



**Board Meeting
April 30, 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 and CEO
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
Jon Chen, Communications Project Officer
Stephanie Kwok, Executive Assistant and Board Coordinator

Guests:

Michael Coughtrie, Dean, UBC Faculty of Pharmaceutical Sciences
Parsa Shahbazi-Amin, UBC Pharmacy Undergraduate Society President

Guests Presenters:

Barbara Gobis, Director, UBC Pharmacists Clinic
Dr. Peter Zed, Professor and Associate Dean, UBC Practice Innovation, Faculty of Pharmaceutical Sciences

1. WELCOME & CALL TO ORDER

Chair Ishoy called the meeting to order at 8:49am on April 30, 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.

2. CONSENT AGENDA

a) Items for further discussion

b) Approval of Consent Items (Appendix 1)

District 8 Board Member, Bal Dhillon requested that item 2b.x *Committees Member Appointments* be removed from the Consent Agenda and placed onto the regular Agenda for further discussion.

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 April 30, 2021 Draft Board Meeting Agenda as amended.

CARRIED

4. EXCELLENCE CANADA UPDATE (Appendix 3)

Mary O'Callaghan, Chief Operating Officer provided the Board with an update on the College's progress toward achieving Excellence Canada's Excellence, Innovation and Wellness Standard.

5. REGISTRAR SEARCH COMMITTEE (Appendix 4)

a) Approval of Terms of Reference

Chair Ishoy provided an overview of the responsibilities and membership requirements of the Registrar Search Committee.

It was moved and seconded that the Board:
Approve the Registrar Search Committee Terms of Reference as amended, adding the development of a candidate profile at the end of the responsibilities section.

CARRIED

b) Appointment of Members to the Registrar Search Committee

Registrar Nakagawa called for nominations.

- Anne Peterson was nominated.
- Katie Skelton was nominated
- Justin Thind was nominated.

After 12 votes were electronically cast and tallied, Katie Skelton and Justin Thind were elected as the two Public Board members representatives to the Registrar Search Committee.

Registrar Nakagawa called for nominations.

- Anca Cvaci was nominated.
- Andrea Silver was nominated

After 12 votes were electronically cast and tallied, Andrea Silver was elected as the Board member at large representative to the Registrar Search Committee.

It was moved and seconded that the Board:

Approve the following members to the Registrar Search Committee:

- *The Board Chair, Claire Ishoy*
- *The Board Vice-Chair, Steven Hopp*
- *A Board Member at Large, Andrea Silver, determined by vote*
- *Two Public Board Members, Katie Skelton and Justin Thind, determined by vote*

CARRIED

c) Appointment of Committee Chair and Committee Vice-Chair to the Registrar Search Committee

It was moved and seconded that the Board:

Appoint Claire Ishoy as Committee Chair to the Registrar Search Committee.

CARRIED

The Committee Vice-Chair will be appointed at the first Registrar Search Committee meeting.

6. PHARMACISTS IN PRIMARY CARE NETWORK PROGRAM UPDATE (Appendix 5)

Barbara Gobis and Dr. Peter Zed presented the Board with an update on the Pharmacists in Primacy Care Network (PCN) Program. The key topics addressed in the presentation includes:

- PCN Program overview;
- Benefits of a patient-centered, team-based care model;
- Scope and administration of the program;
- Program structure and governance;
- Key accomplishments to date;
- Program implementation status;
- Program implementation strategy and details; and
- Program next steps.

7. JUNE BOARD MEETING DATES (Appendix 6)

Registrar Nakagawa recommended that the sequence of meetings in June be changed to the Board meeting to be held on June 18, 2021 and the Committee of the Whole meeting be held on June 25, 2021 to meet the requirement to file the College's Annual Report by the deadline of June 28, 2021.

It was moved and seconded that the Board:

Approve the proposed amendments to the June 2021 Board meeting dates, as circulated.

CARRIED

8. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA

2b.x Committees Member Appointments

The Board recommended that the Governance Committee review the Pharmacy Advisory Committee terms of reference to ensure that there is adequate representation of Pharmacy Technicians from different practice areas (community, hospital and residential care).

It was moved and seconded that the Board:

Approve College committee member appointments for terms beginning May 1, 2021, as circulated.

ADJOURNMENT

Chair Ishoy adjourned the meeting at 11:57am on April 30, 2021.



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BOARD MEETING April 30, 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 (April 2021)
 - c. Action Items & Business Arising
- iii. Approval of February 26, 2021 Draft Board Meeting Minutes **[DECISION]**
- iv. Committee Updates
- v. Committee Annual Reports to the Board
- vi. Audit and Finance Committee: Finance Report: Preliminary February 2021 Financials
- vii. Audit and Finance Committee: Budget 2021/22 Motion Correction **[DECISION]**
- viii. Approval of February 25, 2021 Draft Committee of the Whole Meeting Minutes **[DECISION]**
- ix. Drug Administration Committee: *Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions*
- x. Governance Committee: Committee Member Appointments **[DECISION]**



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BOARD MEETING April 30, 2021

2b.i. Chair's Report

INFORMATION ONLY

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

General:

- Liaised with Registrar, Vice Chair and Board to plan April 2021 Board meeting
- Reviewed draft April 2021 board meeting and Committee of the Whole meeting minutes
- Attended regular teleconferences with Registrar and Vice-Chair on Board items including those related to April 2021 board meeting
- Liaised with RESP and registrar regarding draft Registrar Search Committee terms of reference
- Provided options for Executive Search Firm
- Reviewed modified request for information request for Executive Search Firms
- Emailed board to solicit membership for Registrar Search Committee
- Spoke with board members one on one to review previous meeting and upcoming events
- Met with Hill and Knowlton to discuss government relations and a path forward

Events:

- None

Committees:

- Audit and Finance Committee
- Governance Committee
- Registrar Evaluation and Succession Planning 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.

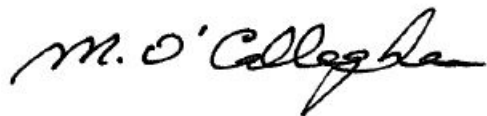
Insurance – all insurance policies are up to date.

Business Licence – current.

Signed by:



Registrar



Chief Operating Officer



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BOARD MEETING April 30, 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, which is set to begin in 2021. This project is underway.</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: 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
5.	<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. The College has drafted a "Drug Administration by Pharmacists" document to be discussed with the Ministry tentatively planned for February 2021.</p> <p>The "Drug Administration by Pharmacists" document was emailed to Mark Armitage, Assistant Deputy Minister Health Sector Workforce and Beneficiary Services Division, and to Mitch Moneo, Assistant Deputy Minister Pharmaceutical, Laboratory and Blood Services Division, of the Ministry of Health on March 9, 2021.</p> <p>A briefing note on the document is included for the consent agenda for the April 2021 Board meeting.</p>	02-2019	IN PROGRESS

6.	<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 met in February 2021 to continue work on the Draft Model Standards for Continuous Quality Improvement and Medication Incident Reporting. The final draft will be completed by April 2021 and approval by NAPRA Board is anticipated by Fall 2021.</p>	09-2019	IN PROGRESS
7.	<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
8.	<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 are in effect April 1, 2021.</p>	09-2020	COMPLETED
9.	<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



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BOARD MEETING April 30, 2021

2b.iii Approval of February 26, 2021 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the February 26, 2021 draft Board meeting minutes as circulated.

Appendix

1	http://library.bcpharmacists.org/2 About Us/2-1 Board/Board Videoconference Minutes-20210226.pdf
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BOARD MEETING April 30, 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 three times since the last Board meeting. The committee reviewed five pharmacy files. Three files were incomplete renewals, and two pharmacy files were eligibility-related cases. Please note, as this update was submitted on April 8, 2021, the number of pharmacy files reviewed may increase dependent on the number of cases reviewed in April. (E.g., late April renewal and any new eligibility cases.)

ii. Audit and Finance Committee

The Audit and Finance Committee met on April 19, 2021 to review the preliminary February financial reports and met with the BDO audit partner re the 2020/21 Audit Plans. The Committee also reviewed the annual investment report from Dominion Securities.

iii. Discipline Committee

The Discipline Committee did not hear any files for the period of January 2021 to February 2021. There are currently four pending files.

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 April 7 and April 12, 2021 via videoconference to discuss and approve the final recommendation of committee appointments for the Board approval at the April 2021 Board meeting.

On April 12, 2021, the committee reviewed the February 26, 2021 Board meeting evaluation survey results and discussed the following survey comments:

- Allocating longer discussion time to significant Board agenda topics,
- Continuing education opportunities for the Board, and
- Providing the Board with background information on guest presentations on the Board meeting agenda.

The Governance Committee also discussed about ways to improve the committee member applicant review process for 2022. The suggestions include:

- Creating a separate review process for public member applications,
- Considering representation of Indigenous people on Committees,
- Adding a self-identification field and self-identification disclaimer on the application form,
- Aligning criteria on the application form with the evaluation form, and
- Discussing further on creating a process to ensure that there is a balance of experience, skills, diversity and new voices across the Committees.

vii. Inquiry Committee

The Inquiry committee met three times via videoconference and seven times via teleconference for the period of January 2021 to February 2021. 36 files were reviewed or disposed of, of which 17 files were new files, 15 were reconsideration files, four were *PODSA* s. 18 report files and one file directed the Registrar to issue a citation for a hearing by the Discipline Committee. 137 calls/tips were received during this reporting period and 22 formal complaints were received.

The increase in number of files disposed by the Inquiry Committee for the months of January 2021 to February 2021 can be attributed to registrants requesting a reconsideration of the terms in their consent agreements, specifically to extend the deadlines to complete courses as some courses were cancelled due to COVID-19 and registrants breaching terms of their consent agreements. The increase in number of formal complaints received can be attributed to an increase in the number of referrals from other College departments, the increased 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 February 16 & 17, 2021 exam sitting.

ix. Legislation Review Committee

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

x. Pharmacy Advisory Committee

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

xi. Practice Review Committee

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

xii. Quality Assurance Committee

The Quality Assurance Committee met on March 3rd, 2021 and discussed the following agenda items:

- PDAP operational updates including CE submission, exemption, and mobile statistics
- PDAP Feedback Survey Responses
- CE Audit findings and updates on registrants that required follow-up

xiii. Registrar Evaluation and Succession Planning Committee

The Registrar Evaluation and Succession Planning Committee met on March 17, 2021 via videoconference. The Registrar Search Committee terms of reference will be considered for approval by the Board at the April 2021 Board meeting. The Registrar evaluation plan for 2021 was also discussed. The Registrar will develop and document a transition plan to facilitate the transfer to the new Registrar.

xiv. Registration Committee

The Registration Committee met twice since the last Board meeting. The committee reviewed two registrant files, in which both files where the applicant was unable to check off all items on the statutory declaration. Please note, as this update was submitted on April 8, 2021, the number of cases may increase if we receive more cases in April.

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



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BOARD MEETING April 30, 2021

2b.v Committee Annual Reports to the Board

INFORMATION ONLY

Annual reports of committee activities are submitted.

Appendix	
1	Annual Reports for all College committees

Annual Report to the Board April 30, 2021

Application Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2020 – February 28, 2021

Committee Overview

Membership:

Pharmacists and Technicians

Antler, Christine
Beever, John
Braun, Neil
Budd, George (until April 30, 2020)
Cunningham, Dianne
Hoff, Trevor
Johal, Jasdeep (from May 1, 2020)
Lee, Derek
Leong, Lysa (from May 1, 2020)
Masson, Sarah (from May 1, 2020)
Omelchuk, John (Curtis) (from May 1, 2020)
Wellon, Sorell
Zhou, Mark

Public Members

Edgar, Natasha (from May 1, 2020)
Gustavson, Kris
James, Jennifa (from May 1, 2020)
Lewis, Robert
Ly, Kevin (until April 30, 2020)
Moazen, Nima
Singh, Surbhi (until April 30, 2020)
Skelton, Katie
Thind, Justin (until April 30, 2020)

Chair: Beever, John

Vice Chair: Lee, Derek

Staff Resource: Leong, Doreen

Mandate: To review pharmacy licence applications that have been referred to the committee and determine whether to issue, renew or reinstate a licence with or without conditions.

Responsibilities:

- Review applications for a pharmacy licence as referred by the Registrar that do not meet the eligibility criteria defined in PODSA.
- Request additional information or evidence, if required to make a decision.
- Issue, renew or reinstate a pharmacy licence, with or without conditions, to applicants who satisfy the Application Committee they are eligible to hold a pharmacy licence.
- Refuse to issue, renew or reinstate a pharmacy licence, to applicants who do not satisfy the Application Committee that they are eligible to hold the pharmacy licence.
- Develop conditions with respect to issuing, renewing and reinstating a pharmacy licence.
- Inform applicants, about the results of the licensure decision made by the Application Committee.

Relevant Statistical Information

Application Committee:

- Number of meetings: 20 videoconferences

Accomplishments:

- Conducted an overall review of eligibility case files and incomplete pharmacy files.
- Drafted and revised communication materials for licensure processes – Pharmacy Licensure Guide, ReadLinks articles, webpages and correspondence
- Pharmacy applications referred to the AC:
 - 10 pharmacy files related to eligibility criteria.
 - 31 pharmacy files were incomplete/late.

Goals for Next Fiscal Year:

- Annual in-person/virtual meeting/orientation/training to review Application Committee decisions, administrative law and decision making including applying conditions to a pharmacy licence.
- Annual review and revision of all communication materials including FAQs, Pharmacy Licensure Guide, licensure pages on College website and correspondence letters/emails.



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Annual Report to the Board April 30, 2021

Audit and Finance Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2020 – February 28, 2021

Committee Overview

Membership: Antler, Christine (until November 20, 2020)
Cvaci, Anca
Dar Santos, Alex
Hagkull, Tracey
Hopp, Steven
Ishoy, Claire (effective November 20, 2020)

Chair: Hopp, Steven

Vice Chair: Hagkull, Tracey (until November 20, 2020)
Dar Santos, Alex (effective November 20, 2020)

Staff Resource: Nakagawa, Bob
O'Callaghan, Mary

Mandate: To provide recommendations to the Board relating to the annual audit and financial management of the College.

Responsibilities:

Annual Audit Planning and preparation

- Review with the auditors the scope of the upcoming year's audit, including any areas where the auditors have identified a risk of potential error in the financial condition and/or results of operations.
- Review with College management control weaknesses detected in the prior year's audit and determine whether practical steps have been taken to overcome them.

Audit results

- Review the auditors' draft report on the financial statements.
- Review auditors' evaluation of internal controls and processes, including internal controls over financial reporting and any material weaknesses or risks of fraud. Assess the steps management has taken to minimize significant risk of exposure. Consider effectiveness of control systems including information technology.
- Enquire into the condition of the records and the adequacy of resources committed to accounting and control.
- Enquire about changes in finance/auditing/control standards that have occurred during the year and whether there is any impact on the College financial systems.

- Meet with the auditors (without College management) to ascertain whether there are concerns that should be brought to the committee's attention.
- Coordinate with College management: the presentation of the audit findings by the auditors to the Board for Board approval; incorporate the Board approved audit report into the College Annual Report; have the auditors' present the results to the College registrants at the AGM.

Auditors' appointment

- Meet with senior management to ensure that management has no concerns about the conduct of the most recent audit.
- Recommend to the Board the auditors to be appointed for the following year, and in consultation with College management determine the appropriate compensation.
- Approve the selected auditors' engagement letter, receive the independence letter, review and approve any related materials.

Financial oversight

- Review the quarterly financial statements at the committee meetings during the year.
- Annually, review the proposed fiscal budget with College management.
- Annually review the College multi-year (2-5 year) financial plan.
- At least annually, review the College investment policy and ensure that the existing policy is being followed.
- Enquire about changes in professional standards or regulatory requirements.
- Ensure financial planning adequately addresses risks and long-term planning e.g. insurance, litigation, joint venture, other contingency funds, capital investments.
- Make recommendations to the Board with regard to the above and any other aspects of the financial management of the College as required.

Relevant Statistical information

Audit and Finance Committee:

- Number of meetings: 4 videoconferences

Accomplishments:

- Reviewed annual audit and auditor's recommendations with the auditors.
- Reviewed the annual investment report and policy.
- Reviewed the budget impacts of the COVID-19 health crisis.
- Reviewed and recommended approval of the 2021/22 annual budget.

Goals for Next Fiscal Year:

- Review the annual audit.
- Review the investment annual report and policy.
- Monitor the current year financial reports and multi-year estimates.
- Review annual budget.
- Review financial reports.
- Consider recommendation of either extension of BDO audit services contract or a competitive bid for audit services.



Annual Report to the Board April 30, 2021

Discipline Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2020 to February 28, 2021

Committee Overview

Membership:

Pharmacists and Technicians

Alarcon, Cristina
Baxter, Heather
Chahal, Rapinder
Chauvin, Vaughn
Dhaliwal, Neelam
Dhillon, Baldeep
Huang, Jeffrey
Lam, Peter
Lee, Derek
Robinson, Annette
Saad, Omar
Sanfacon, Sophie
Saran, Gurinder
Tchen, Paulo
Wong, Gabriella

Public Members

Chan, Christina
Cunningham, Dianne
Dennis, Alison
Driessen, Anneke
Hughes, Nerys
Kry, Edwin
Kushner, Howard
Marcotte, Dominique
Muir, Leza
Peterson, Anne
Segal, Carol

Chair: Lee, Derek

Vice-Chair: Baxter, Heather

Staff Resource: Pavan, David

Mandate: Hear and make a determination of a matter referred to the committee regarding a pharmacist's or pharmacy technician's conduct, competency and/or ability to practice, pursuant to legislation.

Responsibilities:

- Conduct hearings of a matter.
- Determine disposition of the matter.
- Inform respondents, complainants and the public about action taken.

- Inform respondents and complainants about the discipline process as applicable.
- Report to the Board as applicable.

Relevant Statistical Information

For the period of March 1, 2020 to February 28, 2021:

- Number of citations for discipline hearing issued: 1
- Number of hearing days: 2
- Number of discipline cases heard in court: 0
- Number of cases completed: 6

Summary

During the 2020/21 fiscal year, one citation for discipline hearing was issued. The majority of complaints that prompted the issuing of a citation were ultimately resolved through consent orders; therefore, six outstanding citations issued from the previous year were cancelled. The registrants and the Inquiry Committee agreed to resolve all matters by way of a Consent Order under section 37.1 of the HPA or Consent Agreement under section 36(1) of the HPA.

No discipline and penalty decisions were issued by the Discipline Committee in 2020/21.

Discipline Committee findings are posted on CPBC's website.



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Annual Report to the Board April 30, 2021

Drug Administration Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2020 – February 28, 2021

Committee Overview

Membership:	Capelli, John Chadha, Rashmi (until April 30, 2020) Cheung, Jenny Dar Santos, Alex Tsui, Wilson Wang, Bing Woodfield, Wendy (from May 1, 2020) Zhu, Julia
Chair:	Tsui, Wilson
Vice Chair:	Wang, Bing
Staff Resource:	Leong, Doreen
Mandate:	To review, develop and recommend the standards, limits and conditions under which a registrant may administer a drug or substance to patients and to maintain patient safety and public protection with respect to authorized pharmacist's administration of injections or administration of drugs by intranasal route to patients.

Responsibilities:

- 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 Pharmacists Regulation for the purposes of preventing diseases, disorders and conditions.
- May review the role of practising pharmacists in regard to the performance of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation.
- May 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 Pharmacists Regulation for the purposes of treating diseases, disorders and conditions.

- May consult, as it considers necessary or appropriate, with registrants or other individuals who have expertise relevant to drug administration by injection or on any other matter considered by the committee.

Relevant Statistical Information

Drug Administration Committee

- Number of meetings: 3 videoconferences

Accomplishments:

- Provided the Board an update on the status of Drug Administration Committee's (DAC) recommendations made to them at its February 15, 2019, to remove the restrictions on drug administration by injection and intranasal route (June 12, 2020).
- Received an update on the work of the Safe Drug Administration by Pharmacists Working Group (May 25, 2020).
- Recommended proposed amendments to the Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions to the Board (September 18, 2020).

Goals for Next Fiscal Year:

- To remove the restrictions on the Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions.
- Have the "Drug Administration by Pharmacists" Report presented to the Ministry of Health (March 9, 2021).



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Annual Report to the Board April 30, 2021

Ethics Advisory Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2020 – February 28, 2021

Committee Overview

Membership:

Pharmacists and Technicians

Badyal, Shivinder
Dhillon, Bal
Gerber, Patricia
Lecavalier, Tara
Lee, Vanessa
Liu, Robson
Low, Alan
Ng, Jing-Yi
Spielman, Audra

Public Members

Dempsey, Alison
Graham, Jamie

Chair:

Dhillon, Bal

Vice Chair:

Liu, Robson

Staff Resource:

Pavan, David

Mandate:

To provide recommendations to the Board or the Registrar on matters relating to the Code of Ethics, Conflict of Interest Standards and any other related policies or guidelines

Responsibilities:

- Provide advice and guidance regarding:
 - Ethical questions and dilemmas that have been directed to the committee from the Board, Board committees or College staff.
 - Registrant-Patient relations questions and dilemmas that have been directed to the committee from the Board, Board committees or College staff.
 - Registrant-patient relations to prevent professional misconduct that have been directed to the committee from the Board, Board committees or College Staff.
- Review and recommend updates to the Code of Ethics and Conflict of Interest Standards as necessary.
- Consult on education program proposals relating to ethics issues.

Relevant Statistical Information

Ethics Advisory Committee:

- Number of meetings: 0

Accomplishments:

- The Ethics Advisory Committee has not met during this reporting period.

Goals for Next Fiscal Year:

- Advise the CPBC Board on issues relating to ethics and Patient Relations.
- Conduct scheduled meetings as needed.
- Review terms of reference as needed.

Annual Report to the Board April 30, 2021

Governance Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2020 – February 28, 2021

Committee Overview

Membership:	Antler, Christine Cvaci, Anca Ishoy, Claire Peterson, Anne Skelton, Katie
Chair:	Peterson, Anne
Vice Chair:	Ishoy, Claire – until November 20, 2020 Antler, Christine – effective February 26, 2021
Ex-Officio:	Antler, Christine – until November 20, 2020 Ishoy, Claire (current Board Chair) – effective November 20, 2020
Staff Resource:	Pavan, David
Mandate:	To provide recommendations to the Board on matters relating to Board governance

Responsibilities:

- Review Board policies and manuals and recommend revisions to these documents
- Review and make recommendations regarding Board member orientation and ongoing development.
- Review and make recommendations on policies and practices related to the recruitment, election and/or appointment of Board and committee members.
- Provide advice and guidance on Board evaluations, including Board meeting evaluations.
- Assess and make recommendations regarding the governance-related needs of the Board.

Relevant Statistical Information

Governance Committee:

- Number of meetings: 1 teleconference, 6 videoconferences

Accomplishments:

- Refined the applicant evaluation form for the annual committee appointments
- Shared our committee member appointment process and applicant evaluation form with the College of Dental Surgeons of BC as requested
- Formalized the Board Chair and Vice-Chair election process by developing questions to pose to Board Chair and Vice-Chair candidates and discussing about desired candidate attributes
- Reviewed Board meeting evaluation survey results and implemented process changes as suggested
- Made amendments to Board Reference and Policies

Goals for Next Fiscal Year:

- Finalize the Board competency matrix
- Review Board policies and manuals and recommend revisions to these documents.
- Review and make recommendations regarding Board member orientation and ongoing development.
- Review and make recommendations on policies and practices related to the recruitment, election and/or appointment of Board and committee members.
- Provide advice and guidance on Board evaluations, including Board meeting evaluations and Board member evaluations.
- Assess and make recommendations regarding the governance-related needs of the Board.
- Continue to review committee TOR and update as needed.



College of Pharmacists
of British Columbia

Annual Report to the Board April 30, 2021

Inquiry Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2020 to February 28, 2021

Committee Overview

Membership:

Pharmacists and Technicians

Aujla, Enreet
Bhimji, Joy
Chang, Ming
Dahri, Karen
Gidda, Sukhvir
Harrison, Michelle
Hurd, Lori
Khangura, Sanjeev
Kuo, I fan
Kwong, Mona
Lee, Sammy
Munroe, Janice
Ridgeley, Alana
Scott, Kristoffer
Scyner, Kelsey
Troesch, Susan (term ended June 2020)
Walker, Roberta
Wong, Joyce
Yee, Wilson
Yeung, Marco

Public Members

Barkley, Dorothy
Butler, Janice (term ended May 2020)
Deen, Meribeth
Jennens, Helen
Johannesen, Debbie
Mercer, James
Rhodes, Alison
Roeters, Nathan
Stockdale, Cameron
Thind, Justin
Wicks, Ann (term ended April 2020)

Chair:

Harrison, Harrison (current)
Troesch, Susan (term ended April 2020)

Vice-Chair:

Lee, Sammy (current)
Chang, Ming (term ended April 2020)

Staff Resource:

Pavan, David

Mandate: Investigate complaints and concerns regarding a pharmacist's conduct, competency and/or ability to practice and decide on an appropriate course of action pursuant to legislation.

Responsibilities:

- Investigate complaints on its own motion or raised by a complainant within timelines as prescribed by the Minister.
- Investigate registrants that fail to authorize a criminal records review check as well as registrants presenting a risk of physical or sexual abuse to children as determined by the Registrar of the Criminal Records Review Act.
- Make dispositions of matters investigated.
- Inform registrants, complainants, the public and the Health Professions Review Board (as required) about the inquiry process and complaint outcomes, as necessary.
- Report to the Board as applicable.

Relevant Statistical Information

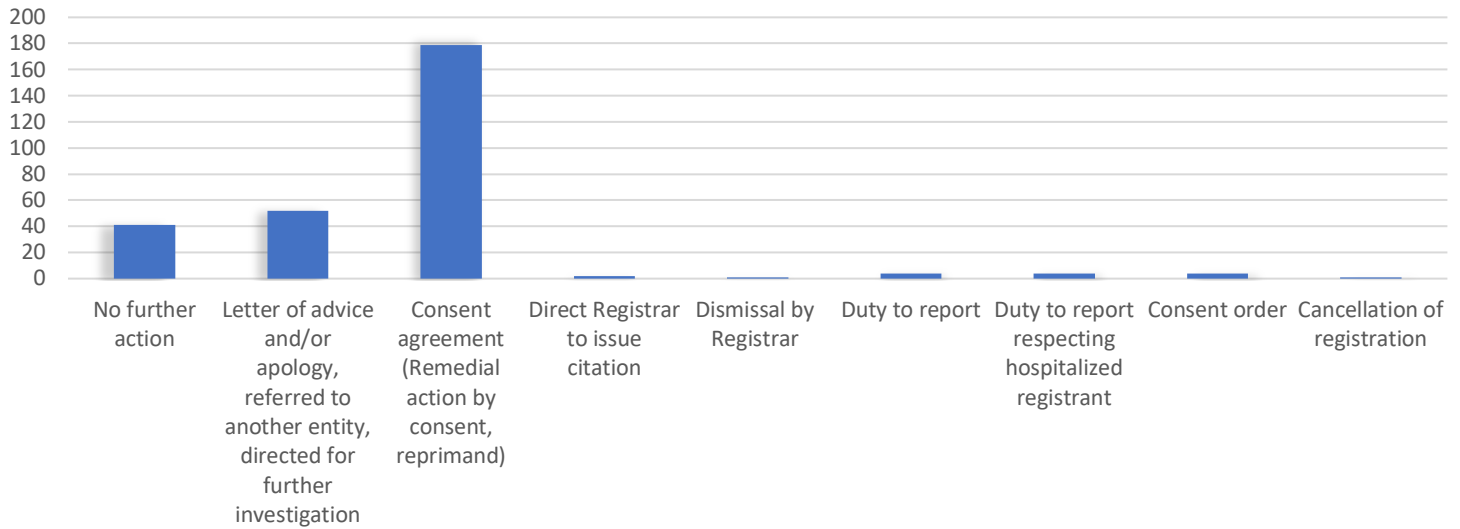
March 1, 2020 – February 28 2021	Total
Intake Activities	
Total number of calls/emails	1,056
Inquiry Committee Activities	
Total number of HPA s. 33 (formal) complaints opened/received by Inquiry Committee	150
Number of registrants involved	271
Formal complaints issues breakdown	
Medication related (Includes: incorrect drug/quantity/dose, incorrect label, incorrect patient, drug interaction, compounding error, inaccurate PharmaNet recordkeeping, inaccurate delivery)	47
Privacy / Confidential	9
Professional misconduct (Includes: sexual misconduct, off-duty conduct, conduct unbecoming, unprofessional conduct, breach of undertaking, incentives, regulatory non-compliance)	41
Competency and practice issues (Includes: knowledge issues, professional judgment issues, inadequate patient counselling, inaccurate recordkeeping, poor supervision of staff and management of pharmacy)	44

Medication review	2
Fitness to practice (Includes: Duty to report)	11
Unauthorized practice (Includes: practicing without licence, practicing outside of scope, sale of scheduled drugs on unlicensed premises)	35
Unlawful activity (Includes: forgery, theft, diversion)	4
Methadone	15
Other	5
Total number of meetings	66
Total number of files disposed/reviewed	289
Number of new files disposed	137
Number of reconsiderations*	100
Number of <i>PODSA</i> s. 18 reports	52
Dispositions**	
HPA s. 33(6)(a) No further action	41
HPA s. 33(6)(b) Letter of advice, directed for further investigation, letter of apology, referred to another entity	52
HPA s. 33(6)(c) & 36(1) Consent agreement (Remedial action by consent, reprimand)	182
HPA s. 33(6)(d) Direct Registrar to issue citation	2
HPA s. 32(3)(a) & s. 32(3)(b) Dismissal by Registrar	1
HPA s. 32.2(4)(b) Duty to report	4
HPA s. 32.3(3)(b) Duty to report respecting hospitalized registrant	4
HPA s. 37.1(1) Consent order	4
Cancellation of registration	1
Total number of complaints via HPRB	1

*Some files may have been reconsidered more than once.

** Some files may have more than one disposition (e.g. The registrant may have agreed to sign a consent agreement and provide a letter of apology to the complainant).

BREAKDOWN OF DISPOSITIONS



Summary of Relevant Statistics

The College's Inquiry Committee investigates complaints and concerns regarding a registrant's conduct, competency and/or ability to practice and decide on an appropriate course of action pursuant to legislation. All complaints are received and resolved by:

- informal resolution through remediation and correspondences,
- formal complaints process with resolution through remedial activities, reprimands, suspensions and practice restrictions, or
- referral to the registrar with direction to issue a citation and begin disciplinary proceedings.

In 2020/21, the Inquiry Committee received and opened 150 complaints which involved over 270 registrants. Panels of the Inquiry Committee convened on 66 occasions to review and dispose of 137 cases and to reconsider 100 cases. Majority of these cases were resolved by way of consent with the registrant and resolved by remedial action. There were 8 registrants whose cases were reviewed and disposed of by the committee but have yet to sign their consent agreements at the time of reporting. There were two cases where the Inquiry Committee directed the Registrar to issue citations whereby the registrants failed to respond to the College. One registrant agreed to cancel his registration with the College.

The Inquiry Committee took no further action for 41 registrants as the conduct or competence of the registrant was found to be satisfactory or the complaint was unsubstantiated. The Inquiry Committee also took actions it considered appropriate to resolve the matter between the complainant and the registrant in 52 cases, whereby the registrant's conduct and competence was found to be unsatisfactory but relatively minor. These actions may include reminders and recommendations for better practice and written letters of apologies to the complainants.

Six registrants' citations and discipline hearings were cancelled as the matters were resolved by consent pursuant to section 37.1 or section 36 of the HPA. Section 37.1(1) of the HPA states that the registrant may give the Inquiry Committee a written proposal at any time before the commencement of a discipline hearing. In these instances, the orders are considered to be orders made by the Discipline Committee.

Section 35 Extraordinary Action

If the Inquiry Committee considers an action necessary to protect the public during the investigation of a registrant or pending a hearing of the discipline committee, it may, by order,

- impose limits or conditions on the practice of the designated health profession by the registrant, or
- suspend the registration of the registrant.

This action is used sparingly in cases where there is an urgent public protection issue. In 2020/21, the Inquiry Committee made orders to impose limits and conditions on a registrant's pharmacy practice pursuant to section 35(1)(a) of the HPA, pending investigation into the registrant's practice or discipline hearing. These included but are not limited to:

- not be involved in any way in the preparation, compounding, manipulation and/or dispensing of injectable and/or sterile products to patients/clients or health care providers/prescribers for office use;
- not act as a pharmacy manager or owner, to not act as a preceptor to students or be responsible for the supervision of other staff and/or registrants; and
- must work under the direct supervision of another registrant acceptable to College staff.

Health Professions Review Board

Under section 50.53 the HPA, the Health Professions Review Board ("HPRB") can:

- on application by a complaint under section 50.6, review the adequacy of the investigation conducted by the Inquiry Committee and the reasonableness of its disposition;
- on application by a registrant or complainant under section 50.57, review the timeliness of an investigation.

In 2020/21, there was one HPRB review requested by a complainant and the HPRB confirmed the disposition of the Inquiry Committee in this case.

Summary of Inquiry Committee Dispositions

Medication Dispensing Errors

The most common complaints received at the College continue to be complaints related to medication dispensing errors, such as:

- patients receiving the incorrect medication or strength of medication;
- medications being dispensed and/or delivered to the wrong patient;
- prescription labels containing incorrect information, or information inconsistent with the original prescription;

- patients receiving expired medication; and
- blister packaging errors, such as incorrect quantities and incorrect medication inside individual blisters.

In all the above instances, the root cause of the errors was an inadequate final check and/or inadequate patient counselling.

For most complaints involving a medication dispensing error, the Inquiry Committee took a remedial approach in its dispositions. Registrants who had been responsible for the final check and/or patient counselling for a prescription, but who had not followed legislative requirements for these steps, were requested to sign consent agreements containing terms that had them reflect on the error and probable causes of the error. Examples of such terms include:

- reviewing legislative requirements for final check and/patient counselling, and then signing a declaration to indicate understanding and future compliance;
- undertaking (ie. make a written, professional commitment) to take certain steps to change or enhance their practice to prevent a recurrence of the error;
- reading an article and/or taking a course related to preventing medication errors; and
- writing a written reflection regarding their learnings from the article/course.

Professional Misconduct

The Inquiry Committee reviewed and disposed of cases related to professional misconduct that did not involve pharmacy practice. These cases included conduct such as, not responding to the College in a timely manner, or in some cases not at all, altering legal documents and registrants misrepresenting themselves. To resolve these matters, the registrants were requested by the Inquiry Committee to consent to terms that included:

- reviewing the College's code of ethics tutorial;
- paying a fine;
- consenting to letters of reprimand in the range of one year to permanent; and
- not being a preceptor or supervisor of pharmacy students for a period of time.

Inaccurate PharmaNet Recordkeeping

The Inquiry Committee disposed of cases related to inaccurate processing of daily-dispensed prescriptions and/or weekly or monthly processing. The Inquiry Committee determined that pharmacy staff dispensed prescriptions to patients for a quantity of seven days but processed those prescriptions once daily onto PharmaNet. This practice resulted in inadequate prescription preparation, inaccurate clinical assessments, incomplete PharmaNet checks, and false final checks. This practice ultimately resulted in inaccurate PharmaNet records for the involved patients.

The Inquiry Committee requested that the involved registrants pay a fine (ranged between \$1,000 to \$7,500), limits (pharmacy manager limit), to complete the Jurisprudence Exam, to take an ethics course, and issued letter of reprimands.

Opioid Agonist Treatment

The Inquiry Committee reviewed a number of cases where other practitioners had submitted complaints about the way pharmacist registrants had dispensed OAT therapy to their patients. The practitioners were concerned that the registrants dispensed treatment contrary to their direction. For example, registrants were identified as having provided carries or split doses to patients where they were not authorized by the practitioner. The pharmacists involved in the incidents cited many factors for their decision making, including inadequate transitions in care, the inability to communicate with prescribers, and COVID related measures put into place by the Public Health Officer.

In most cases, the Inquiry Committee determined that the College registrants dispensed treatment contrary to the practitioners' orders in response to scenario specific challenges and did so to ensure continuity of care. The Inquiry Committee reminded the registrants that their actions were considered exceptions to the rule, and that the registrants were required to follow PPP-66 and their associated policy guides when dispensing OAT. Further, in each case the Inquiry Committee identified potential knowledge gaps in the registrants' practice and directed registrants to complete remedial coursework to address these gaps.



College of Pharmacists
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Annual Report to the Board April 30, 2021

Jurisprudence Examination Subcommittee Report

INFORMATION ONLY

Reporting Period: March 1, 2020 – February 28, 2021

Committee Overview

Membership: **Pharmacists and Technicians**

Cao, Angel
Chan, Connie
Dhillon, Bal
Kim, Brian
Ladak, Ali
Ling, Kent
Oxford, Tara
Szeman, Christopher
Taheri, Asal
Wang, David

Chair: Dhillon, Bal

Vice Chair: Szeman, Christopher

Staff Resource: Leong, Doreen

Mandate: To ensure that the Jurisprudence Examination remains a valid and reliable assessment instrument.

Responsibilities:

- Develop, update and maintain Jurisprudence Examination blueprint and content.
- Establish and validate the assessment, the processes, and the standards.
- Develop recommendations and policies for review and approval by the Registration Committee.
- Review correspondence and appeals pertaining to the examination questions and acceptable answers, and recommend outcomes for the Registration Committee's approval.

Relevant Statistical Information

Jurisprudence Examination Subcommittee:

- Number of meetings: 1 in-person; 1 videoconference

Accomplishments:

- Key policies, processes, exam results and item statistical data reviewed and approved.
- Secured Prometric, an assessment and testing organization to facilitate administration of the Jurisprudence Exam for both in-person and remote proctor testing.
 - Transitioned to computer-based testing (CBT).
 - Secured new item bank platform.
- Revised all Jurisprudence Exam communications materials ie. Jurisprudence Exam Information Guide, College website, confirmation letters and results letter to applicants.

Goals for Next Fiscal Year:

- Annual review of all Jurisprudence Exam policies and Jurisprudence Exam communication materials.
- Launched Jurisprudence Exam Modernization Project (delayed from 2020 due to COVID).
 - Develop project plan and timelines.
 - Conduct Jurisprudence Exam blueprint, item writing, item review and standards setting.



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Annual Report to the Board April 30, 2021

Legislation Review Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2020 – February 28, 2021

Committee Overview

Membership:	Dhillon, Bal Ishoy, Claire Silver, Andrea Thind, Justin
Chair:	Thind, Justin
Vice-Chair:	Silver, Andrea
Staff Resource:	Paramonczyk, Christine Sharma, Anu
Mandate:	To provide recommendations to the Board and the Registrar on matters relating to pharmacy legislation and policy review.

Responsibilities:

- Provide advice and guidance regarding proposed legislation/policy changes that have been directed to the committee from the Board, Board committees or College staff.
- Identify priorities for change within legislation review planning cycle.
- Determine if broader external stakeholder consultation is required.
- The Chair of Committee presents priorities to the Board for approval.
- Approve final draft of proposed legislation/policy prior to presentation to Board.
- The Chair, with support from the Director of Policy and Legislation, presents revised documents to Board for approval.
- Review public posting comments, as necessary.

Relevant Statistical Information

Legislation Review Committee:

- Number of meetings: 6 teleconference/videoconference

Accomplishments:

- Over the past year, the Legislation Review Committee recommended the following changes to policy, bylaws, fees, and Standards of Practice¹:

Legislation	Amendments
<i>Health Professions Act (HPA) Bylaws</i>	<p><u>March 2020</u></p> <ul style="list-style-type: none">• Approval to amend the Standards of Practice regarding verbal orders.• Approval to file fee schedule amendments with the Minister of Health. <p><u>August 2020</u></p> <ul style="list-style-type: none">• Approval to extend an 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, due to the COVID-19 emergency. <p><u>January 2021</u></p> <ul style="list-style-type: none">• Approval to post bylaw amendments regarding temporary registration under a declared emergency for public comment.• Approval to file bylaw amendments regarding temporary registration under a declared emergency with the Minister of Health.• Approval to post bylaw amendments in Schedule “C” to recognize PharmAchieve’s Drug Administration Course for public comment.
<i>Pharmacy Operations and Drug Scheduling Act (PODSA) Bylaws</i>	<p><u>March 2020</u></p> <ul style="list-style-type: none">• Approval to file fee schedule amendments with the Minister of Health. <p><u>January 2020</u></p> <ul style="list-style-type: none">• Approval to file fee schedule amendments with the Minister of Health.
<i>Professional Practice Policies (“PPP”)</i>	<p><u>March 2020</u></p> <ul style="list-style-type: none">• Approval to amend PPP-54 Identifying Patients and Patient Representatives in Community Pharmacy and Telepharmacy Settings.• Approval to amend PPP-59 Pharmacy Equipment. <p><u>October 2020</u></p> <ul style="list-style-type: none">• Approval to amend the training deadline included in PPP-66 Opioid Agonist Treatment.
<i>Drug Schedules Regulation (“DSR”)</i>	<p><u>August 2020</u></p> <ul style="list-style-type: none">• Approval of a framework to remove natural health products from the Drug Schedules Regulation.

¹ Please note that this annual report only includes amendments that obtained LRC approval. In 2020, due to need to address the COVID-19 epidemic in an expedited fashion, there were multiple bylaw and policy amendments that proceeded for Board approval without first being approved by the LRC. That process was enabled by the following March 2020 Board decision: “Approve all legislative changes to temporarily bypass the Legislation Review Committee and to go directly to the Board for approval amid COVID-19 pandemic.”

Goals for Next Fiscal Year:

- Initiate scoping a comprehensive review and reform of legislative requirements under the *Standards of Practice*.
- Review and analyze amendments to the *Health Professions Act*, anticipated to be released by the provincial government. In addition, develop bylaw amendments, to implement the *Health Professions Act* changes.
- Implementation of bylaws adopting the National Association of Pharmacy Regulatory Authorities Model Standards for Sterile Compounding.



College of Pharmacists
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Annual Report to the Board April 30, 2021

Pharmacy Advisory Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2020 to February 28, 2021

Committee Overview

Membership: **Pharmacists and Technicians**

Aeng, Elissa
Chahal, Rapinder
Chang, Ming
Cvaci, Anca
Dahri, Karen
Davis, James
Do, Thao
Dunkin, Jennifer
Elliot, Dana
Gojkovic, Ivana
Hopp, Steven
Jaswal, Mohinder
Ladha, Fatima
LaPointe, Karen
Munroe, Aita
Oxford, Tara
Scott, Kris
Sihota, Aaron
Silver, Andrea
Tejani, Aaron
Vek, Lanai
Wellon, Sorell
Zhang, Cindy

Chair: Cvaci, Anca

Vice Chair: Silver, Andrea

Staff Resource: Keshavji, Ashifa

Mandate: To provide recommendations to the Board or the Registrar on matters relating to pharmacy practice issues.

Responsibilities:

- To meet from time to time to review issues related to the practice of pharmacy that have been directed to the committee by the Board or the Registrar.
- Assist in the development of policies, procedures, guidelines and proposed legislation pertaining to pharmacy practice and standards.
- Assist in the development of information materials for circulation to practicing registrants.
- Recommend appropriate action to the Board or the Registrar regarding pharmacy practice issues.
- Work collaboratively across practice areas (e.g., community, hospital, residential care) to ensure a cohesive approach to common practice issues.

Relevant Statistical Information**Pharmacy Advisory Committee:**

- Number of meetings: 0

Accomplishments:

- Attended engagement sessions and/or provided subject matter expertise on the development of standards of practice relevant to the following projects:
 - NAPRA Model Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting

Goals for Next Fiscal Year:

- Continue to review issues related to the practice of pharmacy that have been directed to the committee by the Board or the Registrar
- Continue to support the Practice Review Committee on the maintenance of the Practice Review Program



College of Pharmacists
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Annual Report to the Board April 30, 2021

Practice Review Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2020 to February 28, 2021

Committee Overview

Membership:

Pharmacists and Technicians

Chadwick, Marilyn
Chai, Patrick
Chai, Sally
Harrod, Yonette
Ku, Amy
Ortynsky, Michael
Topiwalla, Deepa
Williams, Peter

Public Members

Aujla, Naveen
Hagkull, Tracey
Salamat, Lorena Karen
Rhodes, Alison

Chair:

Hagkull, Tracey

Vice Chair:

Ortynsky, Michael

Staff Resource:

Keshavji, Ashifa

Mandate:

To monitor and enforce standards of practice to enhance the quality of pharmacy care for British Columbians.

Responsibilities:

- Develop and update the Practice Review Program (PRP) processes and policies for approval by the Board as required including but not limited to processes and policies that:
 - outline the Pharmacy Review component;
 - outline the Pharmacy Professionals' Review component;
 - outline follow-up and remediation.
- On a yearly basis review the statistics and outcomes and feedback of the PRP, determine recommendations for improvement and report to the Board as applicable.
- Liaise with the Pharmacy Advisory Committee to make recommendations on current and outstanding issues pertaining to the PRP.
- Liaise with Health Authorities, owners and directors and other stakeholders to address current and outstanding issues pertaining to the PRP.

Relevant Statistical Information

Practice Review Committee:

- Number of meetings this fiscal: 3 videoconferences

Accomplishments:

- Presented the 2019-20 Fiscal Year Report to the Board
 - Review Data and Registrant Feedback Survey Results
- Launched Virtual Reviews for pharmacy professionals in response to the COVID-19 Pandemic, development included:
 - Environmental scan of other Pharmacy Regulatory Authorities
 - Preliminary Privacy Impact Assessment
 - IT development of a new PRP application
 - Development of new registrant resources
 - Developed new registrant feedback survey
- Published 6 PRP Insights Articles in Readlinks

Goals for Next Fiscal Year:

- Present the 2020-21 Fiscal Year Report to the Board
 - Review Data and Registrant Feedback Survey Results
- Explore development of Virtual Reviews for pharmacies
- Conduct reviews to meet review targets
- Prepare PRP Insights Articles for Readlinks
- Develop and implement the following additional review criteria
 - Telepharmacy
 - Injectable Opioid Agonist Treatment

Annual Report to the Board April 30, 2021

Quality Assurance Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2020 to February 28, 2021

Committee Overview

Membership:

Pharmacists and Technicians

Al-Tabbaa, Hani
Gidda, Sunny
Hope, John
Langfield, Katherine
Lucarelli, Frank
Ortynsky, Michael
Seet, Anthony
Wu, Man-Fung Allen

Public Members

Cheng, Tessa
Hagkull, Tracey
Hozaima, Lena
Siah, Rebecca

Chair:

Ortynsky, Michael

Vice Chair:

Gidda, Sunny

Staff Resource:

Keshavji, Ashifa

Mandate:

To ensure that registrants are competent to practice and to promote high practice standards amongst registrants.

Responsibilities:

- Monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants.
- Establish and maintain a quality assurance program to promote high practice standards among registrants and continuous learning and professional development.
- Recommend standards of practice for continuing competency for the Board's approval.
- Develop practice guidelines and / or advisory statements when required.
- Establish and maintain a quality assurance program in accordance with current testing standards and assessment practices.
- Set, administer and maintain policies on all matters related to assessment competencies, standards, principles, selection or design and processes.
- Establish sub-committees and ad hoc working groups for Board appointment, to develop, administer and maintain assessments for the purposes of the quality assurance program.

Relevant Statistical Information:

Quality Assurance Committee:

- Number of meetings: 2 videoconferences

Accomplishments:

- Conducted 2020 CE Audits for 400 registrants as recommended by the statistician
- Updated program policies as per legal opinion
- COVID-19 CE Exemption approved by the Board
 - Operationalized the exemption
 - Monitored feedback and extended the exemption

Goals for Next Fiscal Year:

- Summarize outcomes from the 2020 CE Audits and present to the Board
- Revisit the removal of the CE Exemptions program policy as per legal opinion
- Determine if a registrant learning needs survey is required based on Board direction



College of Pharmacists
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Annual Report to the Board April 30, 2021

Registration Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2020 – February 28, 2021

Committee Overview

Membership:

Pharmacists and Technicians

Bassi, Atamjit (from May 1, 2020)
Elliott Dana
Gill, Sukjiven (Suki) (until April 30, 2020)
Skaalrud, Traci
Huang, Chelsea
Lee, Derek (until April 30, 2020)
Lee, Vanessa
Lim, Jihyun (Amy)
Patel, Natasha (from May 1, 2020)
Jang, Raymond
Piekarski, Mikolaj

Public Members

Kalliciak, Coral (from May 1, 2020)
Guppy, Avena
Skelton, Katie
Unruh, Lorraine (until April 30, 2020)

Chair: Jang, Raymond

Vice Chair: Elliot, Dana

Staff Resource: Leong, Doreen

Mandate: To ensure that registrants are qualified to practice.

Responsibilities:

- Review all matters relating to applicants for registration and determine applicants' eligibility for registration including establishing the conditions and requirements for registration.
- Grant registration, including reinstatement and registration renewal, to all individuals who satisfy the Registration Committee that they are qualified to be a registrant, including payment of required fees.
- Develop policies and requirements with respect to the registration of new, renewing and reinstating registrants.
- Set, administer and maintain policies on all matters related to assessment competencies, standards, principles, selection or design and processes.
- Establish sub-committees and ad hoc working groups for Board appointment, to develop, administer and maintain assessments for the purposes of the registration processes.

- Inform registrants, other stakeholders and the Health Professions Review Board, as required about the registration process and outcomes.

Relevant Statistical Information

Registration Committee:

- Number of meetings: 7 videoconferences

Accomplishments:

- Key policies, processes and exam results reviewed and approved including the Registration Committee Policies and Jurisprudence Exam results.
- Reviewed and updated all communication materials including webpages, correspondence letters and Registration Committee procedures.
- Applications reviewed:
 - Pharmacist Pre-registration Application – Canada Free Trade Agreement – Extension of validity period of pre-registration application (N=1).
 - Pharmacist Pre-registration Application – International Pharmacy Graduate – Structured Practical Training Exception (N=9).
 - Pharmacist Pre-Registration Application – International Pharmacy Graduate – Extension of validity period of the Structured Practical Training and Jurisprudence Exam result (N=1).
 - Pharmacist Jurisprudence Exam – Exam accommodation (N=1).
 - Pharmacy Technician Pre-Registration Application – Canadian Graduate – Structured Practical Training Exception (N=2).

Goals for Next Fiscal Year:

- Annual review of all Registration Committee Policies.
- Review and recommend bylaw changes related to pre-registration and registration requirements, and number of assessment attempts.
- Launch online registration and pre-registration process for all registration categories.
- Annual review and revision of all communication materials including FAQs, registration pages on College website and correspondence letters/emails.



BOARD MEETING April 30, 2021

2b.vi. Audit and Finance Committee: Finance Report (Preliminary February 2021 Financials)

INFORMATION ONLY

Purpose

To report on the highlights of the preliminary February 2021 financial reports.

Background

The preliminary February 2021 financial reports reflect **twelve months** of activity prior to some of the year-end accruals. These year-end accruals will be finalized prior to the annual audit, scheduled for early May 2021. The audit results will be presented at the June Board meeting. 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 almost \$1,700,000. Investments at the end of November totalled over \$4.8 million. Payables and accruals are just under \$900,000.

Revenue

The total *Licensure revenues* are slightly under budget, by about \$259,000 or 3%. This is primarily due to the 2020 UBC grads being unable to register as full pharmacists until they receive the Objective Structured Clinical Examination (OSCE) results. These results were released in early January. *Other revenues* (administrative fees, etc.) are over budget by just under \$97,000, mainly due to fine revenues. Grant revenue is over budget by just over \$50,000 due to recognition of deferred grant revenue being recognised regarding the final payment of the ActionADE PharmaNet grant. Investment income is under budget by about \$24,000, while Joint Venture income is right on budget. The combined result is that actual revenues are under budget, approximately \$136,000 or 1% under budget.

Expenses

Total Year to Date Actual expenditures are considerably under budget, by a little under \$900,000 or 8%. 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	821,568	725,923	Reduced travel and accommodation and conferences.
Finance and Administration	2,021,275	1,920,127	Reduced professional development and bank fees.
Information Technology	2,246,533	2,352,239	Timing of projects re Cyber Security review, move to MS 365, etc.
Grant Distribution	10,240	50,000	Timing of grant payment
Registration & Licensure	1,014,031	893,383	Salary gapping and reduced committee travel and accommodation.
Quality Assurance	317,163	275,627	Timing of PDAP app upgrades.
Practice Review	1,698,169	1,403,398	Travel & accommodation for committee meetings and compliance officers, salary gapping, and timing re outside services.
Complaints Resolution	1,781,575	1,651,337	Salary gapping and timing re legal and outside services.
Policy and Legislation	562,211	462,635	Salary gapping.
Communications & Engagement	436,683	409,811	Timing re engagement activities.
Projects	125,570	0	Timing re outside services.
Amortization	296,884	288,547	
Total Expenses	11,329,901	10,433,025	8% under budget. (\$896,878)

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 February 28, 2021

ASSETS	
Cash and Cash Equivalents	1,697,026
Investments	4,810,185
Receivables	91,380
Prepaid Expense and Deposits	496,497
Current Assets	7,095,088
Investments in College Place Joint Venture	1,483,800
Development Costs	77,386
Property & Equipment	608,101
Non-current Assets	2,169,287
Total Assets	9,264,375

LIABILITIES AND NET ASSETS	
Payables and Accruals	892,717
Capital Lease Obligations (Current)	10,946
Deferred Revenue	5,618,579
Total Current Liabilities	6,522,242
Capital Lease Obligations (non-current)	21,773
Total Liabilities	6,544,015
Total Net Assets	2,720,360
Total Liabilities and Net Assets	9,264,375

College of Pharmacists of BC

Statement of Revenue and Expenses

For the 12 months ended February 28, 2021

	Budget YTD 2020/21	Actual YTD 2020/21	Variance (\$) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Licensure revenue	9,728,090	9,468,719	(259,371)	(3%)
Non-licensure revenue	487,475	610,796	123,322	25%
Transfer from Balance Sheet	-	-	-	0%
Total Revenue	10,215,565	10,079,515	(136,049)	(1%)
Expenses				
Total Expenses Before Amortization	11,033,017	10,144,479	888,541	8%
Amortization	296,884	288,547	8,337	3%
Total Expenses Including Amortization	11,329,901	10,433,025	896,878	8%
Net Deficit of Revenue over Expenses after Amortization Expense	(1,114,329)	(353,510)	760,829	

College of Pharmacists of BC

Statement of Revenue

For the 12 months ended February 28, 2021

	Budget YTD 2020/21	Actual YTD 2020/21	Variance (\$) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Pharmacy fees	3,688,831	3,640,134	(48,697)	(1%)
Pharmacists fees	5,098,606	4,921,704	(176,902)	(3%)
Technician fees	940,653	906,881	(33,772)	(4%)
Licensure revenue	9,728,090	9,468,719	(259,371)	(3%)
Other revenue (fines/assessments, late fees, certificate of letter of standing)	96,782	193,486	96,704	100%
Grant Revenue	13,360	63,877	50,517	378%
Investment income	130,880	106,979	(23,900)	(18%)
College Place joint venture income	246,453	246,454	0	0%
Non-licensure revenue	487,475	610,796	123,322	25%
Transfer from Balance Sheet	-	-	-	0%
Total Revenue	10,215,565	10,079,515	(136,049)	(1%)

College of Pharmacists of BC

Statement of Expenses

For the 12 months ended February 28, 2021

	Budget	Actual	Variance (\$)	Variance (%)
	YTD 2020/21	YTD 2020/21	(Budget vs. Actual)	(Budget vs. Actual)
Expenses				
Board and Registrar's Office	821,568	725,923	95,646	12%
Finance and Administration	2,021,275	1,920,127	101,148	5%
Information Technology	2,246,533	2,352,239	(105,706)	(5%)
Grant Distribution	10,240	50,000	(39,760)	(388%)
Registration and Licensure	1,014,031	893,383	120,648	12%
Quality Assurance	317,163	275,627	41,536	13%
Practice Reviews	1,698,169	1,403,398	294,771	17%
Complaints and Investigations	1,781,575	1,651,337	130,239	7%
Policy and Legislation	562,211	462,635	99,577	18%
Communications and Engagement	436,683	409,811	26,872	6%
Projects	123,570	-	123,570	100%
Total Expenses Before Amortization	11,033,017	10,144,479	888,541	8%
Amortization	296,884	288,547	8,337	3%
Total Expenses Including Amortization	11,329,901	10,433,025	896,878	8%



BOARD MEETING April 30, 2021

2b.vii. Audit and Finance Committee: Budget 2021/22 Motion Correction

DECISION REQUIRED

Recommended Board Motion:

Amend the motion adopted at the February 2021 meeting approving the 2021/2022 budget, by replacing the term 'expenditures' with 'revenues'.

Purpose

To correct the budget motion approved at the February 2021 Board meeting, which mislabelled the \$10,603,446 figure as expenditures. That figure should have been labelled as revenues.

Background

At the Board's February 2021 meeting, a decision on the 2021/2022 budget was made. Specifically, the approved motion stated:

*"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." [emphasis added]*

However, the figure of \$10,603,446 is the amount of revenues, not expenditures.

Recommendation

Correct the motion to read:

*"Approve the 2021/22 budget, Option B, with total **revenues** in the amount of \$10,603,446 and a transfer from the balance sheet in the amount of \$924,359, as presented." [emphasis added]*



College of Pharmacists
of British Columbia

BOARD MEETING April 30, 2021

2b.viii Approval of February 25, 2021 Draft Committee of the Whole Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the February 25, 2021 draft Committee of the Whole meeting minutes as circulated.

Appendix	
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1	February 25, 2021 Draft Committee of the Whole Meeting Minutes
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**Committee of the Whole Meeting
February 25, 2021
Via Video Conference**

MINUTES

Members Present:

Claire Ishoy, Chair, District 7
Steven Hopp, Vice-Chair, District 4
Alex Dar Santos, Board member, District 1
Christine Antler, Board member, District 2
Andrea Silver, Board member, District 3
Michael Ortynsky, Board member, District 5
Anca Cvaci, Board member, District 6
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 and CEO
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
Virginia Kwong, Registration & Licensure Manager
Hilary Leung, Policy & Legislation Analyst
Anu Sharma, Senior Policy & Legislation Analyst

Guest Speakers:

Bradley Chisholm, Chief Officer, Strategy and Governance, BC College of Nurses and Midwives
Kristine Gracia, eHealth Project Manager, eHealth Project Services
Melanie Rebelo, CareConnect Deployment Lead, eHealth Project Services
Oliver Thompson, Director, eHealth Project Services

Guests:

Taryn Drlik, Clinical Lead PharmaNet, Integrated health Services, Planning and Systems Branch
Joe Gallagher, Qoqoq Consulting Ltd
Kenneth Lee, Project Coordinator, eHealth Project Services
Kenneth Ong, Business Analyst, eHealth Project Services
Shelly Roy, Business Analyst, eHealth Project Services

1. WELCOME & CALL TO ORDER

Chair Ishoy called the meeting to order at 10:12am on February 25, 2021.

Chair Ishoy acknowledged the Syilx (pronounced Say-el-ks) Okanagan people on whose unceded traditional territories she chaired the 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 we attended the meeting

2. CONFLICT OF INTEREST 101

Bradley Chisholm, Chief Officer, Strategy and Governance, BC College of Nurses and Midwives, facilitated a conflict of interest session. The key topics addressed included:

- Fiduciary Duty
- Individual conflicts of interest
- Types of conflict of interest
- Test for conflict of interest
- Organizational conflict of interest

3. IN PLAIN SIGHT: ADDRESSING INDIGENOUS-SPECIFIC RACISM AND DISCRIMINATION IN B.C. HEALTH CARE

The Board shared their thoughts around the *“In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care”* report. The findings from the report were discussed by the Board.

4. PHARMACIST ACCESS TO LAB DATA THROUGH CARE CONNECT

Kristine Gracia, eHealth Project Manager, Melanie Rebelo, CareConnect Deployment Lead and Oliver Thompson, Director, eHealth Project Services provided to the Board an overview of the Provincial eHealth Viewer, CareConnect and outlined the overall project approach. The key topics addressed includes:

- What is available in CareConnect;
- What are the clinical benefits;
- CareConnect Access Governance;
- Privacy and Security; and
- How to get CareConnect access.

5. RISK REGISTER DEEP DIVE

Mary O’Callaghan, Chief Operating Officer provided an overview of the human resources section of the College’s risk register. Some of the human resources risks outlined in the risk register include the following:

- Staff turnover/ knowledge loss;
- Changes to benefits - i.e. pension plan;
- Union strike - administrative staff;
- Inability to find good candidates;
- Culture and complaint regarding bullying or harassment;
- Conflict of interest; and

- Significant illness events.

The College continues to follow a number of best practices to minimize such risks. These include:

- Establishing dedicated backups and succession plans where possible;
- Developing job manuals and mapping key processes;
- Establishing work groups to encourage sharing of knowledge;
- Participate regularly in compensation survey to monitor salaries and benefits offered by other, similar organizations;
- Participate in regular HR, employment law, coaching and mentoring training;
- Host regular staff appreciation events; and
- Regularly review the hiring process.

Employee lawsuit will be added to risk register.

IMPLEMENTATION OF STRATEGIC PLAN 2021/22 TO 2025/26

Mary O'Callaghan, Chief Operating Officer presented the final updates to the Strategic Plan goals and objectives, incorporating all the changes made by the Board after considering the following factors:

- Ministry of Health priorities;
- Modernization of Regulation of Health Professionals Steering Committee report recommendations; and
- Need for realignment as environment shifts.

The implementation date of the Strategic Plan has been changed to 2021/22 to 2025/26 due to the plan being on hold for most of 2020, given the health pandemic. The amended Strategic Plan will be brought to the Board for approval tomorrow at the February Board meeting.

6. ADJOURNMENT

Chair Ishoy adjourned the meeting at 4:03pm on February 25, 2021.

BOARD MEETING April 30, 2021

2b.ix. Drug Administration Committee: *Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions*

INFORMATION ONLY

Purpose

To provide the Board with an update on the *Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions (Standards, Limits and Conditions)*, and the ongoing engagement with the Ministry of Health.

Background

At the November 2020 Board meeting, the Board accepted, in principle, amendments to the *Standards, Limits and Conditions*, to remove certain restrictions on pharmacist injection and intranasal administration of medications.

These amendments were originally proposed to the Board by the Drug Administration Committee in September 2020. At that meeting, the Board decided to table the in-principle acceptance of the proposed amendments until November 2020; however, the Board did direct the Registrar to engage with the Ministry of Health on moving the proposed amendments forward.

Discussion

The Registrar continues to engage with the Ministry of Health, as directed by the Board at the September meeting, on the removal of restrictions.

In November 2020, the Board was informed that the Registrar met with executives from the Ministry of Health on November 16, 2020. The College committed to providing a brief written response to questions raised at the meeting, which was provided to the Ministry executives on November 26, 2020 (Appendix 1).

In December, the Registrar and Ministry executives met again, and the executives requested further details on the points outlined in the written response sent in November. The College agreed to provide a second written response further describing why removing the restriction that limits pharmacists to administering immunizations only is necessary, safe, and in the public interest. The report was submitted to the Ministry executives on March 9, 2021 (Appendix 2).

Next Steps

The College is working with the Ministry of Health to schedule a follow-up discussion on moving the proposed amendments to the *Standards, Limits and Conditions* forward.

Appendix	
1	Pharmacist Drug Administration Information Note (November 2020)
2	Drug Administration by Pharmacists: Report Prepared for the Ministry of Health (March 2021)



College of Pharmacists
of British Columbia

Pharmacist Drug Administration November 2020

Regulatory Authority Overview

The *Pharmacists Regulation* outlines broad authority allowing pharmacists to administer by injection any Schedule I, IA, or II drug or substance by the intradermal, intramuscular, subcutaneous routes, or intranasally. However, the College of Pharmacists of B.C. (“the College”) imposes a restriction in its *Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions* (“*Standards, Limits and Conditions*”). The College’s *Standards, Limits and Conditions* only permits pharmacists to administer immunizations.

2019 Board Direction

In February 2019, the College Board directed the removal of the drug type restriction, except for Schedule IA and drugs for cosmetic purposes, in the College’s *Standards, Limits and Conditions*. Meaning that, pharmacists would be authorized to administer any Schedule I or II drug or substance, but not Schedule IA drugs or drugs for cosmetic purposes.

The College Board’s decision was based on the recommendation of the Drug Administration Committee (“DAC”). The DAC consists of appointees from the Ministry of Health, the College of Physicians and Surgeons of B.C., the B.C. College of Nurses and Midwives, and the College of Pharmacists of B.C. The DAC is required under the *Pharmacists Regulation* to develop, review and recommend pharmacist drug administration standards.

National Standard of Practice

Pharmacist-administration of vaccinations is now seen as an integral part of the healthcare system and recognized for its benefits both nationally and internationally. Key successes include increased access to and uptake of immunizations. And, these successes have already been translated to the injection of other medications. With an aging population and more injectable drug therapies available, there is an increased need for patients to receive their injectable drug therapy in the community or at home. Pharmacist administration of these injectables is a logical healthcare service that has become the national standard of practice.

In all Canadian provinces, except for B.C. and Ontario, there is broad injection authority for pharmacists, beyond vaccines.¹ This authority is also present in one territory (i.e., the Yukon). In Ontario, pharmacists can administer specific drugs beyond vaccines for patient education and demonstration purposes. Importantly, while this authority is commonplace across the country, no significant issues have been identified. This authority has been found to be safe and in the public interest.

Similarly, this authority is also commonplace throughout the United States. The majority of states now authorize pharmacists to administer medications beyond immunizations.²

¹ Subject to jurisdiction specific requirements and limits.

² Subject to jurisdiction specific requirements and limits.

How Would it Work?

As we've seen with pharmacists providing vaccinations, which has been in place in B.C. for over a decade, pharmacists administering medications beyond vaccinations will streamline the patient's journey.

Patients would first receive an assessment from the physician or nurse practitioner. Prescription drugs will still require a prescription from a practitioner. However, after the patient receives their prescription, they could simply visit their local pharmacy to have their medication dispensed and injected at the same time. This avoids a second visit to a doctor's office or clinic to have the drug injected.

Benefits to Patients

In B.C., pharmacists and patients have reported to the College that systemic barriers restrict patient access to injections, including inconvenient medical clinic locations and hours of operation, as well as limited availability of doctors and nurses to provide injections. These issues are intensified in rural and remote areas. And, these systemic barriers have only worsened during the COVID-19 pandemic as many physicians have shifted to remote work.³

Patients who require injections but can't access a physician or nurse to administer the drug, including those who cannot inject themselves due to physical limitations (e.g., due to rheumatoid arthritis, etc.), may suffer from poorly managed medical conditions. This can result in worse health outcomes and increased health service use (e.g., increased hospitalization, etc.). Allowing pharmacists to administer drugs other than vaccines will help to mitigate those risks.

For example, the College recently received a question from a patient with a severe respiratory disease who is at high risk for complications of COVID-19. The individual asked that her local pharmacist be authorized to administer her prescribed subcutaneous injection every two weeks. This would allow her to avoid a 2.5-hour round-trip visit to a clinic on a bi-monthly basis, where she may be placed at a higher risk of exposure to COVID-19. The pharmacy was willing to accommodate her request and develop protocols to reduce the risk of COVID-19 exposure. But this arrangement could not be executed due to restrictions on pharmacist drug administration.

Benefits to the Healthcare System, Healthcare Professionals and Healthcare Regulation

Removing the College's limit that restricts pharmacists to only administer immunizations optimizes the use of health human resources by taking advantage of current pharmacy education and training. In general, the provision of intradermal, intramuscular and subcutaneous injections is not considered a highly technical skill and is easily be taught to pharmacists who already have significant training in anatomy and physiology. And, drug administration is so integral to modern pharmacy practice that training is embedded in the entry-to-practice Doctor of Pharmacy program at the UBC Faculty of Pharmaceutical Sciences.

On top of this, jurisdictions in Canada and the United States are implementing pharmacy technician administration of injections. In fact, multiple U.S. states authorize pharmacy technicians to inject vaccinations, and Nova Scotia now authorizes it as well.

³ [PharmaCare Newsletter, October 8, 2020](#) (accessed November 17, 2020).

Physicians are supportive of pharmacists administering drugs other than vaccines. Right now, pharmacists are receiving authority to administer other injectable drugs via a Delegation of a Medical Act from physicians. This delegation must be approved by the Boards of both the College of Physicians and Surgeons of B.C. and the College. And, these delegation requests are increasing.

The College began receiving these requests in 2014. Since then, the College has received six requests, all of which were pre-approved by the College of Physicians and Surgeons of B.C. The physician involved in that first delegation in 2014 noted that patients receiving injections from pharmacists are happy with the service and with the convenience of not having to travel to a clinic to comply with their medication program.

The most recent delegation request received final approval in November 2020. It involves a community-based medication adherence program. With the onset of COVID-19, the program is experiencing challenges with hiring and maintaining nursing staff. So, a physician has delegated his authority to administer other injectable drugs beyond vaccinations, to enable pharmacists to administer drugs when nursing staff are not available.

It is in the public's interest to have the regulator establish clear and consistent standards on drug administration, rather than rely on delegations requiring approval from two College Boards. While these delegation arrangements outline safe practices, the delegation of these restricted activities to pharmacists should not be the norm, especially as pharmacist administration of injections beyond vaccinations is already commonplace across North America.

We hope this information is helpful in highlighting the importance of the College moving forward with the removal of its restrictions on pharmacist drug administration. At their November meeting, the College Board approved in-principle the removal of restrictions, pending discussions with the Ministry.

Mark Armitage
Assistant Deputy Minister
Health Sector Workforce and Beneficiary Services Division, Ministry of Health

March 9, 2021

Mitch Moneo
Assistant Deputy Minister
Pharmaceutical, Laboratory and Blood Services Division, Ministry of Health

Re: Request for Information Related to Drug Administration by Pharmacists

Dear Mr. Armitage and Mr. Moneo,

Over the course of the last year, we met on multiple occasions to discuss the College's pharmacist drug administration initiative. This aim of this initiative is to remove the College's restrictions that limits pharmacist drug administration to immunizations only.

At our last meeting, you had requested more information on the evidence supporting drug administration by pharmacists. Accordingly, the College has prepared the attached discussion paper which summarizes evidence and key issues for drug administration by pharmacists. It also provides rationale regarding why removing the College's restrictions on pharmacy drug administration is necessary, safe, and in the public interest.

The College is seeking the support of the Ministry of Health to authorize pharmacists to administer drugs beyond vaccines. My office will be in touch to discuss next steps.

Thank you for your time and consideration of this important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Nakagawa", with a long, sweeping horizontal stroke extending to the right.

Bob Nakagawa, B.Sc.(Pharm.), ACPR, FCSHP, R.Ph.
Registrar and CEO, College of Pharmacists of BC

Enclosure

cc: Claire Ishoy, Chair, Board of the College of Pharmacists of British Columbia
Stephen Brown, Deputy Minister, Ministry of Health



College of Pharmacists
of British Columbia

Drug Administration by Pharmacists

Prepared for the Ministry of Health
February 2021

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Executive Summary

The number of injectable drug therapies available in BC is increasing. Over the past decade, there have been new injectable therapies developed for numerous chronic conditions, including schizophrenia, type II diabetes, opioid use disorder, rheumatoid arthritis, and cardiovascular disease. Many of these injections are now mainstays of therapy, including long-acting anti-psychotics and biologics, and are routinely prescribed by practitioners for patients who need them.

While some patients may be able to self-administer injectable drugs, others require their drug to be administered by a health professional. It is well known that access to routine health care can be difficult for many Canadians, and barriers may include long waits in busy clinics, significant travel time to reach a clinic, and limited appointment availability. These barriers are exacerbated by the ongoing COVID-19 pandemic, as many physicians continue to work remotely, and fewer in-person appointments are available.

Pharmacist administration of drugs is a standard of care across Canada and the United States. In most Canadian jurisdictions, pharmacists can administer any drug or vaccine to a patient by the intramuscular or subcutaneous routes. Of course, prescription drugs must first be prescribed by a practitioner.

Canadian drug administration training programs for pharmacists are nationally accredited and include competencies on administration of drugs beyond vaccines. This means that BC pharmacists who take an injection training program approved by the Board of the College of Pharmacists of BC (“the College”) obtain the knowledge and skills required administer drugs beyond vaccines by the intramuscular and subcutaneous routes.

However, at present, the College limits pharmacists to administering immunizations only. There is a well-established body of evidence supporting vaccine administration by pharmacists, but there is also growing evidence demonstrating that pharmacist administration of drugs beyond vaccines supports medication adherence and improves the patient experience of care.

Pharmacists are easily accessible to patients, and there are community pharmacies located in almost all communities in the province. Pharmacists are a logical next step to help patients receive their subcutaneous and intramuscular injections when and where they need them. This is of particular importance now, as pharmacists are some of the few front-line health professionals who have remained easily accessible throughout the COVID-19 pandemic.

In February 2019, the Board of the College, acting within its authority, decided to remove the College’s restriction that limits drug administration by pharmacists to immunizations only. This recommendation was made by an interdisciplinary Drug Administration Committee, and patient safety was at the forefront of their decision. Other Canadian pharmacy regulatory authorities have concluded that the activity is safe and is in the public interest. Additionally, this approach to care aligns well with the goals of the Ministry of Health’s pharmaceutical care management strategy, including enabling timely and convenient access to medications and pharmaceutical care as well as leveraging the expertise of pharmacy professionals.

The College strongly believes that removing its restriction that limits pharmacist drug administration to immunization only is safe and in the public interest. The College is seeking the support of the Ministry of Health to allow pharmacists to administer drugs beyond vaccines.

Introduction

Purpose and Scope

It is the duty of the College of Pharmacists of British Columbia (“the College”) to serve and protect the public, and to exercise its powers and discharge its responsibilities in the public interest.¹

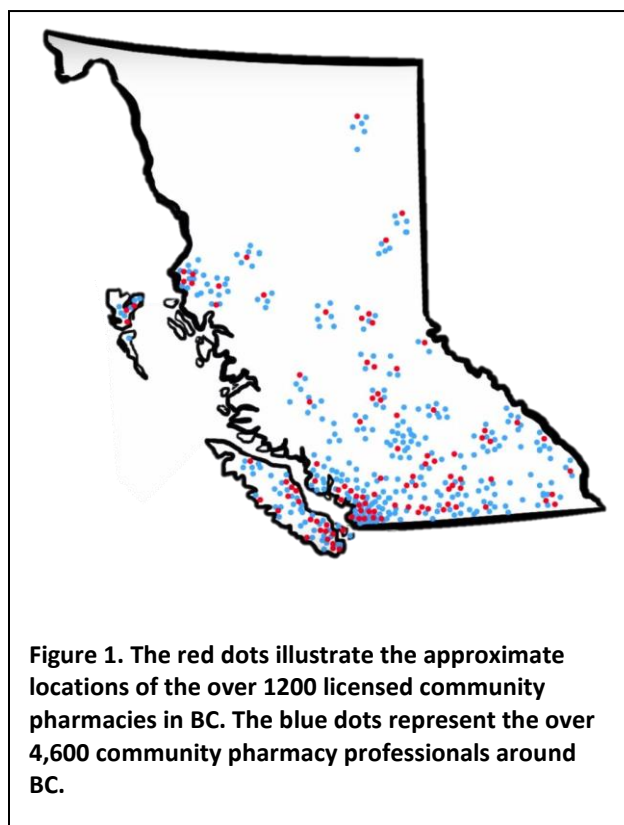
This discussion paper has been prepared for the Ministry of Health. Its purpose is to summarize evidence and key issues for drug administration by pharmacists, and to consider the impact of drug administration by pharmacists on the patient experience of care, the health and safety of the public, and the broader health care system.

As the College prepares to allow pharmacists to administer drugs beyond vaccines by removing the restriction from the *Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions* which limits drug administration by pharmacists to immunizations only, this paper serves to provide rationale for why this change is necessary, safe, and in the public interest.

Background

Pharmacy practice is regulated by the College. It is the duty of the College to

- establish, monitor and enforce standards of practice to enhance the quality of practice, and
- to promote and enhance the ability of its registrants to respond and adapt to changes in practice environments, advances in technology and other emerging issues.²



Pharmacists in British Columbia (BC) practice in a variety of settings, including community pharmacies, hospitals, and inter-disciplinary clinics. As of January 2021, there were over 6,500 registered pharmacists in BC, with 4,600 practicing in the community. Additionally, there are over 1200 licensed community pharmacies in BC, distributed all over the province (Figure 1).

The mission of the College is to regulate the pharmacy profession in the public interest. The College sets and enforces standards to promote best practices for the delivery of pharmacy care in B.C.³ The College has established standards, limits and conditions for safe drug administration by pharmacists, and enforces these standards. Currently, the College limits pharmacists to administering drugs for the purpose of immunization only.

Over the past few years, a growing need has been identified for pharmacists in BC to administer drugs beyond vaccines. As the health care system

¹ *Health Professions Act*, R.S.B.C. 1996 c. 183 section 16(1).

² *Health Professions Act*, R.S.B.C. 1996 c. 183 section 16(2)(d) and (k)(iii), accessed Dec 21, 2020.

³ “Who We Are,” College of Pharmacists of BC, accessed Dec 21, 2020, <https://www.bcparmacists.org/who-we-are>

faces increasing pressures, as more injectable drug therapies are used, and as patients continue to experience barriers to accessing care, pharmacists are a logical solution to help patients receive their injections when and where they need them. Administering drugs beyond vaccines is a best practice for pharmacists in many other jurisdictions within Canada and internationally and is safe and in the best interest of the public.

The following sections of this paper will discuss the College's legislated authority to establish and enforce standards of practice, the current state of drug administration by pharmacists in BC, the identified public need for pharmacists to administer drugs beyond vaccines, and the experiences of other jurisdictions that allow pharmacists to administer drugs beyond vaccines. Finally, important patient and public safety considerations will be discussed, including the certification process, training requirements, cold chain management, and the experiences of other jurisdictions.

Drug Administration Legislation

Provincial Pharmacists Regulation

The practice of pharmacy is defined in the provincial *Pharmacists Regulation* (the *Regulation*). In October 2009, the *Regulation* was amended to expand the pharmacist's scope of practice to include administering drugs by injection.⁴ The *Regulation* was amended again in December 2015 to expand pharmacist's scope of practice to include intranasal drug administration.

At present, the *Regulation* enables pharmacists to administer any drug specified in Schedule I, IA or II of the *Drug Schedules Regulation* or a substance through the following routes:

- intradermal injection,
- intramuscular injection,
- subcutaneous injection, and
- intranasally.⁵

Drug Administration Committee

The *Regulation* and the College's bylaws to the *Health Professions Act* (HPA) require a committee, the Drug Administration Committee (DAC), be established to develop, review and recommend the standards, limits and conditions under which a registrant may administer a drug to a patient for the purposes of preventing diseases, disorders and conditions.^{6,7}

The DAC is comprised of

- one medical practitioner confirmed by the College of Physicians and Surgeons of BC,
- one registered nurse confirmed by the BC College of Nurses and Midwives,
- one person nominated by the Ministry of Health, and
- at least one full pharmacist.

College of Pharmacists of BC Standards, Limits and Conditions

The standards, limits and conditions governing pharmacist drug administration by injection or intranasal route, as recommended by the DAC and approved by the College Board, are established in Schedule "F", Part 4 under the *Health Professions Act* bylaws.

The current *Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions* (*Standards, Limits and Conditions*) permit a pharmacist to administer a drug by injection or intranasal route for the purpose of immunization only and are presented in Appendix 1.

It is an object of the College to establish standards of practice, and therefore amendments to the *Standards, Limits and Conditions* are within the College's purview. Furthermore, it is a requirement of the *Regulation* that drug administration *Standards, Limits and Conditions* are established and recommended by the DAC.

⁴ "Amendments to the Pharmacists Regulation," BC Government, accessed Dec 21, 2020, <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/professional-regulation/pharmacy>

⁵ *Pharmacists Regulation*, B.C. Reg. 417/2008 section 4(c.1), accessed Dec 21, 2020.

⁶ *Pharmacists Regulation*, B.C. Reg. 417/2008 section 4.1(1), accessed Dec 21, 2020.

⁷ HPA bylaws section 18 (approved 2020-04-01, posted 2020-04-01), accessed Dec 21, 2020, http://library.bcparmacists.org/6_Resources/6-1_Provincial_Legislation/5076-HPA_Bylaws.pdf

The role of the colleges in establishing professional standards is reinforced by Harry Cayton's, *An Inquiry into the Performance of the College of Dental Surgeons of British Columbia and the Health Professions Act*⁸ and the Steering Committee on Modernization of Health Professional Regulation's *Recommendations to Modernize the Provincial Health Profession Regulatory Framework*.⁹ Both of those reports recommend that the health professional regulatory colleges in BC remain responsible for this important work.

Proposed Amendments to the Standards, Limits and Conditions

In late 2018, the DAC met to review the College's *Standards, Limits and Conditions*, and discussed options for removing the current restriction that limits drug administration by pharmacists to immunization only. In their discussions, the DAC considered current evidence, national and international best practices, and the experiences of other pharmacy regulatory authorities.

Based on their review, and in accordance with their legislated mandate, the DAC recommended amendments to the *Standards, Limits and Conditions*:

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

The Board reviewed the DAC's recommendation in February 2019, and directed the Registrar to amend the College's current limits in the *Standards, Limits and Conditions*.¹⁰ At the November 20, 2020 meeting, the Board approved amendments to the *Standards, Limits and Conditions*, in-principle, and they are presented in Appendix 2.¹¹

⁸ Cayton, H. "An Inquiry into the Performance of the College of Dental Surgeons of British Columbia and the Health Professions Act," December 2018, <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf>

⁹ "Recommendations to modernize the provincial health profession regulatory framework," August 2020, <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/recommendations-to-modernize-regulatory-framework.pdf>

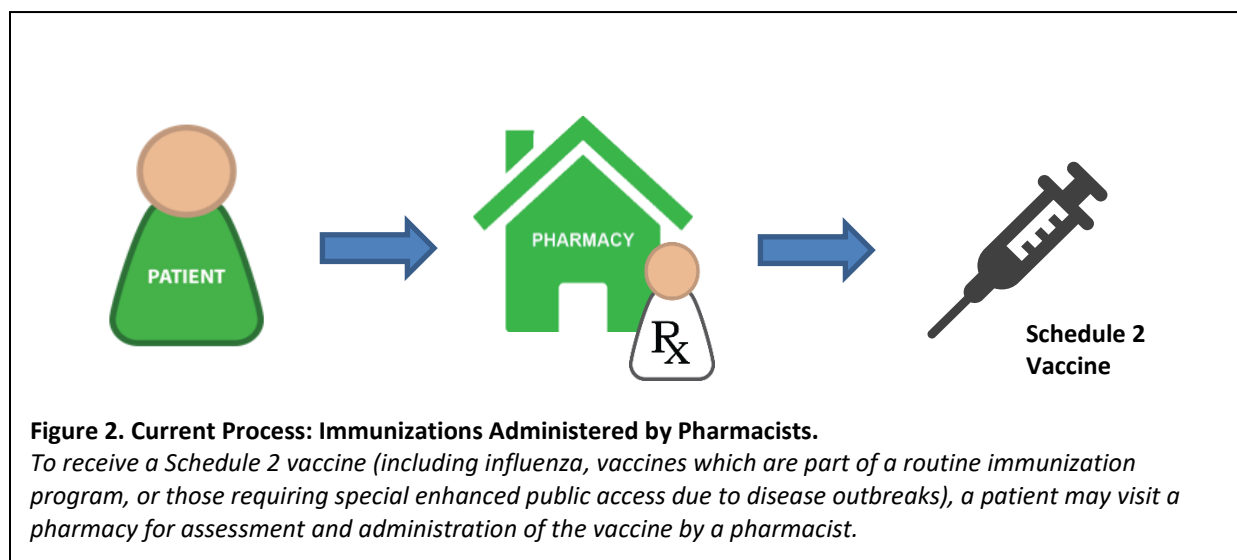
¹⁰ College of Pharmacists of BC Board Meeting Minutes, February 2019, accessed Dec 21, 2020, http://library.bcparmacists.org/2_About_Us/2-1_Board/Board_Meeting_Minutes-20190215.pdf

¹¹ College of Pharmacists of BC Board Meeting Minutes (draft), November 2020, accessed Dec 21, 2020, http://library.bcparmacists.org/2_About_Us/2-1_Board/Board_Videoconference_Minutes-20201120_Draft.pdf

Administration of Vaccines

Vaccine Administration by Pharmacists in British Columbia

Pharmacists in BC may only administer drugs for the purpose of immunization. Many vaccines are Schedule 2 drugs, and a pharmacist may administer a Schedule 2 vaccine to a patient if the pharmacist is satisfied the vaccine is appropriate for the patient, and it is in the patient's best interest to do so (Figure 2).



As of January 2021, there are over 4,700 practicing pharmacists certified to administer drugs by injection and the intranasal route, representing approximately 64% of all practicing pharmacists in BC, and 83% of all community pharmacists (note that these numbers include over 200 pharmacy students certified to administer drugs).

Hundreds of thousands of vaccines are safely administered to the public by pharmacists every year in BC. As the technical and procedural aspects of vaccine administration are the same as many non-vaccine injections, it is expected that the learnings and benefits of pharmacist administration of vaccines on public health and safety can be extended to drugs beyond vaccines.

Influenza Vaccines

Pharmacists are recognized for their role in the province's annual influenza vaccination campaign and provide safe vaccinations to the public. Each flu season, pharmacists in BC administer more influenza vaccines than the season prior. As of December 21, 2020, pharmacists administered over one million influenza vaccines, a record number, and were publicly recognized by Health Minister Adrian Dix for their extraordinary work.¹²

The Ministry of Health recognized there would be an increased demand for pharmacist-administered influenza vaccines this 2020/2021 flu season, as many physicians continue to work remotely during the COVID-19 pandemic.¹³ It is expected that pharmacists will administer more than 70% of influenza vaccines in the province this season, significantly contributing to the health and safety of the public.

¹² "Pharmacists administer more than 1 million flu vaccines this season," BC Pharmacy Association, accessed Dec 23, 2020, <https://www.bcparmacy.ca/news/pharmacists-administer-more-1-million-flu-vaccines-season>

¹³ "BC PharmaCare Newsletter Edition 20-018 October 8, 2020," accessed Dec 23, 2020, <https://www2.gov.bc.ca/assets/gov/health/health-drug-coverage/pharmacare/newsletters/news20-018.pdf>

As the technical and procedural aspects of vaccine administration are the same as many non-vaccine injections, it is expected that the learnings and benefits of pharmacist administration of vaccines on public health and safety can be extended to drugs beyond vaccines.

Other Vaccines

In 2019, pharmacists administered 69,424 non-influenza vaccines.¹²

Evidence Review

There are many demonstrated public benefits to pharmacists administering vaccines, including increased vaccination coverage of high-risk populations, improvement in the patient experience of care, and benefits to the health system. Increased vaccination rates are due to the availability of pharmacists, the convenience of receiving a vaccine at a local pharmacy, and health promotion activities conducted by pharmacists.

Public Health Benefit

Jurisdictions where pharmacists administer vaccines have higher vaccine uptake:

- In Canadian jurisdictions, the presence of a policy allowing pharmacists to administer publicly funded seasonal influenza vaccines was associated with a modest increase in vaccine uptake in people aged 12 and over.¹⁴
- Similarly, the rate of those 65 and older who self-reported influenza vaccination in the United States was significantly higher in states that permitted pharmacists to administer vaccines.¹⁵ This is of particular importance, as those over 65 years of age are at higher risk of complications from influenza.
- There was a significant increase in influenza vaccination among adults under 65 as a result of vaccine delivery by pharmacists, with a 34.7% vaccination rate in urban Washington where pharmacists administered vaccinations, compared with a 23.9% vaccination rate in urban Oregon, where pharmacists did not.¹⁶
- A study based in the US found that uptake of pneumococcal and shingles vaccination was higher in states that permitted pharmacists to administer those immunizations, compared to states that did not.¹⁷
- A meta-analysis and systematic review found that pharmacists acting as educators, facilitators or administrators of vaccines increases vaccine coverage compared to vaccine provision by traditional vaccine providers, and this finding was not limited to influenza vaccines.¹⁸

¹⁴ Buchan SA, et al. (2017), Impact of pharmacist administration of influenza vaccines on uptake in Canada. *CMAJ* 189(4).

¹⁵ Steyer TE, et al. (2004), The role of pharmacists in the delivery of influenza vaccinations. *Vaccine* 22(8).

¹⁶ Grabenstein, JD, et al. (2001), Effect of vaccination by community pharmacists among adult prescription recipients. *Med Care* 39(4).

¹⁷ Taitel MS, et al. (2013), Improving pneumococcal and herpes zoster vaccination uptake: expanding pharmacist privileges. *Am J Manag Care* 19(9).

¹⁸ Isenor JE, et al. (2016), Impact of pharmacists as immunizers on vaccination rates: a systematic review and meta-analysis. *Vaccine* 34(47).

Improved Convenience and Patient Experience of Care

Patients across Canada have reported positive experiences of care when pharmacists administer vaccinations. Convenience is a major factor in deciding where to receive a vaccine.¹⁹

- A case study of a pharmacy immunization program in rural West Virginia concluded that convenience of location and opening times were the most influential factors in mothers' preferences for their children to be vaccinated at the pharmacy.²⁰
- In Ontario, patients who received an influenza vaccine from a community pharmacist reported a high degree of patient satisfaction, with 92% of patients reporting they were very satisfied with the pharmacist's injection technique, and 86% reported they were very comfortable being vaccinated by a pharmacist.²¹ The major determinants of patient satisfaction were convenience and accessibility, and 28% of patients said they would not have been immunized if pharmacy-based vaccination was not available.
- In Nova Scotia, patients who received an influenza vaccine from a community pharmacist were surveyed on their experience. Half of patients indicated that the service was better in the pharmacy than elsewhere, and 40% reported the service was as good as elsewhere.²² Convenience was the main reason patients chose to receive their vaccine at a pharmacy.

¹⁹ Grabenstein, JD, *et al.* (2002), Attitudinal factors among adult prescription recipients associated with choice of where to be vaccinated. *J Clin Epidemiol* 55(3).

²⁰ Ndiaye S.M., *et al.* (2003), The use of pharmacy immunization services in rural communities. *Public Health* 117(2).

²¹ Papastergiou J, *et al.* (2014), Community-pharmacist administered influenza immunization improves patient access to vaccination. *Can Pharm J*, 147(6).

²² Isenor, JE, *et al.* (2018), Patient experiences with influenza immunizations administered by pharmacists. *Hum Vaccines Immunother* 14(3).

Administration of Drugs Beyond Vaccines

Drug Administration Issues

There are several co-occurring factors impacting care for patients who require injectable drug therapy. As the Canadian population continues to age and the burden of disease increases, the number of prescribed injectable drug therapies available to treat common chronic conditions is also growing.

Canadians continue to face barriers to accessing routine health care impacting adherence to drug therapy, which has significant impacts on population health outcomes and the health system.

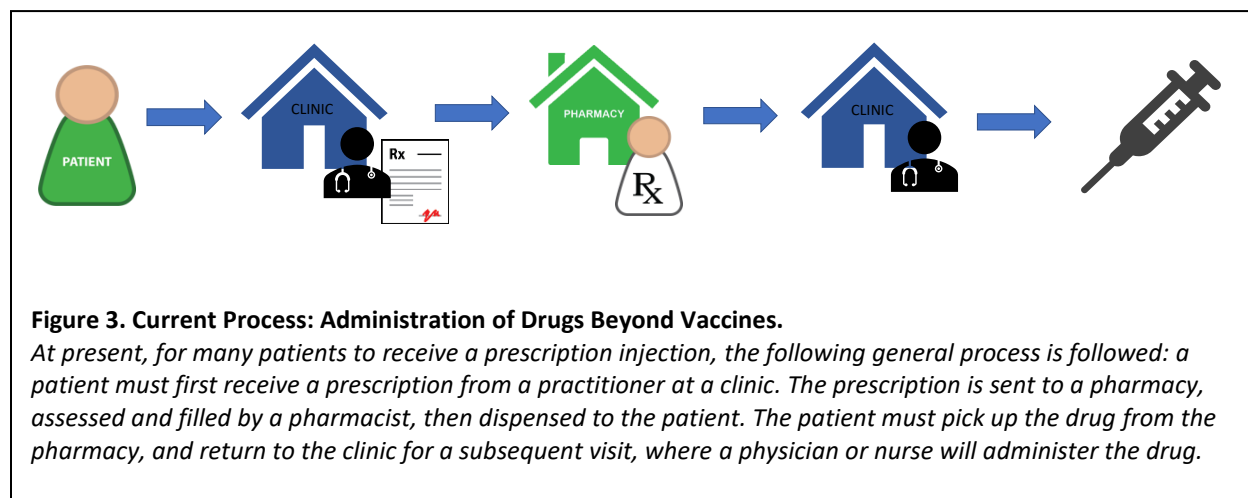
These issues are described below in more detail and are consistent with reports the College has received from patients, registrants, and Board members. The College has been informed repeatedly that patients have difficulty accessing health professionals to provide their injections, for a variety of reasons that include long waits in busy clinics, significant travel distance or travel time to the clinic, and limited appointment availability.

Currently in BC, patients may not have drugs beyond vaccines administered by pharmacists. This means that for any non-vaccine drug, a patient must have a physician, nurse, or other caregiver administer the drug. For drugs that require a prescription, there are added barriers, as patients must schedule two different visits at a clinic, the first to receive a prescription, and the second for the drug administration (Figure 3).

Canada's Aging Population and Increased Burden of Disease

The number of Canadians over the age of 65 is rapidly increasing – in 2014, 15.6% of Canadians were over 65, but that number will increase to 23% by 2030.²³ Additionally, the average life expectancy is expected to continue to increase nationally.

It is well known that age is a risk factor for many chronic diseases, including arthritis, type II diabetes, cardiovascular disease, and osteoporosis. There are injectable drug therapies used for all these conditions.



²³ "Action for Seniors Report," Government of Canada, accessed Jan 5, 2021, <https://www.canada.ca/en/employment-social-development/programs/seniors-action-report.html>.

Barriers to Health Care Access and Medication Adherence in Canada

As depicted in Figure 3, many patients pick up their injectable drugs from a community pharmacy, and then take it to another health professional for injection. However, in 2011, over 17% of Canadians aged 15 and older reported having difficulty obtaining routine or ongoing health services.²⁴

Routine or ongoing health services include health care provided by a family or general physician, including care for an ongoing illness. Forty-eight percent of Canadians who had difficulty accessing routine care from a family doctor said it was due to difficulty getting an appointment.²⁵ There are a number of other barriers Canadians face in accessing care, including disabilities, living in rural and remote locations, and cultural or language barriers.²⁶

If patients cannot access a health provider to administer an injectable drug, patients are at risk of complications and worsened health outcomes due to non-adherence to therapy. Non-adherence to prescribed drug therapy can also have a significant financial impact on health care systems.²⁷

Adherence to prescribed drug therapy is important to manage many different health conditions, including cardiovascular disease, rheumatoid arthritis, and diabetes, as it has been shown to reduce morbidity and mortality.²⁸ Adherence to injectable drug therapies for mental health and substance use disorders is also important.

Improving drug therapy adherence by increasing the number of health providers who can administer injections will support positive health outcomes for patients and will support reduced financial burdens on the health system. Both are in the best interest of the public.

Increase in Injectable Drugs

The number of injectable drug therapies available in BC is increasing. Over the past decade, there have been new injectable therapies available in Canada for many different chronic conditions, including schizophrenia, type II diabetes, opioid use disorder, rheumatoid arthritis, and cardiovascular disease.

Of these newer drugs, some are administered by health professionals, such as subcutaneous denosumab (Prolia) for osteoporosis, intra-muscular long-acting antipsychotics such as paliperidone (Invega Sustenna) for schizophrenia, and subcutaneous buprenorphine (Sublocade) for opioid use disorder. However, many others are self-administered by patients, including subcutaneously administered biologics for rheumatoid arthritis and other auto-immune diseases.

Over the past five years, the number of injectable drugs reviewed annually by PharmaCare's Drug Benefit Council has quadrupled, and the number of injectable drugs approved for limited or regular PharmaCare coverage has increased 5-fold (Figures 4 and 5).²⁹ The majority of injectable drugs reviewed and approved may be injected by the subcutaneous or intramuscular routes.

²⁴ Healthy Canadians 2012: A Federal Report of Comparable Health Indicators. Health Canada (2013).

²⁵ Clarke, J. (2016). Difficulty accessing health care services in Canada. Statistics Canada, available at <https://www150.statcan.gc.ca/n1/pub/82-624-x/2016001/article/14683-eng.htm>

²⁶ Healthy Canadians 2012: A Federal Report of Comparable Health Indicators. Health Canada (2013).

²⁷ Vermeire, E., et al. (2001). Patient adherence to treatment: three decades of research. A comprehensive review. *J Clin Pharm*, 26:331-342.

²⁸ Healthy Canadians 2012: A Federal Report of Comparable Health Indicators. Health Canada (2013).

²⁹ Data derived from "Drug Review Decision Summaries and Reports," PharmaCare, accessed Jan 4, 2021, <https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/what-we-cover/drug-coverage/drug-review-process-results/drug-review-decisions#decisions>

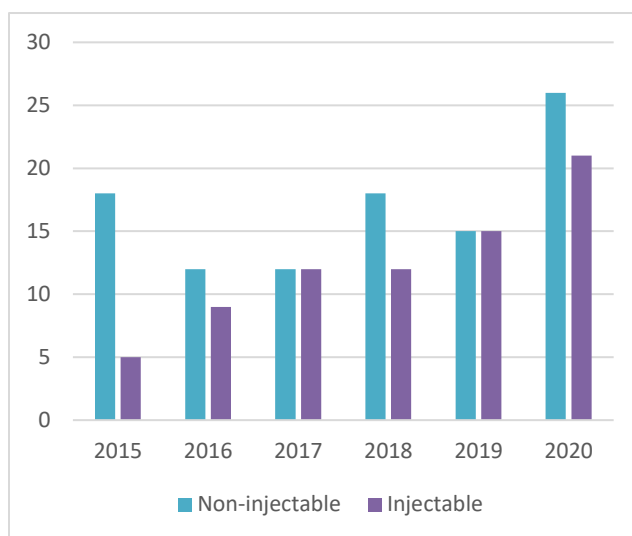


Figure 4. Total number of drug reviews of injectable and non-injectable drugs completed each year by the Drug Benefit Council since 2015.²⁹

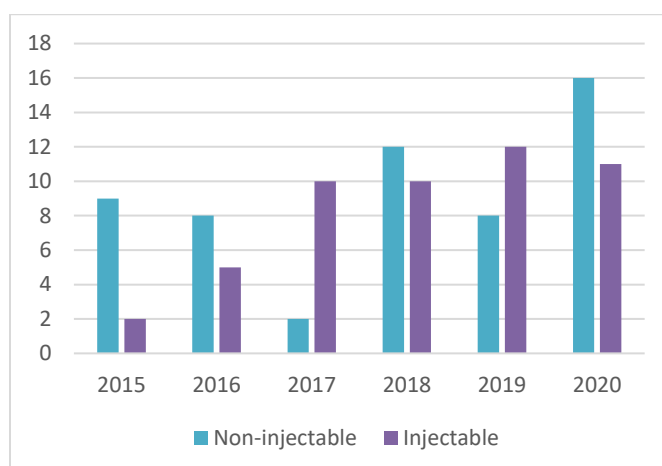


Figure 5. Total number of drug reviews of injectable and non-injectable drugs completed each year by the Drug Benefit Council that resulted in limited or regular PharmaCare benefit coverage since 2015.²⁹

It is expected that as more injectable drugs become available, more patients will be prescribed these therapies, resulting in their increased use. Pharmacists are expected to educate patients on these therapies, and depending on the drug, teach patients how to self-administer the injection.

Issues with Self-Administration of Injectable Drugs

While many of the newer injectable drugs are intended for self-administration and are manufactured as auto-injectors (e.g. many biologics and drugs for type II diabetes), some patients will still require assistance from a health provider to inject these medications. Patients may have needle phobias, disabilities (including reduced visual acuity), and other physical limitations and dexterity issues impacting their ability to safely self-administer medications.³⁰

³⁰ State Policy Recommendations for Pharmacist Administration of Medications: A Report from the Stakeholder Group Convened by the National Alliance of State Pharmacy Associations and the College of Psychiatric and Neurologic Pharmacists, March 2017.

Where patients cannot easily access a caregiver or health provider to assist with regular injections, medication adherence may be compromised.

Impact of COVID-19 on Medication Adherence and Drug Injection Services

Barriers to medication adherence and accessing care for drug injections have only been exacerbated by the recent COVID-19 pandemic, as patients are fearful of encountering other ill patients in clinic waiting rooms, as travel may be risky (e.g. public transit), and as many health professionals are working remotely and have very limited in-person appointments available. Requests for pharmacists to administer drugs beyond vaccines have increased significantly during the COVID-19 pandemic.

Telehealth services were already gaining in popularity prior to the COVID-19 pandemic; however, the pandemic spurred on the use of telehealth to an unprecedented level. Virtual doctor visits have become the norm for many patients, as many practitioners continue to work remotely. The same is not true for most pharmacy practice settings, as community pharmacists must still work in physical locations to provide health services and dispense drugs to patients. Pharmacists are one of the few front-line health professions that have remained easily accessible during the COVID-19 pandemic.³¹

While the impacts of the unprecedented and rapid shift to telehealth on patients are not widely known, anecdotally it has been reported from many sources that patients have had difficulty accessing health providers to receive their regular injections. This is not surprising, as it was already known that patients had difficulty accessing routine care prior to the pandemic.³²

Similarly, calls to allow pharmacists to administer drugs beyond vaccines increased during the COVID-19 pandemic in Nova Scotia, which previously only permitted pharmacists to administer vaccines. In April 2020, the Nova Scotia College of Pharmacists amended their Drug Administration Standards of Practice to allow pharmacists to administer drugs beyond vaccines, to respond to the needs of the public.³³

Administration of Drugs Beyond Vaccines by Pharmacists

It has been recognized that pharmacists are often the most accessible health care provider, as many community pharmacies are open longer hours compared to physician offices and public health clinics. Administration of drugs beyond vaccines by pharmacists is a standard of care in most other Canadian jurisdictions, and internationally. It is known to provide improved convenience and access for the public, especially for patients who have difficulty accessing drug administration services when they need them.

Scope of Practice in British Columbia

Pharmacists in BC are currently not permitted to administer drugs other than for the purpose of immunization. However, there has been a steady increase in delegation of authority from physicians to pharmacists to administer drugs beyond vaccines over the past 6 years. On average, one delegation has been approved each year since 2014.

These Delegations of a Medical Act are established between physicians and pharmacists and are approved by the Board of the College of Physicians and Surgeons of BC, and the Board of the College of Pharmacists of BC. Each delegation arose out of an identified patient care need, outlined in Appendix 3.

³¹ Elbeddini, A., *et al.* (2020), Pharmacy response to COVID-19: lessons learnt from Canada. *J Pharm Policy Pract* 13(76).

³² Healthy Canadians 2012: A Federal Report of Comparable Health Indicators. Health Canada (2013).

³³ Personal communication with the Nova Scotia College of Pharmacists.

The number of delegations is expected to grow; however, it is in the public's interest to have the regulator establish clear and consistent standards on drug administration, rather than rely on delegations requiring approval from two College Boards. While these delegation arrangements outline safe practices, the delegation of these restricted activities to pharmacists should not be the norm.

To date, there have been no complaints, patient safety concerns or disciplinary actions arising from these delegations.

Scope of Practice Across Canada

Administration of drugs beyond vaccines is a well-established part of the pharmacists' scope of practice across Canada. All provinces (except for BC) and one territory (the Yukon) allow pharmacists to administer drugs beyond vaccines by injection (see Table 1).

In most jurisdictions permitting pharmacists to administer drugs beyond vaccines, there are no limits on the types of drugs that certified pharmacists may administer, with a few exceptions:




- Nova Scotia requires pharmacists meet additional requirements before administering long-acting antipsychotic drugs, which includes establishing a process with the patient's mental health care team.
- In Ontario, pharmacists may only administer drugs beyond vaccines for the purpose of education or demonstration, and only if the drug is listed in Schedule 1.³⁴
- In Quebec, pharmacists may only administer drugs beyond vaccines to demonstrate the proper use of self-administered drugs.

Table 1. Pharmacist injection authority across Canada.³⁵

Injection Authority	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL	NWT	YT	NU
Any drug	X	✓	✓	✓	✓ ^a	✓ ^b	✓	✓	✓	✓	X	✓	X
Vaccines	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	X

a. In Ontario, pharmacists are permitted to administer drugs other than vaccines by injection for the purpose of education or demonstration.

b. In Quebec, pharmacists are only allowed to administer drugs other than vaccines by injection in an emergency situation, or to demonstrate the proper use of self-administered drugs.

 Implemented in jurisdiction
 Implemented in jurisdiction, with conditions
 Not implemented

³⁴ Schedule 1 Injected Substances, accessed January 26, 2021,

<https://www.ontario.ca/laws/regulation/940202#BK52>

³⁵ Table adapted from the Canadian Pharmacists Association, accessed Dec 22, 2020,

<https://www.pharmacists.ca/pharmacy-in-canada/scope-of-practice-canada/>

Scope of Practice in the United States

There are at least 40 states that allow pharmacists to administer prescribed medications other than vaccines, with varying levels of restrictions.³⁶ Additionally, pharmacists in all 50 states, the District of Columbia and Puerto Rico are allowed to administer vaccines.³⁷

Pharmacy Technician Scope of Practice

In Canada, there is now movement towards allowing pharmacy technicians to administer drugs. In late 2020, Nova Scotia granted pharmacists the authority to delegate the technical aspects of administering a drug by injection to a pharmacy technician who holds a technical permit.³⁸ In January 2021, Ontario made amendments to their *Regulated Health Professions Act* to allow pharmacy technicians to administer the COVID-19 vaccine.³⁹

In the United States, at least seven states currently allow pharmacy technicians to administer vaccines.⁴⁰

Evidence Review

There are many demonstrated public benefits to pharmacists administering drugs beyond vaccines. These benefits include increased medication adherence, improved experience of care, and increased access to drug therapy. While the evidence is limited to certain drug types or disease states, the public benefits described are expected to extend to other drugs and conditions.

Improved Medication Adherence and Health Outcomes

Administration of drugs beyond vaccines has been shown to have positive impacts on patients' adherence to medication therapy.

Poor medication adherence is a common reason for disease relapse in patients with schizophrenia. A supermarket-based community pharmacy chain the US offers administration of long-acting injectable anti-psychotic medications, a first line therapy for schizophrenia, in states where it is permitted. The medication adherence rate of patients who received at least 2 doses of long-acting injectable antipsychotics from pharmacists was found to be 78%, which was higher than previously demonstrated with usual care.⁴¹ While there were limitations to this study, it demonstrates that drug administration by pharmacists in the community setting is feasible and has favorable outcomes for patients.

In another study, women presenting to a family planning clinic in North Carolina for subcutaneous depo-medroxyprogesterone acetate (DMPA) for contraception were randomized to receive subsequent injections at the clinic, or at a local community pharmacy.⁴² Fifty women were enrolled in the study, and

³⁶ "State Policy Recommendations for Pharmacist Administration of Medications," March 2017, accessed Dec 23, 2020, <https://naspa.us/wp-content/uploads/2017/04/Medication-Administration-Meeting-Report-FINAL.pdf>

³⁷ "Pharmacist-administered immunizations: what does your state allow?" American Pharmacists Association, October 15, 2015, accessed Dec 23, 2020, <https://www.pharmacist.com/article/pharmacist-administered-immunizations-what-does-your-state-allow>

³⁸ "Standards of Practice: Drug Administration October 2020," Nova Scotia College of Pharmacists, accessed Dec 22, 2020, https://www.nspharmacists.ca/wp-content/uploads/2019/10/SOP_DrugAdministration.pdf

³⁹ Ontario *Regulated Health Professions Regulation*, accessed January 25, 2021, <https://www.ontario.ca/laws/regulation/r21009?search=pharmacist>

⁴⁰ "Pharmacist Administered Vaccines," updated September 2020, National Alliance of State Pharmacy Associations, accessed Dec 23, 2020, https://naspa.us/wp-content/uploads/2020/08/IZ-Authority-9_2020.pdf

⁴¹ Lin C *et al.* (2019) Impact of pharmacist-administered long-acting injectable antipsychotic service in a supermarket-based community pharmacy on medication adherence. *J Am Coll Clin Pharm*, 2:343-348.

⁴² Picardo, C., Ferreri, S. (2010) Pharmacist-administered subcutaneous depot medroxyprogesterone acetate: a pilot randomized controlled trial. *Contraception* 82:160-167.

there was no significant difference between groups in the rate of return for subsequent injections, nor in patient satisfaction. This indicates that patients find DMPA injections at a pharmacy feasible, and that adherence rates are comparable to injections given in a clinic setting.

Improved Patient Experience of Care

Drug administration by pharmacists can increase convenience for patients, but also can improve collaboration among the patient's care team.

In Spokane, Washington, a community pharmacy has been providing long-acting injectable medications to patients for over 12 years.⁴³ At this clinic, no appointments are necessary which allows patients to show up when it is convenient for them, and pharmacists administer long-acting injectables to 10-20 patients each day. If a patient misses a dose, the pharmacy follows up with the patient directly, and with other members of the health care team if necessary. Many other pharmacies in the US provide similar services.

A supermarket-based community pharmacy chain provides long-acting injectable medication administration to patients in 9 states, and has been doing so for over 7 years.⁴⁴ A survey was used to assess patients' satisfaction with pharmacist-administered long-acting injectable antipsychotics in the community pharmacies. Nearly 81% of participants agreed or strongly agreed that the service was more convenient than a similar service received in an alternative setting. Almost all participants agreed or strongly agreed that they were satisfied with the level of privacy and felt comfortable with the experience, and that they trusted the pharmacist administering the injection.

In California, a study was conducted to assess the feasibility and acceptability of pharmacist administered DMPA injections for contraceptive management.⁴⁵ Patients enrolled in the study had the option to return to their regular clinic or go to a participating pharmacy for subsequent DMPA injections. Women who more frequently chose to attend the pharmacy for their injection were more likely to have a job, and therefore benefitted from the expanded hours offered by the community pharmacy setting.

⁴³ Bonner, L. Beyond Vaccines: Pharmacists improve patient access to injectable medications, *Pharmacy Today*, February 2018.

⁴⁴ Mooney, E., *et al.* (2018), Evaluating patient satisfaction with pharmacist-administered long-acting injectable antipsychotics in the community pharmacy. *J Am Pharm Assoc* 58:S24-S29.

⁴⁵ Monastersky Maderas, NJ, Landau, SC (2007), Pharmacy and clinic partnerships to expand access to injectable contraception. *J Am Pharm Assoc* 47(4).

Patient Safety Considerations

There are many existing safety instruments in place to ensure patient and public safety for drug administration by pharmacists. The amendments to the *Standards, Limits and Conditions* approved by the DAC and the College Board include additional safety requirements.

A survey of five other pharmacy regulatory authorities indicated that administration of drugs beyond vaccines is safe and in the public interest.

Existing Safety Requirements

To see all existing safety provisions for drug administration, please see the current *Standards, Limits and Conditions* in Appendix 1. The current *Standards, Limits and Conditions* contain requirements for

- assessing the appropriateness of drug administration,
- obtaining informed consent,
- preparing the injection site,
- preparing the drug for administration,
- documentation,
- implementing emergency measures, including first aid and CPR
- maintenance of policies and procedures,
- maintaining a safe and appropriate environment for drug administration, and,
- notifying and providing relevant information to other health professionals, as appropriate.

Additional safety provisions outside of the *Standards, Limits and Conditions* are described below.

Certification Program

A pharmacist may only administer a drug to a patient if they have completed a certification program established by the College, to ensure registrants are qualified and competent to perform the activity.⁴⁶

Certification is granted to a practising pharmacist if the conditions outlined in the College's bylaws to the HPA⁴⁷ are met:

- The registrant successfully completes an education program in drug administration approved by the Board within the year prior to applying for certification,
- The registrant holds current certification in both cardiopulmonary resuscitation and first aid from programs approved by the Board, and
- The registrant submits an application to the College for approval and pays the specified fee.

These certification requirements are comparable to drug administration certification requirements of other Canadian pharmacy regulatory authorities that allow pharmacists to administer drugs beyond vaccines.

⁴⁶ *Pharmacists Regulation*, B.C. Reg. 417/2008 section 4.1(1)(c), accessed Dec 22, 2020.

⁴⁷ HPA bylaws section 43 (approved 2020-04-01, posted 2020-04-01), accessed Dec 22, 2020, http://library.bcparmacists.org/6_Resources/6-1_Provincial_Legislation/5076-HPA_Bylaws.pdf

Approved Drug Administration Education Programs

Approved drug administration education programs in BC are accredited by the Canadian Council on Continuing Education in Pharmacy (CCCEP). CCCEP is the national accreditation agency for continuing pharmacy education and is recognized by all provinces and territories.

CCCEP accredits drug administration training programs for pharmacists through a two-stage, competency-mapped accreditation process.⁴⁸ The required competencies to administer immunizations and injections are outlined in the *Supplemental Competencies on Injection for Canadian Pharmacists by the National Association of Pharmacy Regulatory Authorities*, and are summarized in the “Immunization and Injections Stage 2 Application Form – for Pharmacists” (see Appendix 4).

The first 14 competencies are focused on immunizations and have been approved by the Public Health Agency of Canada; however, competency 15 was specifically developed for pharmacists administering drugs beyond vaccines, and was approved by the National Association of Pharmacy Regulatory Authorities, as well as the provincial regulatory authorities (see Appendix 5). As Board-approved drug administration education programs in BC are accredited by CCCEP, certified pharmacists are already competent to inject both vaccines and other drugs by the intramuscular and subcutaneous routes.⁴⁹

As Board-approved drug administration education programs in BC are accredited by CCCEP, certified pharmacists are already competent to inject both vaccines and other drugs by the intramuscular and subcutaneous routes.

Drug injection training is part of the UBC Faculty of Pharmaceutical Sciences Entry-to-Practice Doctor of Pharmacy Program curriculum and has been part of undergraduate pharmacy degree programs for many years.⁵⁰ Pharmacists seeking injection training outside of the PharmD program may select from the Board-approved injection training courses listed in Schedule C to the HPA bylaws.

Cold Chain Maintenance

Many pharmacists work in community pharmacy settings, where drugs are stored. A key benefit of administering drugs in a community pharmacy is the ability to maintain cold chain requirements prior to administration, which is especially important for vaccines and other biologics.

Administering drugs on site can mitigate the risk of breaching cold chain during the transportation of the drug to another location for administration by a different healthcare provider.^{51,52} Pharmacy managers are required to ensure rigorous cold chain requirements are followed, as outlined in the College’s policy on cold chain management.⁵³

⁴⁸ “Immunizations and Injections,” CCCEP, accessed Dec 22, 2020,

https://www.cccep.ca/pages/immunization_and_injections.html

⁴⁹ “Immunization and Injection Competency-mapped accredited, May 12, 2020,” CCCEP, accessed Dec 22, 2020,

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

⁵⁰ “Entry-to-Practice Doctor of Pharmacy (PharmD) Program,” accessed Dec 24, 2020,

<https://pharmsci.ubc.ca/programs/entry-practice-pharmd-degree/entry-practice-doctor-pharmacy-pharmd-program>

⁵¹ Houle, S (2017), Canadian pharmacists as immunizers: addressing questions related to this new scope of practice. *Can J Public Health* 108(4).

⁵² Hughes, C (2013), Should all pharmacists in direct patient care settings be authorized to inject medications? *Can J Hosp Pharm* 66(1).

⁵³ “Professional Practice Policy-66 Cold Chain Management,” revised Feb 14, 2020, College of Pharmacists of BC, accessed Dec 23, 2020, http://library.bcparmacists.org/6_Resources/6-2_PPP/5003-PGP-PPP68.pdf

Inventory Management

Patient safety is safeguarded through the efficient storing and tracking of inventory, which is a requirement for pharmacies as dispensers of numerous costly, storage-sensitive, and tightly regulated medications.⁵⁴ Product recall mechanisms are in place in pharmacies to identify and isolate affected products and notify affected patients.

Ethical Care

There are regulatory tools in place to ensure that drugs administered by pharmacists are provided ethically and benefit the public interest. The College's Code of Ethics and Conflict of Interest Standards include provisions that address exploiting patients for financial gain. As such, a decision to provide drug administration based on any consideration beyond the patient's best interest may therefore be regarded as professional misconduct.

Lastly, a Schedule I drug must first be prescribed by a practitioner before a pharmacist may administer it. Having a practitioner prescribe the drug adds another check and balance in the health system. This can help avoid conflicts of interest that may arise with the same health professional prescribing and administering injectable drugs, such as in fee-for-service primary care clinics and travel clinics.⁵⁵

Unintended consequences

To assess for any unintended consequences of administration of drugs beyond vaccines, the College surveyed five Canadian pharmacy regulatory authorities that permit pharmacists to administer drugs beyond vaccines.⁵⁶ Questions in the survey included:

- What has been your experience to-date, since implementing broad injection authority, of the following:
 - Has it been beneficial to public safety? Why or why not?
 - Have you had any discipline or public/patient safety issues?
- If you could start over, would you do anything differently?

The pharmacy regulatory authorities surveyed concluded that administering drugs beyond vaccines was safe and in the public interest. None of the regulatory authorities indicated they would make a substantive change to pharmacist drug administration if they could start over.

New Safety Requirements in Approved Amendments to the Standards, Limits and Conditions

In developing amendments to the *Standards, Limits and Conditions*, the College undertook a review of the drug administration standards of other Canadian pharmacy regulatory authorities to ensure the College's standards met the accepted national requirements.

Based on this review, some minor amendments to the *Standards, Limits and Conditions* were made, as evidenced by updates in the approved version of the standards in Appendix 2. The more substantial issues that were considered by the College and the DAC are reviewed below.

⁵⁴ Houle, S (2017), Canadian pharmacists as immunizers: addressing questions related to this new scope of practice. *Can J Public Health* 108(4).

⁵⁵ Houle, S (2017), Canadian pharmacists as immunizers: addressing questions related to this new scope of practice. *Can J Public Health* 108(4)

⁵⁶ Surveyed pharmacy regulatory authorities included the Alberta College of Pharmacy, the Saskatchewan College of Pharmacy Professionals, the College of Pharmacists of Manitoba, the New Brunswick College of Pharmacists, and the Newfoundland and Labrador Pharmacy Board.

Age Restrictions

The current *Standards, Limits and Conditions* do not allow a pharmacist to administer an injection to a child under 5 years old, nor administer a drug by the intranasal route to a child under 2 years old. The DAC determined that there was no need to amend this limit when considering drug administration of drugs beyond vaccines.

However, it is important to note that since the DAC's recommendation, there have been national and international trends towards lowering the age limit. In Nova Scotia, pharmacists and pharmacy technicians are now permitted to administer injections to patients as young as 2 years of age.⁵⁷ Similarly, pharmacists in the United States were granted authority by the federal government to administer vaccinations to children as young as 3 years old during the COVID-19 pandemic.⁵⁸

Cosmetic Drugs and Substances

The DAC determined that pharmacists should not be permitted to inject drugs or substances for cosmetic purposes, which is reflected in the approved amendments to the *Standards, Limits and Conditions* (Appendix 2). Saskatchewan, Manitoba, and Nova Scotia also do not permit pharmacists to administer drugs for cosmetic purposes.

A "List" of Drugs?

The College considered whether or not creating a "list" of drugs that may be administered by pharmacists would be in the best interest of the public.

When surveying five other Canadian pharmacy regulatory authorities that allow pharmacists to administer drugs beyond vaccines, it was found that none used a step-wise approach in introducing certain drug classes that may or may not be administered, as none found it to be an evidence-based approach, nor necessary for patient safety. Lists quickly become out of date and are a challenge to keep current.

Questions have been raised about the potential for adverse reactions that may result from the administration from a much broader range of drugs. However, it is important to note that pharmacists are the health professionals with the most extensive education in pharmacotherapy, which includes assessing the appropriateness of drug therapy, and knowing the correct dose, potential side effects, and reactions that can occur.

A key College expectation is that a pharmacist only dispenses and administers a drug within the scope of their education, training and competence, and will take all appropriate steps to ensure the drug is dispensed and/or administered safely.

Injectable Drugs Dispensed in BC

While it was determined that a "list" of drugs pharmacists may inject was not necessary for patient safety, there was still an interest to know what sorts of injectable drugs are dispensed from community pharmacies in BC, to understand what drugs pharmacists may possibly administer in the future.

To objectively quantify this, data on drugs dispensed from community pharmacies over a one-year period (August 1, 2018 – July 31, 2019) was obtained from the Ministry of Health. Of all 2,859 different

⁵⁷ "Standards of Practice: Drug Administration October 2020," Nova Scotia College of Pharmacists, accessed Dec 22, 2020, https://www.nspharmacists.ca/wp-content/uploads/2019/10/SOP_DrugAdministration.pdf

⁵⁸ "Third Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19," Department of Health and Human Services, accessed Dec 24, 2020, <https://www.hhs.gov/sites/default/files/third-amendment-declaration.pdf>

drugs dispensed in BC during this time period, only 268 (9.6%) were drugs that could be injected by the intramuscular (IM) or subcutaneous (SC) route.

The College was also provided with the number of times Schedule I and II injectable drugs were dispensed. Of 2,623,614 total dispensing events, vaccines, which pharmacists are permitted to inject, made up 42% of injectable drug dispenses ($n = 1,101,936$ dispenses) (Figure 6). Insulins, which are typically self-injected by patients, make up 23% of injectable drug dispenses ($n = 595,980$ dispenses).

It is important to note that the data was limited to those products that could be injected by the IM and SC routes, and represent *dispenses* of drugs, and not the *quantity* of drug dispensed. For example, dispensing one dose of the influenza vaccine equates to one dispense, and dispensing a 30-day supply of dalteparin (i.e., 30 doses) also equates to one dispense. Schedule IA and cosmetic drugs were excluded from the data, as they are restricted under the current recommendation of the DAC.

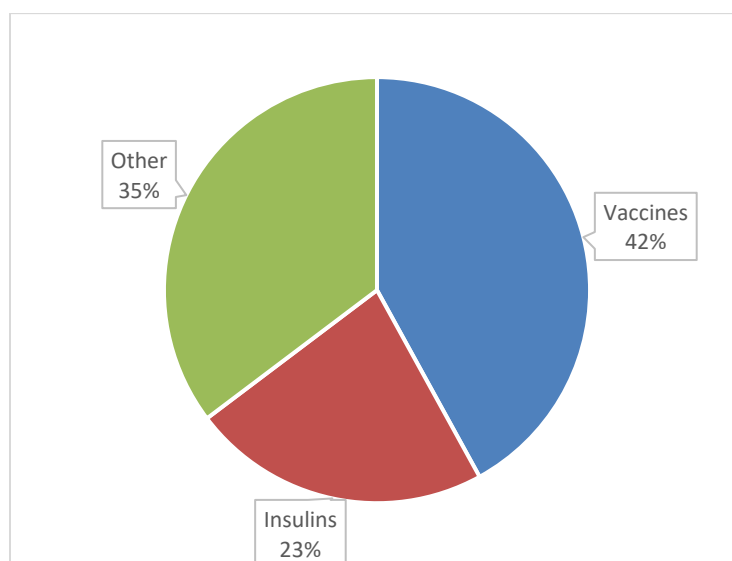


Figure 6. Proportion of dispenses of injectable vaccines, insulins and other drugs injectable by the SC or IM routes dispensed from community pharmacies in BC, between August 1, 2018 to July 31, 2019 (PharmaNet data provided by the Ministry of Health).

Of all drugs dispensed from community pharmacies in BC in a one-year period that are injectable by the SC or IM routes, the majority of dispenses were for drugs that currently may be administered by pharmacists, or are self-administered by patients.

For the remaining 35% of “other” drug dispenses ($n = 925,698$ dispenses), pharmacists would likely assist with injecting some, but not all, of these drugs. Drugs included in this group may have multiple routes of administration (such as SC and intravenous), and may most commonly be administered via a route outside of the pharmacists scope. Some of these injectable drugs may also have been dispensed for use in hospice, residential care, or veterinary settings. Lastly, many of these “other” drugs are intended for patient self-administration.

Discussion and Conclusion

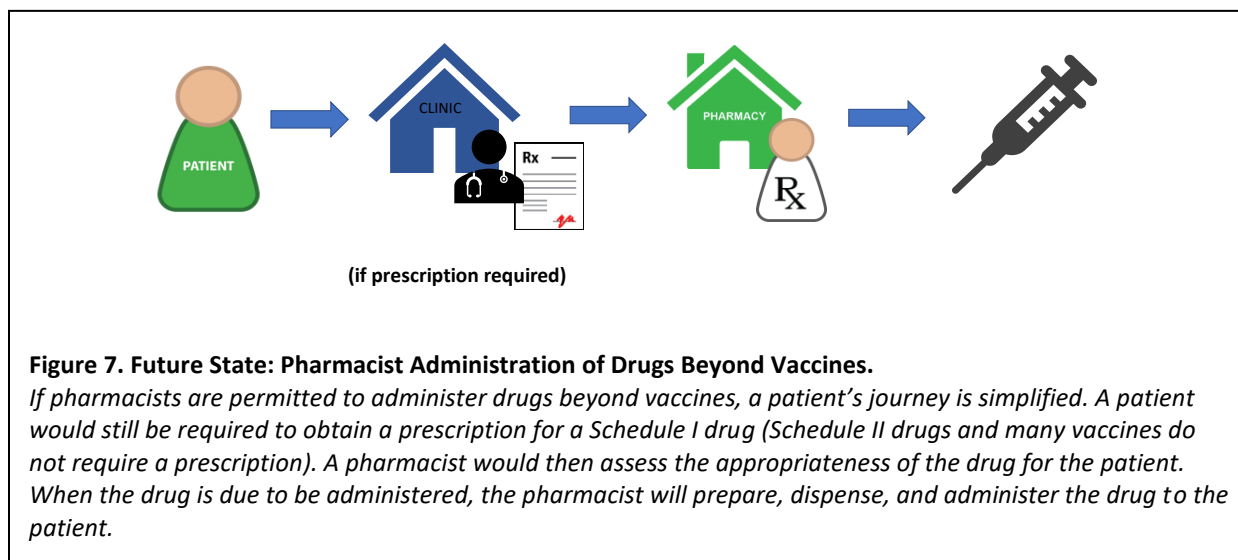
It is clear from what the literature states and what the College has heard directly from patients and registrants, that patients continue to experience barriers to accessing care, including accessing health providers to administer injections for them. As more injectable drugs are used for common chronic conditions and are approved for coverage by PharmaCare, and as the Canadian population continues to age, this issue will only continue worsen.

Non-adherence to prescribed drug therapy, such as when patients cannot have their injectable medications administered by a health professional, leads to worse health outcomes and increased burden on the health care system. Barriers to accessing health professionals for drug administration have only worsened during the COVID-19 pandemic.

Pharmacists have safely administered millions of vaccines to British Columbians over the past ten years, which has improved accessibility of immunizations and supported vaccine uptake and positive population health outcomes.

As the College learned of increasing barriers faced by patients in having other injectable drugs administered, the College acted in the best interest of these patients and the public to amend the *Standards, Limits and Conditions* to enable pharmacists to administer drugs beyond vaccines to patients. The development and establishment of standards of practice is under the purview of the College.

Administration of drugs beyond vaccines is in the public interest. Drug administration by pharmacists improves the patient experience of care, improves medication adherence, and improves patient convenience. Certified pharmacists already have training to inject drugs beyond vaccines, and pharmacists are required to follow rigorous cold chain policies to ensure drug stability and safety. These collective impacts are expected to remove barriers impacting medication adherence and improve the health and wellbeing of the public (Figure 7).



The public benefit of drug administration by pharmacists has been recognized in BC, as demonstrated by the continued increase in Delegations of a Medical Act between physicians and pharmacists, enabling pharmacists to administer drugs beyond vaccines on behalf of a physician. These delegations are becoming routine and perfunctory.

Administration of drugs beyond vaccines by pharmacists is safe for the public. Other Canadian jurisdictions surveyed reported no disciplinary or patient safety issues related to pharmacists administering drugs beyond vaccines. There are already *Standards, Limits and Conditions* and a certification process in place to ensure patient safety during drug administration, and the new amendments recently approved by the Board include additional safety parameters.

Administration of drugs beyond vaccines is a standard of care in most other Canadian jurisdictions and in the United States. BC is the lone Canadian province that does not allow pharmacists to administer drugs beyond vaccines. Pharmacists certified in drug administration in BC have received nationally accredited injection training, accredited to the same standards as pharmacists in other provinces that permit pharmacists to administer drugs beyond vaccines.

Lastly, it is understood that a Ministry of Health priority is to fully utilize the expertise of health professions to address under-met needs and gaps in care.⁵⁹ In a presentation to the College Board, the Ministry of Health identified key focus areas in the Pharmaceutical, Laboratory & Blood Services Division's pharmaceutical care management strategy, including enabling timely and convenient access to appropriate medications and pharmaceutical care as well as to leverage community pharmacists, as pharmacists are experts in drug therapy and medicines management and their "scope of practice needs to be appropriately defined in a manner that best supports patient-centric care."⁶⁰ There are over 3,800 community pharmacists in BC with active drug administration certification ready to assist patients with administration of drugs beyond vaccines, to help improve medication adherence, the patient experience of care, and access to drug administration services.

For these reasons, the College strongly believes that removing its restriction that limits pharmacist drug administration to immunization only is in the public interest. The College will continue to work to move forward with removing its restriction, as the duty of the College is to exercise its powers and discharge its responsibilities in the public interest.

⁵⁹ "Government adds pharmacists into primary and community care," British Columbia News, June 5, 2018, accessed Jan 7, 2021, <https://news.gov.bc.ca/releases/2018HLTH0055-001118>.

⁶⁰ "Pharmaceutical Care Services Management: Update," (slides 10, 12) presentation by Mitch Moneo, Assistant Deputy Minister of the Pharmaceutical, Laboratory and Blood Services Division, February 14, 2020 to the Board of the College of Pharmacists of BC. Slides available upon request.

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2	HPA Bylaws Schedule F – Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions (Approved amendments – not yet in force)
3	Approved Delegations of a Medical Act
4	Application Competency-mapped Accreditation Review Immunization and Injections Program (updated June 2, 2020)
5	Competency 15 (Supplemental Competencies on Injection for Canadian Pharmacists (NAPRA))



Appendix 1

HPA BYLAWS SCHEDULE F

Part 4 – CERTIFIED PRACTICE – DRUG ADMINISTRATION BY INJECTION AND INTRANASAL ROUTE STANDARDS, LIMITS AND CONDITIONS

STANDARDS

1. The pharmacist must assess the appropriateness of the drug for a patient, including:
 - Appropriate indication for the patient
 - Appropriate dose and route of administration
 - Allergy status
 - Risk factors, including immunosuppression and pregnancy
 - Contraindications and precautions including anaphylaxis and fainting
 - Prior immunization history
2. Obtain informed consent from the patient or patient's representative with regards to:
 - Drug to be administered
 - Purpose of the drug
 - Benefits and risks of the drug
 - Remaining in the pharmacy for a 15-30 minute wait period following administration of the drug
3. If administering drug by injection, prepare and provide care of the injection site including:
 - Assessing the injection site
 - Selecting and landmarking the injection site
 - Determining the requirement for dressings
4. Prepare for drug administration including:
 - Using aseptic technique and universal precautions for infection control in preparation, administration, and disposal of the drug
5. The pharmacist must document for each drug given:
 - Informed consent
 - Assessment of the appropriateness of the drug for the patient
 - Drug, dose and lot number given
 - Route of administration
 - Site of administration
 - Date and time of administration
 - Any adverse reaction experienced due to the drug administered
 - Patient or patient's representative contact information
 - Providing patient or patient's representative with the administering pharmacists' contact information
 - Patient teaching done
 - Adverse reactions and management
 - Plans for follow-up
6. Implement appropriate emergency measures including but not limited to:
 - Basic first aid
 - Use of epinephrine and diphenhydramine
 - CPR
 - Management of needlestick injuries



Appendix 1

HPA BYLAWS SCHEDULE F

Part 4 – CERTIFIED PRACTICE – DRUG ADMINISTRATION BY INJECTION AND INTRANASAL ROUTE STANDARDS, LIMITS AND CONDITIONS

7. Develop, maintain and review, at least annually, a policy and procedure manual including:
 - Emergency procedure and treatment protocol
 - Precautions required for patients with latex allergies
8. Maintain a setting within which the drug is to be administered that is clean, safe, comfortable and appropriately private and furnished for the patient.
9. Notify and provide relevant information to other health professionals, as appropriate, including:
 - The Adverse Event Following Immunization (AEFI) form

LIMITS

1. A practising pharmacist must not administer a drug by injection or intranasal route unless it is for the purpose of immunization.
2. A practising pharmacist must not administer an injection to a child under 5 years old.
3. A practising pharmacist must not administer a drug by intranasal route to a child under 2 years old.

CONDITIONS

1. A practising pharmacist must apply to the College of Pharmacists of B.C. for certification to administer immunizations within 1 year of successful completion of the required certification program.
2. A practising pharmacist must not provide immunization services in B.C. prior to receiving notification from the College of Pharmacists of B.C. of their certification to administer immunizations.



Appendix 2

HPA BYLAWS SCHEDULE F

Part 4 – CERTIFIED PRACTICE – DRUG ADMINISTRATION BY INJECTION AND INTRANASAL ROUTE STANDARDS, LIMITS AND CONDITIONS

APPLICATION

This Part applies to all practising pharmacists, and should be read in conjunction with sections 4 (c.1) and 4.1(1) of the *Pharmacists Regulation*, B.C. Reg. 417/2008 under the *Health Professions Act*, R.S.B.C. 1996 c. 183, and in conjunction with sections 43, 43.1 and 46(5.1) of the College bylaws made under the *Health Professions Act*.

STANDARDS

1. A pharmacist who administers a drug acts in the best interest of the patient and takes all appropriate steps to ensure that the drug is administered safely.
2. A pharmacist who administers a drug does so within the scope of their education, training and competence.
3. A pharmacist must assess the appropriateness of the drug for a patient, including:
 - (a) Appropriate indication for the patient
 - (b) Appropriate dose and route of administration
 - (c) Appropriate time and frequency for administration
 - (d) Allergy status
 - (e) Risk factors, including immunosuppression and pregnancy
 - (f) Contraindications and precautions including anaphylaxis and fainting
 - (g) Prior immunization history, if applicable
4. Obtain informed consent from the patient or patient's representative with regards to:
 - (a) Drug to be administered
 - (b) Purpose of the drug
 - (c) Benefits and risks of the drug
 - (d) Expected reaction
 - (e) Remaining for an appropriate wait period following administration of the drug
5. If administering a drug by injection, prepare and provide care of the injection site including:
 - (a) Assessing the injection site
 - (b) Selecting and landmarking the injection site
 - (c) Determining the requirement for dressings
6. Prepare for drug administration including:
 - (a) Taking appropriate steps to ensure the right drug is administered to the right patient
 - (b) Ensuring the drug is stable, and has been stored and labelled appropriately prior to administration
 - (c) Using aseptic technique and universal precautions for infection control in preparation, administration, and disposal of the drug



Appendix 2

HPA BYLAWS SCHEDULE F

Part 4 – CERTIFIED PRACTICE – DRUG ADMINISTRATION BY INJECTION AND INTRANASAL ROUTE STANDARDS, LIMITS AND CONDITIONS

7. Following drug administration, a pharmacist must
 - (a) Ensure devices, supplies and any remaining drug are disposed of safely and appropriately
 - (b) Ensure the patient is appropriately monitored
 - (c) Notify and provide relevant information to other health professionals, as appropriate
 - (d) Report adverse events or reactions to the applicable government agency, as required
8. A pharmacist must document for each drug given:
 - (a) Informed consent
 - (b) Assessment of the appropriateness of the drug for the patient
 - (c) Drug and dose administered
 - (d) Lot number and expiry date of the drug
 - (e) Route of administration
 - (f) Site of administration
 - (g) Date and time of administration
 - (h) The identification of the pharmacist who administered the drug
 - (i) Patient response
 - (j) Any adverse reaction experienced due to the drug administered and management provided
 - (k) Patient or patient's representative contact information
 - (l) Providing patient or patient's representative with the administering pharmacist's contact information
 - (m) Patient teaching done, including adverse reactions and management and plans for follow-up
9. Ensure there is ready access to drugs, devices and other necessary equipment and supplies used to treat reactions to administered drugs.
10. Respond appropriately to complications and emergencies if they arise.
11. Develop, maintain and review, at least annually, a policy and procedure manual including:
 - (a) Emergency procedure and treatment protocol
 - (b) Precautions required for patients with latex allergies
12. Maintain a setting within which the drug is to be administered that is clean, safe, comfortable and appropriately private and furnished for the patient.

LIMITS

1. A practising pharmacist must not administer any Schedule IA drug by injection or intranasal route.
2. A practising pharmacist must not administer drugs and substances for cosmetic purposes by injection.
3. A practising pharmacist must not administer an injection to a child under 5 years old.
4. A practising pharmacist must not administer a drug by intranasal route to a child under 2 years old.



Appendix 2

HPA BYLAWS SCHEDULE F

Part 4 – CERTIFIED PRACTICE – DRUG ADMINISTRATION BY INJECTION AND INTRANASAL ROUTE STANDARDS, LIMITS AND CONDITIONS

CONDITIONS

1. A practising pharmacist must apply to the College of Pharmacists of B.C. for certification to administer Schedule I and II drugs by injection or intranasal route within 1 year of successful completion of the required certification program.
2. A practising pharmacist must not administer a drug or substance by injection or intranasal route in B.C. prior to receiving notification from the College of Pharmacists of B.C. of their certification to administer drugs and substances by injection or intranasal route.

Approved - Not in Force

Appendix 3. Approved Delegations of a Medical Act

Pier Health Pharmacy, Vancouver BC

- November 21, 2014: The Board approves the administration of depot injections by pharmacists at Pier Health Pharmacy, as delegated by Dr. MacEwan and authorized by the College of Physicians and Surgeons for a period of 12 months. The purpose of this delegation is to provide greater access to depot injections for vulnerable populations living in Vancouver's Downtown Eastside.
- September 15, 2016: Delegation approved indefinitely, as the Board approved the striking out of the "12 month period" wording from the previously approved delegation. The decision to extend this delegation was based on patient satisfaction with the service (e.g., not having to travel to a clinic to receive the injections), and no patient safety concerns.

Pro-Health Pharmacy, Chilliwack BC

- November 23, 2018: The Board approved the delegation request from a medical practitioner to authorize pharmacists from Pro-Health Pharmacy to administer anti-psychotic depot injections. The purpose of the delegation was to address a gap in mental health care in the Chilliwack area.
- September 13, 2019: The Board approved the delegation request to authorize pharmacists from Pro-Health Pharmacy to administer antipsychotic depot injections as well as intramuscular and subcutaneous injections, as delegated by Dr. Jacobus J.J. du Toit.

Jim Pattison Outpatient Care and Surgery Centre, Surrey BC

- April 17, 2020: The Board approved the delegation request to authorize pharmacists at the Anticoagulation Management Clinic at the Jim Pattison Outpatient Care and Surgery Centre to administer low molecular weight heparin injections as delegated by Dr. Mir I. Ali.

Heart@Home, Victoria BC

- November 20, 2020: The Board approved the delegation request to authorize pharmacists at the Heart@Home program to administer drugs beyond vaccines by the intramuscular and subcutaneous route to patients during home visits, as delegated by Dr. Steven Gordon. The purpose of this delegation is to continue providing home-based medication adherence services to patients, as there has been a shortage of nurses during the COVID-19 pandemic. Patients in the program are unable to self-administer medications, and would require movement from home into care facilities if this program was not available to them.



Application Competency-mapped Accreditation Review Immunization and Injections Program (updated June 2, 2020)

Eligible programs

Programs that wish to be recognized by the Provincial Regulatory Authorities will meet the following requisite conditions:

1. The program addresses the 15 competencies approved by the National Association of Pharmacy Regulatory Authorities (NAPRA) in November 2012 [http://napra.ca/pages/Practice_Resources/injectioncompetencies.aspx].

The NAPRA competencies are based on:

- a. The 14 immunization competencies for health professionals approved by the Public Health Agency of Canada¹; and
 - b. The 15th competency specific to pharmacy approved by the provincial regulatory authorities and NAPRA.
2. The program meets the criteria and guidelines for a CCCEP accredited Continuing Education Certificate program as outlined in the CCCEP policy on certificate programs².
 - a. Only programs that address the 15 competencies outlined in Condition 1 may be accredited as a certificate program under the CCCEP policy on Accreditation of Continuing Education Certificate Programs. They may issue a certificate in immunization and injections.
 - b. Programs that do not address the fifteen competencies but have content related to immunization and injections may be accredited as a regular continuing education program. In accordance with CCCEP guidelines, the program provider may issue a letter (or statement) of attendance but not a document called a “certificate” to participants who complete the program.

Accreditation Review Process

The competency-mapped accreditation review process for immunization and injections programs is a two-stage process.

- Stage 1: Regular review for a CCCEP-accredited Continuing Education Certificate program.
- Stage 2: Review the extent to which the program addresses the 15 required competencies.

The second stage review will examine the learning objectives and the content of a program to determine the extent to which the program addresses each competency. The target for most of the learning objectives is the knowledgeable level (able to apply and describe) of mastery as defined by the Public Health Agency of Canada.³ For some competencies, the aware level may be sufficient (e.g., Learning objective 7, Communications – apply mass media strategies).

¹ Public Health Agency of Canada. 2008. *Immunization Competencies for Health Professionals*. Available: <http://www.phac-aspc.gc.ca/im/ic-ci-eng.php> (accessed March 21, 2012).

² CCCEP. *Policy on the Accreditation of Continuing Education Certificate Programs*. Available: http://www.cccep.ca/index_content.php?id=95

³ Public Health Agency of Canada. 2008. *Immunization Competencies for Health Professionals*. Page 36. Available: <http://www.phac-aspc.gc.ca/im/ic-ci-eng.php>

The three levels of proficiency identified by the Public Health Agency of Canada are:

- **Aware** indicates a basic level of mastery of the competency, in which individuals are able to identify the concept or skill but have a relatively limited ability to perform the skill.
- **Knowledgeable** indicates an intermediate level of mastery of the competency, in which individuals are able to apply and describe the skill.
- **Proficient** indicates an advanced level of mastery of the competency, in which individuals are able to synthesize, critique, or teach the skill.

Based on the review of the learning objectives and the presence of the suggested content, the competency-mapped accreditation review will identify the extent to which the competency is met.

- **Fully met** – the program addresses all the learning objectives and contains suggested content;
- **Substantially met** – the program at least partially addresses the learning objectives of the competency and contains all the suggested content;
- **Partially met** – the program contains some, but not all, of the learning objectives of the competency and/or some of the suggested content;
- **Not met** – the program addresses none or only a small number of the learning objectives of the competency.

Instructions for Program Provider – Completing the Competency-mapped Review Rubric

In the Columns entitled Program Location in the table beginning on page 3, identify where the information on the learning objectives and suggested content may be found. **DO NOT COMPLETE** the columns titled “CCCEP Expert Reviewer Assessment” or sections marked “CCCEP Expert Reviewer Comments” – these sections are for the stage 2 expert reviewer that is contracted by CCCEP to conduct the stage 2 review.

Column	What to Enter
Learning Objective Table	
Module & Lrng/Obj	Identify the location in the program where the learning objective (or its equivalent) is stated. <ul style="list-style-type: none"> • Identify Module(s)/Section(s) and Learning objective(s) number. • Example: M-3 LO-2 for Module 3, Learning objective 3.
Related Content	Identify the location in the program where the program content related to the objective may be found.
Suggested Content Table	
Program Location	Identify the module or modules, and the page numbers, where the content may be found. <ul style="list-style-type: none"> • Example: S4 p.12-15 for Section 4, pages 12-15.

Program, Provider and Contact Person Information

Program Title (s)	
Program Provider Name	

Name of Contact Person	
Phone and email of Contact Person	
Date Submitted	

Competency-mapped (Stage 2) Accreditation Review Rubric

Application of Basic Biomedical Sciences to Immunization

1. The Immune System and Vaccines

Competency: Explains how vaccines work using basic knowledge of immune system.

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ⁴	Related Content ⁵	Yes/No/Partial	Comment
1.1. Compare and contrast innate and adaptive immunity.				
1.2. Differentiate between the primary and memory immune response to a vaccine.				
1.3. Differentiate between passive and active immunity.				
1.4. Explain why some vaccines induce a memory response while others do not.				
1.5. Name some host- and vaccine-related factors that affect the immune response to vaccines.				
1.6. Explain how the immunization schedule accommodates factors that affect the immune response to vaccines.				
1.7. Respond to the concern that giving too many vaccines will overload the immune system.				
1.8. Discuss the pros and cons of immunity gained through immunization as opposed to wild-type infection.				

The program contains the following suggested content:			
Suggested Content for Training:	Program Location ⁶	CCCEP Expert Reviewer Assessment	
		Yes/No/Partial	Comment
1) Antigens and antibodies			
2) Cell-mediated and humoral immunity			
3) Active and passive immunity			
4) Primary and secondary immune responses			

⁴ Identify Module(s)/Section(s) and Learning objective(s) number. Example: M-3 LO-2 for Module 3, Learning objective 3.

⁵ Identify the section or module (including page numbers) where the content relating to the objective may be found.

⁶ Identify the module or section (include the page numbers) where the content may be found.

The program contains the following suggested content:			
Suggested Content for Training:	Program Location ⁶	CCCEP Expert Reviewer Assessment	
		Yes/No/Partial	Comment
5) Conditions that affect immunity and the immune response to vaccines			

The competency is:	CCCEP Expert Reviewer Comments		
Fully met			
Substantially met			
Partially met			
Not met			

2. Vaccine-Preventable Diseases

Competency: Demonstrates an understanding of the rationale and benefit of immunization, as relevant to the practice setting.

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ⁷	Related Content ⁸	Yes/No/Partial	Comment
2.1. Describe the key clinical features, including acute and long-term complications, of each vaccine-preventable disease.				
2.2. Describe the key epidemiologic features of each vaccine-preventable disease.				
2.3. Describe the historical impact of immunization on the epidemiology of vaccine-preventable disease.				
2.4. For each of the vaccines administered in the practice setting, formulate a response to the question “Why should I be immunized when vaccine-preventable diseases are so rare in Canada?”				
2.5. Explain why accurate diagnosis of vaccine-preventable diseases is important.				

The program contains the following suggested content:			
Suggested Content for Training:	Program Location ⁹	CCCEP Expert Reviewer Assessment	
		Yes/No/Partial	Comment
1) Epidemiology, signs and symptoms, and mode of transmission of each disease			
2) Potential complications/long-term sequelae of vaccine-preventable diseases; the nature and rates of each			

⁷ Identify Module(s)/Section(s) and Learning objective(s) number. Example: M-3 LO-2 for Module 3, Learning objective 3.

⁸ Identify the section or module (including page numbers) where the content relating to the objective may be found.

⁹ Identify the module or section (include the page numbers) where the content may be found.

The program contains the following suggested content:			
Suggested Content for Training:	Program Location ⁹	CCCEP Expert Reviewer Assessment	
		Yes/No/Partial	Comment
3) Historical impact of immunization programs and the premature withdrawal of these programs, including reduced coverage			
4) Concepts of control, elimination, and eradication of vaccine-preventable diseases			

The competency is:	CCCEP Expert Reviewer Comment		
Fully met			
Substantially met			
Partially met			
Not met			

3. Vaccine Development and Evaluation

Competency: Integrates into practice knowledge about the main steps in vaccine development and evaluation.

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ¹⁰	Related Content ¹¹	Yes/No/Partial	Comment
3.1. Describe, in general terms, the process to obtain marketing approval for vaccines in Canada.				
3.2. Describe what can be learned about vaccines after they are approved for marketing, via surveillance activities and more formal post-marketing studies.				
3.3. Characterize, in broad terms, the key roles and responsibilities for each of the following relative to the post-marketing assessment of vaccine safety and effectiveness: <ul style="list-style-type: none"> a) Vaccine manufacturers b) Canadian regulatory authority (Biologics and Genetic Therapies Directorate) c) Public Health Agency of Canada d) Provincial/territorial Health departments e) Vaccine providers f) Healthcare providers who don't administer vaccines g) Vaccine recipients or their parents/caregivers 				

¹⁰ Identify Module(s)/Section(s) and Learning objective(s) number. Example: M-3 LO-2 for Module 3, Learning objective 3.

¹¹ Identify the section or module (including page numbers) where the content relating to the objective may be found.

The program contains the following suggested content:			
Suggested Content for Training:	Program Location ¹²	CCCEP Expert Reviewer Assessment	
		Yes/No/Partial	Comment
1) Stages of vaccine trials before and after licensure			
2) Steps in the process of obtaining approval of vaccines for sale in Canada			
3) Post-marketing surveillance and immunization safety			
4) The role of surveillance in designing and monitoring immunization programs			

The competency is:	CCCEP Expert Reviewer Comment		
Fully met			
Substantially met			
Partially met			
Not met			

4. The Types of Immunizing Agents and Their Composition

Competency: Applies the knowledge of the components and properties of immunizing agents as needed for safe and effective practice.

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ¹³	Related Content ¹⁴	Yes/No/Partial	Comment
4.1. Classify each immunizing agent used in practice as live attenuated, inactivated, or subunit.				
4.2. Demonstrate the ability to describe live attenuated, inactivated, and subunit immunizing agents to an audience with minimal or no science knowledge.				
4.3. Compare the major advantages and disadvantages of live attenuated versus inactivated/subunit immunizing agents.				
4.4. Identify key differences in the immune response to purified polysaccharide versus polysaccharide protein conjugate vaccines.				
4.5. Describe, in general terms, the purpose, action and potential concerns of each of the following components that may be present in a given vaccine product: adjuvant, preservative, additives, glass vial, stopper, and pre-filled syringe.				
4.6. Locate and utilize current information resources on the types and content of immunizing agents used in practice.				

¹² Identify the module or section (include the page numbers) where the content may be found.

¹³ Identify Module(s)/Section(s) and Learning objective(s) number. Example: M-3 LO-2 for Module 3, Learning objective 3.

¹⁴ Identify the section or module (including page numbers) where the content relating to the objective may be found.

The program contains the following suggested content:			
Suggested Content for Training:	Program Location ¹⁵	CCCEP Expert Reviewer Assessment	
		Yes/No/Partial	Comment
1) Immunoglobulins, live and inactivated vaccines, polysaccharide and conjugate vaccines and combination vaccines			
2) Composition of a vaccine, use of adjuvants and other additives			
3) Efficacy, reactogenicity, compatibility			

The competency is:		CCCEP Expert Reviewer Comment
Fully met		
Substantially met		
Partially met		
Not met		

5. Population Health

Competency: Applies relevant principles of population health for improving immunization coverage rates.

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ¹⁶	Related Content ¹⁷	Yes/No/Partial	Comment
5.1. Use specific examples to show how immunization is a population-based health strategy.				
5.2. Explain the concept of herd immunity (also called community immunity) in non-scientific terms.				
5.3. Explain, using examples, why vaccine-preventable diseases return when immunization coverage rates decrease.				
5.4. Explain how immunization registries can benefit not only individuals but also populations.				
5.5. Present the case for the importance of having a highly immunized healthcare workforce.				
5.6. Use health promotion planning model to identify barriers (economic, educational, system-based, and social factors) to immunization uptake.				
5.7. Use health promotion strategies to improve immunization coverage rates.				

¹⁵ Identify the module or section (include the page numbers) where the content may be found.

¹⁶ Identify Module(s)/Section(s) and Learning objective(s) number. Example: M-3 LO-2 for Module 3, Learning objective 3.

¹⁷ Identify the section or module (including page numbers) where the content relating to the objective may be found.

The program contains the following suggested content:			
Suggested Content for Training:	Program Location ¹⁸	CCCEP Expert Reviewer Assessment	
		Yes/No/Partial	Comment
1) Concept of herd immunity and the effect of vaccination on the community as a whole			
2) How herd immunity protects individuals			
3) Identification of barriers and obstacles that may prevent uptake of vaccination			
4) Development of strategies to overcome barriers and improve immunization services			
5) Consideration of environmental factors such as the clinic environment, appointment timings, and length and attitudes of staff to immunization			

The competency is:	CCCEP Expert Reviewer Comment		
Fully met			
Substantially met			
Partially met			
Not met			

Essential Immunization Practices

6. Communication

Competency: Communicates effectively about immunization, as relevant to the practice setting(s).

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ¹⁹	Related Content ²⁰	Yes/No/Partial	Comment
6.1. List the components of the evidence-based decision-making process.				
6.2. Explain the importance of risk perception for immunization decision making.				
6.3. Respond appropriately following an assessment of client knowledge, attitudes, and beliefs regarding immunization.				
6.4. Deliver clear, concise messages about the risks of vaccine-preventable diseases and the benefits and risks of vaccines.				
6.5. Provide appropriate evidence-based information and resources to clients regarding immunization and vaccines.				
6.6. Provide guidance to clients so they can correctly identify credible sources of information on immunization and vaccines.				
6.7. Apply, as appropriate to the practice setting, mass media strategies for public				

¹⁸ Identify the module or section (include the page numbers) where the content may be found.

¹⁹ Identify Module(s)/Section(s) and Learning objective(s) number. Example: M-3 LO-2 for Module 3, Learning objective 3.

²⁰ Identify the section or module (including page numbers) where the content relating to the objective may be found.

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ¹⁹	Related Content ²⁰	Yes/No/Partial	Comment
communication.				

The program contains the following suggested content:			
Suggested Content for Training:	Program Location	CCCEP Expert Reviewer Assessment	
		Yes/No/Partial	Comment
1) Issues that affect and influence parents/caregivers in their vaccination decision making			
2) Responding to commonly asked questions and misconceptions			
3) Local and national sources of further information and advice for parents			
4) Importance of risk perception for immunization decision making			
5) Basic principles of risk communication			
6) The effect of media reporting on parental views and acceptance of vaccination			

The competency is:	CCCEP Expert Reviewer Comment	
Fully met		
Substantially met		
Partially met		
Not met		

7. Storage and Handling of Immunization Agents

Competency: Implements Canadian guidelines when storing, handling, or transporting vaccines.

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ²¹	Related Content ²²	Yes/No/Partial	Comment
7.1. State where to access the most recent national guidelines dealing with vaccine storage, handling, and transportation.				
7.2. Describe the national guideline requirements for vaccine storage, handling, and transportation and their importance in maximizing the potency and efficacy of each vaccine.				
7.3. Outline the key steps for maintaining the cold chain in the practice setting.				
7.4. Explain actions taken to report and manage breaks in the cold chain or other insults that				

²¹ Identify Module(s)/Section(s) and Learning objective(s) number. Example: M-3 LO-2 for Module 3, Learning objective 3.

²² Identify the section or module (including page numbers) where the content relating to the objective may be found.

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ²¹	Related Content ²²	Yes/No/Partial	Comment
compromise vaccine integrity.				

The program contains the following suggested content:			
Suggested Content for Training:	Program Location ²³	CCCEP Expert Reviewer Assessment	
		Yes/No/Partial	Comment
1) Effects of temperature on potency, efficacy, and adverse events of vaccines			
2) Daily monitoring and written temperature records			
3) Correct use of designated purpose-built vaccine fridge			
4) Importance of regular checks for expired vaccine			
5) Ordering appropriate vaccine stock			
6) Management of breakdowns in the cold chain			
7) Disposal of heat- or cold-damaged vaccine			
8) Monitoring and maintaining the cold chain during vaccine transportation			
9) Maintenance of the cold chain during a clinic session			
10) Taking responsibility for ensuring that all vaccines administered have been stored correctly			
11) Importance of protocols/standard operating procedures in each practice setting			
12) Fulfillment of <i>National Vaccine Storage and Handling Guidelines for Immunization Providers</i>			

The competency is:		CCCEP Expert Reviewer Comment
Fully met		
Substantially met		
Partially met		
Not met		

8. Administration of Immunizing Agents

Competency: Prepares and administers immunization agents correctly.

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ²⁴	Related Content ²⁵	Yes/No/Partial	Comment
8.1. Prepare a checklist for pre-immunization patient assessment, including precautions, contraindications, and indications for				

²³ Identify the module or section (include the page numbers) where the content may be found.

²⁴ Identify Module(s)/Section(s) and Learning objective(s) number. Example: M-3 LO-2 for Module 3, Learning objective 3.

²⁵ Identify the section or module (including page numbers) where the content relating to the objective may be found.

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ²⁴	Related Content ²⁵	Yes/No/Partial	Comment
rescheduling.				
8.2. Ensure the seven “Rights” of immunization: right drug, right client, right dose, right time, right route, right reason, and right documentation.				
8.3. Demonstrate the steps involved in vaccine preparation, including reconstitution, if appropriate, administration, and disposal.				
8.4. Name the resources that are used to guide the immunization administration process and decision making.				
8.5. Develop a table listing the vaccine, age, dose, route, site, contraindications/precautions, and side effects for each vaccine used in the practice setting.				
8.6. Demonstrate the age-appropriate injection sites and proper client positioning used for immunization.				
8.7. Choose the correct needle length and gauge for the age and size of the client.				
8.8. Describe actions taken to increase safety in immunization clinics related to the provider, the recipient, and the environment.				
8.9. Demonstrate the appropriate technique for immunization.				
8.10. Describe techniques to reduce the pain associated with immunization.				

The program contains the following suggested content:			
Suggested Content for Training:	Program Location ²⁶	CCCEP Expert Reviewer Assessment	
		Yes/No/Partial	Comment
1) Assessment of fitness for vaccination and identification of true contraindications to vaccination			
2) Route, needle size, and injection site for administration of vaccine based on research, current recommendations, and effects on efficacy and local reactions			
3) Dosage and reconstitution of each vaccine			
4) Preparation and disposal of vaccination equipment			

The competency is:		CCCEP Expert Reviewer Comment
Fully met		
Substantially met		
Partially met		
Not met		

²⁶ Identify the module or section (include the page numbers) where the content may be found.

9. Adverse Events Following Immunization

Competency: Anticipates, identifies, and manages adverse events following immunization, as appropriate to the practice setting.

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ²⁷	Related Content ²⁸	Yes/No/Partial	Comment
9.1. Use reliable, evidence-based resources to list the frequencies of the common, uncommon, and rare adverse events associated with vaccines.				
9.2. Inform recipients and/or their caregivers on what to expect and what to do regarding adverse events that could follow immunizations.				
9.3. Draft in detail an effective step-by-step response to anaphylaxis.				
9.4. Document all adverse events following immunization on the appropriate form and submit it to the appropriate agencies.				
9.5. Distinguish between reporting an adverse event following immunization and proving that immunization caused an adverse event.				

The program contains the following suggested content:			
Suggested Content for Training:	Program Location ²⁹	CCCEP Expert Reviewer Assessment	
		Yes/No/Partial	Comment
1) Physiology of anaphylaxis and allergic reactions			
2) Potential causes of anaphylaxis and ways of decreasing the risks			
3) Signs and symptoms of and differences between anaphylaxis and fainting			
4) Treatment of anaphylaxis, equipment required, adrenaline dosages, and sites for its administration			
5) Definition and types of adverse events			
6) Where and how to report adverse events to vaccines – Canadian Adverse Events Following Immunization Surveillance System			
7) Recording of adverse events to vaccinations – Use of the <i>Adverse Event Following Immunization Reporting Form</i>			

The competency is:		CCCEP Expert Reviewer Comment
Fully met		
Substantially met		

²⁷ Identify Module(s)/Section(s) and Learning objective(s) number. Example: M-3 LO-2 for Module 3, Learning objective 3.

²⁸ Identify the section or module (including page numbers) where the content relating to the objective may be found.

²⁹ Identify the module or section (include the page numbers) where the content may be found.

The competency is:		CCCEP Expert Reviewer Comment
Partially met		
Not met		

10. Documentation

Competency: Documents information relevant to each immunization encounter in accordance with national guidelines for immunization practices and jurisdictional health information processes.

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ³⁰	Related Content ³¹	Yes/No/Partial	Comment
10.1. Describe the role and importance of immunization records.				
10.2. Identify the information to be documented on an immunization record.				
10.3. Record an immunization encounter on the appropriate documentation instruments accurately and completely.				
10.4. Facilitate the transfer of information in the vaccination record to other providers and to appropriate agencies in accordance with requirements.				
10.5. Record the reason and planned follow-up action when a scheduled immunization is not given.				

The program contains the following suggested content:			
Suggested Content for Training:	Program Location ³²	CCCEP Expert Reviewer Assessment	
		Yes/No/Partial	Comment
1) Requirements and importance of accurate documentation			
2) Where and why vaccinations should be recorded and reported			
3) Policy for reporting and recording vaccine errors			
4) Importance of and reasons for recording lot numbers			

The competency is:		CCCEP Expert Reviewer Comment
Fully met		
Substantially met		
Partially met		
Not met		

³⁰ Identify Module(s)/Section(s) and Learning objective(s) number. Example: M-3 LO-2 for Module 3, Learning objective 3.

³¹ Identify the section or module (including page numbers) where the content relating to the objective may be found.

³² Identify the module or section (include the page numbers) where the content may be found.

11. Populations Requiring Special Considerations

Competency: Recognizes and responds to the unique immunization needs of certain population groups.

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj	Related Content	Yes/No/Partial	Comment
11.1. Describe the unique immunization needs of certain populations, as relevant to the practice setting, including; a) individuals who are off course of a recommended immunization schedule; b) individuals who have had a serious adverse event following a prior immunization; c) individuals with certain medical conditions, including transplant recipients; d) pregnant women; e) women who are breastfeeding; f) occupational risk groups; g) travellers; h) new Canadians; international students; i) individuals with behaviours that put them at risk for vaccine-preventable diseases; j) “hard-to-reach” individuals; and k) outbreak populations.				
11.2. Appropriately refer to expert professionals/resources when required to address the immunization needs of certain populations				

The program contains the following suggested content:			
Suggested Content for Training:	Program Location	CCCEP Expert Reviewer Assessment	
		Yes/No/Partial	Comment
1) Designing schedules for people with uncertain or incomplete vaccination status with the minimum number of visits			
2) National and provincial guidelines that guide travel immunization			
3) Expert advice available to consult regarding travel immunization and recommendations			
4) Citizenship and Immigration Canada’s policy – distinguish when newcomers are immunized before arrival and when they are not			

The competency is:		CCCEP Expert Reviewer Comment
Fully met		
Substantially met		
Partially met		

The competency is:	CCCEP Expert Reviewer Comment	
Not met		

Contextual Issues Relevant to Immunization

12. The Canadian Immunization System

Competency: Demonstrates an understanding of the immunization system in Canada and its impact on his/her own practice.

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ³³	Related Content ³⁴	Yes/No/Partial	Comment
12.1. Describe how the National Immunization Strategy (NIS) is relevant to practice.				
12.2. Distinguish between federal and provincial/territorial responsibilities as related to immunization programs in Canada.				
12.3. List who can administer immunizations in Canada.				
12.4. Describe the current status of immunization registries in the province or territory where practice is based.				
12.5. Describe the process required to introduce a new publicly funded vaccine in a province or territory.				
12.6. Explain the reasons for the variable immunization schedules among the provinces and territories.				
12.7. Locate the current immunization schedule for the province or territory of practice.				
12.8. Identify laws and regulations that may affect immunization delivery programs in provinces and territories.				

The program contains the following suggested content:			
Suggested Content for Training:	Program Location ³⁵	CCCEP Expert Reviewer Assessment	
		Yes/No/partial	Comment
1) Goals of the NIS			
2) How the number, timing, and spacing of doses is decided upon			
3) The role of the National Advisory Committee on Immunization and how vaccine recommendation is decided upon			
4) Current published recommendations in the Canadian Immunization Guide			

³³ Identify Module(s)/Section(s) and Learning objective(s) number. Example: M-3 LO-2 for Module 3, Learning objective 3.

³⁴ Identify the section or module (including page numbers) where the content relating to the objective may be found.

³⁵ Identify the module or section (include the page numbers) where the content may be found.

The program contains the following suggested content:			
Suggested Content for Training:	Program Location ³⁵	CCCEP Expert Reviewer Assessment	
		Yes/No/partial	Comment
5) The role and responsibilities of the federal, provincial, and territorial governments in publicly funded immunization programs and vaccine purchase			
6) Provincial and territorial resources available to consult about immunization issues			

The competency is:	CCCEP Expert Reviewer Comment		
Fully met			
Substantially met			
Partially met			
Not met			

13. Immunization Issues

Competency: Addresses immunization issues using an evidence-based approach.

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ³⁶	Related Content ³⁷	Yes/No/Partial	Comment
13.1. Describe factors which lead to scepticism regarding immunization for both health professionals and the general public.				
13.2. Describe the impact that misperceptions regarding immunizing agents have on immunization programs and on the population.				
13.3. Address misperceptions regarding immunizing agents using an evidence-based approach.				
13.4. Locate evidence-based sources of information on current issues relating to immunization.				
13.5. Use evidence-based scientific knowledge to develop clear, concise key messages regarding true immunization benefits and risks.				

The program contains the following suggested content:			
Suggested Content for Training:	Program Location ³⁸	CCCEP Expert Reviewer Assessment	
		Yes/No/Partial	Comment
1) Importance of keeping up to date			
2) Anti-immunization messages on social media			

³⁶ Identify Module(s)/Section(s) and Learning objective(s) number. Example: M-3 LO-2 for Module 3, Learning objective 3.

³⁷ Identify the section or module (including page numbers) where the content relating to the objective may be found.

³⁸ Identify the module or section (include the page numbers) where the content may be found.

The program contains the following suggested content:			
Suggested Content for Training:	Program Location ³⁸	CCCEP Expert Reviewer Assessment	
		Yes/No/Partial	Comment
3) Multiple injections			
4) Thimerosal			
5) How and where to find information (local and national sources of advice) and assessing the reliability of sources			
6) Media portrayal of vaccine news stories			
7) The critical importance of professional confidence in immunization			

The competency is:	CCCEP Expert Reviewer Comment		
Fully met			
Substantially met			
Partially met			
Not met			

14. Legal and Ethical Aspects of Immunization

Competency: Acts in accordance with legal and high ethical standards in all aspects of immunization practice.

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ³⁹	Related Content ⁴⁰	Yes/No/Partial	Comment
14.1. Discuss the implications of basic ethical principles, including individual's right, confidentiality, privacy, informed consent, and informed refusal.				
14.2. Describe the legal requirements relevant to immunization administration, documentation, recording, and reporting.				
14.3. Describe the legal requirements in the province/territory of immunization practice that relate to immunization status and exclusion from daycare, school, workplace, or other settings.				
14.4. Identify his/her own professional scope of practice as it relates to immunization (jurisdiction, organization, practice setting & institutions, etc.).				
14.5. Discuss the ethical issues arising from: - mandatory versus voluntary immunization; - targeted versus universal immunization.				
14.6. Discuss the responsibility of health professionals to inform patients regarding the availability of all recommended vaccines				

³⁹ Identify Module(s)/Section(s) and Learning objective(s) number. Example: M-3 LO-2 for Module 3, Learning objective 3.

⁴⁰ Identify the section or module (including page numbers) where the content relating to the objective may be found.

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ³⁹	Related Content ⁴⁰	Yes/No/Partial	Comment
regardless of whether they are publicly funded or not.				
14.7. Describe the ethical implications when a provider's beliefs conflict with evidence-based recommendations for immunization.				

The program contains the following suggested content:			
Suggested Content for Training:	Program Location	CCCEP Expert Reviewer Assessment	
		Yes/No/Partial	Comment
1) Current legal requirements for informed consent			
2) Data protection			
3) Documentation			
4) Professional accountability			

The competency is:	CCCEP Expert Reviewer Comment		
Fully met			
Substantially met			
Partially met			
Not met			

Other Substances

15. Essential Competencies for Injection of Other Substances⁴¹

Competency: Safely and effectively administers substances by injection

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ⁴²	Related Content ⁴³	Yes/No/Partial	Comment
15.1. Demonstrate the necessary technical skills required to prepare and administer injections (subcutaneously, intramuscularly, intradermally, intravenously to already established central or peripheral venous access devices where regulations permit)				

⁴¹ In the context of this document, *substance* should be read as the definition of a drug under the *Food and Drug Act (FDA)* which includes among other things all drugs in Schedule D (e.g. blood products). According to the FDA, a drug includes any substance or mixture of substances manufactured, sold or represented for use in:

- the diagnosis, treatment, mitigation or prevention of a disease, disorder, abnormal physical state, or the symptoms thereof in man or animal
- restoring, correcting or modifying organic functions in man or animal, or
- disinfection in premises in which food is manufactured, prepared or kept [From NAPRA, Competency 15 document]

⁴² Identify Module(s)/Section(s) and Learning objective(s) number. Example: M-3 LO-2 for Module 3, Learning objective 3.

⁴³ Identify the section or module (including page numbers) where the content relating to the objective may be found.

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ⁴²	Related Content ⁴³	Yes/No/Partial	Comment
15.2. Describe and comply with legal and regulatory requirements for administering substances by injection, including federal and provincial legislation and applicable standards and policies				
15.3. Conduct a Therapeutic Review [See also competency 13]: a) Locate and interpret evidence based information relating to current therapeutic information of the specific substance to be injected including indications, contraindications, approved routes of administration, pharmacokinetics, dosage, injection protocol, precautions, adverse effects, client monitoring parameters, and information pertaining to specific client factors (e.g., renal dysfunction, hepatic dysfunction, pregnancy etc.) b) Prepare a checklist to assess and determine preferred route of administration i. appropriate for the substance/solution ii. appropriate for the client iii. appropriate for the facility or regional protocol				
15.4. Perform all necessary steps for administering substances by injection:				
15.4.1. <u>Assess the Client, including [See also competencies 8(1), 11]:</u> a) age, weight, current and previous relevant medical conditions and medications, b) current client status (e.g., fever/signs of infection, pregnancy), allergies, relevant lab values, relevant client adherence issues, past experience or reactions with injections, medications and/or immunizations special population considerations (e.g., renal dysfunction, hepatic dysfunction, pregnancy etc.)				
15.4.2. <u>Provide Client Education and Obtain Consent [See also competencies 6, 13, 14]:</u> a) Explain reason for the injection and outline risks and benefits, including common and serious potential side effects and management b) Obtain and record informed consent for administration of injection c) Provide teaching on self-administration, if appropriate				
15.4.3. Ensure Medication Appropriateness,				

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ⁴²	Related Content ⁴³	Yes/No/Partial	Comment
including the ‘Seven rights of medication administration’: [See also competencies 8, 10] a) Right Product b) Right Client c) Right Dose d) Right Time e) Right Route f) Right Reason g) Right Documentation				
15.4.4. <u>Ensure Safe Medication Preparation, Administration, Storage and Disposal</u> [See also competencies 7, 8]: a) Ensure a clean, safe, private and comfortable environment for the client b) Demonstrate appropriate infection control procedures and aseptic reconstitution technique c) Choose appropriate needle gauge and size for the client d) Take precautions for clients and health care workers with latex allergies e) Demonstrate correct administration technique appropriate for route of injection, including techniques for reducing pain associated with injection f) Determine and locate appropriate site for injection, taking into account client characteristics, product considerations, and anatomical landmarks (bones, muscles, blood vessels, nerves) g) Perform universal precautions in addition to preventing and managing needle-stick injuries h) Monitor and maintain temperature-appropriate storage conditions of injectable medications following product specific storage guidelines. i) Ensure safe disposal of injectable medications and supplies				
15.4.5. <u>Monitor the client after injection</u> [See also competency 9]: a) Maintain currency in CPR and First Aid b) Anticipate, identify, manage and report adverse effects following medication injection c) Respond to anaphylactic reactions, with appropriate use of emergency kits and following established step-by-step protocols.				

The program contains the following learning objectives:				
Learning Objectives: The health professional will be able to perform the following:	Program Location		CCCEP Expert Reviewer Assessment	
	Module & Lrng Obj ⁴²	Related Content ⁴³	Yes/No/Partial	Comment
d) Describe and perform therapeutic monitoring of client with respect to goals of medication therapy				
15.4.6. <u>Document information relevant to each injection [See also competency 10]:</u> a) Describe the role and importance of injection records b) Document client assessment and therapeutic decision(s) in client's care plan c) Document client education and consultation provided, including informed consent d) Document administration of substance on client's record, including product name, lot number and expiry date; dose given, route and time of administration e) Document any reaction client has to the injection and monitoring parameters f) Facilitate transfer of relevant documentation to client's other health care providers				

The competency is:	CCCEP Expert Reviewer Comment	
Fully met		
Substantially met		
Partially met		
Not met		

References for Competency 15:

- Immunization competencies for health professionals. Public Health Agency of Canada (PHAC). <https://www.canada.ca/en/public-health/services/publications/healthy-living/immunization-competencies-health-professionals.html>
- National Association of Pharmacy Regulatory Authorities. 2012. Supplemental Competencies on Injection for Canadian Pharmacists. [Available: <https://napra.ca/pharmacists/supplemental-competencies-injection>]

THIS SECTION TO BE COMPLETED BY CCCEP EXPERT COMPETENCY MAPPED REVIEWER

Declaration of Competency Mapped Accreditation Expert Reviewer

I have reviewed the program identified on page 1 of this application to determine the extent to which the program satisfies the 15 requisite competencies, as outlined in the competency-mapped accreditation review rubric, and determined the extent to which it has met them, as summarized in the table below.

Competency	Fully met	Substantially met	Partially met	Not met
Application of Basic Biomedical Sciences to Immunization				
1. The Immune System and Vaccines				
2. Vaccine-Preventable Diseases				
3. Vaccine Development and Evaluation				
4. The Types of Immunizing Agents and Their Composition				
5. Population Health				
Essential Immunization Practices				
6. Communication				
7. Storage and Handling of Immunization Agents				
8. Administration of Immunizing Agents				
9. Adverse Events Following Immunization				
10. Documentation				
11. Populations Requiring Special Considerations				
Contextual Issues Relevant to Immunization				
12. The Canadian Immunization System				
13. Immunization Issues				
14. Legal and Ethical Aspects of Immunization				
15. Other substances				

Name of Expert Reviewer: _____

Date of initial Review: _____

OPTIONS FOR REVIEWER

OPTION 1: Following initial review of the program, it has been determined to have **fully met or substantially met** the 15 identified competencies, please complete the following section.

Accreditation Approval

☐ The Competency-mapped Accreditation for this program is approved.

I affirm this declaration by signing in the box below:

--	--

Signature of Expert Reviewer	Date Signed

Note: The Competency-mapped Accreditation Reviewer may digitally sign and submit this form in PDF format.

OPTION 2: Following initial review of the program, if it has been determined to have **not met** or only **partially met** any of the 15 identified competencies, please complete the following section.

Revisions Required

☐ Revisions are required before this program can be accredited.

[Expert Reviewer to identify the area(s) where revisions are required]

NOTE TO PROVIDERS:

If an expert reviewer chooses OPTION 2 it is your responsibility to ensure the program revisions are made as identified, or a detailed explanation provided as to why it is felt they cannot or should not be made, and the revised program is to be re-submitted to the Expert Reviewer. At the conclusion of the Expert Reviewer's second review they must complete the section below (see OPTION 3).

OPTION 3: (Expert Reviewer to complete this section if a revised version was required and has been reviewed)

Note to Expert Reviewer – complete one of the two sections below based on your review of the **revised** program.

Revised version – Accreditation Approval

This is to confirm that I have reviewed the revised program identified on page 1 of this application to determine the extent to which the revised program satisfies the 15 requisite competencies, as outlined in the competency-mapped accreditation review rubric, and determined the extent to which it has met them, as summarized in the table below.

Competency	Fully met	Substantially met	Partially met	Not met
Application of Basic Biomedical Sciences to Immunization				
1. The Immune System and Vaccines				
2. Vaccine-Preventable Diseases				
3. Vaccine Development and Evaluation				
4. The Types of Immunizing Agents and Their Composition				
5. Population Health				
Essential Immunization Practices				
6. Communication				
7. Storage and Handling of Immunization Agents				
8. Administration of Immunizing Agents				
9. Adverse Events Following Immunization				
10. Documentation				
11. Populations Requiring Special Considerations				
Contextual Issues Relevant to Immunization				

Competency	Fully met	Substantially met	Partially met	Not met
12. The Canadian Immunization System				
13. Immunization Issues				
14. Legal and Ethical Aspects of Immunization				
15. Other substances				

☐ The Competency-mapped Accreditation for this revised program is approved.

I affirm this declaration by signing in the box below:

<i>Signature of Expert Reviewer</i>	<i>Date Signed</i>

Note: The Competency-mapped Accreditation Reviewer may digitally sign and submit this form in PDF format.

Revised version – Accreditation NOT approved

This is to confirm that I have reviewed the revised program identified on page 1 of this application to determine the extent to which the revised program satisfied the 15 requisite competencies, as outlined in the competency-mapped accreditation review rubric, and determined the extent to which it has met them, as summarized in the table below.

Competency	Fully met	Substantially met	Partially met	Not met
Application of Basic Biomedical Sciences to Immunization				
1. The Immune System and Vaccines				
2. Vaccine-Preventable Diseases				
3. Vaccine Development and Evaluation				
4. The Types of Immunizing Agents and Their Composition				
5. Population Health				
Essential Immunization Practices				
6. Communication				
7. Storage and Handling of Immunization Agents				
8. Administration of Immunizing Agents				
9. Adverse Events Following Immunization				
10. Documentation				
11. Populations Requiring Special Considerations				
Contextual Issues Relevant to Immunization				
12. The Canadian Immunization System				
13. Immunization Issues				
14. Legal and Ethical Aspects of Immunization				
15. Other substances				

☐ The Competency-mapped Accreditation for this revised program is **NOT** approved.

15. ESSENTIAL COMPETENCIES FOR INJECTION OF OTHER SUBSTANCES¹

Competency: Safely and effectively administers substances by injection

Learning Objectives

The pharmacist will be able to perform the following:

1. Demonstrate the necessary technical skills required to prepare and administer injections (subcutaneously, intramuscularly, intradermally, intravenously to already established central or peripheral venous access devices where regulations permit)
2. Describe and comply with legal and regulatory requirements for administering substances by injection, including federal and provincial legislation and applicable standards and policies
3. Conduct a Therapeutic Review:
 - Locate and interpret evidenced-based information relating to current therapeutic information of the specific substance to be injected including indications, contraindications, approved routes of administration, pharmacokinetics, dosage, injection protocol, precautions, adverse effects, client monitoring parameters, and information pertaining to specific client factors (e.g., renal dysfunction, hepatic dysfunction, pregnancy etc.)
 - Prepare a checklist to assess and determine preferred route of administration
 - ◊ Appropriate for the substance/solution
 - ◊ Appropriate for the client
 - ◊ Appropriate for the facility or regional protocol
4. Perform all necessary steps for administering substances by injection:
 - Assess the Client, including:
 - ◊ Age, weight, current and previous relevant medical conditions and medications, current client status (e.g. fever/signs of infection, pregnancy), allergies, relevant lab values, relevant client adherence issues, past experience or reactions with injections, medications and/or immunizations

¹ In the context of this document, *substance* should be read as the definition of a drug under the *Food and Drug Act (FDA)* which includes among other things all drugs in Schedule D (e.g. blood products). According to the FDA, a drug includes any substance or mixture of substances manufactured, sold or represented for use in:

- a. the diagnosis, treatment, mitigation or prevention of a disease, disorder, abnormal physical state, or the symptoms thereof in man or animal
- b. restoring, correcting or modifying organic functions in man or animal, or
- c. disinfection in premises in which food is manufactured, prepared or kept.

(continued)

- ◇ Special population considerations (e.g. renal dysfunction, hepatic dysfunction, pregnancy etc.)
- Provide Client Education and Obtain Consent:
 - ◇ Explain reason for the injection and outline risks and benefits, including common and serious potential side effects and management
 - ◇ Obtain and record informed consent for administration of injection
 - ◇ Provide teaching on self-administration, if appropriate
- Ensure Medication Appropriateness, including the ‘Seven rights of medication administration’:
 - ◇ Right Product
 - ◇ Right Client
 - ◇ Right Dose
 - ◇ Right Time
 - ◇ Right Route
 - ◇ Right Reason
 - ◇ Right Documentation
- Ensure Safe Medication Preparation, Administration, Storage and Disposal:
 - ◇ Ensure a clean, safe, private and comfortable environment for the client
 - ◇ Demonstrate appropriate infection control procedures and aseptic reconstitution technique
 - ◇ Choose appropriate needle gauge and size for the client
 - ◇ Take precautions for clients and health care workers with latex allergies
 - ◇ Demonstrate correct administration technique appropriate for route of injection, including techniques for reducing pain associated with injection
 - ◇ Determine and locate appropriate site for injection, taking into account client characteristics, product considerations, and anatomical landmarks (bones, muscles, blood vessels, nerves)
 - ◇ Perform universal precautions in addition to preventing and managing needle-stick injuries
 - ◇ Monitor and maintain temperature-appropriate storage conditions of injectable medications following product specific storage guidelines
 - ◇ Ensure safe disposal of injectable medications and supplies

(continued)

- Monitor the Client After Injection:
 - ◇ Maintain currency in CPR and First Aid
 - ◇ Anticipate, identify, manage and report adverse effects following medication injection
 - ◇ Respond to anaphylactic reactions, with appropriate use of emergency kits and following established step-by-step protocols
 - ◇ Describe and perform therapeutic monitoring of client with respect to goals of medication therapy
- Document Information Relevant to Each Injection:
 - ◇ Describe the role and importance of injection records
 - ◇ Document client assessment and therapeutic decision(s) in client's care plan
 - ◇ Document client education and consultation provided, including informed consent
 - ◇ Document administration of substance on client's record, including product name, lot number and expiry date; dose given, route and time of administration
 - ◇ Document any reaction client has to the injection and monitoring parameters
 - ◇ Facilitate transfer of relevant documentation to client's other health care providers

References:

1. *Immunization Competencies for Health Professionals*. Public Health Agency of Canada (PHAC) <http://www.phac-aspc.gc.ca/im/pdf/ichp-cips-eng.pdf>
2. Guidelines and Criteria for Injections and Immunization Continuing Education Programs for Alberta Pharmacists. https://pharmacists.ab.ca/document_library/InjImmGuidelinesFINAL.pdf
3. Draft Bill 179 Regulation Ontario College of Pharmacists. [http://www.ocpinfo.com/Client/ocp/OCPHome.nsf/object/BILL_179/\\$file/Draft+Bill+179+Regulation+-+for+website+posting+December+13+2011.pdf](http://www.ocpinfo.com/Client/ocp/OCPHome.nsf/object/BILL_179/$file/Draft+Bill+179+Regulation+-+for+website+posting+December+13+2011.pdf)



College of Pharmacists
of British Columbia

BOARD MEETING April 30, 2021

2b.x Governance Committee: Committee Member Appointments

DECISION REQUIRED

Recommended Board Motion:

Approve College committee member appointments for terms beginning May 1, 2021, as circulated.

Purpose`

To propose the appointment of new members and the re-appointment of existing members to College Committees.

Background

The College committees are a vital resource to the Board that provide essential advice, expertise, and recommendations that ultimately inform Board policies and decisions.

Every year, two main processes are undertaken to fill anticipated vacancies on College committees:

- Current eligible Committee members are asked if they would like to be considered for re-appointment; and
- The College issues a call for applications from pharmacists, pharmacy technicians and the public.

Discussion

This year, to be considered for a placement on a College committee, interested candidates were required to submit a current resume in addition to completing a standard application. Applications and resumes were reviewed by members of the Governance Committee and a slate was recommended for consideration.

In determining the slate for Governance Committee consideration, the following factors were considered:

- Years in service
- Previous management experience
- Previous committee(s) involvement
- Current external committee(s) involvement
- Other volunteer involvement
- Additional skillset or qualifications
- Composition requirements from the College Committee's terms of reference
- Type of practice (community/hospital/others)
- Geographic area of practice
- Speciality areas of practice
- Relevant education
- Technician and pharmacist balance
- Continuing and new member balance

Recommendations

The Governance Committee has recently completed its review of the recommended slate of College committee members. It recommends that the Board approve the College committee member appointments outlined in Appendix 1. All recommended appointments are for terms beginning May 1, 2021.

Appendix	
1	2021 Recommended College Committee Appointments

Appendix 1 – Committees Member Appointments¹

(Please note, *Chair and Vice Chair terms are separate from member terms)

APPLICATION COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Beever, John	Chair	May 1, 2021 – April 30, 2022	1	Re-appointment as Chair
*Hoff, Trevor	Vice-Chair	May 1, 2021 – April 30, 2022	1	New appointment as Vice-Chair
Kelly, Dominic	Pharmacist	May 1, 2021 – April 30, 2024	3	New appointment
Mandryk, Roxanna	Public	May 1, 2021 – April 30, 2024	3	New appointment
Braun, Neil	Pharmacist	May 1, 2021 – April 30, 2024	3	Re-appointment
Gustavson, Kris	Public	May 1, 2021 – April 30, 2024	3	Re-appointment
Hoff, Trevor	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Beever, John	Pharmacist	May 1, 2020 – April 30, 2022	2	Existing appointment
Cunningham, Dianne	Public	May 1, 2020 – April 30, 2022	2	Existing appointment
Edgar, Natasha	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
James, Jennifa	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Johal, Jasdeep	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Lee, Derek	Pharmacist	May 1, 2020 – April 30, 2022	2	Existing appointment
Lewis, Robert	Public	May 1, 2020 – April 30, 2022	2	Existing appointment
Leong, Lysa	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Masson, Sarah	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Omelchuk, John	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Skelton, Katie	Board/Public	November 15, 2019 – April 30, 2022	2	Existing appointment
Wellon, Sorell	Pharmacy Technician	May 1, 2020 – April 30, 2022	2	Existing appointment
Zhou, Mark	Pharmacist	May 1, 2020 – April 30, 2022	2	Existing appointment

¹ Rows highlighted in orange indicate a new appointment; rows highlighted in green indicate re-appointments; and, rows without a highlight indicate an existing appointment.

DISCIPLINE COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Baxter, Heather	Chair	May 1, 2021 – April 30, 2022	1	New appointment as Chair
* Dennis, Alison	Vice-Chair	May 1, 2021 – April 30, 2022	1	New appointment as Vice-Chair
Bains, Ajaysharn	Pharmacist	May 1, 2021 – April 30, 2024	3	New appointment
Bassi, Atamjit	Pharmacy Technician	May 1, 2021 – April 30, 2024	3	New appointment
Jesson, Kerri	Public	May 1, 2021 – April 30, 2024	3	New appointment
Kuntz, Jody	Public	May 1, 2021 – April 30, 2024	3	New appointment
Pivnick, Sarah	Public	May 1, 2021 – April 30, 2024	3	New appointment
Ragsdale, Harparkash	Pharmacist	May 1, 2021 – April 30, 2024	3	New appointment
Shaske, John	Pharmacist	May 1, 2021 – April 30, 2024	3	New appointment
Sohani, Nida	Public	May 1, 2021 – April 30, 2024	3	New appointment
Baxter, Heather	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Chahal, Rapinder	Pharmacy Technician	May 1, 2021 – April 30, 2023	2	Re-appointment
Chauvin, Vaughn	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Cunningham, Dianne	Public	May 1, 2021 – April 30, 2023	2	Re-appointment
Huang, Jeffrey	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Lam, Peter	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Lee, Derek	Pharmacist	May 1, 2021 – April 30, 2022	1	Re-appointment
Peterson, Anne	Board/Public	May 1, 2021 – April 30, 2023	2	Re-appointment
Saad, Omar	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Sanfacon, Sophie	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Segal, Carol	Public	May 1, 2021 – April 30, 2023	2	Re-appointment
Wong, Gabriella	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Alarcon, Cristina	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Chan, Christina	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Dennis, Alison	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Dhaliwal, Neelam	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Kry, Edwin	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Marcotte, Dominique	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Tchen, Paulo	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment

DRUG ADMINISTRATION COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Wang, Bing	Chair	May 1, 2021 – April 30, 2022	1	New appointment as Chair
*Zhu, Julia	Vice-Chair	May 1, 2021 – April 30, 2022	1	New appointment as Vice-Chair
Khurana, Anoop	Pharmacist	May 1, 2021 – April 30, 2024	3	New appointment
Dar Santos, Alex	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Capelli, John	Ministry of Health Services Representative	May 1, 2021 – April 30, 2023	2	Re-appointment
Misar, Jenny	Registered Nurse	May 1, 2020 – April 30, 2022	2	Existing appointment
Wang, Bing	Pharmacist	May 1, 2020 – April 30, 2022	2	Existing appointment
Zhu, Julia	Pharmacist	May 1, 2020 – April 30, 2022	2	Existing appointment
Woodfield, Wendy	Medical Practitioner	May 1, 2020 – April 30, 2023	3	Existing appointment

ETHICS ADVISORY COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Liu, Robson	Chair	May 1, 2021 – April 30, 2022	1	New Appointment as Chair
*Gerber, Patricia	Vice-Chair	May 1, 2021 – April 30, 2022	1	New Appointment as Vice-Chair
Buttar, Neelum	Public	May 1, 2021 – April 30, 2024	3	New appointment
Cairns, Brian	Pharmacist	May 1, 2021 – April 30, 2024	3	New appointment
Deol, Jagpaul	Pharmacist	May 1, 2021 – April 30, 2024	3	New appointment
Garbuzova, Elizaveta	Public	May 1, 2021 – April 30, 2024	3	New appointment
Labelle-Stimac, Sylvie	Pharmacist	May 1, 2021 – April 30, 2024	3	New appointment
Wilcox, Margaret (Peggy)	Pharmacy Technician	May 1, 2021 – April 30, 2024	3	New appointment
Gerber, Patricia	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Liu, Robson	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Dhillon, Baldeep	Board/Pharmacy Technician	May 1, 2020 – April 30, 2023	3	Existing appointment
Low, Alan	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Spielman, Audra	Pharmacy Technician	May 1, 2020 – April 30, 2022	2	Existing appointment

GOVERNANCE COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Peterson, Anne	Chair	May 1, 2021 – April 30, 2022	1	Re-appointment as Chair
*Antler, Christine	Vice-Chair	February 26, 2021 – April 30, 2022	1	Existing appointment as Vice-Chair
Peterson, Anne	Board/Public	May 1, 2021 – April 30, 2023	2	Re-appointment
Antler, Christine	Board/Pharmacist	November 20, 2020 – April 30, 2024	3	Existing appointment
Cvaci, Anca	Board/Pharmacist	November 15, 2019 – April 30, 2022	2	Existing appointment
Skelton, Katie	Board/Public	November 15, 2019 – April 30, 2022	2	Existing appointment

INQUIRY COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Harrison, Michelle	Chair	May 1, 2021 – April 30, 2022	1	Re-appointment as Chair
*Lee, Sammy	Vice Chair	May 1, 2021 – April 30, 2022	1	Re-appointment as Vice-Chair
Ahira, Bilvinder	Pharmacist	May 1, 2021 – April 30, 2024	3	New appointment
Hoogland, Sara	Pharmacy Technician	May 1, 2021 – April 30, 2024	3	New appointment
Ladha, Fatima	Pharmacist	May 1, 2021 – April 30, 2024	3	New appointment
Mueller, Linda	Public	May 1, 2021 – April 30, 2024	3	New appointment
Sproule, Allan	Public	May 1, 2021 – April 30, 2024	3	New appointment
Taruc, Dennis	Pharmacist	May 1, 2021 – April 30, 2024	3	New appointment
Woo, Leslie	Public	May 1, 2021 – April 30, 2024	3	New appointment
Aujla, Ennreet	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Barkley, Dorothy	Public	May 1, 2021 – April 30, 2023	2	Re-appointment
Dahri, Karen	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Hurd, Lori	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Khangura, Sanjiv	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Kuo, I Fan	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Lee, Sammy	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Munroe, Janice	Public	May 1, 2021 – April 30, 2023	2	Re-appointment
Scott, Kris	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Walker, Roberta	Pharmacy Technician	May 1, 2021 – April 30, 2023	2	Re-appointment
Wong, Joyce	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Yee, Wilson	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Yeung, Ho Bun	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Bhimji, Farhat (Joy)	Pharmacist	May 1, 2020 – April 30, 2022	2	Existing appointment
Deen, Meribeth	Public	May 1, 2020 – April 30, 2022	2	Existing appointment
Halliday, Robert	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Harrison, Michelle	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Jennens, Helen	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Johannesen, Debbie	Public	May 1, 2020 – April 30, 2022	2	Existing appointment
Kwong, Mona	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Scyner, Kelsey	Pharmacy Technician	May 1, 2020 – April 30, 2023	3	Existing appointment
Stockdale, Cameron	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Thind, Justin	Board/Public	November 28, 2019 – April 30, 2022	2	Existing appointment

JURISPRUDENCE EXAMINATION SUBCOMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Szeman, Christopher	Chair	May 1, 2021 – April 30, 2022	1	New appointment as Chair
*Ladak, Ali Reza	Vice Chair	May 1, 2021 – April 30, 2022	1	New appointment as Vice-Chair
Rubner, Wayne	Pharmacist	May 1, 2021 – April 30, 2024	3	New appointment
Saran, Gurinder	Pharmacist	May 1, 2021 – April 30, 2024	3	New appointment
Cao, Angel	Pharmacy Technician	May 1, 2021 – April 30, 2023	2	Re-appointment
Chan, Connie	Pharmacist	May 1, 2021 – April 30, 2024	3	Re-appointment
Dhillon, Baldeep	Board/Pharmacy Technician	May 1, 2021 – April 30, 2023	2	Re-appointment
Ladak, Ali Reza	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Ling, Kent	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Szeman, Christopher	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Kim, Brian	Pharmacist	May 1, 2020 – April 30, 2022	2	Existing appointment
Oxford, Tara	Pharmacist	May 1, 2020 – April 30, 2022	2	Existing appointment

LEGISLATION REVIEW COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Thind, Justin	Chair	May 1, 2021 – April 30, 2022	1	Re-appointment as Chair
*Silver, Andrea	Vice Chair	May 1, 2021 – April 30, 2022	1	Re-appointment as Vice-Chair
Ortynsky, Michael	Board/Pharmacist	May 1, 2021 – April 30, 2023	2	New appointment
Dhillon, Baldeep	Board/Pharmacy Technician	May 1, 2021 – April 30, 2023	2	Re-appointment
Silver, Andrea	Board/Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Thind, Justin	Board/Public	May 1, 2021 – April 30, 2023	2	Re-appointment

PRACTICE REVIEW COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Williams, Peter	Chair	May 1, 2021 – April 30, 2022	1	New appointment as Chair
*To be appointed later	Vice Chair	May 1, 2021 – April 30, 2022	1	New appointment as Vice-Chair
Chong, Matthew	Pharmacist	May 1, 2021 – April 30, 2024	3	New appointment
Ray, Janet	Public	May 1, 2021 – April 30, 2024	3	New appointment
Zayac, Marvin	Pharmacy Technician	May 1, 2021 – April 30, 2024	3	New appointment
Chadwick, Marilyn	Pharmacist	May 1, 2021 – April 30, 2023	2	Re-appointment
Hagkull, Tracey	Board/Public	May 1, 2021 – April 30, 2023	2	Re-appointment
Ku, Amy	Pharmacist	May 1, 2021 – April 30, 2022	1	Re-appointment
Salamat, Lorena	Public	May 1, 2021 – April 30, 2024	3	Re-appointment
Topiwalla, Deepa	Pharmacist	May 1, 2021 – April 30, 2024	3	Re-appointment
Williams, Peter	Public	May 1, 2021 – April 30, 2023	2	Re-appointment
Aujla, Naveen	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Chai, Sally	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Harrod, Yonette	Pharmacy Technician	May 1, 2020 – April 30, 2023	3	Existing appointment

QUALITY ASSURANCE COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Wu, Man Fung (Allen)	Chair	May 1, 2021 – April 30, 2022	1	New appointment as Chair
*Hozaima, Lena	Vice Chair	May 1, 2021 – April 30, 2022	1	New appointment as Vice-Chair
Chan, Garry Kin Ming	Pharmacist	May 1, 2021 – April 30, 2024	3	New appointment
Lee, Vanessa	Pharmacy Technician	May 1, 2021 – April 30, 2024	3	New appointment
Long, Stephen	Public	May 1, 2021 – April 30, 2024	3	New appointment
Shangha, Shawn	Pharmacist	May 1, 2021 – April 30, 2024	3	New appointment
Yan, Mabel	Pharmacist	May 1, 2021 – April 30, 2024	3	New appointment
Cheng, Tessa	Public	May 1, 2021 – April 30, 2022	1	Re-appointment
Hagkull, Tracey	Board/Public	May 1, 2021 – April 30, 2023	2	Re-appointment
Hozaima, Lena	Public	May 1, 2021 – April 30, 2024	3	Re-appointment
Lucarelli, Frank	Pharmacist	May 1, 2021 – April 30, 2022	1	Re-appointment
Seet, Anthony	Pharmacist	May 1, 2021 – April 30, 2024	3	Re-appointment
Ortynsky, Michael	Board/Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Wu, Man Fung (Allen)	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment

REGISTRATION COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Jang, Raymond	Chair	May 1, 2021 – April 30, 2022	1	Re-appointment as Chair
*Huang, Chelsea	Vice Chair	May 1, 2021 – April 30, 2022	1	Re-appointment as Vice-Chair
Edwards, Ruth	Public	May 1, 2021 – April 30, 2024	3	New appointment
Heidary, Deborah	Pharmacy Technician	May 1, 2021 – April 30, 2024	3	New appointment
Miletic, Danka	Pharmacy Technician	May 1, 2021 – April 30, 2024	3	New appointment
Tatchell, Mark	Public	May 1, 2021 – April 30, 2024	3	New appointment
Huang, Chelsea	Pharmacist	May 1, 2021 – April 30, 2024	3	Re-appointment
Jang, Raymond	Pharmacist	May 1, 2021 – April 30, 2024	3	Re-appointment
Lim, Jihyun	Pharmacist	May 1, 2021 – April 30, 2024	3	Re-appointment
Skaalrud, Traci	Public	May 1, 2021 – April 30, 2024	3	Re-appointment
Skelton, Katie	Board/Public	May 1, 2021 – April 30, 2023	2	Re-appointment
Bassi, Atamji	Pharmacy Technician	May 1, 2020 – April 30, 2023	3	Existing appointment
Guppy, Avena	Public	May 1, 2020 – April 30, 2022	2	Existing appointment
Kaliciak, Coral	Public	May 1, 2020 – April 30, 2023	3	Existing appointment
Patel, Natasha	Pharmacist	May 1, 2020 – April 30, 2023	3	Existing appointment
Piekarski, Mikolaj	Pharmacist	May 1, 2020 – April 30, 2022	2	Existing appointment

PHARMACY ADVISORY COMMITTEE

Name	Type	Term	Term Length (Yrs)	
*Oxford, Tara	Chair	May 1, 2021 – April 30, 2022	1	New appointment as Chair
*Silver, Andrea	Vice Chair	May 1, 2021 – April 30, 2022	1	Re-appointment as Vice-Chair
Bains, Angela	Pharmacist (Hospital)	May 1, 2021 – April 30, 2024	3	New appointment
Barry, Arden	Pharmacist (Hospital)	May 1, 2021 – April 30, 2024	3	New appointment
Chua, Tho-Chin	Pharmacist (Community)	May 1, 2021 – April 30, 2024	3	New appointment
Fadaie, Moshtagh	Pharmacist (Community)	May 1, 2021 – April 30, 2024	3	New appointment
Ridgeley, Alana	Pharmacy Technician	May 1, 2021 – April 30, 2024	3	New appointment
Snyder, Christine	Pharmacist (Hospital)	May 1, 2021 – April 30, 2024	3	New appointment
Zhu, Jack Jia Zhen	Pharmacist (Hospital)	May 1, 2021 – April 30, 2024	3	New appointment
Aeng, Elissa	Pharmacist (Hospital)	May 1, 2021 – April 30, 2024	3	Re-appointment
Chahal, Rapinder	Pharmacy Technician	May 1, 2021 – April 30, 2024	3	Re-appointment
Chang, Wui Ming	Pharmacist (Residential)	May 1, 2021 – April 30, 2024	3	Re-appointment
Davis, James	Pharmacist (Residential)	May 1, 2021 – April 30, 2024	3	Re-appointment
Dahri, Karen	Pharmacist (Hospital)	May 1, 2021 – April 30, 2023	2	Re-appointment
Do, Thao	Pharmacist (Community)	May 1, 2021 – April 30, 2023	2	Re-appointment
Elliott, Dana	Pharmacy Technician	May 1, 2021 – April 30, 2024	3	Re-appointment
Gojkovic, Ivana	Pharmacist (Residential)	May 1, 2021 – April 30, 2024	3	Re-appointment
Hopp, Steven	Board/Pharmacist (Community)	May 1, 2021 – April 30, 2024	3	Re-appointment
Ladha, Fatima	Pharmacist (Hospital)	May 1, 2021 – April 30, 2024	3	Re-appointment
Munroe, Aita	Pharmacy Technician	May 1, 2021 – April 30, 2023	2	Re-appointment
Oxford, Tara	Pharmacist (Community)	May 1, 2021 – April 30, 2024	3	Re-appointment
Sihota, Aaron	Pharmacist (Community)	May 1, 2021 – April 30, 2024	3	Re-appointment
Tejani, Aaron	Pharmacist (Residential)	May 1, 2021 – April 30, 2022	1	Re-appointment
Vek, Lanai	Pharmacist (Residential)	May 1, 2021 – April 30, 2024	3	Re-appointment
Silver, Andrea	Board/Pharmacist (Community)	May 1, 2019 – April 30, 2021	2	Existing appointment



College of Pharmacists
of British Columbia

BOARD MEETING April 30, 2021

3. Confirmation of Agenda

DECISION REQUIRED

Recommended Board Motion:

Approve the April 30, 2021 Draft Board Meeting Agenda as circulated, or amended.

Appendix	
1	April 30, 2021 Draft Board Meeting Agenda

Board Meeting Friday, April 30, 2021

AGENDA

8:45am - 8:50am	5	1. Call to Order <i>Land Acknowledgement</i>	Chair Ishoy
		2. Consent Agenda a) Items for Further Discussion b) Approval of Consent Items [DECISION]	Chair Ishoy
		3. Confirmation of Agenda [DECISION]	Chair Ishoy
8:50am - 9:05am	15	4. Excellence Canada Gold Update	Mary O'Callaghan
9:05am - 10:20am	75	5. Registrar Search Committee: a) Approval of Terms of Reference [DECISION] b) Appointment of Members to the Registrar Search Committee [DECISION] c) Appointment of Committee Chair and Vice-Chair to the Registrar Search Committee [DECISION]	Chair Ishoy
10:20am - 10:45am	25	BREAK	
10:45am - 11:30am	45	6. Pharmacists in Primary Care Network Program Update	Barbara Gobis Peter Zed
11:30am - 11:35am	5	7. June Board Meeting Dates [DECISION]	Registrar Nakagawa
11:35am - 11:40am	5	8. Items Brought Forward from Consent Agenda	Chair Ishoy



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4. Excellence Canada Update

Mary O'Callaghan

Chief Operating Officer



College of Pharmacists
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What is Excellence Canada?

- Excellence Canada is a non-profit organization that is dedicated to developing standards, certifying and recognizing organizational excellence across all sectors in Canada.



Excellence Defined by Excellence Canada

Excellent organizations continually improve performance; they are innovative, competitive, and customer focused; they are healthy, inclusive, and sustainable; and they are economically, socially and environmentally responsible.





Why CPBC Partnered with Excellence Canada

- The last strategic plan – 2017/18 to 2019/20 - included:
 - Goal Four – Organizational Excellence
 - In order to approach this goal in an orderly fashion, the College partnered with Excellence Canada in December 2016.
 - The EIW standard outlines a clear path towards Best Practices in organizational excellence.



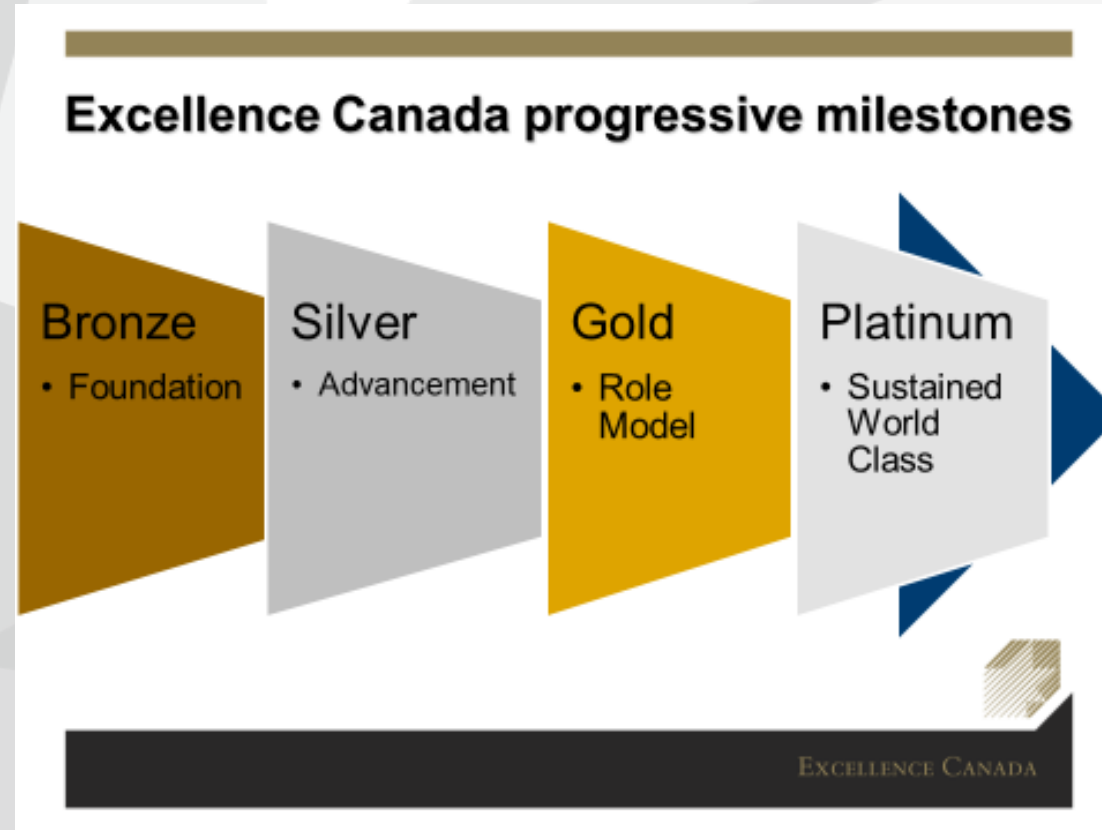
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Excellence, Innovation and Wellness Standard

- Excellence Canada has three standards.
- The College selected the Excellence, Innovation and Wellness Standard.
- This Standard's focus is on employee health and wellness, innovation, corporate social responsibility and enterprise risk management.



Excellence Canada Progressive Milestones





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Silver Verification

- Work to prepare for silver verification was done from December 2016 until the verification in May 2019.
- Staff from all departments and levels within the College volunteered for different projects.
- Staff were very involved in developing the new policies and procedures.
- Draft policies and procedures were prepared, presented to the Excellence Council and then to the Management Team and / or the Executive Team.



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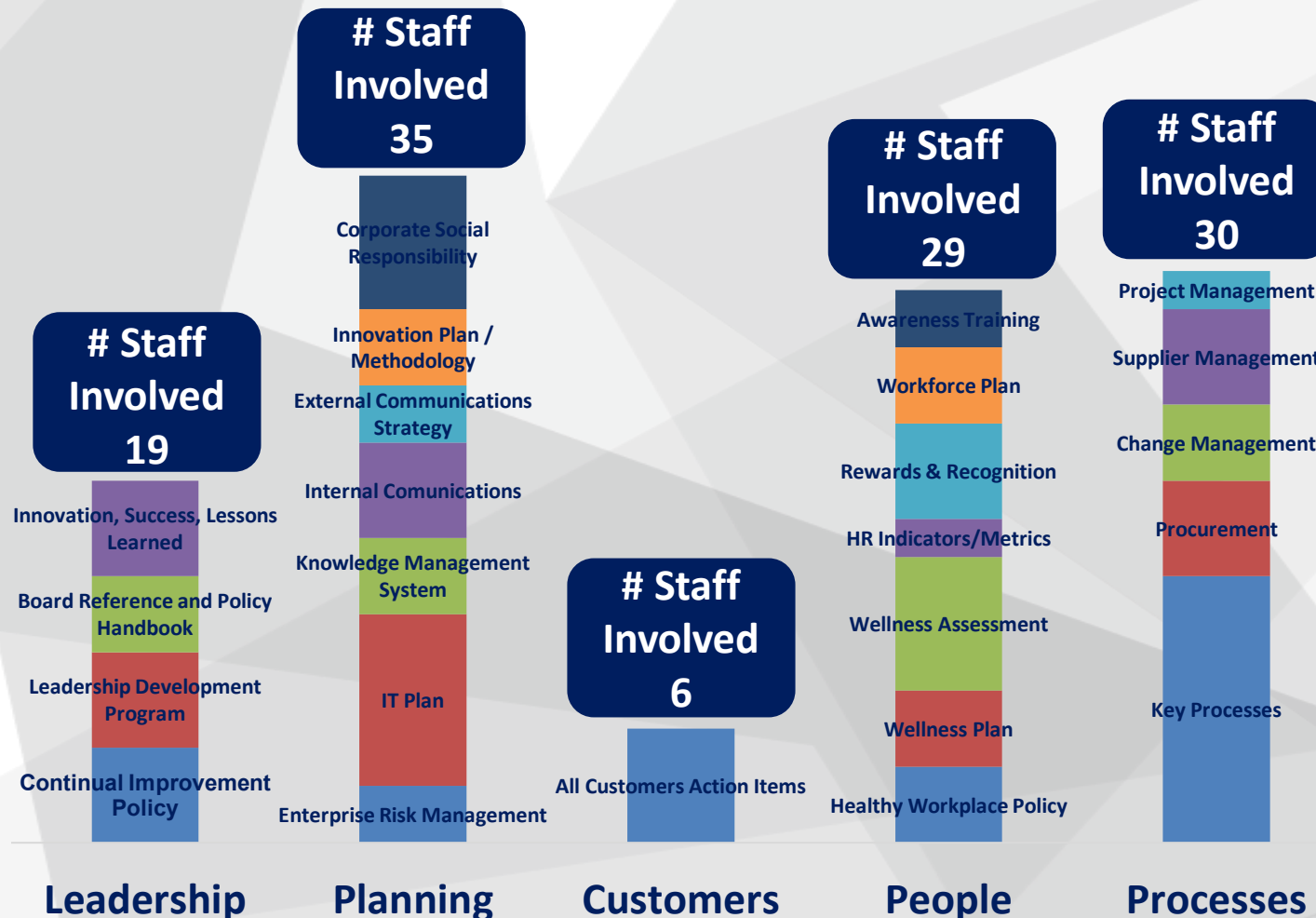
Excellence Council and Action Team Members



Excellence Council
Active Members: 13
Former Members: 6



Excellence Council and Action Team Members



**24 Teams
Established**

**119 Team
Members**



Key Outcomes of EIW Silver

- A wide understanding by employees of the organization's strategic approach to excellence, innovation and wellness.
- Strategic and operational plans are in place.
- Establishment of baseline indicators, measures and related goals for excellence, innovation and wellness.



Key Outcomes of EIW Gold

- Positive achievements in meeting and exceeding strategic goals.
- An organization-wide focus on excellence, innovation and wellness issues.
- Positive results are being achieved across all drivers, across all areas / departments of the organization.
- Widespread quantifiable improvement as a result of moving from reactive to proactive approaches and practices.



Work to Date

- The Gap Analysis kicked off Going for Gold. This was conducted by Catherine Neville, our Excellence Canada Coach, in October 2019 and involved groups of staff who assessed where the College fit against the standard for Gold Certification.
- The Excellence Council was formed and held its first meeting in November 2019. The Council reviewed the Gap Analysis results and set an Action Plan, forming Project Teams with a Council member or two on each team.
- The Council meets monthly and has had several check-ins with our coach.
- At the February and March meetings, the Council reviewed the Gold Standard, assessing where the College now stands and planned activities for the coming months leading up to the August verification.



Next Steps

- Complete the draft submission document and review to ensure a consistent style and format.
- Continue familiarizing staff with the results of the Action Teams' work.
- Catherine, our Coach, will review it and will conduct Verification meeting dry runs with the staff focus groups.
- Prepare our presentation for the Verification Team.



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Timeline to Certification

April to May

All projects completed

Work on Submission Document

May

Review Submission Document with Coach

May

Verification Dry Run with Coach

July

Submit final submission documentation for
official verification

August

Verification completed

November 2021

Gold Certification Awarded!



College of Pharmacists
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BOARD MEETING April 30, 2021

5. Registrar Search Committee a) Approval of Terms of Reference

DECISION REQUIRED

Recommended Board Motion:

Approve the establishment of the Registrar Search Committee with the terms of reference as circulated.

Purpose

To approve the establishment of the Registrar Search Committee.

Discussion

The current Registrar/ CEO of the College has indicated that he will be retiring in the Fall of 2021. A Registrar/ CEO search committee is needed to oversee the process of recruitment and selection of a suitable candidate. The search committee will provide a recommendation to the Board for a new Registrar/ CEO.

Recommendation

A Registrar/ CEO search committee be established as per the attached terms of reference.

Appendix

1	Registrar Search Committee Terms of Reference
---	---



Registrar/ Chief Executive Officer Search Committee

Background

A search committee is required to oversee and conduct a search for a Registrar/ Chief Executive Officer.

Authority

Health Professions Act (HPA) – Section 21 (1).

Mandate

To oversee and conduct a search for a Registrar/ CEO and recommend a short list of candidates for consideration of the Board.

Responsibilities

The Committee will work closely with an executive search firm to develop a series of recommendations for consideration by the Board. The committee will be responsible for guiding the search process, as well as developing material to be used. The committee will identify candidates for consideration through a thorough review of documents, interviews and reference checks.

The committee will recommend to the Board:

1. an executive search firm to assist in the search and selection process;
2. the scope of the selection process i.e. provincial or national;
3. the selection process and timeline;
4. a short list of no more than 3 candidates for consideration;
5. other duties as required.

Reporting relationship

The committee reports to the Board.

Membership

- Board Chair
- Board Vice Chair
- 2 public Board members
- 1 Board member at large

Term of appointment

This committee will be in place until a new Registrar/ CEO is hired.

Committee officers

The Chair and Vice Chair will be appointed by the Board from the members of the committee

Voting

While the committee operates by consensus, if a vote is required, each committee member is entitled to one vote.

Meeting procedures

<i>Schedule:</i>	At the call of the Chair.
<i>Format:</i>	In person, by teleconference or by videoconference.
<i>Agenda:</i>	Circulated in advance of the meetings.
<i>Attendees:</i>	Committee members, and invited guests
<i>Quorum:</i>	A simple majority of the committee.
<i>Minutes:</i>	Drafted by the secretariat for review and approval at next committee meeting; filed at the College office.
<i>Secretariat Support:</i>	TBA

Confidentiality

Each committee member must sign a confidentiality agreement indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the committee.

Remuneration

Committee members may claim honoraria and expense reimbursement in accordance with the Board's policy and guidelines for claiming committee expenses.



College of Pharmacists
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BOARD MEETING April 30, 2021

<p>5. Registrar Search Committee b) Appointment of Members to the Registrar Search Committee</p>
--

DECISION REQUIRED

Recommended Board Motion:

Appoint the following members to the Registrar Search Committee:

- *The Board Chair, Claire Ishoy*
 - *The Board Vice Chair, Steven Hopp*
 - *A Board Member at Large, determined by vote*
 - *Two Public Board Members, determined by vote*
-



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BOARD MEETING April 30, 2021

<p>5. Registrar Search Committee c) Appointment of Committee Chair and Vice-Chair to the Registrar Search Committee</p>

DECISION REQUIRED

Recommended Board Motion:

- 1) Appoint _____ as Committee Chair to the Registrar Search Committee.
 - 2) Appoint _____ as Committee Vice-Chair to the Registrar Search Committee.
-



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5. Registrar Search Committee

Claire Ishoy

Chair



College of Pharmacists
of British Columbia

5 a) Approval of Terms of Reference



New Registrar Search Committee

- The current Registrar/ CEO of the College has indicated that he will be retiring in the Fall of 2021.
- A Registrar/ CEO search committee is needed to oversee the process of recruitment and selection of a suitable candidate.
- The search committee will provide a recommendation to the Board for a new Registrar/ CEO.



Responsibilities

- The committee will recommend to the Board:
 - An executive search firm to assist in the search and selection process;
 - Selection scope, process and timeline;
 - A short list of no more than 3 candidates for consideration; and
 - Other duties as required.



5 a) Approval of Terms of Reference

MOTION:

Approve the establishment of the Registrar Search Committee with the terms of reference as circulated.



College of Pharmacists
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5 b) Appointment of Members to the Registrar Search Committee



Membership

- Membership of the committee will comprise of the:
 - Board Chair;
 - Board Vice-Chair;
 - 2 Public Board members; and
 - 1 Board member at large.
- This committee will be in place until a new Registrar and CEO is hired.



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Registrar Search Committee Member Selection

- Registrar Nakagawa to conduct the election of the new members to the Registrar Search Committee by calling for nominations.
- Vote will be conducted via Survey Monkey.



5 b) Appointment of Members to the Registrar Search Committee

MOTION:

Appoint the following members to the Registrar Search Committee:

- The Board Chair, Claire Ishoy
- The Board Vice Chair, Steven Hopp
- Two Public Board Members, determined by vote
- A Board Member at Large, determined by vote



5 c) Appointment of Committee Chair and Vice-Chair to the Registrar Search Committee

MOTION:

- 1) Appoint _____ as Committee Chair to the Registrar Search Committee.
- 2) Appoint _____ as Committee Vice-Chair to the Registrar Search Committee.



THE UNIVERSITY OF BRITISH COLUMBIA

Pharmacists in PCN Program

Faculty of Pharmaceutical Sciences

Pharmacists in PCN Program Update

College of Pharmacists of British Columbia

April 30, 2021

Land Acknowledgement

We would like to begin by acknowledging that the land where the UBC Faculty of Pharmaceutical Sciences is situated is the traditional, ancestral, and unceded territory of the xwməθkwəyəm (Musqueam) People.

Outline

1. Pharmacists in PCN Program Overview
2. Program Implementation Status
3. Program Implementation Details

Acknowledgements



Ministry of
Health



Interior Health



Divisions of Family Practice
A GPSC initiative

Primary Care Networks



Program Overview





a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Pharmaceutical Sciences



PHARMACISTS IN COMMUNITY-BASED PRIMARY HEALTH CARE TEAMS IN BRITISH COLUMBIA

A New Model of Integrated Care

Submitted to Barbara Walman, Assistant Deputy Minister
Medical Beneficiary and Pharmaceutical Services Division
British Columbia Ministry of Health

Submitted by Dr. Peter Zed, Associate Professor and Associate Dean, Practice Innovation
Faculty of Pharmaceutical Sciences
University of British Columbia
May 29, 2015



BC Gov News

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Health

Government adds pharmacists into primary and community care

Correction made on June 14, 2018

Share



News Release

Vancouver
Tuesday, June 5, 2018 10:30 AM

Media Contacts

Ministry of Health
Communications
250 952-1887 (media line)

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- Factsheets
- Visit Ministry Website

Featured Topics



(flickr.com)



THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Pharmaceutical Sciences



A White Paper on Team-Based Primary Health Care in British Columbia – Context and Opportunities for Pharmacists

March 2020

The journey begins: BC roadmap for pharmacist integration into team-based primary care

Barbara Gobis, BSc(Pharm), RPh, ACPR, MScPhm, PCC^{ID}; Peter J. Zed, BSc, BSc(Pharm), ACPR, PharmD, FCSHP^{ID}

FOR THE PAST 20 YEARS, THE PROFESSION OF PHARMACY HAS been changing to align pharmacist roles and scope with the growing needs of patients and society. Pharmacists today have the training, skills and abilities to meet these needs through the provision of comprehensive medication management, which includes patient assessment, identification and prioritization of drug therapy problems; collaborative care plans; and follow-up to resolve drug therapy problems and optimize drug therapy outcomes for patients.

The evidence is well established that patients taking drug therapy benefit when they receive care from a team of health care providers that includes a pharmacist.^{1,2} Without pharmacists, patients receiving drug therapy are at increased risk of drug therapy problems and poor health outcomes.³ Patients want pharmacists on their health care team because they improve patient health outcomes and reduce health care costs.⁴

In addition to benefits to patients, there are clear health care system benefits to the full integration of pharmacists in patient care across all sectors of health care. At any given time, up to 23% of people taking drug therapy may experience an adverse drug event.⁵⁻⁹ Using a cost-of-illness model, it is estimated that for every \$1 spent on drug therapy, an additional \$2 to \$3 is needed to manage the consequences of drug therapy problems.³ In addition, patients in Canada are having difficulty accessing primary health care, and physicians are experiencing burnout.¹⁰⁻¹² Having a pharmacist on the primary health care team provides systematic benefits, as has been shown in other jurisdictions, including the United Kingdom, United States and Australia.¹³⁻¹⁵

Pharmacists benefit when they are able to use their training and education and practise to their full scope.^{16,17} Despite challenges, barriers and the slow pace, most pharmacists continue to believe that practice change is worth the effort, as it

will result in improved patient health outcomes and increased personal job satisfaction.¹⁸ We agree with other pharmacy thought leaders that all pharmacists have a part to play, in their own way and in their own practice setting, to enable forward progress within our profession.¹⁹

In June 2018, the British Columbia (BC) government announced funding for the developmental phase of a new program, which will see an initial cohort of 50 pharmacists integrated into team-based primary care practices.² The integration of pharmacists is one part of a large and complex process within the BC health care system to enhance the way team-based primary care is delivered across the province. Work is ongoing to achieve increased pharmacist input in drug-therapy decision making for complex patients; reduced number and severity of drug-related problems in patients; reduced unnecessary and negative drug therapy consequences for patients; increased patient, family, caregiver, physician, pharmacist and health care team satisfaction; and increased information sharing and collaboration between pharmacists and other members of the patient care team.

This has far-reaching implications and is a tremendous opportunity for all pharmacists, not just the 50 new pharmacists, to be part of a significant practice change. Imagine yourself practising in a community pharmacy, having a pharmacist colleague share care plans for mutual patients and having a role in the success of those care plans. Imagine yourself practising in a local hospital and having a pharmacist counterpart on the primary health care team for transitional care on patient discharge.

This change will take time, and the full impact and benefits on all levels will require leadership and the collective will of all pharmacy stakeholders to place patient needs at the forefront of care delivery along the entire continuum of care.

Practice Innovation Model

- Pharmacists in primary health care teams to collaborate in the care of complex/high need patients
- Pharmacists integrated into PCNs across the Province
- Integration with community and acute in-patient for care collaboration and education

Benefits

- Patient-centered, team-based care
- Pharmacist focus on optimizing health outcomes, managing drug therapy problems and preventing/reducing adverse drug events
- Improved physician-pharmacist collaboration in primary care
- Improved pharmacist-pharmacist collaboration in the health care continuum
- Preservation and respect of existing patient-pharmacist relationships

Benefits

- Enable and support shared-care of mutual patients
- Pharmacist access to clinical and education support for continued professional development
- Network of pharmacists across acute care, primary care, tertiary care and community-based practice
- Improved patient experience
 - quality, timeliness, satisfaction, engagement and education
 - team-based care
 - drug therapy outcomes

Pharmacists in PCN Program

- **Scope**
 - 50 salaried pharmacists
 - focus on clinical care to complex/high need patients
- **Administration**
 - provincial oversight and operations
 - quality assurance
 - education/training
 - evaluation

Implementation Responsibilities

Ministry of Health

- Provides funding for this Program to UBC for Program implementation, oversight and evaluation and to HA for salary and benefits of the PCCPs.

UBC

- Responsible for leading the implementation, on-going operation and evaluation of the program, including all PCCP work activities.

HA Pharmacy Departments

- Responsible for recruitment and maintenance of the employment relationship with the PCCPs.

Primary Care Network Team

- Provides local context and expertise to enable the PCCP to integrate with existing care processes as part of one or more local health care teams within a PCN.

Program Structure

Program Leadership:

- Dr. Peter Zed, Executive Lead
- Barbara Gobis, Program Lead
- Lauren Allard, Project and Information Manager
- Michael Guimond, Director of Finance

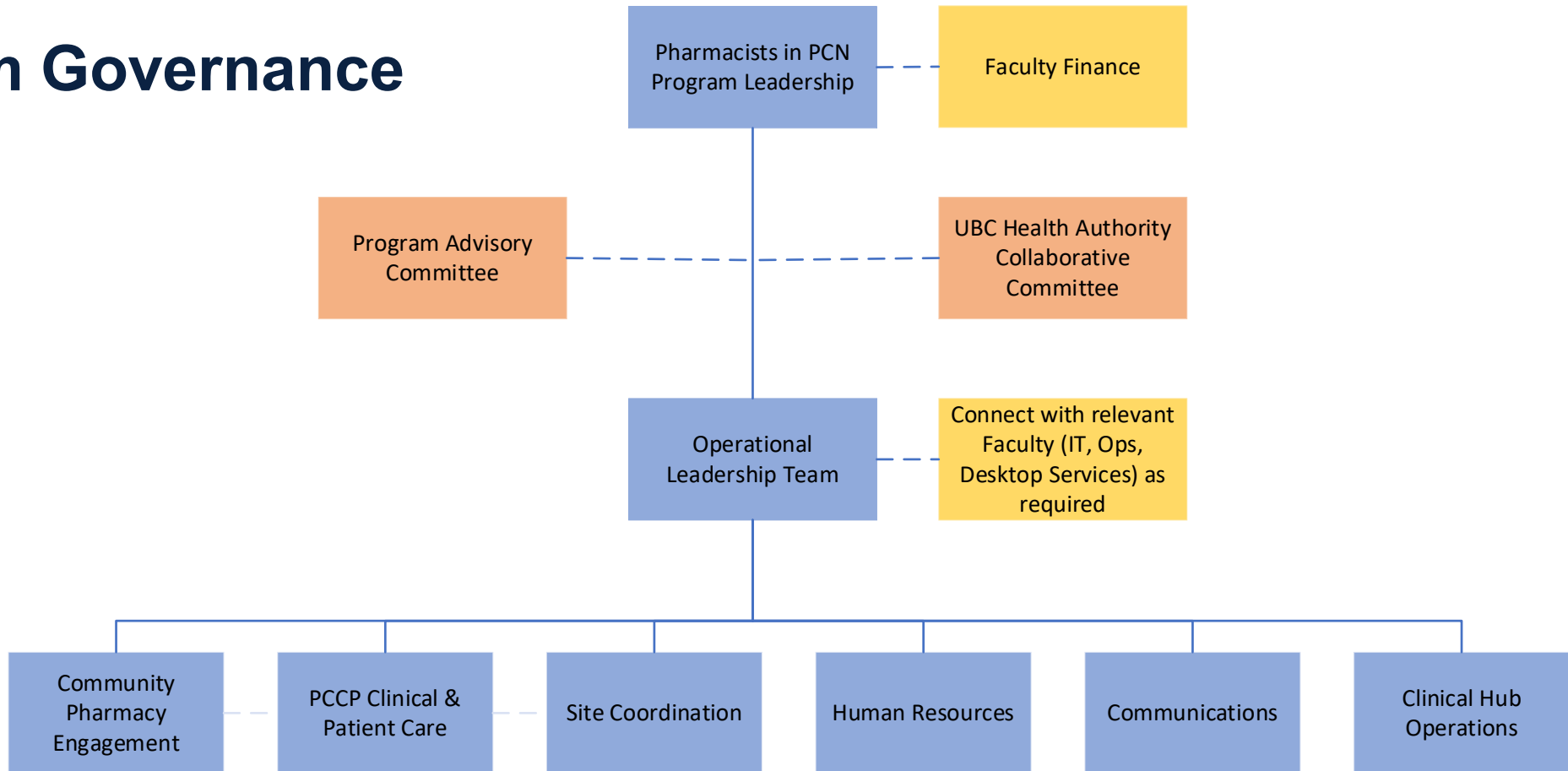
Program Operational Leads:

- Kate McCammon, Site Coordinator Lead
- Dr. Jillian Reardon, Coordinator, Quality Care
- Parkash Ragsdale, Coordinator, Primary Care
- Ivy Zhang, Coordinator, Human Resources
- Danielle Florence, Communications Manager
- Umberto Lombos, Pharmacists Clinic Manager

Additional Program Support

- Site Coordinators (4) (Megan Ruddell)
- Training Facilitator (Joy Pascual)
- UBC Medical Office Assistants (10) (Anurada Dhavan, Elham Esfahani)
- Faculty & Central IT Support

Program Governance



**Assumes that working groups will arise out of each and more than one members may participate (ie. PCN + HUB Admin Working Group; Data Management)*

**Entire program team, including central faculty staff, will meet monthly for team building and inform of program updates/status*

Program Delivery Team

External Program Committees

Central Faculty Support

Year One Implementation Progress

October 2020 – September 2021



Year One – Three Primary Goals

1. Expand existing infrastructure at UBC

- Establish committees to facilitate information sharing
- Hire and train program team at UBC
- Expand existing infrastructure at the UBC Pharmacists Clinic

2. Integrate up to 20 PCCPs into PCNs

- Collaborate with health authorities to recruit and hire PCCPs
- Work with each PCN community to prepare for PCCP integration
- Onboard and support PCCPs for ongoing development
- Community pharmacy integration and training
- Maintain the highest standard possible clinical care

3. Establish the evaluation plan for the Program

- Focused on two key areas:
 - (i) structure and function of the program and
 - (ii) impact of the developmental model on patient-, practice- and system-level outcomes

Key Accomplishments To Date

- Established the UBC Program Team
- Established Program Advisory Committee
- Established UBC-HA Collaborative Committee
- Regular meetings with the HA and PCN communities
- Collaboration with HA's and PCNs to recruit and onboard PCCPs
- Engagement with community pharmacies and stakeholders
- Developed approach to introduce and integrate community pharmacists, HA pharmacists and PCCPs
- Developed of the Pharmacists Aligned in Shared Care (PACT) Program

Year 1 PCN Implementation Status

Health Authority	PCN Community	PCCP Hires for Year 1	PCCP Hires for Year 2	PCCP Positions Posted	PCCPs Hired	PCCPs Started
Vancouver Coastal	Richmond	3		3	3	3
	Vancouver	2		2	1	
	North Shore	2		2	1	
Fraser Health	Ridge Meadows	2		2	2	2
	Fraser Northwest	1		1		
	White Rock South Surrey	1		1		
	Mission	1				
Island Health	Comox Valley	1		1	1	1
	South Island	2		2	1	
	Cowichan	1		1	1	
	Oceanside	1		1	1	1
Interior Health	Kootenay Boundary	1		1	1	1
	S. Okanagan Similkameen	1		1		
	Central Okanagan	1				
Northern Health	Prince George		1	1	1	
As of April 30, 2021	TOTALS	20	1	19*	13*	8
	YEAR 1 & 2 TOTALS	20	30	*Prince George posted/hired during Year 1 but will start Year 2		

Summary of Hiring Status
PCNs with PCCPs Working in the Community (8) <ul style="list-style-type: none">• Kootenay Boundary - January 25, 2021• Comox Valley - March 1, 2021• Ridge Meadows (2) – April 6 & April 26, 2021• Richmond (3) - April 12, 2021• Oceanside - April 26, 2021
PCNs that have Hired a PCCP, Pending Start (5) <ul style="list-style-type: none">• Cowichan – May 3, 2021• Vancouver (#1) – May 17, 2021• North Shore (#1) – May 31, 2021• South Island (#1) – May 31, 2021• Prince George – moving to Year 2 (Nov 2021)
PCNs in Interview/Hire Process (6) <ul style="list-style-type: none">• South Island (#2)• Fraser Northwest• North Shore (#2)• Vancouver (#2)• White Rock South Surrey• South Okanagan Similkameen
PCNs Preparing for Posting PCCP Positions (2) <ul style="list-style-type: none">• Mission• Central Okanagan

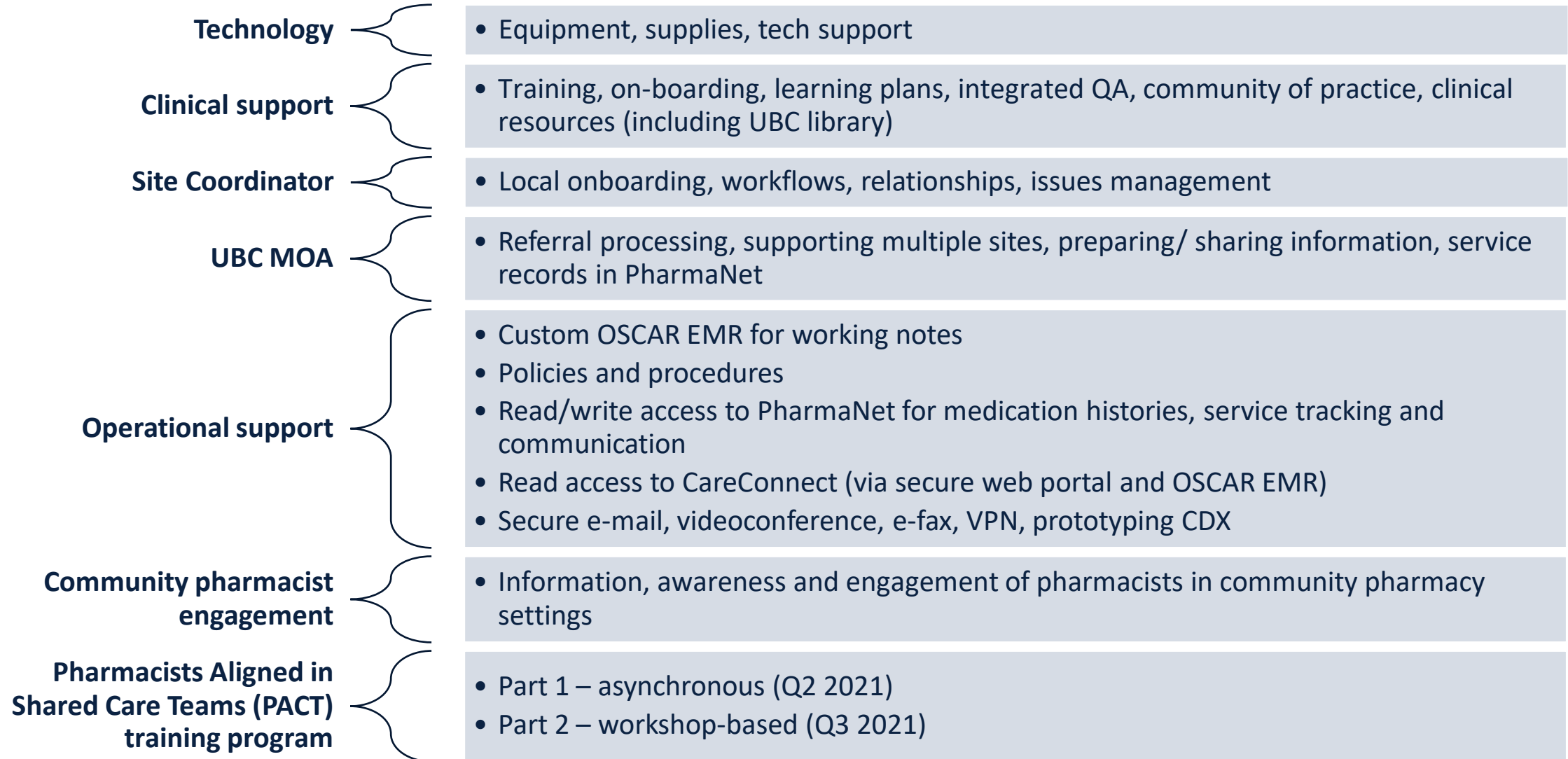
Program Implementation Details



Program Implementation Strategy

- **Foundations**
 - 6+ years of preparation
 - lessons from other jurisdictions
 - UBC-HA Collaborative and Program Advisory Committees
- **Approach**
 - scalable, sustainable system change
 - 70/30 rule
 - curiosity, humility, relationships, trust

The “UBC U-Haul”

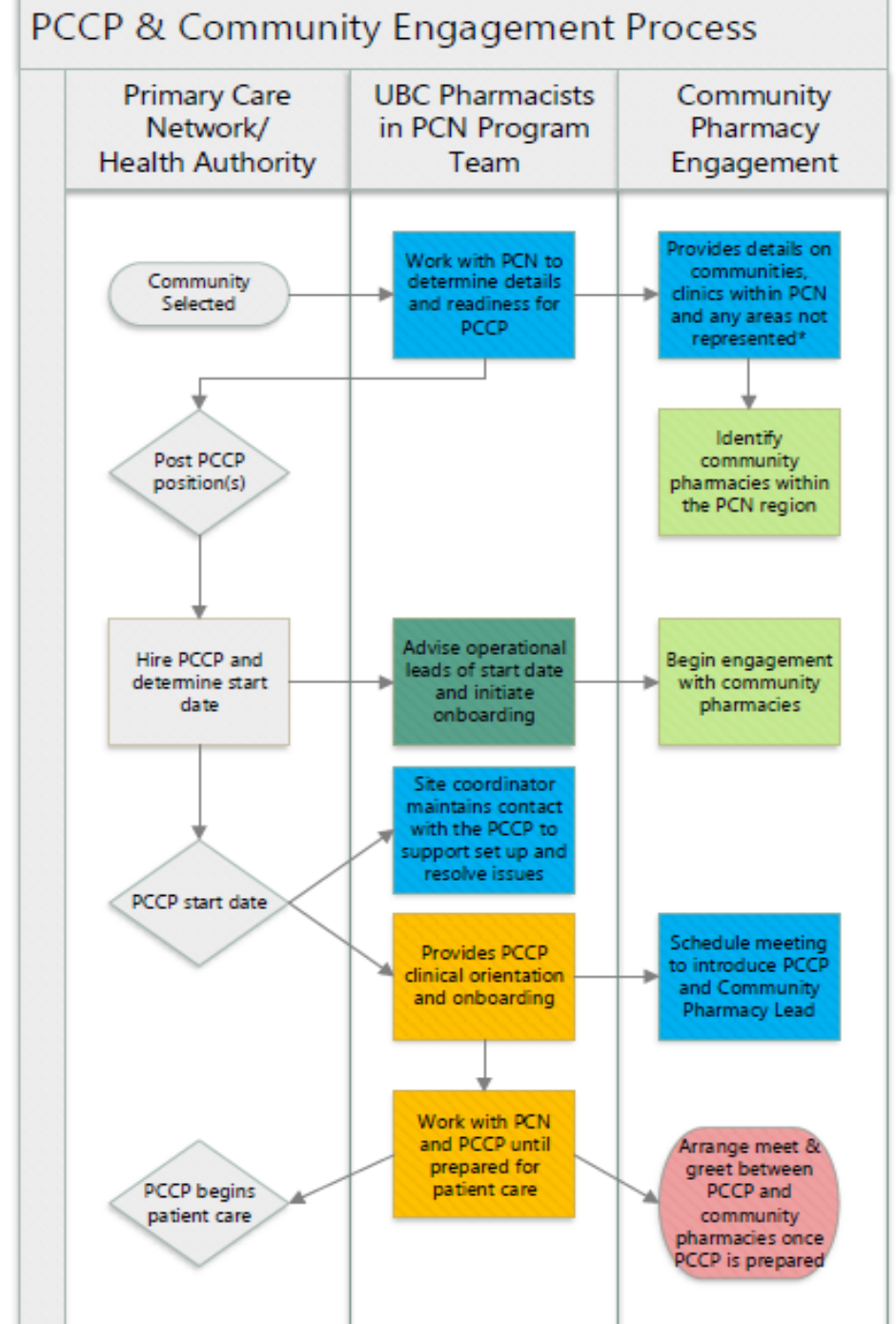


Community Engagement Process

UBC Community Engagement Team – Roles & Responsibilities

UBC Community Engagement Team	Community Engagement Team: the UBC Community Engagement Team includes the functions described below that will work together to engage with PCN communities and community pharmacies. The Community Engagement Process describes how this process will occur at a high-level.
Program Lead	Program Lead: responsible for program oversight, implementation, and managing the relationships with stakeholders. The Program Lead will liaise with each area of the program to ensure implementation progress and to resolve any issues.
Site Coordinator	Site Coordinator: responsible for facilitating the relationship between the PCCP, PCN, and UBC, including the non-clinical logistics for systems and processes. The Site Coordinator liaises closely with the PCN, is the primary liaison with the PCCP, and is involved in any engagement between UBC and the PCCP.
Coordinator, Quality Care	Coordinator, Quality Care: responsible for the clinical orientation and onboarding for the PCCPs and ongoing quality assurance. The Coordinator, Quality Care liaises closely with the PCCP to facilitate ongoing clinical quality and will liaise with the PCN to ensure readiness for patient care.
Community Pharmacy Engagement Lead	Community Pharmacy Engagement Lead: responsible for community pharmacy stakeholder engagement to enable shared patient care between PCCPs and community pharmacies. The Community Pharmacy Engagement Lead will liaise closely with community pharmacies in each PCN service area and UBC program areas to support this engagement

**this information is dependent on the willingness and ability for the PCN to share this information*



Preparatory Meetings with PCNs

First

- PCN readiness and plans for posting/hiring
- 

Second

- Service model details and integration of the pharmacist
- 

Third

- PCCP preparations and onboarding
- 

Fourth

- 101 Integration details

Service Model Details

Support Multiple Practice Types

- Hub and Spoke
- Co-located
- Blended Models

Service

- In-person, telephone, video call (no in-person home visits)
- During COVID-19 restrictions – remote or on-site service
- 1:1 appointments, group appointments
- Initial, follow-up and recall

Care Mapping

- Initial assessments
- Referrals from health team
- Referrals from patient/caregiver

Case Conference Options

- With patient
- Rounds/several patients
- In-person/telephone/video call

Referral/Scheduling Processes

- Existing models/preferences in PCNs
- Augment local administrative workflows

Sharing Consultation Notes/Action Summaries

- Medical EMR
- eFax/PDF
- CDX (when available)

PCCP Positions

- **Positions**

- Primary Care Clinical Pharmacists (PCCPs) x 40
- PCCP Team Leads x 10 (to come)

- **Posting**

- internal/external to HA
- central UBC webpage for the province

- **Standardized Interview Process**

- pre-screening
- interview format/questions
- selection panels (single and multi PCN scenarios)

PCCP Work Day

- **Direct patient care (~60%)**
 - scheduled appointments, case conferences, rounds
- **Duties to support patient care (~40%)**
 - patient prep and follow-up
 - travel between sites
 - interactions with team members
 - team and patient education
 - continuous quality improvement

PCCP Patient Care Approach



Preparation & Planning



Build patient profile in UBC OSCAR EMR to house detailed working notes

Gather information from multiple sources (PharmaNet, CareConnect and Health Authority systems, the referral)

Review available information, generate hypotheses, identify potential issues

Research specific issues or clinical questions (as needed)

Patient Appointment



Build relationship, trust and rapport

Determine patient attitudes and beliefs about medications

Take meticulous history on all prescription, non-prescription, supplement and natural health treatments and prepare BPMH

Gather detailed information on the patient experience, clinical response, treatment goals, care gaps and concerns

Document working notes in UBC OSCAR EMR

Identify and prioritize drug therapy problems

Provide patient education/information when required

Create (and start implementing, where appropriate) care plans to resolve problems

Follow Up



Review evidence as needed to identify best and alternative treatment options

Discuss findings, recommendations shared decisions and plans with the care team (including community Pharmacist, where appropriate)

Finalize consultation note and share with care team (e-Fax, in local EMR or other means)

Prepare and implement monitoring and follow-up plan

Support and Resources for BC Pharmacists

- **Coordinator, Primary Care (Parkash Ragsdale)**
 - engagement and ongoing resource for community pharmacists
- **Pharmacist Aligned in Shared Care Teams (PACT) Program**
 - support, tools and resources for enhanced shared care practices
- **Communication and Information**
 - Pharmacists in PCN Program Website (to be launched in early May)
 - PharmaCare Newsletter
 - Pharmacists Clinic *Our Practice* Newsletter, Podcast, Webinar series
 - Faculty of Pharmaceutical Sciences Alumni Newsletter

What's Next

- **Priority**
 - PCCP Integration into Year 1 PCNs
 - deferring conversations with other PCNs until June 2021
- **Year 2**
 - preparations needed in Year 1
 - PCN readiness and PCCP hiring timelines
 - additional program team hires
 - AD Primary Care, Site Coordinators, MOAs
 - workload balancing
 - managing expectations



THE UNIVERSITY OF BRITISH COLUMBIA

Pharmacists in PCN Program

Faculty of Pharmaceutical Sciences

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BOARD MEETING April 30, 2021

7. June Board Meeting Dates

DECISION REQUIRED

Recommended Board Motion:

Approve the proposed amendments to the June 2021 Board meeting dates, as circulated.

Purpose

To meet the requirement to file the College's Annual Report by the deadline of June 28, 2021, the June Board meeting dates need to be revised.

Background

Staff recently noted an unintended consequence of planning the Board meeting date schedule around COVID travel restrictions.

Currently the Committee of the Whole meeting is scheduled for June 18, 2021 and the Board meeting is scheduled for June 25, 2021. However, the Board needs to approve the annual audit prior to drafting its inclusion in the annual report. The auditors require five to seven days to approve the annual report before the College can file the report by the due date.

Recommendation

Staff recommended that the sequence of meetings in June be changed to:

- The Board meeting be held on June 18, 2021; and,
- The Committee of Whole be held on June 25, 2021.

Appendix

1	Approved College Board meeting dates
2	Proposed College Board meeting dates



College of Pharmacists
of British Columbia

BOARD MEETING November 20, 2020

10. Governance Committee b) Approval of 2021 Board Meeting Schedule

DECISION REQUIRED

Recommended Board Motion:

Approve the 2021 Board Meeting Schedule, as circulated.

The Board Meeting Schedule for 2021 is:

Thursday, February 25
Friday, February 26, 2021

Friday, April 23, 2021
Friday, April 30, 2021

Friday, June 18, 2021
Friday, June 25, 2021

Friday, September 17, 2021
Friday, September 24, 2021

Friday, November 19, 2021
Friday, November 26, 2021

CPBC Annual General Meeting
Thursday, November 18, 2021

Please note: The Board will meet as the Committee of the Whole during the first Fridays as outlined above with the exception of February 25. Board meetings will take place on the following Fridays.



College of Pharmacists
of British Columbia

BOARD MEETING April 30, 2021

Proposed 2021 Board Meeting Dates

DECISION REQUIRED

Recommended Board Motion:

Approve the proposed amendments to the June 2021 Board meeting dates, as circulated.

The Board Meeting Schedule for 2021 is:

Thursday, February 25
Friday, February 26, 2021

Friday, April 23, 2021
Friday, April 30, 2021

Friday, June 18, 2021 – Board Meeting*

Friday, June 25, 2021 – Committee of the Whole Meeting*

Friday, September 17, 2021
Friday, September 24, 2021

Friday, November 19, 2021
Friday, November 26, 2021

CPBC Annual General Meeting

Thursday, November 18, 2021

Please note: The Board will meet as the Committee of the Whole during the first Fridays as outlined above with the exception of February and June. Board meetings will take place on the following Fridays.



College of Pharmacists
of British Columbia

7. June Board Meeting Dates

Bob Nakagawa

Registrar and CEO



Background

- To meet the requirement to file the College's Annual Report by the deadline of June 28, 2021, staff recommended that the sequence of meetings in June be changed to:
 - The Board meeting be held on June 18, 2021; and
 - The Committee of the Whole be held on June 25, 2021.



7. June Board Meeting Dates

MOTION:

Approve the proposed amendments to the June 2021 Board meeting dates, as circulated.