



**Board Meeting
February 26, 2021
Via Video Conference**

MINUTES

Members Present:

Claire Ishoy, Chair, District 7
Steven Hopp, Vice-Chair, District 4
Alex Dar Santos, District 1
Christine Antler, District 2
Andrea Silver, District 3
Michael Ortynsky, District 5
Anca Cvaci, District 6
Bal Dhillon, District 8
Tracey Hagkull, Government Appointee
Anne Peterson, Government Appointee
Katie Skelton, Government Appointee
Justin Thind, Government Appointee

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
Christine Paramonczyk, Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement
Kimberly Hilchie, Pharmacy Policy Consultant
Stephanie Kwok, Executive Assistant and Board Coordinator
Hilary Leung, Policy and Legislation Analyst
Anu Sharma, Senior Policy and Legislation Analyst

Guests:

Michael Coughtrie, Dean, UBC Faculty of Pharmaceutical Sciences

Guests Presenters:

Dr. Ellen Balka, Senior Scientist, Centre for Clinical Epidemiology & Evaluation, Vancouver Coastal Health Research Institute
Corinne Hohl, Scientist, Centre for Clinical Epidemiology & Evaluation, Vancouver Coastal Health Research Institute
Nelson Lah, PRIME Implementation Lead
Elena Prill, PRIME Change Management Lead
Sarah Pugh, PRIME Product Owner
Sara Shields, PRIME Communication Lead
Leanne Warren, Director, Information & PharmaNet Development

1. WELCOME & CALL TO ORDER

Chair Ishoy called the meeting to order at 11:13am on February 26, 2021.

Chair Ishoy acknowledged the Syilx (pronounced Say-el-ks) Okanagan people on whose unceded traditional territories she is chairing this meeting from.

She also recognized that attendees of the videoconference are joining the call from different locations across BC, she acknowledged that the Indigenous Peoples are the traditional stewards of the lands and waters from where each of us is attending the meeting from.

February is Black History Month, Chair Ishoy encouraged the Board, Registrants and the Public to take a moment to reflect on and celebrate the achievements of Black Canadians throughout our country's history.

2. CONSENT AGENDA

a) Items for further discussion

District 1 Board Member, Alex Dar Santos requested that item 2b.x *Approval of Amendments to the Board Reference and Policies* be removed from the Consent Agenda and placed onto the regular Agenda for further discussion.

b) Approval of Consent Items (Appendix 1)

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

CARRIED

3. CONFIRMATION OF AGENDA (Appendix 2)

It was moved and seconded that the Board:
Approve the February 26, 2021 Draft Board Meeting Agenda as amended.

CARRIED

4. AUDIT AND FINANCE COMMITTEE: BUDGET 2021/22 (Appendix 3)

Steven Hopp, Chair of the Audit and Finance Committee presented on the College's budget for 2021/22. Two draft budget options were provided to the Board for consideration. The Audit and Finance Committee met on February 3, 2021 and unanimously recommended option B for the Board's approval. This option will replenish the reserves more quickly, will allow for a quicker return to only cost of living increases and allows for funds to be available for future projects.

It was moved and seconded that the Board:
Approve the 2021/2022 budget, Option B, with total expenditures in the amount of \$10,603,446 and a transfer from the balance sheet in the amount of \$924,359, as presented.

CARRIED

5. PRIME: COMMUNITY PHARMACY SITE REGISTRATION (Appendix 4)

Sarah Pugh, PRIME (PharmaNet Revisions for Information Management Enhancements) Product Owner and Leanne Warren, Director, Information & PharmaNet Development provided to the Board an overview of PRIME and the number of benefits that PRIME will achieve.. It is the Ministry of Health's new online tool for healthcare professionals to request approval to access PharmaNet.

6. LEGISLATION REVIEW COMMITTEE (Appendix 5)

a) Amendment to Bylaws under the *Health Professions Act* on Temporary Registration

Justin Thind, Chair of the Legislation Review Committee presented to the Board on the proposed amendments to the *Health Professions Act* Bylaws on temporary registration requiring temporary registrants to submit additional information every 12 months.

It was moved and seconded that the Board:

Approve the following resolutions:

- 1) *RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act ("HPA"), the Board of the College of Pharmacists of BC approve the proposed bylaws made under the HPA regarding temporary registration during a declared emergency lasting up to and longer than 12 months for public posting, as circulated, and to request a shortened public posting period from the Minister of Health.*
- 2) *RESOLVED THAT, should no comments be received during the public posting period, in accordance with the authority established in section 19(1) of the Health Professions Act ("HPA"), and subject to the requirements in section 19(3) of the HPA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under the HPA regarding temporary registration during a declared emergency lasting up to and longer than 12 months, as circulated, for filing with the Minister of Health, and to request a shortened filing period from the Minister of Health to bring the amendments into force as soon as possible.*

CARRIED

b) Amendments to the Health Professions Act Bylaws, Schedule "C" To Recognize PharmAchieve's Drug Administration Course

Justin Thind, Chair of the Legislation Review Committee presented to the Board on the proposed amendments to the *Health Professions Act* Bylaws, Schedule "C" to officially recognize PharmAchieve's injection program as part of the educational programs that can be taken to fulfil requirements for the certified practice of drug administration by injection and intranasal route.

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

RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act, the Board approve the proposed bylaws of the College of Pharmacists of British Columbia related to amending Schedule "C" - Recognized Education Programs, to incorporate PharmAchieve's injection educational program for pharmacists, for public posting, as circulated.

CARRIED

7. ACTIONADE 1.0: IMPLEMENTED – PAST, PRESENT, FUTURE (Appendix 6)

Dr. Ellen Balka and Dr. Corinne Hohl, Senior Scientist and Scientist from the Centre for Clinical Epidemiology & Evaluation, Vancouver Coastal Health Research Institute presented to the Board the project history and funding of the ActionADE Software and its plans and goals going forward.

8. STRATEGIC PLAN 2021/22 TO 2025/26 (Appendix 7)

Mary O'Callaghan, Chief Operating Officer presented to the Board the amendments to the College's Strategic Plan goals and objectives and their effective dates, due to delays caused by COVID-19.

It was moved and seconded that the Board:
Approve the amended Strategic Plan Goals and Objectives, as circulated and the amended effective dates of March 1, 2021 to February 28, 2026.

CARRIED

9. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA

2b.x Approval of Amendments to the Board Reference and Policies

As the guidelines to the submission of expense claims for conference attendance are not clearly understood across the Board, Anne Peterson, Chair of the Governance Committee recommended to the Board that the Board Chair, in consultation with the Registrar should be providing written clarification around honoraria for all conference attendance.

It was moved and seconded that the Board:
Approve a revision to subsection 6(d) under section 4.11 "Reimbursement of Expenses to Board and Committee Members" in the College of Pharmacists of British Columbia Board Reference and Policies document to state the following: "Honoraria will not be paid for the following (unless prior written approval from the Board Chair, in consultation with the Registrar, on a case by case basis)."

CARRIED

ADJOURNMENT

Chair Ishoy adjourned the meeting at 2:55pm on February 26, 2021.



College of Pharmacists
of British Columbia

BOARD MEETING February 26, 2021

2. Consent Agenda b) Approval of Consent Items

DECISION REQUIRED

Recommended Board Motion:

Approve the Consent Agenda as circulated, or amended.

- i. Chair's Report
- ii. Registrar's Update
 - a. Compliance Certificate
 - b. Risk Register (February 2021)
 - c. Action Items & Business Arising
- iii. Approval of November 20, 2020 Draft Board Meeting Minutes **[DECISION]**
- iv. Committee Updates
- v. Audit and Finance Committee: Finance Report: November 2020 Financials
- vi. Approval of November 19, 2020 Draft Committee of the Whole Meeting Minutes **[DECISION]**
- vii. Approval of 2020 Draft Annual General Meeting Minutes **[DECISION]**
- viii. Approval of January 14, 2021 Draft Board Resolution Minutes **[DECISION]**
- ix. Appointment of Vice-Chair to the Governance Committee **[DECISION]**
- x. Approval of Amendments to the Board Reference and Policies **[DECISION]**



College of Pharmacists
of British Columbia

BOARD MEETING February 26, 2021

2b.i. Chair's Report

INFORMATION ONLY

It is my pleasure to provide this report for the February 2021 meeting. Since the previous Board Meeting report (November 2020), I have been involved in the following activities as Board Chair:

General:

- Liaised with Registrar, Vice Chair and Board to plan February 2021 Board meeting
- Reviewed draft November 2020 board meeting and Committee of the Whole meeting minutes
- Attended regular teleconferences with Registrar and Vice-Chair on Board items including those related to February 2021 board meeting
- Liaised with Karen Graham regarding strategic planning session
- Liaised with guest speaker for February Committee of the Whole meeting
- Communications regarding Registrar evaluation process and finalized registrar evaluation process
- Handover from previous chair
- Answered general questions/queries of fellow Board members

Events:

- Presented to the Pharm 341 class on the role of the College
- Signed up for San'yas training

Committees:

- Audit and Finance Committee
- Governance Committee
- Registrar Evaluation and Succession Planning Committee
- Legislation Review Committee

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 24, 2020

Non-profit Tax Return – Filed August 31, 2020

Non-profit Information Return – Filed August 31, 2020

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.

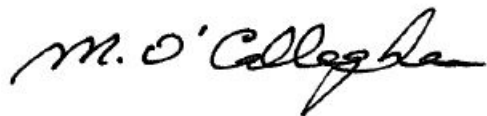
Insurance – all insurance policies are up to date.

Business Licence – current.

Signed by:



Registrar



Chief Operating Officer

BOARD MEETING

February 26, 2021

2b.ii Registrar's Update

c) Action Items & Business Arising

INFORMATION ONLY

MOTIONS/ACTION ITEMS		RELEVANT BOARD MEETING	STATUS
1.	<p>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: At their September 2020 meeting, in light of the COVID-19 State of Emergency, the Board approved extending the implementation plan to adopt the Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations and the Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations from May 2021 to July 2022.</p>	04-2017	IN PROGRESS
2.	<p>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. This is set to begin in early 2021.</p>	06-2017	IN PROGRESS
3.	<p>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
4.	<p>Motion: If new requirements are deemed necessary, direct the Registrar to propose that the Ministry of Health consider</p>	02-2018	COMPLETED

MOTIONS/ACTION ITEMS		RELEVANT BOARD MEETING	STATUS
	<p>amending their PharmaNet Professional and Software Compliance Standards document to enhance the software security requirements of the local pharmacy computer systems."</p> <p>Status: Ministry of Health has posted conformance standards and will come into effect December 31/2020.</p>		
5.	<p>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.</p> <p>Status: Research and analysis has begun. Further, the College has engaged the Ministry of Health on the topic of amending the Drug Schedules Regulation to allow for scheduling by reference. No further update at this point. The current status is still in effect.</p>	11-2018	IN PROGRESS
6.	<p>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.</p> <p>Status: At the November Board meeting, the Board accepted the amendments, in principle to the Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions, as circulated. Registrar Nakagawa reported to the Board on his meeting with Mark Armitage, Assistant Deputy Minister, Health Sector Workforce and Beneficiary Services Division, Mitch Moneo, Assistant Deputy Minister, Pharmaceutical, Laboratory & Blood Services Division and David Byres, Associate Deputy Minister, Clinical Leadership on November 16, 2020. He expressed the Board's desire to collaborate with the Ministry in this matter. The Board asked Registrar Nakagawa to follow-up with another conversation with the Ministry and keep the Board apprised of the progress.</p> <p>Registrar Nakagawa had a subsequent discussion with Ministry of Health executives on December 10, 2020, who requested a more fulsome report addressing the rationale for removing the restrictions on drug administration.</p> <p>The College has drafted a "Drug Administration by Pharmacists" document to be discussed with the Ministry tentatively planned for February 2021.</p>	02-2019	IN PROGRESS

MOTIONS/ACTION ITEMS		RELEVANT BOARD MEETING	STATUS
7.	<p>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.</p> <p>Status: The NAPRA Medication Incident Working Group resumed work in August 2020 and is scheduled to meet in February 2021 to continue work on the Draft Model Standards for Continuous Quality Improvement and Medication Incident Reporting. The final draft is anticipated to be completed by Fall 2021. The current status is still in effect.</p>	09-2019	IN PROGRESS
8.	<p>Direct the Registrar to engage with the Ministry of Health to move the amendments to the Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions forward.</p> <p>Status: See update under: "Motion: Direct the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for Schedule 1A drugs and drugs for cosmetic purposes and retaining current age limit restrictions."</p>	09-2020	IN PROGRESS
9.	<p>Direct the Registrar to implement the annual fee increases as stated in the 2020-21 budget, 5.25% increase effective November 2020 for pharmacists and pharmacy technicians, and 5.5% increase effective approximately April 2021 for pharmacies.</p> <p>Status: HPA fee increases are in effect. PODSA fee increases have been filed with the Ministry of Health.</p>	09-2020	IN PROGRESS
10.	<p>Direct the Registrar to remove natural health products from the Drug Schedules Regulation in a step-wise manner to align with the removal of natural health products from the National Association of Pharmacy Regulatory Authorities' National Drug Schedules.</p> <p>Status: Work is underway to implement the Board's direction. Currently, there is a Ministry of Health moratorium on changes to the Drug Schedules Regulation. Staff are awaiting that moratorium to be lifted to allow for the removal of natural health products.</p>	09-2020	IN PROGRESS



College of Pharmacists
of British Columbia

BOARD MEETING February 26, 2021

2b.iii Approval of November 20, 2020 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the November 20, 2020 draft Board meeting minutes as circulated.

Appendix

1

[http://library.bcpharmacists.org/2 About Us/2-1 Board/Board Videoconference Minutes-20201120.pdf](http://library.bcpharmacists.org/2%20About%20Us/2-1%20Board/Board%20Videoconference%20Minutes-20201120.pdf)



College of Pharmacists
of British Columbia

BOARD MEETING February 26, 2021

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 and will not be submitting minutes.

i. Application Committee

The Application Committee met six times since the last Board meeting. The committee reviewed fourteen pharmacy files. Ten files were incomplete renewals, and four pharmacy files were eligibility-related cases. Please note, as this update was submitted on February 11, 2021, the number of pharmacy files reviewed may increase dependent on the number of cases reviewed in February. (E.g., late February renewal and any new eligibility cases.)

ii. Audit and Finance Committee

The Audit and Finance Committee met on February 3, 2021 to review the November financial reports and consider budget options for 2021/22.

iii. Discipline Committee

The Discipline Committee did not have any files heard in court for the period of October 2020 to December 2020. There are three pending files. Two files have been resolved via consent order pursuant to section 37.1 of the HPA.

iv. Drug Administration Committee

The Drug Administration Committee has not met since the last Board meeting.

v. Ethics Advisory Committee

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

vi. Governance Committee

The Governance Committee (The Committee) met on February 1, 2021 via videoconferencing. The committee reviewed the November 20, 2020 Board meeting evaluation survey results and discussed about the following survey comments:

- Board meeting rules and structure (Roberts Rules);
- In-Camera session guidelines;
- Informal check-ins amongst Board members;
- Breaks during Board meeting; and
- Board meeting agenda planning and development.

The Committee will be recommending to the Board for approval at the upcoming February Board meeting, the appointment of Christine Antler to the Governance Committee as Vice-Chair for a 1-year term, ending April 30, 2022.

The Committee will also be making a revision to the Board Reference and Policies around honoraria for attending conferences.

vii. Inquiry Committee

The Inquiry committee met five times via videoconference and fourteen times via teleconference for the period of October 2020 to December 2020. Seventy-three files were reviewed or disposed of, of which thirty-two files were new files, twenty-five were reconsideration files, and sixteen were PODSA s. 18 report files. 252 calls/tips were received during this reporting period and fifty-four formal complaints were received. The increase in number of files disposed by the Inquiry Committee for the months of October to December 2020 can be attributed to registrants requesting for reconsideration of the terms in their consent agreements and registrants breaching terms of their consent agreements. The increase in number of formal complaints received can be attributed to increase in the number of referrals from other College departments, in number of own motion complaints pursuant to section 33(4) of the HPA and to COVID-19 related issues.

viii. Jurisprudence Examination Subcommittee

The Jurisprudence Examination Subcommittee met once since the last Board meeting to review the statistical data and candidate comments from the November 23, 2020 exam sitting.

ix. Legislation Review Committee

The Legislation Review Committee twice in January 2021: on January 13th and January 26th. They discussed and recommended the following items to proceed for the Board's consideration and approval: fee changes under the *Pharmacy Operations and Drug Scheduling Act* – Bylaws; new temporary registration provisions relating to emergencies that last up to and more than a year; and, adding a new pharmacist educational program under Schedule "C" of the *Health Professions Act* – Bylaws.

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 on January 28, th 2021 and discussed the following agenda items:

- PRP operational updates including review statistics, risk register, and Insight Articles
- Virtual Reviews – launch, refinement, and forecasts
- Development plan for the 2020-21 Fiscal Year Report

xii. Quality Assurance Committee

The Quality Assurance Committee met on November 26th, 2020 and discussed the following agenda items:

- PDAP operational updates including CE submission, exemption and mobile statistics, and feedback survey responses
- COVID 19 Exemptions
- CE Audit updates
- QAC policies

xiii. Registrar Evaluation and Succession Planning Committee

The Registrar Evaluation and Succession Planning Committee met on December 7, 2020 via videoconference. The 2020/21 proposed goals for the Registrar and CEO will be considered for approval by the Board at the February 2021 Board meeting.

xiv. Registration Committee

The Registration Committee met four times since the last Board meeting. The committee reviewed two registrant files, in which both files were requests for exceptions to the registration requirements. Please note, as this update was submitted on February 11, 2021, the number of cases may increase if we receive more cases in February.

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

BOARD MEETING February 26, 2021

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

INFORMATION ONLY

Purpose

To report on the highlights of the November 2020 financial reports.

Background

The November 2020 financial reports reflect **nine 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 \$1,480,000. Investments at the end of November totalled over \$4.7 million. Payables and accruals are just under \$770,000.

Revenue

The total *Licensure revenues* are slightly under budget, by about \$202,000 or 3%. This is primarily due to the 2020 University of British Columbia graduates being unable to register as full pharmacists until they receive the Objective Structured Clinical Examination results. These results were released in early January. *Other revenues* (administrative fees, etc.) are over budget by about \$41,000. This is mainly due to the recognition of deferred grant revenue being recognised regarding the final payment of the ActionADE PharmaNet grant. Investment income is also under budget by about \$17,000, while Joint Venture income is right on budget. The combined result is that actual revenues are under budget, by approximately \$105,000 or 1% under budget.

Expenses

Total Year to Date Actual expenditures are considerably under budget, by a little over \$870,000 or 10%. 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	621,341	455,056	Reduced travel and accommodation and conferences.
Finance and Administration	1,499,090	1,432,960	Reduced professional development and bank fees.
Information Technology	1,742,819	1,760,562	Timing of projects re: Cyber Security review, etc.
Grant Distribution	0	50,000	Timing of grant payment
Registration & Licensure	770,170	650,003	Salary gapping and reduced committee travel and accommodation.
Quality Assurance	238,654	207,077	Timing.
Practice Review	1,266,685	1,044,328	Reduced travel and accommodation for committee meetings and compliance officers, salary gapping, and timing re: outside services.
Complaints Resolution	1,357,661	1,216,319	Salary gapping and timing re: legal and outside services.
Policy and Legislation	421,634	340,815	Salary gapping.
Communications & Engagement	311,004	299,531	Timing re: engagement activities.
Projects	92,320	0	Timing re: outside services.
Amortization	222,663	214,514	
Total Expenses	8,544,039	7,671,164	10% under budget. (\$872,875)

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

College of Pharmacists of BC

Statement of Financial Position

As at November 30, 2020

ASSETS	
Cash and Cash Equivalents	1,480,457.79
Investments	4,785,071.65
Receivables	113,627.47
Prepaid Expense and Deposits	353,682.82
Current Assets	6,732,840
Investments in College Place Joint Venture	1,472,190.03
Development Costs	107,353.03
Property & Equipment	639,534.49
Non-current Assets	2,219,078
Total Assets	8,951,917

LIABILITIES AND NET ASSETS	
Payables and Accruals	767,545.80
Capital Lease Obligations (Current)	2,582.85
Deferred Revenue	5,235,746.23
Deferred Contributions	10,237.10
Total Current Liabilities	6,016,112
Capital Lease Obligations (non-current)	32,719
Total Liabilities	6,048,831
Total Net Assets	2,903,087
Total Liabilities and Net Assets	8,951,917

College of Pharmacists of BC

Statement of Revenue and Expenses

For the 9 months ended November 30, 2020

	Budget YTD 2020/21	Actual YTD 2020/21	Variance (\$) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Licensure revenue	7,239,904	7,038,242	(201,662)	(3%)
Non-licensure revenue	365,200	462,138	96,938	27%
Transfer from Balance Sheet	-	-	-	0%
Total Revenue	7,605,104	7,500,381	(104,723)	(1%)
Total Expenses Before Amortization	8,321,376	7,456,650	864,726	10%
Amortization	222,663	214,514	8,149	4%
Total Expenses Including Amortization	8,544,039	7,671,164	872,875	10%
Net Surplus/(Deficit) of revenue over expenses after amortization expense	(938,935)	(170,783)	768,152	

College of Pharmacists of BC

Statement of Revenue

For the 9 months ended November 30, 2020

	Budget YTD 2020/21	Actual YTD 2020/21	Variance (\$) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Pharmacy fees	2,750,284	2,705,901	(44,382)	(2%)
Pharmacists fees	3,791,415	3,673,803	(117,613)	(3%)
Technician fees	698,205	658,538	(39,667)	(6%)
Licensure revenue	7,239,904	7,038,242	(201,662)	(3%)
Other revenue (fines/assessments, late fees, certificate of letter of standing)	72,180	144,808	72,627	101%
Grant Revenue	10,020	51,560	41,540	415%
Investment income	98,160	80,930	(17,229)	(18%)
College Place joint venture income	184,840	184,840	0	0%
Non-licensure revenue	365,200	462,138	96,938	27%
Transfer from Balance Sheet	-	-	-	0%
Total Revenue	7,605,104	7,500,381	(104,723)	(1%)

College of Pharmacists of BC

Statement of Expenses

For the 9 months ended November 30, 2020

	Budget YTD 2020/21	Actual YTD 2020/21	Variance (\$) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Expenses				
Board and Registrar's Office	621,341	455,056	166,285	27%
Finance and Administration	1,499,090	1,432,960	66,130	4%
Information Technology	1,742,819	1,760,562	(17,743)	(1%)
Grant Distribution	-	50,000	(50,000)	0%
Registration and Licensure	770,170	650,003	120,167	16%
Quality Assurance	238,654	207,077	31,577	13%
Practice Reviews	1,266,685	1,044,328	222,358	18%
Complaints and Investigations	1,357,661	1,216,319	141,342	10%
Policy and Legislation	421,634	340,815	80,818	19%
Communications and Engagement	311,004	299,531	11,473	4%
Projects	92,320	-	92,320	100%
Total Expenses Before Amortization	8,321,376	7,456,650	864,726	10%
Amortization	222,663	214,514	8,149	4%
Total Expenses Including Amortization	8,544,039	7,671,164	872,875	10%



College of Pharmacists
of British Columbia

BOARD MEETING February 26, 2021

2b.vi Approval of November 19, 2020 Draft Committee of the Whole Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the November 19, 2020 draft Committee of the Whole meeting minutes as circulated.

Appendix	
1	November 19, 2020 Draft Committee of the Whole Meeting Minutes



**Committee of the Whole Meeting
November 19, 2020
Via Video Conference**

MINUTES

Members Present:

Christine Antler, Chair, District 2
Anca Cvaci, Vice-Chair, District 6
Alex Dar Santos, Board member, District 1
Andrea Silver, Board member, District 3
Steven Hopp, Board member, District 4
Michael Ortynsky, Board member, District 5
Claire Ishoy, Board member, District 7
Bal Dhillon, Board Member, District 8
Tracey Hagkull, Government Appointee
Anne Peterson, Government Appointee
Katie Skelton, Government Appointee
Justin Thind, Government Appointee

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
Christine Paramonczyk, Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement
Stephanie Kwok, Executive Assistant and Board Coordinator

Guest:

Bradley Chisholm, Chief Officer, Strategy and Governance, BC College of Nurses and Midwives

1. WELCOME & CALL TO ORDER

Chair Antler called the meeting to order at 8:45am on November 19, 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. GOVERNANCE SESSION

Bradley Chisholm, Chief Officer, Strategy and Governance, BC College of Nurses and Midwives, facilitated a regulatory governance session. Some of the key topics addressed included:

- Why is a strategic or governance board ideal?
- What pulls us into the operations?

- How does trust impact where the board focuses its time?
- How to determine the line between staff and the board?
- Conflict of interest
- Managing time; and
- Agenda design.

3. PERSONAL STATEMENTS FOR CHAIR AND VICE-CHAIR ELECTION

Alex Dar Santos, District 1 Board Member, Steven Hopp, District 4 Board Member and Claire Ishoy, District 7 gave their personal statements for the Chair and Vice-Chair election. The Governance Committee shared questions and thought starters for the candidates to address in their personal statements.

4. RISK REGISTER DEEP DIVE

Mary O'Callaghan, Chief Operating Officer provided to the Board an overview of the College's risk register privacy section. This year, the risk register is updated to include the risk assessment of the College's employees working from home due to the COVID-19 pandemic. The College continues to follow a number of best practices to minimize the risk of data breaches. These include regular awareness training for staff, regular privacy impact assessment (PIA) training for key departments, reviewing of policies and procedures by FOI/Privacy Officer on a regular basis, conducting privacy training for committee members during onboarding and implementing registrant authentication for all incoming calls. The College is working on implementing an Information Governance Policy and Procedures and Electronic Records Management.

5. ADJOURNMENT

Chair Antler adjourned the meeting at 1:50pm on November 19, 2020.



College of Pharmacists
of British Columbia

BOARD MEETING February 26, 2021

2b.vii Approval of 2020 Draft Annual General Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the 2020 draft Annual General Meeting minutes as circulated.

Appendix	
1	2020 Draft Annual General Meeting Minutes

2020 Annual General Meeting Minutes Vancouver, British Columbia November 19, 2020

CALL TO ORDER

College Chair Antler called the 129th Annual General Meeting of the College of Pharmacists of British Columbia to order at 6:00pm. Chair Antler welcomed attendees to the meeting and introduced herself as the outgoing Chair.

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. As we are meeting virtually, she also acknowledged that the Indigenous Peoples are the traditional stewards of the lands and waters from where each of us is attending the meeting this evening. She encouraged everyone to learn about the unceded traditional territories and the Indigenous Peoples, where you live and work.

OPENING WORDS FROM ELDER SYEXWALIYA

Elder Syexwaliya from the Squamish Nation is a Knowledge Keeper and Elder with strong Indigenous worldviews, ancestral knowledge and traditional teachings, who is widely respected and acknowledged for her work and energy and commitment to her community.

Elder Syexwaliya welcomed those in the lower mainland to the unceded Coast Salish territories of Squamish Nations, Tsleil-Waututh and Musqueam. On behalf of all the Nations within BC, she welcomed those who are Zooming in to the meeting to their unceded territories. Elder Syexwaliya led the group with an opening prayer and song.

On behalf of the Board, Chair Antler sincerely thanked Elder Syexwaliya for her continued hope for health care and all the effort she has put into helping create a healthcare system that can provide thoughtful care for First Nations people.

Our College is committed to improving BC pharmacy professionals' work with Indigenous Peoples, and we recognize there is still much to do. We will all need to reflect on your words.

BOARD INTRODUCTIONS

Chair Antler introduced Board members in attendance, College Registrar Bob Nakagawa, and other College staff in attendance.

Chair Antler noted that notice of the AGM was sent out on October 29, 2020 thus meeting the three week bylaw requirement. She also confirmed that the required quorum of 25 registrants had been met, and the meeting was duly convened.

MINUTES OF PREVIOUS MEETING – NOVEMBER 24, 2019

Seeing that there were no comments, Chair Antler announced that the November 20, 2019 Annual General Meeting minutes are approved, as circulated.

FINANCIAL STATEMENTS AND AUDITOR'S REPORT

Chair Antler reminded registrants that the audited and Board approved financial statements were available for review on the College website. Chair Antler noted the financial statements will be placed on file.

CHAIR'S REPORT

Chair Antler provided the following report:

Cultural Humility and Safety

The College recognizes that cultural safety and humility for Indigenous Peoples in BC, is vital for the provision of fair and equitable health services, as well as the creation of a healthcare environment free of racism and discrimination, where individuals feel safe and respected.

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system.

Cultural humility is a process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another's experience.

I'm pleased that we continue to take action on the formal commitment we made to cultural safety and humility alongside BC's other health regulators.

We have made some important first steps.

However, there is still much work to do to achieving our collective BC health systems goal of culturally safe health services for Indigenous Peoples in BC.

I encourage you to read the cultural humility and safety reflections in our annual report to learn about our progress last year, and to reflect on how to apply these learnings to your practice.

Opioid Crisis

The opioid crisis continues to be a top priority for the College and other public health organizations across the province.

And now we are facing dual public health emergencies with both the opioid overdose crisis and the Covid-19 pandemic.

COVID-19 has had a significant impact on the opioid overdose crisis. The BC Coroners Services has detected a sustained increase of illicit drug toxicity deaths, recording six consecutive months with over 100 overdose deaths, three of which saw more than 170 deaths.

Much like in recent years, last year the College continued to work hard to help combat this issue, such as implementing new policies and training requirements, and collaborating with other health partners where needed to support evidence-based guidance to improve care.

And of course this year, in response to the dual health emergency, we implemented additional amendments intended to help registrants care for patients with substance use disorders while in the midst of a pandemic.

Registrar Nakagawa will also speak more in-depth about the various measures taken by the College over the past year in responding to this opioid overdose crisis.

Medication Error Reporting

In September 2019, the Board approved a motion requiring mandatory anonymous medication incident reporting in all pharmacies.

This issue was first presented to the Board at its November 2017 meeting by Melissa Sheldrick, a patient safety advocate, whose son passed away due to a drug dispensing error in Ontario.

Medication errors are a leading cause of preventable injuries and result in significant costs to health systems across the world.

Between 2017 and 2019, the most common complaints received by the College were related to medication dispensing errors by pharmacy professionals.

Ultimately, the goal is to allow non-hospital pharmacies to use any medication incident reporting platform they choose, provided it is among those that meets the College's criteria (to be developed), including the capability to transfer a minimal data set into a national repository that is administered by an independent third party.

As part of exploring the best path forward for medication incident reporting in BC, the College has been participating in national conversations on the implementation of medication incident reporting systems, including the NAPRA Medication Incident Reporting Working Group. Moving forward, the College will

continue to work with the NAPRA Working Group to develop medication incident reporting standards and criteria, and establish a single national repository.

Mandatory anonymous error reporting provides data that can be analyzed to help identify trends in errors that are occurring and provide opportunities to learn from mistakes, improve practice and better protect the public.

Over the next several years, the College will be developing standards and criteria, as well as bylaw and policy changes to enable implementation of a mandatory anonymous Medication Incident Reporting Program by 2022/2023.

The implementation of mandatory medication error reporting aligns with the College's duty to protect the public, as well as its vision of "Better health through excellence in pharmacy," and Code of Ethics.

Proposed Changes to Health Professionals Regulation in BC

On November 27, 2019, the Honourable Adrian Dix, Minister of Health, announced proposed changes to the regulation of BC's health professions, with a focus on increasing transparency and patient safety.

The proposed changes came in response to a December 2018 report by Harry Cayton, reviewing the Health Professions Act and providing recommendations to modernize the regulatory system in BC.

The proposed changes, developed by the newly established Steering Committee on Modernization of Health Professional Regulation, were presented in a consultation paper entitled "Modernizing the provincial health professional regulatory framework: A paper for consultation."

Members of the public, community groups and health-sector stakeholders were invited to submit feedback on the proposals in the consultation paper.

And the College Board met in late 2019 to discuss the consultation paper and provide a response from the College of Pharmacists.

Much like the recommendations made by Harry Cayton in his report, many of the proposals in the consultation paper resonated with us and reinforced practices already underway at the College.

Recently, in August, the final recommendations for changes to the province's health profession regulatory system were released by the multi-party steering committee.

The modernization recommendations include:

- Commitment to cultural safety and humility
- Improved governance, including competency-based board appointments and balanced board membership
- Improved efficiency and effectiveness through a reduction in the number of regulatory colleges, with a reduction from 20 to six
 - The College of Pharmacists of BC will be one of these six

- Strengthening the oversight of regulatory colleges, including creation of an oversight body
- Changes to Complaints and Adjudication with increased transparency and a new independent discipline process, and
- Information sharing to improve patient safety and public trust

We commend the Steering Committee for their foresight and leadership, and for their work to reform health profession regulation in the public interest.

PODSA Modernization: Amended Bylaws Now in Effect.

Amendments to modernize the College's bylaws under PODSA came into effect on January 16, 2020.

The Board approved these amendments at its November 2019 meeting as part of the Legislative Standards & Modernization Goal within the College's 2017/2018 to 2019/2020 Strategic Plan.

These changes reflect our work in updating our requirements to follow best practices for regulation, such as the concept of Right Touch Regulation.

Right touch regulation means always asking what risk we are trying to regulate, being proportionate and targeted in regulating that risk or finding ways other than regulation to promote good practice and high-quality healthcare.

As a result, the updated requirements are now principle based, allowing greater flexibility in how pharmacy services are provided while ensuring they still achieve their intended public safety outcome.

In particular, these amendments addressed:

- Operation of a community pharmacy without a full pharmacist
- Responsibilities of managers, direct owners, directors, officers and shareholders
- Storage of drugs and confidential health information, including offsite storage
- Provisions to allow for community telepharmacy reinstatement
- Bylaws that are not being complied with based on data from the Practice Review Program
- PharmaNet requirements in light of the transition of administration of PharmaNet functions to the Ministry of Health, and
- House-keeping amendments, including ensuring consistency of writing style

College Joins BC Public Advisory Network

I'm pleased to announce that on September 25, 2019, the College joined a number of other BC Health Regulators in the formation of the BC Public Advisory Network, also known as BC-PAN.

BC-PAN brings the public voice and perspective to multiple health regulators in the province.

The goal of BC-PAN is to encourage more comprehensive and meaningful public engagement on important issues related to health-care regulation in BC.

There are currently 11 public members involved with BC-PAN, who provide their feedback on a variety of topics to help guide professional standards, policies and communications directed at the public.

Patients Relations Program Standard

In February 2019, the College Board approved a new Patient Relations Program Standard to be included under the Code of Ethics in the Health Professions Act Bylaws.

The Standard helps to protect public safety by providing clearer standards and requirements for dealing with misconduct of a sexual nature, as well as raising pharmacy professionals' awareness of their responsibility to educate themselves on professional ethics.

The Standard provides a more robust regulatory framework to protect the public against a range of patient relations issues.

It also provides guidance to pharmacy professionals on maintaining proper professional boundaries with patients and former patients, and preventing professional misconduct of a sexual nature.

This guidance aligns with the principles of the Framework for a Model Patient-Practitioner Relationship Program for BC Health Regulators, applying them to pharmacy practice and enhancing regulatory safeguards to protect patients and the public.

Posting of Discipline Hearing Notifications

In order to enhance transparency, as of September 1, 2019, the College began to publish citations and Discipline Hearing Notifications as individual items on the homepage and 'News' sections of its website, as well as in its monthly 'ReadLinks Roundup' email which is sent to all pharmacists and pharmacy technicians.

Previously, citations for Discipline Committee hearings were published under 'Discipline Hearing Notifications' on the College's website 2-4 weeks prior to a scheduled hearing.

Greater accessibility to this information improves transparency and assures the public that they can trust their pharmacies, pharmacists and pharmacy technicians to provide safe and effective pharmacy care.

REGISTRAR'S REPORT

Registrar Nakagawa acknowledged that he is joining today from the unceded Aboriginal territories of the Coast Salish Peoples, and in particular, the Kwikwetlem First Nation.

Kwikwetlem refers to the unique sockeye salmon that once ran abundant in Coquitlam River and Coquitlam Lake, sustaining the community for thousands of years.

He noted that it has been an honor to serve as the College's Registrar for the past fiscal year, which ran from March 2019 through to February 2020.

College staff continued to work hard to ensure we are fulfilling our important mandate in protecting the public, both through our ongoing operations as well as through progress on strategic initiatives.

He recognized Chair Antler for her efforts as Board Chair over the past year and thanked her for her service.

Registrar Nakagawa provided the following report:

Registration Numbers

To start, I'm pleased to report increases in registration numbers across the Board this past year.

To provide you with a brief snapshot, in the 2019/2020 fiscal year, we had:

- 6354 Full Pharmacists
- 869 Student Pharmacists
- 1654 Pharmacy Technicians
- 1370 Licenced Community Pharmacies
- 73 Hospital Pharmacies

Cultural Humility and Safety

In March 2017, I had the honour of joining the rest of province's health regulators in signing the "Declaration of Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in BC."

Through this, the College pledged its commitment to making our health system more culturally safe for First Nations and Aboriginal Peoples.

Since then, the College has worked on developing a strategy to fulfill its pledge to improve BC pharmacy professionals' work with First Nations and Aboriginal Peoples over the past fiscal year.

Moving forward, we recognize that working together with the First Nations Health Authority, other health regulators, First Nations groups, and others will be essential to act on our plan and create a healthcare environment free of racism and discrimination, where individuals feel safe and respected.

In May 2019, the College was fortunate to be invited back to the second annual Mental Health and Wellness Summit hosted by the First Nations Health Authority.

The College used this opportunity to build trust with members of First Nations Communities and help address the fact that Indigenous peoples are too often exposed to systemic stigma and racism, and that this can sometimes occur in healthcare settings.

We did this by sharing resources and building awareness of our complaints process, and how patients can report concerns with the healthcare they have received.

First Nations in BC have also been disproportionately affected by the opioid crisis, so as an exhibitor, the College used this opportunity to spread awareness of emergency use Naloxone (including Intranasal Naloxone) and its importance in helping prevent opioid overdose deaths.

In January 2020, College Staff, as part of the BC Health Regulators Cultural Safety Task Force, took part in the FNHA's Tenth Annual Gathering Wisdom Forum.

The Forum provides an opportunity for First Nations governance, health and wellness leaders to dialogue with FNHA on health programs and services and discuss the role of health and healing in Nation rebuilding.

As an exhibitor, we used this opportunity to focus on two key objectives related to public protection:

- To raise awareness and build trust among members of the public and First Nations communities about health profession regulation in BC, including where to go with complaints about potentially unsafe and/or disrespectful healthcare services.
- To dialogue with members of the public and First Nations communities about cultural safety, collecting stories and feedback regarding topics that centre on culturally safe healthcare services.

The BCHR Cultural Safety Task Force released a report on the learnings from this dialog.

I encourage you all to review the Gathering Wisdom Forum ReadLinks article we shared last month which shared many of the learnings from the event.

I also need to acknowledge the allegations, and ongoing investigation into incidents of Indigenous specific racism within BC emergency rooms.

Such unethical and racist behaviour has no place in our society or our health care system, and places extra urgency on us as health regulators to continue to push for a culturally safe health care environment for Indigenous peoples.

This disgraceful behaviour toward individuals who are seeking help within our healthcare system undermines trust in all health care professionals, and we will not tolerate it among our registrants or within our healthcare environments.

We continue to extend our full support to Ms. Turpel-Lafond's investigation of these allegations.

We will be reviewing the results and recommendations of the investigation to help inform where the College can take further action to eradicate racism from our health system.

As Chair Antler mentioned, I encourage you to learn more about how to improve cultural safety and humility and reflect on how you can apply it in your practice.

Addressing Racism and Discrimination in our Health System

In addition to the work continuing to improve cultural safety and humility for Indigenous Peoples, we also recognize that much work still needs to be done to address other forms of racism and discrimination in both our healthcare environments and society as a whole

The events of this year have caused me to reflect on the College's role, as a regulator, in supporting Black People in British Columbia, which, in turn, has caused me to realize how much more we all still have to learn in order to meaningfully address this issue and affect real change within the health care system and our society.

Moving forward, we also need to consider how intersectionality – where multiple concurrent and ongoing types of bias influence and amplify one another – impacts patient care.

Black Lives Matter

It is a common and unfortunate misconception that BC, and Canada are somehow exempt from the racism, discrimination and stigma faced by our neighbours to the south. This misconception, I believe, is at the core of what we need to change as stewards of public health and safety.

We can and we must do more.

Earlier this year I pledged the College's commitment to developing a plan to guide our organization toward raising awareness of, and combatting the racism faced by Black People in BC.

In order to do this, I've established a Working Group within the College to help lead this change and identify ways that we, as both an organization and regulator, can take action and reinforce the fact that Black Lives Matter, and that racism, in any form, has no place in our health system.

2SLGBTQ+

As we consider how biases such as racism, and sexism, can influence and amplify one another, we also need to consider the unique challenges the 2SLGBTQ+ community can face in the health care system.

At the November 2019 Board Meeting, Bex Peterson, a nonbinary writer, student and advocate for 2SLGBTQ+ presented to the Board guidance and best practices for addressing healthcare challenges faced by the 2SLGBTQ+ community.

The population of Canadians who openly identify as part of the 2SLGBTQ+ community is on the rise. According to the Province of British Columbia, 1 in 5 BC teenagers identify as something other than heterosexual.

Yet 2SLGBTQ+ People still experience significant barriers with regards to health care access.

Healthcare providers should treat each patient as an individual, regardless of sexual or gender identity.

In June 2019, the Standing Committee of Health delivered a report to the House of Commons on the health of 2SLGBTQ+ communities in Canada including recommendations for best practices going forward.

A key point shared through both reports is the necessity for training and education of health care providers regarding the needs of 2SLGBTQ+ patients.

In their presentation, Bex provided the Board with recommendations for how health care professionals can help to remove the barriers to care experience by 2SLGBTQ+ peoples. These include:

- Familiarize yourself with 2SLGBTQ+ Community Terms
- Understand how 2SLGBTQ+ Identification can impact patient safety and experience
- Understand how 2SLGBTQ+ stereotypes can impact patient safety
- Commit to continuing to learn

To read more about Bex's recommendations, please have a look at their ReadLinks article or the Pride ReadLinks article we shared in July.

Opioid Overdose Crisis and Opioid Agonist Treatment

In the past year, the College has engaged in a number of independent and collaborative efforts to further address and raise awareness of the opioid crisis.

This included new OAT training requirements and new delivery requirements for OAT, as well as a number of articles.

New Opioid Agonist Treatment training requirements came into effect on January 1, 2019 together with a transition period.

The Opioid Agonist Treatment Compliance and Management Program, also known as OAT-CAMPP, is aimed at reducing stigma and expanding pharmacists' knowledge about methadone, buprenorphine/naloxone and slow-release oral morphine.

It is also intended to improve the experience and engagement of people receiving treatment.

And it supports the College's OAT requirements and will eventually replace the College's current Methadone Maintenance Treatment training program.

Over 2,400 registrants had already completed the new training program prior to the onset of COVID in March.

Professional Practice Policy-66: Amendment to Training Deadline

A transition period will take place up until March 31, 2021, during which time the College will require registrants employed in a community pharmacy that provides services related to OAT to complete either the College's existing MMT training program or the new OAT-CAMPP course.

We also amended PPP-71, introducing new delivery requirements for OAT, allowing pharmacists to use their professional judgement to deliver the drugs to a patient if they feel it is safe, appropriate, and in the best interest of the patient to do so.

Previously, the College allowed pharmacists working in community pharmacies to deliver methadone for maintenance to a patient's home only if the prescribing physician authorized the delivery due to the patient's immobility.

These updates to PPP-71 are intended to improve access to OAT for patients whose care may benefit from delivery while ensuring the safety of both the patient and the pharmacist involved.

As you are aware, following the onset of COVID-19, the College made temporary amendments to this policy in response to an increased demand for OAT delivery services, including for patients who must self-isolate due to COVID-19

The College also continued its naloxone campaign, using social media and digital advertising, to help share these resources and build awareness of how to use naloxone to save a life.

Amendments to Controlled Prescription Program Forms

In February 2020, we introduced amendments to the Controlled Prescription Program forms to create a harmonized form

Prior to these amendments, there were two CPP forms in use, a generic CPP form used for the majority of controlled prescriptions, and a methadone CPP form which was used to prescribe methadone for maintenance treatment.

The benefits of the new harmonized CPP form include:

- A consistent approach to writing prescriptions for all 1A drugs;
- Increased patient access to OAT therapy, as all physicians will have the form (currently only OAT prescribers have the methadone CPP form); and,
- Reduced administrative burden associated with the ordering/printing of two pads for 1A drugs

In addition, the new form also reflects the new delivery requirements for OAT, allowing prescribers the option to specify that delivery is not permitted on the form.

The new form once the new forms have been printed by the Ministry of Health.

Stay tuned for information on when to expect the new forms to become available.

Pharmacy Ownership Transition Period Ends

New Pharmacy Operations and Drug Scheduling Act (PODSA) Bylaws came into effect on April 1, 2018 that allowed the College to know the identity of all pharmacy owners, determine their suitability for pharmacy ownership and hold them accountable for providing safe and effective care by ensuring their pharmacies are compliant with the legislative requirements for pharmacies in BC.

The year-long transition period for all pharmacies to meet these new ownership requirements ended with pharmacies whose licences expired in May 2019.

Now that all pharmacies transitioned to the new ownership requirements, their subsequent pharmacy renewals will be more streamlined

The transition period was especially important to enable the College to collect initial information from previously unidentified pharmacy owners.

The College recognizes that a significant amount of work was required from pharmacies collecting this information as part of the transition period and appreciates their patience and understanding during the implementation of these new requirements.

New Model Standards for Pharmacy Compounding: Phase 3

Pharmacies and pharmacy professionals were expected to have completed Phase 2 of the new compounding standards by the end of May 2019.

The College has set out a four-year implementation plan for pharmacies and pharmacy professionals to adopt the new model standards released by the National Association of Pharmacy Regulatory Authorities.

This past year, pharmacies and pharmacy professionals begun shifting their focus to implementing Phase 3 of the new model standards for pharmacy compounding.

The deadline for phase 3 was May 2020, and included standards such as beyond-use date, incident management, and waste management, among others.

The original implementation deadline for all of the new model standards was May 2021, however due to the unforeseen impacts of COVID-19, the College's Board has approved a one-time only extension of the deadline to implement the Sterile Model Standards to July 2022.

The College's existing bylaws and policies will remain in place until the implementation deadline.

The College expects pharmacies and pharmacy professional to address gaps and update their practice during the implementation period, and be in full compliance with the Model Standards once the bylaw amendments come into effect.

Amendments to PPP-68: Cold Chain Management

In February 2019, we introduced amendments to Professional Practice Policy 68, broadening its scope and changing its name from Cold Chain Management of Biologicals to simply: Cold Chain Management.

PPP-68 was originally approved in 2011 to address concerns with larger volumes of vaccines being stored at pharmacies as a result of pharmacists' injection authority, but lack of storage standards for vaccines and other biologicals that require refrigeration.

Recognizing that there are drugs other than biologicals and vaccines that require refrigeration, it was recommended that PPP-68 be broadened to include any drug requiring cold chain management, and revised to better align with current pharmacy practices.

Changes to Forms and Prescription Protocol for MAiD

Back in November 2018, new reporting requirements for Medical Assistance in Dying (MAiD) came into effect.

As part of the new reporting process, all provincial and federal reportable information began to be collected through new provincial forms for MAiD.

These new forms include:

- The Dispensing Record Form for a pharmacist who dispenses a substance in connection with the provision of medical assistance in dying, to record details pertaining to the dispensing and return of unused medications; and
- The BC MAiD Pharmacy Protocols Guidance Document, which is not available for general distribution, but can be accessed by pharmacists who wish to familiarize themselves with the standardized drug protocols, through the College's secure eServices site.

In April 2019, minor updates to these forms were made by the Ministry of Health, based on input from practitioners and pharmacists.

Following these change, practitioners and pharmacists began using the new forms, which are available for download from the Ministry of Health's website.

College Engagement

The College has conducted a number of stakeholder engagement to help us solicit input on College initiatives, policies and bylaws including:

- Our Next Strategic Plan
- Pharmacy Operations and Drug Scheduling Act Bylaw Modernization
- Cultural Humility and Safety
- Customer Satisfaction (as part of our ongoing work towards organizational excellence)
 - Our customer satisfaction survey for 2020 year is currently open, so please share your thoughts with us by November 27.
 - You can visit bcpharmacists.org/customer to learn more and take the survey

Through these stakeholder engagements, the College was able to gather significant input and feedback from patients, pharmacy professionals, pharmacy students and other health professionals, helping us to gauge sentiment, identify gaps, and inform our plans.

The College would like to thank all those who provided feedback and shared their thoughts during our various engagements in 2019 and 2020.



Annual General Meeting Minutes November 19, 2020

ADJOURNMENT

Chair Antler thanked the assembly for attending and participating in the College of Pharmacists of BC's 129th Annual General Meeting and adjourned the meeting at 6:49pm.



College of Pharmacists
of British Columbia

BOARD MEETING February 26, 2021

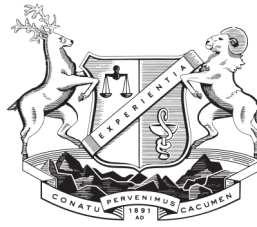
2b.viii Approval of January 14, 2021 Draft Board Resolution Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the January 14, 2021 draft Board Resolution Minutes as circulated.

Appendix	
1	January 14, 2021 Draft Board Resolution Minutes



College of Pharmacists
of British Columbia

Board Resolution Minutes
Sent via email January 14, 2021

The following resolution of the Board of the College of Pharmacists of British Columbia is valid and binding as per section 13(12) of the *Health Professions Act-Bylaws*, and has been signed by the following Board members:

Claire Ishoy, Chair & District 7 Board Member
Steven Hopp, Vice-Chair & District 4 Board Member
Alex Dar Santos, District 1 Board Member
Christine Antler, District 2 Board Member
Andrea Silver, District 3 Board Member
Michael Ortynsky, District 5 Board Member
Anca Cvaci, District 6 Board Member
Bal Dhillon, District 8 Board Member
Tracey Hagkull, Government Appointee
Anne Peterson, Government Appointee
Katie Skelton, Government Appointee
Justin Thind, Government Appointee

Approve the following resolution to file amended bylaws to actualize Pharmacy Operations and Drug Scheduling Act fee changes from the College's 2020/2021 budget:

RESOLVED THAT, in accordance with the authority established in section 21(1)(c.1) of the Pharmacy Operations and Drug Scheduling Act and subject to filing with the Minister as required by section 21(4) of the Pharmacy Operations and Drug Scheduling Act, the Board amend the bylaws of the College of Pharmacists of British Columbia regarding the pharmacy licensure fee schedule to operationalize the College's 2020/2021 budget, as set out in the schedule attached to this resolution.

Appendix	
1	Signed Board Resolution
2	Board Resolution Briefing Note

Resolution of the Board of the College of Pharmacists of British Columbia made in accordance with section 13(12) of the *Health Professions Act* – Bylaws.

Approve the following resolution to file amended bylaws to actualize Pharmacy Operations and Drug Scheduling Act fee changes from the College's 2020/2021 budget:

RESOLVED THAT, in accordance with the authority established in section 21(1)(c.1) of the Pharmacy Operations and Drug Scheduling Act and subject to filing with the Minister as required by section 21(4) of the Pharmacy Operations and Drug Scheduling Act, the Board amend the bylaws of the College of Pharmacists of British Columbia regarding the pharmacy licensure fee schedule to operationalize the College's 2020/2021 budget, as set out in the schedule attached to this resolution.



Claire Ishoy, Chair, District 7

January 14, 2021

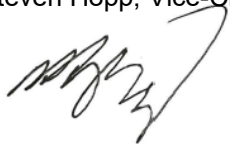
Date



Steven Hopp, Vice-Chair, District 2

January 15, 2021

Date



Alex Dar Santos, District 1

January 21, 2021

Date



Christine Antler, Chair, District 2

January 15, 2021

Date



Andrea Silver, District 3

January 14, 2021

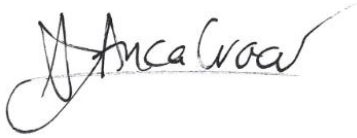
Date



Michael Ortynsky, District 5

January 14, 2021

Date



Anca Cvaci, Vice-Chair, District 6

January 14, 2021

Date



Bal Dhillon, District 8

January 14, 2021

Date



Tracey Hagkull, Government Appointee

January 14, 2021

Date



Anne Peterson, Government Appointee

January 19, 2021

Date



Katie Skelton, Government Appointee

January 18, 2021

Date



Justin Thind, Government Appointee

January 16, 2021

Date



BOARD MEETING January 14, 2021

Filing of PODSA Fee Amendments

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution to file amended bylaws to actualize Pharmacy Operations and Drug Scheduling Act fee changes from the College's 2020/2021 budget:

RESOLVED THAT, in accordance with the authority established in section 21(1)(c.1) of the Pharmacy Operations and Drug Scheduling Act and subject to filing with the Minister as required by section 21(4) of the Pharmacy Operations and Drug Scheduling Act, the Board amend the bylaws of the College of Pharmacists of British Columbia regarding the pharmacy licensure fee schedule to operationalize the College's 2020/2021 budget, as set out in the schedule attached to this resolution.

Purpose

To approve amendments to the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws Schedule A – Fee Schedule in accordance with the College's 2020/2021 budget (see Appendix 1).

Background

The Board may make bylaws as per section 21(1)(c.1) of PODSA to determine requirements for the fees that must be provided for the purposes of making an application to issue, renew or reinstate a pharmacy licence.

At their September 2020 meeting, the Board approved publicly posting an amended Fee Schedule to actualize PODSA fee increases previously approved as part of the College's 2020/2021 budget. A *Health Professions Act* ("HPA") Fee Schedule and corresponding forms were also approved at that time; however, as these are not required by legislation to be publicly posted, the Board approved filing those HPA documents. See Appendix 2 for the September 2020 Board briefing note regarding the public posting of the PODSA Fee Schedule.

After the September 2020 meeting, the proposed PODSA Fee Schedule was publicly posted for a 90-day period, which ended in December 2020. No comments were received.

Next Steps

Pending Board approval, the PODSA Fee Schedule will be submitted to the Minister of Health for a 60-day filing period. After that period, it will be posted on the College website.

Recommendation

The Legislation Review Committee recommends that the Board approve the PODSA Bylaws Schedule A – Fee Schedule for filing with the Minister of Health.

Appendix	
1	Schedule to the Resolution
2	September 2020 PODSA Fees Board Briefing Note
3	Board Resolution Signature Page

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Pharmacy Operations and Drug Scheduling Act* are amended by repealing and replacing Schedule A- Fee Schedule.

College of Pharmacists of B.C.
FEE SCHEDULE
PODSA Bylaw "Schedule A"

PHARMACY LICENSURE FEES

LICENSURE FEES PHARMACY APPLICATIONS

Community Pharmacy Licence	Annual licence fee.	\$ 2,345.00	\$ 2,474.00
Hospital Pharmacy Licence	Annual licence fee.	\$ 2,345.00	\$ 2,474.00
Pharmacy Education Site Licence	Annual licence fee.	\$ 750.00	\$ 791.00
Telepharmacy	Annual licence fee.	\$ 2,345.00	\$ 2,474.00
Hospital Pharmacy Satellite	Annual fee for each satellite site, to be charged to Hospital Pharmacy.	\$ 750.00	\$ 791.00
Application for New Pharmacy Licence (Community, Hospital and Telepharmacy)	Application valid for up to three years. Includes change of ownership.	\$ 750.00	\$ 791.00
Reinstatement of Pharmacy Licence	For reinstatement of a pharmacy licence that has been expired for 90 days or less.	\$ 750.00	\$ 791.00
Change of direct owner	Annual licence fee + application for new pharmacy	\$ 3,095.00	\$ 3,265.00
Change of indirect owner		\$ 0.00	\$ 0.00
Change of manager		\$ 0.00	\$ 0.00
Change in corporation name		\$ 0.00	\$ 0.00
Change in operating name of the pharmacy		\$ 0.00	\$ 0.00
Change in location of the pharmacy		\$ 750.00	\$ 791.00
Change in layout of the pharmacy		\$ 0.00	\$ 0.00
Criminal Record History (CRH)	*Fee charged by Sterling Talent Solutions (formerly known as BackCheck)	\$ -	\$ -

OTHER FEES

INSPECTION FEE

Inspection Fee: Follow-up site review(s)	Where 3 or more site reviews are required to address deficiencies. From visit 3 onwards, this fee applies for each additional visit.	\$ 1,020.00	\$ 1,076.00
Administrative Fee			\$ 137.00

NOTES:

- 1) Fees are non-refundable.
- 2) Fees are subject to GST.
- 3) Annual renewal notices of pharmacy licensure are sent at least sixty (60) days prior to the expiry date.

BOARD MEETING September 18, 2020

7. Legislation Review Committee

d) *Pharmacy Operations and Drug Scheduling Act Fee Amendments*

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution:

RESOLVED THAT, in accordance with the authority established in section 21(8) of the Pharmacy Operations and Drug Scheduling Act, the Board approve the proposed draft bylaws of the College of Pharmacists of British Columbia to amend the Fee Schedule to operationalize the College's 2020/2021 budget, for public posting, as circulated.

Purpose

To approve amendments to the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws Schedule A – Fee Schedule in accordance with the College's 2020/2021 budget.

Background

The Board may make bylaws as per section 21(1)(c.1) of PODSA regarding the information and fees that must be provided for the purpose of making an application to issue, renew or reinstate a pharmacy licence. Unlike the *Health Professions Act* ("HPA"), PODSA does not exempt particular bylaws (e.g. fee schedules) from the 90 day public posting period requirement.

The proposed PODSA fee schedule amendments needed to actualize the fee increases previously approved as part of the College's 2020/2021 budget are outlined in Appendix 1. At their February 2020 meeting, the Board approved the 2020/2021 budget which included fee increases in order to meet the needs of the College.

In addition to the amended fee schedule (Appendix 1), corresponding revised forms have also been approved by the Registrar. These forms do not require Board approval or filing with the Ministry of Health.

Discussion

Originally, this package was on the agenda for the Board's consideration at their April meeting. However, at their April meeting, the Board directed the Registrar to review the impact of COVID-19 on the finances of the College before proceeding with operationalizing the fee increases approved in the 2020/21 budget.

As such, on August 20, 2020, the Audit and Finance Committee met to review the impact of the COVID-19 health pandemic on the 2020/21 budget. That Committee is recommending a fee increase, and this briefing package operationalizes that recommendation (see briefing materials for item five on today's agenda).

Guiding Question

A key question for the Board to consider is:

- Does the PODSA fee amendment proposal effectively operationalize the Audit and Finance Committee's recommendation?

Recommendation

The Legislation Review Committee recommends that the Board approve the PODSA Bylaws Schedule A – Fee Schedule for public posting, as circulated.

Next Steps

Once the 90 day public posting period is completed, pending review of any feedback received, the PODSA fee schedule will be brought to the Board at a future meeting for filing approval. It is anticipated that an extraordinary meeting will be established to seek filing approval.

Appendix	
1	Amended Fee Schedule (track changes)

Resolution of the Board of the College of Pharmacists of British Columbia made in accordance with section 13(12) of the *Health Professions Act* – Bylaws.

Approve the following resolution to file amended bylaws to actualize Pharmacy Operations and Drug Scheduling Act fee changes from the College's 2020/2021 budget:

RESOLVED THAT, in accordance with the authority established in section 21(1)(c.1) of the Pharmacy Operations and Drug Scheduling Act and subject to filing with the Minister as required by section 21(4) of the Pharmacy Operations and Drug Scheduling Act, the Board amend the bylaws of the College of Pharmacists of British Columbia regarding the pharmacy licensure fee schedule to operationalize the College's 2020/2021 budget, as set out in the schedule attached to this resolution.

Claire Ishoy, Chair, District 7

Date

Steven Hopp, Vice-Chair, District 4

Date

Alex Dar Santos, District 1

Date

Christine Antler, District 2

Date

Andrea Silver, District 3

Date

Michael Ortynsky, District 5

Date

Anca Cvaci, District 6

Date

Bal Dhillon, District 8

Date

Tracey Hagkull, Government Appointee

Date

Anne Peterson, Government Appointee

Date

Katie Skelton, Government Appointee

Date

Justin Thind, Government Appointee

Date



College of Pharmacists
of British Columbia

BOARD MEETING February 26, 2011

2b.ix. Appointment of Vice-Chair to the Governance Committee

DECISION REQUIRED

Recommended Board Motion:

Appoint Christine Antler as Vice-Chair to the Governance Committee with a 1-year term, ending April 30, 2022.

Purpose

To propose the appointment of Vice-Chair to the Governance Committee.

Background

At the November 20, 2020 Board meeting, District 7 Board Member, Claire Ishoy was elected as Chair of the College of Pharmacists of BC Board of Directors. At that time, she was serving as Vice-Chair to the Governance Committee with a term ending April 30, 2021.

As the newly elected Board Chair, she assumed the role as Ex-Officio Committee Member thus had to step down as Vice-Chair to the Governance Committee.

The Vice-Chair vacancy has not been filled since.

Discussion

The Governance Committee met on February 1, 2021. There was no objection to District 2 Board Member, Christine Antler's self nomination as Vice-Chair to the Governance Committee.

The Governance Committee agreed by consensus to recommend to the Board for approval, the appointment of Christine Antler as Vice-Chair to the Governance Committee, with a 1-year term ending April 30, 2022.

BOARD MEETING February 26, 2021

2b.x. Approval of Amendments to the Board Reference and Policies

DECISION REQUIRED

Recommended Board Motion:

Approve a revision to subsection 6(d) under section 4.11 "Reimbursement of Expenses to Board and Committee Members" in the College of Pharmacists of British Columbia Board Reference and Policies document to state the following: "Honoraria will not be paid for the following (unless prior written approval from the Board Chair, in consultation with the Registrar, on a case by case basis)."

Purpose

To approve a revision to subsection 6(d) under the Honoraria heading (on page 48) of the College of Pharmacists of British Columbia Board Reference and Policies document ("Board Reference and Policies document").

Discussion

Subsection 6(d) of the Board Reference and Policies document currently states that:

Honoraria will not be paid for the following (unless approved on a case by case basis):

- Travel time (except for Board and Committee members who travel further than 50 km or one hour from the meeting site.)
- Attending conferences, training sessions, etc.

At its most recent meeting on February 1, 2021, the Governance Committee proposed that more clarity should be provided to Board members prior to inviting the Board to attend conferences and/or training sessions.

Board members should be appropriately compensated for the time taken out of their work schedules to attend conferences on behalf of the College. As it is currently written in the Board Reference and Policies document, the guidelines to the submission of expense claims for conference attendance is not clearly stated.

Recommendation

The Governance Committee recommends that the Board approve a revision to subsection 6(d) of the Board Reference and Policies document to clarify that honoraria for travel time, attending conferences, etc., may be provided if prior written approval from the Board Chair is obtained, in consultation with the Registrar. See Appendix 1 (page 48) for the full text of the revision.

Appendix	
1	Revised Board Reference and Policies (track changes)



College of Pharmacists
of British Columbia

College of Pharmacists of BC Board Reference and Policies

First Approved: **September 14, 2018**
Revised: **September 13, 2019 / April 17, 2020**
Reaffirmed:

Monitoring Frequency: **Annually or as required**
Monitoring Method:
Responsibility of: **The Board of CPBC**

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Responsibility of: **The Board of CPBC**

Part 1 – An Introduction to the College of Pharmacists of British Columbia Governance

Mandate

The College of Pharmacists of BC (CPBC) is the regulatory body for pharmacy in BC and is responsible for the registration of pharmacists and pharmacy technicians and the licensing of pharmacies throughout the province. The College receives its authority from the government of BC through the *Health Professions Act (HPA)* and the *Pharmacy Operation and Drug Scheduling Act (PODSA)*.

Duties and Objects of the College

Duties and objects of the College are set out in the *HPA – Part 2 section 16 (1) and (2)*:

16(1) It is the duty of a College at all times

- (a) to serve and protect the public, and*
- (b) to exercise its powers and discharge its responsibilities under all enactments in the public interest*

(2) A College has the following objects:

- (a) to superintend the practice of the profession;*
- (b) to govern its registrants according to this Act, the regulations and the bylaws of the College;*
- (c) to establish the conditions or requirements for registration of a person as a member of the College;*
- (d) to establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants;*
- (e) to establish and maintain a continuing competency program to promote high practice standards amongst registrants;*
- (f) to establish, for a College designated under section 12 (2) (h), a patient relations program to seek to prevent professional misconduct of a sexual nature;*

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- (g) *to establish, monitor and enforce standards of professional ethics amongst registrants;*
- (h) *to require registrants to provide to an individual access to the individual's health care records in appropriate circumstances;*
- (i) *to inform individuals of their rights under this Act and the Freedom of Information and Protection of Privacy Act;*
- (i.1) *to establish and employ registration, inquiry and discipline procedures that are transparent, objective, impartial and fair;*
- (j) *to administer the affairs of the College and perform its duties and exercise its powers under this Act or other enactments;*
- (k) *in the course of performing its duties and exercising its powers under this Act or other enactments, to promote and enhance the following:*
 - (i) *collaborative relations with other Colleges established under this Act, regional health Boards designated under the Health Authorities Act and other entities in the Provincial health system, post-secondary education institutions and the government;*
 - (ii) *inter-professional collaborative practice between its registrants and person practicing another health profession;*
 - (iii) *the ability of its registrants to respond and adapt to changes in practice environments, advances in technology and other emerging issues.*

Additional objects of the College are set out in *HPA – Part 2.2 section 25.9*

25.9 *In addition to the objects set out in section 16 (2), the College has the following objects:*

- (a) *subject to the Food and Drugs Act (Canada), to establish the terms and conditions of sale for drugs and devices;*
- (b) *to ensure that the public is protected from the unauthorized or inappropriate sale of drugs and devices;*
- (c) *to superintend the operation of pharmacies;*
- (d) *to establish, maintain and promote standards for pharmacies, including for the ownership and operation of pharmacies.*

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 Responsibility of: **The Board of CPBC**

Mandated Responsibilities of the Board

HPA section 18 sets out the following Responsibilities of a Board:

- 18(1) A Board must govern, control and administer the affairs of its College in accordance with this Act, the regulations and the bylaws.*
- (2) A Board must submit an annual report respecting its College, in the form and containing the information required by regulation of the Minister, to the Minister not later than 120 days after the end of the fiscal year for the College.*
- (3) A Board must ensure that a website that is accessible to the public free of charge is established and maintained by or on behalf of its College, subject to the regulations of the Minister.*

Legal and Regulatory Responsibilities of the Board

It is the responsibility of all Board members to abide by the relevant legislation and regulations governing the College as stated in the *Health Professions Act (HPA)* and the *Pharmacy Operations and Drug Scheduling Act (PODSA)*. Additionally, *HPA section 19* authorizes the Board of the College to make bylaws and *section 19 (t)* mandates that the College establish specific committees including: Registration, Inquiry, Discipline, Quality Assurance, Application and Patient Relations committees. The most current copy of these documents is available on the College website at www.bcpharmacists.org.

Amendment procedures for the *HPA*, *PODSA* or subsequent bylaws can be lengthy. An Act amendment requires the approval of the provincial legislature and it may take several years to have the proposed amendment go before the legislature and Board recommended bylaw changes require the approval of the Minister of Health Services.

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 Responsibility of: **The Board of CPBC**

Oath of Office

As per *HPA Section 17.11* before taking office, Board members must take and sign an Oath of Office prescribed by the Minister. *The Oath of Office is:*

I do swear that:

I will abide by the Health Professions Act and I will faithfully discharge the duties of the position, according to the best of my ability;

I will act in accordance with the law and the public trust placed in me;

I will act in the interests of the College as a whole;

I will uphold the objects of the College and ensure that I am guided by the public interest in the performance of my duties;

I have a duty to act honestly;

I will declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest;

I will ensure that other memberships, directorships, voluntary or paid positions or affiliations remain distinct from work undertaken in the course of performing my duty as a board member.

Governance Structure

The Board of the College is the elected and appointed group responsible for leading and guiding the College. The Board is comprised of seven elected pharmacist Board members and one elected pharmacy technician Board member from each of the 8 electoral districts (Appendix B) and four government appointed Board members.

The College governance framework is empowered and informed by:

- The Health Professions Act (*HPA*)
- The Pharmacy Operations and Drug Scheduling Act (*PODSA*)
- *HPA* bylaws
- Governing model
- Board policies
- Chair and Vice-Chair
- Board committees
- Registrar

First Approved: **September 14, 2018**
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Monitoring Frequency: **Annually or as required**
 Monitoring Method:
 Responsibility of: **The Board of CPBC**

Guiding Principles of the Board

The structure and integrity of the Board's governing model is rooted in a set of coherent guiding principles. These fifteen principles guide the Board in defining its role, its relationship with the Registrar and staff, and how it will conduct itself as a governing body. For the full list of principles, please see the terms of reference in 2.1.

Committees and Task Groups

Because the Board acts as a whole and does not delegate its power and authority to individual Board members or committees, the Board primarily functions as a whole. However, there is an important role for a limited number of Board committees and task groups to do the initial research and analysis and present their findings and recommendations to the Board.

There are three types of College committees and/or task groups: Board initiated committees and task groups; Operational staff committees and task groups; and Committees required by legislation (Registration, Inquiry, Discipline, Quality Assurance, Application and Patient Relations). Operational staff committees and task groups are the purview of the Registrar and his/her staff.

Board-Initiated Committees and Task Groups

These committees and task groups are created to assist the Board in getting its work accomplished. This could mean gathering information on issues of concern to the Board, developing recommendations for consideration, and carrying out a project of importance to the Board.

The Key Characteristics of College Board-Initiated Committees and Task Groups are:

- They are created by the Board.
- The Board determines their mandate and terms of reference.
- At least one sitting member of a committee or task group is a Board member.
- On-going direction and supervision is provided by the Board (usually by the Chair of the Board).
- They report directly to the Board.

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Monitoring Frequency: **Annually or as required**
 Monitoring Method:
 Responsibility of: **The Board of CPBC**

Board Meetings

Regular Meetings

Regular meetings are generally held on a bi-monthly basis for the discussion of general business. College registrants and members of the public may attend these meetings as observers. The minutes of the meetings are recorded and made available on the College's website.

The schedule of Board meetings is usually as follows:

- September
- November
- January/February
- April
- June

The Board usually does not meet during the summer months.

Board Information Requirements

The information needs of the Board can be classified into three categories.

1. ***Decision information:*** This is the information the Board receives to assist it in making decisions. As much as is possible, this information should be factual and nonjudgmental. Although staff might have an interest in responding to one need over the others, this bias is not contained in the information presented to the Board, unless directly requested by the Board.
2. ***Monitoring information:*** This is the information used to gauge whether Board decisions have been satisfied. This information is essentially evidence that demonstrates degree of achievement of a specific outcome or goal or compliance with one or more Board policies.
3. ***Incidental information:*** This is the general information that is valuable or important to Board members, but which is not necessary for them to conduct Board business. Such things might be program initiatives, restructuring of various departments, etc.

It is important to the effective and successful operation of the Board that the Registrar delivers high quality, focused information in the decision and monitoring categories.

First Approved: **September 14, 2018**
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Monitoring Frequency: **Annually or as required**
 Monitoring Method:
 Responsibility of: **The Board of CPBC**

Terms of Reference and Policies

In discharging its responsibilities under the *Act*, the Board is frequently called upon to make decisions on many diverse issues.

The way in which a Board defines roles, responsibilities and accountability relationships is through terms of reference. Terms of reference are deemed effective on a majority vote of the Board.

The way in which a Board communicates its decisions, positions and intentions to staff and to others regarding all areas of its responsibilities is through policies. Policy statements are deemed effective on a majority vote of the Board.

The Board may set policy in four key areas:

1. **Board Governance.** This category includes policies that address the Board's purpose and their role in governing.
2. **Board Operations.** This category sets out policies to guide the operations of the Board in carrying out its role and functions.
3. **Standards of Organizational Conduct.** This category describes any conditions and constraints on the Registrar and staff (the actions and conditions that guide their work in operating the College).
4. **Professional Practice.** This category includes policies that affect pharmacists, pharmacy technicians or pharmacies.

Relationship of the Board and the Registrar

Governance of the College will be most effective when the Board and the Registrar understand each other's roles, responsibilities and authorities, and work collaboratively. However, the Registrar is accountable to the Board, but is not accountable for Board performance.

Although the Board's purpose and mandate is to govern and the Registrar's is to manage the day-to-day operations of the College, the key elements that are the focus of their work are the same.

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Monitoring Frequency: **Annually or as required**
 Monitoring Method:
 Responsibility of: **The Board of CPBC**

These are:

- Protecting the public.
- Providing leadership and direction.
- Monitoring and oversight.
- Establishing conditions and constraints for all actions and decisions.
- Ensuring the financial health and sustainability of the College.
- Building relationships with stakeholders.

The Board's approach to its work is that its overriding purpose is to guide, direct and oversee the performance of the College. Consequently, it has the power, authority and control to ensure that the College, through the Registrar and their staff, fulfills its legislated mandate and achieves the Board's stated Mission, Vision and Strategic Goals.

The Registrar's approach is to ensure effective contribution to the key elements and to develop and implement strategies and means (programs, services, standards, management, administrative and operational structures) for successfully fulfilling the College's legislated mandate and achieving the Board's stated Mission, Vision and Strategic Goals. The Board gives the Registrar the necessary power and authority to carry out these duties and responsibilities, but the ultimate power rests with the Board.

A primary purpose of both the Board and the Registrar is to provide leadership. The talent, knowledge and skill that each brings to the table needs to be optimized in providing leadership and direction to the College. This is best achieved when each of the parties invite and value the contribution of the other.

For the relationship to be effective and successful, both the Board and Registrar must understand and respect the boundaries of their respective powers and authority. The process for developing the Mission, Vision and Strategic Goals has input from and the active participation of the Board and the Registrar. Although they work as partners, particularly in the area of providing leadership and direction, it is the Board that has the ultimate power and authority to decide the Mission, Vision and Strategic Goals for the College.

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 Monitoring Method:
 Responsibility of: **The Board of CPBC**

Relationship of the Chair and the Registrar

The Chair of the Board is responsible for fostering a constructive and harmonious relationship between the Board and the Registrar, and acts as the main point of contact and communication between the Board and the Registrar on decisions of the Board between board meetings. The Chair of the Board has no decision-making authority unless delegated this authority by the Board.

The Chair of the Board will typically meet – either by phone or in person – weekly to check in on the current state of the College's affairs and provide guidance (within Board approved policies) to the Registrar on issues raised by the Registrar. The Vice Chair and Deputy Registrar may also be invited to participate in these meetings. If, through these conversations, significant issues arise that require the attention of the full Board, the Chair of the Board is responsible for ensuring that a board meeting is called (if urgent) or that the issue is placed on the agenda of the next regularly scheduled board meeting.

For a full description of the Chair of the Board's role, please see the Chair of the Board terms of reference.

Relationship of Board and Staff

As the Registrar is the Board's only employee, Board members will refrain from giving direction to other College employees. This statement does not mean that staff and the Board do not communicate or interact. It does mean that the method and frequency of interaction is different. Staff attend Board meetings at the discretion of the Registrar. In some cases, senior staff may be observers at Board meetings. In other cases, specific staff may be present when they are providing information or performing specific functions requested by the Registrar.

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 Monitoring Method:
 Responsibility of: **The Board of CPBC**

Part 2 – Terms of Reference

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Reaffirmed:

Monitoring Frequency: **Annually or as required**
Monitoring Method:
Responsibility of: **The Board of CPBC**

2.1 Terms of Reference for the Board

The Board of the College of Pharmacists of British Columbia is responsible for managing and supervising the activities and affairs of the College, and as such, is the highest decision-making authority within the College. This responsibility of the Board consists primarily of the duty to govern and oversee the Registrar, who has responsibility to manage the business and affairs of the College.

The role of the Board is to govern the College to ensure fulfillment of the mandate set out in the *Health Professions Act (HPA)* and the *Pharmacy Operations and Drug Scheduling Act (PODSA)*.

The Board is guided in its work by a set of Governing Principles (*page 11*). In addition to its Governing Principles, the Board may set policy to govern the operations of the Board and the College.

In fulfilling its role, the Board will be guided by the following principles:

- Board members are encouraged to think and act in ways that seek to achieve outcomes or results that are in the best interests of the public it is committed to serve.
- The Board commits to stating the desired outcomes that it expects the College to achieve and to specifying the standards of organizational conduct that must be satisfied by staff in achieving them.
- The Board's authority rests in it acting collectively.
- The Board acts as a whole in determining policy and direction.
- Members of the Board maintain solidarity with other board members in support of a decision made at a Board meeting.
- Board authority is generally not delegated to the Chair or to committees (except in very specific or exceptional circumstances) unless mandated to do so by legislation. All Board committees report to the full Board.
- The role of the Chair is to manage the work of the Board and to chair Board meetings. The Chair can act on behalf of the Board where authorized to do so by the whole Board.
- The Board has only one employee and that is the Registrar.
- The Registrar reports to the whole Board, not to any individual Board members or committee.

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- The Board delegates to the Registrar the necessary power and authority normally allocated to a chief executive officer to enable the effective execution of the operation of the College.
- All Board authority delegated to staff is delegated through the Registrar.
- The Registrar is accountable to the whole Board for the achievement of the outcomes stated in the Vision and Strategic Plan and for complying with the standards of organizational conduct set by the Board (unless otherwise indicated by legislation, regulation or the bylaws of the College).
- Recognizing that there will be circumstances where it will be necessary for the Registrar to interpret Board policy, the Board empowers him or her to do so as long as it is consistent with any reasonable interpretation of Board policy, and is communicated to the Board in a timely manner.
- Direction to and supervision of the Registrar's performance is a function of the whole Board.
- Monitoring and evaluating the performance of the Registrar is based on achievement of goals and outcomes in the Strategic Plan, compliance with Board established standards of organizational conduct, and other criteria set out in the employment contract with the Registrar.

The Board will:

- Set and ensure fidelity to mission and mandate, and approve organizational strategy, plans, and budgets.
- Establish governance policies, and review and update them regularly.
- Ensure management policies and systems are in place for compliance, including, but not limited to finance and human resources.
- Gain and maintain reasonable assurance that the College meets all financial reporting and disclosure obligations imposed on the College by applicable laws and regulations.
- Adopt and ensure adherence to a written Code of Conduct and Conflict of Interest Policy.
- Establish and hold the Registrar accountable to measures of organizational performance.

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- Hire, evaluate, set objectives and set compensation for the Registrar.
- Ensure appropriate management of major risks (including financial, as well as risks to the College's assets, reputation, and intellectual property) to the College.
- Preserve and support the College's core values.
- Create and maintain policies for orientation and continuing education development of the Board
- Ensure sound relationships are maintained with its key stakeholders.
- Position the College as a highly effective, reputable, credible College and leader in its field.

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2.2 Terms of Reference for Board Members

Board members play a vital role in ensuring the success and effectiveness of the College. Although the role is one in which Board members are asked to provide leadership and guidance to the College, there are also obligations that each Board member undertakes as soon as he/she formally assume the title “Board member.”

As a member of the Board, Board members are held liable and accountable for all decisions and actions in support of this self-regulated entity. As a result, the responsibilities and duties of a Board member are subject to public scrutiny. These responsibilities can be divided into two categories:

- Contribution to Board effectiveness.
- Legal and regulatory responsibilities (*refer to page 10*).

Contribution to the Board’s Effectiveness

The responsibilities in this area are concerned with the personal approach, commitment and style of involvement of a Board member. The College gains the most from a Board when its members are committed to working and sharing together in its best interests.

The following are obligations and guidelines for maximizing the contribution you make to Board effectiveness.

Every Board member has a fiduciary duty to the College, and must, in discharging his or her duties:

- Act honestly and in good faith with a view to the best interests of the College and to act in accordance with the College’s policies; and
- Exercise the care, diligence, and skill that a reasonably prudent person would exercise in comparable circumstances.

It fulfilling these obligations it is the responsibility of each Board member to:

- Participate actively in the business of the Board and make a positive contribution to providing visionary leadership and direction;
- Fully participate with other Board members in overseeing the management of the affairs and business of the College;
- Act honestly, in good faith and in the best interests of the public;

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- Exercise the care, diligence and skill of a reasonably prudent person under comparable circumstances;
- Ensure compliance with relevant acts, bylaws, regulations and policies;
- Stay informed on matters relevant to governing the College;
- Participate actively and constructively in the discussions of the Board;
- Follow Board approved rules and policies in governing and conducting Board business;
- Contribute to building and maintaining a healthy, effective and cohesive Board;
- Represent the interests of the public and not the interests of special groups or individuals. Board members may raise issues brought forward by registrants, members of the public and special interest groups. However, once the issue is brought to the Board table all Board members must examine the issue from the perspective of public safety;
- Maintain solidarity with other Board members in support of a decision made at a Board meeting.
- Come completely prepared and informed regarding all materials compiled and sent to you in order to fully participate in the discussion regarding the agenda.
- Help to advise and direct the Registrar in the management and operations of the College through Board policy;
- Attend all Board meetings. If it is apparent that you are likely to miss several Board meetings and are unable to fulfill your obligations, you may wish to discuss your continued involvement as a Board member with the Chair;
- Inform yourself of the proceedings, decisions, and proposed actions decided upon at missed Board meetings;
- Encouraged to participate fully in debates at the Board table and expressing views which may lead to a more fulsome discussion.
- Board members who are in disagreement with other Board members or the Registrar on Board or College issues or business should use the Board meeting as the venue to express their disagreement or dissatisfaction. The integrity, credibility, public image and ability of the Board to function effectively are enhanced if disagreements or dissatisfaction are confined to Board meetings.

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2.3 Terms of Reference for the Chair of the Board

The Board assumes responsibility for the governance and stewardship of the College and as a consequence has accountability for the performance of the College. Critical to meeting this accountability are the relationships between the Board, Board members and the Registrar.

The Chair is appointed by the Board and provides leadership in guiding the Board and coordinating its activities in the best interests of the College. In performing this role, the Chair manages the affairs of the Board and works closely with the Registrar.

- Chair Working with the Registrar
 - Fosters a constructive and harmonious relationship between the Board and the Registrar.
 - Acts as the main point of contact and communication between the Board and the Registrar between meetings of the Board on decisions of the Board.
 - Leads the Board in monitoring and evaluating the Registrar's performance.
- Chair Relationship with the Board
 - Ensures the Board has effective oversight of the College's business and affairs and is alert to its obligations to the College under the law.
 - Leads the Board in reviewing and monitoring the strategic business plan, policy and directions of the College and the achievement of its objectives.
 - Fosters cohesion of direction and purpose at a policy and strategic level.
 - Builds consensus, encourages participation, and develops teamwork within the Board.
 - Communicates with the Board to keep it up to date on all major developments, including timely discussion of potential developments.
 - Ensures that the Board has sufficient knowledge to permit it to make major decisions when required.
 - Approves the board agenda, briefing packages and related events for Board meetings with the Registrar and the Corporate Secretary.
 - Is an ex-officio member on all Board-established committees

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- Establishes annually, in advance and in consultation with the Registrar, the Board Calendar and coordinates fulfillment of the requirements set by Board policies.
- Chairs Board meetings.
- Ensures Board meetings are conducted in an efficient, effective and focused manner.
- Ensures, with the assistance of the Registrar and the Governance Committee, that there is an orientation program for new Board members and an ongoing development program for existing Board members aimed at increasing the Board members' familiarity with the College and its context.

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2.4 Terms of Reference for the Vice Chair

The Board assumes responsibility for the governance and stewardship of the College and as a consequence has accountability for the performance of the College. Critical to meeting this accountability are the relationships between the Board and the Registrar.

In the absence of the Chair, the Vice Chair provides leadership in guiding the Board and coordinating its activities in the best interests of the College.

- In the absence of the Chair, the Vice Chair will:
 - Preside over meetings of the Board.
 - Act as the main point of contact between the Registrar and the Board.
 - If and as required, fulfill the other responsibilities of the Chair, consistent with the College's regulations, bylaws, policies and terms of reference.

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Part 3 – Board Governance Policies

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3.1 Purpose and Role

The purpose and role of the Board is to govern the College to efficiently and effectively fulfill its legislated mandate; achieve its mission and vision; and, be accountable to the general public for competent, conscientious and effective performance as defined in the legislation applicable to the College.

1. In governing, the Board will:
 - a) Be mindful of its obligation to serve and protect the public.
 - b) Be visionary and progressive.
 - c) Support strategic leadership.
 - d) Ensure a clear distinction of Board and Staff roles and responsibilities.
 - e) Achieve collective decision-making through healthy and respectful discussion and hearing all points of view.
 - f) Recognize that it has one employee, namely, the Registrar.
 - g) Recognize its responsibility to evaluate the Registrar's performance on an annual basis.
2. To fulfill its purpose and role, the Board will provide leadership to the College in carrying out the following key areas of governing responsibility:
 - h) Protect the Public
 - i) Guidance and Direction
 - j) Standards of Organizational Conduct
 - k) Organizational Oversight
 - l) Ensure Financial Health and Sustainability
 - m) Relationships with Stakeholders
3. Board members are expected to uphold their sworn Oath of Office.

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3.2 Protect the Public

The Board will act to ensure that the decisions and actions of the College are to protect the public and do not jeopardize or put the College at risk.

Accordingly, the Board will:

1. Ensure that risk management policies and practices are in place
2. Review all Board decisions and policies regularly to ensure they satisfy the criteria for protecting the public.
3. Be proactive in identifying issues and matters that could jeopardize the Board and staff's ability to protect the public and the College.
4. Regularly engage in environmental scanning practices to identify and ensure that it is aware of strengths, weaknesses, opportunities, threats and changes to the environment in which the College operates that could affect its operating practices.

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3.3 Guidance and Direction

As the body elected to lead and guide the College, the Board will develop and set the Vision and Strategic Goals to be achieved in fulfillment of its Mandate, Mission and responsibilities.

Accordingly, the Board will:

1. In partnership with the Registrar and designated staff, develop the Vision and Strategic Goals for the College.
2. Develop a Strategic Plan that articulates its Vision and Strategic Goals. This plan will act as the Board's directive to the Registrar regarding priorities.
3. Develop the Values for the College which guide the Board and directs the Registrar and College staff in interactions with each other and all stakeholder groups.
4. Annually review the Strategic Plan and confirm continuation or make necessary adjustments to accommodate conditions impacting the College and the public.
5. In collaboration with the Registrar, for the purpose of fulfilling their commitment to achieving the Mission and Vision of the College, keep current with information and knowledge affecting the practice of pharmacy in BC, identify and address issues and matters that could or will have a material impact or consequence on pharmacy practice.

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3.4 Standards of Organizational Conduct

A major focus of the Board's work is on leading and guiding the College by determining the desired results or outcomes to be achieved. The Board also has an obligation to establish the conditions and limitations that will guide the Registrar.

Accordingly, the Board will:

1. Establish Standards of Organizational Conduct policies in any area they deem essential to guide the staff in achieving Board stated goals. (see part 5 of this manual)
2. Ensure the Standards of Organizational Conduct policies form part of the performance evaluation of the Registrar; are regularly monitored for compliance; and, are reviewed annually by the Board or an assigned task group.
3. Ensure that Board policies on Standards of Organizational Conduct reflect a common interpretation by the Board and the Registrar. The agreed upon interpretation should meet the "reasonable person" criteria and the intent of the policy.

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3.5 Organizational Oversight

As one of the key elements of governing is ensuring the achievement of its Vision and Strategic Goals and compliance with its policies, the Board will regularly and systematically monitor and oversee organizational performance. As the Registrar is responsible for the management and operation of the College, the Registrar's performance is considered to be the same as the College's performance.

Accordingly, the Board will

1. At its discretion, use one or all of the following three methods to monitor performance of the College:
 - a. **Executive Report:** Disclosure of compliance information to the Board from the Registrar.
 - b. **External Audit:** Discovery of compliance information by an external auditor, inspector or consultant who is selected by and reports directly to the Board. Such reports must assess executive performance only against the specific policy or policies of concern to the Board, not those of the external party unless the Board has previously indicated that party's opinion to be the standard.
 - c. **Direct Inspection:** Discovery of compliance information by a Board member, a committee or the Board as a whole. This is a Board inspection of documents, activities or circumstances directed by the Board, which allows a "prudent person" test of policy compliance.
2. Bring any concerns arising from any monitoring activity to the attention of the Registrar in a timely manner.

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3.6 Financial Health and Sustainability

The Board will act to ensure that the financial health and viability of the College is not jeopardized.

Accordingly, the Board will:

1. Direct the Registrar to develop and submit to it, annually, a multiyear financial plan (2 – 5 years) that identifies key areas of expenditure growth, inflationary costs, revenue sources and potential or planned fee changes.
2. Direct the Registrar to present an annual plan for the College's contingency and reserve funds.
3. Review or establish Standards of Organizational Conduct policies that address budget planning, financial management and risk management.
4. Annually review the financial plan to determine changes in assumptions, environmental conditions, and integrity of the plan.
5. Direct the Registrar to present a progressive actual year-to-date budget and variance report at each Board meeting.
6. Establish an Audit & Finance Committee to support the Board in fulfilling its financial health and sustainability oversight obligations.

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3.7 Relationship with Stakeholders

In recognizing that governing requires having knowledge of the interests, concerns, needs and expectations of stakeholders, the Board will act to ensure that it is informed on matters relevant to its stakeholders.

Accordingly, the Board will:

1. Annually establish, review and evaluate the Board with regards to stakeholder relationships.
2. Provide opportunities throughout the year for interested parties to make presentations on matters of interest and concern to the Board.
3. Ensure that the College has a comprehensive communications strategy and maintains a website containing current information.
4. Post the schedule of its public meetings on the College's website.
5. Post minutes of its public Board meetings on the College's website.
6. Produce an annual report that is made available electronically on the College's website.

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Part 4 - Board Operations

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Responsibility of: **The Board of CPBC**

4.1 Code of Conduct

Board members will conduct themselves respectfully, ethically, and professionally in their personal and professional interactions, consistent with the oath that all Board members have sworn or affirmed.

In fulfilling their responsibilities as a Board member of the College, they will:

1. Exercise the duties of care, diligence and skill and the duty of loyalty to the College and the public interest.
2. Respect the confidentiality of Board discussions and deliberations.
3. Abide by all Board policies governing Board member behaviour, practices, decisions and actions.
4. Respect and abide by the Board's values, governing principles and conflict of interest guidelines.
5. Honour their obligations to attend all Board meetings and where this is not possible notify the Chair in advance.
6. Come to the Board meetings having read the materials relevant to the Board meeting agenda.
7. Abide by the Board's Meeting rules and by the method or process agreed to for conducting Board meetings.
8. Assist the Board with its work by serving as a member on one or more Board committees or task groups during the course of the Board year.
9. Maintain solidarity with other Board members in support of a decision made by the Board.
10. Participate and contribute to building and maintaining a strong, healthy, productive and effective functioning Board.
11. Respect and honour the governing principle that a Board member's individual interaction with the Registrar or staff carries no authority or formal influence.
12. Refrain from exercising individual authority over the College except as explicitly set forth in Board policies.

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13. Not represent or appear to represent the Board to external organizations, unless specifically authorized to do so. Individual Board members will re-direct enquires from members of the public and media to the Registrar, and copy the Board Chair, so that proper action can be taken.

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4.2 Conflict of Interest

Board members will avoid and refrain from involvement in situations of conflict of interest. Board members represent the interests of the public and not the registrants who elected them or those who appointed them. Board members shall have no conflict of interest with regards to representation as a Board member or at Board meetings.

Conflict of interest is a breach of an obligation to the College that has the effect or intention of advancing one's own interest or the interest of others in a way detrimental to the interests or potentially harmful to the integrity or fundamental Mission of the College. Conflicts of interest and the appearance of conflicts of interest must be avoided. Board members and staff are responsible for seeking guidance from the appropriate source before embarking on activities, which might be questionable.

Accordingly:

1. A Board member is in a conflict when there exists a personal interest that could influence their decisions and impair their ability to act in the College's best interests.
2. Board members must not use their positions to obtain for themselves, family members or close associates employment within the College.
3. Should the College consider a Board member for employment they must temporarily withdraw from Board deliberation, voting and access to applicable Board information.
4. Acceptance of gifts, entertainment, travel and services for personal use from people or organizations who conduct business with the College could impede the objectivity of the Board and create a conflicting obligation. It is necessary, therefore, for full disclosure to occur and for approval to be granted, prior to the receipt of a personal benefit.
 - a. Gifts, entertainment, travel or services require evaluation of the source, value, purpose and frequency of offering in assessing the case.
 - b. A Board member may attend, as a guest, a hosted lunch or dinner meeting that involves the discussion of items of mutual interest.
 - c. Personal gifts may not be accepted by Board members from people or companies seeking business or intervention with any College policy or process.
 - d. Gifts for the College office may be accepted, depending on the purpose of the gift. Commemoration of a significant anniversary or event would be acceptable, but material appreciation for positive response to an appeal relating to policies and procedures would not be acceptable.

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5. Board members who have a material interest in a company with whom the College may decide to transact business, have a responsibility to disclose their involvement whenever they have influence over a decision to engage the services of the company.
6. Board members approached, in their capacity as College representatives, to serve as members of a Board of a for-profit, charitable, or advocacy organization must obtain the approval of the Board.
7. The Board review of a request to serve as a member of a Board of another organization will take into account the interests of the College, as well as the benefits that may accrue to the individual and to the outside organization.
8. College representatives to outside organizations must be approved and recorded as such by the Board.
9. Unless approval is given, a Board member or staff member serving on the Board of an outside organization does so in their individual capacity.
10. If Board members have material interests in companies seeking College business they must disclose their interests and withdraw from the College decision making process that is applicable to those companies.
11. Board members should not solicit remunerated consultative contracts through their positions with the College. Requests from College members for such services should be referred to other experts in the field, other than in exceptional cases.

Process for Addressing Conflicts of Interest

1. On appointment, a Board member will act in a manner that will prevent real, potential or perceived conflicts from arising in their private, professional and institutional interests; declare any real, potential or perceived conflict of interest and sign a conflict of interest declaration; and annually update the declaration and sign it.
2. In the event that a Board member is in a conflict of interest or believes they might be in a conflict of interest they will immediately disclose, in writing, any real, potential or perceived conflicts of interest to the Chair of the Board, or to the Vice-Chair if they are the Chair.
3. At the beginning of each board meeting any real, potential or perceived conflicts of interests with regard to the business of that meeting will be disclosed by any Board member who believes they may be in a conflict, or perceived to be in a conflict. The declaration will be recorded in the minutes.

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4. Should a board member have a concern regarding non-disclosure of a real, potential or perceived conflict of interest of another board member, he / she shall bring this concern to the attention of the Chair (or Vice Chair, as appropriate)
5. When a conflict of interest has been declared the affected board member(s) will abstain from participation in any discussion on the matter, not attempt to personally influence the outcome, refrain from voting on the matter, and leave the meeting room for the duration of any such discussion or vote. The time the affected Board member(s) left and returned to the meeting room will be recorded in the minutes.

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4.3 Confidentiality

There are aspects of the Board's work requires confidentiality. It is important and necessary that Board members recognize this responsibility and ensure that their actions do not violate Board confidentiality.

Accordingly:

1. Confidential and sensitive information about the affairs of the College provided during in-camera meetings within the knowledge of Board members are not to be disclosed to others.
2. Board members are required to comply with provincial and federal legislation and regulations regarding privacy and freedom of information.
3. Board confidentiality and integrity is strongly affected by individual Board member actions. Board members must respect the confidentiality of in-camera Board discussions and refrain from discussing or sharing information on these matters with non-Board members.

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4.4 Board-Established Committees and Task Groups

Other than committees required by legislation, the Board may establish committees and task groups to help carry out its responsibilities.

Accordingly:

1. Board committees and task groups are established by the Board to help the Board fulfill its role and carry out its responsibilities. To preserve Board authority, Board committees and task groups will be used only as required to support the Board's work.
 - a. A Board committee is a standing committee of the Board. A Board committee will typically be composed of Board members, with an ongoing, defined role in supporting the work of the Board. A Board Committee may also be composed primarily or entirely of outside experts tasked with providing advice directly to the Board on policy or other issues requiring specialized expertise.
 - b. A task group is a time-limited, task-specific committee of the Board established to undertake specific tasks or deliverables within a predetermined timeframe. Once the tasks are completed the task group is dissolved. A task group may include both Board members and/or non-Board members based on the needs of the Board.
2. The full Board holds the ultimate responsibility for governing the organization. Board committees and task groups, unless otherwise specified by the Board, do not have any independent authority to act on behalf of the Board.
3. The Board will establish terms of reference for committees and task groups that will usually include the following:
 - a. The mandate or purpose of the committee or task group;
 - b. The term for the committee or task group;
 - c. Appointment of members to the committee or task group;
 - d. Appointment of the Chair of the committee or task group;
 - e. Skills and expertise required of members of the committee or task group;
 - f. Term and term limits for members of the committee or task group;
 - g. Quorum requirements of the committee or task group; and

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- h. Any other terms as determined by the Board.
4. The Chair of the Board will be an ex-officio member of all Board committees and task groups unless otherwise specified in terms of reference, and he/she may participate on committees or groups at his/her discretion.
 5. The Registrar will be notified of all committee and task group meetings and invited to attend in a non-voting capacity, but his/her attendance is not counted for the purpose of committee or task group quorum requirements.
 6. If committees or task groups are established they:
 - a. Do not speak or act for the Board except when formally given such authority for specific and time-limited purposes. Such authority will be stated through terms of reference or Board minutes.
 - b. Are to assist the Board in doing its job by recommending, analyzing, deciding and/or acting as directed by the Board.
 - c. Cannot exercise authority over staff and operations and must work within the organization's mission and policy framework.
 - d. Will receive their terms of reference, specific tasks, staffing, reporting process, time lines, etc. from the Board as the committee or task group is established.
 - e. Will use a committee or task group work plan, which will specify goals for the committee or task group, strategies to meet the goals and timelines for completion of the goals.
 - f. May only establish sub-Committees if approved by the Board.
 7. Committee and task group reports that are presented to the Board on matters requiring decisions or actions will generally contain a recommended course of action, with supporting rationale, unless otherwise requested by the Board.
 8. Deviations from the approved budget for a committee or task group are to be reported immediately to the Board by the Registrar.
 9. Timelines for completion of tasks and submission of reports are to be consistent with the Board's directions or mandate.
 10. Once those committees or task groups that have completed their tasks or assignments and where there is no longer a need for their continuation or existence, they will be disbanded automatically.

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 Responsibility of: **The Board of CPBC**

4.5 Board Work Plan & Meeting Agendas

To govern effectively, the Board must recognize that the work it will do throughout the year is based on fulfilling its governing responsibilities. This means that it will not devote time and energy to the methods and means that will be employed by the Registrar to achieve the Board's stated Vision and Strategic Goals.

Accordingly:

1. At the beginning of each new Board year the Board will, in a special session or as part of its first regular Board meeting, identify the goals, tasks and issues it intends to address, and incorporate these into a 'Board work-plan' and calendar for the coming year.
2. Items on the Board's 'work-plan' will form part of each Board meeting agenda.
3. The agenda will consist of those items that pertain to the Board's areas of governing responsibilities and to matters raised by the Registrar that require Board policy or direction. The agenda will meet all requirements set out in the *Health Professions Act*.
4. The Board authorizes the Chair to develop, in consultation with the Registrar, the 'draft agenda' for each Board meeting.
5. Board members are encouraged to submit to the Chair agenda items that meet the criteria for Board agendas.
6. It will be the practice of the Board not to accept last minute items for additions to the agenda unless, in the combined view of the Chair and the Registrar, they require the immediate attention of the Board.
7. The Board determines the final version of the agenda, and the approval of the agenda is the first item of business at the Board meeting.
8. The Board will, at each meeting, acknowledge the traditional lands of the First Nation on which the meeting is taking place.
9. Agenda items for Board meetings must be circulated to members before the meetings, according to the established procedures.
10. If the agenda item is not completed in its allotted time, the Board will vote whether to continue discussing the topic or table the item until the next meeting.
11. The Board's meeting format should adhere to the most recent edition of Robert's Rules of Order. Consensus agreement is the goal whenever possible.

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 Responsibility of: **The Board of CPBC**

4.6 Meeting Observers

Once the dates of the Board meetings are determined, they are published on the College's website.

Accordingly:

1. The Board will maintain positive relationships with the public through open access to the Board.
2. The Regular Meetings of the Board are public meetings and may be made available through internet streaming or live video.
3. Individuals or groups may request to make a presentation at a Regular Meeting of the Board.
4. The Board Chair has the prerogative to permit an observer at the Regular Meeting to make a contribution to a topic being discussed.

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4.7 Succession Planning

To ensure that the College is able to fulfill its mandate of protecting the public it is the responsibility of the Board to oversee, at all times, that the College is managed by a professionally qualified and competent Registrar.

Accordingly, the Board will:

1. Ensure senior management succession planning policies and processes are in place, including a review of an annual review on such plans and policies by the Registrar.
2. The Registrar will prepare a successor in the event of unexpected incapacity in addition to ongoing management development plans.

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4.8 Board Assessment & Evaluation

It is the obligation and responsibility of the Board to govern effectively, to ensure fulfillment of the College's legal mandate and to work together in building a healthy and effective Board team.

Accordingly, the Board will:

1. Assess the effectiveness of its meetings and use the data from the assessment to make changes that will improve meetings of the Board.
2. At least once during any given Board year, conduct a full assessment or evaluation of Board functioning regarding its governing responsibilities, relationship with the Registrar, its committees and task groups, its decision-making processes and practices, and its ability to work effectively as a team.
3. Address areas of concern, focus on team building, encourage participation and mutual understanding on a continual basis.

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4.9 Registrar Performance Evaluation

It is the responsibility of the Board to conduct an annual evaluation of the performance of the Registrar. This will be done in a respectful, fair and professional manner employing a process, timelines and data collection and analysis tools agreeable to the Board and the Registrar.

Accordingly, the Board will:

1. Delineate the performance outcomes, expectations regarding attitude and behaviour, and any compliance requirements that will be used to evaluate the Registrar's performance in the employment contract.
2. Have the Chair establish a 'Registrar' performance evaluation task group that will be responsible for conducting and managing the evaluation process on behalf of the Board. At a minimum this task group will have the Chair, Vice-Chair and a public appointee as its members.
3. Identify and agree with the Registrar on the process and timelines that will be employed for the performance evaluation.
4. Articulate how formative and summative data, that acknowledges progress, achievement and provides direction to further the Registrar's role and development, will be provided to the Registrar as feedback.
5. Receive the Task Group's Performance Evaluation Report after it has been hand delivered by the task group to the Registrar.
6. Commit to meeting with the Registrar directly after it has received and accepted the Performance Evaluation Report from its task group to discuss the report and any recommendations determined by the Board.
7. Ensure that the information regarding the performance evaluation of the Registrar is kept confidential.

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4.10 The Board/Registrar Relationship

It is in the best interest of the Board and the College that the Board develops a positive, respectful and harmonious working relationship with the Registrar. To that end, both parties need to function as partners in providing leadership, guidance and direction to managing the business of the College.

Accordingly, the Board will:

1. Delegate to the Registrar the necessary power and authority, including spending authorizations, to effectively manage and operate the College.
2. Enter into a legal employment contract with a new Registrar that addresses such matters as responsibilities, accountabilities, deliverables, compensation, benefits, and conditions for terminating the agreement, and the process and timeframe for the annual performance evaluation of the Registrar.
3. Appoint a Board Selection Committee to conduct a search for a new Registrar when required. The Committee will be responsible for establishing the committee's Terms of Reference, to be approved by the Board, which determine the parameters and process for the completion of a successful search.

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4.11 Reimbursement of Expenses to Board and Committee Members

1. Expenses

- a. For reimbursement of reasonable, budgeted expenses incurred while on College business, all receipts must be affixed to a completed expense claim form. Expenses will be reimbursed as incurred consistent with the College's expense claim guidelines. Expense claim forms (with attached receipts) must be submitted within 20 days of when the expense is incurred.

2. Travel

- a. **Air:** Air travel is to be booked through the College-specified travel agent, whenever possible, as per the criteria established for the College of Pharmacists' account. The appropriate College staff will supply the College-specified travel agent's contact information.
- b. **Personal automobile:** Mileage will be reimbursed using the Canada Revenue Agency Automobile Allowance Rate.

<http://www.cra-arc.gc.ca/tx/bsnss/tpcs/pyrll/bnfts/tmbll/wnc/rt-eng.html>
- c. The total mileage claim is to be limited to the cost of the lowest fare for economy class air transportation to the same destination (where applicable). Lower Mainland residents may claim for travel between their homes and the meeting site.
- d. **Other:** Parking, cabs, airport buses or shuttles (Please submit original receipts showing taxes paid – other than for parking meters.)

3. Accommodation

- a. Hotel accommodations are to be arranged by the appropriate College staff.
- b. The College maintains a master hotel account at certain hotels. The room rate for a standard single occupancy room and applicable taxes for the day(s) spent on College business or meetings will be automatically billed to the master account. Individuals must arrange to pay all other expenses incurred during their stay (such as mini-bar charges, laundry, in room movies and personal telephone calls); these expenses are not reimbursed by the College of Pharmacists of BC.

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- c. Board or committee members are eligible to expense hotel accommodation on the night before or between Board or committee meetings. Individuals are expected to exercise prudence when deeming it necessary to stay in hotel accommodation.
- d. Board or committee members who stay in non-commercial lodging (i.e. with friends or family) may spend up to \$30.00 per night in lieu of commercial lodging on a gift (e.g. meal or gift certificate) for the hosts. Receipts are required and must be attached to the expense claim form with a notation explaining the claim.

4. Meals – General

- a. Actual costs, or a per diem allowance where permitted, may be claimed for meals on College of Pharmacists' business. The business purpose should be indicated on the expense claim.
- b. There is no reimbursement if the traveler has the opportunity to eat breakfast or lunch before leaving home or eat dinner at home at the end of the day.
- c. The names of individuals, or the group, in attendance must be indicated on the claim.
- d. Original restaurant receipts are required for reimbursement of actual expenses. The amount of the gratuity may be noted on the receipt for reimbursement.

5. Per Diem Meal Allowance

- a. A fixed allowance covering meals and incidentals (e.g. gratuities for housekeeping services, bellhops, etc.) may be claimed without receipts, in lieu of specific expense reimbursement when travelling to conferences or other similar situations. If travelling for more than one meal period, the maximum daily reimbursement will be calculated based on the total for all applicable meals, rather than by individual meal. If travelling for one meal period, the traveler will only be reimbursed up to the amount for that particular meal.
- b. Maximum amounts include all taxes and gratuities.
- c. In the course of meetings, group breakfasts, lunches, or dinners may be arranged. All participants are encouraged to join in these group functions. There is no reimbursement for meals purchased independently at alternative venues in these situations.

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- d. There is no reimbursement if the traveler has the opportunity to eat breakfast or lunch before leaving home or eat dinner at home at the end of the day.
- e. The College uses the meal allowance rate set by the Government of British Columbia, which is updated periodically. Please contact staff for the most recent per diem rates.

6. Honoraria

- a. Honoraria will be paid on an hourly basis at \$50.00 per hour, \$200.00 for one half-day, or
- b. \$400.00 for a full 8-hour day for scheduled Board or Committee meetings whether in-person or by teleconference or web-conference. The maximum honoraria of \$400.00 will include any travel time on that day.
- c. Board or Committee members will be paid the hourly rate for their meeting preparation time. Note: Acceptable billable hours for a particular meeting will be determined by the Committee consensus at that meeting. Board preparation time is to be a maximum of 8 hours per meeting.
- d. Honoraria will not be paid for the following (unless prior written approval from the Board Chair, in consultation with the Registrar, approved on a case by case basis.)
 - Travel time (except for Board and Committee members who travel further than 50 km or one hour from the meeting site.)
 - Attending conferences, training sessions, etc.
- e. Note: Honoraria payments are subject to statutory deductions (Federal and provincial taxes and Canada Pension Plan contributions).

7. Other Costs (for Board members only)

- a. A reimbursement of \$20 per Board meeting will be given for miscellaneous supplies or incidentals (up to a maximum of \$100 per year.) Receipts are required when available.

8. Submitting Expense Claims

- a. Complete the expense claim form (found on the portal) and attach the receipts.

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- b. Forward the claim form and receipts (by mail or email with scanned attachments) to the appropriate staff member for approval within 20 days from when the expenses were incurred.
- c. Reimbursements are made via electric funds transfer.

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Part 5 – Standards of Organizational Conduct

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5.1 Financial Planning and Budgeting

Financial planning and budgeting for any fiscal year will be based on Board stated goals, maintenance of the on-going operations of the College, and avoidance of financial risk.

Accordingly, the Registrar will:

1. Use credible planning assumptions.
2. Ensure that the budget is based on the College's strategic and operational plans.
3. Develop a balanced budget aligning annual expenditures with projected annual revenues.
4. Construct and submit a budget that shows a separation of capital and operating items.
5. Provide sufficient funds for the Board's annual operating costs.
6. Ensure sufficient cash balance to settle payroll and debts in a timely manner.
7. Invest surplus funds in accordance with the Investment Policy and Provincial legislation.
8. Submit a draft budget to the Board prior to the beginning of each new budget year that will allow sufficient time for review, comments and changes (if required) prior to final approval.
9. See Reserves Policy (5.3) for further information.

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5.2 Financial Management

The Registrar will ensure the College operates with internal controls and a financial management system that protects the organization from risk and meets or exceeds the standards set by the auditors.

1. Regarding the receipt and expenditure of funds, the Registrar will:
 - a. Receive, process and disburse funds under controls sufficient to meet Generally Accepted Accounting Principles.
 - b. Not expend more funds than have been received in the fiscal year to date unless the amount can be repaid by certain and otherwise unencumbered funds within 30 days of the end of the fiscal year.
 - c. Not allow legal, statutory and other operational financial requirements to become delinquent.
 - d. Not indebt the College in an amount that cannot be repaid within any conditions that the Board may set from time to time.
 - e. Exercise adequate internal controls over receipts and disbursements to avoid unauthorized payments or material dissipation of assets.
 - f. Not allow actual allocations to vary materially from those in the Board approved budget.
2. The Board designates the Registrar, Deputy Registrar, Chief Operating Officer, Board Chair and Board Vice-Chair as signatories for cheques, purchase orders and agreements:
 - a. Up to and including an amount of \$50,000.00 require the signature of one of the following: Registrar, Deputy Registrar or the Chief Operating Officer.
 - b. Over the amount of \$50,000.00 and up to and including the amount of \$200,000.00 require the signature of two of the following: Registrar, Deputy Registrar or the Chief Operating Officer.
 - c. Over the amount of \$200,000.00 require the signature of two of the following: Registrar, Deputy Registrar or the Chief Operating Officer plus the Chair or Vice-Chair of the Board.
3. The Registrar will establish a Signing Authority Policy, consistent with this Policy. The Signing Authority Policy will be reviewed and approved by the Board annually.
4. The Registrar will establish a Procurement Policy, consistent with this Policy.

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5.3 Reserves Policy

Statement of Purpose

The purpose of the reserve is to help to ensure the long-term financial stability of the College and position it to respond to varying economic conditions and changes affecting the College's financial position and the ability of the College to continuously carry out its Mission.

Scope / Limits

This policy applies to all reserve funds of the College. In accordance with Canadian accounting standards for private sector not-for-profit organizations, externally restricted funds held by the College are classified as deferred revenue and, consequently, not considered a reserve fund for the purposes of this policy.

Policy

- The College shall hold a reserve fund in the amount of \$2,000,000.
- The reserve fund will not be shown in the budget, but will be held in separate general ledger balance sheet accounts with equivalent funds invested in either College bank accounts and / or College investment accounts. These funds will be separately reported in the annual financial statements.
- The annual and multi-year budgets shall include a statement of the current balance in the reserve. The budget will include a line for anticipated net transfers between the reserve fund and the operating account, if applicable.

Fund Balances

The goal of the Board is to maintain the reserve for the following uses:

- Leasehold improvements and other capital acquisitions including information technology purchases.
- Joint venture special levies.
- Legal costs.
- Research or training opportunities that support the College's Strategic Plan, including grants to conduct this research.
- To create an internal line of credit to manage cash flow and maintain financial flexibility.

Fund Expenditures

Expenditures from the reserve and transfers between reserve and operations may only be made at the discretion of the Board and only for the purposes outlined above.

Replenishing the Reserve

If the Reserve is and has been less than 75% of the targeted reserve level for two consecutive years, the Board of Directors, in the absence of any extraordinary circumstances, will adopt an operational budget that includes a projected surplus sufficient to rebuild the Reserve to the

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targeted reserve level over the following two years. Board approval will be required to authorize transfers from unrestricted net assets to the reserve.

5.4 Investment Policy

All cash and investments are to be used for the general operational expenses of the College of Pharmacists of British Columbia (henceforth referred to as the “College”) unless specifically identified for other purposes. Surplus funds are to be invested to meet these operational expenses. These funds must be invested conservatively and should not be subject to speculative situations.

1. Investment Objectives

- a. The primary investment objective is to protect the capital from loss.
- b. The secondary objective is to obtain the highest rate of return while preserving capital.
- c. The third objective is to insure the portfolio contains sufficient liquidity to provide the College with the flexibility to meet its anticipated and potentially changing cash requirements.

2. Investment Restrictions

- a. All fixed income investments with a maturity of one year or less must have a Dominion Bond Rating (or equivalent) of at least R1 Low.
- b. The total amount of R1 Low fixed income investments at any one time shall not exceed 30% of the total investment portfolio.
- c. All fixed income investments with a maturity of greater than one year must have a Dominion Bond Rating (or equivalent) of A Low or higher (e.g. bonds and strip coupons).
- d. The investment portfolio must, where practicable, produce sufficient cash to meet the College’s expected cash demands without relying upon the sale of securities having one year or more until maturity.
- e. At all times, not more than 50% of the portfolio may be invested with any one issuer unless it is the Government of Canada, a Provincial Government, or an entity with a Federal or Provincial guarantee. Investments vehicles meeting the definition of “bank deposits” may also be excepted from this concentration provision provided they are deposit based investments issued by a Schedule I Canadian bank.

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- f. If the portfolio is less than \$500,000 then 100% of the portfolio may be invested with one issuer.
- g. GIC exposure to any one issuer must be limited to the CDIC (Canada Deposit Insurance Corporation) limit of \$100,000 unless the issuer is a "Big 6" Schedule I Canadian bank; a credit union backed by an unlimited provincial guarantee; or a large scale international issuer that may, from time to time, be identified as having sufficient resources to warrant exceeding the \$100,000 per issuer CDIC limit.

3. Investment Guidelines

- a. The Investment Guidelines must at all times be in agreement with the Investment Objectives and the Investment Restrictions.
- b. For the purposes of the Investment Restriction criteria, GICs can be treated as
 - i. Money market vehicles for maturities of one year or less and as bonds for maturities greater than one year.
- c. For surplus funds anticipated to be in excess of current and projected operational needs, the maximum remaining term to maturity should not exceed five years.
- d. An exception for Guideline C is for funds which are set aside for a specific purpose whose payment date exceeds these terms.
- e. An investment should be sold and replaced when its credit rating drops below minimum levels.
- f. All investments should be held in segregated accounts.

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5.5 Risk Management

Protection of the College's assets is critical to its current and long-term operational viability. As the Registrar has operational control of the assets it is essential that risk management practices be implemented to ensure the assets are protected.

Accordingly, the Registrar will:

1. Purchase insurance and implement controls to protect College assets against theft and casualty losses and prevent access to funds by unauthorized personnel.
2. Take measures to maintain and protect the College premises and its contents.
3. Implement policies and practices that will prevent exposing the College, its Board and staff to claims of liability, as well as ensure that the Board and staff are adequately insured against liability claims. Also, review the policy annually to maintain sufficient coverage.
4. Arrange to have the office premises and contents appraised every 5 years, and insured on a replacement cost basis with the coverage being reviewed annually and retendered every 5 years.
5. Only commit the College to those expenditures that comply with Board directives and policies.
6. When investing or holding the College's operating capital, ensure their liquidity and safety, guided by the future needs of the College and include easily accessible cash reserves equal to the cost of operating the College for six months.
7. Follow Board policies or guidelines to acquire, encumber or dispose of real property.
8. Not reduce the College's current assets without Board knowledge and approval.
9. Observe and enforce the working conditions and standards set out in the Employment Standards Act of the Province of British Columbia.
10. Ensure a business continuity plan is in place, and that all information systems are backed up daily in case of fire, theft or an Act of God in order to prevent business loss and disruption.
11. Ensure a risk management policy is in place.
12. Maintain and report regularly on the College's risk register.

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5.6 Employee Relations

A healthy and safe working environment and fair, respectful, dignified and non-discriminatory working conditions are ensured for all employees and volunteers.

1. Regarding the treatment of employees and volunteers: Accordingly, the Registrar will:
 - a. Honour the spirit and intent of the College's collective agreement(s).
 - b. Not knowingly practice, condone or tolerate harassment of any kind within the College and working environments under the jurisdiction or direct influence of the College.
 - c. Be proactive in protecting the staff from unsafe and unhealthy conditions in the workplace.
 - d. Provide a fair and equitable complaints and grievance process that is free from retribution.
 - e. Have written personnel policies, consistent with any applicable legal requirements that clearly address the College's expectations of employees and volunteers and their obligations.
 - f. Promote diversity in the workplace. This includes (but is not limited to) diversity regarding ethnic origin, culture, religion, gender, sexual orientation, age, skill sets and experience.
 - g. Ensure that all employees and volunteers are well informed of their rights and the College policies that affect them.
2. Other than their requested attendance at Board meetings or their participation on committees involving Board members, non-unionized staff will only have access to the Board as a 'last resort' on matters regarding their treatment by the Registrar or allegations of illegal activities or actions by the Registrar. On all other matters, staff must deal directly with the Registrar.
3. The Board will ensure that any employee engaged in 'whistle blowing' activity or raising matters with the Registrar will not suffer retribution or discrimination as a result of bringing these matters forward. If the person is not satisfied with the response from the Registrar, he or she can then approach the Board Chair.

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5.7 Employee Compensation and Benefits

With respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers, the Registrar must protect the College against financial risk or negative public image.

Accordingly, the Registrar will:

1. Not promise or imply to current or potential employees permanent or guaranteed employment.
2. Make sure that every employee has received and agreed to a letter of employment or a letter of services or a letter of requirements prior to commencement of services.
3. Establish current compensation and benefits which:
 - a. Comply with the Board's policies on compensation.
 - b. Do not create long-term obligations that the Board believes cannot be met from its normal revenue sources.
4. Not establish deferred or long-term compensation and benefits which:
 - a. Cause unfunded liabilities to occur or in any way committing the College to benefits that incur unpredictable future costs.
 - b. Deviate from Board approved levels of benefits.

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5.8 Contractor Services

With respect to contracting services, the Registrar must protect the fiscal integrity and public image of the Board.

Accordingly, the Registrar will:

1. Employ a tendering process for suppliers, consultant services, service contracts and equipment/facility leases or purchases by obtaining three quotes, or through a competitive process, wherever practical. Any tendering process must be transparent, fair and comply with the College's conflict of interest guidelines.
2. Ensure goods and services are acquired in a manner that results in supply arrangements at the most effective net cost, in the correct quantities, of the appropriate quality and from the most responsive and responsible source.
3. Promote accountability in its use of funds for the acquisition of goods and services.
4. With respect to leases, not enter into individual lease agreements that financially commit the College to terms greater than five years, to total lease payments greater than \$250,000.00 and to annual lease payments greater than \$50,000.00 for each lease agreement, unless approved by the Board.
5. Ensure all agreements entered into by the Registrar are in writing and signed by both parties
6. Make sure that every consultant and contract worker has received and agreed to a letter of employment or a letter of services or a letter of requirements prior to commencement of services.
7. Not enter into any long-term contractual obligations that exceed the College's ability to ensure that it will have the financial resources to fulfill the terms of the contract unless approved by the Board.
8. Not continue with a contractual agreement if the contractor fails to satisfy the terms and obligations of the contract.
9. Withhold payment or appropriate funds until the agreed upon contracted services have been completed satisfactorily.
10. Ensure a Procurement Policy and a Signing Authority Policy are in place.

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5.9 Protection of Registrant Information

Protection of registrant information is essential to ensuring the privacy of those persons registered to practice pharmacy in British Columbia.

Accordingly, the Registrar will:

1. Ensure that the College is in compliance with the privacy sections of the Health Professions Act (*HPA*) and all other Privacy and Protection legislation, provincial and federal.
2. Ensure a Privacy Policy is in place.

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5.10 Collaborative Agreements

The Registrar or Deputy Registrar may approve collaborative agreement protocols provided the protocol includes the following:

1. A statement delegating medication therapy management authority from a specific physician to the pharmacist.
2. A description of who will obtain the authority (e.g. the named pharmacist or pharmacists under the supervision of the named pharmacist).
3. A time period for the protocol (not to exceed two years).
4. Patient eligibility criteria.
5. Specified delegated activities (i.e. disease, drugs, and categories).
6. A description of the type of pharmacist medication therapy management authority being delegated (e.g. continuation, modification, initiation).
7. A plan, guideline or algorithm for medication therapy management decisions.
8. Procedures for documenting the decision and actions taken.
9. A plan for periodic reporting/review of decisions with collaborating prescriber.
10. Copies of all forms used, including the patient consent form.
11. A procedure for resubmission to the College when substantive therapeutic changes occur.
12. That each staff approved protocol will be included on the next Board agenda as a consent item.

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Part 6 – Professional Practice Policies

(This category includes policies that affect pharmacists, pharmacy technicians and pharmacies).

- PPP-3 Pharmacy References
- PPP-15 Narcotic Controlled Drug Signing Authorizations
- PPP-24 Depot Shipments of Prescriptions
- PPP-27 Registration Requirements for Pharm.D. Program Students
- PPP-31 Emergency Prescription Refills

- PPP-43 Automated Pharmacy Dispensing System
- PPP-46 Temporary Pharmacy Closures
- PPP-47 Operational Procedures for Complying with Benzodiazepines and Other Targeted Substances Regulations
- PPP-50 Centralized Prescription Processing
- PPP-54 Identifying Patients and Patient Representatives in Community Pharmacy and Telepharmacy Settings
- PPP-56 Standards for Pharmacy Technician Verification of Non-Sterile Products in Hospital Pharmacy Practice
- PPP-57 Standards for Pharmacy Technician Verification of Sterile Products in Hospital Pharmacy Practice
- PPP-58 Medication Management (Adapting a Prescription)
- PPP-59 Pharmacy Equipment
- PPP-60 Professional Liability Insurance
- PPP-61 Hospital Pharmacy Published Standards
- PPP-63 Hospital Pharmacist Role with Respect to Drug Distribution Systems, Drug Administration Devices, Products and Services
- PPP-64 Guidelines to Pharmacy Compounding
- PPP-65 Narcotic Counts and Reconciliations
- PPP-66 Opioid Agonist Treatment
- PPP-67 Injectable Opioid Agonist Treatment
- PPP-68 Cold Chain Management
- PPP-69 Community Pharmacy Manager Education
- PPP-71 Delivery of Methadone for Maintenance
- PPP-73 Validate Identification and Verify College Registration Status for New and Existing Registrant Staff
- PPP-74 Community Pharmacy and Telepharmacy Security
- PPP-75 Patient Identification
- PPP-76 Criminal Record History Vendor

First Approved: **September 14, 2018**
 Revised: **September 13, 2019 / April 17, 2020**
 Reaffirmed:

Monitoring Frequency: **Annually or as required**
 Monitoring Method:
 Responsibility of: **The Board of CPBC**



College of Pharmacists
of British Columbia

BOARD MEETING February 26, 2021

3. Confirmation of Agenda

DECISION REQUIRED

Recommended Board Motion:

Approve the February 26, 2021 Draft Board Meeting Agenda as circulated, or amended.

Appendix	
1	February 26, 2021 Draft Board Meeting Agenda

BOARD MEETING February 26, 2021

4. Audit and Finance Committee: Budget 2021/22 Discussion

DECISION REQUIRED

Recommended Board Motion:

Approve the 2021/2022 budget, Option B, with total expenditures in the amount of \$10,603,446 and a transfer from the balance sheet in the amount of \$924,359, as presented.

Purpose

The Board has the fiduciary duty to oversee the finances of the College and to ensure that the College is financially secure so that it can fulfill its mandate.

This report and the appendices provide the Board with information concerning the draft budget options for fiscal year 2021/22.

Background

In 2016, 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 resulted in a reduction in revenues of approximately \$1 million. As a result, management and the Audit and Finance Committee reviewed expenditures and fees.

Following discussion with the auditors, one adjustment that the Board approved was to reduce the College's Reserves to \$3 million. In 2019, the Board approved further reducing the Reserves to \$2 million. By reducing the amount of the Reserves, the College was able to gradually phase in fee increases, using the available unrestricted retained earnings to cover the shortfall in revenues.

In February 2020, the Board was concerned about the future years' trend of the Reserve balance and approved a higher fee increase. The fee increase was delayed in implementation due to the COVID-19 impact. This fee increase was approved for implementation at the September 2020 Board meeting.

2020/21

The pandemic certainly had an impact on the College budget. The Board was provided with updates at each Board meeting. In general, although revenues were slightly reduced or delayed, the main impact was in reducing expenditures in travel, professional development, staffing and consulting.

The operational impacts were varied, and regular reports and presentations kept the Board updated on these impacts.

Budget 2021/22 – the Process

The College's budget process:

- October 2020 - Human Resource Workforce Planning
- November - December 2020 – Thoroughly reviewed and considered staffing roles and timing of the large projects that each department is planning, including Strategic Plan projects.
- Finance staff met with Department Leads to review the current year budget and update the Latest Estimates to reflect the estimated year end results. This led to meetings to discuss budget needs for 2021/22 with frequent revisions as the large project plans and budget drafts were reviewed.
- Several draft budget versions were presented to the Executive Team in December 2020 and January 2021.

Particular attention was paid to the following areas:

- COVID-19 – Public Health Officer Orders, new case projections and vaccination roll-out and the impact this would have on operations and the budget, particularly travel costs, conferences, etc.
- The Multi-Year Plan (particularly the Reserve balances in 2023/24 and 2024/25).
- The inclusion of Strategic Plan and operational large projects activities, timelines and resource requirements.
- Continuous improvement, innovation, and the use of best practices.
- Feedback from Customer Satisfaction Surveys and Employee Engagement Surveys as well as the quarterly Staff Pulse Surveys.

Considerations

Pharmacy Fee increases – Fee increase implementation was delayed due to COVID-19. Increases were approved for implementation at the September 2020 Board meeting. However, PODSA requires posting the fee increases before approving filing with the Ministry of Health. This timeline meant that they will not go into effect until April 1, 2021, the new budget year, thus falling within the budget year that we are now considering. Therefore, we are not considering 2022/23 PODSA fee increases as part of these budget discussions.

Deferred revenue – As previously presented to the Board, fee increases can take almost three years to become fully recognized as revenue for the College. First there is the time for them to become in effect (now November and April). Then, the new rate is billed as the registrant / pharmacy's renewal period comes up. Lastly, the fee is recognized one month at a time as it is in effect for the duration of the year.

Net Assets – As per the audited financial statements, Statement of Financial Position, the College's Net Assets are shrinking. By February 2021, the Unrestricted Net Assets will likely be gone. We will then be borrowing from the Restricted Reserves as per previous year's direction to gradually phase in fee increases to off-set the loss of the PharmaNet revenues. As the College has a healthy cash position (see next item), we can afford to do this for a couple of years.

Cash Position – The College's cash position is quite good due to the Deferred revenue. While we recognize registrant's fees monthly during their registration year, we receive the cash up front and can invest and use those funds.

Joint Venture Curtain Wall Project – This project does not impact the College's operating budget. However, it does impact cash flow. The repairs to the building's curtain wall and replacement of the windows will most likely take place in fiscal year 2021/22. This project was not planned for in the Joint Venture's replacement reserve fund, so the two owners, CPBC (30%) and the College of Dental Surgeons of BC (70%) will be paying for the work. We will not know the exact amount until the project is tendered, but our share could be approximately \$600,000. As the auditors have explained previously, this will just be a transfer of assets. We'll pay out cash but will increase our investment in the Joint Venture.

Budget 2021/22

There are two versions of the Budget prepared for your review.

Revenue

Fee Type	Current	Option A	Option B
Pharmacy	\$2,345	\$2,474 (5.5%) *	\$2,474 (5.5%) *
Pharmacist	\$ 778	\$ 801 (3.0%)	\$ 809 (4.0%)
Pharmacy Technician	\$ 518	\$ 534 (3.0%)	\$ 539 (4.0%)

* Approved September 2020 – effective April 1, 2021

Expenditures

Note: Expenditures are the same in both versions.

- **Fixed Expenses (salaries and benefits, contracts, rent, etc.) = 79.2% of College expenditures**
- **Semi-variable Expenses (legal fees, software licence fees, phones, bank charges) = 11.3%**
- **Variable Expenses (travel, professional development, subscriptions, consultants) = 9.5%**

- **Salaries & Benefits:** The College implemented a hiring freeze during the pandemic. The 2021/22 budget proposes the following positions be added:
 - Complaints and Investigations Administrative Assistant – effective March 1 (temporary 1-year position). Due to COVID, the volume of work has increased, particularly re-considerations of files to the Inquiry Committee. This temporary position has been in place for a few months now to assist with this workload.
 - Project manager – effective September 1. To work on the major *Health Professions Act* (“HPA”) HPA Standards review (Goal One of the Strategic Plan)
 - Policy and Legislation Analyst – effective September 1. To replace one position that has been vacant since early 2020, and to work on the changes to HPA bylaws and standards.
- **Travel & Accommodations:**
 - Assumes no in-person committee meetings in 2021/22.
 - Assumes Compliance Officer travel beginning October 2021 at 25% of normal travel costs.
 - Assumes no other employee travel in 2021/22.
- **Reduced professional development, Conferences, Meeting Expenses**

- **Strategic Plan Costs Included:**
 - Medication Incident Reporting initiative expenses included.
 - HPA Modernization costs included, such as legal, workshops and engagement, as well as subject matter experts.
- **Prometric Jurisprudence Exam modernization:** Expenditures include virtual and in-person proctoring for jurisprudence exams as well as costs for updating the Item Bank.
- **Legal – Civil Cases:** Includes a contingency for these legal fees.
- **Information Technology ("IT"):** The IT budget includes fees to the Managed Services Provider, licence fees for software, Azure Cloud Storage, telecommunications and continued work on the IT Security review and risk management.

Additions Included in this Budget

Planned additions (to the 2020/21 **actuals**) include:

Salaries & benefits – positions and scheduled COLA increases	\$366,000
Legal fees **	50,000
Jurisprudence exam modernization - Prometric	74,000
Complaints & Investigations – outside services & legal fees	72,000
Strategic Plan – Medication Incident Reporting & HPA modernization*	46,500
Information Technology – licence fees & Cloud usage fees	90,500
Total	\$699,000

* Strategic Plan Project Manager is included in the Salaries & Benefits line.

** Additional contingency for legal fees (in addition to actual spent in current year)

Recommendation

The Audit and Finance Committee recommends Option B of the draft budget, with the 4% fee increase. This version maintains Reserve levels above \$500,000 in years 2 and 3, permitting an earlier return to fully funded Reserves.

The importance of this can be seen in the Appendix 5 - Future Considerations document outlining future large projects, such as:

- Electric Content Management
- CRM upgrade / replacement (iMIS)
- Finance software upgrade
- HR / payroll software upgrade
- Practice Review outsourced software
- Medication Incident Reporting National Database

There are also potential savings outlined in this document if the College reduces the office footprint. These project considerations will be explored more fully throughout 2021/22 for future budgets.

Appendix	
1	2021/22 Budget Option A
2	2021/22 Budget Option B
3	Statement of Revenue and Expenses Trends
4	Classification of Expenses
5	Future Considerations
6	10 Year Trend Graph – Revenue and Expenses
7	10 Year Trend Graph - Fees
8	Trend Graph – Budget versus Actual Expenditures
9	Trend Graph – Budget versus Actual Reserve Balances

College of Pharmacists of BC
Draft Budget 2021-22 & Multi-Year Plan
Option A: 5.5% and 3% fee increase in Year 1
Information as of: January 15, 2021

	CURRENT			MULTI-YEAR PLAN				
	2020-21			YR 1	YR 2	YR 3	YR 4	YR 5
	BUDGET			2021-22	2022-23	2023-24	2024-25	2025-26
	LATEST EST.			BUDGET (DRAFT)	PROJECTED			
Revenue deferred	9,173,978	9,004,688	6,740,113	9,631,020	10,308,406	10,969,488	11,672,523	12,470,942
Revenue licensure other	554,113	469,641	298,129	511,963	536,736	561,961	588,990	615,958
Revenue other	487,475	580,515	462,138	458,082	465,121	475,486	486,212	497,159
Revenue	10,215,565	10,054,843	7,500,381	10,601,064	11,310,263	12,006,935	12,747,726	13,584,060
Expenditures - Operating	11,329,901	10,554,586	7,671,164	11,527,812	11,830,394	12,070,530	12,394,410	12,951,630
Total Expenditures	11,329,901	10,554,586	7,671,164	11,527,812	11,830,394	12,070,530	12,394,410	12,951,630
Operating Expenditures	3,793,798	3,297,957	2,315,005	3,623,295	3,679,683	3,675,298	3,705,344	3,958,447
Salaries and Benefits	7,536,113	7,256,629	5,356,159	7,904,517	8,150,711	8,395,232	8,689,066	8,993,183
Excess (Deficiency) of Revenue over Expenditures	(1,114,329)	(499,743)	(170,783)	(926,741)	(520,131)	(63,595)	353,316	632,430

	CURRENT			YR 1	YR 2	YR 3	YR 4	YR 5	YR 6
	2020-21			2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
	BUDGET			BUDGET (DRAFT)	PROJECTED				
	LATEST EST.								
Reserves, Opening Balance ¹	2,497,731	2,433,077	2,433,077	1,933,334	1,006,594	486,462	422,867	776,183	1,408,613
Add: Excess of Revenue over Expenditures							353,316	632,430	1,114,148
Less: Deficiency of Revenue over Expenditures	(1,114,329)	(499,743)	(170,783)	(926,741)	(520,131)	(63,595)			
Reserves, Closing Balance	1,383,402	1,933,334	2,262,294	1,006,594	486,462	422,867	776,183	1,408,613	2,522,761
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	(616,597)	(66,666)	262,294	(993,406)	(1,513,538)	(1,577,133)	(1,223,817)	(591,387)	522,761

FEE TYPE	CURRENT	YR 1	YR 2	YR 3	YR 4	YR 5	YR 6
	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
		BUDGET (DRAFT)	PROJECTED				
Pharmacy (licensure renewal)	No fee increase. Fee remains at \$2,345. Timing of increase changed from Dec 1, 2020 to Apr 1, 2021.	\$2,474 effective Apr 1, 2021 (\$129 incr. or 5.5%)	\$2,549 (\$75 incr. or 3%)	\$2,626 (\$77 incr. or 3%)	\$2,705 (\$79 incr. or 3%)	\$2,773 (\$68 incr. or 2.5%)	\$2,843 (\$70 incr. or 2.5%)
Pharmacist (full renewal)	\$778. Increased \$39 or 5.25% from \$739 effective Nov 1, 2020	\$801 effective Nov 1, 2021 (\$23 incr. or 3%)	\$826 (\$25 incr. or 3%)	\$851 (\$25 incr. or 3%)	\$877 (\$26 incr. or 3%)	\$899 (\$22 incr. or 2.5%)	\$922 (\$23 incr. or 2.5%)
Pharmacy Technician (full renewal)	\$518. Increased \$26 or 5.25% from \$492 effective Nov 1, 2020	\$534 effective Nov 1, 2021 (\$16 incr. or 3%)	\$551 (\$17 incr. or 3%)	\$568 (\$17 incr. or 3%)	\$586 (\$18 incr. or 3%)	\$601 (\$15 incr. or 2.5%)	\$616 (\$15 incr. or 2.5%)

****Remarks****

¹ Opening 2020-21 reserve balance based on closing balance of audited 2019-20 financial statements.

College of Pharmacists of BC

Summary of Assumptions

Draft Budget 2021-22 & Multi-Year Plan

Option A: 5.5% and 3% increase in Year 1

Updated: January 15, 2021

Summary of Assumptions	
Revenue fee/assumptions	
Pharmacy fees (<i>PODSA - Apr 1, 2021</i>)	FY 2021/22 Budget - 5.5% FY 2022/23 to FY 2024-25 - 3% FY 2025/26 to FY 2026/27 - 2.5%
Pharmacist fees (<i>HPA - Nov 1, 2021</i>)	FY 2021/22 Budget to FY 2024/25 - 3% FY 2025/26 to FY 2026/27 - 2.5%
Pharmacy Technician fees (<i>HPA - Nov 1, 2021</i>)	FY 2021/22 Budget to FY 2024/25 - 3% FY 2025/26 to FY 2026/27 - 2.5%
UBC Students (<i>Full-new pharmacist dues</i>)	Full-new pharmacists for June & July 2020 paid-thru moved to the Jan 2021 paid-thru due to the OSCE exam deferred to a later date (as a result of COVID-19).
Jurisprudence Examination fees (<i>Pharmacist & Pharmacy Technician</i>)	JE format changed from in-person to virtual proctoring (as a result of COVID-19). No material impact on JE revenues as a result of the change.
Expense Assumptions	
Travel, Meals and Accommodation (Committee Expenses)	FY 2021/22 - no in-person committee meetings have been factor in the fiscal budget; FY 2022-23 to FY 2024/25 - 2 in-person Board meetings, no in-person committee meetings for other departments; FY 2025/26 to FY 2026/27 - 5 in-person Board meetings, no in-person committee meetings for other departments.
Medication Incident Reporting (MIR)	Expected full implementation of MIR related activities will commence in March 1, 2021.
HPA modernization	Factored in HPA modernization costs starting March 1, 2021. This includes legal costs (\$3,570), workshops and engagement (\$10,000) & Subject Matter Experts (\$10,000) in FY 2021/22. Project management consulting fees has been reallocated to payroll line item.
Employee Meetings and Conferences	Factored in the following employee meetings expenses: FY 2021/22 - \$5,208; FY 2022/23 - \$12,750; FY 2023/24 - \$13,005; FY 2024/25 - \$13,265; FY 2025/26 - \$55,204; FY 2026/27 - \$56,308.
Registrar's Meetings and Conferences	Factored in the following Registrar's meetings expenses: FY 2021/22 - \$2,600; FY 2022/23 - \$10,000; FY 2023/24 - \$10,200; FY 2024/25 - \$10,404; FY 2025/26 - \$43,297; FY 2026/27 - \$44,163. Travel expenses were only factored in starting from October 2021 to February 2022 at 25% of estimated average monthly costs, FY 2022/23 to FY 2024/25 - at 40% of estimated annual costs, FY 2025/26 - FY 2026/27 - 100% of estimated annual costs. FY 2021/22 - \$17,250; FY 2022/23 - \$64,580; FY 2023/24 - \$65,872; FY 2024/25 - \$67,189; FY 2025/26 - \$178,006; FY 2026/27 - \$181,556.
Travel, Meals and Accommodation (Compliance Officer Expenses)	
Prometric Expenses	Factored in <i>virtual and in-person proctoring costs</i> and other Prometric related expenses starting November 2020. Note: Full project implementation were factored in FY 2021/22.
Payroll costs	Multi-year assumes year-over-year COLA & benefits increases ranging from 2.75% - 3.50%.
Staffing Additions	
<i>Project Manager (Practice Reviews & Quality Assurance)</i>	Permanent position. Start date: Sept. 1, 2021 2021-22 Budget: \$58,214
<i>Policy & Legislation Analyst (Policy & Legislation)</i>	Permanent position. Start date: Sept. 1, 2021 2021-22 Budget: \$43,842
<i>Administrative Assistant or Legal Assistant (Complaints & Investigation)</i>	Temporary position. Start date: Mar. 1, 2021 2021-22 Budget: \$49,370

College of Pharmacists of BC
Statement of Revenue and Expenses
Draft Budget 2021/22
Option A: 5.5% and 3% increase in Year 1
Updated: January 15, 2021

	Budget 2020/21	Latest Estimates 2020/21	YTD Actual Nov-20	Budget FY 2021/22
Revenue				
Licensure revenue				
Pharmacy fees	3,688,831	3,642,412	2,705,901	3,813,121
Pharmacists fees	5,098,606	4,902,972	3,673,803	5,341,846
Technician fees	940,653	928,945	658,538	988,016
	9,728,090	9,474,329	7,038,242	10,142,982
Non-licensure revenue				
Other revenue	96,782	185,198	144,808	121,292
Grant Revenue	13,360	53,120	51,560	3,120
Investment income	130,880	107,624	80,930	96,751
College Place joint venture income	246,453	234,573	184,840	236,918
	487,475	580,515	462,138	458,082
Total Revenue	10,215,565	10,054,843	7,500,381	10,601,064
Expenditures				
Board and Registrar's Office	821,568	665,397	455,056	738,743
Finance and General Administration	2,021,275	1,986,741	1,432,960	2,058,318
Information Technology	2,246,533	2,311,417	1,760,562	2,463,138
Grant Distribution	10,240	66,490	50,000	6,250
Registration and Licensure	1,014,031	957,096	650,003	1,130,887
Quality Assurance	317,163	286,773	207,077	313,092
Practice Reviews	1,698,169	1,416,729	1,044,328	1,598,809
Complaints and Investigations	1,781,575	1,693,501	1,216,319	1,996,626
Policy and Legislation	562,211	463,559	340,815	551,815
Public Engagement	436,683	420,041	299,531	433,341
Projects	123,570	-	-	23,570
Total Expenditures	11,033,019	10,267,743	7,456,650	11,314,590
Deficiency of revenue over expenditures	(817,455)	(212,900)	43,731	(713,526)
Amortization	296,884	286,843	214,514	213,215
Deficiency of revenue over expenditures	(1,114,329)	(499,743)	(170,783)	(926,741)

College of Pharmacists of BC

Draft Budget 2021-22 & Multi-Year Plan

Option B: 5.5% and 4% fee increase in Year 1

Information as of: January 15, 2021

				MULTI-YEAR PLAN					
CURRENT				YR 1	YR 2	YR 3	YR 4	YR 5	YR 6
2020-21				2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
BUDGET	LATEST EST.	9-MO ACTUAL		BUDGET (DRAFT)	PROJECTED				
Revenue deferred	9,173,978	9,004,688	6,740,113	9,632,181	10,353,793	11,024,985	11,638,973	12,307,183	13,006,012
Revenue licensure other	554,113	469,641	298,129	513,089	540,207	562,750	584,142	606,149	629,019
Revenue other	487,475	580,515	462,138	458,176	465,408	475,681	486,113	496,754	507,608
Revenue	10,215,565	10,054,843	7,500,381	10,603,446	11,359,408	12,063,416	12,709,228	13,410,086	14,142,639
Expenditures - Operating	11,329,901	10,554,586	7,671,164	11,527,812	11,830,394	12,070,530	12,394,410	12,951,630	13,313,656
Total Expenditures	11,329,901	10,554,586	7,671,164	11,527,812	11,830,394	12,070,530	12,394,410	12,951,630	13,313,656
Operating Expenditures	3,793,798	3,297,957	2,315,005	3,623,295	3,679,683	3,675,298	3,705,344	3,958,447	4,005,712
Salaries and Benefits	7,536,113	7,256,629	5,356,159	7,904,517	8,150,711	8,395,232	8,689,066	8,993,183	9,307,944
Excess (Deficiency) of Revenue over Expenditures	(1,114,329)	(499,743)	(170,783)	(924,359)	(470,986)	(7,114)	314,818	458,456	828,983

CURRENT				YR 1	YR 2	YR 3	YR 4	YR 5	YR 6
2020-21				2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
BUDGET	LATEST EST.	9-MO ACTUAL		BUDGET (DRAFT)	PROJECTED				
Reserves, Opening Balance ¹	2,497,731	2,433,077	2,433,077	1,933,334	1,008,975	537,989	530,875	845,693	1,304,149
Add: Excess of Revenue over Expenditures							314,818	458,456	828,983
Less: Deficiency of Revenue over Expenditures	(1,114,329)	(499,743)	(170,783)	(924,359)	(470,986)	(7,114)			
Reserves, Closing Balance	1,383,402	1,933,334	2,262,294	1,008,975	537,989	530,875	845,693	1,304,149	2,133,131

CURRENT				YR 1	YR 2	YR 3	YR 4	YR 5	YR 6
2020-21				2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
BUDGET	LATEST EST.	9-MO ACTUAL		BUDGET (DRAFT)	PROJECTED				
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	(616,597)	(66,666)	262,294	(991,024)	(1,462,011)	(1,469,125)	(1,154,307)	(695,851)	133,131

FEE TYPE	CURRENT	YR 1	YR 2	YR 3	YR 4	YR 5	YR 6
	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
		BUDGET (DRAFT)	PROJECTED				
Pharmacy (licensure renewal)	No fee increase. Fee remains at \$2,345. Timing of increase changed from Dec 1, 2020 to Apr 1, 2021.	\$2,474 effective Apr 1, 2021 (\$129 incr. or 5.5%)	\$2,549 (\$75 incr. or 3%)	\$2,600 (\$51 incr. or 2%)	\$2,652 (\$52 incr. or 2%)	\$2,706 (\$54 incr. or 2%)	\$2,761 (\$55 incr. or 2%)
Pharmacist (full renewal)	\$778. Increased \$39 or 5.25% from \$739 effective Nov 1, 2020	\$809 effective Nov 1, 2021 (\$31 incr. or 4%)	\$834 (\$25 incr. or 3%)	\$851 (\$17 incr. or 2%)	\$869 (\$18 incr. or 2%)	\$887 (\$18 incr. or 2%)	\$905 (\$18 incr. or 2%)
Pharmacy Technician (full renewal)	\$518. Increased \$26 or 5.25% from \$492 effective Nov 1, 2020	\$539 effective Nov 1, 2021 (\$21 incr. or 4%)	\$556 (\$17 incr. or 3%)	\$568 (\$12 incr. or 2%)	\$580 (\$12 incr. or 2%)	\$592 (\$12 incr. or 2%)	\$604 (\$12 incr. or 2%)

Remarks

¹ Opening 2020-21 reserve balance based on closing balance of audited 2019-20 financial statements.

College of Pharmacists of BC

Summary of Assumptions

Draft Budget 2021-22 & Multi-Year Plan

Option B: 5.5% and 4% fee increase in Year 1

Updated: January 15, 2021

Summary of Assumptions

Revenue fee/assumptions

Pharmacy fees (<i>PODSA - Apr 1, 2021</i>)	FY 2021/22 Budget - 5.5% FY 2022/23 - 3% FY 2023/24 to FY 2026/27 - 2%
Pharmacist fees (<i>HPA - Nov 1, 2021</i>)	FY 2021/22 Budget - 4% FY 2022/23 - 3% FY 2023/24 to FY 2026/27 - 2%
Pharmacy Technician fees (<i>HPA - Nov 1, 2021</i>)	FY 2021/22 Budget - 4% FY 2022/23 - 3% FY 2023/24 to FY 2026/27 - 2%
UBC Students (<i>Full-new pharmacist dues</i>)	Full-new pharmacists for June & July 2020 paid-thru moved to the Jan 2021 paid-thru due to the OSCE exam deferred to a later date (as a result of COVID-19).
Jurisprudence Examination fees (<i>Pharmacist & Pharmacy Technician</i>)	JE format changed from in-person to virtual proctoring (as a result of COVID-19). No material impact on JE revenues as a result of the change.

Expense Assumptions

Travel, Meals and Accommodation (Committee Expenses)	FY 2021/22 - no in-person committee meetings have been factor in the fiscal budget; FY 2022-23 to FY 2024/25 - 2 in-person Board meetings, no in-person committee meetings for other departments; FY 2025/26 to FY 2026/27 - 5 in-person Board meetings, no in-person committee meetings for other departments.
Medication Incident Reporting (MIR)	Expected full implementation of MIR related activities will commence in March 1, 2021.
HPA modernization	Factored in HPA modernization costs starting March 1, 2021. This includes legal costs (\$3,570), workshops and engagement (\$10,000) & Subject Matter Experts (\$10,000) in FY 2021/22. Project management consulting fees has been reallocated to payroll line item.
Employee Meetings and Conferences	Factored in the following employee meetings expenses: FY 2021/22 - \$5,208; FY 2022/23 - \$12,750; FY 2023/24 - \$13,005; FY 2024/25 - \$13,265; FY 2025/26 - \$55,204; FY 2026/27 - \$56,308.
Registrar's Meetings and Conferences	Factored in the following Registrar's meetings expenses: FY 2021/22 - \$2,600; FY 2022/23 - \$10,000; FY 2023/24 - \$10,200; FY 2024/25 - \$10,404; FY 2025/26 - \$43,297; FY 2026/27 - \$44,163.
Travel, Meals and Accommodation (Compliance Officer Expenses)	Travel expenses were only factored in starting from October 2021 to February 2022 at 25% of estimated average monthly costs, FY 2022/23 to FY 2024/25 - at 40% of estimated annual costs, FY 2025/26 to FY 2026/27 - 100% of estimated annual costs. FY 2021/22 - \$17,250; FY 2022/23 - \$64,580; FY 2023/24 - \$65,872; FY 2024/25 - \$67,189; FY 2025/26 - \$178,006; FY 2026/27 - \$181,556.
Prometric Expenses	Factored in <i>virtual and in-person proctoring costs</i> and other Prometric related expenses starting November 2020. Note: Full project implementation were factored in FY 2021/22.
Payroll costs	Multi-year assumes year-over-year COLA & benefits increases ranging from 2.75% - 3.50%.

Staffing Additions

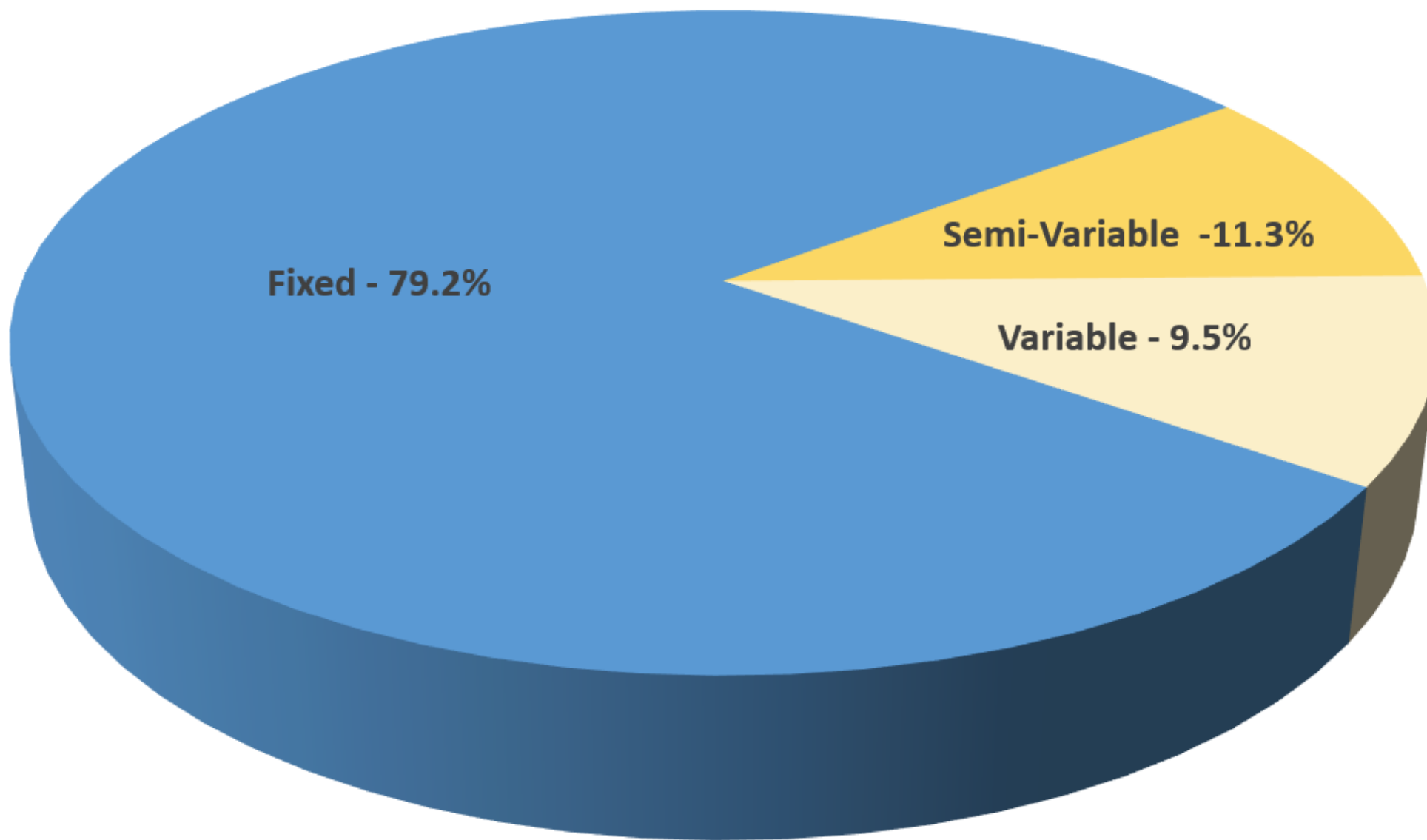
<i>Project Manager (Practice Reviews & Quality Assurance)</i>	Permanent position. Start date: Sept. 1, 2021 2021-22 Budget: \$58,214
<i>Policy & Legislation Analyst (Policy & Legislation)</i>	Permanent position. Start date: Sept. 1, 2021 2021-22 Budget: \$43,842
<i>Administrative Assistant or Legal Assistant (Complaints & Investigation)</i>	Temporary position. Start date: Mar. 1, 2021 2021-22 Budget: \$49,370

College of Pharmacists of BC
Statement of Revenue and Expenses
Draft Budget 2021/22
Option B: 5.5% and 4% fee increase in Year 1
Updated: January 15, 2021

	Budget 2020/21	Latest Estimates 2020/21	YTD Actual Nov-20	Budget FY 2021/22
Revenue				
Licensure revenue				
Pharmacy fees	3,688,831	3,642,412	2,705,901	3,813,121
Pharmacists fees	5,098,606	4,902,972	3,673,803	5,343,503
Technician fees	940,653	928,945	658,538	988,646
	9,728,090	9,474,329	7,038,242	10,145,270
Non-licensure revenue				
Other revenue	96,782	185,198	144,808	121,386
Grant Revenue	13,360	53,120	51,560	3,120
Investment income	130,880	107,624	80,930	96,751
College Place joint venture income	246,453	234,573	184,840	236,918
	487,475	580,515	462,138	458,176
Total Revenue	10,215,565	10,054,843	7,500,381	10,603,446
Expenditures				
Board and Registrar's Office	821,568	665,397	455,056	738,743
Finance and General Administration	2,021,275	1,986,741	1,432,960	2,058,318
Information Technology	2,246,533	2,311,417	1,760,562	2,463,138
Grant Distribution	10,240	66,490	50,000	6,250
Registration and Licensure	1,014,031	957,096	650,003	1,130,887
Quality Assurance	317,163	286,773	207,077	313,092
Practice Reviews	1,698,169	1,416,729	1,044,328	1,598,809
Complaints and Investigations	1,781,575	1,693,501	1,216,319	1,996,626
Policy and Legislation	562,211	463,559	340,815	551,815
Public Engagement	436,683	420,041	299,531	433,341
Projects	123,570	-	-	23,570
Total Expenditures	11,033,019	10,267,743	7,456,650	11,314,590
Deficiency of revenue over expenditures	(817,455)	(212,900)	43,731	(711,144)
Amortization	296,884	286,843	214,514	213,215
Deficiency of revenue over expenditures	(1,114,329)	(499,743)	(170,783)	(924,359)

College of Pharmacists of BC						
Statement of Revenue and Expenses Trends						
	Budget 2019/20	Actual 2019/20	Budget 2020/21	Latest Estimates 2020/21	Budget - Option A FY 2021/22	Budget - Option B FY 2021/22
Revenue						
Licensure revenue						
Pharmacy fees	3,527,412	3,481,388	3,688,831	3,642,412	3,813,121	3,813,121
Pharmacists fees	4,856,146	4,778,400	5,098,606	4,902,972	5,341,846	5,343,503
Technician fees	876,048	871,649	940,653	928,945	988,016	988,646
	9,259,606	9,131,437	9,728,090	9,474,329	10,142,982	10,145,270
Non-licensure revenue						
Other revenue (fines/assessments, late fees, certificate of letter of standing)	100,931	118,314	96,782	185,198	121,292	121,386
Grant Revenue	60,240	10,237	13,360	53,120	3,120	3,120
Investment income	142,858	139,314	130,880	107,624	96,751	96,751
College Place joint venture income	270,300	100,178	246,453	234,573	236,918	236,918
	574,329	368,043	487,475	580,515	458,082	458,176
Total Revenue	9,833,935	9,499,480	10,215,565	10,054,843	10,601,064	10,603,446
Expenses						
Board and Registrar's Office	823,540	905,375	821,568	665,397	738,743	738,743
Finance and General Administration	1,952,273	1,754,346	2,021,275	1,986,741	2,058,318	2,058,318
Information Technology	2,021,321	2,151,365	2,246,533	2,311,417	2,463,138	2,463,138
Grant Distribution	58,240	41,228	10,240	66,490	6,250	6,250
Registration and Licensure	937,490	984,123	1,014,031	957,096	1,130,887	1,130,887
Quality Assurance	312,501	288,034	317,163	286,773	313,092	313,092
Practice Reviews	1,543,755	1,471,927	1,698,169	1,416,729	1,598,809	1,598,809
Complaints and Investigations	1,668,418	1,562,596	1,781,575	1,693,501	1,996,626	1,996,626
Policy and Legislation	571,753	444,505	562,211	463,559	551,815	551,815
Public Engagement	437,207	400,447	436,683	420,041	433,341	433,341
Projects	147,115	-	123,570	-	23,570	23,570
Total Expenses Before Amortization	10,473,614	10,003,946	11,033,019	10,267,743	11,314,590	11,314,590
Excess/(Deficiency) of revenue over expenses before amortization expense	(639,678)	(504,466)	(817,455)	(212,900)	(713,526)	(711,144)
Amortization	365,058	314,025	296,884	286,843	213,215	213,215
Total Expenses Including Amortization	10,838,672	10,317,971	11,329,903	10,554,586	11,527,812	11,527,812
Net Deficit of revenue over expenses after amortization expense	(1,004,737)	(818,492)	(1,114,339)	(499,743)	(926,741)	(924,359)
<i>Note: FY 2019/20 Projects department actual figures are allocated to Registration and Licensure and Policy and Legislation departments.</i>						

Classification of Expenses – Budget 2021/22



College of Pharmacists of BC

Future Considerations

As of January 2021

Project Costs Estimates:

Electronic Content Management (ECM) Project	\$ 600,000
CRM (Customer Relationship Management software) Upgrade/Replacement	\$ 500,000
Finance software upgrade / replacement	\$ 20,000
Practice Review Outsource software	n/a
National Database for Medication Incident Reporting	n/a
Human Resource Information System (HRIS)	n/a

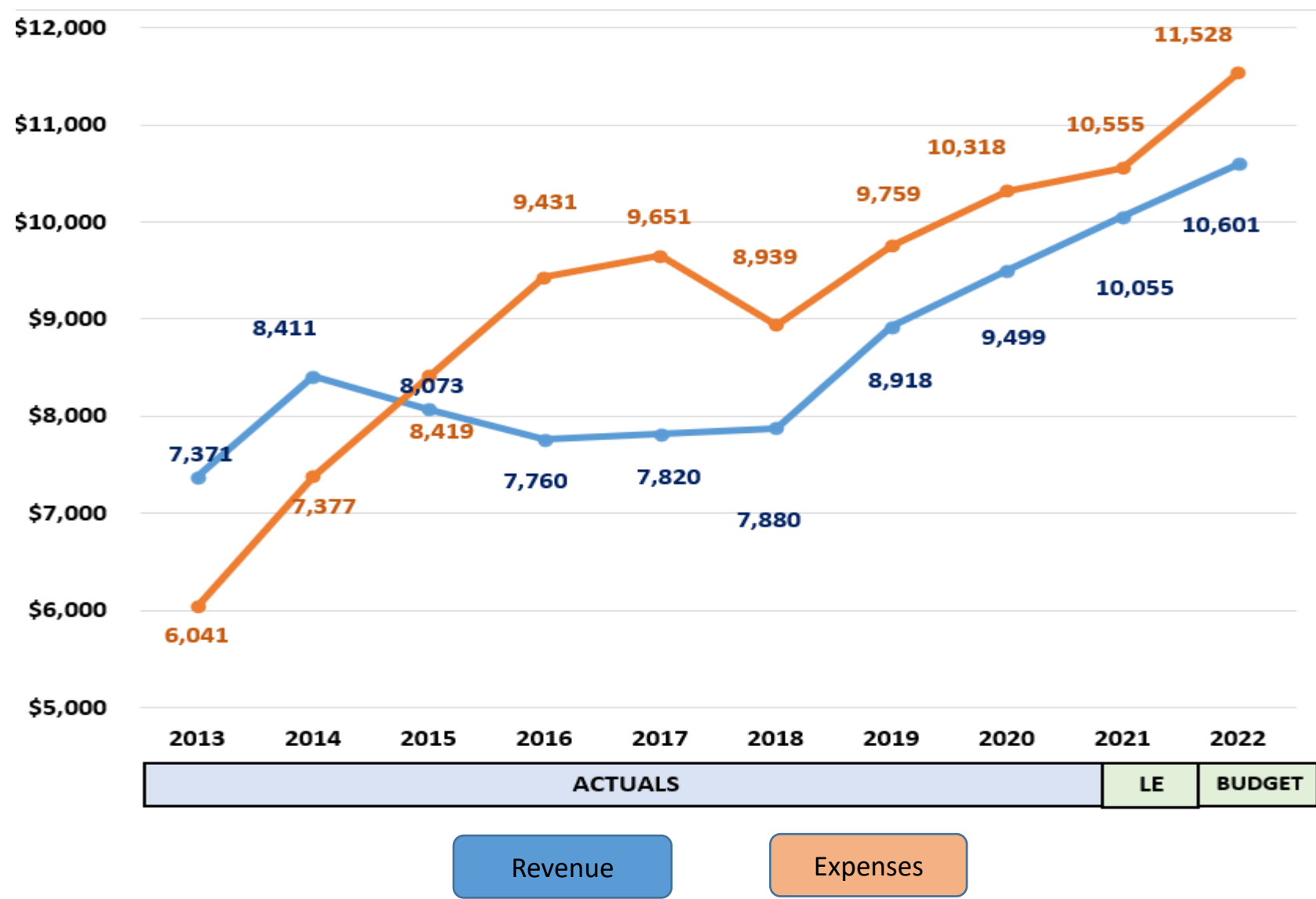
New Provincial Health Profession Regulatory Framework:

Potential Funding of the Oversight Board	n/a
New Discipline Process	n/a

Potential Annual Office Lease Savings:

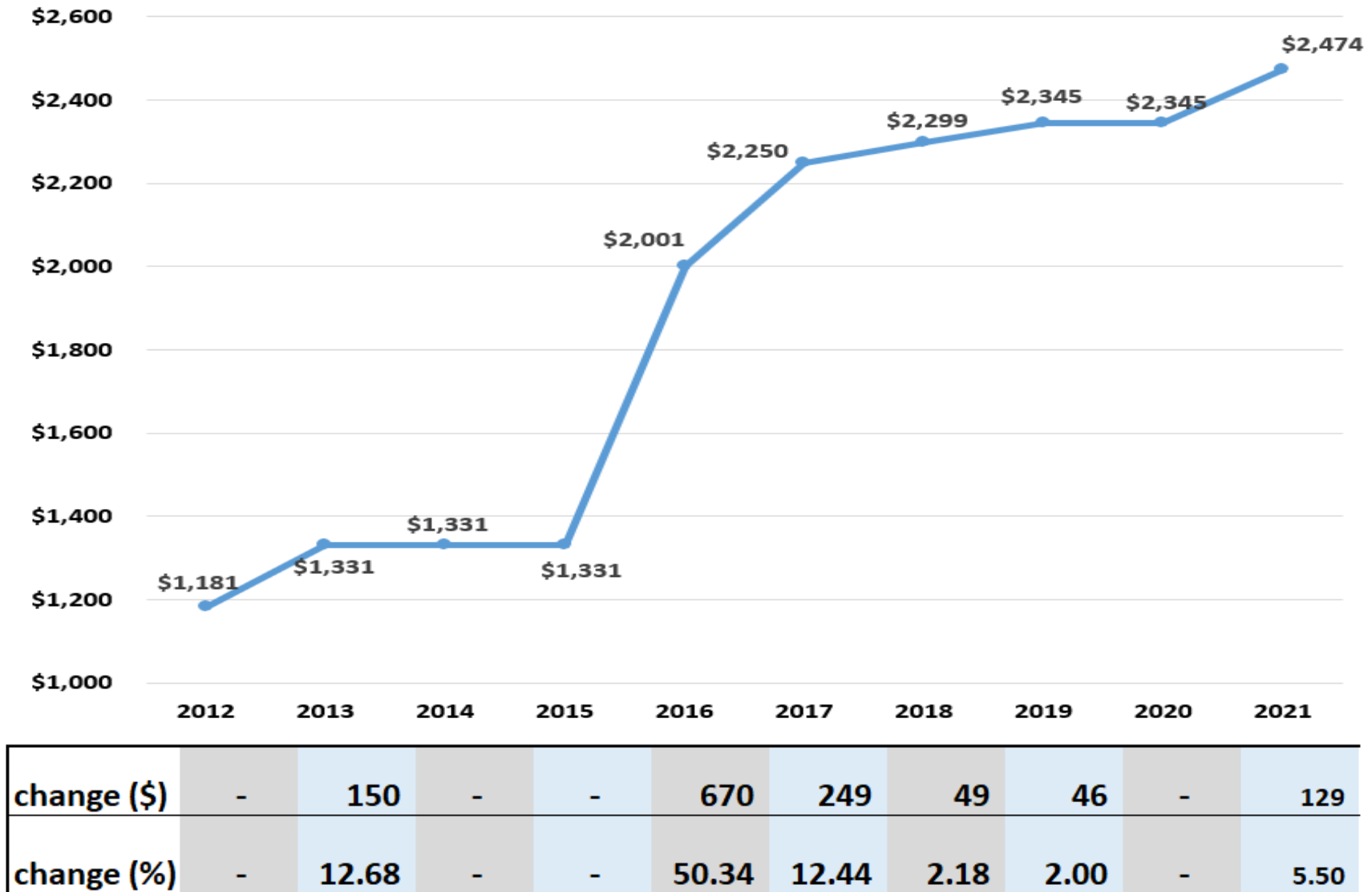
Scenario 1 (savings due to reducing office space area without ground floor)	\$ 44,000
Scenario 2 (savings due to reducing office space to 70% of 2nd floor only)	\$ 142,000
Scenario 3 (savings due to reducing office space to 50% of 2nd floor only)	\$ 237,000
Scenario 4 (savings due to retaining ground floor only)	\$ 474,000

10 Year Trend – Revenue and Expenses



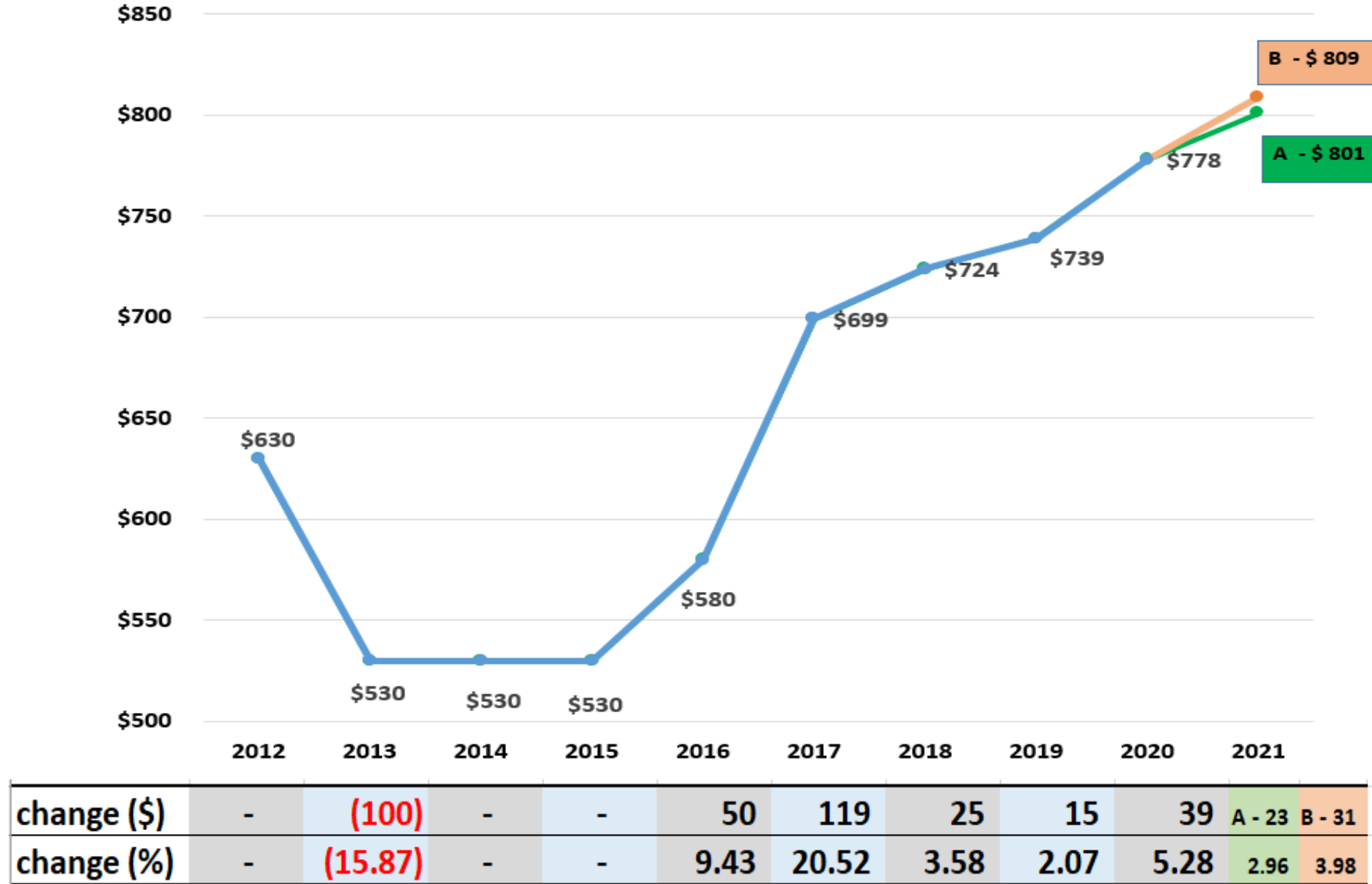
*Years are expressed in fiscal years.

10Year Trend- Increase in Pharmacy Licence Fee



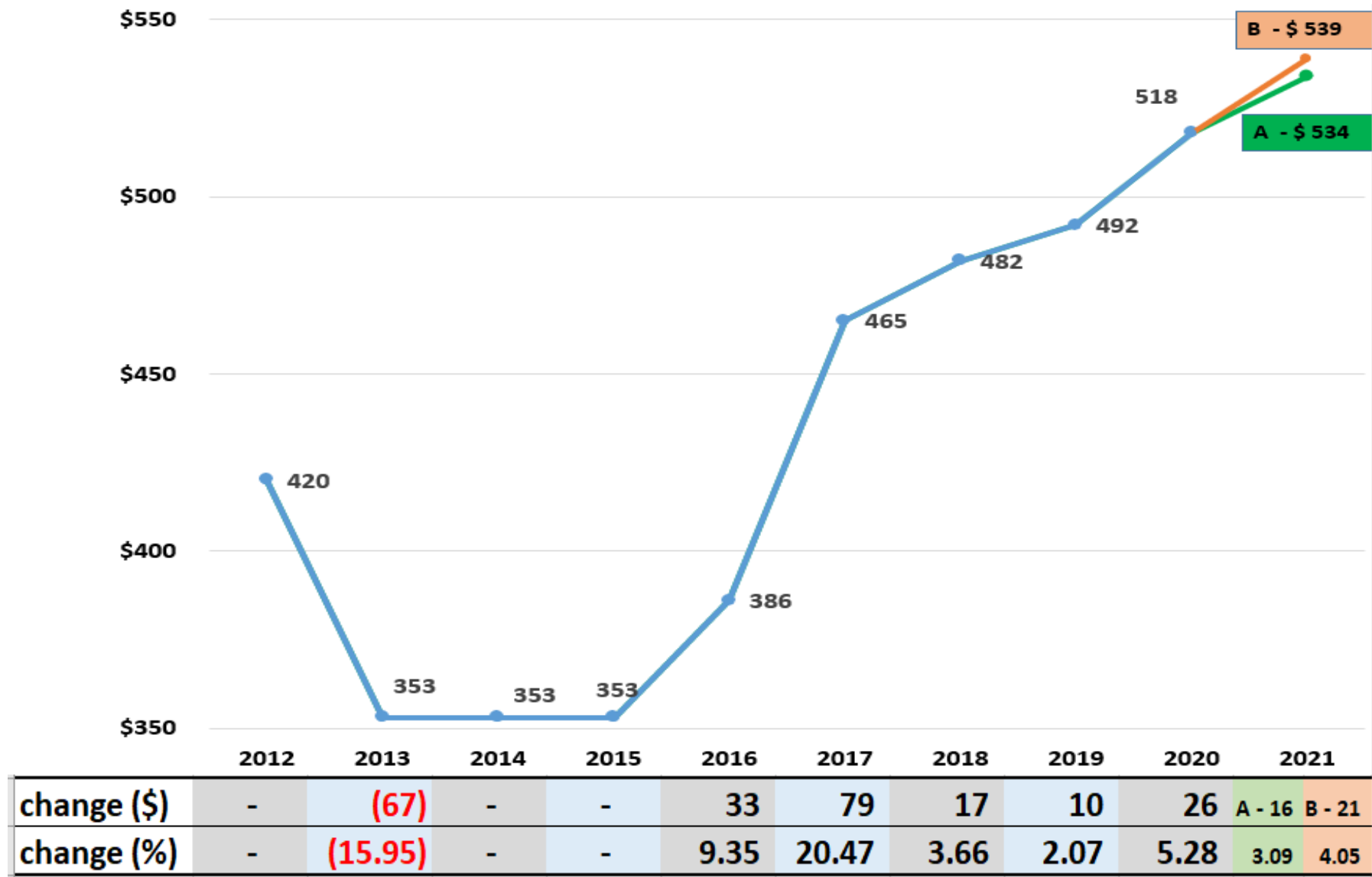
**Years are expressed in calendar years*

10 Year Trend- Increase/(Decrease) in Pharmacist Registration Fee



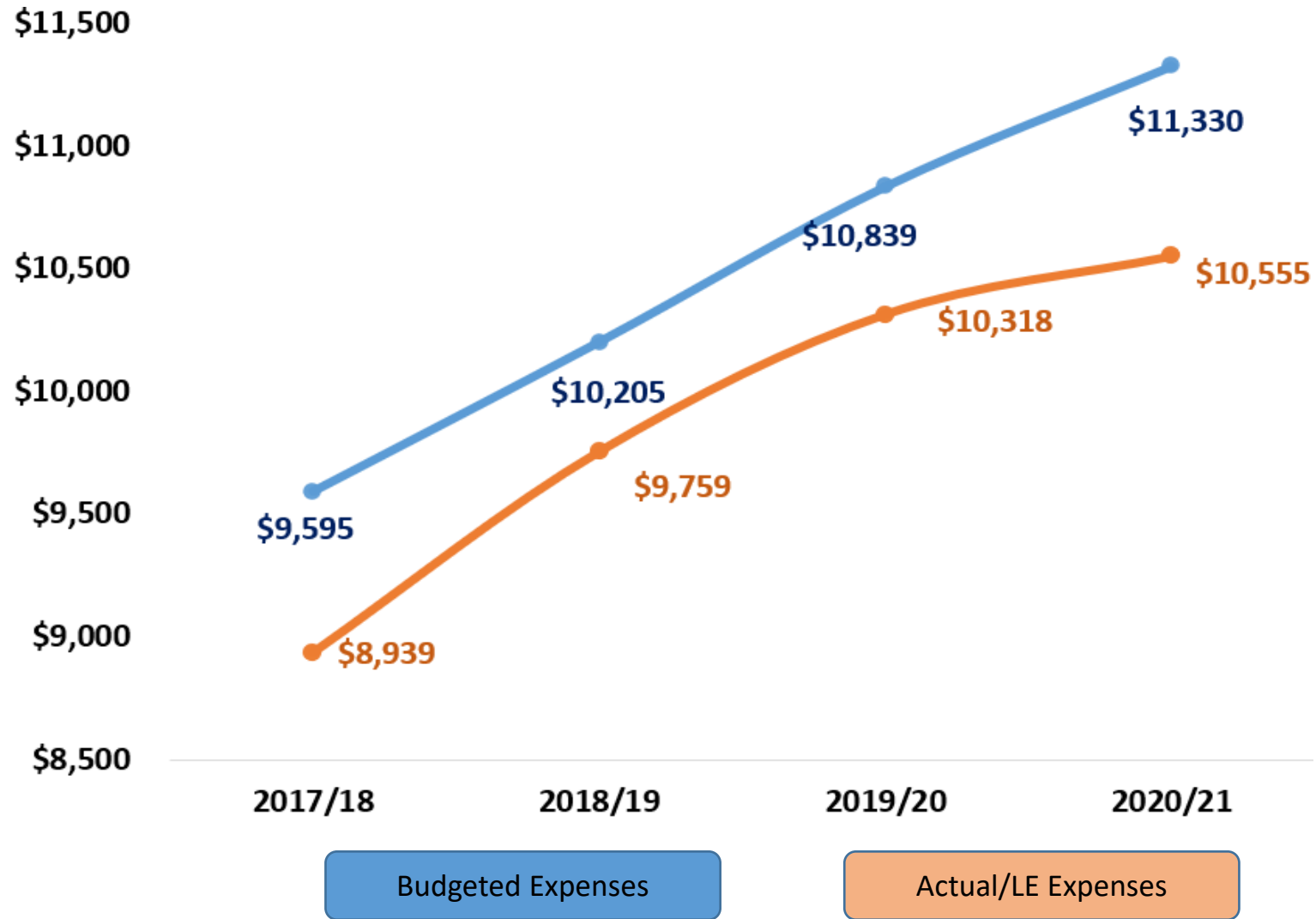
**Years are expressed in calendar years*

10 Year Trend – Increase/(Decrease) in Pharmacy Technician Registration Fee



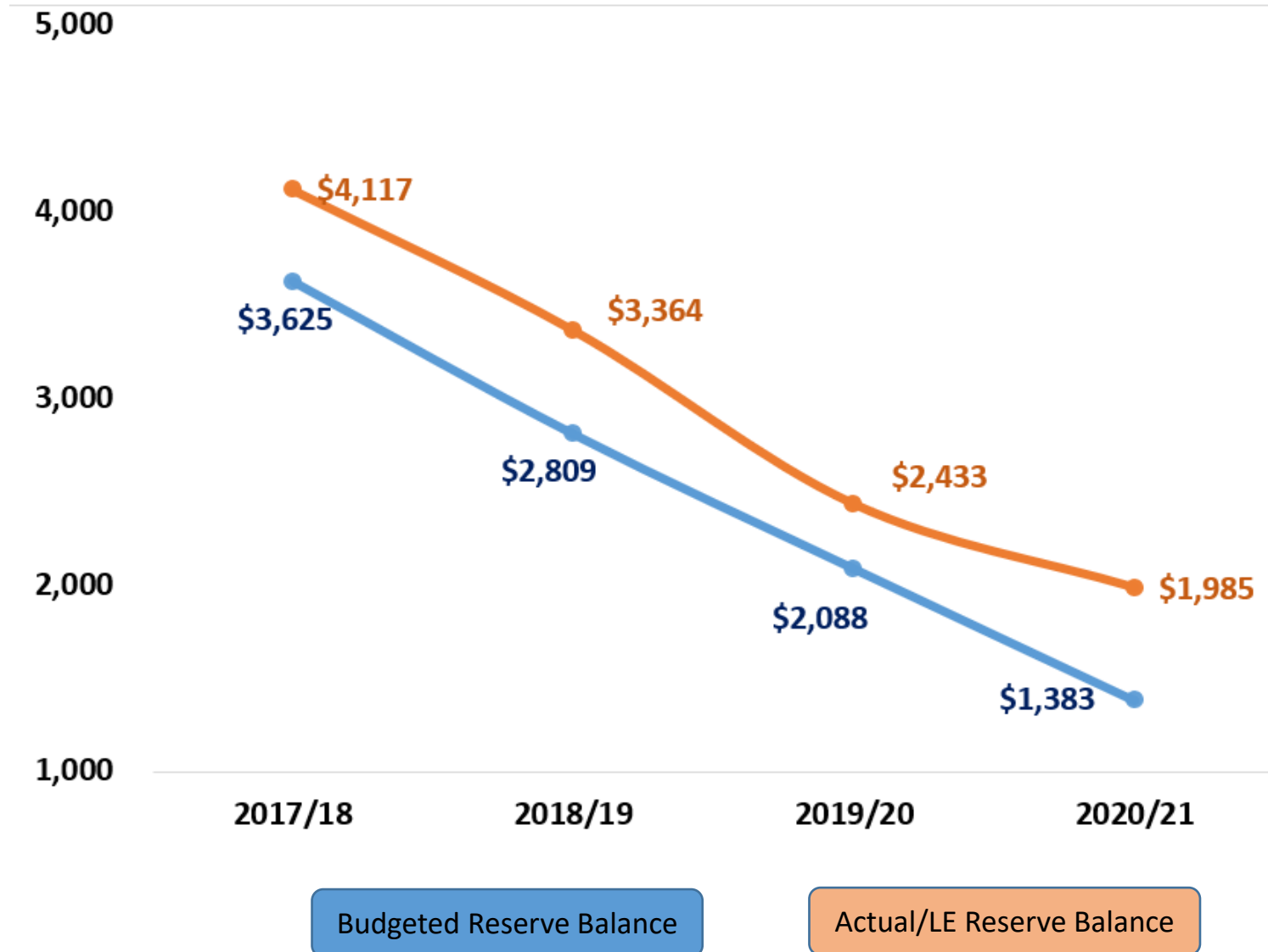
**Years are expressed in calendar years*

Historical Trend – Budgeted and Actual Expenses (in thousands)



** Actual figures include an annual audit adjustment wherein 30% of rent expense is deducted from total expenses.*

Historical Trend – Approved and Actual Reserves Balance (in thousands)





College of Pharmacists
of British Columbia

4. Audit and Finance Committee: Budget 2021/22

Steven Hopp

Chair, Audit and Finance Committee



Brief History

- The College has budgeted for a deficit since 2014/15.
- The Multi-year Plan shows planned deficits until 2023/24.
- Initially this was to reduce a large, accumulated surplus.
- This transitioned to off-setting the loss of the PharmaNet revenues
- The College has been fortunate to have adequate cash flow to be able to phase in the fee increases to offset the revenue loss from PharmaNet.
- However, although we have the cash flow to operate, with the 2021-22 budget, we will be borrowing from Reserves in order to keep the fee increases low.



Financial Position

- The College is in a unique position for a non-profit having a steady, reliable revenue stream.
- Registrants pay fees at the beginning of their renewal period. However, due to accounting rules, those fees are recognised as revenue monthly over the 12 month period. The fees “held” are referred to as Deferred Revenue.
- With renewals happening throughout the year, the College has a steady flow of cash.
- Although the excess surplus has been used up over the years, the amount in the College’s Investment accounts is still significant. (A little under \$5 million which is close to the amount of Deferred Revenue from Registrant fees.)
- The College also owns 30% of the office building.



Assumptions

- Expenditures include:
 - Reduced travel for the fiscal year
 - Strategic plan activities include hiring Project Manager and Policy and Legislation Analyst (effective September 1st)
 - Temporary Administrative Assistant for Complaints and Investigations included
 - Prometric contract for Jurisprudence Exam modernization
 - Contingency included for legal cases
 - Continued work on IT Security and risk management

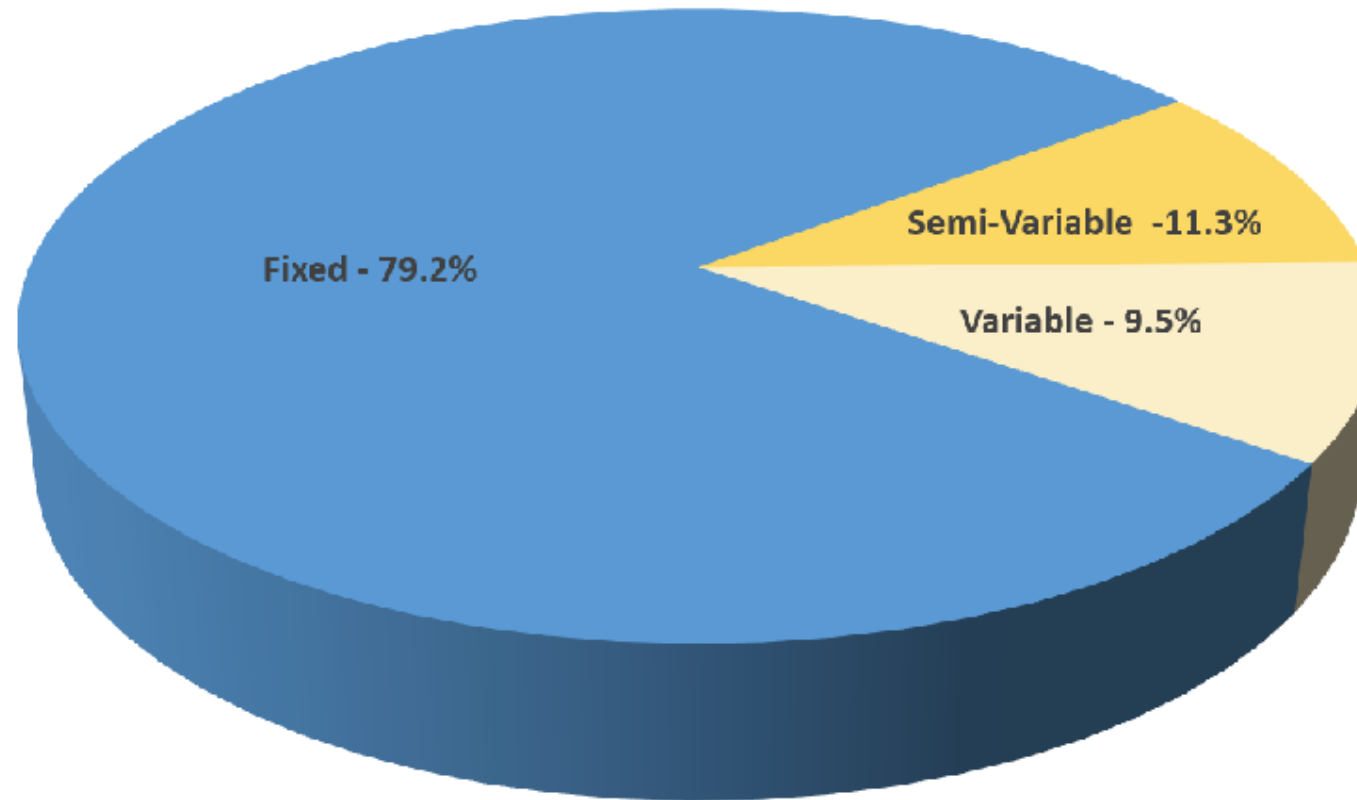


Future Considerations

- Referenced upcoming large projects
 - Electronic Content Management
 - CRM upgrade / replacement (iMIS)
 - Finance software upgrade
 - Human Resources / payroll software upgrade
 - Practice Review Program outsourced software
 - Medication Incident Reporting National Database
- Also, to be considered is the office footprint and potential savings related to our lease.



Classification of Expenses – Budget 2021/22





Draft Budget 2021-22 & Multi-Year Plan (in Thousands)

Option A: 5.5% and 3% fee increase in Year 1

	CURRENT		YR 1	YR 2	YR 3	YR 4	YR 5
	2020-21		2021-22	2022-23	2023-24	2024-25	2025-26
	BUDGET	LATEST EST.	BUDGET	PROJECTED			
<i>Revenue deferred</i>	9,174	9,005	9,631	10,308	10,969	11,673	12,471
<i>Revenue licensure other</i>	554	470	512	537	562	589	616
<i>Revenue other</i>	487	581	458	465	475	486	497
Revenue	10,216	10,055	10,601	11,310	12,007	12,748	13,584
<i>Expenditures - Operating</i>	11,330	10,555	11,528	11,830	12,071	12,394	12,952
Total Expenditures	11,330	10,555	11,528	11,830	12,071	12,394	12,952
Operating Expenditures	3,794	3,298	3,623	3,680	3,675	3,705	3,958
Salaries and Benefits	7,536	7,257	7,905	8,151	8,395	8,689	8,993
Excess (Deficiency) of Revenue over Expenditures	(1,114)	(500)	(927)	(520)	(64)	353	632
Reserves, Opening Balance	2,498	2,433	1,933	1,007	486	423	776
<i>Add: Excess of Revenue over Expenditure</i>	-	0.00	-	-	-	353	632
<i>Less: Deficiency of Revenue over Expenditure</i>	(1,114)	(500)	(927)	(520)	(64)	-	-
Reserves, Closing Balance	1,383	1,933	1,007	486	423	776	1,409
Approved Reserve Balance	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Excess (Deficiency) of Reserves	(617)	(67)	(993)	(1,514)	(1,577)	(1,224)	(591)



OPTION A	CURRENT	YR 1	YR 2	YR 3
	2020-21	2021-22	2022-23	2023-24
		BUDGET (DRAFT)	PROJECTED	
Pharmacy (licensure renewal)	No fee increase. Fee remains at \$2,345. Timing of increase changed from Dec 1, 2020 to Apr 1, 2021.	\$2,474 effective Apr 1, 2021 (\$129 incr. or 5.5%)	\$2,549 (\$75 incr. or 3%)	\$2,626 (\$77 incr. or 3%)
Pharmacist (full renewal)	\$778. Increased \$39 or 5.25% from \$739 effective Nov 1, 2020	\$801 effective Nov 1, 2021 (\$23 incr. or 3%)	\$826 (\$25 incr. or 3%)	\$851 (\$25 incr. or 3%)
Pharmacy Technician (full renewal)	\$518. Increased \$26 or 5.25% from \$492 effective Nov 1, 2020	\$534 effective Nov 1, 2021 (\$16 incr. or 3%)	\$551 (\$17 incr. or 3%)	\$568 (\$17 incr. or 3%)



Draft Budget 2021-22 & Multi-Year Plan (in Thousands)

Option B: 5.5% and 4% fee increase in Year 1

	CURRENT		YR 1	YR 2	YR 3	YR 4	YR 5
	2020-21		2021-22	2022-23	2023-24	2024-25	2025-26
	BUDGET	LATEST EST.	BUDGET	PROJECTED			
<i>Revenue deferred</i>	9,174	9,005	9,632	10,354	11,025	11,639	12,307
<i>Revenue licensure other</i>	554	470	513	540	563	584	606
<i>Revenue other</i>	487	581	458	465	476	486	497
Revenue	10,216	10,055	10,603	11,359	12,063	12,709	13,410
<i>Expenditures - Operating</i>	11,330	10,555	11,528	11,830	12,071	12,394	12,952
Total Expenditures	11,330	10,555	11,528	11,830	12,071	12,394	12,952
Operating Expenditures	3,794	3,298	3,623	3,680	3,675	3,705	3,958
Salaries and Benefits	7,536	7,257	7,905	8,151	8,395	8,689	8,993
Excess (Deficiency) of Revenue over Expenditures	(1,114)	(500)	(924)	(471)	(7)	315	458
Reserves, Opening Balance	2,498	2,433	1,933	1,009	538	531	846
<i>Add: Excess of Revenue over Expenditures</i>	-	0.00	-	-	-	315	458
<i>Less: Deficiency of Revenue over Expenditures</i>	(1,114)	(500)	(924)	(471)	(7)	-	-
Reserves, Closing Balance	1,383	1,933	1,009	538	531	846	1,304
Approved Reserve Balance	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Excess (Deficiency) of Reserves	(617)	(67)	(991)	(1,462)	(1,469)	(1,154)	(696)



OPTION B	CURRENT	YR 1 2021-22 BUDGET (DRAFT)	YR 2	YR 3
	2020-21		2022-23	2023-24
			PROJECTED	
Pharmacy (<i>licensure renewal</i>)	<i>No fee increase. Fee remains at \$2,345. Timing of increase changed from Dec 1, 2020 to Apr 1, 2021.</i>	\$2,474 effective Apr 1, 2021 (\$129 incr. or 5.5%)	\$2,549 (\$75 incr. or 3%)	\$2,600 (\$51 incr. or 2%)
Pharmacist (<i>full renewal</i>)	<i>\$778. Increased \$39 or 5.25% from \$739 effective Nov 1, 2020</i>	\$809 effective Nov 1, 2021 (\$31 incr. or 4%)	\$834 (\$25 incr. or 3%)	\$851 (\$17 incr. or 2%)
Pharmacy Technician (<i>full renewal</i>)	<i>\$518. Increased \$26 or 5.25% from \$492 effective Nov 1, 2020</i>	\$539 effective Nov 1, 2021 (\$21 incr. or 4%)	\$556 (\$17 incr. or 3%)	\$568 (\$12 incr. or 2%)



College of Pharmacists of BC Statement of Revenue and Expenses Trends (in Thousands)						
	Budget 2019/20	Actual 2019/20	Budget 2020/21	Latest Estimates 2020/21	Budget - Option A FY 2021/22	Budget - Option B FY 2021/22
Revenue						
Licensure revenue						
Pharmacy fees	3,527	3,481	3,689	3,642	3,813	3,813
Pharmacists fees	4,856	4,778	5,099	4,903	5,342	5,344
Technician fees	876	872	941	929	988	989
	9,260	9,131	9,728	9,474	10,143	10,145
Non-licensure revenue						
Other revenue (fines/assessments, late fees, certificate of letter of standing)	101	118	97	185	121	121
Grant Revenue	60	10	13	53	3	3
Investment income	143	139	131	108	97	97
College Place joint venture income *	270	100	246	235	237	237
	574	368	487	581	458	458
Total Revenue	\$ 9,834	\$ 9,499	\$ 10,216	\$ 10,055	\$ 10,601	\$ 10,603

* FY 2019/20 actual figures include audit adjustment for Joint Venture intercompany transactions (reduction in rent received from CPBC).



**FY 2019/20 actual figures are allocated to Registration and Licensure and Policy and Legislation departments.*



College of Pharmacists of BC						
Statement of Revenue and Expenses Trends (in Thousands)						
	Budget	Actual	Budget	Latest Estimates	Budget - Option A	Budget - Option B
	<u>2019/20</u>	<u>2019/20</u>	<u>2020/21</u>	<u>2020/21</u>	<u>FY 2021/22</u>	<u>FY 2021/22</u>
Total Revenue	9,834	9,499	10,216	10,055	10,601	10,603
Total Expenses Including Amortization	10,839	10,318	11,330	10,555	11,528	11,528
Net Deficit of revenue over expenses after amortization expense	(\$1,005)	(\$818)	(\$1,114)	(\$500)	(\$927)	(\$924)



Audit and Finance Committee review

- The Audit and Finance Committee reviewed the draft budget options on February 3rd.
- The Committee is unanimously recommending Option B:
 - To replenish the Reserves more quickly
 - Able to plan for cost of living increases more quickly
 - Able to be in a position to consider some of the Future Considerations projects



4. Audit and Finance Committee: Budget 2021/22

MOTION:

Approve the 2021/2022 budget, Option B, with total expenditures in the amount of \$10,603,446 and a transfer from the balance sheet in the amount of \$924,359, as presented.

PRIME Update for College of Pharmacists of BC

February 26, 2021

What is PRIME?



PRIME 
PharmaNet Revisions for Information
Management Enhancements

A new online tool for healthcare professionals to **request approval** to access PharmaNet.

Why?

Modern

- Online.
- Uses the new digital identity credential, the mobile BC Services Card.

Consistent

- Used across healthcare.
- Ministry is the sole approver of PharmaNet access, as required by the Information Management Regulation.

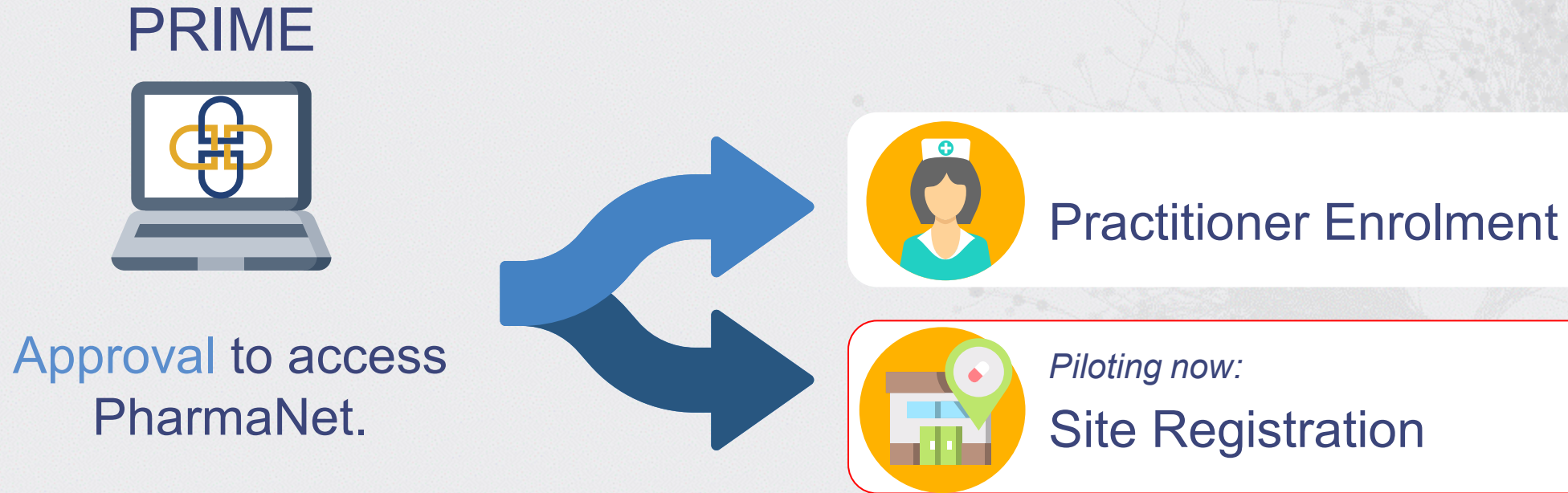
Secure

- Approval for each PharmaNet user.
- Greater monitoring and reporting capabilities.

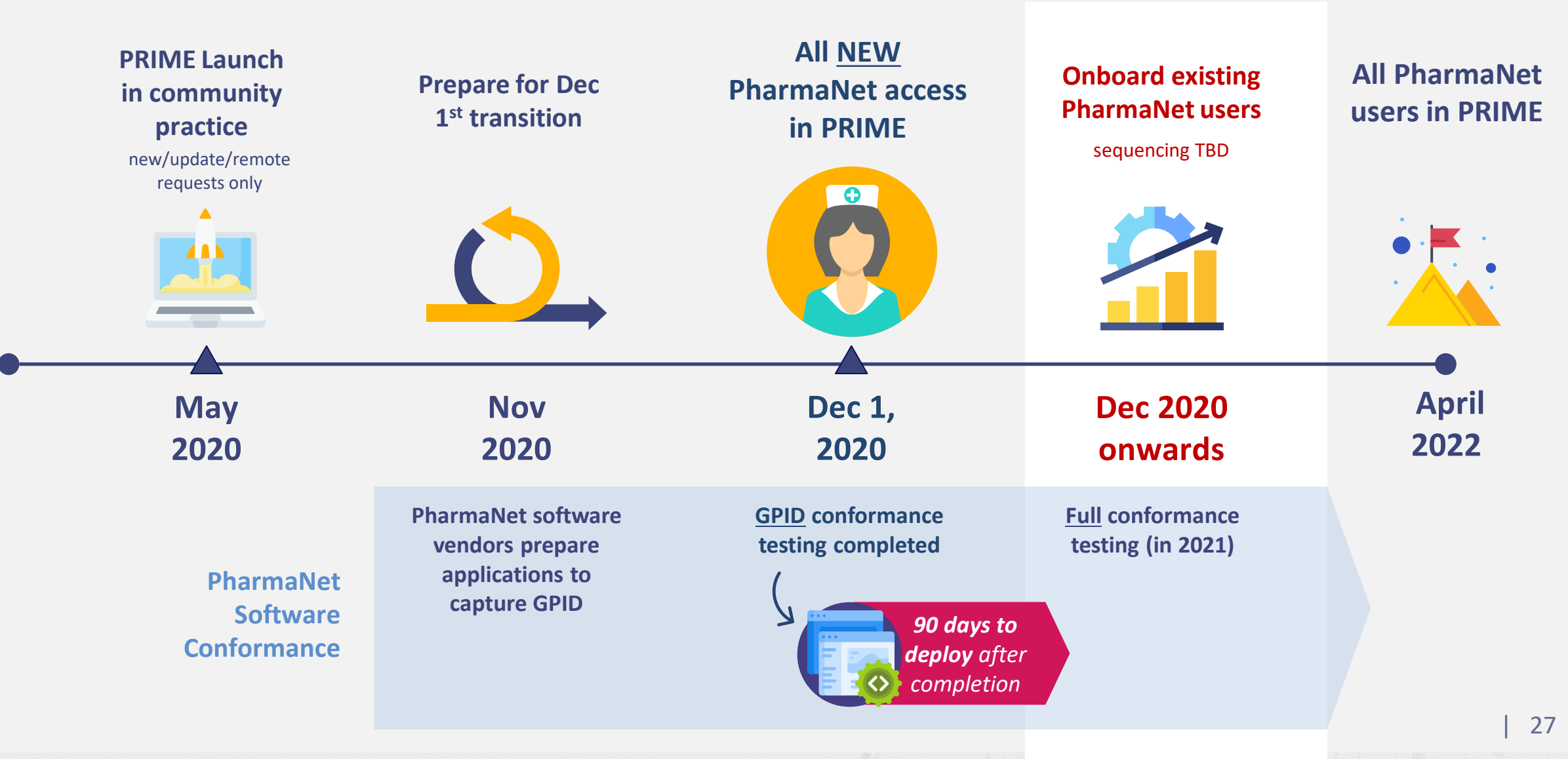


**Important driver of PRIME
timeline**

PRIME: two processes



Timeline



Site Registration – Need to Know

- A site is a combination of physical location and vendor. (Most pharmacies are one site.)
- A site belongs to an organization – an organization may have multiple sites.
- Key roles
 - Signing Authority
 - PharmaNet Administrator
 - Privacy Officer
 - Technical Support
- Site Registration requires business license upload

PRIME



MINISTRY OF HEALTH



PRIME Demonstration – if time permits

Site Registration – Community Pharmacy

More information

**THANK
YOU**



PRIME webpage

www.gov.bc.ca/PharmaNet/PRIME



Contact us

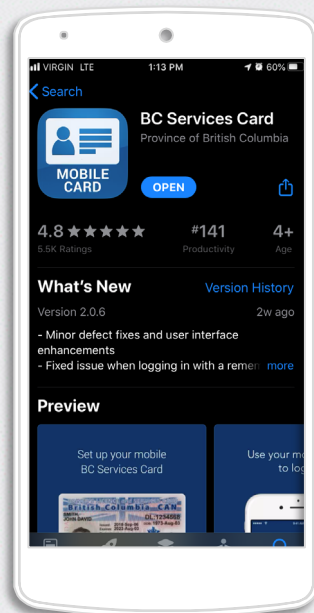
PRIME@gov.bc.ca

MINISTRY OF HEALTH | DIGITAL HEALTH INITIATIVE

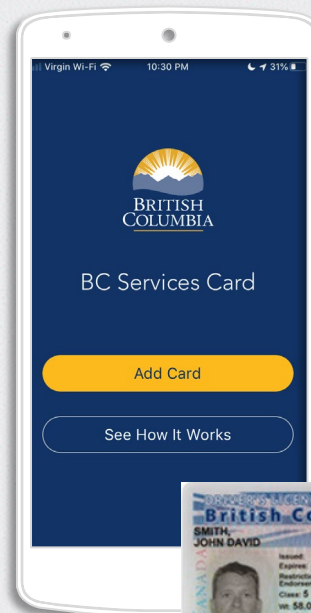
Thank You



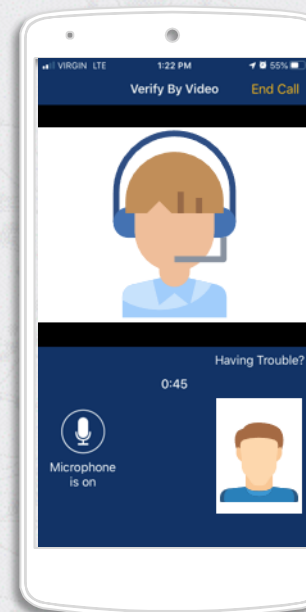
Setting up the mobile BC Services Card



1 Download the BC Services Card app



2 Tap 'Add Card' and scan the barcode on the back of your BC Services Card



3 Verify your identity by Video Call, Send Video or In Person.
The agent will link your card to your mobile device.

Setup complete!
You can now use your mobile device to log in.

About the mobile BC Services Card



- The mobile BC Services Card is used to prove who you are online. It's more secure than a username and password.
- It's like showing your physical card to identify yourself in person, but in an online way.
- The mobile BC Services Card only provides your **name, date of birth, and address** to PRIME.
- You have control over setting up and removing your mobile BC Services Card from a mobile device.

If you are not eligible for a BC Services Card (non-resident of BC), contact PRIMESupport@gov.bc.ca

BOARD MEETING

February 26, 2021

6. Legislation Review Committee

a) Amendment to Bylaws under the *Health Professions Act* on Temporary Registration

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolutions:

- 1) *RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act ("HPA"), the Board of the College of Pharmacists of BC approve the proposed bylaws made under the HPA regarding temporary registration during a declared emergency lasting up to and longer than 12 months for public posting, as circulated, and to request a shortened public posting period from the Minister of Health.*
- 2) *RESOLVED THAT, should no comments be received during the public posting period, in accordance with the authority established in section 19(1) of the Health Professions Act ("HPA"), and subject to the requirements in section 19(3) of the HPA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under the HPA regarding temporary registration during a declared emergency lasting up to and longer than 12 months, as circulated, for filing with the Minister of Health, and to request a shortened filing period from the Minister of Health to bring the amendments into force as soon as possible.*

Purpose

To approve proposed amendments to the *Health Professions Act* ("HPA") Bylaws related to temporary registration during a declared emergency lasting up to and longer than 12 months.

Background

On March 11, 2020, the World Health Organization declared the novel coronavirus, COVID-19, a pandemic. In BC, Provincial Health Officer, Dr. Bonnie Henry, declared a public health emergency on March 17, 2020. Given an anticipated increased demand for pharmacists and pharmacy technicians, on March 31, 2020, the Board approved bylaw amendments under the

Health Professions Act (“the Bylaws”) to grant temporary registration to eligible persons during a declared emergency (see Appendix 1 for the March 2020 Board briefing note).

The Bylaws include criteria under which temporary registration can be granted to former, non-practicing and other eligible applicants (i.e., temporary pharmacist, temporary limited pharmacist, temporary student pharmacist and temporary pharmacy technician) during a declared emergency. According to the Bylaws, temporary registration is valid until a date determined by the Registration Committee or Registrar.

Discussion

Registrants, other than temporary registrants, are subject to registration renewal on an annual basis. This renewal process is a public safety measure allowing the College to verify that the registrant is still in compliance with applicable requirements (e.g., professional liability requirements).

As the declared emergency is still in effect and is anticipated to last well into 2021, College staff along with legal counsel, reviewed the Bylaws to determine if similar registration renewal-type provisions should be drafted for temporary registrants. As a result, staff recommend that additional information be required from temporary registrants when the declared emergency lasts up to and longer than 12 months.

Proposed amendments to the Bylaws have been drafted to require temporary registrants to provide additional information every 12 months. This information includes a statutory declaration and an attestation that all requirements for temporary registration are being met.

In addition to the proposed amendments to the Bylaws, a corresponding revised form (i.e., TR2) has also been drafted for approval by the Registrar. While this form does not require Board approval, it has been appended to this note for information purposes (please see Appendix 3).

Next Steps

- If approved by the Board, the proposed Bylaw amendments will be submitted to the Ministry of Health (with a request to shorten the public posting period).
- The Bylaw amendments will be publicly posted (for the period approved by the Minister of Health) on the College’s website.
- After public posting:
 - If no comments are received, the Bylaw amendments will be filed with the Minister of Health with the above noted resolution and appended schedule.
 - If comments are received, they will be reviewed by staff and legal counsel and any resulting amendments will be considered. If no substantive revisions are made to the Bylaws then they will be brought forward to the Board with a

recommendation to file them with the Minister of Health (with a request to shorten the filing period to bring the bylaws into force as soon as possible).

- Communications on the amendments will be developed and implemented.

Recommendation

The Legislation Review Committee recommends that the Board approve the proposed amendments to the Bylaws to require additional information from temporary registrants during a declared emergency lasting up to and longer than 12 months (Appendix 2), and that the Board seeks a shortened public posting period. In addition, the Legislation Review Committee recommends that should no comments be received during the public posting period, that the Bylaws be filed with the Minister of Health.

Guiding Questions for the Board

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

- Do the proposed amendments to the Bylaws clearly outline the additional requirements for temporary registration under a declared emergency lasting up to and longer than 12 months?
- Is there anything unclear, ambiguous, or unnecessary in the proposed Bylaws?
- Is there anything missing from the proposed Bylaws?

Appendix	
1	March 2020 Board Briefing Note
2	Proposed Amendments to the Bylaws
3	Draft Form TR2 (for information purposes only)
4	Schedule



BOARD MEETING March 31, 2020

5. Amendments to the *Health Professions Act* Bylaws Related to Temporary Registration under a Declared Emergency

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution to amend the bylaws made under the *Health Professions Act* related to granting temporary registration under a declared emergency and to request a shortened filing period from the Minister of Health to bring the amendments into force as soon as possible:

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

Purpose

To consider approval of amendments to the *Health Professions Act* ("HPA") Bylaws for filing with the Minister of Health.

Background

On March 11, 2020, the World Health Organization declared the COVID-19 outbreak a pandemic. Given an anticipated increased demand for pharmacists and pharmacy technicians ("pharmacy professionals"), in an effort to help with the pandemic, the College staff explored ways to expedite the registration process for former and non-practicing pharmacy professionals. In addition, staff also explored options for registering applicants who are eligible under the "limited pharmacist" and "student pharmacist" classes of registration to help assist in pharmacies within their scope of practice.

At the March 26, 2020 Board meeting (via teleconference), the Board approved public posting of the proposed bylaws for a 24 hour period (See Appendix 1 for the March 26, 2020 Board meeting note).

The following key bylaw topics are addressed in the proposed bylaws:

- Establishing criteria under which an emergency can be declared to enable temporary registration;
- Allowing former, non-practicing and other eligible applicants to apply for temporary registration;
- Clarifying application requirements for temporary registration; and,
- Improving flexibility with the temporary registration duration.

Discussion

Public Posting of Proposed Bylaws

The proposed bylaws were publicly posted on the College's website for an approved shortened public posting period of 24 hours from March 27 to 28. During this public posting period, 16 letters of feedback were received from registrants and students (See Appendix 2). All of the letters of feedback received were shared with the Ministry of Health.

In general, the feedback received included support for the granting of temporary registration in this pandemic (See Appendix 3). Most of the feedback received included either specific questions and or comments therefore no further revisions to the bylaws are proposed. Appendix 3 includes a table summarizing the comments received and staff review of this feedback.

Consequential Amendments to the HPA Fee Schedule under the HPA Bylaws

Consequential amendments to the HPA Fee Schedule (Schedule "D") under the HPA bylaws were made to reflect the proposed bylaws (see Appendix 5). In addition to the amended fee schedule, corresponding revisions to existing forms were also made. As amendments to form have also been approved by the Registrar and do not require Board approval. These forms will also be sent to the Ministry of Health for filing.

Next Steps

- If approved by the Board, file the amendments to the HPA Bylaws with the Minister of Health (with a request to shorten the filing period); and
- Develop and implement communications related to the amendments, including information on the application process.

Guiding Questions

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

- Are any comments warrant changes to the proposed bylaws amendments?
- Are the responses to comments sufficient to address the concerns (Appendix 3)?

Recommendation

It is recommended that the Board approve the amendments to the *HPA* Bylaws (Appendix 4-6) for filing with the Minister of Health.

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1	March 26, 2020 Board Meeting Briefing Notes
2	Feedback Received during the Public Posting Period
3	Summary and Responses of Public Posting Feedback
4	Revised <i>HPA</i> Bylaws (track changes)
5	Revised Fee Schedule (track changes)
6	Schedule to the Resolution

Health Professions Act – BYLAWS

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Definitions

1. In these bylaws:
 - “Act”** means the *Health Professions Act*;
 - “appointed board member”** means
 - (a) a person appointed to the board under section 17(3)(b) of the *Act*, or
 - (b) prior to the first election referred to in section 17(2)(a) of the *Act*, a person appointed under section 17(2)(a) of the *Act* to represent the public on the first board;
 - “ballot”** means an electronic ballot;
 - “board”** means the board of the college;
 - “board member”** means an appointed board member or an elected board member;
 - “chair”** means the chair of the board elected under section 12;
 - “child-resistant package”** means a package that complies with the requirements of the Canadian Standards Association Standard CAN/CSA-Z76.1-06, published in 2006 as amended from time to time;
 - “controlled drug substance”** means a drug which includes a controlled substance listed in Schedule I, II, III, IV or V of the *Controlled Drugs and Substances Act* (Canada);
 - “controlled prescription program”** has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act* Bylaws;
 - “college”** means the College of Pharmacists of British Columbia continued under section 15.1(4) of the *Act*;
 - “deliver”** with reference to a notice or other document, includes mail by post or electronically to, or leave with a person, or deposit in

a person's mailbox or receptacle at the person's residence or place of business;

"director" has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

"dispense" has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

"drug" has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

"elected board member" means a full pharmacist board member or a pharmacy technician board member;

"electronic initial" means

- (a) information in electronic form that a person has created or adopted in order to initial a record, other than with respect to a prescription initialed by a full pharmacist for the purpose of prescribing, that is in, attached to or associated with a record, is secure and is only reproducible and used by that person; and
- (b) with respect to a prescription initialed by a full pharmacist for the purpose of prescribing, the electronic initial must meet the requirements of paragraph (a) and must be a unique mark personally applied by that pharmacist;

"examination" means an examination, given orally or in writing, or a practical examination, or any combination of these, and includes a supplemental examination;

"full pharmacist" means a member of the college who is registered in the class of registrants established in section 41(a);

"full pharmacist board member" means

- (a) a full pharmacist elected to the board under section 17(3)(a) of the *Act* or appointed to the board under section 10, or
- (b) prior to the first election referred to in section 17(2)(a) of the *Act*, a person appointed under section 17(2)(a) of the *Act* to represent the health profession on the first board;

"hospital" has the same meaning as in section 1 of the *Hospital Act*;

"in good standing" in respect of a registrant means

- (a) the registration of the registrant is not suspended under the *Act*, and
- (b) no limits or conditions are imposed on the registrant's practice of pharmacy under section 20(2.1), 20(3), 32.2, 32.3, 33, 35, 36, 37.1, 38, 39, or 39.1 of the *Act*;

“**initial**” on a record means either an original handwritten initial or an electronic initial;

“**limited pharmacist**” means a member of the college who is registered in the class of registrants established in section 41(b);

“**manager**” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

“**medication**” has the same meaning as “drug”;

“**non-practising pharmacist**” means a member of the college who is registered in the class of registrants established in section 41(f);

“**owner**” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

“**personal information**” means “personal information” as defined in Schedule 1 of the *Freedom of Information and Protection of Privacy Act*;

“**pharmacy assistant**” has the same meaning as “support person” in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

“**pharmacy services**” means the services a registrant is authorized under the *Act* to provide;

“**pharmacy technician**” means a member of the college who is registered in the class of registrants established in section 41(e);

“**pharmacy technician board member**” means a pharmacy technician elected to the board under section 17(3)(a) of the *Act* or appointed to the board under section 10;

“**practising pharmacist**” means a full pharmacist, limited pharmacist, ~~temporary pharmacist or student pharmacist;~~
temporary pharmacist, temporary limited pharmacist, and temporary student pharmacist;

“**practitioner**” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

“**prescription**” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

“**public representative**” means a person who

- (a) is not a registrant or former registrant, and
- (b) has no close family or business relationship with a registrant or former registrant,

and includes an appointed board member;

“**quality assurance assessor**” means an assessor appointed under section 26.1(4) of the *Act*;

“record” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act* Bylaws;

“Regulation” means the Pharmacists Regulation, B.C. Reg. 417/2008;

“signature” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act* Bylaws;

“student pharmacist” means a member of the college who is registered in the class of registrants established in section 41(d);

“temporary pharmacist” means a member of the college who is registered in the class of registrants established in section 41(c);

“vice-chair” means the vice-chair of the board elected under section 12 of the *Act*;

PART I – College Board, Committees and Panels

Composition of Board

2. The board consists of
 - (a) 7 full pharmacist board members,
 - (b) 1 pharmacy technician board member, and
 - (c) the appointed board members.

Composition of the Board – Transitional

- 2.1 Despite section 2, until the start of the November 2010 board meeting, the board consists of
 - (a) 7 full pharmacist board members, and
 - (b) the appointed board members

Electoral Districts

3. (1) For the purpose of elections of full pharmacist board members under section 17(3)(a) of the *Act*, electoral districts are established as follows:
 - (a) the province of British Columbia is divided into 7 electoral districts, the boundaries of which are set out in Schedule “B”;
 - (b) the number of full pharmacist board members elected from each electoral district is 1;
 - (c) electoral district boundaries described in paragraph (a) may be changed only by special resolution amending Schedule “B”;

- (d) a full pharmacist who has only 1 place of practice which is not a hospital must be assigned to an electoral district from among Districts 1 to 5, according to the location of the full pharmacist's place of practice;
 - (e) a full pharmacist who has only 1 place of practice which is a hospital must be assigned to District 6 or 7, according to the location of the hospital;
 - (f) a full pharmacist who practices in more than 1 electoral district must be assigned to the electoral district in which the full pharmacist's primary place of practice is located;
 - (g) a full pharmacist who does not practice must be assigned to the electoral district within which he or she resides.
- (2) For the purpose of election of pharmacy technician board members under section 17(3)(a) of the *Act*, the electoral district is the province of British Columbia.

Notice of Election

4. (1) An election under section 17(3)(a) of the *Act* must be held by electronic means approved by the registrar, at a date determined by the registrar that is at least 21 days prior to the date of the November board meeting in each year that an election is held.
- (2) The registrar must deliver a notice of election in Form 1 to every full pharmacist and pharmacy technician assigned to the electoral districts which are to elect board members in the election, at least 60 days prior to the election date.
- (3) The accidental omission to deliver notice of an election to, or the non-receipt of such a notice, by any person entitled to receive notice does not invalidate the election, any proceedings in relation thereto, or the results thereof.

Eligibility and Nominations

5. (1) To be eligible for election to the board under section 17(3)(a) of the *Act*, a registrant must be
- (a) a full pharmacist or pharmacy technician,
 - (b) in good standing, and
 - (c) assigned to the electoral district in which he or she is nominated.

- (2) A full pharmacist or pharmacy technician is not eligible to be elected to the board if he or she is employed by the college or is engaged in a contract or assignment providing goods or services to the college.
- (3) A nomination for a full pharmacist board member must be endorsed by 3 full pharmacists who are in good standing and are assigned to the electoral district in which the nominee is standing for election.
- (4) A nomination for a pharmacy technician board member must be endorsed by 3 pharmacy technicians who are in good standing.
- (5) A nomination must be delivered to the registrar at least 45 days prior to the election date.
- (6) A nomination must be in Form 2.

Election Procedure

- 6. (1) If there is only 1 nominee for a vacant position at the close of nominations, the nominee for that position is elected by acclamation.
- (2) Only full pharmacists and pharmacy technicians, who are in good standing, are eligible to vote in an election under section 17(3)(a) of the *Act*.
- (3) A full pharmacist or pharmacy technician eligible to vote under subsection (2) is eligible to vote only in the electoral district to which he or she is assigned for an election.
- (4) The registrar must deliver to each full pharmacist and pharmacy technician who is eligible to vote the instructions for voting electronically in the election at least 30 days prior to the election date.
- (5) Each full pharmacist and pharmacy technician who is eligible to vote is entitled to 1 ballot and may vote in favour of 1 candidate for the vacant position.
- (6) A ballot does not count unless it is cast no later than 5:00 p.m. Pacific Time on the election date.
- (7) The candidate for a vacant position receiving the most votes on the return of the ballots is elected.
- (8) In the case of a tie vote, the registrar must select the successful candidate by random draw.
- (9) In the event that there are no nominees for a vacant position, the board may fill the vacant position in accordance with section 10.

- (10) The registrar must supervise and administer all elections under section 17(3)(a) of the *Act* and may establish additional procedures consistent with these bylaws for that purpose.
- (11) The registrar may determine any dispute or irregularity with respect to any nomination, ballot or election.
- (12) The registrar must use Form 3 to certify newly elected members of the board under section 17.1(1) of the *Act*.
- (13) If there is an interruption of electronic service during the nomination period or election, the registrar may extend the deadline for delivery of nominations or casting of ballots for such period of time as the registrar considers necessary in the circumstances.

Terms of Office

- 7. (1) The term of office for an elected board member is 3 years, commencing at the start of the November board meeting following that board member's election.
- (2) An elected board member may serve a maximum of 2 consecutive terms.
- (3) Subsections (1) and (2) do not apply prior to the first election referred to in section 17(2)(a) of the *Act*.

Election Cycle

- 7.1 Commencing with the 2018 elections, elections shall follow a three-year cycle, pursuant to which board members from even-numbered electoral districts are elected in the first year of the cycle, board members from odd-numbered electoral districts are elected in the second year of the cycle, and no election is held in the third year of the cycle.

Ceasing to Hold Office as a Board Member

- 8. (1) An elected board member ceases to hold office if he or she
 - (a) ceases to be a full pharmacist or pharmacy technician, in good standing,
 - (b) submits a written resignation to the chair,
 - (c) becomes an employee of the college or engaged in a contract or assignment providing goods or services to the college,
 - (d) is removed by a special resolution of the board, if notice of the proposal to remove the elected board member has been included with the notice of the board meeting, or

- (e) is absent from 3 or more consecutive board meetings for reasons which the board finds unacceptable.
- (2) Subsection (1) does not apply prior to the first election referred to in section 17(2)(a) of the *Act*.

First Election and Terms of Office

- 9. Despite section 7(1) and (3), the term of office for the first elected full pharmacist board members from Districts 2, 4 and 6 is 1 year, commencing at the start of the November 2009 board meeting.

Vacancy

- 10. (1) In the event of a vacancy in an elected board member position, the board may, by special resolution, appoint a full pharmacist or pharmacy technician, as applicable, eligible under section 5 for election to fill the position until the next election.
- (2) Subsection (1) does not apply prior to the first election referred to in section 17(2)(a) of the *Act*.

Remuneration of Board and Committee Members

- 11. All board members and committee members are equally entitled to be
 - (a) remunerated for time spent on business of the college in the amount approved by the board from time to time, and
 - (b) reimbursed by the college for reasonable expenses necessarily incurred in connection with the business of the college.

Chair and Vice-Chair

- 12. (1) The chair must
 - (a) preside at all board meetings,
 - (b) sign certificates, diplomas and other instruments executed on behalf of the college as required, and
 - (c) act in accordance with the requirements of his or her office for the proper carrying out of the duties of the board.
- (2) At the November board meeting in each calendar year, the board members must elect a chair by a majority vote in accordance with the following procedure:
 - (a) the acting chair for the meeting must call for nominations;
 - (b) if there is only 1 nominee, he or she is elected by acclamation;

- (c) if there is more than 1 nominee, an election must be held by secret ballot, and the person with the most votes is elected;
 - (d) if there is a tie vote, there must be a second vote immediately following the first vote;
 - (e) if there is a second tie vote, the new chair must be selected by random draw.
- (3) The chair's term of office as chair is 1 year, commencing at the election of the vice-chair under subsection (4), and ending at the start of the November board meeting in the next calendar year.
 - (4) Immediately following the election of the chair under subsection (2), the board members must elect a vice-chair by a majority vote in accordance with the procedure set out in subsection (2).
 - (5) The vice-chair's term of office as vice-chair is 1 year, commencing at his or her election under subsection (4), and ending at the start of the November board meeting in the next calendar year.
 - (6) The vice-chair must perform the duties of the chair in the chair's absence.
 - (7) In the absence of both the chair and the vice-chair, an acting chair for a board meeting must be elected by a majority vote of the board members present.
 - (8) Despite subsections (2) to (5), the board members must elect a chair and vice-chair in accordance with the procedure set out in subsection (2), each to serve a term ending at the start of the November 2009 board meeting.

Board Meetings

- 13. (1) The board must meet at least 4 times in each calendar year, including one meeting in November, and must provide reasonable notice of board meetings to board members, registrants and the public.
- (2) The accidental omission to deliver notice of a board meeting to, or the non-receipt of a notice by, any person entitled to receive notice does not invalidate proceedings at that meeting.
- (3) Despite subsection (1), the chair or registrar may call a meeting of the board without providing notice to registrants or the public if necessary to conduct urgent business.
- (4) The registrar must call a board meeting at the request of the chair or any 3 board members.

- (5) The registrar must provide the following to members of the public on request:
 - (a) details of the time and place of a board meeting;
 - (b) a copy of the agenda;
 - (c) a copy of the minutes of any preceding board meeting.
- (6) Subject to subsection (7), board meetings must be open to registrants and the public.
- (7) The board may exclude any person from any part of a board meeting if it is satisfied that
 - (a) financial, personal or other matters may be disclosed of such a nature that the desirability of avoiding public disclosure of them in the interest of any person affected or in the public interest outweighs the desirability of adhering to the principle that meetings be open to the public,
 - (b) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced,
 - (c) personnel matters or property acquisitions will be discussed,
 - (d) the contents of examinations will be discussed,
 - (e) communications with the Office of the Ombudsman will be discussed, or
 - (f) instructions will be given to or opinions received from legal counsel for the college, the board, or a committee.
- (8) If the board excludes any person from a part of a board meeting, it must have its reasons for doing so noted in the minutes of the meeting.
- (9) The registrar must ensure that minutes are taken at each board meeting and retained on file, and must publish them on the college website.
- (10) A majority of the total number of board members constitutes a quorum.
- (11) The chair is entitled to vote on all motions, and is also entitled to speak in debate, but not in preference to other board members.
- (12) A written resolution signed by all board members is valid and binding and of the same effect as if such resolution had been duly passed at a board meeting.

- (13) In case of an equality of votes the chair does not have a casting or second vote in addition to the vote to which he or she is entitled as a board member and the proposed resolution does not pass.
- (14) The board may meet and conduct business using video-conferencing or tele-conference connections or by other electronic means when some or all of the board members are unable to meet in person.
- (15) Except as otherwise provided in the *Act*, the regulations, or these bylaws, the most recent edition of Robert's Rules of Order governs the procedures at meetings of the board.

Registration Committee

- 14. (1) The registration committee is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the registration committee must consist of public representatives, at least one of whom must be an appointed board member.

Inquiry Committee

- 15. (1) The inquiry committee is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the inquiry committee must consist of public representatives, at least one of whom must be an appointed board member.

Practice Review Committee

- 15.1 (1) The practice review committee is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the practice review committee must consist of public representatives, at least one of whom must be an appointed board member.
- (3) The practice review committee is responsible for monitoring standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants.
- (4) The practice review committee may receive reports made to the registrar, inquiry committee or discipline committee in respect of
 - (a) matters specified in section 17(1) of the *Pharmacy Operations and Drug Scheduling Act*, including without limitation reports under section 18 of that Act, and

- (b) matters specified in section 28(1) of the *Health Professions Act*, including without limitation reports under section 28(3) of that Act.
- (5) Upon receipt of a report described in subsection (4), the practice review committee may
 - (a) review the report, and
 - (b) as it considers appropriate in the circumstances, refer a matter arising from that review to the inquiry committee, quality assurance committee or registrar.

Application Committee

- 15.2 (1) The application committee within the meaning of section 1 of the *Pharmacy Operations and Drug Scheduling Act [SBC 2003] c.77* is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the application committee must consist of public representatives, at least one of whom must be an appointed board member.

Discipline Committee

- 16. (1) The discipline committee is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the discipline committee must consist of public representatives, at least one of whom must be an appointed board member.

Quality Assurance Committee

- 17. (1) The quality assurance committee is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the quality assurance committee must consist of public representatives, at least one of whom must be an appointed board member.

Drug Administration Committee

- 18. (1) The drug administration committee is established consisting of at least 4 and no more than 7 persons appointed by the board.
- (2) The committee must include
 - (a) one full pharmacist,

- (b) one medical practitioner confirmed by the College of Physicians and Surgeons of British Columbia as suitable for membership on the committee,
 - (c) one registered nurse confirmed by the College of Registered Nurses of British Columbia as suitable for membership on the committee, and
 - (d) one person nominated by the Ministry of Health Services.
- (3) The drug administration committee
 - (a) must review, develop and recommend to the board standards, limits and conditions respecting the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Regulation for the purposes of preventing diseases, disorders and conditions, and
 - (b) may
 - (i) review the role of practising pharmacists in regard to the performance of restricted activities under section 4(1) (c.1) of the Regulation, and
 - (ii) make recommendations to the board, for submission to the Ministry of Health Services, respecting the standards, limits and conditions for practice and any other requirements it considers necessary or appropriate to support the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Regulation for the purposes of treating diseases, disorders and conditions.
- (4) The committee may consult, as it considers necessary or appropriate, with registrants or other individuals who have expertise relevant to drug administration or on any other matter considered by the committee.

Committees

- 19. (1) A person appointed to a committee established under these bylaws
 - (a) serves for a term determined by the board not exceeding 3 years, and
 - (b) is eligible for reappointment but may not serve for more than 6 consecutive years.
- (2) A committee member may be removed by a majority vote of the board.
- (3) The board must appoint a committee chair and a committee vice-chair from among the members of the committee.

- (4) Each committee must submit a report of its activities to the board annually or as required by the board.
- (5) The registrar is an ex officio non-voting member of the committees established under these bylaws.
- (6) The chair is a non-voting ex-officio member of all committees, except in respect of a committee to which he or she has been appointed under these bylaws, in which case he or she has the right to vote.

Committee Panels

- 20. (1) The registration committee, inquiry committee, practice review committee, application committee, discipline committee and quality assurance committee may meet in panels of at least 3 but not more than 5 persons, and each panel must include at least 1/3 public representatives.
- (2) The chair of a committee referred to in subsection (1) must appoint the members of a panel and must designate a chair of the panel.
- (3) A panel of a committee referred to in subsection (1) may exercise any power or perform any duty of that committee.

Meetings of a Committee or Panel

- 21. (1) A majority of a committee constitutes a quorum.
- (2) All members of a panel constitute a quorum.

PART II – College Administration

Registrar/Deputy Registrar

- 22. (1) The registrar is authorized to establish, by bylaw, forms for the purposes of the bylaws, and to require the use of such forms by registrants.
- (2) If a deputy registrar is appointed by the board,
 - (a) the deputy registrar is authorized to perform all duties and exercise all powers of the registrar, subject to the direction of the registrar, and
 - (b) if the registrar is absent or unable to act for any reason, the deputy registrar is authorized to perform all duties and exercise all powers of the registrar.

Seal

- 23. (1) The board must approve a seal for the college.

- (2) The seal of the college must be affixed, by those persons designated by the board, to the documents determined by the board.

Fiscal Year

- 24. The fiscal year of the college commences on March 1st and ends on the last day of February of the following year.

Banking

- 25. The board must establish and maintain such accounts with a chartered bank, trust company or credit union as the board determines to be necessary from time to time.

Payments and Commitments

- 26. The board must approve an operating and capital budget for each fiscal year, and may amend the approved budget from time to time.

Investments

- 27. The board may invest funds of the college in accordance with the board's investment policy which must be consistent with sections 15.1 and 15.2 of the *Trustee Act*.

Auditor

- 28. (1) The board must appoint a chartered accountant or a certified general accountant to be the auditor.
- (2) The registrar must submit the financial statement to the auditor within 60 days of the end of the fiscal year.
- (3) A copy of the auditor's report must be included in the annual report.

Legal Counsel

- 29. The board or, with the approval of the registrar, a committee or panel, may retain legal counsel for the purpose of assisting the board, a committee or a panel in exercising any power or performing any duty under the *Act*.

General Meetings

- 30. (1) General meetings of the college must be held in British Columbia at a time and place determined by the board.
- (2) The first annual general meeting must be held before October 1, 2010, and after that an annual general meeting must be held at least once in every calendar year and not more than 20 months after the holding of the last preceding annual general meeting.

- (3) The following matters must be considered at an annual general meeting:
 - (a) the financial statements of the college;
 - (b) the annual report of the board;
 - (c) the report of the auditor.
- (4) Every general meeting, other than an annual general meeting, is an extraordinary general meeting.
- (5) The board
 - (a) may convene an extraordinary general meeting by resolution of the board, and
 - (b) must convene an extraordinary general meeting within 60 days after receipt by the registrar of a request for such a meeting signed by at least ten percent of all full pharmacists and pharmacy technicians, who are in good standing.

Notice of General Meetings

- 31. (1) The registrar must deliver notice of an annual or extraordinary general meeting to every board member and registrant at least 21 days prior to the meeting.
- (2) Notice of a general meeting must include
 - (a) the place, day and time of the meeting,
 - (b) the general nature of the business to be considered at the meeting,
 - (c) any resolutions proposed by the board, and
 - (d) any resolutions proposed under section 32 and delivered to the registrar prior to the mailing of the notice.
- (3) The accidental omission to deliver notice of a general meeting to, or the non-receipt of a notice by, any person entitled to receive notice does not invalidate proceedings at that meeting.
- (4) General meetings must be open to the public.
- (5) The registrar must
 - (a) provide reasonable notice of each general meeting to the public, and
 - (b) provide to members of the public on request a copy of the notice given under subsection (1) in respect of the meeting.

Resolutions

32. Any 3 full pharmacists or pharmacy technicians, who are in good standing, may deliver a written notice to the registrar at least 60 days prior to the date of an annual or an extraordinary general meeting requesting the introduction of a resolution.

Voting at a General Meeting

33. (1) A full pharmacist or pharmacy technician present at a general meeting is entitled to 1 vote at the meeting.
- (2) In case of an equality of votes the chair of the general meeting does not have a casting or second vote in addition to the vote to which he or she is entitled as a full pharmacist or pharmacy technician, if any, and the proposed resolution does not pass.
- (3) Except as these bylaws otherwise provide, the most recent edition of Robert's Rules of Order governs the procedures at an annual or extraordinary general meeting.
- (4) A resolution passed at an annual or extraordinary general meeting is not binding on the board.

Proceedings at General Meetings

34. (1) Quorum is 25 registrants consisting of full pharmacists or pharmacy technicians, or both.
- (2) No business, other than the adjournment or termination of the meeting, may be conducted at a general meeting at a time when a quorum is not present.
- (3) If at any time during a general meeting there ceases to be a quorum present, business then in progress must be suspended until there is a quorum present.
- (4) In the case of a general meeting other than an extraordinary general meeting under section 30(5)(b),
- (a) if there is no quorum within 30 minutes from the time appointed for the start of the meeting, or
- (b) if there is no quorum within 30 minutes from any time when there is no quorum during the meeting,
- the meeting must be adjourned to one month later, at the same time and place, and those full pharmacists and pharmacy technicians who attend that later meeting will be deemed to be a quorum for that meeting.

- (5) In the case of an extraordinary general meeting under section 30(5)(b),
 - (a) if there is no quorum within 30 minutes from the time appointed for the start of the meeting, or
 - (b) if there is no quorum within 30 minutes from any time when there is no quorum during the meeting,
 the meeting must be adjourned and cancelled and no further action may be taken in respect of the request under section 30(5)(b) for that meeting.
- (6) In the absence of both the chair and the vice-chair of the board, an acting chair for a general meeting must be elected by a majority vote of the full pharmacists and pharmacy technicians present.
- (7) A general meeting may be adjourned from time to time and from place to place, but no business may be transacted at an adjourned meeting other than the business left unfinished at the meeting from which the adjournment took place.
- (8) When a meeting is adjourned in accordance with subsection (4) or by resolution, notice of the rescheduled meeting must be delivered in accordance with section 31.

Notice to Public Representatives

- 35. Every notice or mailing to registrants must also be provided to public representatives serving on the board or a committee.

PART III – College Records

Body Responsible for Administering the *Freedom of Information and Protection of Privacy Act*

- 36. (1) The registrar is the “head” of the college for the purposes of the *Freedom of Information and Protection of Privacy Act*.
- (2) The registrar may authorize the deputy registrar, a person employed by the college or a person who has contracted to perform services for the college to perform any duty or exercise any function of the registrar that arises under the *Freedom of Information and Protection of Privacy Act*.

Fees for Information Requests

- 37. Subject to section 75 of the *Freedom of Information and Protection of Privacy Act*, an applicant who requests access to a college record under section 5 of the *Freedom of Information and Protection of Privacy Act* must pay the fees set out in the Schedule

of Maximum Fees in B.C. Reg. 323/93 for services required to comply with the information request.

Disclosure of Annual Report

38. The registrar must make each annual report under section 18(2) of the *Act* available electronically and free of charge on the college website, must notify registrants that the report is available, and must provide a paper copy of the report to any person on request upon payment of the fee set out in Schedule "D".

Disclosure of Registration Status

39. (1) If an inquiry about the registration status of a person is received by the board or the registrar, the registrar must disclose, in addition to the matters required by section 22 of the *Act*,
- (a) whether the discipline committee has ever made an order relating to the person under section 39 of the *Act* and the details of that order,
 - (b) whether the person has ever consented to an order under section 37.1 of the *Act* and the details of that order, and
 - (c) whether the person has ever given an undertaking or consented to a reprimand under section 36 of the *Act* and the details of that undertaking or reprimand.
- (2) When acting under subsection (1), the registrar must not release the name of, or information which might enable a person to identify
- (a) a patient, or
 - (b) another person, other than the registrant, affected by the matter,
- except with the consent of the patient or the other person.

Manner of Disposal of College Records Containing Personal Information

40. The board must ensure that a college record containing personal information is disposed of only by
- (a) effectively destroying a physical record by utilizing a shredder or by complete burning,
 - (b) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the information cannot be reconstructed,
 - (c) returning the record to the person the information pertains to, or
 - (d) returning the record to the registrant who compiled the information.

PART IV – Registration Classes of Registrants

41. The following classes of registrants are established:
- (a) full pharmacist;
 - (b) limited pharmacist;
 - (c) temporary pharmacist;
 - (d) temporary limited pharmacist;
 - (e) temporary student pharmacist;
 - (f) temporary pharmacy technician;
 - (g) student pharmacist;
 - (h) pharmacy technician;
 - (i) non-practising registrant.

Full Pharmacist Registration

42. (1) For the purposes of section 20(2) of the *Act*, the requirements for full pharmacist registration are
- (a) graduation with a degree or equivalent qualification from a pharmacy education program recognized by the board for the purpose of full pharmacist registration and specified in Schedule “C”,
 - (b) successful completion of the jurisprudence examination required by the registration committee,
 - (c) successful completion of an English language proficiency examination acceptable to the registration committee, if the person has not graduated from a pharmacy education program in Canada or the United States accredited by the Canadian Council for Accreditation of Pharmacy Programs or the Accreditation Council for Pharmacy Education,
 - (d) successful completion of the structured practical training required by the registration committee, if any,
 - (e) successful completion of the Pharmacy Examining Board of Canada Evaluating Examination, if the person has not graduated from a pharmacy education program in Canada or the United States accredited by the Canadian Council for Accreditation of Pharmacy Programs or the Accreditation Council for Pharmacy Education,

- (f) successful completion of the Pharmacy Examining Board of Canada Qualifying Examination - Part I and Part II,
 - (g) evidence satisfactory to the registration committee that the person is of good character and fit to engage in the practice of pharmacy, and
 - (h) receipt by the registrar of
 - (i) a signed application for full pharmacist registration in Form 4,
 - (ii) the application fee specified in Schedule "D",
 - (iii) a notarized copy, or other evidence satisfactory to the registration committee, of the person's degree or equivalent qualification, and that he or she is the person named therein,
 - (iv) a statutory declaration in Form 5,
 - (v) if applicable, the fee for the jurisprudence examination specified in Schedule "D",
 - (vi) a criminal record check authorization in the form required by the *Criminal Records Review Act*,
 - (vii) if the person has engaged in the practice of pharmacy or another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,
 - (viii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession,
 - (ix) a certified passport size photograph of the person taken within one year prior to the date of application,
 - (x) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada, and
 - (xi) proof of professional liability insurance as required under section 81.
- (1.1) If an applicant for registration does not complete the requirements for full registration in subsection (1) within 12 months from the date of application, the applicant must provide

- (a) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of full registration, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession, and
 - (b) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada.
- (2) Despite subsection (1), the person may be granted full pharmacist registration if he or she
 - (a) is registered in another Canadian jurisdiction as the equivalent of a full pharmacist and has provided notarized evidence, or other evidence satisfactory to the registration committee, of such registration and that he or she is the person named therein, and
 - (b) meets the requirements established in subsection (1)(g) and (h)(i) to (iv) and (vi) to (xi).
- (3) Despite subsection (1), the registration committee has discretion, in satisfying itself under section 20 of the *Act* that the person meets the conditions or requirements for registration as a full pharmacist member of the college, to consider whether the person's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (1)(a), and to grant full pharmacist registration on that basis, if the person also meets the requirements established in subsection (1)(b) to (h).
- (4) A full pharmacist may use only the abbreviation "R.Ph."
- (5) A full pharmacist must not
 - (a) delegate any aspect of practice to a pharmacy technician, or
 - (b) authorize a pharmacy technician to perform or provide any aspect of practice under supervision.

Certification of Practising Pharmacists for Drug Administration

- 43. (1) A practising pharmacist may apply to the registrar under this section for certification that the practising pharmacist is qualified and competent to perform a restricted activity under section 4(1) (c.1) of the Regulation.

- (2) The registrar must grant certification under this section if the practising pharmacist has
 - (a) provided evidence satisfactory to the registrar that the practising pharmacist has
 - (i) successfully completed within the year prior to application an education program in drug administration, approved by the board for the purposes of section 4.1(c) of the Regulation and specified in Schedule "C",
 - (ii) a current certificate in cardiopulmonary resuscitation from a program approved by the board and specified in Schedule "C", and
 - (iii) a current certificate in first aid from a program approved by the board and specified in Schedule "C",
 - (b) submitted a signed application for certification in Form 13, and
 - (c) paid the fee specified in Schedule "D".
- (3) If certification is granted under this section, the registrar must enter a notation of certification for drug administration in the register in respect of the practising pharmacist.
- (4) To maintain certification under this section, a practising pharmacist must declare upon registration renewal
 - (a) that he or she has successfully completed a continuing education program in drug administration approved by the board and specified in Schedule "C" if an injection has not been administered in the preceding three years, and
 - (b) that he or she has successfully completed a continuing education program in administering a drug by intranasal route approved by the board and specified in Schedule "C" if a drug has not been administered by intranasal route in the preceding three years, and
 - (c) maintain current certification in cardiopulmonary resuscitation from a program approved by the board and specified in Schedule "C", and
 - (d) maintain current certification in first aid from a program approved by the board and specified in Schedule "C".
- (5) The registrar must remove a practising pharmacist's notation of certification from the register if the practising pharmacist fails to meet any of the requirements in subsection (4), and the practising pharmacist must not again perform a restricted activity under section 4(1) (c.1) of the Regulation until

- (a) the requirements in subsection (4) are met to the satisfaction of the registrar, and
- (b) the registrar has re-entered a notation of certification for drug administration in the register in respect of the practising pharmacist.

Intranasal Drug Administration

- 43.1 A practising pharmacist who has been certified under section 43(1) must complete the program specified in Schedule C on intranasal drug administration prior to administering an intranasal drug.

Limited Pharmacist Registration

44. (1) An applicant under section 42 or 52 may be granted limited pharmacist registration for a period of up to one year if
- (a) the applicant
 - (i) does not meet the requirements established in section 42(1)(b)(c)(e) and (f) or (3), or section 52(2)(a) and (c), as applicable,
 - (ii) meets the requirements established in section 42(1)(d), or section 52(2)(b), as applicable, and
 - (iii) is capable, in the opinion of the registration committee, of practising as a limited pharmacist without any risk to public health and safety, or
 - (b) the applicant
 - (i) meets the requirements established in section 42(1)(b)(c)(e) and (f) or (3), or section 52(2)(a) and (c), as applicable,
 - (ii) does not meet the requirements established in section 42(1)(d), or section 52(2)(b), as applicable, and
 - (iii) is capable, in the opinion of the registration committee, of practising as a limited pharmacist without any risk to public health and safety.
- (2) Limited pharmacist registration may be renewed twice, but in any case, the total period of registration in this class must not exceed 3 years.
- (3) Full pharmacist registration may be granted to a limited pharmacist who has met all the requirements in section 42(1) or (3), or section 52, as applicable.

- (4) A limited pharmacist may provide pharmacy services as if he or she is a full pharmacist, but only under the supervision of a full pharmacist approved by the registration committee for that purpose.
- (5) A limited pharmacist must not delegate any aspect of practice.
- (6) A limited pharmacist may use only the title “pharmacist (limited)” and must not use any abbreviations.

Temporary Registration

- 45. (1) Despite sections 42, 44, 46 and 47, a person may be granted temporary pharmacist registration, temporary limited pharmacist registration, temporary student pharmacist registration, or temporary pharmacy technician registration if
 - (a) the registrar or the board declares there is immediate need for pharmacy services due to an actual or potential threat of serious harm to public safety, health, or welfare, or
 - (b) at the request of the Federal Minister of Health or the Provincial Health Officer.
- (2) For the purposes of section 20(2) of the *Act*, to be granted temporary pharmacist or temporary pharmacy technician registration, an applicant must:
 - (a) hold registration in another jurisdiction in Canada or the United States as the equivalent of a full pharmacist or a pharmacy technician that is not subject to any practice limitations, restrictions or conditions in that jurisdiction, and provide evidence satisfactory to the registration committee of such registration; or
 - (b) be a former registrant whose registration has not been suspended, cancelled, or subject to any practice limitations, restrictions or conditions under the *Act*, and who was last registered as a full pharmacist or pharmacy technician no more than 3 years ago subject to section 20 and 39 of the *Act*; or
 - (c) be a non-practising registrant whose registration has not been suspended, cancelled, or subject to any practice limitations, restrictions or conditions under the *Act*, and who was last registered as a full pharmacist or pharmacy technician no more than 3 years ago subject to section 20 and 39 of the *Act*.
- (2.1) For the purposes of section 20(2) of the *Act*, to be granted temporary limited pharmacist registration, an applicant must meet the conditions listed in section 44(1).

- (2.2) For the purposes of section 20(2) of the Act, to be granted temporary student pharmacist registration, an applicant must meet the conditions listed in section 46(1)(a) and (b).
- (3) Unless waived by the registrar, an applicant for temporary pharmacist registration, temporary limited pharmacist registration, temporary student pharmacist registration, or temporary pharmacy technician registration must deliver to the registrar
- (a) a signed application for temporary registration in Form TR,
 - (b) the fees specified in Schedule "D",
 - (c) a statutory declaration in Form 5,
 - (d) a criminal record check authorization in the form required by the *Criminal Records Review Act*,
 - (e) if applicable, a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession,
 - (f) evidence satisfactory to the registration committee of the applicant's identity,
 - (g) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada, and
 - (h) proof of professional liability insurance as required under section 81.
- (4) A person who is granted temporary pharmacist registration, temporary limited pharmacist registration, temporary student pharmacist registration, or temporary pharmacy technician registration must submit the following information to the College every 12 months:
- (a) A completed Form ~~TR~~TR2 including ~~and~~
 - (i) a statutory declaration in Form 5, and
 - (iie) an attestation that ~~he or she~~ the person continues to meet all requirements for temporary registration.
 - (5) Each registrant must submit the information in 4(a) on a date established by the registrar.

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(6) If a registrant fails to provide the college the information in (4)(a) before the date required in (5), the registrant ceases to be registered.

(7) Temporary pharmacist registration, temporary limited pharmacist registration, temporary student pharmacist registration, and temporary pharmacy technician registration may be cancelled on a date determined by the registration committee or the registrar.

- (85) A temporary pharmacist who meets the requirement under section 45(2)(a), (b), or (c) may:
- (a) provide services as if he or she is a full pharmacist, and
 - (i) may apply for certification, and be certified, under section 43 and 43.1, or
 - (ii) may be certified to perform a restricted activity under section 4(1)(c.1) of the *Regulation* for the duration of the temporary registration if the person has
 - 1) equivalent certification to perform drug administration in another jurisdiction in Canada or the United States, or has administered a drug by injection and by intranasal route within the past 3 years, and
 - a) despite subsection (5)(a)(ii)(1), if the equivalent certification does not include administration of a drug by intranasal route, an applicant must not administer a drug intranasally, and
 - 2) current certification in cardiopulmonary resuscitation and first aid; and
 - (b) may use only the title “pharmacist (temporary)” and must not use any abbreviations.
- (96) A temporary pharmacy technician who meets the requirement under section 45(2)(a), (b), or (c) may:
- (a) provide services as if he or she is a pharmacy technician; and
 - (b) use only the title “pharmacy technician (temporary)” and must not use any abbreviations.
- (107) A temporary limited pharmacist who meets the requirements under section 45(2.1) may:
- (a) only provide pharmacy services under the supervision of a full pharmacist and must not delegate any aspect of practice; and

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- (b) use only the title “limited pharmacist (temporary)” and must not use any abbreviations.

(118) A temporary student pharmacist who meets the requirements under section 45(2.2) may:

- (a) only provide pharmacy services under the supervision of a full pharmacist; and
- (b) use only the title “student pharmacist (temporary)” and must not use any abbreviations.

Student Pharmacist Registration

46. (1) A person may be granted student pharmacist registration if the person
- (a) is enrolled as a student in a pharmacy education program recognized by the board for the purpose of full pharmacist registration and specified in Schedule “C”,
 - (b) provides evidence satisfactory to the registration committee that the person is of good character and fit to engage in the practice of pharmacy, and
 - (c) has delivered to the registrar
 - (i) a signed application for registration in Form 6,
 - (ii) the application fee specified in Schedule “D”,
 - (iii) a notarized copy, or other evidence satisfactory to the registration committee of the person’s enrolment and educational standing, and that he or she is the person named therein,
 - (iv) a statutory declaration in Form 5,
 - (v) a criminal record check authorization in the form required under the *Criminal Records Review Act*,
 - (vi) if the person has engaged in the practice of pharmacy or another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,
 - (vii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person’s good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person

- is, or has been, authorized to engage in the practice of pharmacy or another health profession,
 - (viii) a certified passport size photograph of the person taken within one year prior to the date of application, and
 - (ix) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada.
- (2) A person described in subsection (1)(a) must be registered under this section
 - (a) within 6 months of their enrolment as a student in the pharmacy education program, and
 - (b) before undertaking a period of structured practical training or providing pharmacy services.
- (3) A person who is enrolled as a student in a pharmacy education program that is not recognized by the board for the purpose of registration may be granted student registration if the applicant meets all requirements established in subsection (1)(b) and (c).
- (4) A person described in subsection (3) must be registered under this section before undertaking a period of structured practical training, or providing pharmacy services.
- (5) A student pharmacist may only provide pharmacy services while under the supervision of a full pharmacist
- (5.1) Despite subsection (5), a student pharmacist may only perform a restricted activity under section 4(1)(c.1) of the Regulation while under the supervision of
 - (a) a full pharmacist who is certified under section 43, or
 - (b) a person who is
 - (i) not a member of the college,
 - (ii) registered as a member of another college established or continued under the Act, and
 - (iii) authorized under the Act to perform the restricted activity in the course of practising the designated health profession for which the other college is established or continued.
- (6) The registration of a student pharmacist may be renewed if he or she

- (a) remains enrolled in a pharmacy education program described in subsection 1(a),
 - (b) applies in writing in a form acceptable to the registration committee,
 - (c) pays any outstanding fine, fee, debt or levy owed to the college, and
 - (d) pays the fee specified in Schedule "D".
- (7) A student pharmacist must not delegate any aspect of practice.
- (8) A student registrant may use only the title "pharmacist (student)" and must not use any abbreviations.

Pharmacy Technician Registration

47. (1) For the purposes of section 20(2) of the *Act*, the requirements for pharmacy technician registration are
- (a) graduation with a diploma or certificate from a pharmacy technician education program recognized by the board for the purpose of pharmacy technician registration and specified in Schedule "C",
 - (b) successful completion of the jurisprudence examination required by the registration committee,
 - (c) successful completion of an English language proficiency examination acceptable to the registration committee, if the person has not graduated from a pharmacy technician education program in Canada accredited by the Canadian Council for Accreditation of Pharmacy Programs.
 - (d) successful completion of the structured practical training required by the registration committee, if any,
 - (e) successful completion of the Pharmacy Examining Board of Canada Evaluating Examination, if the person has not graduated from a pharmacy technician education program in Canada accredited by the Canadian Council for Accreditation of Pharmacy Programs.
 - (f) successful completion of the Pharmacy Examining Board of Canada Pharmacy Technician Qualifying Examination – Part I and Part II,
 - (g) evidence satisfactory to the registration committee that the person is of good character and fit to engage in practice as a pharmacy technician, and
 - (h) receipt by the registrar of

- (i) a signed application for registration in Form 7,
 - (ii) the application fee specified in Schedule "D",
 - (iii) a notarized copy, or other evidence satisfactory to the registration committee, of the person's diploma, certificate or equivalent qualification, and that he or she is the person named therein,
 - (iv) a statutory declaration in Form 5,
 - (v) if applicable, the fee for the jurisprudence examination specified in Schedule "D",
 - (vi) a criminal record check authorization in the form required by the *Criminal Records Review Act*,
 - (vii) if the person has practised as a pharmacy technician or in another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,
 - (viii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to practise as a pharmacy technician or in another health profession,
 - (ix) a certified passport size photograph of the person taken within one year prior to the date of application,
 - (x) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada, and
 - (xi) proof of professional liability insurance as required under section 81.
- (1.1) If an applicant for registration does not complete the requirements for full registration in subsection (1) within 12 months from the date of application, the applicant must provide
- (a) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of full registration, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession, and

- (b) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada.
- (2) Despite subsection (1), the person may be granted pharmacy technician registration if he or she
 - (a) is registered in another Canadian jurisdiction as the equivalent of a pharmacy technician and has provided evidence, satisfactory to the registration committee, of such authorization and that he or she is the person named therein, and
 - (b) meets the requirements established in subsection (1)(g) and (h)(i) to (iv) and (vi) to (xi).
- (3) Despite subsection (1), the registration committee has discretion, in satisfying itself under section 20 of the *Act* that the person meets the conditions or requirements for registration as a pharmacy technician member of the college, to consider whether the person's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (1)(a), and to grant full pharmacy technician registration on that basis, if the person also meets the requirements established in subsection (1)(b) to (h).
- (4) Despite subsection (1), the person may be granted pharmacy technician registration if he or she
 - (a) applies on or before December 31, 2015,
 - (b) has worked for at least 2000 hours as the equivalent of a pharmacy assistant in the 3 year period immediately preceding the date of application,
 - (c) has
 - (i) successfully completed the Pharmacy Examining Board of Canada Evaluating Examination, or
 - (ii) been certified as the equivalent of a pharmacy technician in the Province of Ontario or Province of Alberta prior to January 1, 2009, or in another jurisdiction recognized by the registration committee, or
 - (iii) successfully completed an accredited pharmacist degree program in Canada or in the continental United States,
 - (d) has successfully completed the pharmacy technician bridging programs, and
 - (e) meets the requirements in subsection (1)(b) to (d) and (f) to (h).

- (5) A pharmacy technician must not
 - (a) perform a restricted activity under section 4(1)(a) or (c.1) of the Regulation,
 - (b) act under section 25.92 of the *Act*, or
 - (c) be appointed as a pharmacy manager.
- (6) A pharmacy technician may use only the title “pharmacy technician” and may use only the abbreviation “R.Ph.T.”.

Non-Practising Registration

- 48. (1) A full pharmacist or pharmacy technician may be granted non-practising registration if the registrar has received
 - (a) a signed application for non-practising registration in Form 8,
 - (b) the registration fee specified in Schedule “D”,
 - (c) a statutory declaration in Form 5, and
 - (d) a criminal record check authorization in the form required under the *Criminal Records Review Act*.
- (2) A non-practising registrant must not provide pharmacy services in British Columbia.
- (3) A non-practising registrant who was formerly a full pharmacist may use only the title “pharmacist (non-practising)” and must not use any abbreviations.
- (4) A non-practising registrant who was formerly a pharmacy technician may use only the title “pharmacy technician (non-practising)” or “technician (non-practising)” and must not use any abbreviations.

Certificate of Registration and Registration Card

- 49. (1) The registrar must issue a certificate in Form 9 to a person who is granted full pharmacist or pharmacy technician registration.
- (2) A registration card must be issued to a person who is granted registration, and is valid from the date issued until the date shown on the card.

Examinations

- 50. (1) An applicant who fails a required examination under this Part, may write the examination again to a maximum of 4 times except where the Pharmacy Examining Board of Canada for its examinations, determines otherwise.
- (2) If an invigilator has reason to believe that an applicant has engaged in improper conduct during the course of an examination, the

invigilator must make a report to the registration committee, and may recommend that the registration committee take one or more of the following courses of action:

- (a) fail the applicant;
 - (b) pass the applicant;
 - (c) require the applicant to rewrite the examination;
 - (d) disqualify the applicant from participating in any examination for a period of time.
- (3) After considering a report made under subsection (2), the registration committee may take one or more of the courses of action specified in subsection (2).
- (4) An applicant disqualified under subsection 2(d) must be provided with written reasons for disqualification.

Registration Renewal

51. (1) To be eligible for a renewal of registration, a registrant must
- (a) provide the registrar with a completed Form 10,
 - (b) pay the registration renewal fee specified in Schedule "D",
 - (c) pay any other outstanding fine, fee, debt or levy owed to the college,
 - (d) attest that he or she is in compliance with the *Act*, the regulations, and these bylaws, and is in compliance with any limits or conditions imposed on his or her practice under the *Act*,
 - (e) meet all applicable requirements of the quality assurance program under Part V,
 - (f) if certified under section 43, meet all applicable requirements of section 43(4),
 - (g) provide proof of professional liability insurance as required under section 81, and
 - (h) provide an authorization for a criminal record check in the form required under the *Criminal Records Review Act*, if the college does not have a valid authorization on file.

- (2) Form 10 must be delivered to each registrant no later than 30 days before the registration renewal date and must describe the consequences of late payment and non-payment of fees.
- (3) Each registrant must submit the monies required under subsection (1) and a completed Form 10 to the college on or before the registration expiry date.
- (4) On receipt of the monies required under subsection (1) and a completed Form 10, the registrar must issue a receipt stating that the registrant is, subject to his or her compliance with the *Act*, the regulations, and the bylaws, entitled to practice the profession of pharmacy or practise as a pharmacy technician, as applicable, in the Province of British Columbia as a member of the college.
- (5) If a registrant fails to submit the monies required under subsection (1) and a completed Form 10 on or before the registration expiry date, he or she ceases to be registered.
- (6) In this section, "registrant" does not include a student pharmacist.

Reinstatement

- 52. (1) The registration of a former registrant or a non-practising registrant, whose registration is not suspended or cancelled under the *Act* and who has been out of practice for more than 90 days but less than 6 years must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant or non-practising registrant
 - (a) has met all the applicable requirements of the quality assurance program approved by the board, and
 - (b) has delivered to the registrar
 - (i) a signed application for reinstatement in Form 11,
 - (ii) a statutory declaration in Form 5,
 - (iii) an authorization for a criminal record check in the form required by the *Criminal Records Review Act*, and
 - (iv) the registration reinstatement fee and transfer fee, if applicable, specified in Schedule "D".
- (2) The registration of a former registrant or a non-practising registrant, whose registration is not suspended or cancelled under the *Act* and who has been out of practice for 6 years or more must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant or non-practising registrant

- (a) successfully completes the jurisprudence examination required by the registration committee,
- (b) successfully completes the structured practical training required by the registration committee,
- (c) successfully completes the Pharmacy Examining Board of Canada Qualifying Examination - Part II, and
- (d) has delivered to the registrar
 - (i) a signed application for reinstatement in Form 11,
 - (ii) a statutory declaration in Form 5,
 - (iii) an authorization for a criminal record check in the form required by the *Criminal Records Review Act*, and
 - (iv) the registration reinstatement and transfer fee, if applicable specified in Schedule "D".

Reinstatement Following Late Registration Renewal

53. The registration of a former registrant who ceased to be registered under section 51(5) must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant
- (a) applies for reinstatement in Form 11 not later than 90 days following the expiry of his or her registration,
 - (b) meets the requirements of section 52(1),
 - (c) is not in contravention of the *Act*, the regulations, or these bylaws, and
 - (d) pays the registration reinstatement and late registration renewal fees specified in Schedule "D".

Registration Information

54. (1) For the purposes of section 21(2)(f) of the *Act*, the registrar must enter and maintain on the register the most recent electronic mail address for each registrant.
- (2) A registrant must notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

PART V – Quality Assurance Quality Assurance Program

55. (1) In this Part, “**program**” means the quality assurance program established by the board in accordance with this section.
- (2) The program consists of the following:
- (a) continuing professional development;
 - (b) assessment of professional performance.

Continuing Professional Development

56. (1) Each full pharmacist and pharmacy technician must complete learning activities for the purpose of continuing professional development, in accordance with the policy approved by the board.
- (2) Each full pharmacist and pharmacy technician must
- (a) keep records in a form satisfactory to the quality assurance committee of the learning activities that the full pharmacist or pharmacy technician undertakes for the purpose of meeting the requirement established in subsection (1), and
 - (b) provide, on the request of and in accordance with the direction of the quality assurance committee, copies of the records referred to in paragraph (a).
- (3) The quality assurance committee may conduct a review of the records provided under subsection 2(b).

Assessment of Professional Performance

- 56.1 (1) The quality assurance committee may require a full pharmacist or pharmacy technician to undergo an assessment of professional performance
- (a) upon referral from the practice review committee under section 15.1(5), or
 - (b) if the quality assurance committee determines an assessment is appropriate in the circumstances upon a review of records conducted under section 56(3).
- (2) For the purpose of an assessment under subsection (1) the quality assurance committee or an assessor appointed by the quality assurance committee may do one or more of the following:
- (a) conduct an interview of the full pharmacist or pharmacy technician;
 - (b) assess the practice competency of the full pharmacist or pharmacy technician;

- (c) require the full pharmacist or pharmacy technician to undergo any other type of assessment determined by the quality assurance committee to be appropriate in the circumstances.

PART VI – Inquiries and Discipline

Disposition of Complaints by Registrar

56.2 The registrar is authorized to act under section 32(3) of the *Act*.

Consent Orders

57. The record of an undertaking or consent given under section 36 of the *Act*, a consent order under section 37.1 of the *Act*, or an agreement under section 32.2(4)(b) or 32.3(3)(b) of the *Act*, must
- (a) include any consent to a reprimand or to any other action made by the registrant under section 32.2(4)(b), 32.3(3)(b), 36 or 37.1 of the *Act*,
 - (b) include any undertaking made by the registrant under section 36 of the *Act*,
 - (c) specify the length of time that an undertaking specified in paragraph (b) is binding on the registrant,
 - (d) specify the procedure that the registrant may follow to be released from an undertaking specified in paragraph (b), and
 - (e) subject to sections 22 and 39.3 of the *Act* and sections 39(1) and 60(1), specify which limits or conditions of the undertaking, consent order or agreement may be published, disclosed to the public, or both.

Notice of Disciplinary Committee Action Under Section 39.1 of Act

- 57.1 The discipline committee must deliver notice to a registrant not fewer than 14 days before making an order under section 39.1 of the *Act* in respect of the registrant.

Citation for Disciplinary Hearing

58. (1) On the direction of a panel of the discipline committee, the registrar may join one or more complaints or other matters which are to be the subject of a discipline hearing in one citation as appropriate in the circumstances.
- (2) On the direction of a panel of the discipline committee, the registrar may sever one or more complaints or other matters which are to be the subject of a discipline hearing as appropriate in the circumstances.

- (3) On the direction of a panel of the discipline committee, the registrar may amend a citation issued under section 37 of the *Act*.
- (4) If a citation is amended under subsection (3) prior to a discipline hearing, the amended citation must be delivered to the respondent by personal service or sent by registered mail to the respondent at the last address for the respondent recorded in the register not fewer than 14 days before the date of the hearing.
- (5) If a citation is amended under subsection (3) prior to a discipline hearing, and the amended citation changes the date, time or place of the hearing, the registrar must notify any complainant of the amendment not fewer than 14 days before the date of the hearing.

Hearings of Discipline Committee

- 59. (1) No person may sit on the discipline committee while he or she is a member of the inquiry committee.
- (2) No member of the discipline committee may sit on the panel hearing a matter in which he or she:
 - (a) was involved as a member of the inquiry committee, or
 - (b) has had any prior involvement.
- (3) Information about the date, time and subject matter of the hearing must be provided to any person on request.
- (4) The discipline committee must provide notice by registered mail or by personal service to a person who is required to attend a hearing under section 38(6) of the *Act* in Form 12.
- (5) All discipline hearings must be recorded and any person may obtain, at his or her expense, a transcript of any part of the hearing which he or she was entitled to attend.

Notice of Disciplinary Decision

- 60. (1) In addition to any notification required under section 39.3 of the *Act* with respect to any of the actions referred to in section 39.3(1)(a) to (e) of the *Act*, the registrar
 - (a) must notify all registrants,
 - (b) must notify the regulatory bodies governing the practice of pharmacy or the services of pharmacy technicians in every other Canadian jurisdiction, and
 - (c) may notify any other governing body of a health profession inside or outside of Canada.

- (2) Notification provided to all registrants under subsection (1)(a)
 - (a) must include all information included in the public notification under section 39.3 of the *Act*, and
 - (b) unless otherwise directed by the inquiry committee or the discipline committee, as the case may be, must exclude any information withheld from the public notification under section 39.3(3) or (4) of the *Act*.
- (3) Unless otherwise directed by the inquiry committee or the discipline committee, as the case may be, notification provided to other regulatory or governing bodies under subsection (1)(b) or (c) may include information that has been withheld from the public notification under section 39.3(3) or (4) of the *Act*.

Retention of Discipline Committee and Inquiry Committee Records

- 61. Records of the inquiry committee and discipline committee must be retained permanently.

Registrant Under Suspension

- 62. (1) If the registration of a registrant is suspended, the registrant must
 - (a) not engage in the practice of pharmacy or provide the services of a pharmacy technician,
 - (b) not hold himself or herself out as a registrant,
 - (c) not hold office in the college,
 - (d) not be a manager,
 - (e) not make appointments for patients or prospective patients,
 - (f) remove the registrant's name and any sign relating to the registrant's practice from any premises where the registrant practiced pharmacy or provided the services of a pharmacy technician and any building in which any such premises are located,
 - (g) not contact or communicate with patients or prospective patients, except for the following purposes:
 - (i) to advise a patient or a prospective patient of the fact and duration of the suspension, and
 - (ii) to advise a patient or prospective patient that another registrant will continue to act or provide services in the suspended registrant's place, or

- (iii) to refer a patient or prospective patient to another registrant, who is in good standing.
 - (h) pay any fee required by the college when due in order to remain a registrant and any other outstanding fine, fee, debt or levy owed to the college, and
 - (i) immediately surrender his or her registration card to the registrar.
- (2) No registrant or former registrant is entitled to any refund of any fine, fee, debt or levy paid to the college solely on the basis that it was paid during or in relation to a period of suspension from practice.
- (3) During the period of suspension,
- (a) a suspended full pharmacist may permit another full pharmacist in good standing to practice pharmacy, and
 - (b) a suspended pharmacy technician may permit a full pharmacist or another pharmacy technician, in good standing, to provide pharmacy services,
- in the premises where the full pharmacist or pharmacy technician formerly practiced pharmacy or provided pharmacy services, as applicable.

Fines

63. The maximum amount of a fine that may be ordered by the discipline committee under section 39(2)(f) of the *Act* is \$100,000.

PART VII –Registrant Records

Definitions

64. In this Part, “**patient’s representative**” means
- (a) a “committee of the patient” under the *Patient’s Property Act*,
 - (b) the parent or guardian of a patient who is under 19 years of age,
 - (c) a representative authorized by a representation agreement under the *Representation Agreement Act* to make or help in making decisions on behalf of a patient,
 - (d) a decision maker or guardian appointed under section 10 of the *Adult Guardianship Act*, or
 - (e) a temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*.

Purpose for which Personal Information may be Collected

65. No registrant may collect personal information regarding a patient without the patient's consent unless
- (a) the information relates directly to and is necessary for providing health care services to the patient or for related administrative purposes, or
 - (b) the collection of that information is expressly authorized by or under an enactment.

Record Keeping

- 65.1 (1) All records required to be kept under the bylaws of the college or other legislation that regulates the practice of pharmacy shall be readable, complete and filed systematically by a registrant in a manner that is secure, auditable and allows for easy retrieval.
- (2) Notwithstanding subsection (1), a prescription record that is valid must be retrievable immediately.
- (3) For purposes of subsection (2):
- (a) prescriptions for oral contraceptives are valid for a period of up to two years from the prescribing date; and
 - (b) prescriptions other than for oral contraceptives are valid for a period of up to one year from the prescribing date.
- (4) With respect to prescriptions for drugs included in the controlled prescription program, the original prescription form must be retained, regardless of whether or not such prescription form has also been stored electronically.
- (5) Prescriptions stored electronically must accurately reflect the original prescription, including the colour composition of that prescription.
- (6) A registrant who creates and stores electronic records must do so using the equipment, software and systems prescribed by subsections 23.3(1) and 23.3(2) of the Pharmacy Operations and Drug Scheduling Act Bylaws.

Source of Personal Information

66. (1) A registrant must collect personal information about a patient directly from the patient, unless the patient otherwise consents.
- (2) Despite subsection (1), a registrant may collect personal information about a patient from another person if he or she has reasonable grounds to believe

- (a) that the patient has been made aware of the matters set out in section 67(1) and has authorized collection of the personal information from another person,
- (b) that the patient is unable to give his or her authority and the registrant, having made the patient's representative aware of the matters set out in section 67(1), collects the information from the representative or the representative authorizes collection from another person,
- (c) that compliance with subsection (1) would:
 - (i) prejudice the best interests of the patient,
 - (ii) defeat the purpose or prejudice the use for which the information is collected, or
 - (iii) prejudice the safety of any person,
- (d) that compliance with subsection (1) is not reasonably practicable in the circumstances of the particular case,
- (e) that the collection is for the purpose of assembling a family or genetic history of a person and is collected directly from that person,
- (f) that the information is publicly available,
- (g) that the information:
 - (i) will not be used in a form in which the patient concerned is identified, or
 - (ii) will be used for statistical or research purposes and will not be published in a form that could reasonably be expected to identify the patient.
- (h) that non-compliance with subsection (1) is necessary if the information is about law enforcement or anything referred to in sections 15(1) or (2) of the *Freedom of Information and Protection of Privacy Act*.

Collection of Personal Information

67. (1) If a registrant collects personal information directly from a patient, or from a patient's representative, the registrant must take such steps as are, in the circumstances, reasonable to ensure that the patient or patient's representative is aware of
- (a) the fact that the personal information is being collected,
 - (b) the purpose for which the personal information is being collected,
 - (c) the intended recipients of the personal information,

- (d) whether or not the supply of the personal information is voluntary or mandatory and, if mandatory, the legal authority for collecting the personal information,
 - (e) the consequences, if any, for that patient if all or any part of the requested personal information is not provided, and
 - (f) the rights of access to personal information provided in section 80.
- (2) The steps referred to in subsection (1) must be taken before the personal information is collected or, if that is not practicable, as soon as practicable after the personal information is collected.
- (3) A registrant is not required to take the steps referred to in subsection (1) in relation to the collection of personal information from a patient, or the patient's representative, if the registrant has taken those steps in relation to the collection, from the patient or patient's representative, of the same information or information of the same kind for the same or a related purpose, on a recent previous occasion.
- (4) Despite subsection (1), a registrant is not required to comply with subsection (1) if the registrant believes on reasonable grounds
 - (a) that non-compliance is authorized by the patient concerned,
 - (b) that compliance would:
 - (i) prejudice the interests of the patient concerned, or
 - (ii) defeat the purpose or prejudice the use for which the information is collected,
 - (c) that compliance is not reasonably practicable in the circumstances of the particular case, or
 - (d) that the information is about law enforcement or anything referred to in sections 15(1) or (2) of the *Freedom of Information and Protection of Privacy Act*.

Manner of Collection of Personal Information

68. Personal information must not be collected by a registrant
- (a) by unlawful means, or
 - (b) by means that in the circumstances intrude to an unreasonable extent upon the personal affairs of the patient concerned.

Accuracy of Personal Information

69. (1) The registrant must make every reasonable effort to ensure that personal information collected about patients is current and is legibly, accurately and completely recorded.
- (2) In addition to correcting personal information in a record in accordance with section 70, a registrant who discovers an error or omission in such a record must amend the record to correct the error or omission and that amendment must reflect the original record entry, the identity of the registrant amending the record, the date of the amendment and the reasons for the amendment.

Right to Request Correction of Personal Information

70. (1) A person who believes there is an error or omission in a record containing his or her personal information may request that the registrant having the record in his or her custody or control correct the information.
- (2) If, after receiving a request for correction under subsection (1):
- (a) the registrant disagrees that there is an error or omission in the record, the registrant must note the request in the record with particulars of the correction that was sought; or,
 - (b) the registrant agrees that there is an error or omission in the record, the registrant must amend the record to correct the error or omission and that amendment must reflect the original record entry, the identity of the registrant amending the record, the date of the amendment, and the reasons for the amendment.

Use of Personal Information

71. A registrant may use personal information about a patient only
- (a) for the purpose of providing health care services to, or performing health, care services for, the patient, or for a related administrative purpose, or
 - (b) for a use or disclosure consistent with a purpose specified in paragraph (a)
 - (i) if the patient has consented to the use, or
 - (ii) for a purpose for which that information may be disclosed by the registrant under section 72 or otherwise under the Act.

Disclosure of Personal Information

72. A registrant must maintain confidentiality of personal information about a patient, and may disclose personal information about a

patient only

- (a) if the patient concerned has consented to the disclosure,
- (b) for the purpose of providing health care services to, or performing health care services for, the patient, or for a related administrative purpose, or for a disclosure consistent with either purpose,
- (c) for the purpose of complying with an enactment of, or an arrangement or agreement made under an enactment of, British Columbia or Canada,
- (d) for the purpose of complying with a subpoena, warrant or order issued or made by a court, person or body with jurisdiction to compel the production of information,
- (e) to an employee of, or contractor providing services to, the registrant, if the information is necessary for the performance of the duties of, or for the protection of the health or safety of, the employee or contractor,
- (f) to a lawyer acting for the registrant, for use in civil or criminal proceedings involving the registrant,
- (g) if necessary to comply with the *Coroners Act*,
- (h) if necessary to comply with the *Ombudsman Act*,
- (i) for the purposes of
 - (i) collecting a debt or fine owing by a patient to the registrant, or
 - (ii) making a payment owing by the patient to a registrant,
- (j) to an auditor, the college or any other person or body authorized by law, for audit purposes,
- (k) if the registrant believes on reasonable grounds that there is a risk of significant harm to the health or safety of any person and that the use or disclosure of the information would reduce that risk,
- (l) so that the next of kin or a friend of an injured, ill or deceased individual may be contacted,
- (m) in accordance with the *Act*, the regulation, or these bylaws, or
- (n) as otherwise required by law.

Definition of Consistent Purpose

73. A use or disclosure of personal information is consistent with the purposes of providing health care services to a patient or related administrative purposes under sections 71 and 72 if the use or

disclosure has a reasonable and direct connection to either purpose.

Storage of Personal Information

74. A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored
- (a) at the pharmacy, or
 - (b) off site.

Manner of Disposal of Records

75. A registrant must ensure that records are disposed of or destroyed only by
- (a) transferring the record to another registrant, or
 - (b) destroying the records in a manner that ensures that they cannot be reconstructed.

Registrant Ceasing to Practice

76. (1) Except where records must be retained for the purpose of Part 3 of the *Act* and Part 3 of the *Pharmacy Operations and Drug Scheduling Act*, in any case where a pharmacy is closed or a registrant ceases to practise, for any reason, the records referred to in section 74 must be transferred in accordance with this Part, and the college must be notified and provided with a written summary of the steps taken to transfer those records.
- (2) A registrant must make appropriate arrangements to ensure that, in the event that the registrant dies or becomes unable to practise for any reason and is unable to dispose of records referred to in section 74 those records will be safely and securely transferred to another registrant.
- (3) A registrant who transfers records containing personal information about a patient transferred in accordance with subsection (1) or (2) must notify the patient.

Protection of Personal Information

77. (1) A registrant must protect personal information about patients by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal.
- (2) A registrant must take reasonable measures to ensure that a third party, including a volunteer, employee or contractor of the registrant, or a limited pharmacist does not access, collect, use,

disclose, store or dispose of personal information about patients except in accordance with this Part.

Contracts for Handling Personal Information

78. A registrant must ensure that, if personal information about patients is transferred to any person or service organization for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that confidentiality and physical security will be maintained.

Remedying a Breach of Security

79. A registrant must take appropriate measures to remedy any unauthorized access, use, disclosure or disposal of personal information about patients under this Part as soon as possible after the breach is discovered, including
- (a) taking steps to recover the personal information or to ensure its disposal if it cannot be recovered,
 - (b) taking steps to ensure that any remaining personal information is secured,
 - (c) notifying
 - (i) anyone affected by the unauthorized access including patients and other health care providers,
 - (ii) the college, and
 - (iii) law enforcement officials, if criminal action may have contributed to the unauthorized action, and
 - (d) modifying existing security arrangements to prevent a re-occurrence of the unauthorized access.

Patient Access to Personal Information

80. (1) For the purposes of this section, “access to” means the opportunity to examine or make copies of the original record containing personal information about a patient.
- (2) If a patient or a patient’s representative makes a request for access to personal information about the patient, the registrant must comply as soon as practical but not more than 45 days following the request by
- (a) providing access to the patient or patient’s representative,
 - (b) providing access to the remainder of the personal information if that information excepted from disclosure under subsection (3) can reasonably be severed, or

- (c) providing written reasons for the refusal of access to the personal information or to any portion thereof.
- (3) The registrant may refuse to disclose personal information to a patient or a patient's representative
 - (a) if there is a significant likelihood of a substantial adverse effect on the physical, mental or emotional health of the patient,
 - (b) if there is a significant likelihood of harm to a third party, or
 - (c) if the disclosure could reasonably be expected to disclose personal information regarding another individual.
- (4) If a patient or a patient's representative requests a copy of an original record containing personal information about the patient to which a registrant has given the patient or patient's representative access, a copy must be provided if it can reasonably be reproduced.
- (5) A registrant may charge a reasonable fee for the reproduction of personal information which does not exceed the fee specified in Schedule "G".
- (6) Subject to subsection (3), a patient under 19 years of age may have access to a record if, in the opinion of the registrant, the patient is capable of understanding the subject matter of the record.
- (7) Except if authorized by the patient, a registrant must not provide access to the records of a patient who is under 19 years of age to the guardian or parent of the patient if the subject matter of the record is health care which was provided without the consent of a parent or guardian in accordance with the requirements of section 17 of the *Infants Act*.

Part VIII – General

Liability Insurance

- 81. (1) Each registrant, other than a student ~~registrant pharmacist~~ or a non-practising registrant, must obtain and at all times maintain professional liability insurance coverage with a limit of liability not less than \$2,000,000 insuring against liability arising from an error, omission or negligent act of the registrant.
- (2) Each registrant, other than a student ~~registrant pharmacist~~ or a non-practising registrant, must obtain and at all times maintain professional liability insurance coverage with a limit of liability not less than \$2,000,000 insuring against liability arising from an error, omission or negligent act of an employee of the registrant.

Part IX – Marketing and Advertising

Definitions

82. In this Part:

"advertisement" means the use of space or time in a public medium, or the use of a commercial publication such as a brochure or handbill, to communicate with the general public, or a segment thereof, for the purpose of promoting professional services or enhancing the image of the advertiser;

"marketing" includes

- (a) an advertisement,
- (b) any publication or communication in any medium with any patient, prospective patient or the public generally in the nature of an advertisement, promotional activity or material, a listing in a directory, a public appearance or any other means by which professional services are promoted, and
- (c) contact with a prospective client initiated by or under the direction of a registrant.

Marketing and Advertising

83. (1) When advertising pharmacy services that are required by legislation, the statement, "Required in all British Columbia Pharmacies", must accompany the advertising and must be of the same size and prominence as all other print in the advertising.
- (2) Schedule I drug price advertising must include
- (a) the proprietary (brand) name, if any, for the drug and/or the device,
 - (b) the drug product's generic name and the manufacturer's name,
 - (c) the dosage form and strength,
 - (d) total price for a specific number of dosage units or quantity of the drug product, and
 - (e) the phrase "only available by prescription".
- (3) Where Schedule I drug price advertising includes direct or indirect reference to a professional fee charged, the total prescription price must also be incorporated into the advertisement, and both figures must be featured equally.

- (4) Schedule I drug price advertising must not include any reference to the safety, effectiveness or indications for use of the advertised prescription drug products or compare the fees charged by the registrant with those charged by another registrant.
- (5) Any marketing undertaken or authorized by a registrant in respect of his or her professional services must not be
 - (a) false,
 - (b) inaccurate,
 - (c) reasonably expected to mislead the public, or
 - (d) unverifiable.
- (6) Marketing violates subsection (5) if it
 - (a) is calculated or likely to take advantage of the weakened state, either physical, mental or emotional, of the recipient or intended recipient,
 - (b) is likely to create in the mind of the recipient or intended recipient an unjustified expectation about the results which the registrant can achieve,
 - (c) implies that the registrant can obtain results
 - (i) not achievable by other registrants,
 - (ii) by improperly influencing a public body or official, or any corporation, agency or person having any interest in the welfare of the recipient,
 - (iii) by any other improper means, or
 - (d) compares the quality of services provided with those provided by another registrant, or a person authorized to provide health care services under another enactment, or another health profession.
- (7) The home page of any pharmacy that advertises on a website must clearly show
 - (a) that the pharmacy is licensed in British Columbia,
 - (b) the contact information for the college,
 - (c) a notice to patients that pharmacy practice issues may be reported to the college,
 - (d) the physical location of the pharmacy operation,
 - (e) the 10 digit pharmacy telephone number, and
 - (f) the name of the pharmacy's manager.

Part X – Patient Relations

Patient Relations Program

84. (1) The board must establish a patient relations program to seek to prevent professional misconduct, including professional misconduct of a sexual nature.
- (2) For the purposes of the patient relations program, the board must
- (a) establish and maintain procedures by which the college deals with complaints of professional misconduct of a sexual nature,
 - (b) monitor and periodically evaluate the operation of procedures established under subsection (a), and
 - (c) develop guidelines for the conduct of registrants with their patients.
- (3) The registrar must provide information to the public regarding the college's complaint, investigation, and discipline processes.
- (4) In this section, "**professional misconduct of a sexual nature**" means
- (a) sexual intercourse or other forms of physical sexual relations between the registrant and the patient,
 - (b) touching of a sexual nature, of the patient by the registrant, or
 - (c) behavior or remarks of a sexual nature by the registrant towards the patient,
- but does not include touching, behavior and remarks by the registrant towards the patient that are of a clinical nature appropriate to the service being provided.

Part XI – Standards of Practice

Community Pharmacy, Hospital Pharmacy, Residential Care Facilities and Homes

85. Standards, limits, and conditions for the practice of the health profession of pharmacy and the provision of pharmacy technician services by registrants, referred to in section 19(1)(k) of the *Act* are established in Parts 1 to 3 of Schedule "F".

Drug Administration

86. Standards, limits, and conditions respecting practising pharmacists and drug administration, referred to in section 19(1)(k) of the *Act*, are established in Part 4 of Schedule "F".

Part XII – Standards of Professional Ethics

Code of Ethics

87. Standards of professional ethics for registrants, including standards for the avoidance of conflicts of interest, referred to in section 19(1)(l) of the *Act*, are established in Schedule "A".



TEMPORARY REGISTRATION (≥ 12 MONTHS)
Pharmacist/Pharmacy Technician/Limited Pharmacist/Student Pharmacist

Form TR2

Page 1 of 3

Temporary registrants are required to complete this form if their temporary registration period exceeds 12 months.

1. TEMPORARY REGISTRANT INFORMATION

CPBC Identification Number: Registration Number: eServices ID:	Legal Last Name (Surname)	
Legal First Name	Middle Name	Informal Name (if any)
I am currently registered as a: <input type="checkbox"/> Temporary Pharmacist <input type="checkbox"/> Temporary Pharmacy Technician <input type="checkbox"/> Temporary Limited Pharmacist <input type="checkbox"/> Temporary Student Pharmacist		
<input type="checkbox"/> I am currently not registered as a Full Pharmacist or Pharmacy Technician in any jurisdiction in Canada or the United States; OR <input type="checkbox"/> I am currently registered in another jurisdiction in Canada or the United States as the equivalent of a <input type="checkbox"/> Full Pharmacist or <input type="checkbox"/> Pharmacy Technician, and I <input type="checkbox"/> am or <input type="checkbox"/> am not subject to any practice limitations, restrictions, or conditions in that jurisdiction. The name of the pharmacy regulatory authority is: _____ and my registration/licence number is: _____.		

2. CONTACT INFORMATION

Street Address (Include Unit/Suite #)		City
Province	Postal Code	Country
Phone Number (Home)	Phone Number (Work)	Email

3. PROFESSIONAL LIABILITY INSURANCE

<input type="checkbox"/> I have professional liability insurance that meets the following criteria and I understand that I must obtain and maintain it at all times while registered as a temporary registrant: <ul style="list-style-type: none">• Provides a minimum of \$2 million coverage.• Provides occurrence based coverage or claims made with extended reporting period of at least 3 years.• If not in the pharmacists' name, the group policy covers the pharmacist as an individual.
<input type="checkbox"/> I do not have professional liability insurance since (approximate date): _____

The College collects the personal information on this application form to process the application and administer the College's related activities. The collection is authorized by the *Pharmacy Operations and Drug Scheduling Act*, the *Health Professions Act*, and the *Freedom of Information and Protection of Privacy Act*. Should you have any questions about the collection, please contact the College's Privacy Officer at 604-733-2440 or 1-800-663-1940 or privacy@bcpharmacists.org.

Appendix 3 - Draft Form TR2 (for information only)



4. STATUTORY DECLARATION (FORM 5)

PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF
AN APPLICATION FOR REGISTRATION
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

I declare that (*check the appropriate boxes*):

- ☐ 1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
- ☐ 2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
- ☐ 3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
- ☐ 4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make my registration contrary to the public interest.
- ☐ 5. I am a person of good character.
- ☐ 6. I am aware of and will practice at all times in compliance with the *Health Professions Act* and the *Pharmacy operations and Drug Scheduling Act of British Columbia*, the *Pharmacists Regulation* and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- ☐ 7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC:
- a charge relating to an offense under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offense;
 - a finding of guilt in relation to an offense under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offense;
 - a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;
 - a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off).

Details to include:

- Criminal offence/Disciplinary action/Investigation
- Date when offence was committed/Applicable health profession/Applicable jurisdiction
- Disposition of charge including details of penalty-imposed
- Extenuating circumstances you wish taken into account for your application.

I declare the facts set out herein to be true.

Applicant Name (Printed)	Applicant Signature	Date
		MMM DD YYYY



TEMPORARY REGISTRATION (> 12 MONTHS)
Pharmacist/Pharmacy Technician/Limited Pharmacist/Student Pharmacist

Form TR2

Page 3 of 3

5. RENEWAL OF DRUG ADMINISTRATION CERTIFICATION

☐ I currently do not have the authority from the College of Pharmacists of British Columbia to administer drugs by injection and intranasal route (Go to section 6).

☐ I currently have the authority from the College of Pharmacists of British Columbia to administer drugs by* (select all the apply):

☐ by injection route ☐ by intranasal route

*Refer to the information in your Temporary Registration Completion Confirmation Email

Select all statements that apply:

- ☐ In the preceding three years, I have administered a drug via injection, successfully completed a continuing education program in drug administration by injection specified in [Schedule C of HPA Bylaws](#) or have authorization from another pharmacy regulatory authority to administer drugs by injection route.
- ☐ In the preceding three years, I have administered a drug via intranasal route, successfully completed a continuing education program in drug administration by intranasal route specified in [Schedule C of HPA Bylaws](#) or have authorization from another pharmacy regulatory authority to administer drugs by intranasal route.
- ☐ I have maintained valid First Aid and CPR certification from a program specified in [Schedule C of HPA Bylaws](#).

6. OTHER INFORMATION

I attest that:

- ☐ I have reviewed my personal information (including employment information) in my College's eServices account and confirm that all information is up-to-date.
- ☐ I understand that I must comply with all applicable duties imposed under the *Pharmacy Operations and Drug Scheduling Act (PODSA)*, the *Health Professions Act*, the regulations and the bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts and any subsequent amendments.
- ☐ I declare the facts set out here in this application to be true.
- ☐ I understand that my temporary registration will be cancelled on a date determined by the College's Registration Committee or the Registrar.

Applicant Signature

Date

MMM | DD | YYYY

The College collects the personal information on this application form to process the application and administer the College's related activities. The collection is authorized by the *Pharmacy Operations and Drug Scheduling Act*, the *Health Professions Act*, and the *Freedom of Information and Protection of Privacy Act*. Should you have any questions about the collection, please contact the College's Privacy Officer at 604-733-2440 or 1-800-663-1940 or privacy@bcpharmacists.org.

Schedule of Amendments

The *Health Professions Act* (“HPA”) Bylaws of the College of Pharmacists of British Columbia made under the HPA are amended to require additional information for temporary registration during a declared emergency which lasts up to and longer than 12 months as follows:

1. The definition of “practising pharmacist” in section 1 is repealed and replaced by the following:

“practising pharmacist” means a full pharmacist, limited pharmacist, student pharmacist, temporary pharmacist, temporary limited pharmacist, and temporary student pharmacist;

2. Subsection 45(4) is repealed and replaced by the following:

A person who is granted temporary pharmacist registration, temporary limited pharmacist registration, temporary student pharmacist registration, or temporary pharmacy technician registration must submit the following information to the College every 12 months:

- (a) A completed Form TR2 including
 - (i) a statutory declaration in Form 5, and
 - (ii) an attestation that the person continues to meet all requirements for temporary registration.

3. Subsection 45(5) is repealed and replaced by the following:

Each registrant must submit the information in 4(a) on a date established by the registrar.

4. Subsection 45(6) is repealed and replaced by the following:

If a registrant fails to provide the college the information in (4)(a) before the date required in (5), the registrant ceases to be registered.

5. Subsection 45(7) is repealed and replaced by the following:

Temporary pharmacist registration, temporary limited pharmacist registration, temporary student pharmacist registration, and temporary pharmacy technician registration may be cancelled on a date determined by the registration committee or the registrar.

6. Subsection 45(8) is repealed and replaced by the following:

A temporary pharmacist who meets the requirement under section 45(2)(a), (b), or (c) may:

- (a) provide services as if he or she is a full pharmacist, and
 - (i) may apply for certification, and be certified, under section 43 and 43.1, or
 - (ii) may be certified to perform a restricted activity under section 4(1)(c.1) of the *Regulation* for the duration of the temporary registration if the person has
 - 1) equivalent certification to perform drug administration in another jurisdiction in Canada or the United States, or has administered a drug by injection and by intranasal route within the past 3 years, and
 - a) despite subsection (5)(a)(ii)(1), if the equivalent certification does not include administration of a drug by intranasal route, an applicant must not administer a drug intranasally, and
 - 2) current certification in cardiopulmonary resuscitation and first aid; and
- (b) may use only the title “pharmacist (temporary)” and must not use any abbreviations.

7. A new subsection 45(9) is added as follows:

A temporary pharmacy technician who meets the requirement under section 45(2)(a), (b), or (c) may:

- (a) provide services as if he or she is a pharmacy technician; and
- (b) use only the title “pharmacy technician (temporary)” and must not use any abbreviations.

8. A new subsection 45(10) is added as follows:

A temporary limited pharmacist who meets the requirements under section 45(2.1) may:

- (a) only provide pharmacy services under the supervision of a full pharmacist and must not delegate any aspect of practice; and
- (b) use only the title “limited pharmacist (temporary)” and must not use any abbreviations.

9. A new subsection 45(11) is added as follows:

A temporary student pharmacist who meets the requirements under section 45(2.2) may:

- (a) only provide pharmacy services under the supervision of a full pharmacist; and
- (b) use only the title “student pharmacist (temporary)” and must not use any abbreviations.

10. Subsection 81(1) has been amended as follows:

Each registrant, other than a student ~~registrant~~-pharmacist or a non-practising registrant, must obtain and at all times maintain professional liability insurance coverage with a limit of liability not less than \$2,000,000 insuring against liability arising from an error, omission or negligent act of the registrant.

11. Subsection 81(2) has been amended as follows:

Each registrant, other than a student ~~registrant~~-pharmacist or a non-practising registrant, must obtain and at all times maintain professional liability insurance coverage with a limit of liability not less than \$2,000,000 insuring against liability arising from an error, omission or negligent act of an employee of the registrant.

BOARD MEETING February 26, 2021

6. Legislation Review Committee

b) Amendments to the *Health Professions Act* Bylaws, Schedule “C” to Recognize PharmAchieve’s Drug Administration Course

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution:

RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act, the Board approve the proposed bylaws of the College of Pharmacists of British Columbia related to amending Schedule “C” - Recognized Education Programs, to incorporate PharmAchieve’s injection educational program for pharmacists, for public posting, as circulated.

Purpose

To propose amendments to the *Health Professions Act* (“HPA”) Bylaws, Schedule “C” – Recognized Education Programs, to incorporate an injection education program by PharmAchieve.

Background

[Schedule “C” – Recognized Education Programs](#), under the HPA Bylaws, outlines the programs that the College accepts as part of its requirements for applicants and registrants. This includes educational programs that can be taken to fulfil requirements for the certified practice of drug administration by injection and intranasal route.

The College’s existing recognized programs for the certified practice of drug administration by injection and intranasal route educational programs are accredited by the [Canadian Council on Continuation of Education in Pharmacy](#) (“CCCEP”). CCCEP is a national organization established to accredit continuing pharmacy education programs, and CCCEP accreditation is recognized by the pharmacy regulatory authorities in all Canadian provinces and territories.

Discussion

[PharmAchieve](#) offers pharmacy exam preparation courses and continuing education courses. It offers an [Injections and Immunizations Certificate Program](#) for pharmacists, which is CCCEP accredited. The course is available in multiple cities in Canada, and includes an online individual-led component, an in-person component, and assessment.

To officially recognize PharmAchieve's injection program, the College's Schedule "C" under the HPA Bylaws needs to be amended. A proposed amendment is included in Appendix 1.

Next Steps

- If approved by the Board, the proposed Schedule "C" amendments will be publicly posted on the College's website for a period of 90 days.
- After the public posting period ends, the Board's approval will be sought to file the amendment with the Ministry of Health. After this 60-day filing period, the amendments will take effect.
- Communications on the amendments will be developed and implemented.

Recommendation

The Legislation Review Committee recommends that the Board approve the proposed amendments to the HPA Bylaws, Schedule "C" to officially recognize PharmAchieve's Injections and Immunizations Certificate Program for pharmacists (Appendix 1), for public posting.

Guiding Questions for the Board

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

- Do the proposed amendments to the Bylaws clearly outline PharmAchieve's educational program for pharmacists?
- Is there anything unclear, ambiguous, or unnecessary in the proposed Bylaws?
- Is there anything missing from the proposed Bylaws?

Appendix	
1	Proposed Amendments to the Bylaws (proposed amendment is highlighted)

College of Pharmacists of B.C.
HPA Bylaw - Schedule C
RECOGNIZED EDUCATION PROGRAMS

FULL PHARMACIST REGISTRATION			
Location	Recognized Pharmacy Education Program	Recognized Universities	Location
Canada	Baccalaureate or Pharm.D (entry level) Pharmacy Program accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP)	Dalhousie University, College of Pharmacy	Halifax, Nova Scotia
		Memorial University of Newfoundland	St. John's, Newfoundland
		Université de Montréal, Faculté de pharmacie	Montreal, Quebec
		Université Laval, Faculté de pharmacie	Quebec, Quebec
		University of Alberta, Faculty of Pharmacy and Pharmaceutical Sciences	Edmonton, Alberta
		University of British Columbia, Faculty of Pharmaceutical Sciences	Vancouver, B.C.
		University of Manitoba, Faculty of Pharmacy	Winnipeg, Manitoba
		University of Toronto, Leslie L. Dan Faculty of Pharmacy	Toronto, Ontario
		University of Saskatchewan, College of Pharmacy and Nutrition	Saskatoon, Saskatchewan
		University of Waterloo, School of Pharmacy	Kitchener, Ontario
United States	Baccalaureate or Pharm.D (entry level) Pharmacy Program accredited by the Accreditation Council for Pharmacy Education (ACPE)	Albany College of Pharmacy and Health Sciences	New York
		Appalachian College of Pharmacists	Virginia
		Auburn University Harrison School of Pharmacy	Alabama
		Belmont University School of Pharmacy	Tennessee
		Butler University College of Pharmacy and Health Sciences	Indiana
		California Northstate University College of Pharmacy	California
		Campbell University School of Pharmacy and Health Sciences	North Carolina
		Cedarville University School of Pharmacy	Ohio
		Chicago State University College of Pharmacy	Illinois
		Concordia University School of Pharmacy	Wisconsin
		Creighton University Medical Center School of Pharmacy and Health Professions	Nebraska
		Drake University College of Pharmacy and Health Sciences	Iowa
		Duquesne University Mylan School of Pharmacy	Pennsylvania
		D'Youville College School of Pharmacy	New York
		East Tennessee State University Bill Gatton College of Pharmacy	Tennessee
		Fairleigh Dickinson University School of Pharmacy	New Jersey
		Ferris State University College of Pharmacy	Michigan
		Florida Agricultural & Mechanical University College of Pharmacy and Pharmaceutical Sciences	Florida
		Hampton University School of Pharmacy	Virginia
		Harding University College of Pharmacy	Arkansas
		Howard University College of Pharmacy	Washington, D.C.
		Husson University School of Pharmacy	Maine
		Idaho State University College of Pharmacy	Idaho
		Lake Erie College of Osteopathic Medicine School of Pharmacy	Pennsylvania
		Lipscomb University College of Pharmacy and Health Sciences	Tennessee
		Loma Linda University School of Pharmacy	California
		Long Island University Arnold and Marie Schwartz College of Pharmacy and Health Sciences	New York
		Manchester University College of Pharmacy	Indiana
		Marshall University School of Pharmacy	West Virginia
		MCPHS University School of Pharmacy-Worcester	Massachusetts
		MCPHS University School of Pharmacy-Boston	Massachusetts
		Mercer University College of Pharmacy & Health Sciences	Georgia
		Midwestern University Chicago College of Pharmacy	Illinois
		Midwestern University College of Pharmacy-Glendale	Arizona
		North Dakota State University College of Pharmacy, Nursing and Allied Sciences	North Dakota
		Northeast Ohio Medical University College of Pharmacy	Ohio
		Northeastern University Bouve' College of Health Sciences School of Pharmacy	Massachusetts
		Notre Dame of Maryland University School of Pharmacy	Maryland
		Nova Southeastern University College of Pharmacy	Florida
		Ohio Northern University College of Pharmacy	Ohio
		Ohio State University College of Pharmacy	Ohio
		Oregon State University College of Pharmacy	Oregon
		Pacific University School of Pharmacy	Oregon
		Palm Beach Atlantic University Lloyd L. Gregory School of Pharmacy	Florida
		Philadelphia College of Osteopathic Medicine School of Pharmacy	Pennsylvania
		Presbyterian College School of Pharmacy	South Carolina
		Purdue University College of Pharmacy	Indiana
		Regis University School of Pharmacy	Colorado
		Roosevelt University College of Pharmacy	Illinois
		Rosalind Franklin University of Medicine and Science College of Pharmacy	Illinois
		Roseman University of Health Sciences College of Pharmacy	Nevada
		Rutgers, the State University of New Jersey Ernest Mario School of Pharmacy	New Jersey
		Samford University McWhorter School of Pharmacy	Alabama
		Shenandoah University Bernard J. Dunn School of Pharmacy	Virginia
		South Carolina College of Pharmacy	South Carolina
		South College School of Pharmacy	Tennessee
		South Dakota State University College of Pharmacy	South Dakota
		South University School of Pharmacy	Georgia
		Southern Illinois University Edwardsville School of Pharmacy	Illinois
		Southwestern Oklahoma State University College of Pharmacy	Oklahoma
		St. John Fisher College Wegmans School of Pharmacy	New York
		St. John's University College of Pharmacy and Health Science	New York
		St. Louis College of Pharmacy	Missouri
		Sullivan University College of Pharmacy	Kentucky
		Temple University School of Pharmacy	Pennsylvania
		Texas A & M University Health Science Center Irma Lerma Rangel College of Pharmacy	Texas
		Texas Southern University College of Pharmacy and Health Sciences	Texas
		Texas Tech University Health Sciences Center School of Pharmacy	Texas
		Thomas Jefferson University Jefferson School of Pharmacy	Pennsylvania
		Touro New York College of Pharmacy	New York
		Touro University - California College of Pharmacy	California
		Union University School of Pharmacy	Tennessee
		University at Buffalo The State University of New York School of Pharmacy & Pharmaceutical Sciences	New York
		University of Arizona College of Pharmacy	Arizona
		University of Arkansas for Medical Sciences College of Pharmacy	Arkansas
		University of California, San Diego Skaggs School of Pharmacy & Pharmaceutical Sciences	California
		University of California, San Francisco School of Pharmacy	California
		University of Charleston School of Pharmacy	West Virginia
		University of Cincinnati James L. Winkle College of Pharmacy	Ohio
		University of Colorado Anschutz Medical Campus Skaggs School of Pharmacy and Pharmaceutical Sciences	Colorado
		University of Connecticut School of Pharmacy	Connecticut
		University of Findlay College of Pharmacy	Ohio
		University of Florida College of Pharmacy	Florida
		University of Georgia College of Pharmacy	Georgia
		University of Hawaii at Hilo Daniel K. Inouye College of Pharmacy	Hawaii

		University of Houston College of Pharmacy	Texas
		University of Illinois at Chicago College of Pharmacy	Illinois
		University of Iowa College of Pharmacy	Iowa
		University of Kansas School of Pharmacy	Kansas
		University of Kentucky College of Pharmacy	Kentucky
		University of Louisiana at Monroe College of Pharmacy	Louisiana
		University of Maryland Eastern Shore School of Pharmacy	Maryland
		University of Maryland School of Pharmacy	Maryland
		University of Michigan College of Pharmacy	Michigan
		University of Minnesota College of Pharmacy	Minnesota
		University of Mississippi School of Pharmacy	Mississippi
		University of Missouri-Kansas City School of Pharmacy	Missouri
		University of Montana College of Health Professions and Biomedical Sciences Skaggs School of Pharmacy	Montana
		University of Nebraska Medical Center College of Pharmacy	Nebraska
		University of New England College of Pharmacy	Maine
		University of New Mexico College of Pharmacy	New Mexico
		University of North Carolina Eshelman School of Pharmacy	North Carolina
		University of Oklahoma College of Pharmacy	Oklahoma
		University of Pittsburgh School of Pharmacy	Pennsylvania
		University of Puerto Rico Medical Sciences Campus School of Pharmacy	Puerto Rico
		University of Rhode Island College of Pharmacy	Rhode Island
		University of Saint Joseph School of Pharmacy	Connecticut
		University of Southern California School of Pharmacy	California
		University of South Florida School of Pharmacy	Florida
		University of Tennessee Health Science Center College of Pharmacy	Tennessee
		University of Texas at Austin College of Pharmacy	Texas
		University of the Incarnate Word Feik School of Pharmacy	Texas
		University of the Pacific Thomas J. Long School of Pharmacy & Health Sciences	California
		University of the Sciences Philadelphia College of Pharmacy	Pennsylvania
		University of Toledo College of Pharmacy and Pharmaceutical Sciences	Ohio
		University of Utah College of Pharmacy	Utah
		University of Washington School of Pharmacy	Washington
		University of Wisconsin-Madison School of Pharmacy	Wisconsin
		University of Wyoming School of Pharmacy	Wyoming
		Virginia Commonwealth University at the Medical College of Virginia Campus School of Pharmacy	Virginia
		Washington State University College of Pharmacy	Washington
		Wayne State University Eugene Applebaum College of Pharmacy and Health Sciences	Michigan
		West Virginia University School of Pharmacy	West Virginia
		Western New England University College of Pharmacy	Massachusetts
		Western University of Health Sciences College of Pharmacy	California
		Wilkes University Nesbitt College of Pharmacy & Nursing School of Pharmacy	Pennsylvania
		Wingate University School of Pharmacy	North Carolina
		Xavier University of Louisiana College of Pharmacy	Louisiana
CERTIFIED PRACTICE - CERTIFICATION OF PRACTISING PHARMACISTS FOR DRUG ADMINISTRATION BY INJECTION AND INTRANASAL ROUTE			
Location	Recognized Pharmacy Education Program	Recognized Providers	
Canada	Injection and Immunization training as part of a Baccalaureate or Pharm.D (entry level) pharmacy program accredited by the Canadian Council of Accreditation of Pharmacy Programs		
British Columbia	Immunization Competency Program for BC Health Professionals and Administration of Injections Accredited Program Practical Administration of Injections for BC Pharmacists	BC Pharmacy Association	
Canada	Administering Injections and Immunizations Preparation Course - Part 1 and Part 2	Alberta Pharmacists' Association	
Canada	Injections and Immunizations Certificate Program	Ontario Pharmacists' Association	
Canada	Injectable Medication and Vaccine Administration Training Program for Pharmacists	Pear Healthcare Solutions Inc.	
Canada	Practical Training for the Immunization Competencies Education Program, Module 15 - Essential Competencies for Injection of Other Substances and Education Program for Immunization Competencies	rxBriefCase (Advancing Practice)	
Canada	Administration of Injections Practical Skills Workshop for Manitoba Pharmacists and Manitoba Module: Administration of Injections and Education Program for Immunization Competencies	rxBriefCase (Advancing Practice) and College of Pharmacists of Manitoba	
Canada	Theory and Technique in Administration of Injections - A Course for Practicing Pharmacists and Education Program for Immunization Competencies	rxBriefCase (Advancing Practice), University of Toronto Leslie Dan College of Pharmacy	
Canada	Immunization and Injection Administration Training Program (IIATP)	Dalhousie Continuing Pharmacy Education	
Canada	Memorial University Injection & Immunization Live Training Program and Education Program for Immunization Competencies	rxBriefCase (Advancing Practice) and the Memorial University School of Pharmacy	
Canada	The Continuing Professional Development for Pharmacists - Immunization and Injection Training Program and Education Program for Immunization Competencies	rxBriefCase (Advancing Practice) and the University of Saskatchewan Continuing Professional Development for Pharmacists	
British Columbia	Intranasal Immunization Drug Administration Module	College of Pharmacists of British Columbia	
Canada	Injections and Immunizations Certificate Program	PharmAcheive Corporation Ltd.	
Canada	Cardiopulmonary Resuscitation	St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training	
Canada	First Aid	St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training	

PHARMACY TECHNICIAN REGISTRATION			
Location	Recognized Pharmacy Education Program	Recognized Education Programs	Location
British Columbia	Certificate Program accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP)	CDI College	Burnaby
		Okanagan College	Kelowna
		Selkirk College	Castlegar
		Stenberg College (previously Thompson Career College)	Kamloops
		Stenberg College	Surrey
		Vancouver Community College	Vancouver



College of Pharmacists
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6. Legislation Review Committee

Justin Thind

Chair, Legislation Review Committee



College of Pharmacists
of British Columbia

6 a) Amendments to Bylaws under the *Health Professions Act* on Temporary Registration



Background

March 2020:

- The World Health Organization declared the novel coronavirus (COVID-19), a pandemic.
- BC's Provincial Health Officer, Dr. Bonnie Henry, declared a public health emergency in the province.
- The CPBC Board approved bylaw amendments under the *Health Professions Act* to grant temporary registration to eligible persons during a declared emergency.



College of Pharmacists
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Temporary Registration

- Bylaws include criteria for allowing temporary registration of former, non-practicing and other eligible applicants during a declared emergency.
- Four temporary registration classes were established.
- Temporary registration is valid until a date determined by the Registration Committee or Registrar.

**Temporary Registration
Now Available to Support
BC's COVID-19 Response**



NEW





Proposed Amendments Requiring Additional Information Every 12 Months

- Registrants, other than temporary registrants, are subject to registration renewal on an annual basis.
- Similar registration renewal-type provisions are recommended for temporary registrants.
- Proposed Bylaw amendments have been drafted to require temporary registrants to provide additional information every 12 months, including: a statutory declaration and an attestation that all requirements for temporary registration are being met.
- It is recommended that the Bylaw amendments take effect in March to be used for the first cohort of temporary registrants.



Next Steps

- If approved by the Board, the proposed bylaw amendments will be submitted to the Ministry of Health (with a request to shorten the public posting period).
- The bylaw amendments will be posted on the College's website for the period approved by the Minister of Health.
- If no comments are received during the public posting period, then the bylaw amendments will be filed with the Minister of Health (with a request to shorten the filing period).
- If any comments are received during the public posting period, then the bylaws will be reviewed. Any necessary revisions to the bylaws will be brought forward to the Board with a recommendation to file them with the Minister of Health (with a request to shorten the filing period to bring the bylaws into force as soon as possible).



6 a) Amendments to Bylaws under the *Health Professions Act* on Temporary Registration

MOTION 1:

RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act (“HPA”), the Board of the College of Pharmacists of BC approve the proposed bylaws made under the HPA regarding temporary registration during a declared emergency lasting up to and longer than 12 months for public posting, as circulated, and to request a shortened public posting period from the Minister of Health.



6 a) Amendments to Bylaws under the *Health Professions Act* on Temporary Registration

MOTION 2:

RESOLVED THAT, should no comments be received during the public posting period, in accordance with the authority established in section 19(1) of the Health Professions Act (“HPA”), and subject to the requirements in section 19(3) of the HPA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under the HPA regarding temporary registration during a declared emergency lasting up to and longer than 12 months, as circulated, for filing with the Minister of Health, and to request a shortened filing period from the Minister of Health to bring the amendments into force as soon as possible.



College of Pharmacists
of British Columbia

6 b) Amendments to the *Health Professions Act* Bylaws, Schedule “C” to Recognize PharmAchieve’s Drug Administration Course



Background

- Schedule “C” – Recognized Education Programs, under the College’s *Health Professions Act* Bylaws, outlines the programs accepted as part of the College’s requirements.
- It includes educational programs that can be taken to fulfil requirements for the certified practice of drug administration by injection and intranasal route.
 - The programs currently listed under this category are accredited by the Canadian Council on Continuing Education in Pharmacy (“CCCEP”).
 - CCCEP is a national organization established to accredit continuing pharmacy education programs.



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PharmAchieve

- PharmAchieve offers a CCCEP-accredited Injections and Immunizations Certificate Program for pharmacists.
- The course is available in multiple Canadian cities.
- To officially recognize PharmAchieve's injection program, Schedule "C" needs to be amended.

Pharm*Achieve*



Next Steps

- If approved by the Board, the proposed Schedule “C” amendments will be publicly posted on the College’s website for a period of 90 days.
- After the public posting period ends, the Board’s approval will be sought to file the amendment with the Ministry of Health.
- After this 60-day filing period, the amendments will take effect.
- Communications on the amendments will be developed and implemented.



College of Pharmacists
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6 b) Amendments to the Health Professions Act Bylaws, Schedule “C” to Recognize PharmAchieve’s Drug Administration Course

Motion:

RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act, the Board approve the proposed bylaws of the College of Pharmacists of British Columbia related to amending Schedule “C” - Recognized Education Programs, to incorporate PharmAchieve’s injection educational program for pharmacists, for public posting, as circulated.



ACTIONADE 1.0: IMPLEMENTED PAST, PRESENT, FUTURE

Drs. Ellen Balka & Corinne Hohl
ActionADE Principal Investigators
Vancouver, BC
Feb 26th, 2021

DISCLOSURES



No financial or other conflicts to declare.

ActionADE has generated intellectual property that resides with UBC and SFU but has not been commercialized.

Dr. Hohl is supported by a salary award from the Michael Smith Foundation for Health Research.



FROM THE FRONTLINES



FROM THE FRONTLINES



REPEAT ADES



32.5% of ADEs were repeat events ~275,000 patients / year in BC



75.3% of repeat events were deemed probably or definitely preventable

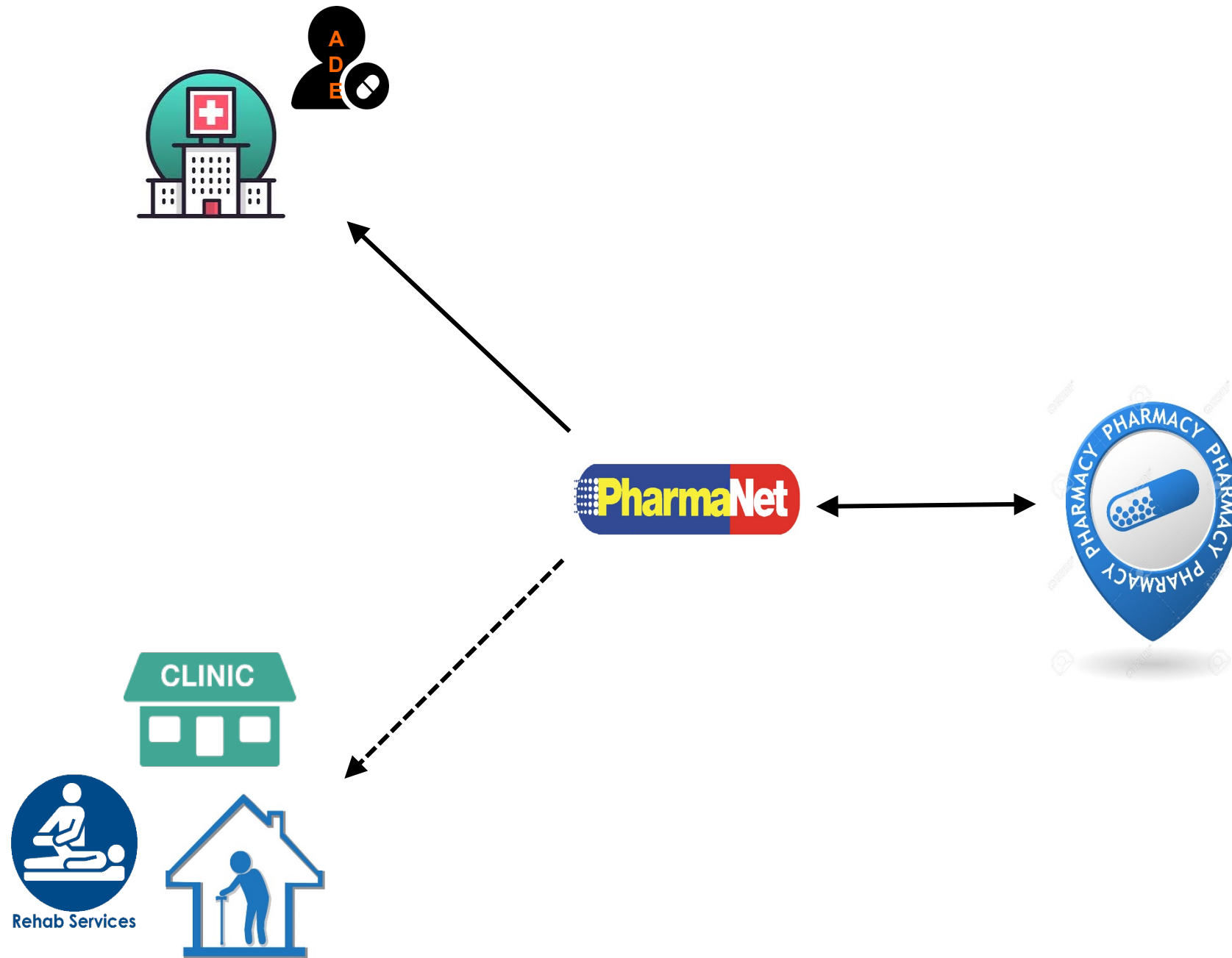


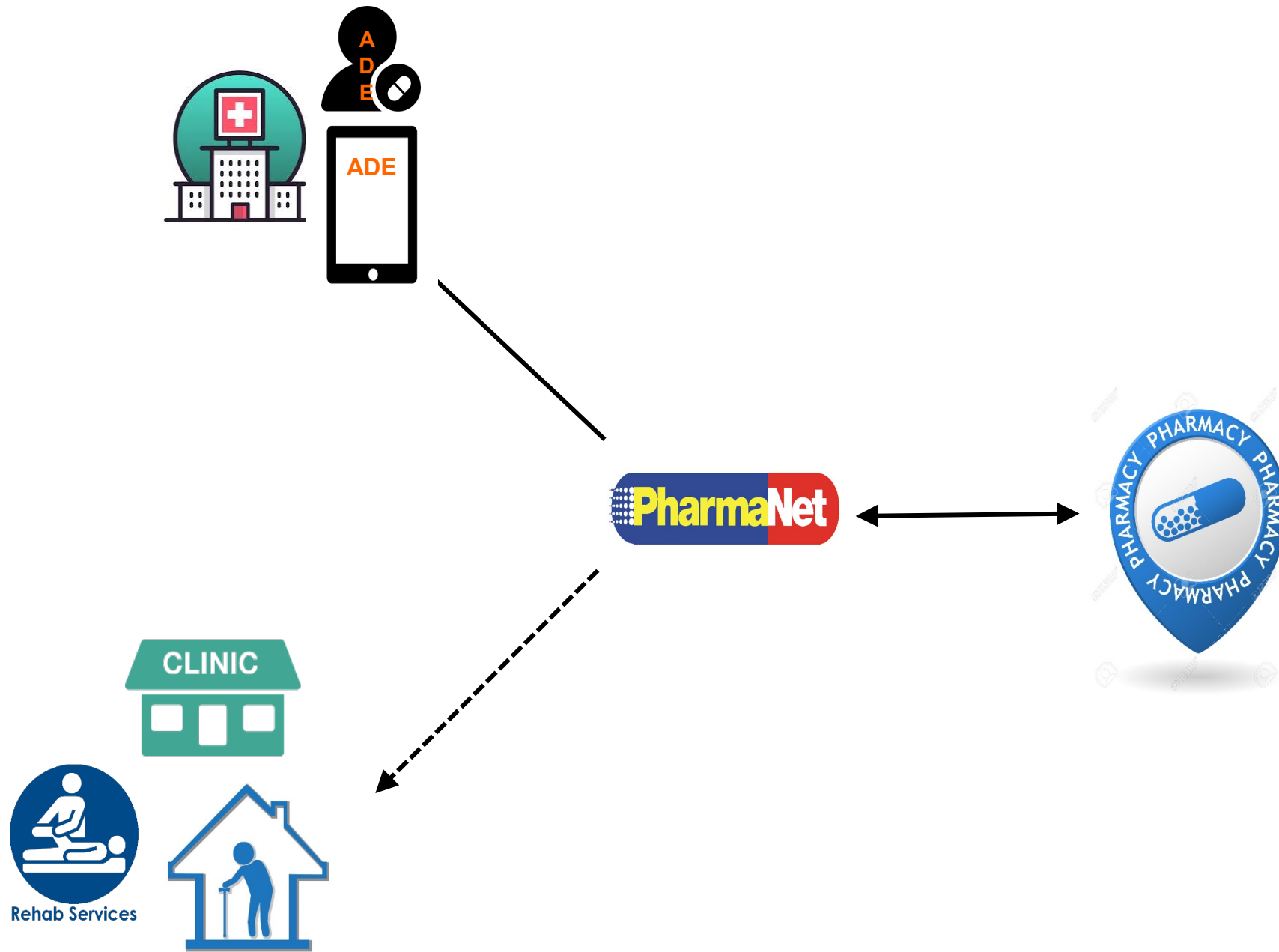
Repeat ADEs cause ~100,000 admissions in BC / year

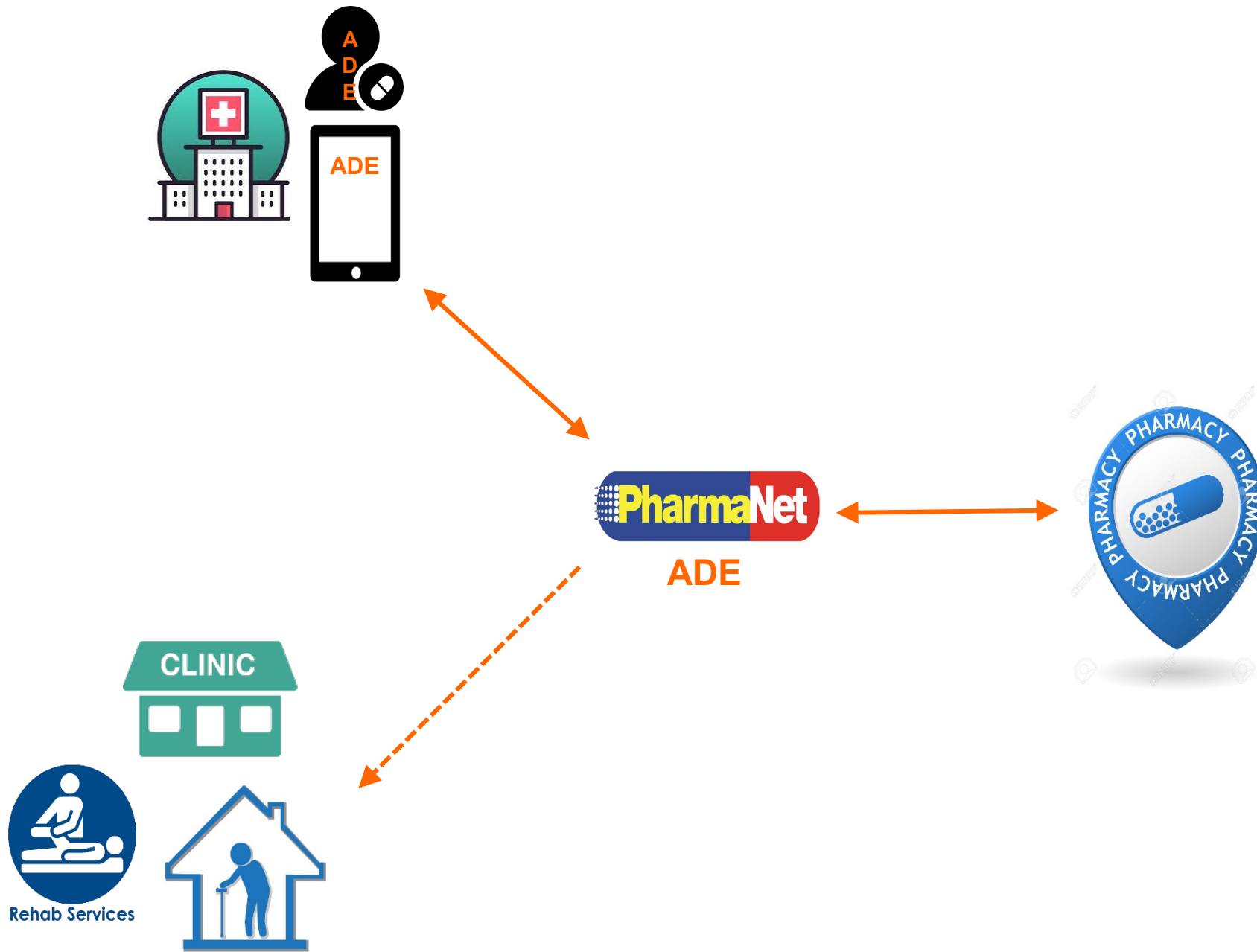


Repeat ADEs cause ~4,514 deaths in BC / year

Why?







ACTIONADE GOALS

1

Standardize electronic documentation and communication of ADEs between care providers and across health settings.

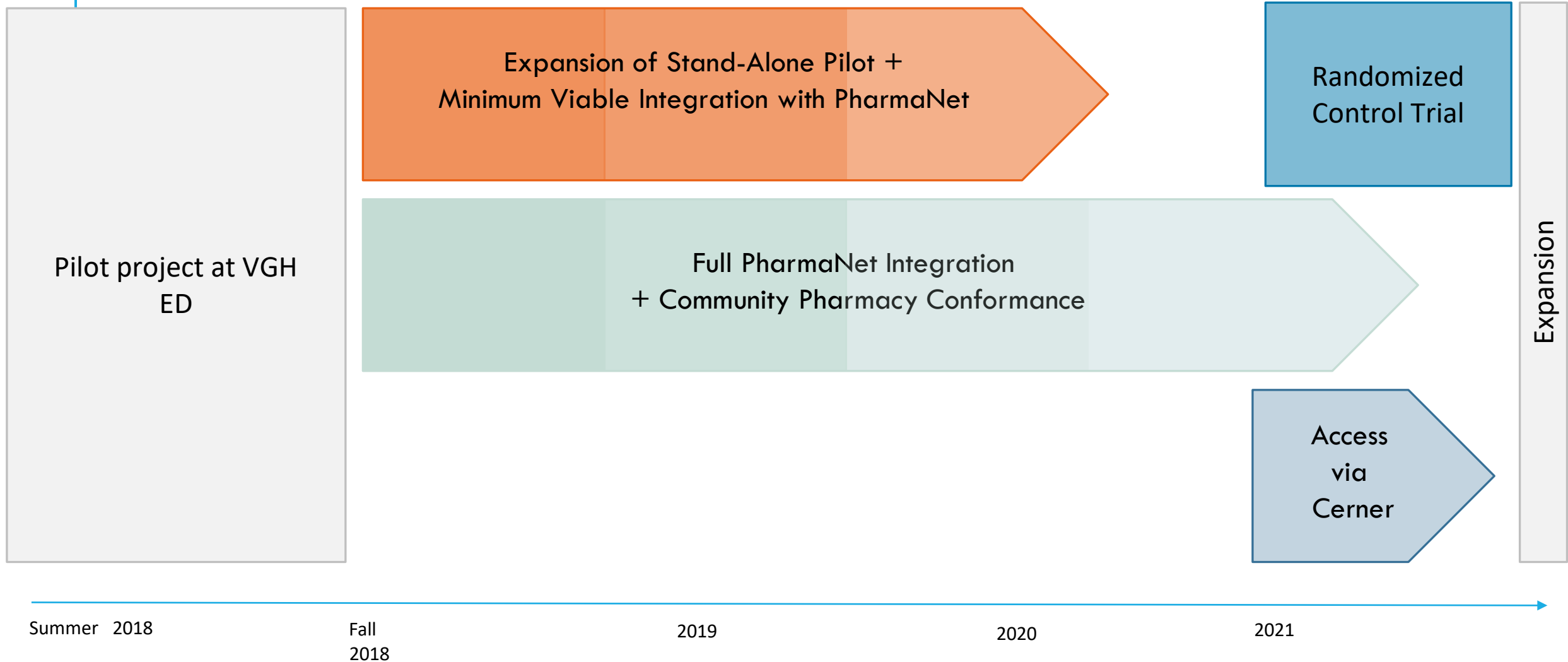
2

Prevent repeat adverse drug events, and improve patient safety and reduce health services use and mortality.

3

Improve health system sustainability.

PLAN



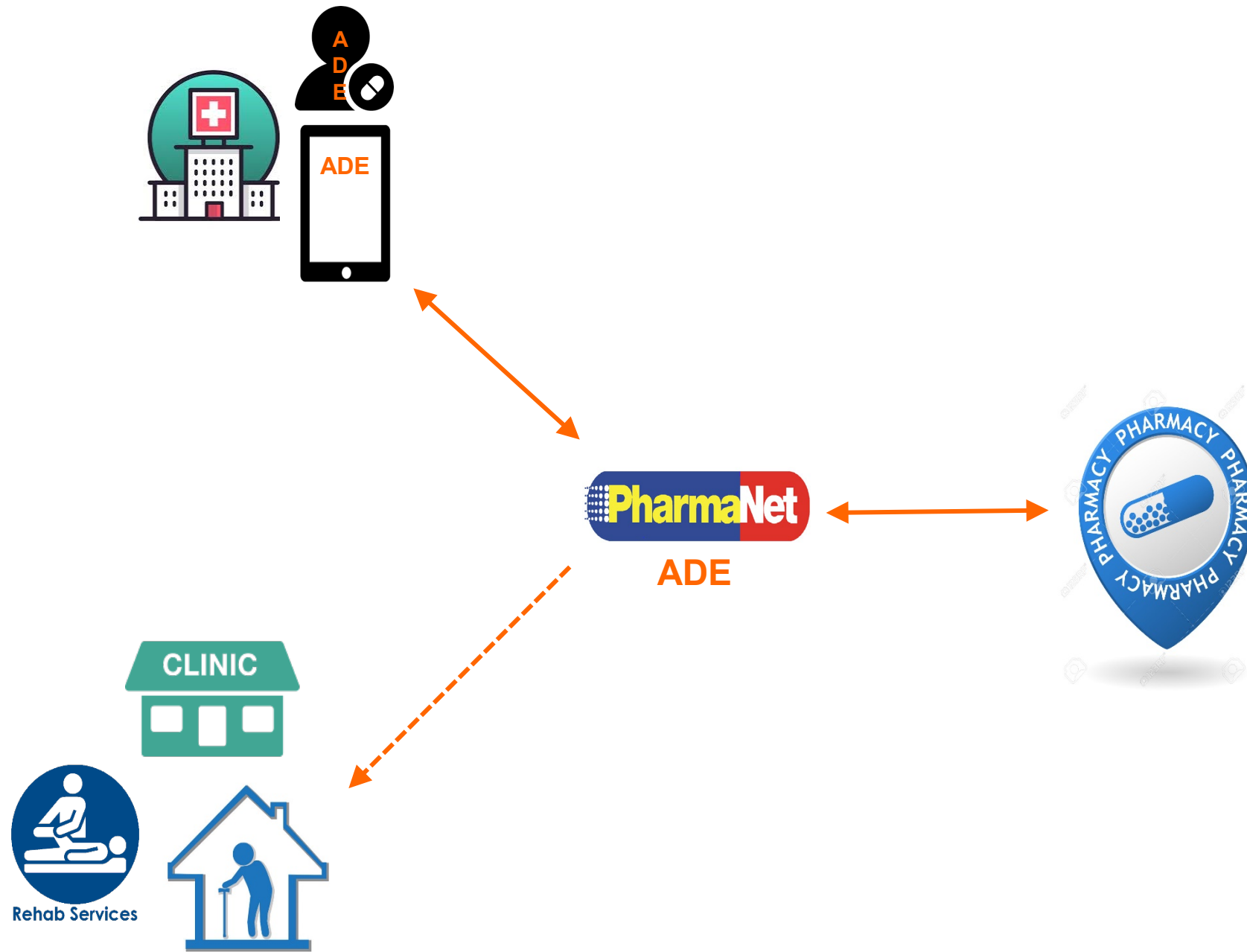
ACTIONADE

- User-friendly software application
- Integrated into existing clinical workflows and processes
- Captures required, clinically relevant information about adverse drug events using a “minimum required dataset”
- Allows retrieval and updating of useful and relevant patient and medication-level ADE information to inform care delivery, and transmits up-to-date information about adverse drug events to other providers in the patients’ circle of care
- Development of community pharmacy alerts that need to be over-ridden before culprit medication can be re-dispensed



ACTIONADE



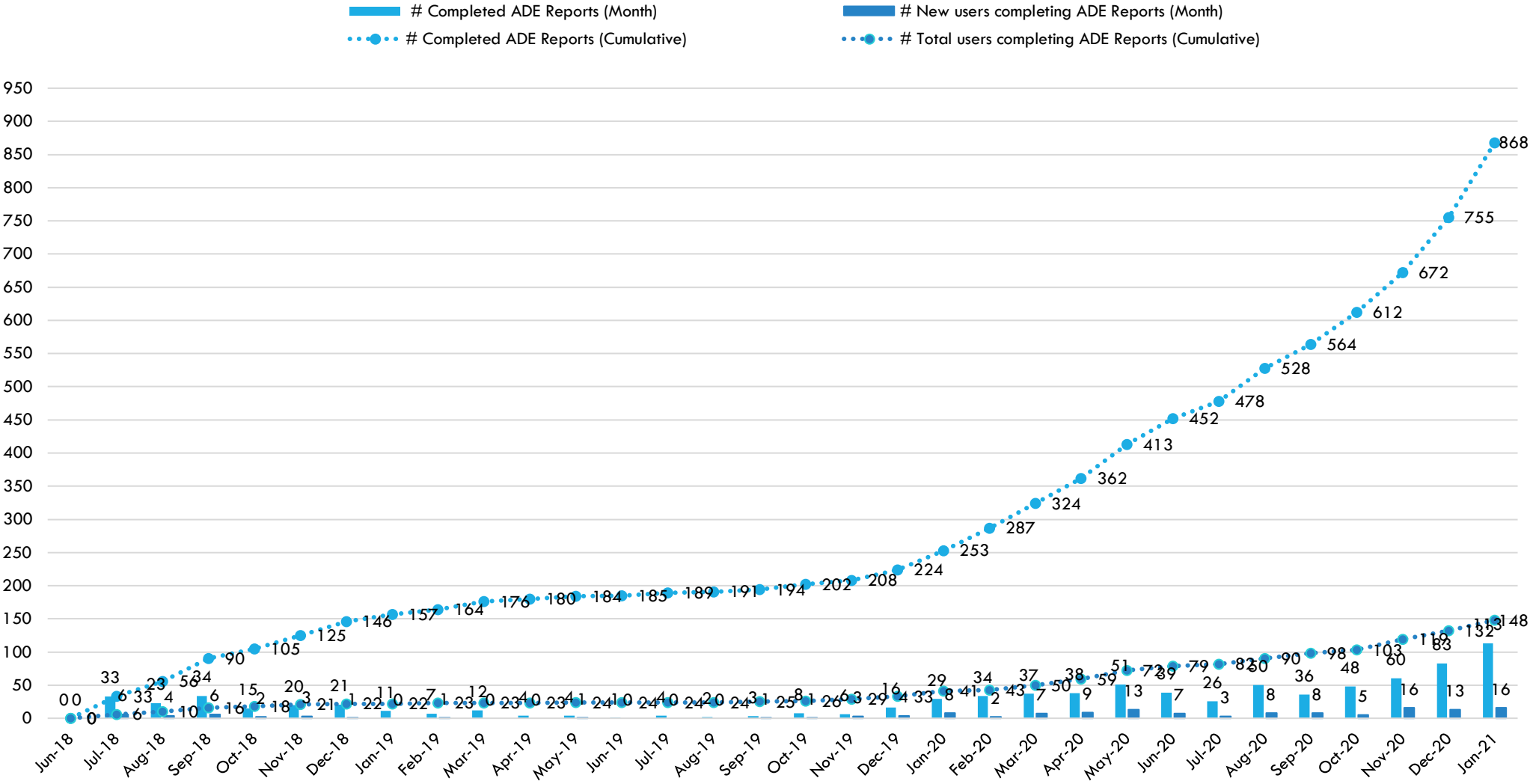




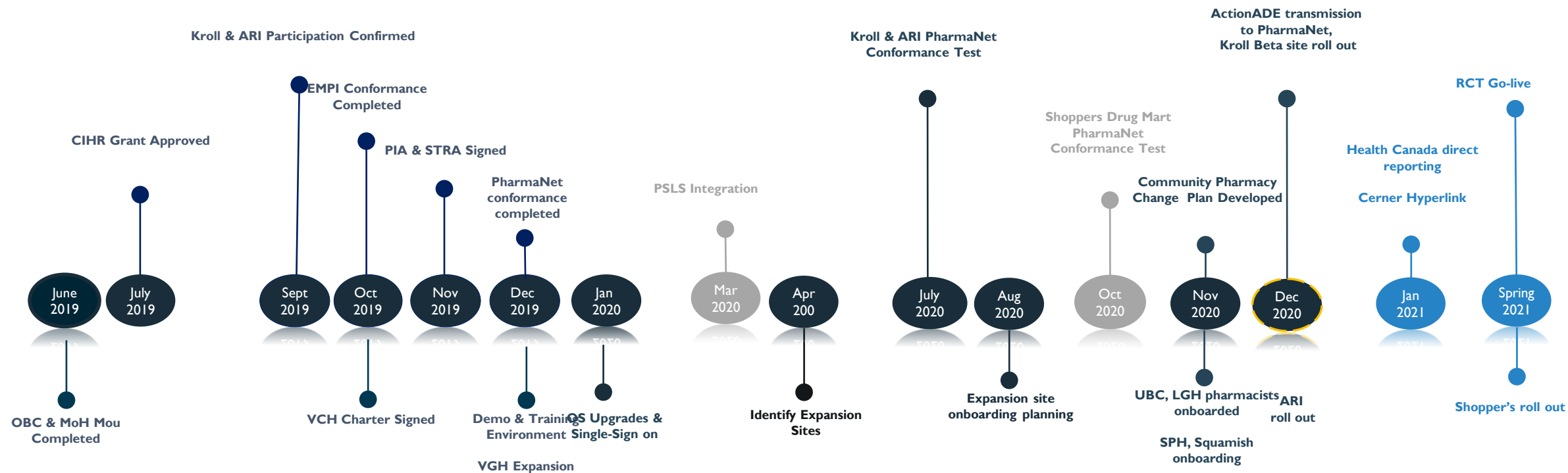
DECEMBER 7TH, 2020

- First ActionADE record transmitted to PharmaNet

Number of Complete ADE Reports and Users to January 31, 2021



TIMELINE



FUTURE

Post-RCT

- Commercialization / Transition to Sustainment
- Interest in Utilizing ActionADE in other software tools under development in BC
 - Problem is not software, but rather relationships and permissions among stakeholders

PharmaNet Modernization

- Planned modernization will need to carry forward advances made through PharmaNet

Vulnerability due to Complexity of PharmaNet environment

- EMPI – failure to notify of changes
- Health Authority differences in hospital formularies

FUTURE

Ability to maintain gains and influence scope of PharmaNet in future will depend upon:

- 1) Clear governance structures and processes that allow the College and other stakeholders and other groups to identify pathways for change
- 2) Resolution of jurisdictional ambiguities

**QUESTIONS?
COMMENTS?**



PROJECT HISTORY & FUNDING

2001

Epidemiological Research about ADEs begins

2013-2017 Partnerships in Health
System Improvement

Design

2015-2019

EHIPP

\$315,000

Pilot &
Evaluate

2018-
2019

Plan MVP /
Integration

2019 -2023

Rewarding
Success Grant 3

Expanded Roll-out
Randomized Control Trial



College of Pharmacists
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BOARD MEETING February 26, 2021

8. Strategic Plan 2021/22 to 2025/26

DECISION REQUIRED

Recommended Board Motion:

Approve the amended Strategic Plan Goals and Objectives, as circulated and the amended effective dates of March 1, 2021 to February 28, 2026.

Purpose

To present the draft amended Strategic Plan goals and objectives for consideration and approval.

Background

The Board approved the 2020/21 to 2024/25 Strategic Plan Goals and Objectives at their September 13, 2019 meeting. However, the Strategic Plan was largely delayed due to operational and budgetary impact of the COVID-19 public health crisis. College staff were able to begin work on Goal One, modernizing the Health Professions Act standards. While much of the environmental scan and bylaw review was completed, the hiring of the project manager and consultants work was postponed.

The Board held a Strategic Plan working session with an external facilitator, on January 13, 2021. The purpose of this working session was to review the approved Strategic Plan and discuss possible changes to reflect the impact of COVID-19 and other recent events.

Discussion

Attached is the updated Strategic Plan document with the revisions discussed from the January 13, 2021 meeting. Also, attached is a report from the external facilitator which references key points and background information that the Board considered while making the amendments.

Recommendation

That the Board approves the amended Strategic Plan Goals and Objectives and the amended effective dates for the Strategic Plan.

Appendix	
1	Amended Strategic Plan
2	Strategic Planning Session Report



CPBC Strategic Plan January 2021

Revised (Rev5)

Karen Graham

January 17, 2021

January 21, 2021

January 25, 2021

January 28, 2021

Preamble

Implementation of Goals and Objectives in this Strategic Plan will reflect high quality person-centred care for all British Columbians, which involves creating conditions in which people feel respected, and providing equitable care that considers systemic racism among Black, Indigenous and People of Colour.

The specific emphasis on Black, Indigenous and People of Colour included here is intended to reflect the historical and ongoing impact of systemic racial injustices and is in no way meant to exclude other vulnerable populations.

Cultural safety and humility and social justice are essential to this work, in addition to considering the social context of individuals seeking care and the needs of caregivers.

Goal One: The public is given evidence-informed, person-centred, team-based care.

Standards of Practice under the *Health Professions Act* will be reviewed and modernized to support the best evidence-informed care, enabling practice innovation while ensuring safety based on the principles of Right Touch Regulation. Continuity of care, team-based care and collaboration will also be supported throughout by designing Standards to be applicable to any environment where pharmacy services may be provided.

The College will also draw on insights from a variety of sources including provincial emergencies such as the COVID-19 pandemic experience and the overdose crisis, complaint outcomes, practice reviews, medication Incidents, and other emerging best practices and research to ensure pharmacy practice regulation in BC enables the public to receive safe, evidence-informed, person-centred, care.

Objectives		Actions
To support the provision of evidence-informed, person-centred, team-based care.		<ol style="list-style-type: none">1. Modernize the Standards of Practice to support this objective. Pay particular attention to lessons learned in provincial emergencies, for example the COVID-19 pandemic and the overdose crisis.2. Enhance practice reviews to include a focus area that reflects this objective.3. Enhance Medication Incident Reporting.

Goal Two: To enable practice innovation through regulation that enhances health and wellness of the public and ensures patient safety.

Inherent in this goal is Right Touch Regulation that supports innovation, is flexible and enables professionals' focus on the health and wellness of the public. Patient safety includes cultural safety and humility, the provision of care and services that reflect social justice, and the technical safety and workload that enable safe practices. In order to realize this goal, the College will remain committed to staying current in its understanding of practice innovation and the associated regulatory implications.

Objectives		Actions
Ensure patient safety and health and wellness of the public by implementing a plan that engages registrants and the public in identifying practice innovations and determining the College's role.		<ol style="list-style-type: none">1. Define the regulatory approach to practice innovation.2. Develop a framework to engage registrants and the public. Give particular attention to Right Touch Regulation in response to innovation arising from provincial emergencies, for example the COVID-19 pandemic and the overdose crisis.3. Review practice innovation impact on the public and consider ongoing opportunities for innovation.

Goal Three: To have the public and health professionals trust pharmacy professionals as valuable resources who are acting first and foremost in the public interest.

With increasing team-based care, it is important that pharmacy professionals are seen as a trusted, valuable, accessible resource by the public and others on the care team.

The College will seek to learn more about what the public expects of pharmacy professionals and will develop a Bill of Rights to build awareness of how pharmacy professionals can help care for British Columbians as part of the care team.

Transparency will be important throughout this work.

Objectives		Actions
To communicate what the public and health professionals can expect from pharmacy professionals, including services provided during provincial emergencies for example the COVID-19 pandemic and the overdose crisis.		<ol style="list-style-type: none">1. Hear from British Columbians on their expectations of pharmacy professionals, and the pharmacy care they provide.2. Develop a Bill of Rights to increase the transparency and awareness of what British Columbians should expect from pharmacy professionals.3. Support greater collaboration within the healthcare system, including team-based care, by building awareness of how pharmacy professionals can help ensure all British Columbians receive high quality person-centred care. The College will also work with BC's other health regulators to support collaboration between health professionals.

Goal Four: To align with Government priorities and have strong, collaborative engagement with all healthcare providers to advance person-centred, interdisciplinary care.

Effective collaboration is vital to enable innovation and implement positive change in the healthcare system.

The implementation of a new provincial health profession regulatory framework together with the College's work towards modernizing its Standards of Practice and development of a Patient Bill of Rights closely aligns the College and Government in working towards improving the health and wellness of British Columbians.

The College also wants to encourage greater collaboration between healthcare professionals and support team-based care.

Objectives		Actions
Enhance patient health and wellness and align with the new health profession regulatory framework through collaborative engagement with Government and all healthcare providers.		<ol style="list-style-type: none">1. Demonstrate existing front-line collaboration across healthcare providers.2. Develop a position statement on regulation of pharmacy practice in interdisciplinary care.3. Review and implement the new health profession regulatory framework.4. Support healthcare provider access to PharmaNet.



CPBC Strategic Planning Session

January 13, 2021

Revised Report (Rev4)

Karen Graham

January 17, 2021

January 21, 2021

January 25, 2021

January 28, 2021

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Participants

Board

Claire Ishoy, Chair, District 7 – Community Hospitals
Steven Hopp, Vice Chair, District 4 – Kootenay/Okanagan
Alex Dar Santos, District 1 – Metropolitan Vancouver
Christine Antler, District 2 – Fraser Valley
Andrea Silver, District 3 – Vancouver Island/Coastal
Michael Ortynsky, District 5 – Northern British Columbia
Anca Cvaci, District 6 - Urban Hospitals
Bal Dhillon, District 8 – Pharmacy Technicians
Tracey Hagkull, Government Appointee
Anne Peterson, Government Appointee
Justin Singh Thind, Government Appointee
Katie Skelton, Government Appointee

College Management Staff

Bob Nakagawa, Registrar
David Pavan, Deputy-Registrar
Mary O’Callaghan, Chief Operating Officer
Ashifa Keshavji, Director of Pharmacy Practice
Reviews and Quality Assurance
Doreen Leong, Director of Registration and Licensure
Christine Paramonczyk, Director of Policy and
Legislation
Gillian Vrooman, Director of Communications and
Engagement

Introduction

This strategic planning session was undertaken in the CPBC Board's January 13, 2021 Committee of the Whole to assess the previously approved 2020/21 – 2024/25 plan against a rapidly evolving environment and make changes where needed. Prior to the session, College management staff and the consultant worked through the previously approved plan and proposed changes for the Board's review. These were circulated in background reading: *Revised (Rev 4) Analysis of Strategic Plan as it Relates to Ministry Priorities*.

Specific session objectives included: (a) to revisit the previously approved strategic plan via a brief history of its development, and (b) to review the suggested changes to the plan in light of shifting environmental context. A revised plan would then be reviewed and discussed at CPBC's February Committee of the Whole and approved for implementation in March 2021.

The consultant reviewed the work that resulted in the previously approved strategic plan, spanning Board Sessions starting in February 2018, a retreat in April 2019, culminating in an approved strategic plan in November 2019. The starting date for the plan was intended to be March 1, 2020. This coincided with the beginning of a global pandemic, and operational work on the plan was necessarily delayed. A more detailed description of the strategic planning process is found in the slides that guided the January 13, 2021 discussions.

Also important to the discussions was an understanding of the context and its impact on the strategic plan. The Board reviewed elements of the environment and highlighted additional context to consider in the Strategic Planning discussion.

This report is intended to support Board Discussions at its February Committee of the Whole meeting.

Overview of Strategic Plan Development: February 2018 – November 2019

In response to an overview of Strategic plan development, Board Members suggested additional elements to consider:

- ▶ Increased awareness of the importance of cultural safety and humility
- ▶ The Opioid overdose crisis
- ▶ Focus on best practices starts with registrant focus on protecting the public
- ▶ Likely changes between now and 2026 and how the plan will shift in response to unpredicted change; perhaps planned check points over the five years of the planning cycle are indicated.
- ▶ The shift in Board Composition to 50% public membership will necessitate attention to the importance of Registrants in College governance
- ▶ Evolving patient rights
- ▶ Assessment and response to unintended consequences arising from crises
- ▶ The *In Plain Sight* Report by Dr. Mary Ellen Turpel-Lafond
 - Review is already underway by Staff
 - Consider findings on complaints process and systems
 - This is included in Registrar's objectives for upcoming year
 - College response to the report will come to Committee of the Whole in February
- ▶ Overall plan in light of pharmacy professionals' roles in the continuity of care and the multidisciplinary approach
- ▶ Public has increased expectations of Colleges to be more transparent and responsive

Context/Environment Issues to consider

Recommended changes to the plan flowed from discussions with CPBC management team and analysis of the previously approved strategic plan against:

- Ministry of Health priorities as outlined in its August 2020 letter to CPBC Board Chair
- Modernization of Regulation of Health Professionals Steering Committee Report Recommendations
- The Board's June 2020 Committee of the Whole planning session
- The need for realignment as environment shifts, for example how the Health Professions Act unfolds in the Spring 2021 Session of a new government

The Board reflected on these recommendations, and highlighted the following additional issues to consider:

- *In Plain Sight* by Dr. Mary Ellen Turpel-Lafond
- Black Lives Matter
- Cultural safety and quality of care for indigenous populations
- Impact of the Cayton report over time, including unintended consequences
- Social justice and equity
- Primary Care Networks and the move to team-based care: fifty networks have opened across the province
- Rapid changes in the environment: mechanism to evaluate and hear about their impact from public and registrants
- Rural and remote framework
- FNHA in partnership with province
- Technology and how to integrate it into future practice; this will change a lot in 5 years and may offer value especially for remote and rural populations
- Account for lived experience of pharmacy practitioners in the field
- Evaluate changes that have been made to understand impact of innovation;
 - for example, physician virtual visits while pharmacists still practice in paper based and in-person environments
 - Consider what registrants are doing in terms of innovations and how to support them
- Impact of virtual care on social equity:
 - access to technology is limited for some populations e.g. immigrants, refugees, people with English as a second language
 - social inequities re seniors in Residential Care and Long Term Care, for example access to technology
- Continuity of care
- Major operational changes for Board and Staff resulting from regulatory changes likely in Spring Session
- Rate of change is accelerating; requires College to be nimble, make adjustments, adapt to circumstances

Recommended Changes to the Strategic Plan

The Board discussed proposed changes, including a revised preamble, four goals and accompanying high level tactical considerations, and a new planning cycle start date. The Board also considered possible revisions to CPBC Values and addition of Guiding Principles.

The following revisions flow from the January 13, 2021 Committee of the Whole and subsequent management team discussions. Suggested changes are denoted in red throughout. Select board discussion points are intended to provide context for the revisions.

Preamble

Previous wording:

Implementation of Goals and Objectives in this Strategic Plan will reflect patient-centred care, which involves people feeling respected, and equitable care that combats systemic racism among Black, Indigenous and People of Colour (BIPOC). The work includes cultural safety and humility, and respect of economic status and social justice, in addition to appropriate inclusion of the family.

Revised Wording:

Implementation of Goals and Objectives in this Strategic Plan will reflect high quality person-centred care for all British Columbians, which involves creating conditions in which people feel respected, and providing equitable care that considers systemic racism among Black, Indigenous and People of Colour.

The specific emphasis on Black, Indigenous and People of Colour included here is intended to reflect the historical and ongoing impact of systemic racial injustices and is in no way meant to exclude other vulnerable populations.

Cultural safety and humility and social justice are essential to this work, in addition to considering the social context of individuals seeking care and the needs of caregivers.

Discussion:

“Inclusion of family”

- Ensure we incorporate various definitions/perspectives on what constitutes “family”
- Varies by individuals, by persons receiving care
- Consider Person/Family centred care
- Consider restrictions re FIPPA (Freedom of Information and Protection of Privacy Act)
- Consider entire sentence
 - The preamble is about the work that the College does in implementing the Goals and Objectives in the strategic plan
 - pointing to the inclusion of family in the work we do.
- Last Sentence limits to family; use inclusion of public of BC
- Change “family” to “care giver”
- “Social Context” instead of “family” considers person’s entire environment
- Remember that this informs College work; consider appropriate inclusion of family, caregivers and public
- Inclusion of family, Caregiver network

“Appropriate”:

- What does this mean?
- What/who determines this?
- Use “suitable”?
- Take out “appropriate”

- D/C appropriate. We are dealing with College's work; Standards of practice will address what's being done at individual level

Vulnerable populations:

- Ensure the statement is inclusive, complete, comprehensive
- Are we missing vulnerable populations e.g. differently abled persons, gender equity, LGBTQ+ populations
- Ensure we are including diversity of people or BC. But include specific BIPOC statement re equity of care, i.e. a special focus because of historic injustices
- BIPOC considered as result of systemic racism; explain why highlighting this to ensure other groups don't feel excluded
- Consider "quality of care for all British Columbians"

"Quality"

- should be "high quality"

"Person-centered" versus "patient centred".

- "Patient" connotes hierarchy in the healthcare setting

Values and Guiding Principles

Further Board discussion is needed to consider Values and Guiding Principles. The consultant recommends that revisions of College Values be undertaken in a separate planning session, in the context of Mission, Vision and existing Values.

Possible Value that arose in discussion:

- Include value that addresses people feeling respected etc. as part of current "Quality" value and how we deliver quality service

Guiding Principles may also merit further discussion starting with those that are embedded in the Preamble as well as the descriptors for each Goal.

Possible Guiding Principle that arose in the discussion:

- General statement on commitment to health equity, commitment to cultural safety, responsive to needs of public

*Goal One: The public is given evidence-informed, **person-centred**, team-based care*

Goal One: The public is given evidence-informed, person-centred , team-based care.		
<p>Standards of Practice under the <i>Health Professions Act</i> will be reviewed and modernized to support the best evidence-informed care, enabling practice innovation while ensuring safety based on the principles of Right Touch Regulation. Continuity of care, team-based care and collaboration will also be supported throughout by designing Standards to be applicable to any environment where pharmacy services may be provided.</p> <p>The College will also draw on insights from a variety of sources including provincial emergencies such as the COVID-19 pandemic experience and the (opioid) overdose crisis, complaint outcomes, practice reviews, medication Incidents, and other emerging best practices and research to ensure pharmacy practice regulation in BC enables the public to receive safe, evidence-informed, person-centred, care.</p>		
Objectives	Actions	Internal Considerations*
<p>To develop a plan to support the provision of evidence-informed, person-centred, team-based care. that includes cultural safety and humility and addresses considers systemic racism.</p>	<ol style="list-style-type: none"> 1. Modernize the Standards of Practice to support this objective. Pay particular attention to lessons learned in provincial emergencies, for example the COVID-19 pandemic and the overdose crisis. 2. Enhance practice reviews to include a focus area that reflects this objective. 3. Enhance Medication Incident Reporting. 4. Enhance requirements/ minimum requirements/ guidance with a focus on addressing the Opioids and the Opioid overdose crisis. 	<ol style="list-style-type: none"> 1. Modernizing the Standards of Practice links to other Strategic Goals. 2. Practice innovations arising through provincial emergencies, for example experiences with the COVID-19 pandemic experience and (opioid) the overdose crisis experience link to Goal Two. <p>*Considerations are included for the College's internal use</p>

Board Discussion

- It will be interesting to see how information and data are measured and evaluated to assess the temporary changes made to opioid prescribing and dispensing

Goal Two: To enable practice innovation through regulation that enhances health and wellness of the public and ensures patient safety

Goal Two: To enable practice innovation through regulation that enhances health and wellness of the public and ensures patient safety.		
Inherent in this goal is consideration of Right Touch Regulation that supports innovation, minimizes barriers to innovation where appropriate , is flexible and enables professionals' focus on the health and wellness of the public. Patient safety includes the commitment to cultural safety and humility, the provision of care and services that respect economic status and reflect social justice, and the technical safety and workload that enable safe practices. In order to realize this goal, the College will remain committed to staying current in its understanding of practice innovation potential barriers and the associated regulatory implications.		
Objectives	Actions	Internal Considerations*
Ensure patient safety and health and wellness of the public by implementing a transparent plan that engages registrants and the public in identifying practice innovations and determining the College's role.	<ol style="list-style-type: none"> 1. Define the regulatory approach to practice innovation. 2. Develop a transparent framework to engage registrants and the public. Give particular attention to Right Touch Regulation in response to innovation arising from provincial emergencies, for example the public health crises the COVID-19 pandemic and the Opioid overdose crisis. 3. Review practice innovation impact on the public changes already made in response to COVID-19 and and consider ongoing opportunities for innovation. 	<ol style="list-style-type: none"> 1. This links to the Standards of Practice work in Goal One. 2. Consider innovations on a case by case basis. 3. Focus on minimizing barriers to innovation where appropriate 4. Focus on Right Touch Regulation to allow Registrants to be more nimble. <p>*Considerations are included for the College's internal use</p>

Board Discussion

"Minimizes barriers"

- Does this apply to the College's own work or externally?
 - In considering Virtual Care would this apply to barriers that are external to College?
- This relates to Right Touch Legislation: not to over-regulate and limit the ability to innovate
 - Right Touch Regulation provides guardrails
 - Challenge is culture of Registrants: black and white approach, want to be told what to do
- "Minimizes barriers to innovation where appropriate" is duplicate of Right Touch Regulation
 - Right Touch Regulation inherently minimizes barriers
 - Prefer more emphasis on supporting innovation
- Staff saw "Right Touch Regulation" as not bringing enough of a focus

Longevity of document

- Broaden beyond current crises, leave more general

Action 2: Engage registrants and the public

- Change to “Engage public and registrants”
- Leave as is because practice innovation and practice-related insights come from registrants
 - For example, those who have come across barriers that prevent action
- Identify where registrants are limited in what they can do to meet the needs of public; links to Scope of Practice
- Consider “empower” versus “engage?”
 - Right Touch Regulation connotes spirit of engagement
 - Idea is to find out from registrants what they need
 - Not “empower”: they aren't powerless, “engagement” is better

*Goal Three: To have the public and health professionals **trust** pharmacy professionals as valuable resources who are acting first and foremost in the public interest*

Goal Three: To have the public and health professionals **trust pharmacy professionals as valuable resources who are acting first and foremost in the public interest.**

With increasing team-based care, it is important that pharmacy professionals are seen as a trusted, valuable, accessible resource by the public and others on the care team. ~~to the team and the public.~~

The College will seek to learn more about what the public expects of pharmacy professionals and will develop a Patient Bill of Rights to build awareness of how pharmacy professionals can help care for British Columbians as part of the care team. Transparency will be important throughout this work.

~~The College will undertake a survey, setting a baseline assessment. A communications plan and a Patient Bill of Rights will be developed and delivered. Surveys / assessments will monitor and communicate how the public and other healthcare professionals view pharmacy professionals.~~

Objectives	Actions	Internal Considerations*
To communicate what the public and health professionals can expect from pharmacy professionals, including services provided during provincial emergencies for example the COVID-19 pandemic and the opioid overdose crisis.	<ol style="list-style-type: none"> Hear from British Columbians on their expectations of pharmacy professionals, and the pharmacy care they provide. Assess public expectations of pharmacy professionals. Baseline assessment against public expectations. Develop a Bill of Rights [to /or/ and] build greater awareness of the safe and ethical pharmacy care that all British Columbians should expect. <i>[OR – w transparency]</i> Develop a Bill of Rights to increase the transparency and awareness of what British Columbians should expect from pharmacy [professionals/or care]. <i>[Or Simplified to focus on transparency being used to also imply awareness]</i> Develop a Bill of Rights to increase the transparency of what British Columbians should expect from pharmacy [professionals/or care]. Support greater collaboration within the healthcare system, including team-based care, by building awareness of how pharmacy professionals can help ensure all British Columbians receive high quality person-centred care. [If needed, add:] The College will also work with BC's other health regulators to support collaboration between health professionals. Collaborate with Health Regulators on effective frontline interdisciplinary communication. 	<ol style="list-style-type: none"> Consider transparent public engagement process to assess baseline and develop Bill of Rights. Consider importance of protecting the public by protecting healthcare providers. in order to protect the public Assess barriers, benefits and engage through existing working groups, committees etc. Patient Bill of Rights and College signage. Consider pharmacy professionals' roles in the care continuum and alleviating pressure on other healthcare providers. Consider Pharmacy Professionals as "essential workers" <p><i>Note that in view of regulatory college reorganization, and ongoing response to public health crises, work on Actions would necessarily be delayed into years 4 and 5 of the strategic planning cycle</i></p> <p>*Considerations are included for the College's internal use</p>

Board Discussion

Communication

- ▶ How we communicate out what we want the public to think of us should be about engaging public and HCPs to ensure pharmacy professionals are seen and used as valuable resources
- ▶ “Pushing out” information ties in with Goal One (Public given evidence-informed person-centred....etc.)
 - Step One: Elevate practice
 - Step Two: Ensure practice is expected by public; requires public understanding knowledge of practice

Action One: Develop a Patient Bill of Rights

- ▶ This refers to Pharmacy Profession wide bill of rights; intention to be pharmacy specific
- ▶ Emphasis is to ensure public aware of what to expect of capable professional and communicate it
- ▶ Distinct from proposed health-profession-wide Code of Ethics

Important not to advocate or be seen to be advocating

- ▶ Focus is intention to improve /inform /create awareness of role pharmacy professionals can play
- ▶ Inform not promote – clearly communicate expectations re what Pharmacy professionals can do

Pharmacy Professionals as Essential Workers

- ▶ Consider new appreciation of “essential worker” that includes all health care providers; Important element of Bill of Rights
- ▶ In early days of pandemic a lot of health care providers unclear on their roles

Health Continuum

- ▶ Work on this goal considered a collaborative model and how public unaware of important role of registrants and what they provide in general.
- ▶ Role in alleviating pressure on other HCPs in care continuum

Accessibility of pharmacy professionals

- ▶ Add to “trusted, valuable resource”
- ▶ Clarify “accessible” doesn’t mean just a warm body but having professional experience and ability to assist and guide the public

Goal Four: To align with Government/~~Ministry of Health~~ priorities and have strong, collaborative engagement with all healthcare providers to advance ~~person~~-centred, interdisciplinary care.

Board Members considered a proposed Goal Four along with the previously approved Goal Four. This version is an attempt to merge their comments into a new Goal with associated Objective and Actions.

<p>Goal Four: To align with Government/Ministry of Health priorities and have strong, collaborative engagement with all healthcare providers to advance person-centred, interdisciplinary care.</p> <p>The new Health Profession Regulatory Framework along with the College's review of the Standards of Practice (Goal One) and the development of the Patient Bill of Rights (Goal Three) will support and encourage alignment with Government/the Ministry of Health and renewed inter-professional collaboration and team-based care. The College will lead transparent engagement with other health regulators to facilitate inter-professional collaboration and team-based care. It is also recognized that innovation is a driver or enabler of effective collaboration, for example shared access to electronic health records.</p> <p>Effective collaboration is vital to enable innovation and implement positive change in the healthcare system.</p> <p>The implementation of a new provincial health profession regulatory framework together with the College's work towards modernizing its Standards of Practice and development of a Patient Bill of Rights closely aligns the College and Government in working towards improving the health and wellness of British Columbians.</p> <p>The College also wants to encourage greater collaboration between healthcare professionals and support team-based care.</p>		
Objectives	Actions	Internal Considerations*
Enhance patient health and wellness and align with the new health profession regulatory framework through collaborative engagement with Government/the Ministry of Health and all healthcare providers.	<ol style="list-style-type: none"> 1. Demonstrate existing front-line collaboration across healthcare providers. [Pay particular attention to lessons learned in provincial emergencies, for example the COVID-19 pandemic and the overdose crisis. Moved to Goal One, Action One] 2. Develop a position statement on regulation of pharmacy practice in interdisciplinary care. 3. Review and implement the new health profession regulatory framework. 4. Support healthcare provider access to PharmaNet. <p>Align with Government/the Ministry of Health on discipline processes in the new regulatory framework.</p> <p>Align with Government/Ministry of Health on access to PharmaNet and medication profiles for all healthcare providers involved in any aspect of drug therapy provision.</p> <p>Complete Board Governance renewal to reflect new Board Composition in new health professions regulatory framework</p> <p>Adjust inter-college communications and priorities to new regulatory Colleges' structure and composition</p>	<ol style="list-style-type: none"> 1. Links to Standards of Practice (Goal One) and Patient Bill of Rights (Goal Three). 2. Collaborate with other health professions. Engage with other healthcare professionals and the public. 3. All actions to be conducted transparently <p><i>Note that in view of Regulatory College reorganization, and the ongoing response to public health crises, work on this goal would necessarily be delayed into years 4 and 5 of the strategic planning cycle.</i></p> <p>*Considerations are included for the College's internal use</p>

Strategic Plan Start Date

There was consensus that the new strategic planning cycle will start on March 1, 2021. Staff had already started to work on the previously approved strategic plan but progress stalled because of the pandemic. March 1, 2021 aligns with the start of the College's fiscal year.



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8. Strategic Plan 2021/22 to 2025/26

Mary O'Callaghan

Chief Operating Officer



Review of Strategic Plan – January 13, 2021

- The Board and management met with Karen Graham to review the Strategic Plan.
- The plan had been put on hold for most of 2020, given the health pandemic.
- To review and assess the plan against a rapidly evolving environment and to make changes where needed.
- Some factors considered:
 - Ministry of Health priorities
 - Modernization of Regulation of Health Professionals Steering Committee Report Recommendations
 - Board's June 2020 Committee of the Whole planning session
 - Need for realignment as environment shifts



Recommended Changes

- Preamble has been expanded.
- Considerations are for internal use only:
 - Goal one objectives and actions amended, moving some details to the introduction
 - Goal two has some slight re-wording
 - Goal three introduction re-worded and sections have been clarified
 - Goal four introduction re-worded and actions amended to include reference to the new health profession regulatory framework



Preamble

- Implementation of goals and objectives in this Strategic Plan will reflect high quality person-centred care for all British Columbians, which involves creating conditions in which people feel respected, and providing equitable care that considers systemic racism among Black, Indigenous and People of Colour.
- The specific emphasis on Black, Indigenous and People of Colour included here is intended to reflect the historical and ongoing impact of systemic racial injustices and is in no way meant to exclude other vulnerable populations.
- Cultural safety and humility and social justice are essential to this work, in addition to considering the social context of individuals seeking care and the needs of caregivers.



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Goal One

Goal:

The public is given evidence-informed, person-centred, team-based care.

Objective:

To support the provision of evidence-informed, person-centred, team-based care.



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Goal Two

Goal:

To enable practice innovation through regulation that enhances health and wellness of the public and ensures patient safety.

Objective:

Ensure patient safety and health and wellness of the public by implementing a plan that engages registrants and the public in identifying practice innovations and determining the College's role.



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Goal Three

Goal:

To have the public and health professionals trust pharmacy professionals as valuable resources who are acting first and foremost in the public interest.

Objective:

To communicate what the public and health professionals can expect from pharmacy professionals, including services provided during provincial emergencies for example the COVID-19 pandemic and the overdose crisis.



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Goal Four

Goal:

To align with Government priorities and have strong, collaborative engagement with all healthcare providers to advance person-centred, interdisciplinary care.

Objective:

Enhance patient health and wellness and align with the new health profession regulatory framework through collaborative engagement with Government and all healthcare providers.



Implementation

2020/21

- Goal One was the priority.
- Due to budget, the focus was on an environmental scan and review of current standards, problem areas identified, etc. performed by College staff.

2021/22 Budget

- The draft budget includes:
 - Project Manager to be hired by September 1, 2021
 - Policy and Legislation Analyst to be hired by September 1, 2021
 - Medication Incident Reporting work to commence March 1, 2021
 - HPA standards - legal costs and engagement activities funded



8. Strategic Plan 2021/22 to 2025/26

MOTION:

Approve the amended Strategic Plan Goals and Objectives, as circulated and the amended effectiveness dates of March 1, 2021 to February 28, 2026.