



COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA

09
/10

CPBC Annual Report

Transitioning for Better Pharmacy Care





COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA

Vision

As the medication experts, pharmacists are professionals who apply their full knowledge, skills and abilities to their clinical practice and continue to evolve their scope of practice to provide better healthcare outcomes.

Mission

To ensure British Columbia pharmacists 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 2009/10

This 2009 — 2010 annual report presents highlights of initiatives in the College of Pharmacists of BC (CPBC) fiscal year March 1, 2009 to February 28, 2010.

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

As of end of fiscal year – February 28, 2010

Randy Konrad *Chair*

District 1 – Metropolitan Vancouver

John Hope *Vice-chair*

District 6 – Urban Hospitals

Bev Harris

District 2 – Fraser Valley

Allan Greene

District 3 – Vancouver Island/Coastal

Doug Kipp

District 4 – Kootenay/Okanagan

Chris Hunter

District 5 – Northern British Columbia

Bruce Beley

District 7 – Community Hospitals

Margaret Cleaveley

Government Appointee

Penny Denton

Government Appointee

Michael MacDougall

Government Appointee

John Scholtens

Government Appointee

2009/2010 Key Accomplishments/ Milestones

Mar / Apr / May

On April 1, 2009, the College of Pharmacists of BC joins the vast majority of health professions to be governed under the *Health Professions Act (HPA)*. As a result of the transition, the College is now governed under two separate acts – the *HPA* for ‘pharmacists’ and the *Pharmacy Operations and Drug Scheduling Act (PODSA)* for ‘pharmacies and drugs’.

One of the requirements under the *HPA* legislation is that all self-regulatory colleges be governed by a College Board (formerly the College was governed by a Council) and all Board members must take and sign an Oath of Office (see page 6).

At the March 27, 2009 Council/Board meeting, all Board members took their Oath of Office which formalized their transition to the *HPA*. Following the Oath of Office, the College of Pharmacists of BC held their inaugural Board meeting where, as their first official act, the Board rescinded the previous legislation bylaws and approved the *HPA* and *PODSA* bylaws.

As a result of the transition to the *HPA*, all registrants of the College of Pharmacists of BC are required to consent to a criminal record check every 5 years. The criminal record check is a requirement of the *Criminal Records Review Act* and is applicable to all current and new registrants of all professional regulatory bodies governed by the *HPA*.

Practitioners are introduced to enhanced obligations, under the *HPA*, to “Duty to Report” – which states that all healthcare professionals who are regulated under the *HPA* have a professional, ethical and legal duty to report any unsafe practice or professional misconduct of any regulated healthcare practitioner.

In accordance with the *HPA*, all registrants are now required to possess a minimum of \$2 million in professional liability insurance.

Jun / Jul / Aug

The Board accepts the recommendations put forward by the Pharmacy Technician Task Group, to support the national process in place to regulate pharmacy technicians on a voluntary basis. The Board also creates a new committee with Board representation, to oversee the ongoing development, implementation and evaluation of regulated technicians.

A consultant specializing in Board governance is engaged by the Board to help with the revision of the current College Board Governance Policy Manual.

The Board approves the funding needed to cover identified upgrades and repairs to the College’s administration office building in Vancouver to ensure its viability and value into the future.

College staff are directed by the Board to continue its work towards achieving the College objective to remove the sale of tobacco from pharmacies. Through the work of a coalition, including the College, BC Heart and Stroke Foundation, BC Lung Association and the BC Cancer Agency, an updated survey of pharmacies and their practices regarding the sale of tobacco is conducted. The survey results clearly confirm that where pharmacists have the authority to choose, they are not selling tobacco. This information forms the basis of a number of presentations to key government officials.

Premier Gordon Campbell officially announces the construction of a new state-of-the-art UBC Pharmaceutical Sciences Building. The province invests \$86.4 million towards the total project cost of \$133.3 million, with the building scheduled to open in 2012. The new building will allow the professional pharmacy degree program to expand 47% in enrolment.

Sep / Oct / Nov

The Ministry of Health Services, in response to demand to assist with the vaccination of seasonal flu and H1N1, announces an expanded scope of practice for pharmacists – the Authority to Administer Injections.

The College grants its first eligible pharmacists the authority to administer injections following their successful completion of the College approved required training.

The Board approves the initiative to make online registration renewals mandatory for all registrants as of April 2010. The online process is automated, updated in real time and available 24/7, resulting in reduced resource requirements and increased efficiency for the College and convenience for registrants.

A partnership with the Alberta College of Pharmacists (ACP) is established to leverage budgeted advertising dollars in a media campaign throughout BC, designed to increase public awareness and understanding of the role and value of pharmacists.

The Board approves the addition of a pharmacy technician observer, to the College Board with full participation, but no voting authority, beginning with the January 2010 Board meeting.

The College, with Board approval, purchases the nationally developed pharmacy technician Bridging Program, a requirement for all current technicians pursuing regulation. This will ensure that a consistent entry-to-practice standard is maintained across the country.

Dec / Jan / Feb

The Board approves *Professional Practice Policy 64* – the adoption of the NAPRA Guidelines to Pharmacy Compounding as the Standard of Practice for registrants in BC.

The Board directs a Task Group be formed to develop a feasibility study regarding the potential of establishing an Advanced Practice Pharmacist (APP) registrant.

BC pharmacists volunteer to manage the Vancouver and Whistler Village Pharmacies during the 2010 Olympic and Paralympic Winter Games, which were temporarily licensed by the College of Pharmacists of BC.

An extensive and collaborative internal and external evaluation of the College's Professional Development and Assessment Program (PDAP) is completed. The evaluation findings will be brought to the Quality Assurance Committee who will utilize them to develop recommendations for the future PDAP program which will be brought forward to the Board for approval.

Chair's Message



A New Beginning

In many ways this past fiscal year marked a new beginning for the College of Pharmacists of BC's governing body. Literally speaking the transition, on April 1, 2009, from the *Pharmacists, Pharmacy Operations and Drug Scheduling (PPODS) Act* to the *Health Professions Act (HPA)* and the *Pharmacy Operations and Drug Scheduling Act (PODSA)* required our renaming from a 'council' to a 'board'.

Although this name change was mainly semantics it did result in an affirmation of our role and responsibilities as the governing body of a regulated profession and a recommitment to our mandate of protecting the public interest through a mandatory declaration of an Oath of Office.

This new alignment of healthcare professions under the same legislative *Act* provides the public with greater transparency and brings consistency to many common requirements such as the complaints resolution process. Government's desire to ensure the public that regulated healthcare professions can self-govern fairly and equitably also resulted this year in the introduction of the Health Professions Review Board (HPRB). The HPRB is an independent body of non-practitioners whose mandate it is to hear complainants concerns regarding decisions made by College's Registration, Inquiry or Discipline committees.

In addition to navigating this significant transition, the Board focused its work throughout the year on the objectives outlined in the College's strategic plan. Particular attention was given to:

Strategic 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.

Continued support for pharmacist's adaptation of prescriptions, the successful introduction of pharmacist's new authority to administer injections and significant progress on the development, following the national process, of the regulation of pharmacy technicians on a voluntary basis highlight this work.

I would like to thank my fellow Board members for their renewed focus and commitment to the College's mandate and mission of protecting the public by ensuring College registrants provide safe and effective care to help people achieve better health.

A handwritten signature in black ink that reads "R. Konrad".

Randy Konrad *Chair*

Registrar's Message



A Transitional Year

This past fiscal year has truly been transitional. In practical terms the College aligned with all other healthcare professions in BC by transitioning (effective April 1, 2009) to the *Health Professions Act (HPA)*. As articulated by the then Minister of Health Services George Abbott, alignment under the *Health Professions Act* “will ensure more consistency and transparency in the health professions in order to best protect patients”.

Government has been clear that they are committed to providing the public with greater access to qualified healthcare. Now, with all regulated healthcare professions under a common *Act*, government is in a better position to empower the most appropriate and accessible healthcare professionals to serve the growing needs of the public.

The pharmacy profession, perhaps more than any other, benefited from government's new philosophy with not one but two expansions to our scope of practice. Now, pharmacists in BC who choose to can adapt prescriptions and administer injections. These are significant enhancements and a growing number of practitioners are embracing their evolving role. Pharmacist's response to the H1N1 immunization campaign in BC is a great testament to this with almost 25% of community pharmacists having received their authority to administer injections.

Throughout the year, the College has continued to support the profession's transition from a product-centric to a patient-centric practice with significant work on key initiatives such as the regulation of pharmacy technicians. Regulation will establish a minimum entry-to-practice standard for pharmacy technicians allowing the College to ensure safe and effective drug preparation as pharmacists evolve their role as medication experts in the delivery of clinical services.

As we look to the future, although this past year has indeed been transitional, we acknowledge that the transition is far from complete. As the profession continues to evolve, the College is committed to staying focused on its mandate of protecting the public by ensuring that as registrants take on greater roles they have the knowledge, skills and abilities necessary to safely and effectively serve the growing needs of their patients.

A handwritten signature in blue ink, appearing to read 'Marshall Moleschi'. The signature is stylized and cursive.

Marshall Moleschi Registrar

Governance

“Before taking office, all elected and appointed Board members must take and sign an Oath of Office”

Audit Committee

Randy Konrad *Chair*
John Hope *Vice-chair*
Michael MacDougall
Public Board member
Marshall Moleschi
Registrar, staff resource

Ethics Advisory Committee

Carol Gee *Chair*
Gregory Shepherd *Vice-chair*
Marshall Moleschi *Staff resource*
Frank Archer
Julia Chan
Berny Leung
Edward Lum

Resolutions Committee

Margaret Cleaveley *Chair*
Marshall Moleschi *Registrar*

The College of Pharmacists of BC's, who is responsible for the registration of pharmacists and the licensing of pharmacies throughout British Columbia, is governed under two separate acts—the *Health Professions Act (HPA)* for 'pharmacists' and the *Pharmacy Operations and Drug Scheduling Act (PODSA)* for 'pharmacies and drugs'.

The HPA clearly defines the College's role:

HPA 16 (1) It is the duty of a College at all times

- (a) *To serve and protect the public, and*
- (b) *To exercise its powers and discharge its responsibilities under all enactments in the public interest.*

The College has an 11-member governing Board comprised of seven elected pharmacists and four government appointees. Each elected Board member serves a two-year term, starting at the beginning of the November Board meeting. Government appointees' terms vary between one and three years, with a maximum term of six years.

Before taking office, all elected and appointed Board members must take and sign an 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.

The Board operates on a policy governance model which clearly distinguishes between policy and operations. This means that the Board defines the strategic goals and objectives (policy) for the College, while staff is responsible for developing ways to achieve results (operations).

Monitoring Pharmacy Practice

Community Practice Advisory Committee

Mohamed Merali *Chair*

Marylene Kyriazis *Vice-chair*

George Budd *Staff resource*

Amy Huang

Robin Manweiler

Gurpreet Sekhon

Kenneth Wong

“Routine pharmacy visits are conducted randomly throughout the province in community and hospital pharmacies”

The College’s Inspectors/Practice Consultants monitor and review pharmacy operations to ensure that each practice provides pharmacy services consistent with legislation and thereby aligned to fulfill the College’s mission of ensuring safe and effective pharmacy care.

Routine pharmacy site visits are conducted randomly throughout the province in community and hospital pharmacies with a frequency, as directed by the Board, of at least once in a three year cycle. New, renovated and relocated pharmacies are also visited as part of the licensure process.

For all types of site visits staff create reports detailing activities that are performed well and identifying areas in need of improvement.

In addition to these routine visits, the College’s Inspectors/Practice Consultants investigate specific pharmacies identified through the complaints resolution process. These investigations often involve strong liaison and communication with local governments, law enforcement authorities, and community groups. Findings from these investigations are brought forward to the College’s Inquiry Committee for consideration.

Hospital Pharmacy Committee

Linda Morris *Chair*

Keith McDonald *Vice-chair*

Alan Samuelson *Staff resource*

Gregory Atherton

Sherry Coutts

Gerald Driver

John Hope

Francis Hu

Anita Lo

Bruce Millin

Lynne Nakashima

Shelley Novak

Ian Sheppard

Jack Silva

Residential Care Advisory Committee

Carol Hansen *Chair*

Douglas Danforth *Vice-chair*

Sharon Kerr *Staff resource*

Eric Chan

Christa Choi

Nicole Collier

Ken Lee

Ada Leung

Ting Luu

Maria Ton

Pharmacy Visits

March 1, 2009 to February 28, 2010		March 1, 2009 to February 28, 2010	
Community pharmacy		Hospital pharmacy	
Routine – regular	192	Opening	0
Routine – facility services	13	Routine	23
Consultation – on site	28	Renovations / Relocations	0
Consultation – telephone	44	Consultation – on site	1
Facility site	6	Consultation – telephone	0
Follow-up	20		
Methadone services	76		
New pharmacy opening	38		
Relocation / Renovation	3		

Registration and Licensure

“Registrants required to consent to a criminal record check and to carry professional liability insurance”

Jurisprudence Examination Committee

Maria Ton *Chair*
Pamela Burns *Vice-chair*
Sharon Kerr *Staff resource*
Doreen Leong *Staff resource*
Constance Chung
Gianni DeINegro
Susy Fung
Sylvia Ghoshal
Hesham Metwaly
Colleen Wong

Quality Assurance Committee

Peter Cook *Chair*
Ashifa Keshavji *Staff resource*
Sandra Agar-Hutty
Penny Denton
Maria Finamore
Erica Gregory
Melanie Johnson
Lorna Kroll
Terry Pollard

Registration Committee

Raymond Jang *Chair*
Kathryn McInnes *Vice-chair*
Doreen Leong *Staff resource*
Mona Kwong
Marina Ma
Wayne Rubner
John Scholtens
Maria Ton

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

The College is responsible for maintaining an accurate register, which must be open to inspection by any person, that identifies those individuals qualified to practice as pharmacists 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 most significant changes to the registration process that came into affect as a result of the College’s transition to the *Health Professions Act (HPA)* are registrant’s requirements to consent to a criminal record check and to carry professional liability insurance.

Additionally, the provincial government’s adoption of the federal *Agreement on Internal Trade (AIT)*, which is designed to enhance labour mobility within Canada, has resulted in the streamlining of the registration process for qualified practitioners from other jurisdictions in the country.

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.

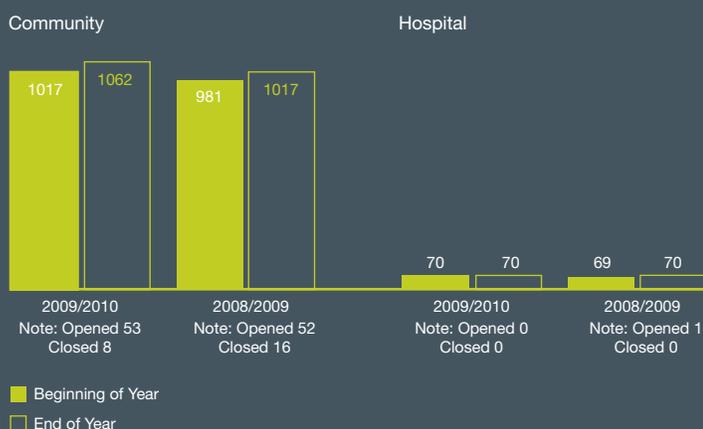
Consent to a criminal record check is not optional and should a registrant refuse to consent or fail a criminal record check, the College will not be able to renew the registrant’s registration.

Mandatory Liability Insurance

All practicing pharmacists 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 pharmacist’s name, the group policy covers the pharmacist as an individual.

2009/10 Regulation Statistics



Pre-Registration

	2009/10	2008/09
Add – Agreement on Internal Trade ²		
Beginning of Year	18	21
Add – New Candidates	95	83
Less – Registered as Pharmacist	(77)	(81)
Less – Application Expired	(12)	(5)
	24	18
Other Provinces & Territories		
Beginning of Year	10	17
Add – New Candidates	14	19
Less – Registered as Pharmacist	(10)	(23)
Less – Application Expired	–	(3)
	14	10
Outside Canada		
Beginning of Year	150	139
Add – New Candidates	147	91
Less – Registered as Pharmacist	(74)	(62)
Less – Application Expired	(18)	(18)
	205	150
End of Year	243	178

Registered Pharmacists

	2009/10	2008/09
Beginning of Year	4,379	4,219
Add – New Registrants		
UBC Students	139	134
Limited ¹	3	N/A
Agreement on Internal Trade ²	78	82
Other Provinces and Territories	10	23
Outside Canada	74	62
	304	301
Add – Reinstated ³		
Regular	76	41
Maternity / Parental Leave ⁴	N/A	42
	76	83
Less – Non-Practicing ⁵	(21)	N/A
	(21)	–
Less – Former ⁶		
Regular	(163)	(178)
Maternity / Parental Leave	N/A	(42)
Less – Application Expired	(4)	(4)
	(167)	(224)
End of Year [*]	4,571	4,379

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

UBC Students

	2009/10	2008/09
Year 1	153	118
Year 2	151	154
Year 3	151	160
Year 4	163	150
End of Year	618	582

Notes

1. New category under *Health Professions Act (HPA)*
2. Formerly called MUTUAL RECOGNITION AGREEMENT
3. Formerly called RETURN TO PRACTICE
4. No longer a category under *HPA*
5. New category under *HPA* (registrant not in direct patient care)
6. Formerly called TRANSFER TO NON-PRACTICING and included Maternity / Parental Leave
7. Formerly called QUALIFYING CANDIDATES

Professional Development

“To provide optimal patient care throughout their careers, pharmacists, like all healthcare professionals, must maintain their competency through ongoing professional development activities”

Knowledge Assessment Committee

Melanie Johnson *Chair*

Tila Pelletier *Vice-chair*

Ashifa Keshavji *Staff resource*

Igor Chalatnik

Sanja Ivankovic

Raymond Jay

Judy MacDonald

Wilfred Mak

Alnoor Suleman

Susan Troesch

Learning and Practice Portfolio Committee

Lorna Kroll *Chair*

Joanne Logie *Vice-chair*

Ashifa Keshavji *Staff resource*

Grace Barrington-Foote

Peter Cook

Stephen Liang

Marion Pearson

Professional Development and Assessment Program

Supporting a recommendation from the Quality Assurance Committee (QAC), the Board passed a motion to delay the launch of the September 2009 Professional Development and Assessment Program (PDAP) cycle until the extensive external and internal program review could be completed and recommendations for a renewed program developed for Board consideration and approval.

In accordance with the *Health Professions Act, sec. 54 (2)*, the renewed program will consist of both a continuing education component and an assessment component.

Continuing Education Programs

The College provides a substantial annual financial grant to the University of British Columbia's Faculty of Pharmaceutical Sciences to support pharmacists' ongoing learning opportunities. The Continuing Pharmacy Professional Development division conducts regular needs assessment surveys and designs a variety of programs to meet the needs of BC pharmacists. During the 2009-2010 fiscal year, over 4600 participants took part in 82 programs.

UBC's Continuing Pharmacy Professional Development Statistics

2009/10	Programs		Contact Hours		# Participants	
	No.	%	No.	%	No.	%
Live Programs:						
Lower Mainland	4	4.8%	600.25	87.3%	54	1.2%
Outside Lower Mainland						
UBC Programs	4	4.8%	6.0	0.9%	256	5.5%
Regional Coord. Programs	14	16.9%		0.0%	262	5.7%
Live Programs: Videoconferences:						
Lower Mainland sites	1	1.2%	1.8	0.3%	64	1.4%
Remote sites across BC					59	1.3%
Distance Learning Programs:						
Print-based Programs	14	16.9%	55.5	8.1%	171	3.7%
On-line Programs	46	55.4%	23.7	3.4%	3,755	81.3%
Total	82	100%	687.2	100%	4,621	100%

Complaints Resolution

“The College’s focus during the complaints resolution process is to protect the public and serve the public interest”

Discipline Committee

Erica Gregory *Chair*

Peter Cook *Vice-chair*

Suzanne Solven *Staff resource*

Grace Barrington-Foote

Wayne Chen

Jody Croft

Maria Finamore

Lorna Kroll

Christine Liotta

Michael MacDougall

Gillian Mayo

Kenneth McLay

Peter Rubin

Barbara Stipp

Inquiry Committee

Heather Baxter *Chair*

Janice Munroe *Vice-chair*

Zahida Esmail *Staff resource*

Polly Graves *Staff resource*

Diep Nguyen *Staff resource*

Amin Bardai

Margaret Cleaveley

Gordon Eddy

Beverly Harris

Marney McKay

Jing-Yi Ng

Betty Nielson

The majority of pharmacists are competent, skilled individuals who work hard to maintain their patients’ confidence in 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 focus during the complaints resolution process is to protect the public and serve the public interest. To this end, College staff must review any complaint, received by the College in writing, about pharmacists or pharmacies whether it comes from the public, co-workers, employers or other healthcare providers. The vast majority of complaints are resolved through the Inquiry Committee process with only a very few having to be referred to the Discipline Committee for resolution.

Inquiry Committee

In compliance with *HPA* requirements, 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 pharmacist, impose limits and/or conditions on their practice, suspend or cancel their registration or fine them. Results of Discipline Committee hearings are published on the College website.

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 can not 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.

Duty to Report

All health professionals who are regulated under the *Health Professions Act (HPA)* have a professional, ethical and legal duty to report any unsafe practice or professional misconduct of any regulated healthcare practitioner.

Under the law, pharmacists are required to report in writing to the appropriate regulatory body if they believe the public is at risk because a practitioner, including someone within their own profession, is not competent or is suffering from a physical or mental ailment, emotional disturbance or alcohol/drug addiction that impairs their ability to practice.

Additionally, pharmacists have a duty to report if they are aware that a registrant has been hospitalized for psychiatric care or addiction to alcohol or drugs or have good reason to believe that they have engaged in sexual misconduct. Where concerns about sexual misconduct are based on information from a patient, the consent of the patient or their parent/guardian must be obtained before making the report.

The *HPA* provides immunity to healthcare professionals who comply with the duty to report as long as the report is made in good faith and is based on reasonable and probable grounds.

Complaints Resolution Statistics

Complaints Received: March 1, 2009 To February 28, 2010

Primary concern of formal complaints:

Medication related	64
Privacy, confidentiality	6
Unprofessional conduct	35
Suspected unfitness	7
Suspected fraud	8
Other	14
Total complaints received	134

Disposition of Complaints

Withdrawn	7
Dismissed	28
Disposed & Closed	
No further action	15
Consent Agreement or Letter of Undertaking	28
Letter of Advice	27
Suspension of Registrant/Closure of Pharmacy	6
Referred to Discipline	1
Disposed & Monitoring	
Files requiring follow-up by the College	10
Open / Pending (investigation in progress)	12
Total	134

Discipline Committee Hearings

One discipline committee hearing was conducted in the 2009-2010 fiscal year.

2010 Financial Review

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Financial Report



Auditors' Report

To the board of directors
College of Pharmacists of British Columbia

We have audited the statement of financial position of the College of Pharmacists of British Columbia as at February 28, 2010 and the statements of revenue and expenditures, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the College's management. 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 plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College as at February 28, 2010 and the results of its operations and changes in net assets and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Grant Thornton LLP

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May 15, 2010

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Statement of Financial Position

February 28	2010	2009
Assets		
Current		
Cash and cash equivalents	\$ 4,768,880	\$ 4,004,994
Short-term investments (Note 2)	3,209,152	3,132,075
Receivables	205,215	140,769
Due from joint venture (Note 6)	2,095	320
Prepays and deposits	62,340	90,021
	8,247,682	7,368,179
Development cost (Note 2 and 10)	148,062	-
Property and equipment (Note 3)	1,889,097	1,546,594
	\$ 10,284,841	\$ 8,914,773
Liabilities		
Current		
Payables and accruals	\$ 700,468	\$ 281,881
Current portion of capital lease obligations (Note 4)	59,196	54,781
Deferred revenue (Note 5)	2,456,536	2,387,831
Deferred contributions (Note 7)	1,731,304	1,857,978
	4,947,504	4,582,471
Capital lease obligations (Note 4)	31,373	90,569
	4,978,877	4,673,040
Net Assets		
Invested in property and equipment	1,798,528	1,401,244
Restricted building fund	246,150	182,150
Unrestricted net assets	3,261,286	2,658,339
	5,305,964	4,241,733
	\$ 10,284,841	\$ 8,914,773

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	2010 Total	2009 Total
Balance, beginning of year	\$ 1,401,244	\$ 182,150	\$ 2,658,339	\$ 4,241,733	\$ 3,016,149
(Deficiency) excess of revenue over expenditures	(217,144)	64,000	1,217,375	1,064,231	1,225,584
Investment in property and equipment	614,428	-	(614,428)	-	-
Balance, end of year	\$ 1,798,528	\$ 246,150	\$ 3,261,286	\$ 5,305,964	\$ 4,241,733

See accompanying notes to the financial statements.

Statement of Revenue and Expenditures

Year Ended February 28	2010	2009
Revenue (Page 6)		
Pharmacy fees	\$ 1,323,850	\$ 1,240,808
Pharmacists fees	3,025,796	2,828,994
Other	1,576,192	1,259,088
Grants	291,674	684,497
Investment Income	198,435	256,638
Total revenue	6,415,947	6,270,025
Expenditures		
Board and administration	833,259	810,869
Communications	178,726	84,282
Complaints resolution	369,736	109,046
Finance and corporate services (Page 7)	595,808	621,282
Inspections	46,698	68,251
Licensure services	125,639	24,000
PharmaNet, eDrug and technology	169,468	200,514
Policy and registration	3,040	8,804
Quality assurance	132,665	124,170
Salaries and benefits	2,531,563	2,341,665
Special projects	147,970	449,317
Total expenditures	5,134,572	4,842,200
Excess of revenue over expenditures before the following	1,281,375	1,427,825
Amortization	217,144	202,241
Excess of revenue over expenditures	\$ 1,064,231	\$ 1,225,584

See accompanying notes to the financial statements.

Statement of Cash Flows

Year Ended February 28	2010	2009
Cash derived from (used in)		
Operating		
Excess of revenue over expenditures	\$ 1,064,231	\$ 1,225,584
Amortization	217,144	202,241
Change in non-cash operating working capital		
Receivables	(64,446)	(71,943)
Prepays and deposits	27,681	(34,444)
Payables and accruals	418,587	59,850
Deferred revenue	68,705	(55,050)
Deferred contributions	(126,674)	1,655,503
Due from joint venturer	(1,775)	(529)
	1,603,453	2,981,212
Financing		
Lease payments	(54,781)	(50,721)
Investing		
Additions to property and equipment	(559,647)	(148,041)
Development cost	(148,062)	-
Investments	(77,077)	(173,708)
	(784,786)	(321,749)
Net increase in cash	763,886	2,608,742
Cash and cash equivalents, beginning of year	4,004,994	1,396,252
Cash and cash equivalents, end of year	\$ 4,768,880	\$ 4,004,994
Cash and cash equivalents includes the following:		
Cash	\$ 2,746,483	\$ 1,886,994
Guaranteed investment certificates	2,022,397	2,118,000
	\$ 4,768,880	\$ 4,004,994

See accompanying notes to the financial statements.

Schedule of Revenue

Year Ended February 28	2010	2009
Licence revenue		
Pharmacies		
Annual licensure fee	\$ 1,246,300	\$ 1,220,808
Application / change fee	77,550	20,000
Total pharmacies	1,323,850	1,240,808
Pharmacists		
Annual licensure fee	2,675,581	2,604,343
Application / change fee	286,215	163,951
Building fund	64,000	60,700
Total pharmacists	3,025,796	2,828,994
Total license revenue	4,349,646	4,069,802
Non-license revenue		
Other revenue		
PharmaNet profiles	1,514,944	1,215,750
Miscellaneous (third party related)	14,750	-
Miscellaneous (registration related)	46,498	43,338
Total other revenue	1,576,192	1,259,088
Grant revenue		
PharmaNet	120,000	120,000
Other	171,674	564,497
Total grant revenue	291,674	684,497
Investment revenue		
Dividends / interest	151,281	206,091
Rent	47,154	50,547
Total investment revenue	198,435	256,638
Total non-license revenue	2,066,301	2,200,223
Total revenue	\$ 6,415,947	\$ 6,270,025

See accompanying notes to the financial statements.

Schedule of Finance and Corporate Services

Year Ended February 28	2010	2009
General administration		
Audit	\$ 26,934	\$ 24,467
Bank charges	81,125	60,791
Building administration	76,813	75,675
Equipment and software maintenance	86,063	90,761
In memoria contributions	100	250
Insurance	29,193	23,942
Lease and interest	9,827	13,888
Legal	15,925	76,609
Membership and subscription	5,978	2,661
Office supplies and printing	32,306	53,003
Postage and courier	4,486	21,306
Staff recruitment	12,247	5,296
Staff relations	6,896	12,535
Training and development	44,261	11,269
Telecommunications	35,693	27,625
Write-offs and miscellaneous, joint venture	952	267
	468,799	500,345
Repairs and maintenance	8,546	7,133
Outside services		
IT Network and user support	62,115	80,593
IT Database and online support	6,531	-
Reports and forms	11,050	-
Management	32,250	33,211
Administrative support	6,517	-
	118,463	113,804
Total finance and corporate services	\$ 595,808	\$ 621,282

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-for-profit organization.

2. Summary of significant accounting policies

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.

Restricted fund

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

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 3.1% to 6.38%. These are recorded on a trade date basis and are stated at fair value.

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 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

2. Summary of significant accounting policies (continued)

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

As a result of major renovations undertaken in fiscal year 2010, the estimated useful life of the building and its method of amortization were changed from 5% declining balance method to straight-line method over 25 years. This change in accounting estimate has resulted in amortization expenses for the year being \$23,589 lower than it would have been under the prior method. The effect on future period of this change in estimate is not practical to estimate.

Development cost

Program and implementation costs for Pharmacy Technician 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.

Use of estimates

In conformity with Canadian generally accepted accounting principles, 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.

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.

The estimated fair value of cash, investments, receivables, and payables and accruals approximates carrying value due to the relatively short-term nature of the instruments and/or due to the short-term floating interest rates on borrowings.

Notes to Financial Statements continued

2. Summary of significant accounting policies (continued)

Comparative figures

Certain comparative figures have been reclassified to conform with the financial statement presentation adopted for the current year.

Change in accounting policies

Effective March 1, 2009 the College adopted the following new accounting standards:

a. *Financial statement presentation*

The Canadian Institute of Chartered Accountants (“CICA”) revised Handbook Section 4400 *Financial Statement Presentation by Not-for-Profit Organizations* requires:

- reporting certain revenues gross in the statement of revenues and expenditures;
- making Section 1540 *Cash Flow Statements* applicable to not-for-profit organizations;
- amortizing capital assets reported as assets in the balance sheet, regardless of the size of the organization;
- the elimination of the requirement to treat net assets invested in capital assets as a separate component of net assets.

b. *Related party transactions*

Section 4460 *Disclosure of Related Party Transactions by Not-for-Profit Organizations* has been amended to align the definition of related parties to Section 3840 *Related Party Transactions*. Related parties exist when one party has the ability to exercise, directly or indirectly, control, joint control or significant influence over the other. Two or more parties are related when they are subject to common control, joint control or significant influence. Two not-for-profit organizations are related parties if one has an economic interest in the other. Related parties also include management and immediate family members.

c. *Expenses allocation*

Section 4470 *Disclosure of Allocated Expenses by Not-for-Profit Organizations* establishes disclosure standards for a not-for-profit organization that classified its expenses by function and allocates its expenses to a number of functions to which the expenses relate.

The adoption of these new standards did not have a material impact on the College’s financial statements.

3. Property and equipment

	Cost	Accumulated Amortization	2010 Net Book Value	2009 Net Book Value
Land	\$ 524,379	\$ -	\$ 524,379	\$ 524,379
Buildings	1,658,261	740,630	917,631	469,395
Building improvements	642,993	470,395	172,598	179,852
Furniture and fixtures	185,638	116,051	69,587	85,377
Office equipment	321,356	232,683	88,673	147,517
Computer	277,978	176,825	101,153	138,023
Software	84,418	69,342	15,076	2,051
	\$ 3,695,023	\$ 1,805,926	\$ 1,889,097	\$ 1,546,594

4. Capital lease obligations

The College is committed to pay annual leases for office equipment under lease agreements. The leases will expire in 2012. Minimum annual lease commitments are as follows:

2011	\$ 59,196
2012	31,373
	90,569
Less: current portion	59,196
	\$ 31,373

5. Deferred revenue

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

Notes to Financial Statements continued

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	2010 Total
Property and equipment and other assets	\$ 8,673,144	\$ 1,609,602	\$ -	\$ 10,282,746
Due from (to) joint venture	44,550	(46,936)	4,481	2,095
Investment in joint venture	1,153,575	-	(1,153,575)	-
Total assets	9,871,269	1,562,666	(1,149,094)	10,284,841
Total liabilities	(4,713,878)	(264,999)	-	(4,978,877)
Equity	\$ 5,157,391	\$ 1,297,667	\$ (1,149,094)	\$ 5,305,964
Total revenues	\$ 6,368,793	\$ 309,876	\$ (262,722)	\$ 6,415,947
Total expenses	5,453,137	161,301	(262,722)	5,351,716
Excess of revenue over expenditures	\$ 915,656	\$ 148,575	\$ -	\$ 1,064,231

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.

	2010	2009
Balance, beginning of year	\$ 1,857,978	\$ 202,475
Amounts received	165,000	2,340,000
Less: amounts amortized to revenue	(291,674)	(684,497)
Balance, end of year	\$ 1,731,304	\$ 1,857,978

8. Capital management

The capital structure of the College consists of net assets invested in property and equipment, restricted funds 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 funds 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, 2010 the College has complied with all externally imposed capital restrictions.

9. Financial 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 \$205,215 as of February 28, 2010 (2009: \$140,769). 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 \$791,037 as at February 28, 2010. Except for the obligation under capital lease balance of \$31,373, which will be paid in 2012, the College's liabilities are due to be paid in full before February 28, 2011.

Notes to Financial Statements continued

10. Commitments

Development cost

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

2011	\$	74,031
2012		74,031
	\$	148,062



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