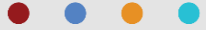


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The logo for the Practice Review Program. It features the words "PRACTICE REVIEW PROGRAM" in a bold, dark blue, sans-serif font, stacked vertically. The text is framed by two horizontal green bars, one above and one below. To the right of the text is a magnifying glass icon with a dark blue handle and frame. Inside the magnifying glass is a green caduceus symbol, which consists of a staff with two snakes entwined around it and wings at the top.

PRACTICE REVIEW PROGRAM

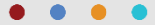
Policies and Procedures

For Community and Hospital Pharmacy Practice Settings



Practice Review Program – Rationale

- Directed by the Board
- Directly assesses practice
- Focused on critical standards with greatest impact on public safety and quality enhancement
- Designed based on practice setting (Community/Hospital/Other)



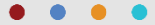
Practice Review Program – Principles

- Comprehensive in scope
- Fair, equitable and consistent process
- Prioritized by known areas of need
- Demonstrated value
- Not unreasonably disruptive to pharmacy operations or the public
- Contributes to cohesive College processes

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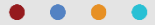


Practice Review Committee (PRC)



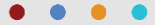
Practice Review Committee

- The Board has established the Practice Review Committee (PRC) to develop and maintain the Pharmacy Review and the Pharmacy Professionals' Review components of the Practice Review Program (PRP).
- The PRC receives its authority from the Health Professions Act (HPA) s. 19(1)(t) and HPA Bylaws sections 15.1 and 19.
- Their mandate is to monitor and enforce Standards of Practice to enhance the quality of pharmacy care for British Columbians.



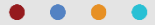
PRC Responsibilities

- Develop and update the PRP processes and policies for approval by the Board as required including but not limited to processes and policies that:
 - outline the Pharmacy Review component;
 - outline the Pharmacy Professionals' Review component;
 - outline follow-up and remediation.
- On a yearly basis review the statistics and outcomes and feedback of the PRP, determine recommendations for improvement and report to the Board as applicable.



PRC Responsibilities (cont'd)

- Liaise with the Hospital Pharmacy Advisory Committee, Community Pharmacy Advisory Committee and Residential Care Advisory Committee to make recommendations on current and outstanding issues pertaining to the PRP.
- Liaise with Health Authorities, owners and directors and other stakeholders to address current and outstanding issues pertaining to the PRP.
- Review s.17(1) PODSA and 28(1) HPA reports and determine whether to refer matters arising from that review to the Inquiry Committee, Quality Assurance Committee or Registrar.



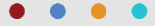
Practice Review Program – Overview

Pharmacy Review	Pharmacy Professionals Review
Built on pharmacy inspection	New for all pharmacy professionals
Advance notice and scheduling	
Pharmacy manager completes Pre-Review in advance	Pharmacy professionals can review criteria on College website in advance
Results (and action items) delivered to pharmacy manager immediately after review	Results (and action items) delivered to each pharmacy professional immediately after review
30 days to complete corrective actions	

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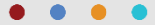


PRP: Prioritization and Scheduling



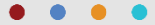
Pharmacy Review Inclusion Policy

- All licensed community pharmacies in British Columbia.
- All licensed hospital pharmacies in British Columbia



Pharmacy Professionals Review Inclusion Policy - Hospital

- All registrants employed by and practicing in a licensed hospital pharmacy, where at least one of the following Pharmacy Professionals Review focus areas – Patient Identification Verification, Profile Check, Counselling, Product Distribution, or Documentation – applies to their job description.

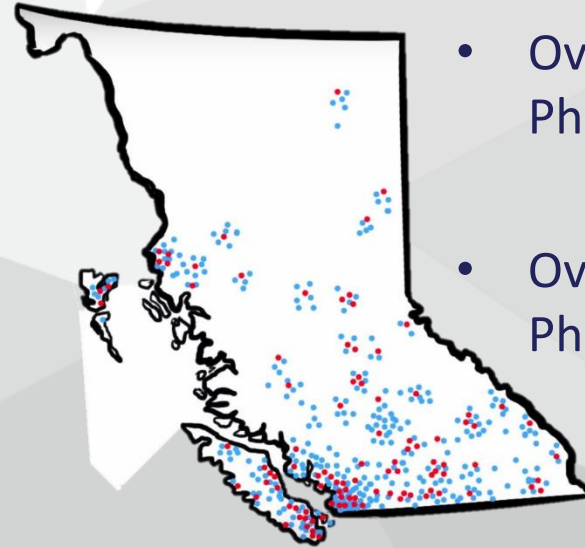


Policy in Regards to Non-Regulated Pharmacy Employees

- Employees of a pharmacy may be:
 - Registered Pharmacists
 - Registered Pharmacy Technicians
 - Non-regulated employees
- Where a non-regulated pharmacy employee is performing regulated activities, a Compliance Officer will observe the activities of that employee, and any observations (and action items resulting from those observations) will be recorded on the responsible pharmacy professional's review. That pharmacy professional will be responsible for corrections of those action items in order to be compliant.



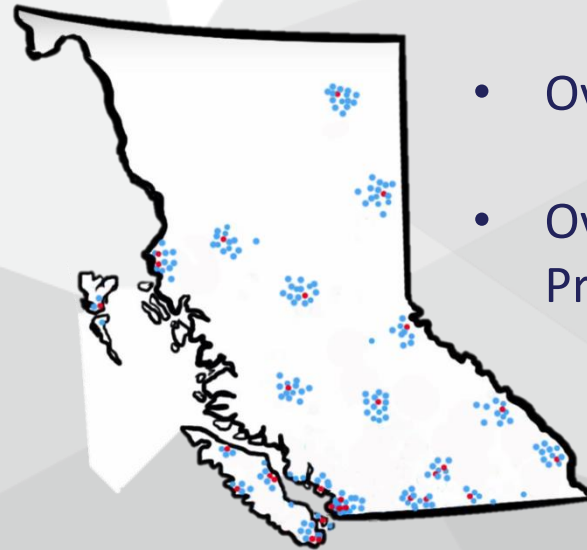
Community Pharmacy Demographics



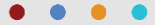
- Over **1200** Community Pharmacies
- Over **4200** Community Pharmacy Professionals



Hospital Pharmacy Demographics



- Over **70** Hospital Pharmacies
- Over **1600** Hospital Pharmacy Professionals



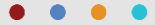
Prioritization Policies - Community

- *Cycle based* –the scheduling of approximately *60%* of the reviews will be *driven to meet the review cycle of at least once every 6 years* and will include revisits and new pharmacy openings/relocations.
- *Risk based* –the scheduling of approximately *40%* of the reviews will be *driven by complaints and other documented risk factors*.
 - Of the 40% of reviews that are *risk based*, approximately *30% will be driven by complaints data and the other 70% will be driven by PharmaNet data* from the Ministry of Health combined with information from the CPBC database.



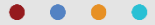
Prioritization Policy - Hospital

Cycle based - Reviews will be scheduled based on the last inspection date. Pharmacies with the oldest “last inspection date” will be prioritized.



Scheduling Policies - Community

- The College provide *30 calendar days of advance notice* to Pharmacy Managers of the scheduled Practice Reviews.
- If the proposed scheduled date is inconvenient, the new date must be within the *following month*.

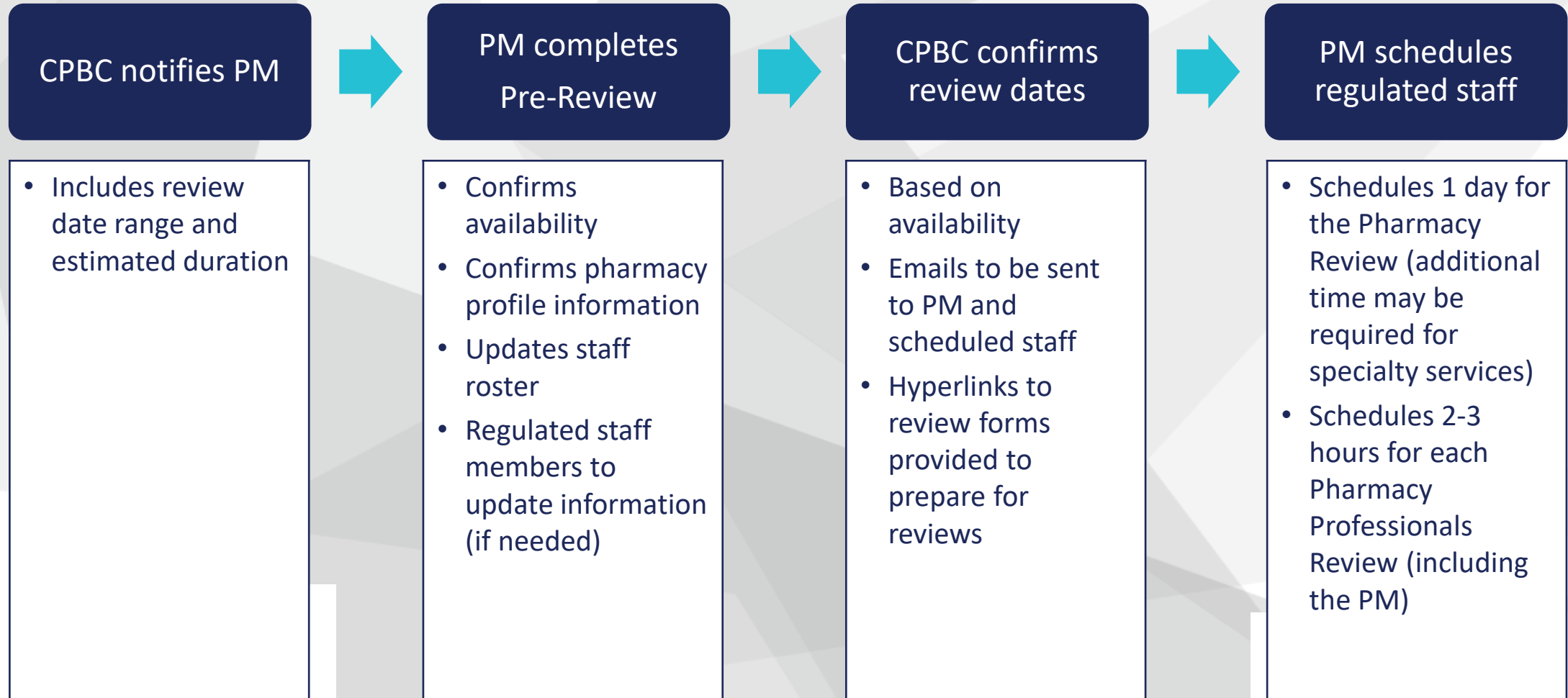


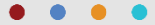
Scheduling Policies - Hospital

- The College will provide *60 calendar days* of advance notice to pharmacy managers of the scheduled Practice Reviews.
- If the proposed scheduled date is inconvenient, the new date should be within the *following month*.



Scheduling Practice Reviews – The Pharmacy Manager’s (PM) Role





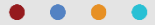
On-site Review Period Policy - Hospital

- Each review period will be limited to *1 month*.
- The compliance officers will review larger hospitals for a maximum of *1 month on site conducting reviews, followed by 1 month off*, continuing until all Pharmacy Professional Reviews are complete.

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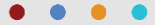
Onsite Practice Reviews



Pharmacy Review Categories - Community

- External to dispensary
- Dispensary
- Prescriptions
- Confidentiality
- Equipment
- Inventory management
- Security
- Pharmacy Manager's Responsibilities
- Methadone*
- Speciality Compounding*

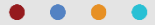
**non-mandatory pharmacy categories*



Pharmacy Review Categories - Hospital

- Security
- Equipment
- Drug Orders
- Confidentiality
- Inventory Management
 - Pharmacy
 - Nursing Units
- Narcotics and Controlled Drug Substances
- Dispensed Products
- Patient Records/Documentation
- After Hours Services
- Pharmacy Manager's Responsibilities
- Sterile Compounding*
- Non-Sterile Compounding*
- Telepharmacy*
- Bulk Repackaging*
- Residential Care*

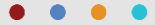
**non-mandatory pharmacy categories*



Pharmacy Professionals Review: Focus Areas

Pharmacists	Pharmacy Technicians
Patient ID Verification	Patient ID Verification
Profile Check	Product Distribution
Counselling	Collaboration
Documentation	Documentation

***Note: The focus areas for pharmacy technicians in community practice are in the process of being updated. They will soon reflect the same focus for pharmacy technicians in hospital practice.*



On-site Practice Reviews

Pharmacy / Pharmacy
Professionals Review
conducted

- Compliance Officers (CO) will conduct reviews using electronic forms on their tablets
- CO will conduct the Pharmacy Review first followed by the Pharmacy Professionals Reviews



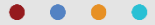
Summary results provided

- Once review conducted, summary results are provided
- Opportunity for clarification (if needed)



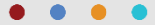
PM / Pharmacy
Professionals
acknowledge results

- Pharmacy Manager (PM) and Pharmacy Professionals will acknowledge their review results



Results

- **A summary report will be generated for each review**
 - All non-compliant items will be noted as action items
 - Supported by observation and documentation, if applicable
 - Standardized corrections along with consistent deadlines will be provided
- **Delivering and acknowledging results**
 - CO will then deliver Pharmacy Review Summary to PM and PM must acknowledge
 - CO will deliver Pharmacy Professionals Review Summaries to each registrant and registrant must acknowledge



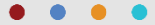
Disclosure of Practice Review Results Policies

- Results of a *Pharmacy Review will be disclosed* by the Compliance Officer *to the Pharmacy Manager only*
- Results of a *Pharmacy Professional's Review will be disclosed* by the Compliance Officer *to that Pharmacy Professional only*
- Any *sharing (disclosure) of results between the Pharmacy Manager and the Pharmacy Professionals will be at the discretion of those parties*, and the College will bear no responsibility for such disclosure.

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PRP: Monitoring Action Items



Follow-up Process

Action items
assigned



30 days to
complete



COs monitor and
follow-up



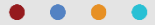
Review complete /
referred

- Compliance Officers (CO) assign action items based on their findings
- results shared with each pharmacy professional
- Standardized action items used

- Pharmacy professionals acknowledge review results and submit completed action items (and any required documentation) within 30 days

- COs monitor and track status of action items assigned until all are submitted and approved
- COs may conduct follow-up reviews in person, by phone or by email (if needed)

- Once action items complete, a notice of completion is issued
- If action items not completed, notice of non-completion is issued by the PRC and, if needed, review results will be referred to the Inquiry Committee or Quality Assurance Committee



Escalation Policy

- Pharmacy managers and pharmacy professionals have 30 calendar days for the correction of assigned action items; exception conditions as approved by the Director may override the 30 day standard response time.
- After 30 days has expired without correction, an escalated notice will be sent to action item owner from Director, giving 5 more days to complete.
- After the 5 days has expired without correction, an escalated notice is sent from Registrar, indicating if action item(s) not resolved in 2 days the issue will be forwarded to Inquiry Committee.
- If unresolved after the 2 days (total 37 days), the issue will be forwarded to Inquiry Committee. Responsibility for forwarding to Inquiry Committee to be delegated by the PRC to the Director of Practice Reviews and Quality Assurance.

The College allows 10 business days (14 calendar days) in between each step of the escalation process.



PRP Relationships

