

College of Pharmacists of British Columbia
Meeting of the Council
Strategic Plan Review - September 20, 2007

1. Welcome and call to order

- President Konrad called the meeting to order at 9:15 a.m.
- He stated the college mission statement:
To ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health.

Present:

President and District 1 councillor Randy Konrad; District 2 Councillor Bev Harris; District 3 councillor Barry Wilson; District 4 councillor Erica Gregory; District 5 Councillor Rita Thomson; District 6 councillor James Kim; District 7 councillor Carol Gee; Government Appointees Marina Ma, Margaret Cleaveley and Michael MacDougall

Staff:

Registrar Marshall Moleschi; Deputy Registrar Suzanne Solven

Guests:

Stuart Culbertson, Rory Teiffel (consultants)

2. Approval of agenda

- The agenda was approved unanimously.

3. Introduction, Project Recap and Session Outcomes:

- An overview of the day's session was provided:
 - to confirm Values, Goals, Objectives, Key Performance Indicators
 - to introduce Action Plan framework

4. CPBC Values

- Discussion of existing and proposed values took place. Proposed new values are:
 - Optimal standards of pharmacy practice and ethics
 - Integrity, honesty, accountability and responsiveness in all that we do
 - Treating our registrants, the public and other stakeholders with respect and dignity
 - A culture of collaboration, learning and openness to change

College of Pharmacists of British Columbia
Meeting of the Council
Strategic Plan Review - September 20, 2007

5. Strategic Goal 1

Goal: The enhanced and expanded care and services that pharmacists and regulated pharmacy technicians deliver are safe, effective and aligned with the health care needs of the public.

Objective 1

- Develop a model for pharmacy technician regulation and integrate into College processes/programs.

Key Performance Indicators

- Pharmacy technician regulation by 2010
- Total number/% increase in number of registered technicians

Objective 2

- Develop a framework/model (and supporting associated legislation) for ensuring advanced professional practice in a manner that supports pharmacists in the delivery of consultation, cognitive services, medication management, and dispensing services.

Key Performance Indicators

- Legislation/regulation for advanced professional practice for pharmacists by 2009
- Total number/% increase of pharmacists offering medication management and initiating a prescription.

Objective 3

Identify and support initiatives that ensure that the skills of pharmacists and pharmacy technicians are developed in accordance with the scope of practice.

College of Pharmacists of British Columbia
Meeting of the Council
Strategic Plan Review - September 20, 2007

Key Performance Indicators

- Annual report that demonstrates that the Quality Assurance program aligns with the scope of practice.
- Program evaluation report in 2008 for the professional conduct review program
- Annual report of number of complaints reviewed and resolved by Inquiry Committee reported as a percentage of the total number of complaints received
- Annual report on activities and improvements of the quality outcome programs.
- Every pharmacy to be reviewed on a three year cycle
- Annual report on the activities and improvements to the pharmacist registration process and pharmacy licensing process.

Objective 4

- Ensure the College transitions from the Pharmacists, Pharmacy Operations and Drug Scheduling Act (PPODSA) to the Health Professions Act (HPA) and the Pharmacy Operations and Drug Scheduling Act (PODSA)

Key Performance Indicator

- Full compliance by enactment of legislation

6. Strategic Goal 2

Goal: The College sets standards and conditions to ensure that emerging technologies and changes to pharmacy processes contribute to safe and effective pharmacy care.

Objective 1

- Define the College's regulatory role in overseeing pharmacy technology and pharmacy processes.

Key Performance Indicator

- A role statement that defines the College's role vis-à-vis new technologies and pharmacy practice processes in 2008

College of Pharmacists of British Columbia
Meeting of the Council
Strategic Plan Review - September 20, 2007

Objective 2

- Develop a policy framework for the approval of pharmacy technologies and practice processes. (ie: Guidelines, standards of practice)

Key Performance Indicators

- A monitoring and assessment framework for new technologies and pharmacy practice processes by 2008
- Number of new technologies/pharmacy processes piloted, assessed and approved on an annual basis

7. Strategic Goal 3

Goal: The public, government, health care professionals, and registrants understand the role and value of the pharmacist.

Objective 1

- Develop a comprehensive cost-effective communication strategy

Key Performance Indicators

- A comprehensive communication strategy in 2008
- Communications plans for implementation in 2008
- Evaluation plan in 2008

Objective 2

- Implement communication plans

Key Performance Indicators

- To be determined

It was moved, seconded and carried that:

Council approves the strategic plan as reviewed and adopts changes as discussed and agreed to for the values, strategic goals, objectives and key performance indicators.

**College of Pharmacists of British Columbia
Meeting of the Council
Strategic Plan Review - September 20, 2007**

8. Review of Desired Outcomes

- Council reviewed existing desired outcomes and confirmed that they are to remain within the strategic plan.

ACTION: Council directed the Registrar to review the existing desired outcomes and to update and organize within the new strategic plan; bring forward to November 2007 council meeting.

9. Action Plan Framework and Reporting

- A review of a sample action plan framework and reporting was reviewed

10. Conclusion/Next Steps

ACTIONS:

- Registrar to bring forward updated desired outcomes to November council meeting
- Registrar to bring forward draft action plans to November council meeting.
- Registrar to explore continuing involvement of consultant, Sierra Systems, over the next year as new strategic plan implemented.

College of Pharmacists of British Columbia
Meeting of the Council
September 21, 2007

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Staff (at various times):

Marshall Moleschi, Registrar; Suzanne Solven, Deputy Registrar; Susan Lo, General Manager

Guests (at various times):

Director UBC CPPD Janice Moshenko; CEO, BCPhA Marnie Mitchell; UBC CPPD Assistant Director Sheryl Peterson; and Dean Faculty of Pharmaceutical Sciences Dr. Robert Sindelar; Bob Craigie; Agnes Poljak

2. Welcome and Call to Order

- President Konrad called the meeting to order at 9:16 a.m.
- He stated the college mission statement:

To ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health.

3. Agenda and Timetable

- The agenda and timetable were approved with additions.

It was moved, seconded and carried:

Council approves the following additions to the agenda:

1. *Update on hospital pharmacists meeting re: PDAP (6.01)*
2. *Update on Annual General Meeting (11.0)*
3. *Additions to the agenda; Presentations to Council by groups and individuals (in-camera) (12.0)*
4. *Registrar Performance Appraisal (in-camera) (13.0)*

College of Pharmacists of British Columbia
Meeting of the Council
September 21, 2007

4. Previous Meeting Minutes

- 3.01 The minutes of the June 22, 2007 council meeting were approved; councillor Barry Wilson requested that his negative vote be recorded.

5. Outcome Development Issues

Internal (college/council)

4.01 Board of Examiner's Report

- For information, a report from Barry Wilson, Task Force Committee member, was attached.
- At the meeting of the Board of Examiners (BOE) on September 13, 2007, the following motion was passed:

The CPBC BOE endorses the addition of a CE-Plus option for PDAP as described in the "BOE Task Force Report – CE Based Option (August 2-3, 2007)".

It was moved, seconded and carried that:

Council endorses the addition of a CE-plus option for PDAP as described in the BOE Task Force Report – CE-Based Option (August 2-3, 2007).

It was moved and seconded that:

Council suspends PDAP until the CE-Plus option is available.

The motion was not carried.

4.02 Council Assessment Tools

- Registrar provided an update.

It was moved, seconded and carried that:

Council defers proceeding with an independent consultant for a council evaluation process at this time.

College of Pharmacists of British Columbia
Meeting of the Council
September 21, 2007

Outcome development issues

External (pharmacists/public)

4.03 Professional Practice Policy (PPP-58) – Medication Management

- At the June 2007 meeting council approved proceeding with development of a PPP-Medication Management with a stakeholder consultation process.
- The following stakeholders were consulted:
 - College of Physicians and Surgeons
 - BC Medical Association
 - BC Pharmacy Association
 - Ministry of Health – Pharmaceutical Services & Legislation and Professional - Regulation Divisions
 - Canadian Society of Hospital Pharmacists – BC Branch
 - College of Dental Surgeons
 - College of Pharmacists committees
 - Hospital pharmacy committee
 - Community practice committee
 - Long term care committee
 - Advanced practice credentialing committee
 - Public input
 - UBC Faculty of Pharmaceutical Sciences
- Based on the stakeholder consultation an updated draft PPP-58 was provided.
- PPP-58 attached as Appendix 1.

It was moved, seconded and carried that:

Council approves Professional Practice Policy #58 with amendments as follows:

- 1) *Individual competence; change “adequate” to “appropriate”;*
- 2) *Adequate information; change “adequate to appropriate” and “enough” to “sufficient”.*

College of Pharmacists of British Columbia
Meeting of the Council
September 21, 2007

4.04 Professional Practice Policy (PPP-55) – Telepharmacy

- The policy has been revised to reflect the experience gained from the pilot project; it has been reviewed by all the Quality Outcomes Specialists in the practice group.
- The previous policy was attached for council's reference.
- Revised policy attached as Appendix 2.

It was moved, seconded and carried that:

Council approves Professional Practice Policy #55 with the following amendment: Add the word "only"; ... 'to ensure that British Columbians, in rural and remote communities only..'

4.05 Return to Inventory of Previously Dispensed Drugs

A consumer contacted the college office to inquire about the possibility of returning a previously dispensed drug to a pharmacy due to an allergic reaction to the drug which cost \$258.19 for three boxes. The consumer had two unopened sealed boxes containing individually blister-packed tablets.

The consumer requested that the college council update the current legislation that prohibits the return of previously dispensed drugs in order to allow pharmacists to accept for return to inventory sealed-blister-packaged drug products.

The college council has reviewed the legislation on several occasions in the past. The primary concerns are tampering, contamination and storage conditions.

It was moved, seconded and carried that:

Council accepts no changes will be made to the existing policy at this time.

4.06 Mandatory Professional Liability Insurance

- With active proposals to enhance the scope of practice of pharmacists by implementing medication management policies, there is a need to consider mandating professional liability insurance (for public safety) as a condition of registration as a pharmacist.
- With the need to amend the bylaws to comply with the college's transition to regulation under the Health Professions Act, there is an immediate opportunity to propose a new bylaw to require professional liability insurance of one sort or another. The Health Professions Act gives the council the authority to develop a bylaw for this purpose.

College of Pharmacists of British Columbia
Meeting of the Council
September 21, 2007

It was moved, seconded and carried that:

Council approves in principle the concept of mandatory professional liability insurance.

It was moved, seconded and carried that:

Council recommends that the required amount of professional liability insurance be \$2million.

ACTION: Council requests that the registrar provide further information on the required type, a recommended implementation date and compliance method at the next council meeting.

6. New Policy Development

5.01 Pharmacy Technician Regulation update

- Registrar provided an update on the Pharmacy Technician Information Sessions.
- The Pharmacy Technician Information Session presentation and brochure were provided for councillors' information.

7. Monitoring Activities

6.01 Registrar's Executive Report

The registrar provided monitoring reports and updates on the following topics:

❖ *DO-1 Stakeholder Relations*

It was moved, seconded and carried that:

Council approves that the College of Pharmacists pursues the agreement with the Alberta College of Pharmacists as follows:

- *share all existing programs, supporting tools and documents important to the effective governance of pharmacists, pharmacies, and the scheduling of drugs at no cost to one and other and,*

College of Pharmacists of British Columbia
Meeting of the Council
September 21, 2007

- *pursue commonality in policies and programs important to the interprovincial movement of pharmacists, drugs and pharmacist services; and,*
- *identify priorities that one and other wish to pursue together on an annual basis; and,*
- *share in resourcing (human and financial) priorities that enhance existing programs and the development of new programs important to the success of the organizations through this resolution.*

❖ ***DO-2 Practice Standards: General***

Activities and events relating to practice standards: general were provided for the information of the councillors.

❖ ***DO-3b Practice Standards: Professional Development and Assessment Program***

Activities and events relating to the professional development and assessment program were provided and discussed.

❖ ***DO-5 Professionalism***

ACTION: Registrar to invite Deputy Director of Security Programs and Police Technology to the November council meeting to provide presentation to council regarding details of the new legislated requirement for a criminal record review for each registrant.

❖ ***DO-6 Access to Pharmacy Care***

The registrar reported full compliance with this policy's requirements.

❖ ***DO-9 Pharmacist Empowerment and Autonomy***

The registrar reported full compliance with this policy's requirements.

❖ ***DO-10 Organizational operation***

The registrar reported full compliance with this policy's requirements.

College of Pharmacists of British Columbia
Meeting of the Council
September 21, 2007

❖ *DO-11 Involving Pharmacists in Key Initiatives*

The registrar reported full compliance with this policy's requirements.

❖ *EC-3 Financial Health*

The proposed 2008-2009 budget was presented for the councillors' information. The current financial statement for the College of Pharmacists of BC as of July 31, 2007 (five months) was presented.

It was moved, seconded and carried that:

Council approves the 2008-2009 budget as presented.

- Dean Robert Sindelar abstained from voting due to conflict of interest.

ACTION: In future, registrar will make notations on budget statement of any items increased or decreased by 15% and above.

It was moved, seconded and carried that:

Council approves the five-month income statement as presented.

❖ *EC-9a Office Operations: Retention of Records*

The registrar reported full compliance with this policy's requirements.

❖ *EC-11 Reimbursement of budgeted expenses*

The registrar provided a report of comparisons of government and other college's expense policies for council and committee members.

It was moved, seconded and carried that:

Council approves a \$20/meeting reimbursement per councillor for miscellaneous supplies.

College of Pharmacists of British Columbia
Meeting of the Council
September 21, 2007

It was moved, seconded and carried that:

Council approves the mileage reimbursement increase from \$0.40/km to \$0.50/km.

It was moved, seconded and carried that:

Council approves the revised policy EC-11 with the changes noted above.

❖ **CG-3 Committees**

a) PharmaNet committee

Several appointments to the PharmaNet committee expired August 2007 and new members must be appointed.

It was moved, seconded and carried that:

Council approves the following appointments to the PharmaNet committee:

- 1) *Melva Peters (College of Pharmacists of BC nominee) be re-appointed for a term effective June 1, 2007 – June 1, 2010;*
- 2) *Dr. W.R. Vroom (College of Physicians and Surgeons BC nominee) be appointed for a three year term, effective June 1, 2007 – June 1, 2010;*
- 3) *Linda Gutenberg (BC Pharmacy Association nominee) be appointed for a three year term, effective June 1, 2007 – June 1, 2010;*
- 4) *Bruce Carleton (Faculty of Pharmaceutical Sciences, UBC nominee) be appointed for a three year term, effective June 1, 2007 – June 1, 2010;*
- 5) *Dr. Stephen J. Shalansky (College of Pharmacists of BC nominee) be re-appointed for a three year term, effective June 1, 2007 – June 1, 2010.*
- 6) *Mark Collins (Minister of Health nominee) be appointed for a three year term, effective June 1, 2007 – June 1, 2010.*
- 7) *Dr. Larry Lynd (Minister of Health nominee) be appointed for a three year term, effective June 1, 2007 – June 1, 2010.*

College of Pharmacists of British Columbia
Meeting of the Council
September 21, 2007

b) College committees

ACTION: That the agenda item, committee governance model for all committees be brought forward to the November council meeting

❖ *CG-7 Relationship with the public and other key stakeholders*

Activities and events relating to relations with the public and other key stakeholders were provided to demonstrate compliance with the policy.

❖ *PPP-1 Tobacco-free pharmacies*

No new activities or events.

8. **Non-policy decisions**

a) **Awards**

It was moved, seconded and carried that:

Council accepts the nominations as presented.

Excellence in Practice

Five Star Pharmacist	Rob Williamson
Award of Excellence in Community Pharmacy Practice	Ada Poon
Award of Excellence in Hospital Pharmacy Practice	Greg Atherton
Award of Excellence in Long-term Care Pharmacy Practice	no recipient for 2007

Volunteer Honour Roll

Gold Certificate	Kathy McInnes
Silver Certificates	31 volunteers
Bronze Certificates	120 volunteers

9. **Operational constraints development**

No proposed topics.

College of Pharmacists of British Columbia
Meeting of the Council
September 21, 2007

10. Consent items

The following drugs have been added to Schedule F to the Food and Drugs Act Regulations and need to be added to the provincial drug schedules as Schedule 1 items:

It was moved, seconded and carried that:

Council approves that the B.C. Drug Schedule be amended as follows:

Addition of:

- 1 Agalsidase alfa
- 1 Botulinum Toxin Type B
- 3 Isopropyl myristate in concentration of 50% (for use in the treatment of head lice)
- 1 Laronidase
- 1 Miglustat
- 1 Muromonab-CD3
- 1 Pegfilgrastim
- 1 Pemetrexed and its salts
- 1 Rasburicase
- 1 Teriparatide and its salts
- 1 Vardenafil and its salts

11. Council Development

10.01 Legislation bylaw update

- Registrar reported that college staff are currently working on updating the bylaws; a report will be provided to council.

10.02 UBC continuing pharmacy professional development business plan - update

- Janice Moshenko, Director, Continuing Pharmacy Professional Development presented the annual update to the UBC Continuing Pharmacy Professional Development Business Plan.

12. Update on annual general meeting

- Discussion of AGM facilitation and resolutions.

College of Pharmacists of British Columbia
Meeting of the Council
September 21, 2007

- 13. Additions to the agenda; presentations to council by groups and observers.**
- This item was discussed in-camera.
- 14. Registrar performance appraisal**
- This item was discussed in-camera.
- 15. Council assessment and adjournment**
- Councillors were asked to complete the meeting assessment form for the September 21, 2007 meeting and forward to the president.
 - Meeting was adjourned at 4:10 pm.

College of Pharmacists of British Columbia
Meeting of the Council
September 21, 2007

Appendix 1

POLICY CATEGORY:
 POLICY FOCUS:

Professional Practice Policy
 Telepharmacy

Telepharmacy is the provision of pharmacy services to ensure that British Columbians only in rural and remote communities have access to the pharmacy care they need, when they need it and, as much as possible, without having to leave their communities. Telepharmacy means a central pharmacy with one or more remote sites in which all sites are connected via computer, video and audio link.

1. Telepharmacy prescription processing can only occur in a site licensed to receive telepharmacy service from a site licensed to provide telepharmacy service.
2. An application for establishing a telepharmacy operation shall be made in writing to the Registrar no less than 60 days prior to opening the telepharmacy. Prior to initiating telepharmacy service there shall be a site visit by College of Pharmacists of British Columbia personnel to both the remote site and the central site. The visit will ensure that minimum standards are met including security, space, fixtures, sanitation and technical equipment, including the audio, video and computer link to the central pharmacy.
3. The remote site is considered to be under the supervision of the pharmacist at the central pharmacy.
4. The pharmacy technician at the remote site is responsible for receiving and processing the prescription. The pharmacist at the central site must assess the appropriateness of the prescription and is responsible for the final check of the prescription which includes review of the label and verification of the stock bottle to the drug dispensed.
5. The pharmacist must counsel the patient or the patient's agent on all new and refill prescriptions using video and audio link. Written information may be provided to reinforce oral communication but is not sufficient alone. All patient questions regarding drug therapy and over-the-counter products shall be answered by the pharmacist at the central site.
6. A sign shall be posted at the dispensary counter of the remote site informing patients when pharmacy services are provided using the telepharmacy system.
7. Pharmacy personnel are to complete a standard departmental training program on telepharmacy service.
8. Accuracy and quality checks are to be routinely conducted and documented.
9. A telepharmacy site may not remain open for business and no prescriptions shall be dispensed if an interruption in data, video or audio link occurs or if the pharmacy technician is not on duty at the remote site or the pharmacist is not on duty at the central site.
10. A patient record must be prepared and maintained for each patient for whom a drug is dispensed. Prescriptions dispensed at the remote site must be distinguishable from those dispensed at the central site including a unique label with a unique identifier in the prescription data base.
11. Each person involved in dispensing a drug must sign, initial or otherwise identify him or herself on the prescription.
12. There must be policies and procedures in place to ensure the safe and effective distribution of pharmaceutical products and delivery of the required pharmaceutical care including, but not limited to:
 - The process for discussing drug related problems with the prescriber.
 - The management of prescription transfers, both into the remote site and out to another pharmacy.
 - The management of over-the-counter drugs.
 - The procedure for extemporaneous compounding of prescriptions.
 - The procedure for supplying compliance packaging.
 - The contingency plan in the event of an interruption in data, video, or audio link to the central pharmacy.
 - The contingency plans to ensure continuous pharmacy service is available in the event that either or both the pharmacy technician/pharmacist are unavailable for work on short notice.
 - The maintenance of patient privacy and confidentiality during all communication with the patient.
13. A copy of the policy and procedure manual must be submitted with the application to establish a telepharmacy operation.
14. All other applicable college requirements and good standards of pharmacy practice are to be met and maintained.

College of Pharmacists of British Columbia
Meeting of the Council
September 21, 2007

PPP-55

College of Pharmacists of British Columbia
Meeting of the Council
September 21, 2007

Appendix 2

PROFESSIONAL PRACTICE POLICY:
 POLICY FOCUS:

Medication Management

Protocol for medication management (adapting a prescription)

This professional practice policy enables pharmacists to maximize their full educational and professional competencies by providing authorization to adapt existing prescriptions. This policy is not mandatory and the decision whether to adapt a prescription is at the discretion of the individual pharmacist.

To guide decisions with respect to adapting a prescription, where a specific hospital board- or College of Pharmacists of BC council- approved protocol does not exist, the pharmacist must refer to all applicable legislation and standards. This includes, but is not limited to, the Pharmacist, Pharmacy Operations and Drug Scheduling Act and related Bylaws, the Health Care (Consent) and Care Facility (Admission) Act, the Framework of Professional Practice, the Code of Ethics and Professional Practice Policies. This specific policy (PPP#58) does not apply to narcotic and controlled drugs and cancer chemotherapy agents.

The Framework of Professional Practice (FPP) is the standards of pharmacy practice in British Columbia. In adapting a prescription the pharmacist must follow the FPP Role 1 *Provide pharmaceutical care*. Role 1 elements include:

- Function A – Assess the client's health status and needs
- Function B – Develop a care plan with the client
- Function C – Support the client to implement the care plan
- Function D – Support and monitor the client's progress with the care plan
- Function E – Document findings, follow-ups recommendations, information provided and client's outcomes

In addition to the FPP, PPP#58 outlines that a pharmacist may dispense a drug contrary to the terms of a prescription (adapt a prescription) if the action is intended to optimize the therapeutic outcome of treatment with the prescribed drug and meets **all** of the following elements of a protocol to adapt a prescription:

- 1. Individual competence**
 - a. Pharmacist has appropriate knowledge and understanding of the condition and the drug being dispensed in order to adapt the prescription.
- 2. Appropriate information**
 - a. Pharmacist has sufficient information about the specific client's health status to ensure that adapting the prescription will maintain or enhance the effectiveness of the drug therapy and will not put the client at increased risk.
- 3. Prescription**
 - a. Pharmacist has a prescription that is current, authentic, and appropriate.
- 4. Appropriateness**
 - a. Pharmacist determines whether adapting the prescription is appropriate in the circumstances.
- 5. Informed consent**
 - a. Pharmacist must obtain the informed consent of the client or client's representative before undertaking any adapting activity.
- 6. Documentation**
 - a. Pharmacist must document in the client's record any adaptation of the prescription, the rationale for the decision, and any appropriate follow-up plan.

College of Pharmacists of British Columbia
Meeting of the Council
September 21, 2007

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PROFESSIONAL PRACTICE POLICY:
POLICY FOCUS:

Medication Management

7. Notification of other health professionals

- a. Pharmacist must notify the original prescriber (and the general practitioner if appropriate) as soon as reasonably possible (preferably within 24 hours of dispensing) and this must be recorded in the client's record or directly on the prescription hard copy.

Benefits of professional practice policy

The benefits to clients are to:

- a) Optimize drug therapy leading to improved client health outcomes
 - a. Better therapeutic responses.
 - b. Reduced drug errors.
 - c. Fewer adverse drug reactions/interactions.
- b) Have an effective and efficient health care system
 - a. Minimize delays in initiating and changing drug therapy.
 - b. Make the best use of human resources in the health care system.
- c) Expand the opportunities to identify people with significant risk factors.
- d) Encourage collaboration among health care providers.

Note: PPP#58 is not a stand-alone document and must be read with the orientation manual currently under development. For a pharmacist to use PPP#58 they will be required to complete an orientation to PPP#58, details of which are also under development.

PPP-58