

Assurance of Quality Care

2010/ 2011

CPBC Annual Report



COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA



COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA

Vision

As the medication experts, registrants are professionals who apply their full knowledge, skills and abilities to achieve the best possible healthcare results through patient-centered care.

Mission

To protect the public by ensuring that College registrants provide safe and effective pharmacy care to help people achieve better health.

Values

Interactions will be handled ethically with respect and dignity while ensuring confidentiality.

Integrity, honesty, accountability, transparency and responsiveness in all that we do.

A culture of collaboration, learning and openness to change.

Annual Report 2010/11

This 2010 – 2011 annual report presents highlights of initiatives in the College of Pharmacists of BC (CPBC) fiscal year March 1, 2010 to February 28, 2011. All statistical information and Board and committee member listings reported in this document are as of fiscal year end, February 28, 2011.

Board's Strategic Goals

Goal 1

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

Goal 2

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

Goal 3

The public, government, healthcare professionals, and registrants understand the role and value of the pharmacist.

Board of the College of Pharmacists of BC

Randy Konrad *Chair*

District 1 – Metropolitan Vancouver

Allan Greene *Vice-chair*

District 3 – Vancouver Island/ Coastal

Bev Harris

District 2 – Fraser Valley

Doug Kipp

District 4 – Kootenay/ Okanagan

Chris Hunter

District 5 – Northern British Columbia

John Hope

District 6 – Urban Hospitals

Bruce Beley

District 7 – Community Hospitals

Margaret Cleaveley

Government Appointee

Penny Denton

Government Appointee

John Scholtens

Government Appointee

Jeff Slater

Government Appointee

Bal Dhillon

Pharmacy Technician Observer

2010/ 2011 Key Accomplishments/ Milestones

Mar/ April/ May

The Board approved the expansion of the existing partnership agreement (November 2007) between the College of Pharmacists of BC and the Alberta College of Pharmacists (ACP) to include the Saskatchewan College of Pharmacists (SCP). It is expected that the addition of SCP will result in an increase in efficiency and consistency across provinces.

The College hosted a province-wide webinar regarding the current status and process to becoming a regulated pharmacy technician which was attended by hundreds of technicians and pharmacists and recorded and posted on the College website.

June/ July/ August

The Board approved the Pharmacy Technician Task Group's (PTTG) recommendations to appoint a pharmacy technician to the Board as the Pharmacy Technician Observer (full participation with no voting authority) along with the appointment of several Pharmacy Technician Observers to College committees.

Revised *HPA Bylaws*, including the revisions pertaining to the regulation of pharmacy technicians, were approved by the Board following the mandatory 60-day public posting period. All comments pertaining to the *Bylaws* were reviewed by the Ministry of Health Services and resulted in minor revisions to ensure clarity of scope between pharmacy technicians and pharmacists.

The Board approved the Quality Assurance Committee's (QAC) recommendation for a renewed Professional Development and Assessment Program (PDAP) following an extensive analysis of an evaluation of the program. As per legislation and the QAC's recommendation, the renewed PDAP will consist of a continuing education component and an assessment component and is scheduled to begin in 2012.

The BC Medication Management Project, a comprehensive service where pharmacists work together with patients to optimize their medication use, was launched with involvement of over 300 pharmacists in approximately 100 communities throughout BC. The project, which is a collaboration between the Pharmaceutical Services Division of the BC Ministry of Health Services and the BC Pharmacy Association, will run until 2012.

Sept/ Oct/ Nov

Following a comprehensive review process, the Board approved a new *Board Governance* and *Board Policy Handbook*. These handbooks, which clearly define the roles and responsibilities of College Board members and reinforce the College's mandate 'to serve and protect the public', will form the foundation for the mandatory orientation for all new and current Board members.

After identifying the need to update BC's current standards of practice document, the *Framework of Professional Practice* (FPP) to keep pace with the evolving profession, the Board approved adopting, in principle, *NAPRA's Standards of Practice for Canadian Pharmacists* which had been previously adopted by all provincial regulatory bodies except Quebec, Alberta and BC. Once work has been done to incorporate any necessary BC specific adaptations and/or additions, the new standards will be rolled out to registrants.

In an effort to ensure that the delivery of Methadone Maintenance Treatment (MMT) services is consistent and meets the same minimum practice standard across the province, the Board approved *Professional Practice Policy #66 (PPP-66) – Methadone Maintenance Treatment*. The Policy requires registrants who currently or intent to offer

MMT services to participate in a training session and sign a *Declaration of Completion and Understanding* by January 1, 2012.

Following a comprehensive and collaborative development process, the Board approved a revised *Code of Ethics* and new *Conflict of Interest Standards* for the College with mandatory training to all registrants next year. The revised Code will ensure that the College's standards, where they relate to professional and ethical conduct, are reflective of current pharmacy practice.

Responding to the need identified last year, approximately 1000 community pharmacists from across the province have now taken the mandatory training and are authorized to administer injections for immunizations. This expanded scope of practice provides patients with increased access to the healthcare system and additional choice with respect to the delivery of healthcare services.

In an effort to keep registrants updated on the current initiatives of the College and provide their feedback the College hosted regional meetings throughout the province. Topics ranging from the conceptual development of an Advanced Practice Pharmacist to the integration of regulated pharmacy technicians were discussed.

Dec/ Jan/ Feb

Following months of development, and in partnership with UBC's Continuing Pharmacy Professional Development division as the administrator of the program, all of the required pharmacy technician bridging modules (Pharmacology, Management of Drug Distribution Systems, Professional Practice and Product Preparation) are available in both online and in-class formats. With the exception of Professional Practice, which is mandatory for all technicians pursuing regulation, the modules may be challenged through successful completion of a Prior Learning Assessment and Recognition (PLAR) exam.

After receiving feedback from pharmacists regarding *Professional Practice Policy #58 (PPP-58) – Adapting a Prescription*, and in collaboration with prescribers, the Board approved changes to previous restrictions which applied to 'Renewing a Prescription'. The changes allow greater flexibility for pharmacists when determining when it might be appropriate to renew a patient's prescription and extend the renewal period from a maximum of six months to the life of the prescription, which is usually one year.

A Feasibility Study and subsequent Business Case Analysis supporting the continued development of establishing an Advanced Practice Pharmacist (APP) was supported by the Board. Next steps include an in-depth analysis of the Alberta College of Pharmacist's *Prescriptive Authority Program* as well as BC's *Medication Management Project* to help shape the basis for a potential program in BC. This initiative is anticipated to enhance the profession of pharmacy, specifically in the hospital setting.

In response to a rise in pharmacy thefts, a Robbery Task Force comprised of representatives from the BC Pharmacy Association, law enforcement agencies and the College, finalized a report consisting of recommendations to assist pharmacies in BC in preventing robberies along with advice on how to cope in the event of becoming a victim of a robbery.

Chair's Message



As the regulatory body for the pharmacy profession in BC the role of the Board is clear and well defined “...to serve and protect the public.” In practical terms, this means that the sum of the work that the College does must provide assurance to the public that when they seek pharmacy services they will receive quality care. The Board’s commitment to this is articulated in the College’s mission statement; *to protect the public by ensuring College registrants provide safe and effective pharmacy care to help people achieve better health.*

Throughout this past fiscal year much of the work of the College, as directed by the Board, was focused on solidifying this commitment by developing and revising legislation, standards, policies and procedures that provide the foundation for pharmacy practice. The timing of this work is not coincidental but rather purposeful as it provides the parameters to support the shift in practice towards a greater emphasis on pharmacists utilizing their professional judgment in the delivery of clinical services.

Many of the specific initiatives are outlined in the *Key Accomplishment/ Milestones* section of this report but, in light of their

Providing Assurance of Quality Care

ability to directly impact the public’s assurance of quality care, a few of these are worthy of further emphasis.

Regulation of Pharmacy Technicians:

The pharmacy profession across this country, and in fact around the world, has long recognized that as there continues to be pressure on pharmacists to shift their time towards the delivery of clinical services, attention must be given to ensuring that the technical function of product preparation continues to be done safely and effectively. The regulation of pharmacy technicians has done just that by establishing an independent healthcare professional, who has met an entry to practice standard and is therefore qualified to be responsible, accountable and liable for their defined scope of practice.

In addition to the College working with government to enact the necessary legislation to enable the inclusion of pharmacy technicians as registrants of the College, a significant amount of work was done on the development and delivery, in partnership with UBC’s Continued Pharmacy Professional Development (CPPD) department, of the required bridging programs. The content within these educational modules ensure that those who choose to become regulated, will have the necessary knowledge, skills and abilities to take on their new responsibilities.

Revised Code of Ethics:

One of the realities of the shift in pharmacy practice towards a greater emphasis on the delivery of clinical services is pharmacists’ reliance on utilizing professional judgment to make therapeutic decisions and to work

through the ethical issues and dilemmas that arise. To support pharmacists in this regard, and to keep pace with the evolving practice of pharmacy, the College dedicated significant resources to a comprehensive and collaborative revision of the *Code of Ethics*, which had not been updated for many years.

The revised Code, which now includes a companion *Conflict of Interest Standards* document, defines registrants’ ethical obligation “...to protect and promote the best interests of their patients”, provides clarity regarding ethical practice, and is supported by a practical Model for *Ethical Decision Making*. In order to ensure registrants understand the new Code, and how to utilize the decision-making model, a mandatory training program will be rolled out to all College registrants next year.

I would like to thank my fellow Board members for their dedication and hard work, as this has indeed been a busy year for the Board. It has also been a rewarding year as we continue to focus the work of the College in the areas that support our mission and uphold the trust that the public has placed in us to ensure that the pharmacy services they receive are safe and effective.

Randy Konrad Chair

Registrar's Message



As outlined in the *Chair's Message*, much of the work of the College this past fiscal year was focused on developing and revising legislation, standards, policies or procedures that guide the profession and ensure, that as pharmacy practice evolves, it continues to be safe and effective. As College staff and committees engaged in this foundational work, they were guided by two principles; collaboration and education.

Collaboration

Given that pharmacy practice does not exist in a vacuum, but rather is an integral component of a complex healthcare system, and is not stagnant but in fact significantly evolving, a collaborative approach to any change is essential. In light of this reality, great effort was taken to solicit input and feedback from key stakeholder groups as new standards or policies were developed or revised. This principle can be best illustrated by looking at a few examples.

One of the most important pieces of work completed this past year, and approved by the Board for launch next year, was the development of the renewed Professional Development and Assessment Program (PDAP), which as per legislation, now

The Principles of Collaboration and Education

includes both a continuing education and an assessment component. The development of this program, which has been several years in the making, has been purposely slow and meticulous to allow for the gathering and incorporation of feedback from both external and internal stakeholder groups along the way.

This collaborative approach to the development of PDAP has resulted in a program that is both fundamentally solid and functionally practical. Additionally, as the program is launched this coming year, the collaborative approach will continue as feedback is gathered and any necessary modifications made.

A second example of changes being guided by the principle of collaboration was the development of the new policy and practice standard for the delivery of Methadone Maintenance Treatment (MMT) services. In order to ensure that it was relevant and practical, the *Policy Guide*, which outlines the minimum standard of practice for the delivery of methadone maintenance services, was developed in conjunction with a large working group of practicing pharmacists, involved in providing MMT services, from across the province.

Additionally, in order to ensure compliance and consistency the *Guide* was vetted by the College of Physicians and Surgeons and the Pharmaceutical Services Division of the Ministry, the two other entities responsible for the delivery of this service prior to being rolled out to registrants.

Education

The second principle that has guided much of the recent work of the College has been a conscious focus, on not just communication,

but more specifically education. Given the volume of work and degree of change happening within pharmacy practice today, the College realizes that in order for registrants to truly understand their evolving role, they must not only be told about changes that affect practice, but also taught.

Perhaps the best example of this philosophy being put into practice this past year, would be with the roll-out of the mandatory training to support registrants in the delivery of the new Methadone Maintenance Treatment Policy. Through participation in either a 'live' or 'online' training session, which utilizes practical examples, pharmacists will learn not only what the new policy or practice standard is but perhaps more importantly, how to apply that policy in practice. This methodology will also be used when the College rolls out the revised *Code of Ethics* next year.

By utilizing the principles of collaboration and education, the College is helping to ensure that as new practice standards and policies are developed and implemented, they are both realistic and practical. This approach supports registrants in continuing to fulfill their legal and ethical commitment, to protect and promote the best interests of their patients to achieve their best health outcome.

Marshall Moleschi Registrar

Governance

“It is the duty of the College at all times to serve and protect the public.”

Audit Committee

Mandate

To provide recommendations to the Board relating to the annual audit and auditor’s report.

Membership

Randy Konrad *Chair*
Allan Greene *Vice-chair*
Marshall Moleschi *Staff resource*
Bruce Beley
John Scholtens

Number of meetings: 2

Ethics Advisory Committee

Mandate

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

Membership

Karen Wolfe *Chair*
Paul Cheng *Vice-chair*
Marshall Moleschi *Staff resource*
Carol Gee
Berny Leung
Robin Manweiler
Gregory Shepherd

Number of meetings: 4

The College of Pharmacists of BC, as the regulatory body for the profession of pharmacy, is responsible for the registration of pharmacists and pharmacy technicians, and for the licensing of pharmacies throughout British Columbia. The College receives its authority from the government of BC through the *Health Professions Act (HPA)* and the *Pharmacy Operations and Drug Scheduling Act (PODSA)*.

The Board of the College is the elected and appointed body responsible for leading and guiding the organization and, in fiscal year 2010/2011, was comprised of seven elected pharmacist Board members, four government appointed public Board members and one Board appointed pharmacy technician observer.

The purpose and role of the Board is to govern the College to efficiently and effectively fulfill its legislative mandate, achieve its mission and vision, and be accountable to the general public for competent, conscientious and effective pharmacy practice.

In addition to the College Registrar and staff, the Board utilizes a number of committees, made up primarily of College registrants with some public representation, to achieve its identified goals and objectives. Each committee, as a whole, reports through their chair to the Board annually and excerpts of these committee reports have been incorporated throughout this annual report.

Before taking office, all elected and appointed Board members must take and sign an *Oath of Office* acknowledging their understanding and commitment to the College’s duty to serve and protect the public.

Oath of Office:

I do swear or solemnly affirm that:

- I will abide by the *Health Professions Act* and I will faithfully discharge the duties of the position, according to the best of my ability;
- I will act in accordance with the law and the public trust placed in me;
- I will act in the interests of the College as a whole;
- I will uphold the objects of the College and ensure that I am guided by the public interest in the performance of my duties;
- I have a duty to act honestly;
- I will declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest;
- I will ensure that other memberships, directorships, voluntary or paid positions or affiliations remain distinct from work undertaken in the course of performing my duty as a Board member.

Monitoring Pharmacy Practice

One of the fundamental ways in which the College ensures that pharmacy practice is safe and effective, is through the onsite monitoring of practice.

On a proactive basis, the College's team of Inspectors/ Practice Consultants, conduct random site visits of community and hospital pharmacies throughout the province and inspect all new, renovated, and relocated pharmacies as part of the licensure process. The intent of these site visits is to observe practice to ensure minimum practice standards are being met, and to identify, document and reconcile any areas that may require improvement.

In addition to these routine visits, the College's Investigators visit specific pharmacies in response to circumstances identified through the complaints resolution process. The intent of these site visits is to investigate the complaint, gather any evidence and forward the findings to the College's Inquiry Committee for consideration.

Community Practice Advisory Committee

Mandate

To provide recommendations to the Board on matters relating to community pharmacy practice issues.

Membership

Derek Lee *Chair*
Amy Huang *Vice-chair*
George Budd *Staff resource*
Amandeep Khun-Khun
Marylene Kyriazis
Fady Moussa
Gurpreet Sekhon
Lena Toncev
Larry Thorne
Roberta Wiebe *PTech observer*
Kenneth Wong

Number of meetings: 1

Hospital Pharmacy Advisory Committee

Mandate

To provide recommendations to the Board on matters relating to hospital pharmacy practice issues.

Membership

Keith McDonald *Chair*
Anita Lo *Vice-chair*
Alan Samuelson *Staff resource*
Gregory Atherton
Sherry Coutts
Yvonne Dresen *PTech observer*
Gerald Driver
Gordon Harper
John Hope
Linda Morris
Lynne Nakashima
Shelley Novak
Dawn Robb
Ian Sheppard

Number of meetings: 2

Residential Care Advisory Committee

Mandate

To provide recommendations to the Board on matters relating to residential care pharmacy practice issues.

Membership

Carol Hansen *Chair*
Douglas Danforth *Vice-chair*
Sharon Kerr *Staff resource*
Christa Choi
Nicole Collier
Ken Lee
Ada Leung
Ting Luu
Anna Orzechowski
Maria Ton

Number of meetings: 2

Pharmacy Visits

March 1, 2010 to February 28, 2011

Community pharmacy

Routine – regular	242
Routine – facility services	15
Consultation – on site	24
Consultation – telephone	23
Facility site	5
Follow-up	7
Methadone services	96
New pharmacy opening	41
Relocation/ Renovation	1

March 1, 2010 to February 28, 2011

Hospital pharmacy

Opening	2
Routine	17
Renovations/ Relocations	0
Consultation – on site	2
Consultation – telephone	2

Regulation and Licensure

Registration Committee

Mandate

To ensure that registrants are qualified to practice.

Membership

Raymond Jang *Chair*
 Kathryn McInnes *Vice-chair*
 Doreen Leong *Staff resource*
 Yonette Harrod *PTech Observer*
 Mona Kwong
 Christine Lee
 Marina Ma
 Wayne Rubner
 John Scholtens

Number of meetings: 3

Jurisprudence Committee

Mandate

To ensure that the Jurisprudence Examination (JE) continues as a valid and reliable assessment instrument.

Membership

Maria Ton *Chair*
 Gianni DelNegro *Vice-chair*
 Doreen Leong *Staff resource*
 Sharon Ker *Staff resource*
 Pamela Burns
 Sylvia Ghoshal
 Stephanie Hahn
 Fatima Ladha
 Hesham Metwaly
 Colleen Wong

Number of meetings: 4

*Number of JE's: 3 (pharmacists),
 1 (pharmacy technicians)*

“The initial registrant registration process ensures that only those individuals who have successfully met the ‘entry to practice’ standards...can practice.”

To become a practicing pharmacist or pharmacy technician in British Columbia, individuals must be ‘registered’ with the College of Pharmacists of BC, similarly all pharmacies operating in the province must be ‘licensed’ by the College.

The initial registrant registration process ensures that only those individuals who have successfully met the ‘entry to practice’ standard and thereby demonstrated that they have the necessary knowledge, skills and abilities to provide safe and effective pharmacy services can practice. Subsequently, all registrants must adhere to the College’s requirements with respect to professional development and continuing education, which are tied to annual registration renewal, to ensure their ongoing competence throughout practice.

The College is responsible for maintaining an accurate register, which is available to the public on the College website, which identifies those pharmacists and pharmacy technicians qualified to practice and those legitimate pharmacies licensed to operate in the province. The College must also publicly note any limits, conditions, suspensions or cancellations imposed by the College on a registrant or a pharmacy.

Two of the more recent changes to the registration process are registrants’ requirements to consent to a criminal record check and to carry professional liability insurance.

Mandatory Criminal Record Check

The criminal record check is a requirement of the *Criminal Records Review Act* and is intended to help protect children from physical and sexual abuse. All healthcare practitioners under the *Health Professions Act (HPA)* must consent to a criminal record check every five years regardless of whether or not they work directly with children.

Consent to a criminal record check is not optional and should a registrant refuse to consent or fail a criminal record check, the College will not be able to initially register or renew the registrant’s registration.

Mandatory Liability Insurance

All practicing pharmacists and pharmacy technicians must possess professional liability insurance with the following minimum criteria:

- Minimum of \$2 million coverage insuring against liability arising from error, omission or negligent act of the registrant, and
- Policy provides occurrence-based coverage or claims-made coverage with an extended reporting period of at least three years, and
- If not issued in the registrant’s name, the group policy covers the registrant as an individual.

2010/ 11 Regulation Statistics

Licensed Pharmacies

	2010/ 11	2009/ 10
Community (Education included)		
Beginning of year	1,062	1,017
Add – Openings	48	53
Less – Closings	(29)	(8)
	1,081	1,062
Hospital		
Beginning of year	70	70
Add – Openings	-	-
Less – Closings	(2)	-
	68	70
End of Year	1,149	1,132

Registered Pharmacists

	2010/ 11	2009/ 10
Beginning of year	4,571	4,379
Add – New registrants		
UBC students	155	139
Limited	1	3
Agreement on Internal Trade	68	78
Other provinces and territories	14	10
Outside Canada	120	74
	358	304
Add – Reinstate		
AIT – Reinstate	12	
Regular	39	76
Maternity/ Parental leave	-	-
	51	76
Less –		
Transfer to former	(124)	(163)
Transfer to Non Practicing	(16)	(21)
Maternity/ Parental leave	-	-
Deceased	(5)	(4)
	(145)	(188)
End of Year*	4,835	4,571

* This number excludes honorary registrants (5 at year-end)

Pre-Registration

	2010/ 11	2009/ 10
Agreement on Internal Trade AIT (MRA)		
Beginning of year	24	18
Add – New applicants	76	95
Less – Registered as pharmacist	(68)	(77)
Less – Application expired	(3)	(12)
	29	24
Other Provinces & Territories New Grad & non AIT		
Beginning of year	14	10
Add – New applicants	14	14
Less – Registered as pharmacist	(14)	(10)
Less – Application expired	(4)	-
	10	14
Outside Canada IPG & USA		
Beginning of year	205	150
Add – New applicants	175	147
Less – Registered as pharmacist	(120)	(74)
Less – Application expired	(24)	(18)
	236	205
End of Year	275	243

UBC Students

	2010/ 11	2009/ 10
Year 1	157	153
Year 2	147	151
Year 3	149	151
Year 4	146	163
Post UBC	9	-
End of Year	608	618

Student (Non-UBC)

	2010/ 11	2009/ 10
	22	-

Pharmacy Technician Applicants

	2010/ 11	2009/ 10
Current Technicians	409	-
New Graduates	7	-
End of Year	416	-

Injection Application (valid for 5 years)

	2010/ 11	2009/ 10
Pharmacists	617	477

Professional Development

Quality Assurance Committee

Mandate

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

Membership

Peter Cook *Chair*
 Sandi Hutty *Vice-chair*
 Ashifa Keshavji *Staff resource*
 Penny Denton
 Maria Finamore
 Melanie Johnson
 Lorna Kroll
 Michael MacDougall
 Terry Pollard
 Monica Silva *PTech Observer*

Number of meetings: 4

Knowledge Assessment Committee

Mandate

To ensure that the Professional Development and Assessment Program's Knowledge Assessment option continues as a valid and reliable assessment.

Membership

Melanie Johnson *Chair*
 Tila Pelletier *Vice-chair*
 Ashifa Keshavji *Staff resource*
 Igor Chalatnik
 Raymond Jay
 Eddie Kwan
 Judy MacDonald
 Wilfred Mak
 David Massaro
 Alnoor Suleman
 Susan Troesch

Number of meetings: 4

CE-Plus Committee

Mandate

To ensure that the Professional Development and Assessment Program's CE Component, the CE-Plus tool, continues as a valid and effective continuing professional development tool in accordance with the current quality assurance practices.

Membership

Sandi Hutty *Chair*
 Ashifa Keshavji *Staff resource*
 Hani Al-Tabbaa
 Mina Fahim
 Harpreet Khtaria
 Amy Kim
 Lorna Kroll
 Glenda MacDonald
 Linda Mah
 Philip Mang
 Fady Moussa
 Salvinaz Parpia
 Lynn Pollock
 Dorothy Zahn

Number of meetings: 4

"PDAP consists of a mandatory Continuing Education component, as well as a mandatory Assessment Component which all registrants are required to complete."

One of the ways in which the College supports its mandate to provide safe and effective pharmacy care is through the development and administration of its Professional Development and Assessment Program (PDAP). In accordance with legislation, PDAP consists of a mandatory Continuing Education component, as well as a mandatory Assessment Component which all registrants are required to complete.

The current program, which was approved by the Board in June 2010, and will launch in fiscal year 2011/2012, was developed following an extensive internal and external review and analysis (2004 – 2008) of the College's previous program, it requires all registrants to complete, as part of their annual registration renewal, a minimum of 15 hours of continuing education. In addition, the Assessment Component requires registrants, in a 10-year cycle, to sit a Knowledge Assessment exam.

Partnership with UBC-CPPD

The College provides a substantial annual financial grant to the University of British Columbia's Faculty of Pharmaceutical Sciences Continuing Pharmacy Professional Development (CPPD) division to support ongoing learning opportunities for pharmacists and to administer the required bridging programs for pharmacy technicians.

UBC's Continuing Pharmacy Professional Development Statistics

2010-2011	Programs		Contact Hours		# Participants	
	No.	% of Total	No.	% of Total	No.	% of Total
Live Programs						
Lower Mainland	9	7.8%	620.25	39.2%	430	15.3%
Outside Lower Mainland:						
UBC Programs	5	4.3%	10.0	0.6%	142	5.0%
Regional Coordinator Programs	5	4.3%	6.0	0.4%	89	3.2%
Pharm Tech Bridging Program:						
PLAR	6	5.2%	18.0	1.1%	172	6.1%
Completed In Class Modules	9	7.8%	303.0	19.2%	185	6.6%
In Progress In Class Modules	10	8.6%	372.0	23.5%	189	6.7%
In Progress Online Modules	6	5.2%	126.0	8.0%	229	8.1%
Live Programs: Video Conferences						
Lower Mainland sites	-	-	-	-	-	-
Remote sites across BC	1	0.90%	33	2.20%	26	0.9%
Distance Learning Programs						
Print-based Programs	13	11.2%	54.0	3.4%	86	3.1%
On-line Programs	52	44.8%	39.67	2.5%	1,271	45.1%
Total	116	100%	1,581.9	100%	2,819	100%

Inquiry Committee

Mandate

Investigate 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.

Membership

Heather Baxter *Chair*
 Janice Munroe *Vice-chair*
 Suzanne Solven *Staff resource*
 Margaret Cleaveley
 Aimee Dhoot
 Bev Harris
 Marney McKay
 Jing-Yi Ng
 Cindy Bondaroff
 Penny Denton
 Gordon Eddy
 Yonette Harrod *PTech Observer*
 Susan May
 Smita Natha
 Betty Nielson

Number of meetings: 21

Discipline Committee

Mandate

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

Membership

Erica Gregory *Chair*
 Michael MacDougall *Vice-chair*
 Suzanne Solven *Staff resource*
 Grace Barrington-Foote
 Wayne Chen
 Peter Cook
 Jody Croft
 Bal Dhillon
 Kenneth McLay
 Gillian Mayo
 Peter Rubin
 Barbara Stipp

Number of meetings: 1

Complaints Resolution

"The College's complaints resolution process is... focused on the College mandate of protecting the public."

As regulated healthcare professionals College registrants have a legal and ethical obligation to promote and protect the best interests of their patients first and foremost. The majority of registrants are competent, skilled practitioners who work hard to uphold this obligation and maintain their patient's confidence by providing safe and effective pharmacy care.

However, there are times when someone may have a concern about the pharmacy care they have received. The College's complaints resolution process is designed to deal with such circumstances and is focused on the College mandate of protecting the public.

College staff must review, in a timely manner, all complaints, received by the College in writing, related to a registrant's professional practice. The concern may be raised by a patient, co-worker, employer, other healthcare provider or simply a member of the public.

The vast majority of complaints can be effectively resolved through the Inquiry Committee process with only a few requiring referral to the Discipline Committee for resolution. To ensure transparency and disclosure to the public Inquiry and Discipline Committee results, as required, are posted on the College website.

Inquiry Committee

As stipulated in legislation the Inquiry Committee has 120 days to complete the review of a complaint and can take a number of actions:

- Take no action (if the complaint is found to be trivial, frivolous or submitted in bad faith)
- Take any action it considers appropriate to resolve the matter between the complainant and the registrant
- Reprimand or remedial action by consent
- Refer the matter to the Discipline Committee
- Take extraordinary action to protect the public

Discipline Committee

The Discipline Committee, which must hear and determine all matters brought before it, have a number of options available to them:

- Reprimand the registrant
- Fine the registrant
- Impose limits and/or conditions on their practice
- Suspend or cancel their registration

Health Professions Review Board

All professional College's under the *Health Professions Act (HPA)* fall under the jurisdiction of the *Health Professions Review Board (HPRB)* and all decisions made by the College regarding the registration of registrants or the timeliness and disposition of complaints can be brought before them for review.

The HPRB is an independent administrative tribunal created to help ensure the public of transparent, objective, impartial and fair administrative processes and decision-making by regulated health professions. HPRB members cannot be current registrants or Board members of any of the regulated health professions.

There is no cost to apply to the HPRB however, applications must be received, in writing, within 30 days of the complainant having received from the College the written notice of the decision, notice or disposition that is to be reviewed.

Complaints Resolution Statistics

Complaints Received: March 1, 2010 to February 28, 2011

Number of formal complaints received: 104

Breakdown of formal complaint files heard by Inquiry Committee:

Medication Related	66
Privacy/ Confidentiality	5
Professional Conduct/ Competency	21
Fitness to Practice	13
Suspected Unlawful Activity	12
Sexual Misconduct	1
*Total Presented to Inquiry Committee	118

*This includes first and follow-up presentations of files, for these, the complaint types and disposition status are counted each time.

Disposition of Complaints

Disposed and Closed	79
No Further Action	22
Consent Agreement or Letter of Standing	43
Letter of Advice	12
Suspension of Registrant/ Closure of Pharmacy	2
Referred to Discipline	0
Disposed and Monitoring	36
Files requiring follow-up by the College	36
Active/ Pending	3
Investigation in progress	3
*Total Presented to Inquiry Committee	118

*This includes first and follow-up presentations of files, for these, the complaint types and disposition status are counted each time.

Discipline Committee Hearings

No discipline committee hearings were conducted in the 2010-2011 fiscal year



2011 Financial Review

- 16 Independent Auditors Report
- 17 Statement of Financial Position
- 18 Statement of Changes in Net Assets
- 19 Statement of Revenue and Expenditures
- 20 Statement of Cash Flows
- 21 Schedule of Revenue
- 22 Schedule of Finance and Corporate Services
- 23 Notes to Financial Statements



Independent Auditors' Report

To the board of directors
College of Pharmacists of British Columbia

We have audited the accompanying financial statements of College of Pharmacists of British Columbia, which comprise the statement of financial position as at February 28, 2011, and the statements of changes in net assets, revenue and expenditures, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of College of Pharmacists of British Columbia as at February 28, 2011, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

A stylized, handwritten-style signature of "Grant Thornton LLP" in a dark grey or black ink.

Chartered Accountants

Vancouver, Canada
June 17, 2011

Grant Thornton LLP. A Canadian Member of Grant Thornton International Ltd.

Grant Thornton LLP

Suite 1600, Grant
Thornton Place
333 Seymour Street
Vancouver, BC V6B 0A4

T 604-687-2711
F 604-685-6569

www.GrantThornton.ca

Statement of Financial Position

February 28	2011	2010
Assets		
Current		
Cash and cash equivalents	\$ 5,069,614	\$ 4,768,880
Short-term investments (Note 2)	3,351,816	3,209,152
Receivables	188,971	205,215
Due from joint venture (Note 6)	2,018	2,095
Prepays and deposits	100,908	62,340
	8,713,327	8,247,682
Development cost (Note 2 and Note 10)	177,675	148,062
Property and equipment (Note 3)	2,193,665	1,889,097
	\$ 11,084,667	\$ 10,284,841
Liabilities		
Current		
Payables and accruals	\$ 671,814	\$ 700,468
Current portion of capital lease obligations (Note 4)	43,077	59,196
Deferred revenue (Note 5)	2,631,911	2,456,536
Deferred contributions (Note 7)	1,528,363	1,731,304
	4,875,165	4,947,504
Capital lease obligations (Note 4)	161,413	31,373
	5,036,578	4,978,877
Net assets		
Invested in property and equipment	1,989,175	1,798,528
Restricted building fund	315,635	246,150
Unrestricted net assets	3,743,279	3,261,286
	6,048,089	5,305,964
	\$ 11,084,667	\$ 10,284,841

See accompanying notes to the financial statements.

Statement of Changes in Net Assets

Year Ended February 28	Invested in Property and Equipment	Restricted Building Fund	Unrestricted	2011 Total	2010 Total
Balance, beginning of year	\$ 1,798,528	\$ 246,150	\$ 3,261,286	\$ 5,305,964	\$ 4,241,733
(Deficiency) excess of revenue over expenditures	(217,207)	69,485	889,847	742,125	1,064,231
Investment in property and equipment	407,854	-	(407,854)	-	-
Balance, end of year	\$ 1,989,175	\$ 315,635	\$ 3,743,279	\$ 6,048,089	\$ 5,305,964

See accompanying notes to the financial statements.

Statement of Revenue and Expenditures

Year Ended February 28	2011	2010
Revenue (Page 7)		
Pharmacy fees	\$ 1,414,475	\$ 1,323,850
Pharmacists fees	3,216,953	3,025,796
Technician fees	91,520	-
Other	986,850	1,576,192
Grants	550,441	291,674
Investment income	202,042	198,435
Total revenue	6,462,281	6,415,947
Expenditures		
Board and administration	1,138,532	833,259
Communications	175,095	178,726
Complaints resolution	348,084	369,736
Finance and corporate services (Page 8)	551,520	595,808
Inspections	53,980	46,698
Licensure services	140,618	125,639
PharmaNet, eDrug and technology	144,314	169,468
Policy and registration	5,354	3,040
Quality assurance	95,364	132,665
Salaries and benefits	2,703,784	2,531,563
Special projects	146,304	147,970
Total expenditures	5,502,949	5,134,572
Excess of revenue over expenditures before amortization	959,332	1,281,375
Amortization	217,207	217,144
Excess of revenue over expenditures	\$ 742,125	\$ 1,064,231

See accompanying notes to the financial statements.

Statement of Cash Flows

Year Ended February 28	2011	2010
Cash derived from (used in)		
Operating		
Excess of revenue over expenditures	\$ 742,125	\$ 1,064,231
Amortization	217,207	217,144
Amortization of development costs	44,418	-
Gain on sale of capital assets	(8,484)	-
Change in non-cash operating working capital		
Receivables	16,244	(64,446)
Due from joint venture	77	(1,775)
Prepays and deposits	(38,568)	27,681
Payables and accruals	(28,654)	418,587
Deferred revenue	175,375	68,705
Deferred contributions	(202,941)	(126,674)
	916,799	1,603,453
Financing		
Capital lease repayments	(33,215)	(54,781)
Investing		
Purchase of property and equipment	(366,155)	(559,647)
Increase in development costs	(74,031)	(148,062)
Increase in investments	(142,664)	(77,077)
	(582,850)	(784,786)
Net increase in cash and cash equivalents	300,734	763,886
Cash and cash equivalents, beginning of year	4,768,880	4,004,994
Cash and cash equivalents, end of year	\$ 5,069,614	\$ 4,768,880
Cash and cash equivalents consists of:		
Cash	\$ 3,056,135	\$ 2,746,483
Guaranteed investment certificates	2,013,479	2,022,397
	5,069,614	4,768,880
Non-cash investing and financing activities		
Purchase of property and equipment funded by capital leases	\$ 147,136	\$ -

See accompanying notes to the financial statements.

Schedule of Revenue

Year Ended February 28	2011	2010
Revenue		
Licensure revenue		
Pharmacies		
Annual licensure fee	\$ 1,312,625	\$ 1,246,300
Application/ change fee	101,850	77,550
Total pharmacies	1,414,475	1,323,850
Pharmacists		
Annual licensure fee	2,844,507	2,675,581
Application/ change fee	302,961	286,215
Building fund	69,485	64,000
Total pharmacists	3,216,953	3,025,796
Technicians		
Application/ change fee	91,520	-
Total licensure revenue	4,722,948	4,349,646
Non-licensure revenue		
Other revenue		
PharmaNet profiles	919,150	1,514,944
Miscellaneous (registration related)	30,068	46,498
Regulatory assessments (fines)	30,000	-
Miscellaneous (third party related))	7,632	14,750
Total other revenue	986,850	1,576,192
Grant revenue		
PharmaNet	147,500	120,000
Other (Note 7)	402,941	171,674
Total grant revenue	550,441	291,674
Investment revenue		
Dividends/ interest	147,943	151,281
Gain on sale of capital assets	8,484	-
Rent	45,615	47,154
Total investment revenue	202,042	198,435
Total non-licensure revenue	1,739,333	2,066,301
Total revenue	\$ 6,462,281	\$ 6,415,947

See accompanying notes to the financial statements.

Schedule of Finance and Corporate Services

Year Ended February 28	2011	2010
General administration		
Audit	\$ 30,744	\$ 26,934
Bank charges	108,156	81,125
Building administration	74,756	76,813
Maintenance	105,109	86,063
In memoria contributions	163	100
Insurance	28,538	29,193
Lease and interest	3,216	9,827
Legal	30,572	15,925
Membership and subscription	2,835	5,978
Office supplies and printing	22,290	36,792
Staff recruitment	185	12,247
Staff relations	7,246	6,896
Training and development	43,401	44,261
Telecommunications	30,442	35,693
Write-offs and miscellaneous, joint venture	839	952
	488,492	468,799
Repairs and maintenance	8,564	8,546
Outside services		
IT Network and user support	34,859	62,115
IT Database and online support	5,903	6,531
Reports and forms	2,554	11,050
Management	6,200	32,250
Administrative support	4,948	6,517
	54,464	118,463
Total finance and corporate services	\$ 551,520	\$ 595,808

See accompanying notes to the financial statements.

Notes to Financial Statements

February 28, 2010

1. Nature of operations

The College of Pharmacists of British Columbia (the “College”) is a regulatory body for pharmacists and pharmacies of B.C. to set and enforce professional standards of the profession. The College is incorporated under the Pharmacists, Pharmacy Operations and Drug Scheduling Act as a not-for-profit organization. For income tax purposes, the College is treated as a not-forprofit organization.

2. Summary of significant accounting policies

Basis of presentation

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles (“GAAP”). In conformity with Canadian GAAP, management is required to make estimates and assumptions that could affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenditures during the year. Actual results could differ from those reported.

Revenue recognition

The College follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted revenues are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Licence and registration fees are recognized as revenue in the year to which the fee relates.

Cash and cash equivalents

Cash and cash equivalents consist of cash on hand, balances with banks, and short-term deposits with maturities of three months or less.

Short-term investments

Short-term investments consist of guaranteed investment certificates (“GICs”) and bonds with interest rates from 0.75% to 6.10%. These are recorded on a trade date basis and are stated at fair value.

Development cost

Program and implementation costs for Pharmacy Technician program have been deferred and will be amortized on a straight-line basis over five years. Amortization will commence when the program is in place and generating revenue. Should the conditions for deferral cease to exist, the cost will be charged as a period expense.

Property and equipment

Property and equipment of the College are recorded at cost and amortized over their estimated useful lives using the following rates:

Building and building improvements	straight-line method over 25 years
Furniture and fixtures	straight-line over 10 years
Office equipment	straight-line over 5 to 10 years
Computer	straight-line over 3 years
Software	straight-line over 2 years
Security system	10% declining balance

Property and equipment purchased or disposed of in the year are amortized using the half-year rule.

Capital leases

Leases which transfer substantially all the benefits and inherent risk related to the ownership of the property leased to the College are capitalized by recording as assets and liabilities the present value of the payments required under the leases.

Restricted building fund

A portion of dues assessed to pharmacists is restricted for office space renovation and upgrades.

Financial instruments

The College has classified its financial instruments as follows:

- Cash and cash equivalents as held-for-trading (measured at fair value through the statement of revenue and expenditures)
- Short-term investments as held-for-trading (measured at fair value through the statement of revenue and expenditures)
- Receivables as loans and receivables (measured at amortized cost using the effective interest method)
- Payables and accruals as other financial liabilities (measured at amortized cost using the effective interest method)

Fair values are based on quoted market values where available from active markets otherwise fair values are estimated using a variety of valuation techniques and models.

3. Property and equipment

	Cost	Accumulated Amortization	2011 Net Book Value	2010 Net Book Value
Land	\$ 524,379	\$ -	\$ 524,379	\$ 524,379
Building and building improvements	2,369,488	1,124,716	1,244,772	1,090,229
Furniture and fixtures	212,122	133,165	78,957	69,587
Office equipment	239,663	25,189	214,474	88,673
Computer	324,633	240,994	83,639	101,153
Software	136,451	92,401	44,050	15,076
Security system	3,771	377	3,394	-
	\$ 3,810,507	\$ 1,616,842	\$ 2,193,665	\$ 1,889,097

At February 28, 2011, assets under capital lease with a cost of \$237,626 (2010: \$292,182) and accumulated amortization of \$23,763 (2010: \$204,527) are included in office equipment.

4. Capital lease obligations

The College is committed to pay annual leases for office equipment under lease agreements. The leases will expire in fiscal 2016. Minimum annual lease commitments are as follows:

2012	\$ 43,077
2013	44,371
2014	45,706
2015	47,084
2016	24,252
	204,490
Less: current portion	43,077
	\$ 161,413

5. Deferred revenue

Deferred revenue represents the subsequent year's pharmacy licences and registration fees received prior to the year end.

6. Joint venture

The College entered into an agreement dated March 3, 1989, to purchase 30% interest in a joint venture set up to acquire and develop a property. The College occupies space in the building and pays rent to the joint venture.

The proportionate share of assets, liabilities, revenues and expenses of the joint venture are incorporated into the College's financial statements as follows:

	College	Joint Venture 30%	Eliminating Entry	2011 Total
Property and equipment and other assets	\$ 9,366,169	\$ 1,716,480	\$ -	\$ 11,082,649
Due from (to) joint venture	44,546	(64,554)	22,026	2,018
Investment in joint venture	1,153,575	-	(1,153,575)	-
Total assets	10,564,290	1,651,926	(1,131,549)	11,084,667
Total liabilities	(5,006,477)	(30,101)	-	(5,036,578)
Equity	\$ 5,557,813	\$ 1,621,825	\$ (1,131,549)	\$ 6,048,089
Total revenues	\$ 6,416,665	\$ 338,396	\$ (292,780)	\$ 6,462,281
Total expenses	5,830,978	181,958	(292,780)	5,720,156
Excess of revenue over expenditures	\$ 585,687	\$ 156,438	\$ -	\$ 742,125

7. Deferred contributions

Deferred contributions represent the unamortized amount of grants received for future operating activities and programs. The amortization of deferred contributions is recorded as revenue in the statement of revenue and expenditures.

	2011	2010
Balance, beginning of year	\$ 1,731,304	\$ 1,857,978
Amounts received	200,000	45,000
Less: amounts amortized to revenue	(402,941)	(171,674)
Balance, end of year	\$ 1,528,363	\$ 1,731,304

8. Capital management

The capital structure of the College consists of net assets invested in property and equipment, restricted building fund and unrestricted net assets. The primary objective of the College's capital management is to provide adequate funding to ensure efficient delivery of its service activities.

Net assets invested in property and equipment represents the amount of net assets that are not available for other purposes because they have been invested.

The purpose for restricted building fund is disclosed in Note 2.

Unrestricted net assets are funds available for future operations and are preserved so the College can have financial flexibility should opportunities arise in the future.

As of February 28, 2011, the College has complied with all externally imposed capital restrictions.

9. Financial instruments

The estimated fair value of cash and cash equivalents, short-term investments, receivables, payables and accruals, and capital lease obligations approximates carrying value due to the relatively short-term nature of the instruments.

Market risk

Market risk is the potential for financial loss to the College from changes in the values of its financial instruments due to changes in interest rates, equity prices, currency exchange and other price risks. The investments of the College are not subject to significant market risk as substantially all of it are in GICs and denominated in Canadian dollars.

Credit risk

The College is exposed to the risk that a counterparty defaults or becomes insolvent. The only financial instrument that potentially subjects the College to concentrations of credit risk is its receivables.

The maximum exposure to credit risk in terms of receivable is \$188,971 as of February 28, 2011 (2010: \$205,215). Management believes that the College does not have a significant credit risk on their receivables.

Liquidity risk

Liquidity risk is the risk that the College cannot meet a demand for cash or fund its obligations as they come due. Maximum exposure to liquidity risk is \$876,304 as at February 28, 2011 (2010: \$791,037). Except for the obligation under capital lease balance of \$161,413, which will be paid until 2016 (Note 4), the College's liabilities are due to be paid in full before February 28, 2011.

10. Commitments

Development cost

Future payments in the next year for the Pharmacy Technician program cost and implementation are as follows:

<u>2012</u>	\$	<u>74,031</u>
-------------	----	---------------



COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA

College of Pharmacists of BC

200 – 1765 West 8th Avenue
Vancouver, BC V6J 5C6

Tel 604.733.2440 Toll-Free 800.663.1940
Fax 604.733.2493 Toll-Free Fax 800.377.8129
E-mail info@bcpharmacists.org

www.bcpharmacists.org



COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA

www.bcpharmacists.org