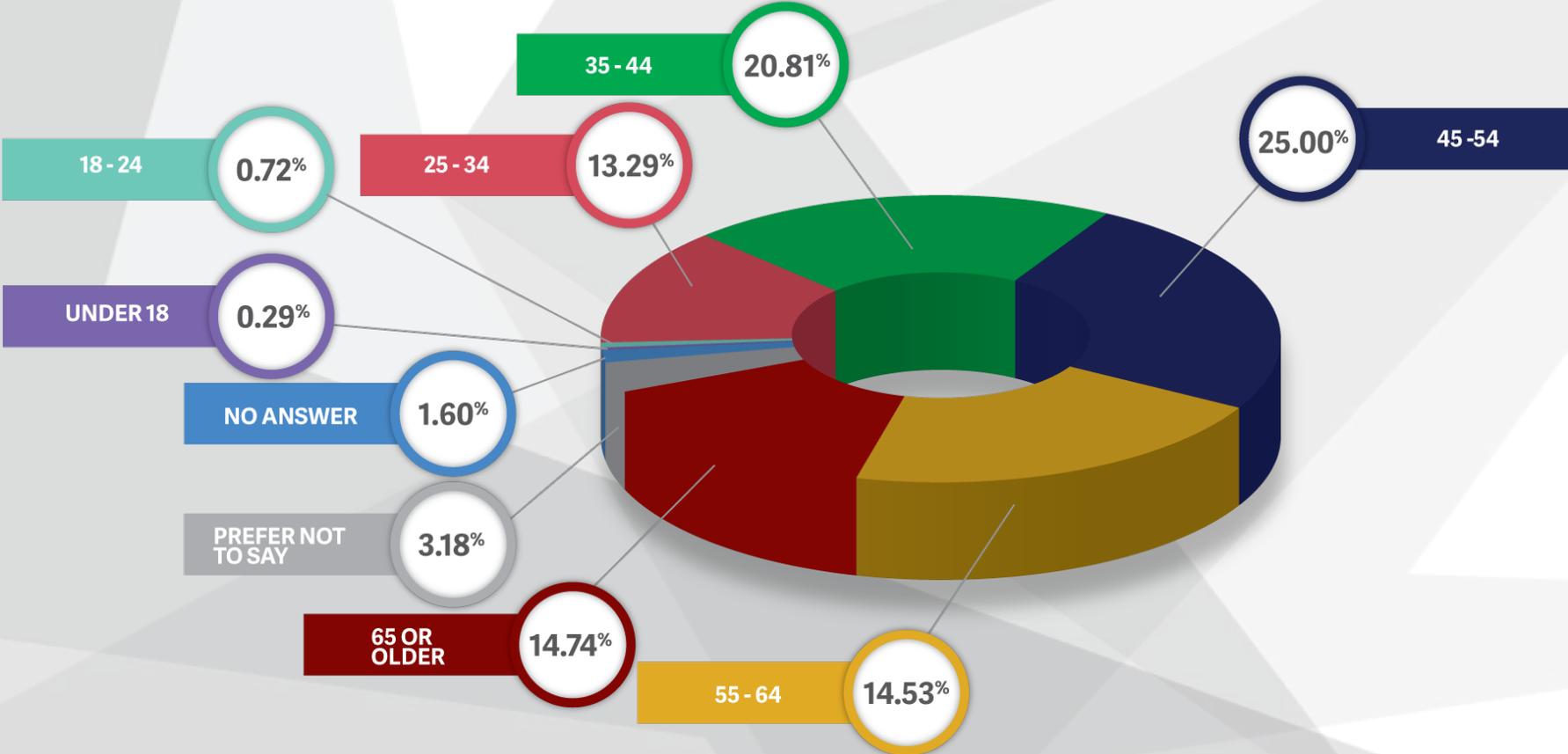


Communities small and large...



Note: 1.45% did not answer

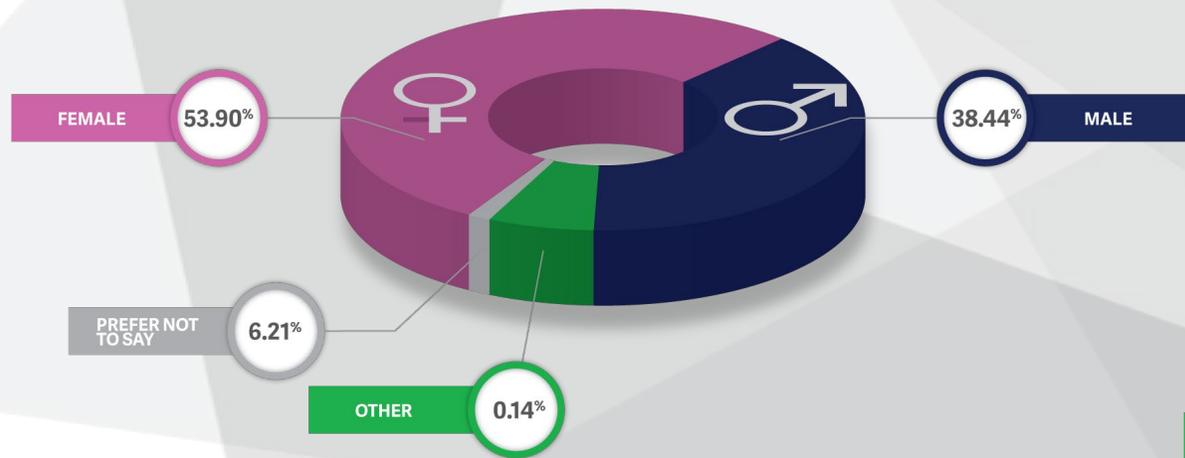
Various age groups...



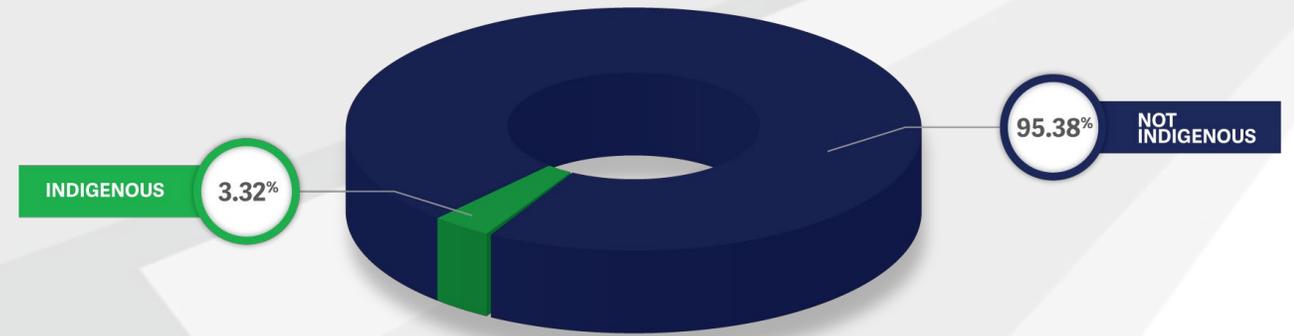
Diversity and identity...

*Equity and diversity are important to the College.
The College is also committed to improving cultural humility
and safety for First Nations and Aboriginal Peoples in BC.*

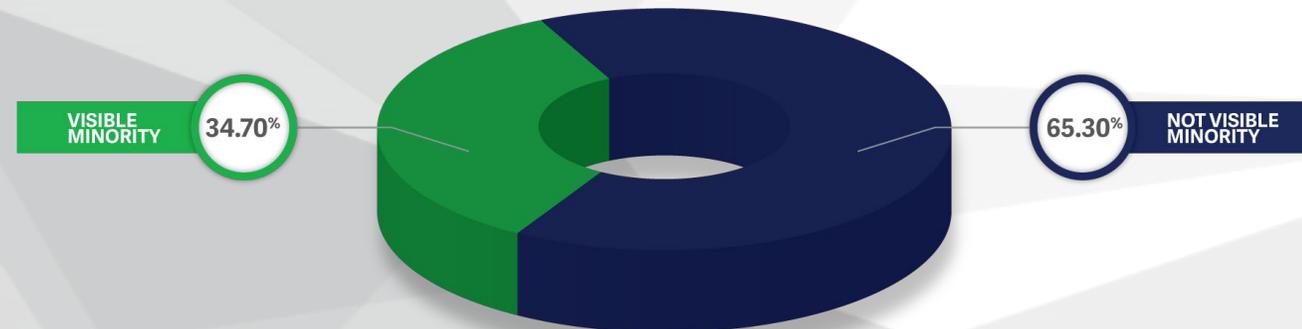
Gender most identified as



Identify as an Aboriginal person that is First Nations, Métis or Inuit

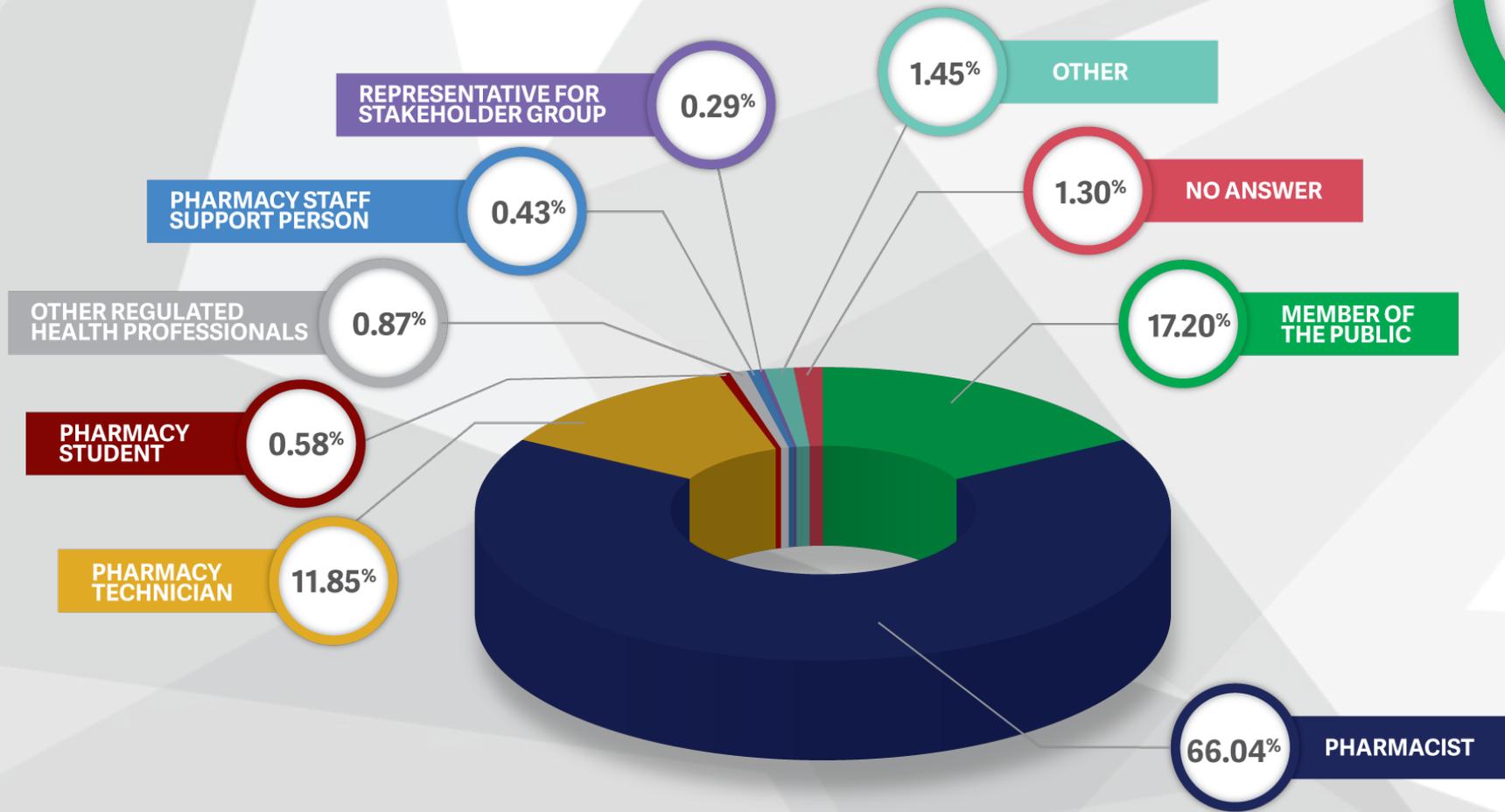


Identify as a visible minority



Note: 1.30% did not answer

Different types of customers...



17.2%
MEMBER OF
THE PUBLIC



What did we hear?

Customer Satisfaction Ratings

Customer Service Questions	Level of Agreement
The service I received was professional.	81.48
I was able to contact this department through various methods of communication (email, phone, face-to-face meetings, webex etc.)	88.83
I was able to access the appropriate representative to manage my inquiry.	87.67
My inquiry was addressed.	85.69
My phone call or email was acknowledged by the next business day.	82.10

Overall Customer
Satisfaction Rating



Questions?





College of Pharmacists
of British Columbia

BOARD MEETING June 12, 2020

8. Drug Administration Committee – Pharmacists’ Injection Authority Update

FOR INFORMATION

Purpose

To provide the Board with an update on the Drug Administration Committee, and the status of the recommendation made by the Drug Administration Committee to the Board on February 15, 2019.

Background

The *Pharmacists Regulation*¹ enables pharmacists to administer any drug specified in Schedule I, IA or II of the *Drug Schedules Regulation* or a substance through intradermal, intramuscular or subcutaneous injection or the intranasal route. It also requires a committee, the Drug Administration Committee (DAC), to be established to develop, review and recommend the standards, limits and conditions under which a registrant may administer a drug or substance to patients and the successful completion of a certification program.

The Standards, Limits and Conditions governing pharmacists’ administration of drugs by injection or intranasal route are established in Schedule “F”, Part 4 under the *Health Professions Act Bylaws*.² The existing limits placed on pharmacist drug administration are such that a practising pharmacist must not administer a drug by injection or intranasal route unless it is for the purpose of immunization.

In 2018, the DAC met to review the College of Pharmacists of BC (the College) restrictions on pharmacist drug administration in relation to patient safety and public protection. The DAC discussed options for removing restrictions, as conferred by the *Pharmacists Regulation*. The DAC also considered the experience of other pharmacy regulatory authorities in order to formulate evidence-based recommendations for the Board.

¹ http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/417_2008

² http://library.bcpharmacists.org/6_Resources/6-1_Provincial_Legislation/5099-HPA_Bylaws_Drug_Administration_Injection_Intranasal.pdf

At its February 2019 meeting, based on the recommendations of the DAC, the Board directed the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications as follows (see Appendix 1):

- Amend the "Limits" to allow for injection and intranasal administration of any Schedule I and II medication with the exception of Schedule IA;
- Amend the "Limits" to restrict pharmacists from administering injections for cosmetic purposes; and
- Maintain the existing "Limits" on the age restrictions for injection and intranasal drug administration.

On April 10, 2019, the College received a letter addressed to the Board Chair from Mark Armitage, Assistant Deputy Minister, Ministry of Health (MoH) inviting the College to work with the Professional Regulation and Oversight Branch of the MoH to establish a working group, comprised of representatives of regulatory colleges of health professions with prescribing authority, to determine the impacts of removing the restrictions on pharmacist injection and intranasal administration of medications. College staff worked collaboratively with the MoH to draft the Terms of Reference and Timeline and Activities for the Safe Drug Administration by Pharmacists Working Group (see Appendix 2).

First Meeting of the Working Group

The first meeting of the Working Group occurred on October 28, 2019, and an update was provided to the Board at the November 2019 Board meeting (see Appendix 3). Key items were discussed, and included the following:

- Reframing the removal of the restrictions using the principles of "Right-touch regulation"³;
- Outlining the impacts of removing the restrictions, including defining the specific drugs or drug classes which would be included or excluded from the authority;
- Determining the potential impacts on the broader healthcare system; and
- In the future, consider existing drug administration issues that could be potentially addressed by pharmacists, including expanding pharmacist administration to include intravenous infusions.

The Working Group raised specific questions regarding the accreditation of training programs for pharmacist drug administration and the range of drugs that pharmacists would be permitted to inject after the removal of restrictions. Despite these questions, there was general support from the other regulatory colleges for the removal of restrictions on pharmacist drug administration.

³ https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf?sfvrsn=eaf77f20_20

Second Meeting of the Working Group (Cancelled)

A second meeting of the Working Group was scheduled to take place on February 12, 2020, but was cancelled after staff from the Professional Regulation and Oversight Branch indicated they were unable to participate. An update was provided to the Board in April 2020 (see Appendix 4).

A presentation for the second meeting of the Working Group was prepared by College staff to address the key issues raised at the first meeting. This included reframing the removal of the College's restrictions on pharmacist injection authority using the elements of "Right-touch regulation" and presentation of data from the MoH on injectable drugs dispensed from community pharmacies over a one-year period. The purpose of obtaining data on injectable drugs dispensed was to determine in an objective way what drugs pharmacists would be permitted to inject once the restrictions on pharmacist drug administration are removed.

A joint presentation by the BC Pharmacy Association and the University of British Columbia's Faculty of Pharmaceutical Sciences on their drug administration training programs for pharmacists was also planned, along with discussion on the National Association of Pharmacy Regulatory Authorities' (NAPRA's) *Supplemental Competencies on Injection for Canadian Pharmacists* competency 15: *Essential Competencies for Injection of other Substances*.⁴ Drug administration training programs for pharmacists approved by the College are accredited by the Canadian Council on Continuing Education in Pharmacy, and therefore should already meet the required competencies set out by NAPRA for injection of both vaccines and other substances by the intramuscular and subcutaneous routes.⁵

Discussion

To determine the steps forward in removing restrictions on pharmacist drug administration, the DAC reconvened on May 25, 2020. The meeting was originally planned for March 19, 2020, but was postponed due to competing priorities related to the COVID-19 public health emergency.

At the meeting of the DAC, the DAC was presented with an update of events since the last DAC meeting in December 2018. Issues raised at the first Working Group meeting were presented to the DAC for consideration and discussion, and the DAC was presented with two options for moving forward.

The first option was to proceed with the original DAC recommendations as approved by the Board in February 2019. The Working Group would be provided a summary of the information gathered for the second Working Group meeting, and would be informed of the decision to proceed with the original DAC recommendations.

⁴ [https://napra.ca/sites/default/files/2017-09/Supplemental Competencies on Injection for Canadian Pharmacists2012.pdf](https://napra.ca/sites/default/files/2017-09/Supplemental%20Competencies%20on%20Injection%20for%20Canadian%20Pharmacists2012.pdf)

⁵ <https://www.cccep.ca/ckfinder/userfiles/files/Immunization-Injection%20Programs%202020-05-12.pdf>

The second option was to reschedule the second Working Group meeting when the Professional Regulation and Oversight Branch staff are available. The Working Group would then present findings to the DAC, and the DAC would review and present the findings to the Board, if changes to the original recommendation result from the findings.

In considering these options, the DAC was informed of a meeting between the Registrar, Bob Nakagawa, and the Assistant Deputy Minister of the Ministry of Health, Mark Armitage, held on May 22, 2020 to discuss the status of the removal of restrictions on pharmacist drug administration. At the meeting, the Ministry of Health advised the College that they would provide the College with information on a plan to move forward in a collaborative manner as soon as possible. The meeting of the DAC on May 25, 2020 was arranged prior to the meeting between the Registrar and the Assistant Deputy Minister.

Due to the advisement from the Ministry of Health that a timeline for moving forward on this file would be presented to the College in a timely manner, the DAC decided to postpone their decision and wait for the response from the Ministry of Health on a collaborative path forward.

Additionally, the DAC expressed interest in re-examining their previous recommendation to exclude Schedule IA drugs from pharmacist drug administration authority in light of buprenorphine extended-release injection, a limited coverage drug now available in BC for the management of moderate-to-severe opioid use disorder. This drug must be administered by a health care professional.

Next steps

The DAC will reconvene in early June to review the timeline presented by the Ministry of Health, and to discuss the options and next steps moving forward.

Appendix	
1	February 2019 Board Briefing Note (without appendices)
2	September 2019 Board Briefing Note (with appendices – ToR & Timeline)
3	November 2019 Board Briefing Note (without appendices)
4	April 2020 Board Briefing Note (without appendices)



College of Pharmacists
of British Columbia

BOARD MEETING February 15, 2019

12. Drug Administration Committee b) Injection Authority

DECISION REQUIRED

Recommended Board Motion:

Direct the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for cosmetic purposes and retaining current age limit restrictions.

Purpose

To consider approval of the general direction of the Drug Administration Committee (DAC) to amend the following sections of the [Health Professions Act \(“HPA”\) Bylaws, Schedule “F”, Part 4 “Certified Practice: Drug Administration by Injection and Intranasal Route, Standards, Limits and Conditions”](#) as follows:

- Amend the “Limits” to allow for injection and intranasal administration of any Schedule I and II medication with the exception of Schedule IA.
- Amend the “Limits” to restrict pharmacists from administering injections for cosmetic purposes.
- Amend the “Conditions” to outline new training requirements for injecting drugs and substances beyond immunizations, if required.
- Maintain the existing “Limits” on the age restrictions for injection and intranasal drug administration.¹

Background

The Standards, Limits and Conditions governing pharmacists’ administration of drugs by injection or intranasal route are established in Schedule “F”, Part 4 under the HPA Bylaws. The existing limits placed on injection drug administration are such that a practising pharmacist

¹ The current age restrictions stated in HPA Schedule “F” Part 4, for injection and intranasal drug administration are as follows: a practising pharmacist must not administer an injection to a child under 5 years old; and, a practising pharmacist must not administer a drug by intranasal route to a child under 2 years old.

must not administer a drug by injection or intranasal route unless it is for the purpose of immunization.

The limitation on drug administration authority to immunizations only is directed by the College. The Pharmacists Regulation under the HPA actually confers broad injection authority, as outlined under s. 4(1)(c.1). That provision states that pharmacists can administer a drug specified in Schedule I, IA or II of the Drug Schedules Regulation or a substance through the intradermal, intramuscular or subcutaneous injection or intranasal route.

The DAC was convened to review the College's Standards, Limits and Conditions on drug administration in light of the broad authority conferred by the Pharmacists Regulation and the broad authority granted to pharmacists practising in other jurisdictions. Additionally, evidence was reviewed to consider these limits in relation to patient safety and public protection.

The DAC met in October 2018 to discuss whether there should be a broad removal of the restrictions on injection authority or whether there should be an exclusion list of medications that a pharmacist should not administer (see Appendix 1 for the meeting discussion paper and Appendix 2 for the meeting minutes). They also discussed if there should be a step-wise approach in removing the restrictions on injection authority. It was concluded that more information was needed on the experience to-date of other pharmacy regulatory authorities (PRAs) in Canada that have granted broad injection authority. As such, it was determined that a questionnaire would be sent out to all PRAs in Canada who grant broad injection authority, to learn of their experiences and patient safety considerations. In addition, a meeting was convened in December 2018 to review the results, which included the following highlights:

- Six PRAs have broad injection authority for "any drug or vaccine".
- None used a step-wise approach to grant broad injection authority.
- None noted any patient safety concerns raised or complaints pertaining to broad injection authority.
- All concluded that broad injection authority was in the public interest.

See Appendix 3 for the meeting policy issue paper.

Discussion

The DAC made the following recommendations at their December 2018 meeting (see Appendix 4 for meeting minutes):

Amend the "Limits" to allow for injection and intranasal administration of any Schedule I and II medication with the exception of Schedule IA.

All PRAs reviewed, granted broad injection authority as conferred by their enabling legislation and regulations. There were no patient safety issues identified. As such, the DAC felt it was reasonable for the Board to consider granting broad injection authority, with the exception of Schedule IA drugs, provided that the practicing pharmacist exercises their professional

judgement regarding their knowledge of the drug prior to administration. Schedule IA drugs were deemed too high-risk to patient safety for pharmacist administration by injection or intranasal route.

The DAC had considered the possibility of using a step-wise approach to granting broad injection authority. A step-wise approach would involve expanding the eligible list of drugs and substances incrementally, and evaluating prior to expanding further. However, none of the PRAs reviewed had used or recommended a step-wise approach, and no evidence was found to suggest that this approach was necessary for patient safety.

Amend the “Limits” to restrict pharmacists from administering injections for cosmetic purposes

The DAC identified patient safety implications of granting pharmacists authority to administer injections for cosmetic purposes. Some of their key concerns were the lack of experience with the craniofacial muscles, general lack of knowledge of these substances, conflicts of interest and deviation from their scope of practice as pharmacists. As such, the recommendation is that cosmetic substances be excluded from the drugs and substances eligible for injection and intranasal drug administration authority. This recommendation is consistent with other PRAs in Canada that grant broad injection authority.

Amend the “Conditions” to outline new training requirements for injecting drugs and substances beyond immunizations

To ensure injection authority is broadened safely beyond immunizations, the DAC identified a need to review existing training requirements. This would involve a review of current recognized pharmacy education programs for injection drug administration to ensure alignment with the National Association of Pharmacy Regulatory Authorities’ ([“NAPRA”\) 15th competency for injections of other substances](#) (i.e. beyond immunization) is met within the course requirements.

Maintain the existing “Limits” on the age restrictions for injection and intranasal drug administration

After reviewing the age limit restrictions of other PRAs with broad injection authority and discussing patient safety considerations, the DAC identified no need to adjust the age limits if broad injection drug administration authority is granted. As noted above, the current age limits are such that a practising pharmacist must not administer an injection to a child under 5 years old, or a drug by intranasal route to a child under 2 years old.

Next Steps

If approved by the Board, amendments will be drafted to the HPA Bylaws Schedule “F” Part 4 to facilitate further engagement in the summer and further consultation regarding accredited training requirements. The amendments would then be brought to the September 2019 Board meeting to seek approval for a 60-day filing period with the Ministry of Health.

Appendix	
1	Discussion Paper – Pharmacists and Injection Authority
2	DAC October 23, 2018 Meeting Minutes
3	Policy Issue Paper – Pharmacists and Injection Authority
4	DAC December 11, 2018 Meeting Minutes



College of Pharmacists
of British Columbia

BOARD MEETING September 13, 2019

6. Drug Administration Committee b) Status Update – Drug Administration Authority

INFORMATION ONLY

Purpose

To provide the Board with an update on the progress of the Drug Administration Committee's ("DAC") work to remove the restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for cosmetic purposes and retaining current age limit restrictions.

Background

The Standards, Limits and Conditions governing pharmacists' administration of drugs by injection or intranasal route are established in [Schedule "F", Part 4](#) under the *Health Professions Act* ("HPA") Bylaws. The existing limits placed on injection drug administration are such that a practising pharmacist must not administer a drug by injection or intranasal route unless it is for the purpose of immunization.

The limitation on drug administration authority to immunizations only is directed by the College. The [Pharmacists Regulation](#) under the HPA actually confers broad injection authority, as outlined under s. 4(1)(c.1). That provision states that pharmacists can administer a drug specified in Schedule I, IA or II of the Drug Schedules Regulation or a substance through the intradermal, intramuscular or subcutaneous injection or intranasal route.

The DAC convened in October 2018 and December 2018 to review the College's Standards, Limits and Conditions on drug administration in light of the broad authority conferred by the Pharmacists Regulation and the broad authority granted to pharmacists practising in other jurisdictions. The DAC discussed whether there should be a broad removal of the restrictions on injection authority or whether there should be an exclusion list of medications that a pharmacist should not administer. They also discussed if there should be a step-wise approach in removing the restrictions on injection authority.

Additionally, the DAC reviewed evidence considering these limits in relation to patient safety and public protection. Experience in other jurisdictions noted that there were no patient safety concerns raised or complaints pertaining to broad injection authority and all concluded that broad injection authority was in the public interest.

The DAC recommended the following to the Board, to:

- Amend the "Limits" to allow for injection and intranasal administration of any Schedule I and II medication with the exception of Schedule IA;
- Amend the "Limits" to restrict pharmacists from administering injections for cosmetic purposes;
- Maintain the existing "Limits" on the age restrictions for injection and intranasal drug administration; and
- Amend the "Conditions" to outline new training requirements for injecting drugs and substances beyond immunizations, if required.

At the February 2019 Board meeting, the Board directed the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for cosmetic purposes and retaining current age limit restrictions.

Discussion

On April 10, 2019 the College received a letter from Mark Armitage, Assistant Deputy Minister, Ministry of Health addressed to the Board Chair. In this letter, the Assistant Deputy Minister invited the College to work with the Professional Regulation and Oversight Branch of the Ministry of Health to establish a working group, comprised of representatives of regulatory colleges of health professions with prescribing authority, to determine the impacts of removing the restrictions on pharmacist injection and intranasal administration of medications.

The Ministry of Health has indicated that removing the restrictions on pharmacist injection and intranasal administration of medications will have significant impacts on other health profession regulators, interprofessional practice and patient experiences of care.

The College has been working collaboratively with the Ministry of Health to draft the Terms of Reference for this working group – Safe Drug Administration by Pharmacists Working Group (Appendix 1), as well as a Timeline and Activities for this working group (Appendix 2).

Next Steps

The College is coordinating the first meeting of the Safe Drug Administration by Pharmacists Working Group. It is expected to occur in October 2019.

Appendix	
1	Safe Drug Administration by Pharmacists Working Group – Terms of Reference
2	Safe Drug Administration by Pharmacists – Timeline and Activities

Safe Drug Administration by Pharmacists Working Group

Terms of Reference

A. Background

Under the [Health Professions Act](#) (“HPA”), the Minister of Health may make, amend or repeal regulations respecting the scope of practice of a health profession.

In October 2009, the [Pharmacists Regulation](#) under the HPA was amended to enable pharmacists to perform injection drug administration. At the time, the intention of this amendment was to enable pharmacists to provide immunization services in response to the spread of Influenza H1N1. In 2015, the regulation was amended again to also include drug administration by intranasal route.

The [Pharmacists Regulation](#) currently enables pharmacists to administer any drug specified in Schedule I, IA or II of the Drug Schedules Regulation or a substance through intradermal, intramuscular or subcutaneous injection or intranasally. It also requires a committee to be established to develop, review and recommend the standards, limits and conditions under which a registrant may administer a drug or substance to patients and the successful completion of a certification program.

While the Pharmacists Regulation allows for administration of a broader range of drugs and substances by injection and intranasal route, this practice is currently restricted by the College of Pharmacists of British Columbia’s (“CPBC”) standards, limits and conditions, for the purposes of immunization¹.

In accordance with the Pharmacists Regulation, the Drug Administration Committee (“DAC”) was established to develop, review and recommend standards, limits and conditions in relation to pharmacist injecting and providing intranasal medications. The DAC includes confirmed members from other health professional colleges as well as the Ministry of Health.

At the February 15, 2019 meeting, the Board of CPBC, based on the recommendations of the DAC, approved directing the Registrar to:

- Remove current restrictions on pharmacist injection and intranasal administration of drugs or substances, with the exception of Schedule IA drugs;
- Restrict pharmacists from injecting for cosmetic purposes; and,
- Retain current restrictions on pharmacist drug administration relating to age which specify a pharmacist must not administer an injection to a child under 5 years old, nor administer a drug by intranasal route to a child under 2 years old.

¹ The College of Pharmacists of British Columbia [Bylaws, Schedule F – Part 4](#), “a practising pharmacist must not administer a drug by injection or intranasal route unless it is for the purposes of immunization”.

The Ministry of Health (via a letter dated April 10, 2019) requested that further analysis and consultation be conducted to determine the impacts of this change on patient safety and quality, other health profession regulators, interprofessional practice and patient experiences of care.

A. Constitution:

The Safe Drug Administration by Pharmacists Working Group (“the Working Group”) consists of at least 11 persons; two staff from College of Pharmacists of BC (“CPBC”), one representative from the CPBC’s Drug Administration Committee, one representative from each of the health regulatory colleges with prescribing authority, and four representatives from the Ministry of Health.

B. Purpose:

The purpose of the Working Group is to consider the patient safety risks and potential benefits of changing the authority of pharmacists to administer drugs or substances via intradermal, intramuscular or subcutaneous injection or intranasal routes, as stated within the CPBC Bylaws.

The Working Group will:

- Review the current standards, limits and conditions under which a pharmacist may administer a drug or substance to patients.
- Explore the patient safety risks, challenges and benefits related to changing pharmacists’ drug administration authority.
- Determine the impact of removing current restrictions related to pharmacist drug administration, including those proposed by the DAC.
- Identify possible impacts of removing current restrictions related to pharmacist drug administration on the broader healthcare system (including health professional regulatory colleges and the Ministry of Health) and potential mitigation strategies.
- Identify any public safety concerns related to changing pharmacists’ drug administration authority and mitigation strategies.

In completing its work, the Working Group will be focused on the impacts of pharmacist drug administration that are within the jurisdiction of regulatory colleges, including issues related to informed consent and interprofessional collaborative practice between CPBC’s registrants and those practicing another health profession.

While issues related to fees for drug administration are outside of the scope of the CPBC, the Ministry of Health may seek input from the working group via a Ministry-led agenda item to better understand the overall system impacts.

C. Function and Authority

The Working Group is established to provide findings and information to the DAC, Ministry of Health and other health professional regulatory colleges for consideration. The Working Group does not have authority to make decisions regarding pharmacist drug administration authority.

The DAC may consider this information when recommending potential changes to the CPBC's standards, limits and conditions for drug administration by pharmacists.

The Working Group will not recommend amendments to the CPBC's standards, limits and conditions on pharmacist drug administration as this is the role of the DAC.

Decisions respecting expansions to a health profession's scope of practice will continue to be initiated and made by the Minister of Health.

C. Membership:

Members will be selected by their respective regulatory organizations as having the authority and expertise to consider the risks to patient safety and potential benefits of changing pharmacists' drug administration authority.

- College of Pharmacists of British Columbia
- College of Pharmacists of British Columbia's Drug Administration Committee
- Ministry of Health
- Select Health professional regulatory colleges with prescribing authority*:
 - British Columbia College of Nursing Professionals
 - College of Dental Surgeons of British Columbia
 - College of Midwives of British Columbia
 - College of Naturopathic Physicians of British Columbia
 - College of Physicians and Surgeons of British Columbia
 - College of Podiatric Surgeons of British Columbia
 - College of Optometrists of British Columbia

*While Traditional Chinese Medicine practitioners have authority to prescribe, it is limited to the preparation and administration of a traditional Chinese medicine remedy, contained within the bylaws of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC (CTCMPA). These prescriptions are unlikely to be sold or administered in a pharmacy; consequently, CTCMPA have not been invited to participate in this Working Group.

D. Accountability:

- Individual group members are responsible to report Working Group information to the senior management team(s) of their respective organizations, as appropriate.
- Activities are guided by the legislation and bylaws relevant to the health professional regulatory colleges.

E. Working Methods:

- Meetings will begin in September 2019 and end in November 2019.
- Meetings will be held at the CPBC offices with a call-in option, unless otherwise noted.
- Meetings will be not be open to the public.

- The CPBC will be responsible for chairing meetings, agenda development and distribution as well as recording minutes.
- Working Group members may be tasked with collecting and presenting data from their respective organizations relating to the patient safety risks and benefits of changing the authority of pharmacists in respect of drug administration.

The Working Group’s activities will culminate in documented findings regarding the patient safety risks, mitigation strategies and benefits of changing pharmacists’ drug administration authority. These findings will be provided to the Ministry of Health, Drug Administration Committee and health profession regulatory colleges for consideration.

F. Revision History:

DATE	DESCRIPTION	AUTHOR
June 12, 2019	Creation of initial draft TOR	CPBC
July 19, 2019	Provision of feedback and edits	MoH
July 25, 2019	Provision of feedback and edits	CPBC
August 1, 2019	Acceptance of changes and provision of feedback and edits	MoH
August 2, 2019	Acceptance of changes and provision of feedback and edits	CPBC
August 7, 2019	Acceptance of changes and provision of edits	MoH

Safe Drug Administration by Pharmacists

Timeline and Activities

Project Goal: Functioning in an advisory capacity, consider the patient safety risks and potential benefits of changing the authority of pharmacists to administer drugs or substances via intradermal, intramuscular or subcutaneous injection or intranasal routes.

Additionally, to develop findings regarding the patient safety risks, mitigation strategies and the benefits of changing pharmacists' drug administration authority.

Timeframe	Activity	Description
August 7, 2019	Finalize terms of reference with Ministry of Health	CPBC and Ministry of Health to finalize the terms of reference.
August 9, 2019	Send Working Group Invitations	CPBC to send invitations to Working Group members (i.e., representatives from the Ministry of Health and select regulatory colleges of health professions with prescribing authority, as well select Drug Administration Committee members).
September, 2019	Launch the Working Group	<p>CPBC to hold a one-day session to launch the Working Group. This will involve an overview of CPBC, its departments and key functions, the role of a pharmacist and their education/training, etc.</p> <p>The purpose of this one-day session is to ensure that all Working Group members have a strong foundation on how CPBC works, its legislative authority, the practice of pharmacy in dispensing and administering drugs and in the Ministry of Health's rationale for requesting the establishment of this working group.</p>
September – November 2019	Working Group meetings to be Held	Up to three Working Group meetings (additional meeting can be scheduled if needed) to be held to discuss the patient-safety risks and benefits of removing restrictions on pharmacist injection and intranasal administration of medications. Focus will be on effects that are within the jurisdiction of regulatory colleges.

December 2019	Working Group to finalize findings	Working Group to prepare summary of findings for consideration for Ministry of Health, CPBC and the Drug Administration Committee, and other regulatory colleges.
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College of Pharmacists
of British Columbia

BOARD MEETING November 15, 2019

13. Drug Administration Committee: Pharmacists' Injection Authority Update

INFORMATION ONLY

Purpose

To provide the Board with an update from the first meeting of the Safe Drug Administration by Pharmacists Working Group (“Working Group”), which occurred on October 28, 2019.

Background

The [Pharmacists Regulation](#) enables pharmacists to administer any drug specified in Schedule I, IA or II of the *Drug Schedules Regulation* or a substance through intradermal, intramuscular or subcutaneous injection or the intranasal route. It also requires a committee to be established to develop, review and recommend the standards, limits and conditions under which a registrant may administer a drug or substance to patients and the successful completion of a certification program.

While the *Pharmacists Regulation* allows for administration of a broad range of drugs and substances by injection and the intranasal route, this practice is currently restricted by the College of Pharmacists of British Columbia’s (“CPBC”) standards, limits and conditions, for the purposes of immunization¹. In accordance with the *Pharmacists Regulation*, the Drug Administration Committee (“DAC”) was established to develop, review and recommend standards, limits and conditions in relation to pharmacist drug administration authority.

At its February 2019 meeting, based on the recommendations of the DAC, the Board directed the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications as follows (see Appendix 1):

- Amend the “Limits” to allow for injection and intranasal administration of any Schedule I and II medication with the exception of Schedule IA;
- Amend the “Limits” to restrict pharmacists from administering injections for cosmetic purposes; and
- Maintain the existing “Limits” on the age restrictions for injection and intranasal drug administration.

¹ The College of Pharmacists of British Columbia [Bylaws, Schedule F – Part 4](#), “a practising pharmacist must not administer a drug by injection or intranasal route unless it is for the purposes of immunization”.

On April 10, 2019 the College received a letter addressed to the Board Chair from Mark Armitage, Assistant Deputy Minister, Ministry of Health. In this letter, the Assistant Deputy Minister invited the College to work with the Professional Regulation and Oversight Branch of the Ministry of Health to establish a working group, comprised of representatives of regulatory colleges of health professions with prescribing authority, to determine the impacts of removing the restrictions on pharmacist injection and intranasal administration of medications.

The College worked collaboratively with the Ministry of Health to draft the Terms of Reference and Timeline and Activities for the Working Group (see Appendix 2).

Discussion

The first meeting of the Working Group occurred on October 28, 2019. In addition to College staff and a member of the DAC, attendees included representatives from the following:

- Ministry of Health
- British Columbia College of Nursing Professionals
- College of Dental Surgeons of British Columbia
- College of Naturopathic Physicians of British Columbia
- College of Physicians and Surgeons of British Columbia
- College of Podiatric Surgeons of British Columbia
- College of Optometrists of British Columbia

Key items discussed at the meeting included:

- Defining the need for removal of the restrictions on pharmacist injection authority using the principles of Right-touch regulation;
- Outlining the impacts of removing the current restrictions on pharmacist drug administration authority including defining the specific drugs or drug classes which would be included or excluded from the authority;
- Determining the potential impacts on the broader healthcare system (including health professional regulatory colleges and the Ministry of Health); and
- Considering existing drug administration issues that could be potentially addressed by pharmacists in the future, including expanding pharmacist administration to include intravenous infusions.

The Working Group will reconvene to discuss these items further and provide its findings to the Drug Administration Committee and the Ministry of Health.

Next Steps

Staff are in the process of scheduling a second meeting of the Working Group which will occur in late 2019 or early 2020.

Appendix	
1	February 2019 Board Meeting Note (not including appendices)
2	September 2019 Board Meeting Note (including appendices)



College of Pharmacists
of British Columbia

Board Meeting April 17, 2020

2b.x Legislation Review Committee **c) Update on Amendments to Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions**

FOR INFORMATION

Purpose

To provide the Board with an update on the Drug Administration Committee (“DAC”), and the status of the recommendation made by the DAC to the Board on February 15, 2019.

Background

In October and December of 2018, the DAC met twice to review the College of Pharmacists of BC (“CPBC”) restrictions on pharmacist drug administration in relation to patient safety and public protection. The DAC discussed options for removing restrictions, as conferred by the *Pharmacists Regulation*. The DAC also considered the experience of other pharmacy regulatory authorities in order to formulate evidence-based recommendations for the Board.

At its February 2019 meeting, based on the recommendations of the DAC, the Board directed the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications as follows:

- Amend the “Limits” to allow for injection and intranasal administration of any Schedule I and II medication with the exception of Schedule IA;
- Amend the “Limits” to restrict pharmacists from administering injections for cosmetic purposes; and
- Maintain the existing “Limits” on the age restrictions for injection and intranasal drug administration.

Safe Drug Administration by Pharmacists Working Group (Working Group)

In response to a request from Mark Armitage, Assistant Deputy Minister, Ministry of Health (“MoH”), the College worked with the Professional Regulation and Oversight Branch of the MoH to establish a working group, comprised of representatives of regulatory colleges of health professions with prescribing authority, to determine the impacts of removing the restrictions on pharmacist injection and intranasal administration of medications.

The first meeting of the Working Group occurred on October 28, 2019 (see Appendix 1). Working Group members discussed key issues and specific questions at this meeting.

Discussion

A presentation for the second meeting of the Working Group was prepared by College staff to address the key issues raised at the first meeting. This included reframing the removal of the College’s restrictions on pharmacist injection authority using the elements of Right-touch regulation, a joint presentation by the BC Pharmacy Association and the UBC Faculty of Pharmaceutical Sciences on their drug administration training programs for pharmacists, and presentation of data from the MoH on injectable drugs dispensed from community pharmacies over a one year period.

The second meeting of the Working Group was scheduled to take place on February 12, 2020, but cancelled after staff from the Professional Regulation and Oversight Branch indicated they were unable to participate. Additionally, in December 2019, the Professional Regulation and Oversight Branch announced a temporary moratorium on the submission of new bylaws. The *Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions* are within the *Health Professions Act* bylaws, and are subject to the moratorium. It is unknown when the moratorium will be lifted.

A meeting of the DAC was scheduled to take place on March 19, 2020, to discuss the progress of the Working Group, the findings that were to be presented at the second meeting of the Working Group, and to determine the next steps. The meeting was cancelled in response to DAC members’ and CPBC staff members’ escalating and urgent priorities with respect to the COVID-19 pandemic.

Next Steps

College staff are working to reschedule the DAC meeting as soon as possible.

Appendix	
1	October 28, 2019 Safe Drug Administration by Pharmacists Working Group Minutes (DRAFT)



College of Pharmacists
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8. Drug Administration Committee: Pharmacists' Injection Authority Update

Alex Dar Santos

Member, Drug Administration Committee



Purpose

- To provide the Board with an update on the Drug Administration Committee and the status of the recommendation made by the Drug Administration Committee to the Board on February 15, 2019.

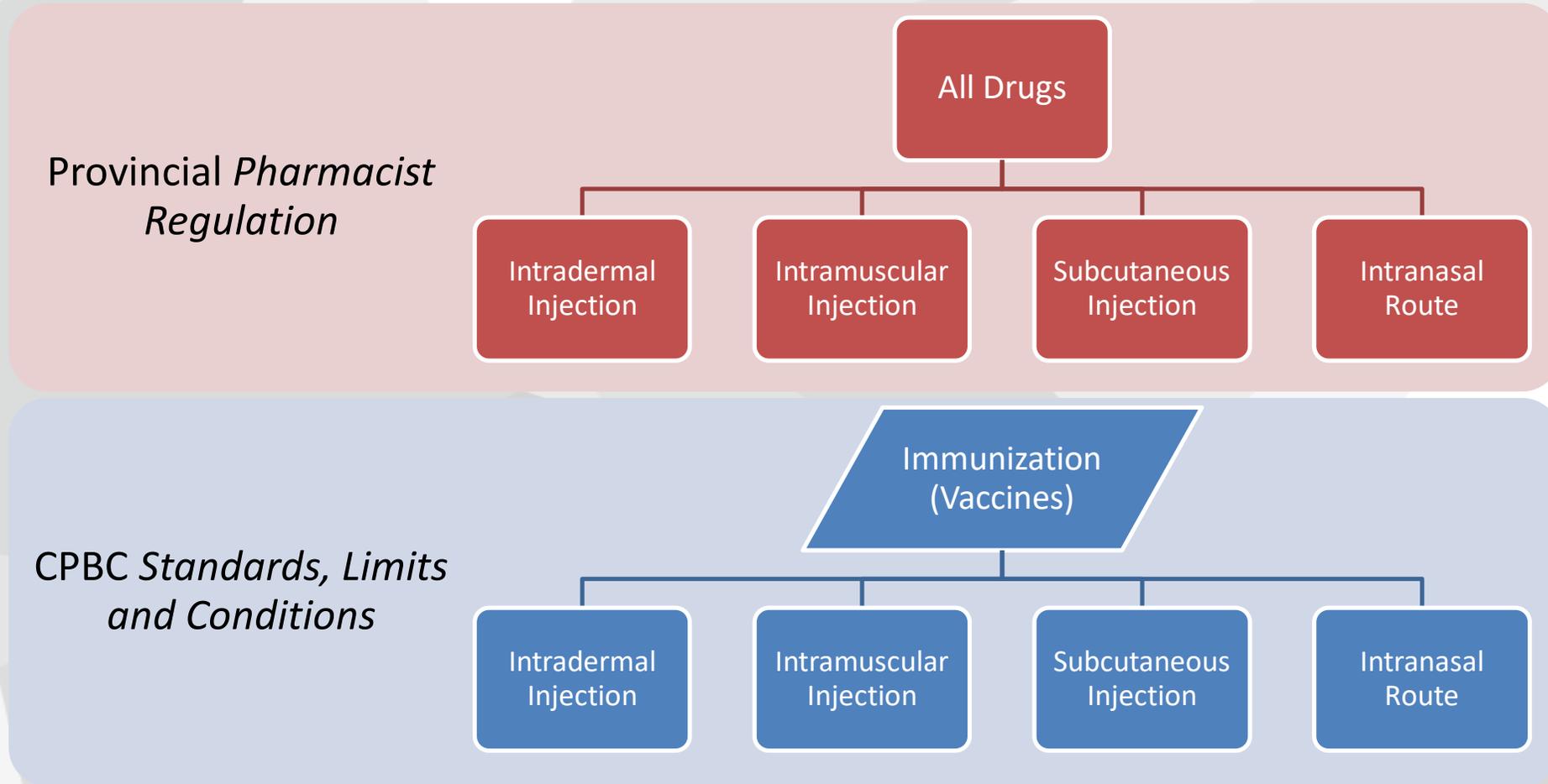


Background: Drug Administration Committee

- The Drug Administration Committee (DAC) is established in accordance with the Provincial *Pharmacists Regulation*, s. 4.1 (1).
- The purpose of the DAC is to review, develop and recommend the Standards, Limits and Conditions under which a registrant may administer a drug or substance to patients.
- The DAC convened in late 2018 to review the College of Pharmacists of BC (CPBC) Standards, Limits and Conditions on pharmacist drug administration and to consider the experience of other pharmacy regulatory authorities in order to formulate evidence-based recommendations for the Board.



Background: Pharmacist Drug Administration in BC





DAC Recommendations to the Board – February 2019

- Amend the “Limits” to allow for injection and intranasal administration of any Schedule I and II medication, with the exception of Schedule IA.
- Amend the “Limits” to restrict administering injections for cosmetic purposes.
- Maintain the existing “Limits” on the age restrictions.
- Amend the “Conditions” to outline new training requirements for injecting drugs and substances beyond immunizations, if required.



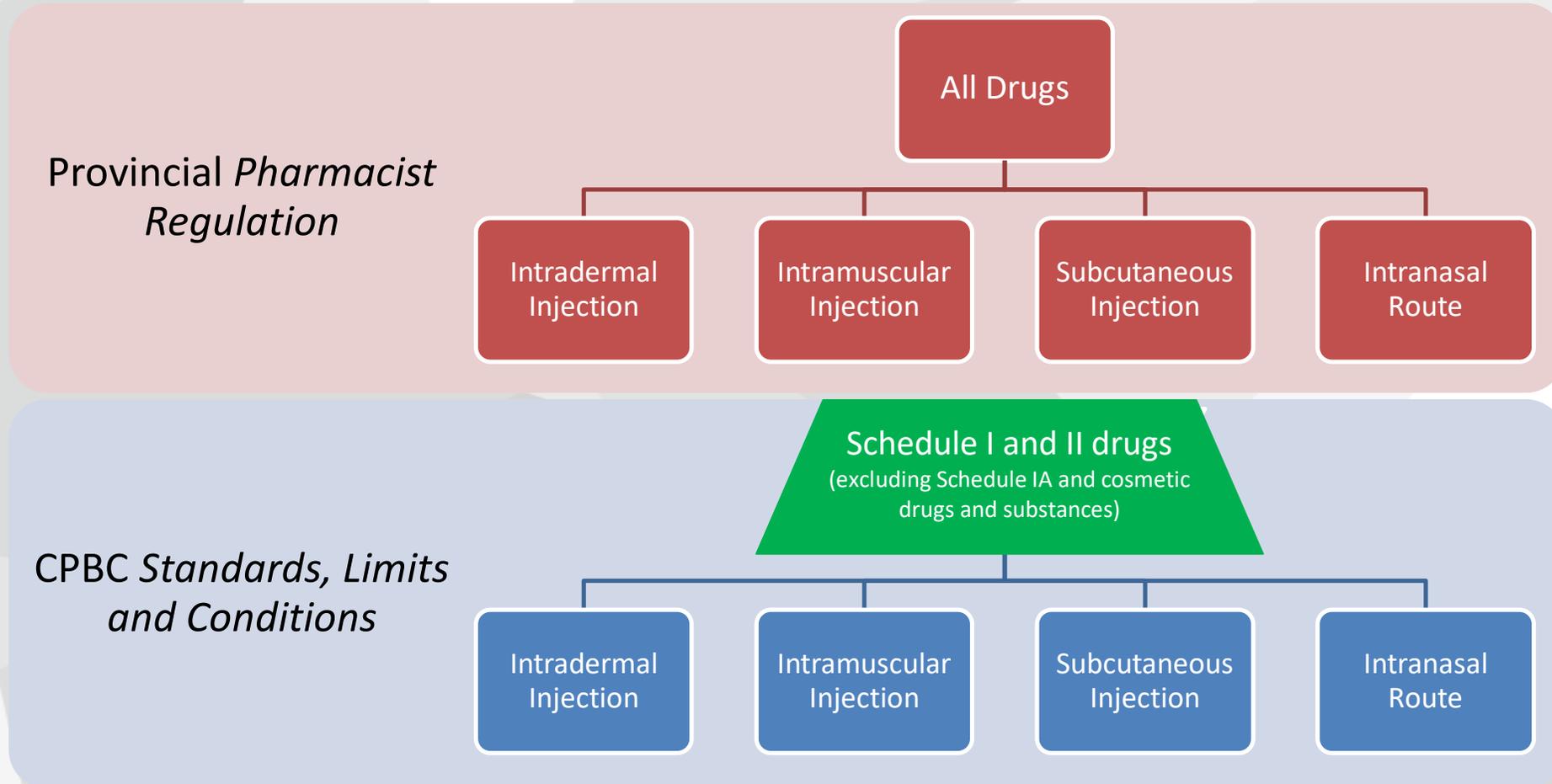
Motion Approved by the Board February 15, 2019

MOTION:

Direct the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for Schedule 1A drugs and drugs for cosmetic purposes and retaining current age limit restrictions.



Background: Pharmacist Drug Administration in BC





Ministry of Health Letter – April 10, 2019

- Letter invited the CPBC to work with the Ministry of Health to establish a working group.
- The Ministry of Health and CPBC worked collaboratively to establish a working group and the Terms of Reference for this working group.



April 10, 2019

1130478

Mr. Arden Barry, RPh
Chair
College of Pharmacists of British Columbia
200 – 1765 W 8th Ave
Vancouver BC V6J 5C6

Dear Mr. Barry:

I write to you regarding the February 15, 2019 decision of the Board of the College of Pharmacists of British Columbia (CPhBC) to amend the current standards, limits and conditions relating to pharmacist drug administration by injection and intranasal route contained within Schedule F – Part 4 of your bylaws.

Since 2009, pharmacists have been a critical component of enhancing patient access to immunization services in our province. I note that on February 15, 2019 the Board of CPhBC directed the Registrar to:

- Remove current restrictions on pharmacist injection and intranasal administration of medications;
- Restrict the administration of injections for Schedule IA drugs and drugs for cosmetic purposes; and,
- Retain current restrictions on pharmacist drug administration relating to age which specify a pharmacist must not administer an injection to a child under 5 years old, nor administer a drug by intranasal route to a child under 2 years old.

It is my understanding that CPhBC intends to draft bylaw amendments as per the direction of the Board and seek approval at the September 2019 Board meeting. I acknowledge CPhBC is acting within the current regulatory framework; however, expanding pharmacist injection authority will have significant impacts on other health profession regulators, interprofessional practice and patient experiences of care. As a result, I ask that the Board extend the proposed timeline to enable enough time for CPhBC and the Ministry to conduct further analysis and consultation.

I invite CPhBC to work with the Ministry to establish a working group, comprised of representatives of regulatory colleges of health professions with prescribing authority, to determine the impacts of expanded pharmacist injection authority.



Safe Drug Administration by Pharmacists Working Group

- Working Group members include representatives from regulatory colleges with prescribing authority, the Ministry of Health, and CPBC.
- The purpose of the Working Group is to determine the impacts of removing the restrictions on pharmacist injection and intranasal administration, specifically the impacts:
 - On other health profession regulators,
 - On interprofessional practice, and
 - On patient experiences of care.
- Findings of the Working Group are to be presented to the DAC, the Ministry of Health, and other regulatory colleges for consideration.



First Meeting of the Working Group

- The first meeting occurred October 28, 2019
- Key items discussed:
 - Reframing the removal of the restrictions using the principles of Right-touch regulation;
 - Outlining the impacts of removing the restrictions, including defining the specific drugs or drug classes which would be included or excluded from the authority;
 - Determining the potential impacts on the broader healthcare system; and
 - In the future, consider existing drug administration issues that could be potentially addressed by pharmacists, including expanding pharmacist administration to include intravenous infusions.



Second Meeting of the Working Group

A second Working Group meeting was planned and a presentation was prepared to address the key issues raised at the first meeting:

1. Re-framed the removal of the College's restrictions on pharmacist injection authority using the principles of Right-touch regulation.
2. Requested data from the Ministry of Health on all Schedule I and II injectable drugs dispensed from community pharmacies during a one year period to examine potential impact of removal of restrictions.
3. Invited BC Pharmacy Association and the UBC Faculty of Pharmaceutical Sciences to present information on their training programs.



Second Meeting of the Working Group

- Second meeting was scheduled for February 12, 2020.
- Meeting was cancelled and did not take place, as the staff from the Ministry of Health's Professional Regulation and Oversight Branch were unable to participate.



Meeting with Ministry of Health May 22, 2020

- On May 22, 2020 the Registrar and staff met with the Assistant Deputy Minister, Mark Armitage, to discuss the status of the removal of restrictions on pharmacist drug administration.
- At the meeting, the Ministry of Health indicated that they would provide the College with information on a plan to move forward in a collaborative manner as soon as possible.



Drug Administration Committee Meeting May 25, 2020

- The DAC reconvened on May 25, 2020 to receive an update on the following:
 - The status of the Safe Drug Administration by Pharmacists Working Group
 - The status of the recommendation made by the DAC to the Board on February 15, 2019
- At the meeting the DAC discussed options for moving forward with the removal of restrictions on pharmacist drug administration, and decided to wait for the Ministry of Health's response before making a decision.
- The DAC also discussed re-examining their previous recommendation to restrict Schedule IA drugs in light of a new injectable Schedule IA drug available for the management of opioid use disorder.



Drug Administration Committee – Next Steps

- The DAC will reconvene in early June to review the timeline presented by the Ministry of Health, and to discuss the options and next steps moving forward.



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Questions

