



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

CALL TO ORDER

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

Chair Antler acknowledged the Coast Salish People on whose unceded traditional territories the meeting is being chaired from, the Coast Salish, Squamish and Tsleil-Waututh First Nations. As we are meeting virtually, she also acknowledged that the Indigenous Peoples are the traditional stewards of the lands and waters from where each of us is attending the meeting this evening. She encouraged everyone to learn about the unceded traditional territories and the Indigenous Peoples, where you live and work.

OPENING WORDS FROM ELDER SYEXWALIYA

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

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

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

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

BOARD INTRODUCTIONS

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

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



MINUTES OF PREVIOUS MEETING – NOVEMBER 24, 2019

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

FINANCIAL STATEMENTS AND AUDITOR'S REPORT

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

CHAIR'S REPORT

Chair Antler provided the following report:

Cultural Humility and Safety

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

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

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

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

We have made some important first steps.

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

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



Opioid Crisis

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

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

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

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

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

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

Medication Error Reporting

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

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

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

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

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

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



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

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

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

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

Proposed Changes to Health Professionals Regulation in BC

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

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

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

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

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

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

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

The modernization recommendations include:

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



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

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

PODSA Modernization: Amended Bylaws Now in Effect.

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

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

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

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

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

In particular, these amendments addressed:

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

College Joins BC Public Advisory Network

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

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

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



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

Patients Relations Program Standard

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

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

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

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

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

Posting of Discipline Hearing Notifications

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

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

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

REGISTRAR'S REPORT

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

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

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



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

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

Registrar Nakagawa provided the following report:

Registration Numbers

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

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

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

Cultural Humility and Safety

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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



Addressing Racism and Discrimination in our Health System

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

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

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

Black Lives Matter

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

We can and we must do more.

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

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

2SLGBTQ+

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

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

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

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

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



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

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

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

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

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

Opioid Overdose Crisis and Opioid Agonist Treatment

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

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

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

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

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

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

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

Professional Practice Policy-66: Amendment to Training Deadline

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



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

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

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

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

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

Amendments to Controlled Prescription Program Forms

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

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

The benefits of the new harmonized CPP form include:

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

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

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

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

Pharmacy Ownership Transition Period Ends

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



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

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

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

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

New Model Standards for Pharmacy Compounding: Phase 3

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

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

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

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

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

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

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

Amendments to PPP-68: Cold Chain Management

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

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



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

Changes to Forms and Prescription Protocol for MAiD

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

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

These new forms include:

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

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

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

College Engagement

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

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

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

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



College of Pharmacists
of British Columbia

Annual General Meeting Minutes November 19, 2020

ADJOURNMENT

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