



**Board Meeting  
September 13, 2019  
Held at the College of Pharmacists of British Columbia  
200-1765 West 8<sup>th</sup> Avenue, Vancouver, BC**

**MINUTES**

**Members Present:**

Arden Barry, Chair, District 7  
Christine Antler, Vice Chair, District 2  
Mona Kwong, District 1  
Tara Oxford, District 3  
Steven Hopp, District 4  
Frank Lucarelli, District 5  
Anca Cvaci, District 6  
Bal Dhillon, District 8  
Tracey Hagkull, Government Appointee  
Anne Peterson, Government Appointee  
Katie Skelton, Government Appointee  
Justin Thind, Government Appointee

**Staff:**

Bob Nakagawa, Registrar  
David Pavan, Deputy Registrar  
Mary O'Callaghan, Chief Operating Officer  
Ashifa Keshavji, Director of Practice Reviews and Quality Assurance  
Doreen Leong, Director of Registration and Licensure  
Christine Paramonczyk, Director of Policy and Legislation  
Gillian Vrooman, Director of Communications and Engagement  
Jon Chen, Communications Project Officer  
Stephanie Kwok, Executive Assistant

**Guest Regrets:**

Michael Coughtrie, Dean, UBC Faculty of Pharmaceutical Sciences  
Elisa Colasurdo, UBC Pharmacy Undergraduate Society President

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**1. WELCOME & CALL TO ORDER**

Chair Barry called the meeting to order at 8:33am on September 13, 2019.

## 2. CONSENT AGENDA

### a) Items for further discussion

No items were brought forward from the Consent Agenda and placed onto the regular agenda for further discussion.

### b) Approval of Consent Items (Appendix 1)

It was moved and seconded that the Board:  
*Approve the Consent Agenda as circulated.*

**CARRIED**

## 3. CONFIRMATION OF AGENDA (Appendix 2)

It was moved and seconded that the Board:  
*Approve the September 13, 2019 Draft Board Meeting Agenda as circulated.*

**CARRIED**

## 4. COMMITTEE UPDATES

### a) Audit and Finance Committee

Tracey Hagkull, Vice-Chair of the Audit and Finance Committee, provided an update under item 11a of the regular agenda.

### b) Legislation Review Committee

Mona Kwong, Chair of the Legislation Review Committee, provided an update under item 8a of the regular agenda.

### c) Governance Committee

Mona Kwong, Chair of the Governance Committee, provided an update under item 14a of the regular agenda.

### d) Application Committee

Christine Antler, Chair of the Application Committee, provided an update under item 9b of the regular agenda.

### e) Drug Administration Committee

Chair Barry, on behalf of the Drug Administration Committee, provided an update under item 6a of the regular agenda.

### f) Ethics Advisory Committee

Bal Dhillon, Chair of the Ethics Advisory Committee, reported that the committee has not met since the last Board meeting.



**g) Pharmacy Advisory Committee**

Tara Oxford, Chair of the Pharmacy Advisory Committee, reported that the committee met on June 20, 2019 via teleconference. The teleconference consisted of introductions and review of the committee's Terms of Reference and College resources. The committee was invited to two stakeholder engagements: one was for cold chain management and the other was to review the policy on delivery of methadone.

**h) Practice Review Committee**

Tracey Hagkull, Chair of the Practice Review Committee, reported that the committee has not met since the last Board meeting.

**i) Quality Assurance Committee**

Frank Lucarelli, Chair of the Quality Assurance Committee, reported that the committee has not met since the last Board meeting. The next meeting is scheduled for October 3, 2019.

**j) Discipline Committee**

Chair Barry, on behalf of the Discipline Committee, reported that 1 file in progress, 6 files are pending, and there were no hearings or files heard in court for the period of May to July 2019.

**k) Inquiry Committee**

Chair Barry, on behalf of the Inquiry Committee, reported that the committee met twice in person and 14 times via teleconference for the period of May to July 2019. Sixty-five files were reviewed and disposed of, of which 35 were new files, 12 were reconsideration files, and 18 were PODSA s. 18 report files. The number of calls and tips received during this reporting period were 198. Thirty-six formal complaints were received. This number is slightly higher than last year, but all of the numbers reported during this period are fairly comparable to previous years.

**l) Registration Committee**

Chair Barry, on behalf of the Registration Committee, reported that the committee met on August 19, 2019 to review two pharmacist applications whereby an item on the Statutory Declaration could not be checked off.

**m) Registrar Evaluation & Succession Planning Committee**

Chair Barry, Chair of the Registrar Evaluation & Succession Planning Committee, reported that the committee met twice via teleconference. At the July 15, 2019 meeting, the committee reviewed its Terms of Reference and finalized the performance management plan and Registrar evaluation process and calendar. At the August 20, 2019, the committee had a discussion about succession planning and general attributes of Registrar succession candidates. Chair Barry reported that the Registrar evaluation process was executed by the College's external consultant, Mercer.

## **5. MEDICATION INCIDENT REPORTING PROGRAM (Appendix 3)**

Ashifa Keshavji, Director of Practice Reviews and Quality Assurance, provided to the Board for consideration two approaches to mandatory anonymous medication incident reporting for future implementation in community pharmacy settings in BC.

It was moved and seconded that the Board approve the amended motion:

*Direct the Registrar to require mandatory anonymous medication incident reporting in all pharmacies using any medication incident reporting platform of the pharmacy's choosing that meets the College's criteria.*

**CARRIED**

## **6. DRUG ADMINISTRATION COMMITTEE (Appendix 4)**

### **a) Committee Update**

Chair Barry, on behalf of the Drug Administration Committee, reported that the committee did not meet since the last Board meeting.

### **b) Status Update – Drug Administration Authority**

Chair Barry provided the Board an update on the removal of current restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for cosmetic purposes and retaining current age limit restrictions. In collaboration with the Professional Regulation and Oversight Branch of the Ministry of Health, the Safe Drug Administration by Pharmacists Working Group was established and is expected to meet in October 2019.

## **7. PHARMACEUTICAL SERVICES DIVISION: DEFINING AND DELIVERING ON ITS MANDATE (Appendix 5)**

Mitch Moneo, Assistant Deputy Minister, Pharmaceutical Services Division, Ministry of Health presented on the key highlights and achievements of the Pharmaceutical Services Division and the possible mandate changes coming soon.

## **8. LEGISLATION REVIEW COMMITTEE (Appendix 6)**

Mona Kwong, Chair of the Legislation Review Committee, presented on items 8a to 8f.

### **a) Committee Update**

Mona Kwong, Chair of the Legislation Review Committee, provided a committee update through her presentation.

### **b) HPA Bylaws: Updating Committee Member Terms of Office**

It was moved and seconded that the Board:

*Approve the following resolution to amend the bylaws made under the Health Professions Act regarding committee terms of office:*

*“RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act (“HPA”), and subject to the requirements in section 19(3) of HPA, the Board*

*of the College of Pharmacists of BC approves the proposed bylaws made under HPA relating to committee terms of office for filing with the Minister of Health, as set out in the schedule attached to this resolution.”*

**CARRIED**

**c) Authorizing the Registrar to Act under s. 32(3) of the HPA**

It was moved and seconded that the Board:

*Approve the following resolution to amend the bylaws made under the Health Professions Act (“HPA”), which authorize the Registrar to act under s.32(3) of the HPA:*

*“RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act (“HPA”), and subject to the requirements in section 19(3) of HPA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under HPA authorizing the Registrar to act under s.32(3) of the HPA for filing with the Minister of Health, as set out in the schedule attached to this resolution.”*

**CARRIED**

**d) PODSA Fee Amendments**

It was moved and seconded that the Board:

*Approve the following resolution to amend the bylaws made under the Pharmacy Operations and Drug Scheduling Act regarding fee amendments:*

*“RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act (“PODSA”), and subject to the requirements in section 21(4) of PODSA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under PODSA relating to fee amendments for filing with the Minister of Health, as set out in the schedule attached to this resolution.”*

**CARRIED**

**e) DSR Amendment – Reclassification Codeine Cough Preparations as Schedule 1A Drugs**

It was moved and seconded that the Board approve the amended motion:

*Approve the following resolution to amend drug scheduling in the Drug Schedules Regulation, to be effective as of January 2, 2020:*

*RESOLVED THAT, in accordance with the authority established in section 22(1) of the Pharmacy Operations and Drug Scheduling Act, and subject to filing with the Minister as required by section 22(2) of the Pharmacy Operations and Drug Scheduling Act, the board amend the Drug Schedules Regulation, B.C. Reg. 9/98 to move certain codeine preparations from Schedule I to Schedule 1A, as outlined in the schedule attached to this resolution.*

**CARRIED**

**\*Appendix 1 omitted to retain confidentiality\***

**f) PPP-3 Pharmacy References**

It was moved and seconded that the Board:

*Approve amendments to Professional Practice Policy - 3 Pharmacy References with respect to community pharmacies and telepharmacies to:*

- *Remove the requirement to have a copy of the BC Pharmacy Practice Manual; and,*
- *Add a requirement to have access to: the current version of all legislation relevant to pharmacy practice and management; the current versions of the College of Pharmacists of British Columbia's ("the College's") Professional Practice Policies and Guides; and, the College's ReadLinks published within the last three years.*

**CARRIED**

**9. APPLICATION COMMITTEE (Appendix 7)**

**a) PODSA Ownership Update**

Christine Antler, Chair of the Application Committee, provided the Board with an update on the progress of the new ownership requirements under the Pharmacy Operations and Drug Scheduling Act, introduced on April 1, 2018.

**b) Committee Update**

Christine Antler, Chair of the Application Committee, provided a committee update through her presentation.

**10. MEDICAL DELEGATION REQUEST: PRO-HEALTH PHARMACY (Appendix 8)**

Registrar Nakagawa presented on a medical delegation request from a Chilliwack physician to pharmacists at the Pro-Health Pharmacy to allow the administration of antipsychotic depot injections and both intramuscular and subcutaneous injections.

It was moved and seconded that the Board:

*Approve the delegation request to authorize pharmacists from Pro-Health to administer antipsychotic depot injections as well as intramuscular and subcutaneous injections, as delegated by Dr. Jacobus J.J. du Toit.*

**CARRIED**

**11. AUDIT AND FINANCE COMMITTEE (Appendix 9)**

Tracey Hagkull, Vice-Chair of the Audit and Finance Committee, presented on items 11a to 11c.

**a) Committee Update**

Tracey Hagkull, Vice-Chair of the Audit and Finance Committee, reported that the committee met via teleconference on August 19, 2019. Revenues were reported as slightly under budget by about 1%, which was expected by the committee because of the timing in the budget cycles. Expenditures were reported as slightly under budget as well due to staffing positions being filled.

**b) Strategic Plan 2020/2021 to 2024/2025 Budget Implications**

Tracey Hagkull, Vice-Chair of the Audit and Finance Committee, reported to the Board the budgetary impact of the multi-year Strategic Plan and presented to the Board for consideration two budget scenarios.

It was moved and seconded that the Board:

*Direct the Registrar to consider the multi-year plan scenario #2, Appendix #4 when drafting the 2020/21 College Budget.*

**CARRIED**

**c) Approval of Joint Venture Building Curtain Wall Repair**

It was moved and seconded that the Board:

*Approve in principle the transfer of the College of Pharmacists of BC's portion of the extraordinary costs, approximately \$600,000, to the Joint Venture for the repairs to the College building's curtain wall and replacement of windows.*

**CARRIED**

**12. APPROVAL OF STRATEGIC PLAN 2020/2021 TO 2024/2025 GOALS & OBJECTIVES (Appendix 10)**

Christine Antler, Board Vice-Chair, presented on the draft Strategic Plan 2020/2021 to 2024/2025 goals and objectives that were adjusted to increase focus on public and patient-centred care, and to ensure alignment with the College's mandate.

It was moved and seconded that the Board:

*Approve the Strategic Plan 2020/2021 to 2024/2025 Goals and Objectives.*

**CARRIED**

**13. REGISTRAR EVALUATION & SUCCESSION PLANNING COMMITTEE (Appendix 11)**

Chair Barry, Chair of the Registrar Evaluation & Succession Planning Committee, presented on items 13a to 13c.

**a) Committee Update**

Chair Barry provided an update under item 4m of the regular agenda.

**b) Approval of the Updated Registrar's Job Description**

It was moved and seconded that the Board:

*Approve the updated Registrar's job description as circulated.*

**CARRIED**

**c) Approval of the Registrar's Evaluation Calendar**

It was moved and seconded that the Board:

*Approve the Registrar Evaluation Calendar as circulated.*

**CARRIED**

#### **14. GOVERNANCE COMMITTEE (Appendix 11)**

Mona Kwong, Chair of the Governance Committee, presented on items 14a to 14c.

##### **a) Committee Update**

Mona Kwong, Chair of the Governance Committee, announced the launching of the Board meeting evaluation survey, which will be sent to the Board after today's meeting for completion.

##### **b) Establishment of Past Chairs Advisory Committee**

It was moved and seconded that the Board:

*Approve the establishment of the Past Chairs Advisory Committee with the terms of reference as circulated.*

**CARRIED**

##### **c) Approval of Revised Board Reference and Policies.**

It was moved and seconded that the Board:

*Approve a revision to the College of Pharmacists of BC Board Reference and Policies document to include the option of approving honoraria for Board or committee members who are requested to attend conferences, training sessions, etc. on a case by case basis.*

**CARRIED**

#### **15. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA**

No items were brought forward from the Consent Agenda for further discussion.

#### **ADJOURNMENT**

Chair Barry adjourned the meeting at 2:10pm on September 13, 2019.



College of Pharmacists  
of British Columbia

## BOARD MEETING September 13, 2019

### 2. Consent Agenda b) Approval of Consent Items

### DECISION REQUIRED

#### Recommended Board Motion:

*Approve the Consent Agenda as circulated, or amended.*

- i. Chair's Report
- ii. Registrar's Update
  - a. Compliance Certificate
  - b. Risk Register August 2019
  - c. Current Strategic Plan Update
  - d. Action Items & Business Arising
- iii. Approval of June 14, 2019 Draft Board Meeting Minutes **[DECISION]**
- iv. Committee Updates
- v. Audit and Finance Committee: Finance Report: June Financials
- vi. Approval of June 13, 2019 Draft Committee of the Whole Meeting Minutes **[DECISION]**
- vii. Approval of June 27, 2019 Draft Board Resolution Minutes **[DECISION]**
- viii. Approval of Revised Registrar Evaluation and Succession Planning Committee Terms of Reference **[DECISION]**
- ix. Governance Committee:
  - a. Appointment of Chair to the Registration Committee **[DECISION]**
  - b. Approval of Revised Practice Review Committee Terms of Reference **[DECISION]**
- x. Legislation Review Committee:
  - a. PPP-Amendment: PPP-76 Criminal Record History Vendor **[DECISION]**



College of Pharmacists  
of British Columbia

## **BOARD MEETING September 13, 2019**

### **2b.i. Chair's Report**

#### **INFORMATION ONLY**

##### **Chair's Report of Activities – September 2019 Board Meeting**

It is my pleasure to provide this report for the September 2019 Board meeting. Since the previous Board Meeting report (June 2019), I have been involved in the following activities as Board Chair:

##### **General:**

- Liaised with Registrar to plan the September and November 2019 Committee of the Whole and Board meetings, as well as the Annual General Meeting
- Liaised with Board members regarding topics/guest speakers for future Board meetings
- Liaised with Board members who were unable to attend the June Board meeting
- Reviewed draft June Board meeting minutes
- Communications and meetings regarding the Registrar evaluation process
- Coordination and completion of year-end Registrar evaluation
- Video shoot with Communications Team for upcoming Board election
- Completed reappointment submission for Crown Agencies and Board Resourcing Office (CABRO)
- Attended weekly meetings with Registrar/Deputy Registrar/Vice-Chair on general Board-related items
- Answered general questions/queries registrants, fellow Board members, and members of the public

##### **Events:**

- Attended the Council on Licensure, Enforcement & Regulation (CLEAR) Vancouver Regional Symposium on Cultural Awareness on June 25, 2019 and Sixth International Congress on Professional and Occupational Regulation on June 27-28, 2019

##### **Committees:**

- Audit and Finance Committee
- Governance Committee
- Registrar Evaluation and Succession Planning Committee





College of Pharmacists  
of British Columbia

# Compliance Certificate

We have reviewed the College's official records and financial reports and we certify that the College has met its legal obligations with respect to the following:

**Annual Report** - Filed June 28, 2019

**Non-profit Tax Return** – Filed August 30, 2018

**Non-profit Information Return** – Filed August 30, 2018

**Employee statutory payroll deductions** – remitted to Canada Revenue Agency – all remittances are current.

**Employee pension plan remittances** – all remittances are current.

**WorkSafeBC BC assessments** – all remittances are current.

**Employer Health Tax assessments** – all remittances are current.

**Sales Taxes** – all remittances are current.

**Investments** – invested as per policy.

**Bank signing authority documents** – current as per policy.

**Insurance** – all insurance policies are up to date.

**Business Licence** – current.

Signed by:

A handwritten signature in black ink, reading "Bob Nakagawa".

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Registrar

A handwritten signature in black ink, reading "M. O'Callaghan".

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Chief Operating Officer



39

ACTION ITEMS

86%

ACTION ITEM  
COMPLETION

## COLLEGE OF BC PHARMACISTS PLAN LEGISLATIVE STANDARDS & MODERNIZATION

| Action Item   | Owner                                   | Current Completion | 2017        | 2018        | 2019        | 202.. |
|---|---|--------------------|-------------|-------------|-------------|-------|
| <b>Implement PODSA ownership changes (Phase 1)</b>            | Director of Registration & Licensure    | 100%               | <div></div> |             |             |       |
| → Streamline business processes                               | Director of Registration & Licensure    | 100%               | <div></div> |             |             |       |
| → Implement revised bylaw                                     | Director of Policy & Legislation        | 100%               | <div></div> |             |             |       |
| → Complete communications and engagement activities           | Director of Communications & Engagement | 100%               | <div></div> |             |             |       |
| <b>Implement PODSA Modernization (Phase 2)</b>                | Director of Registration & Licensure    | 90%<br>21% ahead   |             | <div></div> |             |       |
| → Streamline business processes                               | Chief Operating Officer                 | 15%<br>2% behind   |             |             | <div></div> |       |
| → Update and re-scope entire PODSA Phase 2 project            | Director of Registration & Licensure    | 100%               |             | <div></div> |             |       |
| → Implement revised bylaw (PODSA Phase2)                      | Director of Policy & Legislation        | 70%<br>2% behind   |             | <div></div> |             |       |
| → Complete communications and engagement activities (PODSA 2) | Director of Communications & Engagement | 83%<br>25% ahead   |             | <div></div> |             |       |

## PROFESSIONAL EXCELLENCE

| Action Item  | Owner  | Current Completion | 20.         | 2017        | 2018        |
|--|--|--------------------|-------------|-------------|-------------|
| <b>Implement Hospital PRP</b>  | Director of Practice Reviews & Quality Assurance | 100%               | <div></div> |             |             |
| → Develop Hospital PRP program   | Director of Practice Reviews & Quality Assurance | 100%               | <div></div> |             |             |
| → Launch Hospital PRP program  | Director of Practice Reviews & Quality Assurance | 100%               | <div></div> |             |             |
| <b>Complete Implementation of Methadone Action Plan</b>  | Deputy Registrar                                 | 100%               | <div></div> | <div></div> |             |
| → Provide recommendations to the board based on findings of MMT inspections and undercover operations. | Deputy Registrar                                 | 100%               |             | <div></div> |             |
| → Complete legal elements  | Director of Policy & Legislation                 | 100%               |             |             | <div></div> |
| → Manage inspections   | Deputy Registrar                                 | 100%               |             |             | <div></div> |

## DRUG THERAPY ACCESS & MONITORING

| Action Item   | Owner                                   | Current Completion | 2017        | 2018        | 2019        | 20.. |
|---|---|--------------------|-------------|-------------|-------------|------|
| <b>Recommend to the Minister of Health that pharmacists be granted the authority to prescribe</b>                               | Director of Registration & Licensure    | 100%<br>-          | <div></div> | <div></div> |             |      |
| → <b>Develop framework/proposal for pharmacist prescribing for submission to the Minister of Health</b>                         | Director of Registration & Licensure    | 100%<br>-          | <div></div> | <div></div> |             |      |
| → <b>Complete communication and engagement activities</b>   | Director of Communications & Engagement | 100%<br>-          |             | <div></div> |             |      |
| → <b>Submit Proposal for Pharmacist Prescribing to Minister of Health</b>   | Director of Registration & Licensure    | 100%<br>-          |             | <div></div> |             |      |
| <b>Seek greater access to patient lab values to enhance pharmacists' ability to provide quality, timely service to patients</b> | Director of Registration & Licensure    | 20%<br>30% behind  |             |             | <div></div> |      |
| → <b>Complete communications and engagement activities</b>  | Director of Communications & Engagement | 0%<br>38% behind   |             |             | <div></div> |      |
| → <b>Develop and submit framework/proposal document outlining a strategy for how to create access to Patient Lab Values</b>     | Director of Registration & Licensure    | 30%<br>13% ahead   |             |             | <div></div> |      |

## ORGANIZATIONAL EXCELLENCE

| Action Item   | Owner                   | Current Completion | 2017        | 2018        | 2019        | 2020 | 2... |
|---|-------------------------|--------------------|-------------|-------------|-------------|------|------|
| <b>Update IT infrastructure</b>   | Chief Operating Officer | 73%<br>7% behind   | <div></div> | <div></div> | <div></div> |      |      |
| → <b>Implement IT updates required by PODSA Modernization (Phase 1)</b>   | Chief Operating Officer | 100%<br>-          | <div></div> | <div></div> |             |      |      |
| → <b>Implement IT Department organization, processes and procedures</b>   | Chief Operating Officer | 80%<br>7% ahead    | <div></div> | <div></div> | <div></div> |      |      |
| → <b>Implement Enterprise Content Management system</b>   | Chief Operating Officer | 65%<br>14% behind  | <div></div> | <div></div> | <div></div> |      |      |
| → <b>Enhance public safety through ensuring Practice Review Program systems needs are addressed</b>   | Chief Operating Officer | 45%<br>1% behind   | <div></div> | <div></div> | <div></div> |      |      |
| <b>Enhance organizational best practices to obtain silver certification from Excellence Canada</b>  | Chief Operating Officer | 98%<br>11% ahead   | <div></div> | <div></div> | <div></div> |      |      |
| → <b>Develop human resources / wellness policies and procedures (plans or guidelines) required to attain Silver certification</b>                     | Chief Operating Officer | 100%<br>-          | <div></div> | <div></div> |             |      |      |
| → <b>Develop Governance and Leadership policies and success indicators required to attain Silver certification</b>                                    | Chief Operating Officer | 100%<br>-          | <div></div> | <div></div> |             |      |      |
| → <b>Develop organizational policies and procedures (plans or guidelines) required to attain Silver certification</b>                                 | Chief Operating Officer | 100%<br>-          | <div></div> | <div></div> | <div></div> |      |      |
| → <b>Define customer segments and develop a customer experience plan, including key partners</b>  | Chief Operating Officer | 100%<br>-          | <div></div> | <div></div> |             |      |      |
| → <b>Develop a methodology for regularly identifying and capturing key processes, including Project Management, Change Management and Procurement</b> | Chief Operating Officer | 100%<br>-          | <div></div> | <div></div> |             |      |      |
| → <b>Register with Excellence Canada for official verification</b>  | Chief Operating Officer | 100%<br>-          | <div></div> |             | <div></div> |      |      |
| → <b>Review gap analysis and assign secondary action plan projects to teams</b>   | Chief Operating Officer | 100%<br>-          | <div></div> | <div></div> |             |      |      |
| → <b>Complete secondary projects</b>  | Chief Operating Officer | 100%<br>-          | <div></div> | <div></div> |             |      |      |
| → <b>Facilitate Excellence Canada verification team visits and focus groups</b>   | Chief Operating Officer | 100%<br>-          | <div></div> |             | <div></div> |      |      |



## BOARD MEETING September 13, 2019

**2b.ii. Registrar's Update**  
**d) Action Items & Business Arising**

### INFORMATION ONLY

| MOTIONS/ACTION ITEMS |   | RELEVANT<br>BOARD<br>MEETING | STATUS         |
|----------------------|---|------------------------------|----------------|
| 1.                   | <p>Motion: Direct the Registrar to draft bylaws to adopt the Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations and the Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations, to be effective for May 2021, which will officially establish minimum requirements to be applied in compounding sterile preparations.</p> <p><b>Status: Recommended implementation plan has been communicated to registrants. College staff will bring forward a proposed motion for the Board's consideration, to officially adopt the Standards, closer to the May 2021 effective date.</b></p> <p><b>No further update at this point. The current status is still in effect.</b></p>   | 04-2017                      | IN<br>PROGRESS |
| 2.                   | <p>Motion: Direct the Registrar to develop bylaws and/or practice standards for Medication Reviews and require mandatory training for pharmacists who wish to conduct them. To be prioritized by the Legislation Review Committee for implementation.</p> <p><b>Status: Findings from this project were scheduled to be brought forward to the June 2019 Board meeting. However, the PODSA Bylaws Modernization Phase Two initiative, a large-scale and high priority project, will be brought forward to the Board at the same time. Given the high priority of the PODSA Bylaws Modernization Phase Two initiative, findings for the Medication Review project will be postponed to the November 2019 Board meeting. This rescheduling was discussed at the May 2019 LRC meeting.</b></p> <p><b>No further update at this point. The current status is still in effect.</b></p> | 06-2017                      | IN<br>PROGRESS |

| MOTIONS/ACTION ITEMS |   | RELEVANT<br>BOARD<br>MEETING | STATUS  |
|----------------------|---|------------------------------|---|
| 3.                   | <p>Motion #1: Direct the Registrar to explore the development of new requirements for the security of information in local pharmacy computer systems;</p> <p><b>Status: The Policy &amp; Legislation Department has addressed some of the issues in the new electronic record keeping PPP. Work is being done by the Ministry of Health addressing this issue with PRIME and updated SCS document</b></p> <p><b>No further update at this point. The current status is still in effect.</b></p> <p>Motion #2: If new requirements are deemed necessary, direct the Registrar to propose that the Ministry of Health consider amending their PharmaNet Professional and Software Compliance Standards document to enhance the software security requirements of the local pharmacy computer systems."</p> <p><b>Status: Deputy Registrar, David Pavan has had discussions with the Ministry on updating the SCS document. He has been advised that the ministry is working on the conformance standards for pharmacy software.</b></p> <p><b>In addition, the Ministry is working on implementing the PRIME project to accurately track all registrants and non-registrants who access PHI on PharmaNet.</b></p> <p><b>No further update at this point. The current status is still in effect.</b></p> | 02-2018                      | IN<br>PROGRESS  |
| 4.                   | <p>Motion: Direct the Registrar to pursue drug scheduling by reference to federal legislation and the National Drug Schedules established by the National Association of Pharmacy Regulatory Authorities (NAPRA), with respect to the Drug Schedules Regulation.</p> <p><b>Status: Research and analysis has begun.</b></p> <p><b>No further update at this point. The current status is still in effect.</b></p>   | 11-2018                      | IN<br>PROGRESS  |
| 5.                   | <p>Motion: Direct the Registrar to explore implementation of mandatory medication error reporting to a College-specified independent third party.</p> <p><b>Status: Research into medication error reporting software solutions is well underway. We are also engaged in collaborative</b></p>  | 11-2018                      | <b>TO BE<br/>PRESENTED<br/>AT THE<br/>SEPTEMBER<br/>BOARD<br/>MEETING</b> |

| MOTIONS/ACTION ITEMS |  | RELEVANT<br>BOARD<br>MEETING | STATUS         |
|----------------------|--|------------------------------|----------------|
|                      | discussions with the pharmacy regulatory authorities in other provinces. A proposed implementation plan will be brought to the Board for approval in September as planned.   |                              |                |
| 6.                   | <p>Motion: Direct the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for Schedule 1A drugs and drugs for cosmetic purposes and retaining current age limit restrictions.</p> <p><b>Status: The Ministry of Health has recently requested that a larger committee be established to explore potential effects of the removal of restrictions on pharmacist injection and intranasal administration of medications in British Columbia. The College has discussed this request with the Ministry and is developing a strategy to implement it.</b></p> <p>No further update at this point. The current status is still in effect.</p> | 02-2019                      | IN<br>PROGRESS |



College of Pharmacists  
of British Columbia

## BOARD MEETING September 13, 2019

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|  |
|--|
| <b>2b.iii. Approval of June 14, 2019 Draft Board Meeting Minutes</b> |
|--|

### DECISION REQUIRED

---

#### Recommended Board Motion:

*Approve the June 14, 2019 draft Board meeting minutes as circulated.*

---

#### Appendix

|   |   |
|---|---|
| 1 | <a href="http://library.bcpharmacists.org/2%20About%20Us/2-1%20Board/Board%20Meeting%20Minutes-20190614.pdf">http://library.bcpharmacists.org/2 About Us/2-1 Board/Board Meeting Minutes-20190614.pdf</a> |
|---|---|





College of Pharmacists  
of British Columbia

## BOARD MEETING September 13, 2019

### **2b.iv. Committee Updates (Minutes)**

#### **INFORMATION ONLY**

Committees who have met and approved previous meeting minutes have submitted them to the Board for information purposes.

For confidentiality purposes, the Discipline Committee and Inquiry Committee have provided summaries of their meetings, but will not be submitting minutes.

| Appendix – available on the Board Portal under <a href="#">‘Committee Minutes’</a> |  |
|--|--|
| 1  | Audit and Finance Committee Meeting Minutes                          |
| 2  | Discipline Committee Update  |
| 3  | Governance Committee Meeting Minutes                                 |
| 4  | Inquiry Committee Update   |
| 5  | Quality Assurance Committee Meeting Minutes                          |
| 6  | Registrar Evaluation & Succession Planning Committee Meeting Minutes |

## BOARD MEETING September 13, 2019

### 2b.v. Audit and Finance Committee: Finance Report (June Financials)

#### INFORMATION ONLY

##### Purpose

To report on the highlights of the **June 2019** financial reports.

##### Background

The March 2019 financial reports reflect **four month's** activity. Attached are the Statement of Financial Position, a summary Statement of Revenue and Expenditures and more detailed reports on Revenue and on Expenditures.

##### Statement of Financial Position

The College's cash position is well funded to meet payables with a balance of over \$1,450,000 as June is a busy renewal month. Investments at the end of March totalled just over \$5.8 million. Payables and accruals are just over \$700,000.

##### Revenue

The total *Licensure revenues* are slightly under budget, under by about \$65,000 or 2%. *Other revenues* (administrative fees, etc.) are over budget, mainly due to fines received, while Grant revenue is under budget due to timing. Investment income is under budget due to timing with renewals coming in June, while Joint Venture income is right on budget. The combined result is that actual revenues are a little under budget, approximately \$52,000 or 1% under budget.

##### Expenses

Total Year to Date Actual expenditures are also under budget, by almost \$400,000 or 10%. See the variance analysis which follows for details. Much of the under budget variances are due to gapping. There were some new positions planned in the budget and we had some turnover early in the year. These positions are all filled now and it is expected that most of the variances will be used by the end of the year. We are also monitoring the revenues in case they remain under budget, so that expenses can offset that difference.

**Variance analysis by department:**

| <b>Department</b>                      | <b>Budget</b>    | <b>Actual</b>    | <b>Comment</b>  |
|--|------------------|------------------|---|
| <b>Board &amp; Registrar's Office</b>  | 281,817          | 290,989          | Timing re conferences, meetings.  |
| <b>Finance and Administration</b>      | 1,360,194        | 1,340,602        | Timing re IT projects. Savings negotiated re bank and credit card fees. |
| <b>Grant distribution</b>              | 15,000           | 35,478           | Timing.   |
| <b>Registration &amp; Licensure</b>    | 329,533          | 292,566          | Timing of meetings / outside services.                                  |
| <b>Quality Assurance</b>               | 116,309          | 89,254           | Timing re hiring / outside services.                                    |
| <b>Practice Review</b>                 | 511,127          | 447,622          | Timing re hiring.   |
| <b>Complaints Resolution</b>           | 556,539          | 458,186          | Primarily timing re hiring. Also under budget in outside services.      |
| <b>Policy and Legislation</b>          | 214,151          | 124,516          | Timing re hiring and under budget re legal fees.                        |
| <b>Communications &amp; Engagement</b> | 165,834          | 127,285          | Under budget re outside services.                                       |
| <b>Projects (PODSA Modernization)</b>  | 59,380           | 40,322           | Project management / outside services remain under budget.              |
| <b>Amortization</b>                    | 121,686          | 93,962           | Budget estimates were high.   |
| <b>Total Expenses</b>                  | <b>3,731,570</b> | <b>3,340,784</b> |   |

| <b>Appendix</b> |                                       |
|-----------------|---------------------------------------|
| 1               | Statement of Financial Position       |
| 2               | Statement of Revenue and Expenditures |
| 3               | Statement of Revenue                  |
| 4               | Statement of Expenses                 |

## Statement of Financial Position

As at June 30, 2019

| ASSETS                                     |                  |
|--|------------------|
| Cash and Cash Equivalents                  | 1,452,843        |
| Investments                                | 5,814,613        |
| Receivables                                | 77,035           |
| Prepaid Expense and Deposits               | 219,199          |
| Current Assets                             | 7,563,691        |
| Investments in College Place Joint Venture | 1,545,842        |
| Development Costs                          | 293,812          |
| Property & Equipment                       | 535,936          |
| Non-current Assets                         | 2,375,590        |
| <b>Total Assets</b>                        | <b>9,939,281</b> |

| LIABILITIES AND NET ASSETS              |                  |
|---|------------------|
| Payables and Accruals                   | 721,141          |
| Capital Lease Obligations (Current)     | 6,916            |
| Deferred Revenue                        | 5,381,422        |
| Deferred Contributions                  | 70,474           |
| Total Current Liabilities               | 6,179,954        |
| Capital Lease Obligations (non-current) | 42,706           |
| Total Liabilities                       | 6,222,660        |
| Total Net Assets                        | 3,716,621        |
| <b>Total Liabilities and Net Assets</b> | <b>9,939,281</b> |

College of Pharmacists of BC  
Statement of Revenue and Expenses  
For the 4 months ended June 30, 2019

|  | Budget<br>YTD 2019/20 | Actual<br>YTD 2019/20 | Variance (\$)<br>(Budget vs. Actual) | Variance (%)<br>(Budget vs. Actual) |
|--|-----------------------|-----------------------|--------------------------------------|-------------------------------------|
| <b>Revenue</b>   |                       |                       |                                      |                                     |
| Licensure revenue  | 3,022,857             | 2,957,508             | (65,349)                             | (2%)                                |
| Non-licensure revenue  | 189,233               | 202,322               | 13,089                               | 7%                                  |
| Transfer from Balance Sheet  | 334,912               | 334,912               | -                                    | 0%                                  |
| <b>Total Revenue</b>   | <b>3,547,001</b>      | <b>3,494,742</b>      | <b>(52,259)</b>                      | <b>(1%)</b>                         |
| Total Expenses Before Amortization   | 3,609,884             | 3,246,821             | 363,063                              | 10%                                 |
| Amortization   | 121,686               | 93,962                | 27,724                               | 23%                                 |
| <b>Total Expenses Including Amortization</b>                                     | <b>3,731,570</b>      | <b>3,340,784</b>      | <b>390,786</b>                       | <b>10%</b>                          |
| <b>Net Surplus/(Deficit) of revenue over expenses after amortization expense</b> | <b>(184,568)</b>      | <b>153,959</b>        | <b>338,527</b>                       |                                     |

College of Pharmacists of BC

Statement of Revenue

For the 4 months ended June 30, 2019

|                                    | Budget<br>YTD 2019/20 | Actual<br>YTD 2019/20 | Variance (\$)<br>(Budget vs. Actual) | Variance (%)<br>(Budget vs. Actual) |
|------------------------------------|-----------------------|-----------------------|--------------------------------------|-------------------------------------|
| <b>Revenue</b>                     |                       |                       |                                      |                                     |
| Pharmacy fees                      | 1,158,611             | 1,153,215             | (5,396)                              | (0%)                                |
| Pharmacists fees                   | 1,580,087             | 1,540,176             | (39,911)                             | (3%)                                |
| Technician fees                    | 284,159               | 264,117               | (20,042)                             | (7%)                                |
| <b>Licensure revenue</b>           | 3,022,857             | 2,957,508             | (65,349)                             | (2%)                                |
| Other revenue *                    | 31,434                | 71,400                | 39,966                               | 127%                                |
| Grant Revenue                      | 20,080                | -                     | (20,080)                             | (100%)                              |
| Investment income                  | 47,619                | 40,823                | (6,797)                              | (14%)                               |
| College Place joint venture income | 90,100                | 90,100                | -                                    | 0%                                  |
| <b>Non-licensure revenue</b>       | 189,233               | 202,322               | 13,089                               | 7%                                  |
|                                    |                       |                       |                                      |                                     |
| <b>Transfer from Balance Sheet</b> | 334,912               | 334,912               | -                                    | 0%                                  |
|                                    |                       |                       |                                      |                                     |
| <b>Total Revenue</b>               | <b>3,547,001</b>      | <b>3,494,742</b>      | <b>(52,259)</b>                      | <b>(1%)</b>                         |

\* Includes revenue from regulatory assessments, late fees, certificate of standing and practice binder.

College of Pharmacists of BC

Statement of Expenses

For the 4 months ended June 30, 2019

|  | Budget<br>YTD 2019/20 | Actual<br>YTD 2019/20 | Variance (\$)<br>(Budget vs. Actual) | Variance (%)<br>(Budget vs. Actual) |
|--|-----------------------|-----------------------|--------------------------------------|-------------------------------------|
| <b>Expenses</b>                              |                       |                       |                                      |                                     |
| Board and Registrar's Office                 | 281,817               | 290,989               | (9,172)                              | (3%)                                |
| Finance and Administration                   | 1,360,194             | 1,340,602             | 19,592                               | 1%                                  |
| Grant Distribution                           | 15,000                | 35,478                | (20,478)                             | (137%)                              |
| Registration and Licensure                   | 329,533               | 292,566               | 36,967                               | 11%                                 |
| Quality Assurance                            | 116,309               | 89,254                | 27,054                               | 23%                                 |
| Practice Reviews                             | 511,127               | 447,622               | 63,505                               | 12%                                 |
| Complaints and Investigations                | 556,539               | 458,186               | 98,353                               | 18%                                 |
| Policy and Legislation                       | 214,151               | 124,516               | 89,635                               | 42%                                 |
| Communications and Engagement                | 165,834               | 127,285               | 38,549                               | 23%                                 |
| Projects                                     | 59,380                | 40,322                | 19,058                               | 32%                                 |
| <b>Total Expenses Before Amortization</b>    | <b>3,609,884</b>      | <b>3,246,821</b>      | <b>363,063</b>                       | <b>10%</b>                          |
|  |                       |                       |                                      |                                     |
| <b>Amortization</b>                          | <b>121,686</b>        | <b>93,962</b>         | <b>27,724</b>                        | <b>23%</b>                          |
|  |                       |                       |                                      |                                     |
| <b>Total Expenses Including Amortization</b> | <b>3,731,570</b>      | <b>3,340,784</b>      | <b>390,786</b>                       | <b>10%</b>                          |



College of Pharmacists  
of British Columbia

## BOARD MEETING September 13, 2019

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|  |
|--|
| <b>2b.vi. Approval of June 13, 2019 Draft Committee of the Whole Meeting Minutes</b> |
|--|

### DECISION REQUIRED

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#### Recommended Board Motion:

*Approve the June 13, 2019 draft Committee of the Whole meeting minutes as circulated.*

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| Appendix |   |
|----------|---|
| 1        | June 13, 2019 Draft Committee of the Whole Meeting Minutes (and appendices) |





**Committee of the Whole Meeting**  
**June 13, 2019**  
**Held at the College of Pharmacists of British Columbia**  
**200-1765 West 8<sup>th</sup> Avenue, Vancouver, BC**

**MINUTES**

**Members Present:**

Arden Barry, Chair, District 7  
Christine Antler, Vice Chair, District 2  
Mona Kwong, District 1  
Tara Oxford, District 3  
Steven Hopp, District 4  
Frank Lucarelli, District 5  
Anca Cvaci, District 6  
Bal Dhillon, District 8  
Katie Skelton, Government Appointee  
Justin Thind, Government Appointee

**Regrets:**

Tracey Hagkull, Government Appointee  
Anne Peterson, Government Appointee

**Staff:**

Bob Nakagawa, Registrar  
David Pavan, Deputy Registrar  
Mary O'Callaghan, Chief Operating Officer  
Ashifa Keshavji, Director of Practice Reviews and Quality Assurance  
Doreen Leong, Director of Registration and Licensure  
Christine Paramonczyk, Director of Policy and Legislation  
Gillian Vrooman, Director of Communications and Engagement  
Stephanie Kwok, Executive Assistant

**Guests:**

Dr. Chris Hacker, Registrar/CEO, College of Dental Surgeons of BC  
Judith Hutson, Project Manager, BC Prescription Monitoring Program Initiative  
Karen Graham, CEO, Panacea Canada Inc  
Anita Wilks, Director of Communications, College of Dental Surgeons of BC

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**1. WELCOME & CALL TO ORDER**

Chair Barry called the meeting to order at 9:38am on June 13, 2019.

## **2. APPOINTMENT OF MEMBERS TO THE REGISTRAR EVALUATION AND SUCCESSION PLANNING COMMITTEE**

Mona Kwong, Chair of the Governance Committee provided the Board with an overview of the role and responsibilities of the Registrar Evaluation and Succession Planning Committee. The Board discussed and recommended the removal of the requirement for the immediate past Board Chair to serve on the committee and to include the appointment of an additional Board member at large, making the membership requirement two Board members at large. The Board came to a consensus regarding the membership of the committee and the committee's terms of reference will be brought to the Board for decision at the June Board meeting.

## **3. THE CAYTON REPORT**

Dr. Chris Hacker, Registrar and CEO, College of Dental Surgeons of BC (CDSBC) provided the Board with an overview of the series of events that led to the inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act by Harry Cayton. Dr. Hacker talked about the implementation plan that CDSBC has developed in response to the recommendations from the Cayton Report.

## **4. FURTHER DISCUSSION TO THE CAYTON REPORT**

The Board discussed and approved the College's letter in response to the Ministry's request for a response to the Cayton Report.

## **5. STATUS UPDATE – BC PRESCRIPTION MONITORING PROGRAM**

Judith Hutson, Project Manager for the BC Prescription Monitoring Program (PMP) Initiative provided a high level overview of the BC PMP Program including the key deliverables, collaborative recommendations, decisions made by the BC PMP Advisory Committee, and the next steps.

## **6. STRATEGIC PLAN 2020-2023 GOALS & OBJECTIVES**

Karen Graham reviewed with the Board the draft Strategic Plan goals and objectives that were developed at the April Strategic Planning Retreat. The Board discussed the pros and cons of a 3 year plan vs a 5 year plan. The Board consensus was to develop a 5 year Strategic Plan. The draft goals and objectives of the Strategic Plan 2020/2021 to 2024/2025 will be brought to the Board for decision at the June Board.

## **7. STATUS UPDATE – INJECTION AUTHORITY**

Chair Barry discussed a letter from Mark Armitage, Assistant Deputy Minister of the Health Human Resources and Labour Relations Division, requesting that a working group be established to solicit additional feedback from other stakeholders prior to removing restrictions on injection authority. This item will be brought for further discussion at the September Board meeting.

## **ADJOURNMENT**

Chair Barry adjourned the meeting at 4:03pm on June 13, 2019.



College of Pharmacists  
of British Columbia

## BOARD MEETING September 13, 2019

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### **2b.vii. Approval of June 27, 2019 Draft Board Resolution Minutes Cover**

### **DECISION REQUIRED**

---

#### **Recommended Board Motion:**

*Approve the June 27, 2019 draft Board Resolution minutes as circulated.*

---

| <b>Appendix</b> |   |
|-----------------|---|
| 1               | June 27, 2019 Draft Board Resolution Minutes (and appendices) |



College of Pharmacists  
of British Columbia

**Board Resolution**  
**Sent via email June 27, 2019**

**MINUTES**

---

The following resolution of the Board of the College of Pharmacists of British Columbia is valid and binding as per section 13(12) of the *Health Professions Act-Bylaws*, and has been signed by the following Board members:

Arden Barry, Chair & District 7 Board Member  
Christine Antler, Vice Chair & District 2 Board Member  
Mona Kwong, District 1 Board Member  
Tara Oxford, District 3 Board Member  
Steven Hopp, District 4 Board Member  
Frank Lucarelli, District 5 Board Member  
Anca Cvaci, District 6 Board Member  
Bal Dhillon, District 8 Board Member  
Tracey Hagkull, Government Appointee  
Anne Peterson, Government Appointee  
Katie Skelton, Government Appointee  
Justin Thind, Government Appointee

---

Be it resolved that the Board:

Approve amending the motion regarding the audited financial statements adopted at the June 14, 2019 meeting, by striking out 2019/20 and inserting 2018/19, as circulated.

| Appendix |                                 |
|----------|---------------------------------|
| 1        | Signed Board Resolution         |
| 2        | Board Resolution Briefing Notes |



**Resolution of the Board of the College of Pharmacists of British Columbia made in accordance with section 13(12) of the *Health Professions Act* – Bylaws.**

Be it resolved that the Board:

Approve amending the motion regarding the audited financial statements adopted at the June 14, 2019 meeting, by striking out 2019/20 and inserting 2018/19, as circulated.

Arden Barry, Chair, District 7

June 27, 2019

Date

Christine Antler, Vice Chair, District 2

June 28, 2019

Date

Mona Kwong, District 1

June 27, 2019

Date

Tara Oxford, District 3

June 27, 2019

Date

Steven Hopp, District 4

June 27, 2019

Date



A stylized, handwritten signature in black ink.

Frank Lucarelli, District 5

June 27, 2019

Date

A handwritten signature in black ink that reads 'Anca Cvaci'.

Anca Cvaci, District 6

June 27, 2019

Date

A handwritten signature in black ink that reads 'Bal Dhillon'.

Bal Dhillon, District 8

June 27, 2019

Date

A handwritten signature in black ink that reads 'Tracey Hagkull'.

Tracey Hagkull, Government Appointee

June 27, 2019

Date

A handwritten signature in black ink that reads 'Anne Peterson'.

Anne Peterson, Government Appointee

July 16, 2019

Date

A handwritten signature in black ink that reads 'Katie Skelton'.

Katie Skelton, Government Appointee

June 27, 2019

Date

A handwritten signature in black ink that reads 'Justin Thind'.

Justin Thind, Government Appointee

June 27, 2019

Date

## BOARD DECISION

### June 27, 2019

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#### Auditor's Report

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#### Recommended Board Resolution:

Be it resolved that the Board approves amending the motion regarding the audited financial statements adopted at the June 14, 2019 meeting, by striking out 2019/20 and inserting 2018/19, as circulated.

---

#### Background

While reviewing the June 14, 2019 Board meeting minutes, it was noted that there was an error on the fiscal year of the audited financial statements in the Board motion.

#### Recommendation

The Board approves amending the motion regarding the audited financial statements adopted at the June 14, 2019 meeting, by striking out 2019/20 and inserting 2018/19.

#### Appendix

|   |  |
|---|--|
| 1 | Board Resolution Signature Page                            |
| 2 | June 14, 2019 Board Meeting Materials for Auditor's Report |



**Resolution of the Board of the College of Pharmacists of British Columbia made in accordance with section 13(12) of the *Health Professions Act* – Bylaws.**

Be it resolved that the Board:

Approve amending the motion regarding the audited financial statements adopted at the June 14, 2019 meeting, by striking out 2019/20 and inserting 2018/19.

---

Arden Barry, Chair, District 7

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Date

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Christine Antler, Vice Chair, District 2

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Date

---

Mona Kwong, District 1

---

Date

---

Tara Oxford, District 3

---

Date

---

Steven Hopp, District 4

---

Date

---

Frank Lucarelli, District 5

---

Date





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Anca Cvaci, District 6

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Date

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Bal Dhillon, District 8

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Date

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Tracey Hagkull, Government Appointee

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Date

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Anne Peterson, Government Appointee

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Date

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Katie Skelton, Government Appointee

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Date

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Justin Thind, Government Appointee

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Date



College of Pharmacists  
of British Columbia

## BOARD MEETING June 14, 2019

### 4. Auditor's Report

### DECISION REQUIRED

#### Recommended Board Motion:

*Approve the audited financial statements for fiscal year 2019/20 as presented.*

DRAFT

| Appendix |  |
|----------|--|
| 1        | Audited Financial Statements for Fiscal Year 2019/20                       |
| 2        | Report to those Charged with Governance - Communication with Audit Results |

College of Pharmacists of British Columbia  
Financial Statements  
Year ended February 28, 2019

DRAFT

College of Pharmacists of British Columbia  
Financial Statements  
Year ended February 28, 2019

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Contents

|                                    |        |
|------------------------------------|--------|
| Independent Auditor's Report       | 2 - 3  |
| Financial Statements               |        |
| Statement of Financial Position    | 4      |
| Statement of Operations            | 5      |
| Statement of Changes in Net Assets | 6      |
| Statement of Cash Flows            | 7      |
| Notes to the Financial Statements  | 8 - 16 |

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## Independent Auditor's Report

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To the Board of Directors of  
College of Pharmacists of British Columbia

### Opinion

We have audited the financial statements of the College of Pharmacists of British Columbia ( the "College"), which comprise the Statement of Financial Position as at February 28, 2019, and the Statements of Operations, Changes in Net Assets and Cash Flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information.

In our opinion, the financial statements present fairly, in all material respects, the financial position of the College of Pharmacists of British Columbia as at February 28, 2019, and its results of operations and cash flows for the year then ended, in accordance with Canadian accounting standards for not-for-profit organizations.

### Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of this report. We are independent of the College of Pharmacists of British Columbia in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the College of Pharmacists of British Columbia's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College of Pharmacists of British Columbia or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College of Pharmacists of British Columbia's financial reporting process.

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College of Pharmacists of British Columbia's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the College of Pharmacists of British Columbia's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College of Pharmacists of British Columbia to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants

Vancouver, British Columbia

DATE

College of Pharmacists of British Columbia  
Statement of Financial Position

February 28

2019

2018

Assets

Current

|                                 |                  |                  |
|---------------------------------|------------------|------------------|
| Cash and cash equivalents       | \$ 1,146,034     | \$ 1,352,336     |
| Short-term investments (Note 2) | 1,261,710        | 620,105          |
| Accounts receivable (Note 3)    | 68,771           | 83,832           |
| Prepaid expenses and deposits   | 272,252          | 143,266          |
|                                 | <u>2,748,767</u> | <u>2,199,539</u> |

|  |                     |                     |
|--|---------------------|---------------------|
| Interest in College Place Joint Venture (Note 4) | 1,540,834           | 1,583,191           |
| Long-term investments (Note 2)                   | 4,514,125           | 5,030,142           |
| Development costs (Note 5)                       | 342,090             | 484,343             |
| Tangible capital assets (Note 6)                 | 575,748             | 624,274             |
|  | <u>\$ 9,721,564</u> | <u>\$ 9,921,489</u> |

Liabilities and Net Assets

Current

|   |                  |                  |
|---|------------------|------------------|
| Accounts payable and accrued liabilities (Note 7)     | \$ 573,213       | \$ 601,861       |
| Current portion of capital lease obligations (Note 8) | 9,120            | 26,548           |
| Deferred revenue (Note 9)                             | 5,138,250        | 4,407,800        |
| Deferred contributions (Note 10)                      | 70,474           | 170,711          |
|   | <u>5,791,057</u> | <u>5,206,920</u> |

Capital lease obligations

|  |                  |                  |
|--|------------------|------------------|
|  | <u>42,706</u>    | <u>-</u>         |
|  | <u>5,833,763</u> | <u>5,206,920</u> |

Net Assets

|  |                  |                  |
|--|------------------|------------------|
| Unrestricted net assets                                | 1,305,869        | 1,073,164        |
| Restricted Fund  | 2,000,000        | -                |
| Invested in tangible capital assets                    | 523,922          | 597,726          |
| College Place Joint Venture (CPJV) replacement reserve | 58,010           | 43,679           |
| Capital asset reserve                                  | -                | 250,000          |
| Legal reserve  | -                | 500,000          |
| Joint venture reserve                                  | -                | 500,000          |
| Automation reserve                                     | -                | 500,000          |
| Grants reserve   | -                | 250,000          |
| Operating reserve                                      | -                | 1,000,000        |
|  | <u>3,887,801</u> | <u>4,714,569</u> |

\$ 9,721,564   \$ 9,921,489

On behalf of the Board:

\_\_\_\_\_ Director

The accompanying notes are an integral part of these financial statements.

College of Pharmacists of British Columbia  
Statement of Operations

For the year ended February 28

2019

2018

Revenues

|   |              |              |
|---|--------------|--------------|
| Pharmacy fees                               | \$ 3,294,034 | \$ 2,563,578 |
| Pharmacist fees                             | 4,314,976    | 3,612,656    |
| Technician fees                             | 783,134      | 626,632      |
| Other                                       | 182,444      | 771,072      |
| College Place Joint Venture income (Note 4) | 108,052      | 99,992       |
| Grants (Note 10)                            | 100,237      | 71,487       |
| Investment income                           | 134,694      | 134,901      |

|                |           |           |
|----------------|-----------|-----------|
| Total revenues | 8,917,571 | 7,880,318 |
|----------------|-----------|-----------|

Expenses

|                               |           |           |
|-------------------------------|-----------|-----------|
| Board and Registrar's office  | 492,628   | 490,844   |
| Communications and engagement | 100,727   | 80,968    |
| Complaints and investigations | 383,474   | 243,570   |
| Finance and administration    | 1,692,070 | 1,698,832 |
| Grant distribution            | 134,395   | 144,700   |
| Policy and legislation        | 54,370    | 124,447   |
| Practice reviews              | 148,421   | 134,030   |
| Quality assurance             | 50,218    | 49,760    |
| Registration and licensure    | 312,739   | 307,871   |
| Salaries and benefits         | 6,035,724 | 5,304,214 |
| Amortization                  | 352,460   | 359,894   |

|                |           |           |
|----------------|-----------|-----------|
| Total expenses | 9,757,226 | 8,939,130 |
|----------------|-----------|-----------|

Other expenses

|  |       |   |
|--|-------|---|
| Loss on disposition of tangible capital assets | 1,444 | - |
|--|-------|---|

|                                      |              |                |
|--------------------------------------|--------------|----------------|
| Deficiency of revenues over expenses | \$ (841,099) | \$ (1,058,812) |
|--------------------------------------|--------------|----------------|



College of Pharmacists of British Columbia  
Statement of Changes in Net Assets  
For the Year ended February 28, 2019

|   | Invested in<br>Tangible<br>Capital<br>Assets | CPJV<br>Replacement<br>Reserve | Capital<br>Asset<br>Reserve | Legal<br>Reserve | Joint<br>Venture<br>Reserve | Automation<br>Reserve | Grants<br>Reserve | Operating<br>Reserve | Unrestricted | Restricted<br>Fund | 2019 Total  | 2018 Total  |
|---|--|--------------------------------|-----------------------------|------------------|-----------------------------|-----------------------|-------------------|----------------------|--------------|--------------------|-------------|-------------|
| Balance,<br>beginning of<br>year              | \$597,726                                    | \$43,679                       | \$250,000                   | \$500,000        | \$500,000                   | \$500,000             | \$250,000         | \$1,000,000          | \$1,073,164  | -                  | \$4,714,569 | \$5,729,702 |
| Deficiency of<br>revenue over<br>expenses     | (209,565)                                    | -                              | -                           | -                | -                           | -                     | -                 | -                    | (631,534)    | -                  | (841,099)   | (1,058,812) |
| Investment in<br>tangible<br>capital assets   | 107,748                                      | -                              | -                           | -                | -                           | -                     | -                 | -                    | (107,748)    | -                  | -           | -           |
| Share of<br>CPJV<br>replacement<br>reserve    | -  | 14,331                         | -                           | -                | -                           | -                     | -                 | -                    | -            | -                  | 14,331      | 43,679      |
| Repayment<br>of capital<br>lease<br>principal | 28,013                                       | -                              | -                           | -                | -                           | -                     | -                 | -                    | (28,013)     | -                  | -           | -           |
| Transfers                                     | -  | -                              | (250,000)                   | (500,000)        | (500,000)                   | (500,000)             | (250,000)         | (1,000,000)          | 1,000,000    | 2,000,000          | -           | -           |
| Balance, end<br>of year                       | \$523,922                                    | \$58,010                       | -                           | -                | -                           | -                     | -                 | -                    | \$1,305,869  | \$2,000,000        | \$3,887,801 | \$4,714,569 |

The accompanying notes are an integral part of these financial statements.

College of Pharmacists of British Columbia  
Statement of Cash Flows

For the year ended February 28

2019

2018

Cash provided by (used in)

Operating activities

|  |              |                |
|--|--------------|----------------|
| Deficiency of revenues over expenses           | \$ (841,099) | \$ (1,058,812) |
| Items not affecting cash                       |              |                |
| Amortization of tangible capital assets        | 208,121      | 265,735        |
| Amortization of development costs              | 144,339      | 94,159         |
| Share of College Place Joint Venture Income    | (108,052)    | (99,992)       |
| Loss on disposition of tangible capital assets | 1,444        | -              |
|  | (595,247)    | (798,910)      |
| Changes in non-cash working capital            |              |                |
| Accounts receivable                            | 15,061       | (174,973)      |
| Prepaid expenses and deposits                  | (128,986)    | (32,228)       |
| Accounts payable and accrued liabilities       | (28,648)     | 201,931        |
| Deferred revenue                               | 730,450      | 902,495        |
| Deferred contributions                         | (100,237)    | (10,237)       |
|  | (107,607)    | 88,078         |

Financing activity

|                          |          |          |
|--------------------------|----------|----------|
| Capital lease repayments | (28,013) | (29,787) |
|--------------------------|----------|----------|

Investing activities

|   |           |           |
|---|-----------|-----------|
| Purchase of tangible capital assets       | (107,748) | (25,859)  |
| Increase in development costs             | (2,086)   | (189,670) |
| (Increase) decrease in investments        | (125,588) | 367,660   |
| Advances from College Place Joint Venture | 164,740   | 123,838   |
|   | (70,682)  | 275,969   |

Increase in cash and cash equivalents for the year

(206,302) 334,260

Cash and cash equivalents, beginning of year

1,352,336 1,018,076

Cash and cash equivalents, end of year

\$ 1,146,034 \$ 1,352,336

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College of Pharmacists of British Columbia  
Notes to the Financial Statements

February 28, 2019

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1. Summary of Significant Accounting Policies

a) Nature of Operations

The College of Pharmacists of British Columbia ("the College") is a regulatory body for pharmacists, pharmacy technicians and pharmacies of British Columbia to set and enforce professional standards for the profession. The College is designated under the Health Professions Act. For income tax purposes, the College is treated as a not-for-profit organization and is thereby exempt from income tax.

b) Basis of Accounting

The financial statements have been prepared using Canadian accounting standards for not-for-profit organizations ("ASNPO").

c) Use of Estimates

The preparation of financial statements in accordance with ASNPO requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Significant estimates included in these financial statements consist of the estimated useful life of tangible capital assets and development costs. Actual results could differ from management's best estimates as additional information becomes available in the future.

d) Revenue Recognition

The College follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which 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.

License and registration fees received are deferred and recognized as revenue over the year.

Investment income includes interest revenue, realized gains and losses on sale of investments and unrealized gains and losses from changes in the fair market value of investments during the year.

e) Interest in College Place Joint Venture

The College Place Joint Venture (CPJV) is a jointly controlled enterprise in which the College holds 30% interest and another not-for-profit organization, the College of Dental Surgeons of British Columbia, hold a 70% interest. The College accounts for its joint venture using the equity method.

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College of Pharmacists of British Columbia  
Notes to the Financial Statements

February 28, 2019

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1. Significant Accounting Policies - Continued

f) Cash and Cash Equivalents

Cash and cash equivalents consist of bank balances and redeemable guaranteed investment certificates ("GICs") of terms of less than 90 days at purchase.

g) Development Costs

Program and implementation costs for internally generated assets have been deferred and are amortized on a straight-line basis over five years. Should the conditions for deferral cease to exist, the costs will be charged as a period expense.

h) Tangible Capital Assets

Tangible capital assets are recorded at cost less accumulated amortization. In the event that facts and circumstances indicate that the College's tangible capital assets no longer have any long-term service potential to the College, the excess of the asset's net carrying amount over any residual value is recognized as an expense in the statement of operations. Cost includes all amounts related to the acquisition and improvements of the capital assets including replacement of equipment. Tangible capital assets are amortized at the following annual rates:

|                        |                             |
|------------------------|-----------------------------|
| Leasehold improvements | Straight-line over 10 years |
| Furniture and fixtures | Straight-line over 10 years |
| Office equipment       | Straight-line over 5 years  |
| Computer               | Straight-line over 3 years  |
| Software               | Straight-line over 2 years. |

i) Capital Leases

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

j) Net Assets Held in Reserves

Net assets held in reserves are internally restricted to provide a funding source for future financial obligations where the timing of the obligations cannot be precisely predicted, and to provide funding to address financial risks for which the timing and probability of a given event is uncertain. All reserves are approved by the College Board and are disclosed on the statement of financial position as net assets.

The operating reserve was established to assist in funding unanticipated operating expenditures and cashflow shortfalls.

The restricted reserve fund was established to assist in funding for specific purposes as outlined in the reserve policy.

February 28, 2019

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1. Summary of Significant Accounting Policies - Continued

j) Net assets Held in Reserves - Continued

The capital asset reserve was established to assist in funding any unanticipated leasehold improvements and furniture purchases.

The legal reserve was established to assist in funding any legal costs arising from an unexpected increase in the number of inquiry discipline cases.

The joint venture reserve was established to assist in funding any large capital expenditures required to maintain the upkeep of the building owned by the College Place Joint Venture.

The automation reserve was established to assist in funding unanticipated substantial maintenance, upgrading or replacement of IT equipment, software purchases, audiovisual equipment and telecommunications equipment.

The grants reserve was established to provide the opportunity to fund proposals for research project or training opportunities that support the College's Strategic Plan.

k) Financial Instruments

The College initially measures its financial assets and financial liabilities at fair value. The College subsequently measures all of its financial assets and financial liabilities at cost or amortized cost, except for investments, which are measured at fair value.

Financial assets measured at cost or amortized cost include cash and cash equivalents and accounts receivables.

Financial liabilities measured at cost or amortized cost include accounts payable and accrued liabilities.

Financial instruments measured at fair value include investments. Fair values are based on quoted market values. Purchases and sales of investments are recorded on the trade date.

Transaction costs on the acquisition, sale or issue of financial instruments are expensed for those items measured at fair value and charged to the financial instrument for those measured at amortized cost.

Financial assets are tested for impairment when indicators of impairment exist. When a significant change in the expected timing or amount of the future cash flows of the financial asset is identified, the carrying amount of the financial asset is reduced and the amount of the write-down is recognized in net income.

l) Employee Future Benefits

The College and its employees make contributions to the Municipal Pension Plan which is a multi-employer joint trusted plan. This plan is a defined benefit plan, providing pension or retirement based on the member's age at retirement, length of service and highest earnings averaged over five years. As the assets and liabilities of the plan are not segregated by institution the plan is accounted for as a defined contribution plan and any College contributions to the plan are expensed as incurred.

College of Pharmacists of British Columbia  
Notes to the Financial Statements

February 28, 2019

2. Investments

Investments consist of guaranteed investment certificates ("GICs") with interest from 1.70% to 3.21% (2018- 1.7% to 2.55%) with maturity dates from April 2, 2019 to February 28, 2024. GICs that matured between year-end and the date of the financial statement approval were reinvested under similar terms.

3. Accounts Receivable

|                                     | 2019             | 2018             |
|-------------------------------------|------------------|------------------|
| Ministry of Health grant receivable | \$ -             | \$ 50,000        |
| Other receivables                   | 68,771           | 33,832           |
|                                     | <u>\$ 68,771</u> | <u>\$ 83,832</u> |

4. Interest in College Place Joint Venture

The College entered into an agreement dated March 3, 1989 to purchase 30% interest in a jointly controlled enterprise set up to acquire and develop a property. The College occupies space in the building and pays rent to CPJV. Included in Finance and Administrative expense is rent and operating costs paid to CPJV in amount of \$295,000 (2018: \$284,900) which is recorded net of the College's 30% portion.

The assets, liabilities, revenues and expenses of the joint venture at February 28, 2019 and for the year then ended are as follows:

|  | 100%<br>Joint Venture | 30%<br>College      |
|--|-----------------------|---------------------|
| Balance sheet                            |                       |                     |
| Assets                                   |                       |                     |
| Current assets                           | \$ 506,081            | \$ 151,824          |
| Tangible capital assets and other assets | 4,745,599             | 1,423,680           |
|  | <u>\$ 5,251,680</u>   | <u>\$ 1,575,504</u> |
| Liabilities and equity                   |                       |                     |
| Total liabilities                        | \$ 115,566            | \$ 34,670           |
| Total equity                             | 5,136,114             | 1,540,834           |
|  | <u>\$ 5,251,680</u>   | <u>\$ 1,575,504</u> |
| Statement of operations                  |                       |                     |
| Revenues                                 | \$ 1,181,320          | \$ 354,396          |
| Expenses                                 | \$ 821,146            | \$ 246,344          |
|  | <u>\$ 360,174</u>     | <u>\$ 108,052</u>   |
| Excess of revenue over expenses          |                       |                     |

College of Pharmacists of British Columbia  
Notes to the Financial Statements

February 28, 2019

4. Interest in College Place Joint Venture - Continued

The College's lease expires on August 31, 2023 and rent payments until then are as follows:

| Year       | Amount              |
|------------|---------------------|
| 2020       | 272,333             |
| 2021       | 279,446             |
| 2022       | 286,559             |
| 2023       | 293,672             |
| Thereafter | 148,614             |
|            | <u>\$ 1,280,624</u> |

5. Development Costs

|                         | Cost              | Accumulated<br>amortization | 2019<br>Net book<br>value | 2018<br>Net book<br>value |
|-------------------------|-------------------|-----------------------------|---------------------------|---------------------------|
| SkiSure solution        | \$ 41,302         | 41,302                      | \$ -                      | \$ 500                    |
| Pharmacy online renewal | 62,184            | 49,748                      | 12,436                    | 24,874                    |
| Robbery prevention form | 10,800            | 10,800                      | -                         | 2,160                     |
| Mobile apps             | 35,000            | 21,000                      | 14,000                    | 21,000                    |
| Website                 | 306,171           | 192,595                     | 113,576                   | 175,172                   |
| Online pre-registration | 101,220           | 60,732                      | 40,488                    | 60,732                    |
| PODSA modernization     | 201,988           | 40,398                      | 161,590                   | 199,905                   |
|                         | <u>\$ 758,665</u> | <u>\$ 416,575</u>           | <u>\$ 342,090</u>         | <u>\$ 484,343</u>         |

6. Tangible Capital Assets

|                        | Cost                | Accumulated<br>amortization | 2019<br>Net book<br>value | 2018<br>Net book<br>value |
|------------------------|---------------------|-----------------------------|---------------------------|---------------------------|
| Leasehold improvements | \$ 1,057,614        | \$ 713,949                  | \$ 343,665                | \$ 389,605                |
| Furniture and fixtures | 362,897             | 279,947                     | 82,950                    | 80,818                    |
| Office equipment       | 227,683             | 159,228                     | 68,455                    | 63,546                    |
| Computer               | 416,786             | 344,155                     | 72,631                    | 66,409                    |
| Software               | 360,167             | 352,120                     | 8,047                     | 23,896                    |
|                        | <u>\$ 2,425,147</u> | <u>\$ 1,849,399</u>         | <u>\$ 575,748</u>         | <u>\$ 624,274</u>         |

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College of Pharmacists of British Columbia  
Notes to the Financial Statements

February 28, 2019

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7. Accounts Payable and Accrued Liabilities

Accounts payables and accrued liabilities include GST payable amounting to \$28,837 (2018 - \$56,920) as at February 28, 2019.

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8. Capital Lease Obligation

The College is committed to pay an annual lease of \$14,281 for office equipment under a lease agreement. The lease will expire in October 2023.

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9. Deferred Revenue

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

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10. 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 expenses.

|                                   | 2019       | 2018       |
|-----------------------------------|------------|------------|
| Balance, beginning of year        | \$ 170,711 | \$ 180,948 |
| Grants received                   | -          | 50,000     |
| Less amounts amortized to revenue | (100,237)  | (60,237)   |
| Balance, end of the year          | \$ 70,474  | \$ 170,711 |



February 28, 2019

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#### 11. Municipal Pension Plan

The College and its employees contribute to the Municipal Pension Plan (a jointly trustee pension plan) (the "Plan"). The Board of Trustees, representing Plan members and employers, is responsible for administering the Plan, including investment of assets and administration of benefits. The Plan is a multi-employer defined benefit pension plan. Basic pension benefits provided are based on a formula. As at December 31, 2017, the Plan has about 197,000 active members and approximately 95,000 retired members. Active members include approximately 39,000 contributors from local governments.

Every three years, an actuarial valuation is performed to assess the financial position of the Plan and adequacy of the funding. The actuary determines an appropriate combined employer and member contribution rate to fund the Plan. The actuary's calculated contribution rate is based on the entry-age normal cost method, which produces the long-term rate of member and employer contributions sufficient to provide benefits for average future entrants to the Plan. This rate may be adjusted for the amortization of any actuarial funding surplus and will be adjusted for the amortization of any unfunded actuarial liability.

The most recent valuation for the Municipal Pension Plan as of December 31, 2015, indicated a \$2,224 million funding surplus for basic pension benefits on a going concern basis. As a result of the 2015 basic account actuarial valuation surplus and pursuant to the joint trustee agreement, \$1,927 million was transferred to the rate stabilization account and \$297 million of the surplus ensured the required contribution rates remained unchanged. The next valuation will be as at December 31, 2018, with results available later in 2019.

Employers participating in the Plan record their pension expense as the amount of employer contributions made during the fiscal year (defined contribution pension plan accounting). This is because the Plan records accrued liabilities and accrued assets for the Plan in aggregate, resulting in no consistent and reliable basis for allocating the obligation, assets and costs to individual employers participating in the Plan.

The College of Pharmacists of British Columbia paid \$409,410 (2018 - \$343,955) for employer contributions to the plan in fiscal 2019. These contributions have been recorded as expenses on the Statement of Operations.

February 28, 2019

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## 12. Financial Instruments

The College's activities result in exposure to a variety of financial risks including risks related to credit, interest rate and liquidity risks. The risks that the College is exposed to this year are consistent with those identified in prior years.

### Interest Rate Risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The College is exposed to interest rate risk arising from the possibility that changes in interest rates will affect the value of its investments. Investments are all invested in guaranteed investment certificates.

### Credit Risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. Credit risk is the risk that the counterparty to the transaction will not pay. The College is not exposed to any credit risk arising as the receivable is from the Government.

The College is also exposed to credit risk arising from the possibility that the financial institutions with which it maintains its cash balances and GIC's will default. However, The College believes that its exposure to credit risk in relation to cash is low, as all of its cash and GIC's are with reputable Canadian chartered financial institutions.

### Liquidity Risk

Liquidity risk is the risk that the College encounters difficulty in meeting its obligations associated with financial liabilities. Liquidity risk includes the risk that, as a result of operational liquidity requirements, the College will not have sufficient funds to settle a transaction on the due date, will be forced to sell financial assets at value, which is less than what they are worth, or may be unable to settle or recover a financial asset. Liquidity risk arises from accounts payable and accrued liabilities and is mitigated by the College's investment in GICs as disclosed in Note 2.

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College of Pharmacists of British Columbia  
Notes to the Financial Statements

February 28, 2019

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13. Commitments

The College is committed to a contract for IT maintenance services for 5 years, at a rate of \$8,790 per month, ending February 28, 2023.

| Year | Amount     |
|------|------------|
| 2020 | \$ 105,480 |
| 2021 | 105,480    |
| 2022 | 105,480    |
| 2023 | 105,480    |
|      | <hr/>      |
|      | \$ 421,920 |
|      | <hr/>      |



# COLLEGE OF PHARMACISTS OF BC

## FINAL REPORT TO THE BOARD OF DIRECTORS

For the year ended February 28, 2019

Dated June 12, 2019





Tel: 604 688 5421  
Fax: 604 688 5132  
www.bdo.ca

BDO Canada LLP  
600 Cathedral Place  
925 West Georgia Street  
Vancouver BC V6C 3L2

June 12, 2019

Board of Directors  
College of Pharmacists of British Columbia  
#200-1765 W 8<sup>th</sup> Ave  
Vancouver, BC  
V6J 5C6

Dear Board of Directors:

We are pleased to present this report on the results of our audit of the financial statements of College of Pharmacists of British Columbia for the year ended February 28, 2019. The purpose of this report is to summarize certain aspects of the audit that we believe to be of interest to the Board of Directors and should be read in conjunction with the draft financial statements and our draft audit report which is included as Appendix A.

We would like to bring to your attention that our audit and therefore this report will not necessarily identify all matters that may be of interest to the Board of Directors in fulfilling its responsibilities.

This report has been prepared solely for the use of the Board of Directors and should not be distributed without our prior consent. Consequently, we accept no responsibility to a third party that uses this communication.

We wish to express our sincere appreciation for the co-operation we received during the audit from College of Pharmacists of British Columbia's management and staff who have assisted us in carrying out our work. We look forward to connecting with you to discuss the contents of this report and any other matters that you consider appropriate.

Yours truly,

Bill Cox, FCPA, FCA  
Partner through a corporation  
BDO Canada LLP  
Chartered Professional Accountants

Paul Fripp, CPA, CA  
Partner  
BDO Canada LLP  
Chartered Professional Accountants

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DRAFT

## SUMMARY



### Status of the Audit

As of the date of this report, we have substantially completed our audit of the 2019 financial statements, subject to completion of the following items:

- ▶ Receipt of signed management representation letter
- ▶ Receipt of outstanding legal confirmations
- ▶ Subsequent events review through to financial statement approval date
- ▶ Approval of financial statements by those charged with governance.

We conducted our audit in accordance with Canadian generally accepted auditing standards. The objective of our audit was to obtain reasonable, not absolute, assurance about whether the financial statements are free from material misstatement. See Appendix A for our draft independent auditor's report.

The scope of the work performed was substantially the same as that described in our Planning Report to the Board of Directors dated April 3, 2019.



### Materiality

As communicated to you in our Planning Report to the Board of Directors, preliminary materiality was \$190,000. Final materiality is updated to \$197,000 from our preliminary assessment.



### Audit Findings

Our audit focused on the risks specific to your operations and key accounts. Our discussion points below focus on key areas of audit focus:

- ▶ Revenue Recognition
- ▶ Risk of Management Override
- ▶ Cash and Investments
- ▶ Staff Salaries



### Internal Control Matters

We are required to report to you in writing, any significant deficiencies in internal control that we have identified.

There were no control deficiencies were noted that, in our opinion, are of significant importance to discuss with those charged with governance.



### Adjusted and Unadjusted Differences

There are no adjusted or unadjusted differences or disclosure omissions identified through the course of our audit engagement.



### Independence

Our annual letter confirming our independence was previously provided to you. We know of no circumstances that would cause us to amend the previously provided letter. We confirm that we are still independent as of the date of this letter.





### Management Representations

During the course of our audit, management made certain representations to us. These representations were verbal or written and therefore explicit, or they were implied through the financial statements. Management provided representations in response to specific queries from us, as well as unsolicited representations. Such representations were part of the evidence gathered by us to be able to draw reasonable conclusions on which to base our audit opinion. These representations were documented by including them in the audit working papers, memoranda of discussions with management and written representations received from management.

A summary of the written representations we have requested from management is set out in the representation letter included in Appendix B to the report.



### Significant Audit Estimates

Management is responsible for determining College of Pharmacists of British Columbia's significant accounting policies. The choice between accounting policy alternatives can have a significant effect on the financial position and results of the organization. The application of those policies often involves significant estimates and judgments by management. Based on the audit work that we have performed, it is our opinion that the accounting policies and estimates in the financial statements are reasonable and the disclosures relating to accounting estimates are in accordance with Canadian accounting standards for not-for-profit organizations.



### Fraud Discussion

Through our planning process, and current and prior years' audits, we have developed an understanding of your oversight processes. We are not currently aware of any fraud affecting the entity, other than items previously reported or discussed.

If you are aware of changes to processes or are aware of any instances of actual, suspected or alleged fraud affecting the College since our discussions held at planning, we request that you provide us with this information.

Please refer to the Auditor's Responsibilities for Detecting Fraud in the Planning Report to the Board of Directors.

## AUDIT FINDINGS

As part of our ongoing communications with you, we are required to have a discussion on our views about significant qualitative aspects of the College's accounting practices, including accounting policies, accounting estimates and financial statement disclosures. In order to have a frank and open discussion, these matters can also be discussed verbally with you. A summary of the key discussion points are as follows:

### KEY AUDIT AREAS

As described in our Planning Report to the Board of Directors, the following key audit areas were identified based on our knowledge of the College of Pharmacists of British Columbia's operations, our past experience, and knowledge gained from management and the Board of Directors.

#### Revenue Recognition

| Key Audit Area   | Approach  | Results   |
|--|---|---|
| There is a risk that revenue may be incorrectly deferred into future periods in order to reduce surplus, or recognized in the current year in order to reduce deficit. | <p>Assess revenue recognition policies for consistency with professional standards, an analytical review and corroboration with other sources, and inquiries into new revenue and/or expense streams and performance of testing thereof.</p> <p>Substantively test membership billings and payments to agree membership records to accounting records as well as reviewed journal entries and corroborate with other sources.</p> | All audit testing in this area was executed as planned with no issues to be reported. |

## Management Override of Controls

| Key Audit Area   | Approach   | Results  |
|--|--|--|
| <p>Management is in a unique position to perpetrate fraud because of management's ability to directly or indirectly manipulate accounting records, and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.</p> <p>This risk is required to be addressed for all audits pursuant to Canadian audit standards.</p> | <p>Tested the appropriateness of journal entries recorded in the general ledger, review key estimates and other adjustments made in the preparation of the financial statements.</p> | <p>All audit testing in this area was executed as planned with no issues to be reported.</p> |

## Cash and Investments

| Key Audit Area  | Approach  | Results  |
|---|---|--|
| <p>Due to its nature, cash and investments are almost always considered to be a risk area in any audit.</p> | <p>Reviewed the year-end reconciliations and obtained third party confirmations.</p> <p>Considered the risk of impairment over investments.</p> <p>Review of reports on return and investment strategies.</p> | <p>All audit testing in this area was executed as planned with no issues to be reported.</p> |

## Staff Salaries

| Key Audit Area   | Approach  | Results   |
|--|---|---|
| A significant type of expenditures that covers many employees and departments. As a not-for-profit organization, this figure is often of particular interest to financial statement users (taxpayers). | Performed systems testing and tests of controls.<br><br>Performed substantive analytical procedures around staff salaries and benefits.<br><br>Reviewed the consistency and appropriateness of the allocations to segments. | All audit testing in this area was executed as planned with no issues to be reported. |

## INTERNAL CONTROL MATTERS

During the course of our audit, we performed the following procedures with respect to the College's internal control environment:

- ▶ Documented operating systems to assess the design and implementation of control activities that were determined to be relevant to the audit.
- ▶ Discussed and considered potential audit risks with management.

The results of these procedures were considered in determining the extent and nature of substantive audit testing required.

We are required to report to you in writing significant deficiencies in internal control that we have identified during the audit. A significant deficiency is defined as a deficiency or combination of deficiencies in internal control that, in the auditor's professional judgment, is of sufficient importance to merit the attention of those charged with governance.

As the purpose of the audit is for us to express an opinion on the College's financial statements, our audit cannot be expected to disclose all matters that may be of interest to you. As part of our work, we considered internal control relevant to the preparation of the financial statements such that we were able to design appropriate audit procedures. This work was not for the purpose of expressing an opinion on the effectiveness of internal control.

## OTHER REQUIRED COMMUNICATIONS

Professional standards require independent auditors to communicate with those charged with governance certain matters in relation to an audit. In addition to the points communicated within this letter, the table below summarizes these additional required communications.

| Required Communication   | Audit Planning Presentation | Audit Results Presentation | Auditor Comments  |
|--|-----------------------------|----------------------------|---|
| 1. Our responsibilities under Canadian Auditing Standards (CAS)    | ✓                           |                            | Included in our engagement letter dated November 6, 2017      |
| 2. Our audit strategy and audit scope                              | ✓                           |                            | Included in our Planning Report dated April 3, 2019           |
| 3. Fraud risk factors  | ✓                           |                            | Included in our Planning Report dated April 3, 2019           |
| 4. Going concern matters   |                             | ✓                          | None  |
| 5. Significant estimates or judgments                              |                             | ✓                          | See Page 5  |
| 6. Audit adjustments   |                             | ✓                          | None noted  |
| 7. Unadjusted differences  |                             | ✓                          | None noted  |
| 8. Omitted disclosures   |                             | ✓                          | None noted  |
| 9. Disagreements with management                                   |                             | ✓                          | There were no disagreements with management                   |
| 10. Consultations with other accountants or experts                |                             | ✓                          | No external experts were consulted during this engagement     |
| 11. Major issues discussed with management in regards to retention |                             | ✓                          | None  |
| 12. Significant difficulties encountered during the audit          |                             | ✓                          | No significant difficulties were encountered during our audit |

| Required Communication   | Audit Planning Presentation | Audit Results Presentation | Auditor Comments  |
|--|-----------------------------|----------------------------|---|
| 13. Significant deficiencies in internal control   |                             | ✓                          | No significant deficiencies were noted  |
| 14. Material written communication between BDO and management                                      |                             | ✓                          | No material written communications were noted                                 |
| 15. Any relationships which may affect our independence  | ✓                           | ✓                          | No independence issues to communicate   |
| 16. Any illegal acts identified during the audit   |                             | ✓                          | No illegal activities identified through the audit process                    |
| 17. Any fraud or possible fraudulent acts identified during the audit                              | ✓                           | ✓                          | No fraud identified through the audit process                                 |
| 18. Significant transactions with related parties not consistent with ordinary business operations |                             | ✓                          | None noted  |
| 19. Non-compliance with laws or regulations identified during the audit                            |                             | ✓                          | No legal or regulatory non-compliance matters were noted as part of our audit |
| 20. Limitations of scope over our audit, if any  |                             | ✓                          | None  |
| 21. Written representations made by management   |                             | ✓                          | See Appendix B  |
| 22. Any modifications to our opinion, if required  |                             | ✓                          | Please see our draft independent auditor's report included in Appendix A      |

## APPENDIX A: INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of  
College of Pharmacists of British Columbia

### Opinion

We have audited the financial statements of The College of Pharmacists of British Columbia, which comprise the Statement of Financial Position as at February 28, 2019, and the Statements of Operations, Changes in Net Assets and Cash Flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information.

In our opinion, the financial statements present fairly, in all material respects, the financial position of The College of Pharmacists of British Columbia as at February 28, 2019, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

### Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of this report. We are independent of The College of Pharmacists of British Columbia in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing The College of Pharmacists of British Columbia's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate The College of Pharmacists of British Columbia or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing The College of Pharmacists of British Columbia's financial reporting process.

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they



could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The College of Pharmacists of British Columbia's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on The College of Pharmacists of British Columbia's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause The College of Pharmacist of British Columbia to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants  
Vancouver, British Columbia

[Board approval date]

## APPENDIX B: REPRESENTATION LETTER

[Board approval date]

BDO Canada LLP  
600-925 West Georgia Street  
Vancouver, BC  
V6C 3L2

This representation letter is provided in connection with your audit of the financial statements of College of Pharmacists of British Columbia for the year ended February 28, 2019, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with Canadian accounting standards for not-for-profit organizations.

We confirm that to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

### Financial Statements

- We have fulfilled our responsibilities, as set out in the terms of the audit engagement dated November 6, 2017, for the preparation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations; in particular, the financial statements are fairly presented in accordance therewith.
- Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
- Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of Canadian accounting standards for not-for-profit organizations.
- All events subsequent to the date of the financial statements and for which Canadian accounting standards for not-for-profit organizations require adjustment or disclosure have been adjusted or disclosed.
- The financial statements of the entity use appropriate accounting policies that have been properly disclosed and consistently applied.
- There are no uncorrected misstatements that would be material, individually or in the aggregate, to the financial statements as a whole.

### Information Provided

- We have provided you with:
  - access to all information of which we are aware that is relevant to the preparation of the financial statements, such as records, documentation and other matters;
  - additional information that you have requested from us for the purpose of the audit; and
  - unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
- We are responsible for the design, implementation and maintenance of internal controls to prevent, detect and correct fraud and error, and have communicated to you all deficiencies in internal control of which we are aware.
- All transactions have been recorded in the accounting records and are reflected in the financial statements.
- We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- We have disclosed to you the identity of the entity's related parties and all the related party relationships and transactions of which we are aware.

### Fraud and Error

- We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the entity and involves:
  - management;
  - employees who have significant roles in internal control; or
  - others where the fraud could have a material effect on the financial statements.
- We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators, or others.

### Existence, Completeness and Valuation of Specific Financial Statement Balances

- All financial instruments have been appropriately recognized and measured in accordance with Canadian accounting standards for not-for-profit organizations.
- Significant assumptions used in arriving at the fair value of financial instruments are reasonable and appropriate in the circumstances.
- Where the value of any asset has been impaired, an appropriate provision has been made in the financial statements or has otherwise been disclosed to you.

### General Representations

- The nature of all material uncertainties have been appropriately measure and disclosed in the financial statements, including all estimates where it is reasonably possible that the estimate will change in the near term and the effect of the change could be material to the financial statements.
- There were no direct contingencies or provisions (including those associated with guarantees or indemnification provisions), unusual contractual obligations nor any substantial commitments, whether oral or written, other than in the ordinary course of business, which would materially affect the financial statements.

### Other Representations Where the Situation Exists

- We have informed you of all known actual or possible litigation and claims, whether or not they have been discussed with legal counsel. Since there are no actual, outstanding or possible litigation and claims, no disclosure is required in the financial statements.

Yours truly,

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Signature

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Position

## APPENDIX C: MANAGEMENT LETTER

June 12, 2019

Mrs. Mary O'Callaghan  
College of Pharmacists of British Columbia  
1765 W 8th Ave #200,  
Vancouver, BC V6J 5C6

Dear Mrs. O'Callaghan:

Re: Auditor's Management Letter

As your external auditors we are engaged to provide an audit opinion on your year-end financial statements. An external audit requires testing of transactions and balances and review of those internal control systems upon which we may place reliance. A positive opinion on the financial statements does not necessarily mean that your internal control systems are all operating effectively. This is because we review only those internal control systems where we feel that failure in those systems could result in a material error on the financial statements. With those systems that we do review, our focus is on the assertions necessary to meet our financial statement audit objectives.

Our review of systems, transactions and balances as well as discussions with staff at various levels throughout the College gives us a unique insight into your operations. While conducting this work we make note of items that come to our attention where we feel that improvement could be made or alternatives could be considered. We are fortunate in that we work with a great number of clients and observe a wide variety of processes. We see firsthand any procedures that are emerging as best practices.

We are required to report to you in writing, significant deficiencies in internal control that we have identified during the audit. A significant deficiency is defined as a deficiency or combination of deficiencies in internal control that, in the auditor's professional judgment, is of sufficient importance to merit the attention of those charged with governance.

As matters come to our attention we make note of these for subsequent follow-up. For minor matters, we discuss directly with the staff involved. More important matters are brought forward in this letter (known as a management letter).

It is always worth noting that we almost always come up with points for all clients. The existence of points does not mean that there are significant problems with your systems or staff. They are just recommendations to make good systems better.

## Prior Year Recommendations

### 1. Disaster recovery plan

We noted that the College does not have a disaster recovery plan. We recommended that the College should:

- (1) Establish a priority processing plan based on the impact of the delay expected for equipment replacement.
- (2) Investigate alternate facilities to provide sufficient processing time for critical applications.
- (3) Perform periodic test operations at the alternate facility and document the contingency operating procedures.
- (4) Provide for notification of equipment changes at the alternate facility and for updating the plan periodically.

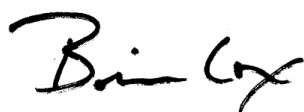
2019 update:

Management has continued its discussions on this topic with the College's IT Managed Services Provider.

We received excellent cooperation from everyone at the College during the audit. We would like to thank you and all staff for their assistance during the audit process.

Please do not hesitate to contact us should you wish to further discuss any of the matters discussed in this letter.

Yours truly,



Bill Cox, FCPA, FCA  
Partner through a corporation  
BDO Canada LLP  
Chartered Professional Accountants



Paul Fripp, CPA, CA  
Partner  
BDO Canada LLP  
Chartered Professional Accountants

## BOARD MEETING September 13, 2019

### **2b.viii. Approval of Revised Registrar Evaluation and Succession Planning Committee Terms of Reference**

### **DECISION REQUIRED**

#### **Recommended Board Motion:**

*Approve the revised Registrar Evaluation and Succession Planning Committee Terms of Reference as circulated.*

#### **Purpose**

To approve the revisions made to the Registrar Evaluation and Succession Planning Committee Terms of Reference.

#### **Discussion**

At the June 14, 2019 Board meeting, the Board has approved the establishment of the Registrar Evaluation & Succession Planning Committee with the terms of reference as circulated. The committee reviewed the terms of reference at its first meeting on July 15, 2019 and suggested that the membership and secretariat support should be clarified.

Please see Appendix 1 for the revised Registrar Evaluation and Succession Planning Committee with revisions noted in track changes.

#### **Recommendation**

The Registrar Evaluation and Succession Planning Committee recommends that the Board approve the revisions made to the Registrar Evaluation and Succession Planning Committee Terms of Reference.

#### **Appendix**

|   |   |
|---|---|
| 1 | Revised Registrar Evaluation and Succession Planning Committee Terms of Reference (track changes) |
|---|---|



## Registrar Evaluation and Succession Planning Committee

### Background

The Board has established the Registrar Evaluation and Succession Planning Committee to oversee both the ongoing evaluation of the Registrar and the Registrar succession planning process.

### Authority

Health Professions Act (HPA) – Section 21 (1).

### Mandate

To oversee the Registrar performance evaluation and Registrar succession planning processes

### Responsibilities

With the Registrar and the Board, establish and administer:

1. An annual performance management plan
  - a. Establish joint ownership of the annual process with the Registrar;
  - b. Work collaboratively with the Registrar to agree on performance criteria at the commencement of the annual cycle;
  - c. Recommend performance criteria for board approval;
  - d. Provide mid-year feedback to the Registrar;
  - e. Review year-end results and determine compensation action;
  - f. Recommend compensation adjustments (salary and benefits) for board approval;
  - g. Conduct formal year-end discussion with the registrar to provide the performance feedback and discuss next steps as applicable.
2. A succession plan for the Registrar
  - a. Review and revise the Registrar's job description for board review and approval annually;
  - b. Work collaboratively with the Registrar to identify a roster of potential candidates, including their readiness and interest;
  - c. Inform and advise the Board on potential candidates annually or more often as necessary;
  - d. Discuss any action needed to further prepare potential candidates for succession;
  - e. Discuss with the Registrar, the anticipated timeline for succession needs.

### Reporting relationship

The committee reports to the Board.

### Membership

- The Board Chair
- The Board Vice Chair
- ~~Three~~Two Board members at large of which at least one will be a public Board member  
• ~~A public Board member~~

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### Term of appointment

The Board Chair and Vice Chair of the Board are determined by virtue of their positions. The additional board members are appointed by the Board.

### Committee officers

The Board Chair is the Chair of the committee. The Board Vice Chair is the Vice Chair of the committee.

### Voting

While the committee operates by consensus, if a vote is required, each committee member is entitled to one vote.

### Meeting procedures

|                             |  |
|-----------------------------|--|
| <i>Schedule:</i>            | At least twice per year, usually prior to the April mid-term evaluation and September annual evaluation. Other meetings at the call of the Chair.  |
| <i>Format:</i>              | In person, by teleconference or by videoconference.  |
| <i>Agenda:</i>              | Circulated in advance of the meetings.   |
| <i>Attendees:</i>           | Only committee members, College staff and invited guests are entitled to attend committee meetings.  |
| <i>Quorum:</i>              | A majority of the committee or all members of a panel.   |
| <i>Minutes:</i>             | Drafted by the secretariat for review and approval at next committee meeting; filed at the College office.   |
| <i>Secretariat Support:</i> | <del>Provided by an external contractor approved by the Board.</del> <u>Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.</u> |

### Confidentiality

Each committee member must sign a confidentiality agreement indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the committee.

### Remuneration

Committee members may claim honoraria and expense reimbursement in accordance with the Board's policy and guidelines for claiming committee expenses.



College of Pharmacists  
of British Columbia

## BOARD MEETING September 13, 2019

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### **2b.ix. Governance Committee**

#### **a) Appointment of Chair to the Registration Committee**

### **DECISION REQUIRED**

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#### **Recommended Board Motion:**

*Appoint Ray Jang as Chair of the Registration Committee, for a one year term.*

---

#### **Purpose**

To appoint a Chair to the Registration Committee.

#### **Background**

Currently, the Registration Committee does not have a Chair as the previous Chair has stepped down.

As per the Committee's Terms of Reference, the Board appoints a Chair from amongst the Committee's current membership.

#### **Recommendation**

It is recommended that the Board appoint Ray Jang as the Chair of the Registration Committee, for a one year term.

## BOARD MEETING September 13, 2019

### **2b.ix. Governance Committee**

#### **b) Approval of Revised Practice Review Committee Terms of Reference**

### **DECISION REQUIRED**

#### **Recommended Board Motion:**

*Approve a revision to the Practice Review Committee Terms of Reference, to reflect the amalgamation and name change of the Hospital Pharmacy Advisory Committee, Community Pharmacy Advisory Committee and Residential Care Advisory Committee to the Pharmacy Advisory Committee.*

#### **Purpose**

To approve a revision to the Practice Review Committee Terms of Reference to reflect the amalgamation and name change of the:

- Hospital Pharmacy Advisory Committee;
- Community Pharmacy Advisory Committee; and,
- Residential Care Advisory Committee.

These committee have amalgamated into one committee which is called the Pharmacy Advisory Committee.

#### **Discussion**

At its most recent meeting, the Governance Committee reviewed the current terms of reference for existing committees. It recommends a revision to the Practice Review Committee Terms of Reference, to reflect the amalgamation and name change of the Hospital Pharmacy Advisory Committee, Community Pharmacy Advisory Committee and Residential Care Advisory Committee to the Pharmacy Advisory Committee. See Appendix 1 for the proposed amended Terms of Reference.

## Recommendation

The Governance Committee recommends that the Board approve the revision to the Practice Review Committee Terms of Reference.

| Appendix |  |
|----------|--|
| 1        | Revised Practice Review Committee Terms of Reference (track changes) |



## PRACTICE REVIEW COMMITTEE

### Background

The Board has established the Practice Review Committee to develop and maintain the Pharmacy Review and the Pharmacy Professionals' Review components of the Practice Review Program (PRP).

### Authority

Health Professions Act (HPA) s. 19(1)(t) and HPA Bylaws sections 15.1 and 19.

### Mandate

To monitor standards of practice to enhance the quality of pharmacy care for British Columbians.

### 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.
- Liaise with the ~~Hospital Pharmacy Advisory Committee, Community Pharmacy Advisory Committee and Residential Care Advisory Committee~~ Pharmacy 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.

### Reporting relationship

The committee as a whole reports to the Board and must submit a report of its activities to the Board annually, or as required by the Board.

### Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board (there must be representation from both groups of registrants).
- At least 1/3 of its members must consist of public representatives at least one of whom must be an appointed Board member.



## **Panels**

- The committee may meet in panels of at least 3 persons but not more than 5 persons, and each panel must include at least 1/3 public representatives.
- The Chair must appoint the members of a panel and must designate a chair for each panel.
- The panel may exercise any power, duty or function of the Practice Review Committee.

## **Term of appointment**

- Appointments are determined by the Board and will not exceed 3 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

## **Committee officers**

Board appoints a committee chair and vice-chair from among the members of the committee.

## **Voting rights**

Each committee member, including the public representative, is entitled to one vote on all matters coming before the committee.

## **Meeting procedures**

|                             |   |
|-----------------------------|---|
| <i>Schedule:</i>            | As required to fulfill its mandate and responsibilities.  |
| <i>Format:</i>              | In person, by teleconference or by videoconference.   |
| <i>Agenda:</i>              | Developed by College staff in consultation with the committee chair with input from committee members.  |
| <i>Attendees:</i>           | Only Practice Review (PR) Committee members and College staff are entitled to attend committee and panel meetings, unless specifically invited by the committee chair as a guest. |
| <i>Quorum:</i>              | A simple majority of the committee.   |
| <i>Minutes:</i>             | Drafted by College staff for review and approval at next committee meeting; filed at the College office.  |
| <i>Secretariat support:</i> | Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.  |



### **Conflict of interest disclosure**

Members must declare conflicts of interest prior to the discussion of individual files or at any time a conflict of interest or potential conflict of interest arises.

A conflict of interest refers to situations in which personal, occupational or financial considerations may affect or appear to affect the objectivity or fairness of decisions related to the committee activities. A conflict of interest may be real, potential or perceived in nature. Individuals must declare potential conflicts to the chair of the committee and must either absent themselves from the discussion and voting, or put the decision to the committee on whether they should absent themselves.

### **Confidentiality**

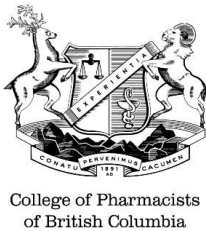
Each committee member must sign a confidentiality agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the committee.

### **Remuneration**

Committee members may claim honoraria and expense reimbursement in accordance with the Board's policy and guidelines for claiming committee expenses.

### **Amendment to terms of reference**

The Board may amend committee terms of reference at any time and from time to time.



## BOARD MEETING September 13, 2019

### **2b.x. Legislation Review Committee** **a) PPP Amendment: PPP-76 Criminal Record History Vendor**

### **DECISION REQUIRED**

#### **Recommended Board Motion:**

*Approve an amendment to Professional Practice Policy 76 – Criminal Record History Vendor, to reflect the name change of the approved criminal record history vendor from Sterling Talent Solutions to Sterling Backcheck, as circulated.*

#### **Purpose**

To approve an amendment to Professional Practice Policy (“PPP”) -76 Criminal Record History Vendor, to update the name of the approved vendor for criminal record history checks, from Sterling Talent Solutions to Sterling Backcheck.

#### **Discussion**

At their November 2017 meeting, the Board approved the use of an external vendor, to conduct criminal record history checks for direct and indirect owners and pharmacy managers as required by the *Pharmacy Operations and Drug Scheduling Act*. This vendor was adopted via PPP rather than via bylaw, to allow for prompt changes if needed and thereby have minimal impact on the licensure process.

Recently, the vendor has changed its name from Sterling Talent Solutions to Sterling Backcheck. Accordingly, the PPP has been amended to reflect this name change (see Appendix 1).

#### **Recommendation**

The Legislation Review Committee recommends that the Board approve the amendment to PPP-76 Criminal Record History Vendor.

#### **Next Steps**

If approved by the Board, this change would be effective immediately.

#### **Appendix**

|   |  |
|---|--|
| 1 | Amendment to PPP-76 Criminal Record History Vendor (track changes) |
|---|--|



# Appendix 1

**POLICY CATEGORY:**  
**POLICY FOCUS:**

**PROFESSIONAL PRACTICE POLICY- 76**  
**Criminal Record History Vendor**

---

This policy provides guidance to direct owners, indirect owners and managers of pharmacies in British Columbia on submitting a criminal record history for the purpose of pharmacy licensure to the College as required in the *Pharmacy Operations and Drug Scheduling Act* sections 3(f), 5.1 and 21(1)(d.1) and *Pharmacy Operations and Drug Scheduling Act* – Bylaws sections 1 and 14.

## **POLICY STATEMENT:**

The Board of the College of Pharmacists of BC adopts the vendor Sterling ~~Talent Solutions (formerly known as BackCheck)~~[Backcheck](#) for all criminal record history (CRH) checks.

## **BACKGROUND:**

The *Pharmacy Operations and Drug Scheduling Amendment Act, 2016* considerably changed pharmacy ownership legislation. Some of the key changes included authorizing the College to:

- Identify pharmacy owners, including non-registrants;
- Determine pharmacy owners' suitability for pharmacy ownership; and
- Hold them accountable for providing safe and effective care and ensuring that their pharmacies are compliant with legislative requirements.

The Act and Bylaws set out requirements for pharmacy licensure, including a CRH. The approved vendor will administer the criminal record check and will provide the results to the College for review in accordance with the legislation.



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## BOARD MEETING September 13, 2019

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### 3. Confirmation of Agenda

#### DECISION REQUIRED

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#### Recommended Board Motion:

*Approve the September 13, 2019 Draft Board Meeting Agenda as circulated, or amended.*

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| Appendix |   |
|----------|---|
| 1        | September 13, 2019 Draft Board Meeting Agenda |



**Board Meeting**  
**Friday, September 13, 2019**  
**CPBC Office, 200-1765 West 8th Avenue, Vancouver**  
**AGENDA**

|                   |    |   |   |
|-------------------|----|---|---|
| 8:30am - 8:35am   | 5  | 1. Call to Order<br><i>Land Acknowledgement</i>   | Chair Barry   |
|                   |    | 2. Consent Agenda<br>a) Items for Further Discussion<br>b) Approval of Consent Items <b>[DECISION]</b>  | Chair Barry   |
|                   |    | 3. Confirmation of Agenda <b>[DECISION]</b>   | Chair Barry   |
| 8:35am - 8:45am   | 10 | 4. Committee Updates:<br>a) Audit and Finance Committee (update to be provided in item 11)<br>b) Legislation Review Committee (update to be provided in item 8)<br>c) Governance Committee (update to be provided in item 14)<br>d) Application Committee (update to be provided in item 9)<br>e) Drug Administration Committee (updated to be provided in item 6)<br>f) Ethics Advisory Committee<br>g) Pharmacy Advisory Committee<br>h) Practice Review Committee<br>i) Quality Assurance Committee<br>j) Discipline Committee<br>k) Inquiry Committee<br>l) Registration Committee<br>m) Registrar Evaluation & Succession Planning Committee | Committee Chairs<br>Frank Lucarelli<br>Mona Kwong<br>Mona Kwong<br>Christine Antler<br>Chair Barry<br>Bal Dhillon<br>Tara Oxford<br>Tracey Hagkull<br>Frank Lucarelli<br>Chair Barry<br>Chair Barry<br>Chair Barry<br>Chair Barry |
| 8:45am - 9:30am   | 45 | 5. Medication Incident Error Reporting <b>[DECISION]</b>  | Ashifa Keshavji   |
| 9:30am - 10:00am  | 30 | 6. Drug Administration Committee:<br>a) Committee Updates<br>b) Status Update - Drug Administration Authority   | Chair Barry   |
| 10:00am - 10:30am | 30 | 7. Pharmaceutical Services Division: Defining and Delivering on its Mandate   | Mitch Moneo   |
| 10:30am - 10:45am | 15 | <b>BREAK</b>  |   |
| 10:45am - 11:30am | 45 | 8. Legislation Review Committee<br>a) Committee Updates<br>b) HPA Bylaws: Amending Committee Member Terms of Office <b>[DECISION]</b><br>c) Authorizing the Registrar to Act under s.32(3) of the HPA <b>[DECISION]</b><br>d) PODSA Bylaws: Fee Amendments <b>[DECISION]</b><br>e) DSR Amendment: Rescheduling of Codeine Cough Preparations as Schedule IA <b>[DECISION]</b><br>f) PPP Amendment: PPP-3 Pharmacy References <b>[DECISION]</b>  | Mona Kwong  |
| 11:30am - 11:45am | 15 | 9. Application Committee<br>a) PODSA Ownership Update<br>b) Committee Updates   | Christine Antler  |
| 11:45am - 12:00pm | 15 | 10. Medical Delegation Request: Pro-Health Pharmacy <b>[DECISION]</b>   | Registrar Nakagawa  |
| 12:00pm - 1:00pm  | 60 | <b>LUNCH</b>  |   |
| 1:00pm - 2:00pm   | 60 | 11. Audit and Finance Committee<br>a) Committee Updates<br>b) Strategic Plan 2020/2021 to 2024/2025 Budget Implications <b>[DECISION]</b><br>c) Approval of Joint Venture Building Curtain Wall Repairs <b>[DECISION]</b>   | Tracey Hagkull  |
| 2:00pm to 2:15pm  | 15 | 12. Approval of Strategic Plan 2020/2021 to 2024/2025 Goals and Objectives <b>[DECISION]</b>  | Christine Antler  |
| 2:15pm - 2:25pm   | 10 | 13. Registrar Evaluation & Succession Planning Committee<br>a) Approval of Updated Registrar's Job Description <b>[DECISION]</b><br>b) Approval of the Registrar Evaluation Calendar <b>[DECISION]</b>  | Chair Barry   |
| 2:25pm - 2:55pm   | 30 | 14. Governance Committee<br>a) Committee Updates<br>b) Establishment of Past Chairs Advisory Committee <b>[DECISION]</b><br>c) Approval of Revised Board Reference and Policies <b>[DECISION]</b>   | Mona Kwong  |
| 2:55pm - 3:00pm   | 5  | 15. Items Brought Forward from Consent Agenda   | Chair Barry   |
|                   |    | <b>CLOSING COMMENTS AND ADJOURNMENT</b>   |   |

## BOARD MEETING September 13, 2019

### 5. Medication Incident Reporting Program

#### DECISION REQUIRED

##### Recommended Board Motion:

*Direct the Registrar to require mandatory anonymous medication incident reporting in community pharmacies using any medication incident reporting platform of the pharmacies' choosing from among those platforms that meet the College's criteria, including capability to transfer a minimal data set into a national repository that is administered by an independent third party.*

##### Purpose

To seek Board approval to require mandatory anonymous medication incident reporting in community pharmacies.

##### Background

Medication errors are a leading cause of preventable injuries and result in significant costs to health systems<sup>1</sup>. They have also become a key focus area for pharmacy regulatory bodies in Canada.

In July 2017, Melissa Sheldrick, [a patient safety advocate whose son passed away due to a drug dispensing error in Ontario](#), requested that the College consider implementing mandatory medication incident reporting. She met with the Registrar in August 2017 to discuss her work in advocating for all provinces to implement mandatory anonymous medication incident reporting programs. In particular, a discussion was held on the importance of implementing a program in British Columbia to fulfill the College's mandate of protecting public safety.

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<sup>1</sup> Globally, the cost associated with these errors has been estimated at 42 billion US dollars annually. The World Health Organization (WHO) launched the initiative Medication Without Harm as the third Global Patient Safety Challenge in 2017. <sup>1</sup> The goal is "to gain worldwide commitment and action to reduce severe, avoidable medication-related harm by 50% in the next five years, specifically by addressing harm resulting from errors or unsafe practices due to weaknesses in health systems. The Challenge aims to make improvements at each stage of the medication process, including prescribing, dispensing, administering, monitoring and use."



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In November 2017, the issue was presented to the Board (see Appendix 2). Following a discussion, the Board directed the Registrar to explore potential alternatives to the College's existing quality management requirements.

In November 2018, potential options for medication error reporting were presented to the Board (see Appendix 3). After considering the options, the Board directed the Registrar to move forward with the option of exploring implementation of mandatory medication incident reporting to an independent third party.

A set of key terms used in this Briefing Note have been defined in Appendix 1.

### **Discussion**

Since the last time the Board discussed this important topic, the College's Practice Review and Quality Assurance team have:

1. Established and participated in the Provincial Regulatory Authority Continuous Quality Improvement ("PRA CQI") working group with representatives from the Provincial Regulatory Authorities in other provinces;
2. Participated in Joint CQI meetings with the Institute for Safe Medication Practices Canada ("ISMP Canada") and representatives from the Provincial Regulatory Authorities in other provinces;
3. Engaged a Senior Project Manager to coordinate research and analysis on solution options, development of material for the Board, facilitation of the PRA CQI meetings, and project planning;
4. Reviewed a number of medication incident reporting platforms and received demonstrations;
5. Joined the NAPRA Medication Incident Reporting Working Group;
6. Updated the Interjurisdictional Scan (see Appendix 4); and
7. Identified Medication Incident Reporting as a strategic priority for Board consideration.



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### ***Public Safety***

In 2017/18<sup>2</sup> and 2018/19<sup>3</sup>, the most common complaints received by the College were related to medication dispensing errors by pharmacy professionals. In addition, since medication incident reporting issues were first brought to the Board's attention in November 2017, additional cases of medication incidents across Canada have gained notoriety and further highlighted the relationship between medication incident reporting and public safety.<sup>4</sup>

Data analysis of medication incidents has the potential to improve public safety nationally and provincially. Mandatory anonymous medication incident reporting provides data that can be analyzed to help identify trends in incidents that are occurring and provide opportunities to learn from mistakes, improve practice and better protect the public<sup>5</sup>. Such reporting is a critical component of an overall standardized Continuous Quality Improvement ("CQI") program and allows for:

- Emphasis of learning and accountability over blame and punishment, through a culture where individuals are comfortable bringing forward medication incidents without fear of punitive outcomes, which leads to heightened awareness regarding potential incidents.
- Anonymized aggregate data reports and/or bulletins available to pharmacies and the pharmacy regulatory authority. This allows shared learning at the pharmacy level and gives the regulatory authority data to guide communications to registrants and the development of policies and legislation for the pharmacy profession.

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<sup>2</sup> College of Pharmacists of BC 2017/18 Annual Report <http://annualreport.bcpharmacists.org/ar2018/complaints-and-investigations-statistics>

<sup>3</sup> College of Pharmacists of BC 2018/19 Annual Report <http://annualreport.bcpharmacists.org/ar2019/complaints-and-investigations-statistics>

<sup>4</sup> In February 2018, a Moncton pharmacist was fined and reprimanded by the New Brunswick College of Pharmacists for a dispensing error that led to the death of a patient in long-term care. Baclofen suspension, a muscle relaxant, was dispensed at five times the concentration on the label:

<https://www.cbc.ca/news/canada/new-brunswick/moncton-pharmacist-fined-1.4516216> ;

In October 2018, human error resulted in a three-year-old on Vancouver Island taking five times the amount of morphine he was prescribed, leading to an opioid overdose:

<https://www.cbc.ca/news/canada/british-columbia/shawnigan-lake-toddler-morphine-overdose-1.4862694>

<sup>5</sup> Note that Adverse Drug Reactions ("ADR") are recorded separately under the direction of Health Canada, who define an adverse reaction as "a noxious and unintended effect to a health product" and follow a distinct process from medication incident reporting; ADR are therefore out of scope for this Briefing Note. More information about adverse reaction reporting can be found on Health Canada's website at <https://www.canada.ca/en/health-canada/services/drugs-health-products/medeffect-canada/adverse-reaction-reporting.html#a5>

## BOARD MEETING September 13, 2019

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### ***Current State***

Currently in British Columbia there is a distinction between community pharmacies and hospital pharmacies with regards to medication incident reporting such that in:

- **Community pharmacies** there is no way to quantify the number and types of medication incidents that are occurring and there is no central information system through which pharmacy staff can report medication incidents. As a result, there is a missed opportunity for the majority of current pharmacies and pharmacy professionals in BC (see Appendix 5) to learn from incidents occurring in other pharmacies.
- **Hospital pharmacies** there is a common information system called the BC Patient Safety & Learning System (“BCPSLS”) which “is a web-based tool used by approximately 100,000 health care providers across BC to report and learn about patient safety events, near misses and hazards” and to which over 400 safety event reports are submitted each day from across the province with over one million safety event reports in the BCPSLS database to date<sup>6</sup>. Data from the BCPSLS is then provided to the Canadian Institute for Health Information (“CIHI”) and stored in their National System for Incident Reporting (“NSIR”) which is a web-based application used by Canadian health care facilities to securely and anonymously share, analyze and discuss medication incidents and radiation treatment incidents<sup>7</sup>.

Given that hospital pharmacies have an existing platform in place, the options outlined in this briefing note relate to addressing the gap of medication incident reporting in community pharmacies.

### ***Existing Information Systems – Medication Incident Reporting Platforms***

In addition to NSIR and BCPSLS, other known reporting platforms include:

- ISMP’s Community Pharmacy Incident Reporting (“CPhIR”)<sup>8</sup>; and
- Pharmapod<sup>9</sup>.

Some pharmacy management information systems also have built-in functionality to record medication incidents. Electronic interfacing and confirmation that a platform meets the mandatory criteria would be needed to get this data into a national repository.

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<sup>6</sup> More information about the BCPSLS can be found on its website: <http://bcpslscentral.ca/>

<sup>7</sup> More information about the NSIR can be found on the CIHI website: <https://www.cihi.ca/en/national-system-for-incident-reporting-nsir>

<sup>8</sup> More information ISMP can be found on the ISMP website: <https://www.ismp.org/> and more information ISMP’s CPhIR be found at: <https://secure.ismp-canada.org/CPhIR/Reporting/login.php>

<sup>9</sup> More information about Pharmapod can be found on its website: <https://www.pharmapodhq.com/>



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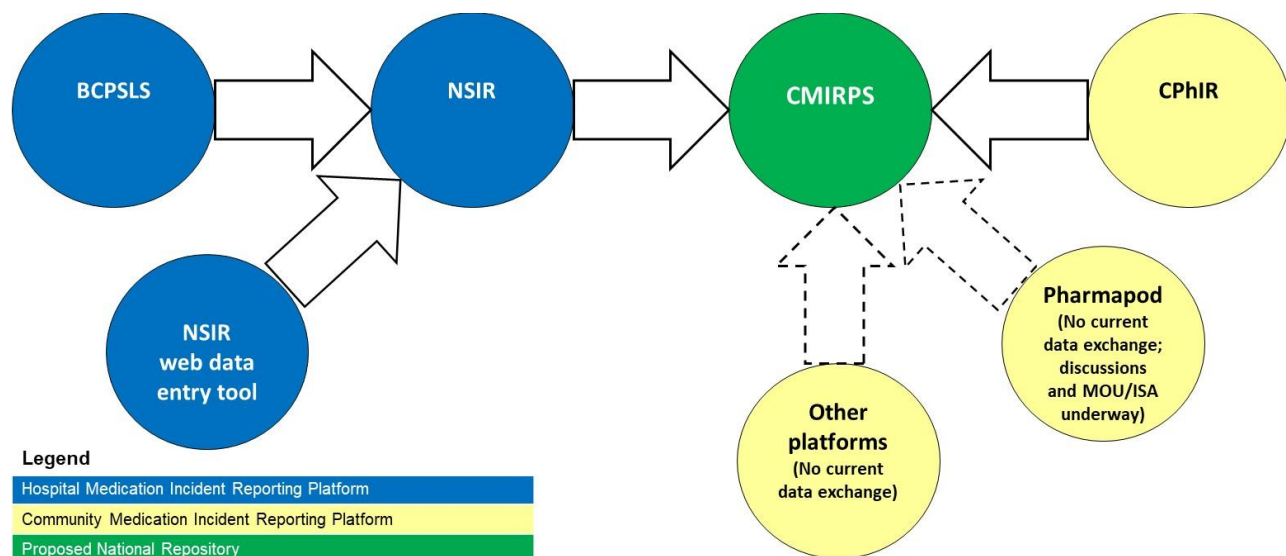
### **Existing Information Systems – National Repository**

While there is a strong desire among Provincial Regulatory Authorities for a national repository for storing and analyzing reported medication incidents so that learnings arising from trends and patterns can be communicated across the profession, a complete national repository does not exist at this time.

Canadian Medication Incident Reporting and Prevention System (“CMIRPS”) is a collaborative pan-Canadian program of Health Canada, CIHI, ISMP Canada and the Canadian Patient Safety Institute (“CPSI”) and has a goal “to reduce and prevent harmful medication incidents in Canada”<sup>10</sup>.

CMIRPS, which many provinces are envisioning to become the national repository, currently receives data from CPhIR (data from community pharmacies) and NSIR (data from acute and long-term care facilities). NSIR in turn receives data from either batch uploads from the BCPSLS as described previously, or from the NSIR web-based data entry tool.

CMIRPS plans to build an Application Programming Interface (“API”) to allow additional reporting platforms (e.g. Pharmapod) to submit data to CMIRPS. Their timelines for this are to be determined. The following diagram depicts the data flows:



<sup>10</sup> More information about the CMIRPS can be found on its website: <https://www.cmirps-scdpim.ca/?p=14&lang=en>





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### ***Updated Interjurisdictional Scan***

Five provinces in Canada have implemented, or are in the process of implementing, new quality management requirements that include mandatory incident reporting to an independent third party. The remaining five provinces, including BC, are exploring options. An updated interjurisdictional scan of the other provinces (note that territories' plans are unknown at this time) is summarized in the following table.

| Mandatory Medication Incident Reporting to an Independent Third Party   |     |     |                   |     |     |                   |                   |     |
|---|-----|-----|-------------------|-----|-----|-------------------|-------------------|-----|
| AB  | MB  | NB  | NL                | NS  | ON  | PE                | QC                | SK  |
| Exploring Options   | Yes | Yes | Exploring Options | Yes | Yes | Exploring Options | Exploring Options | Yes |
| <div><div></div> = Program in place or in progress towards full implementation</div> <div><div></div> = Exploring options</div> |     |     |                   |     |     |                   |                   |     |

See Appendix 4 for additional information on the specific considerations in other provinces.

### **Options**

It is proposed that the Board direct which of two approaches to mandatory anonymous medication incident reporting be required for future implementation in community pharmacy settings<sup>11</sup> in BC. The two options are outlined below, including considerations for pharmacies and the College (noting that both options are equivalent from a patient perspective):

#### **Option 1: College-Specified Platform**

Require mandatory anonymous medication incident reporting in community pharmacies using a College-specified medication incident reporting platform that transfers a minimal data set into a national repository that is administered by an independent third party. This option would require amending HPA Bylaws, PODSA Bylaws and Professional Practice Policies, as appropriate, to implement the use of these systems.

#### ***Advantages for Pharmacies***

- All community pharmacies will be using the same system, making it possible for pharmacies to share training resources for implementation of the new program.
- Increased opportunity for lower pricing through bulk purchasing power for the pharmacies if everyone pursues the same system at the same time.

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<sup>11</sup> Note: The existing use of BCPSLS in hospital pharmacies will continue.



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### *Advantages for the College*

- May give the College more control over future change requests related to data or platform functionality.
- Easier to assess compliance by only needing to work with and understand the capabilities of one platform.

### *Disadvantages for Pharmacies*

- May create duplicate data entry for pharmacies with an existing pharmacy management information system that meets the mandatory criteria, however is not the system selected by the College. This is likely to result in negative stakeholder reactions for pharmacies that have to change their reporting system or duplicate their data entry, requiring additional time from staff.
- Does not provide autonomy to pharmacies to select a tool that best aligns with their needs.
- Does not allow for new platforms to be deployed in the future even if they meet the mandatory criteria.

### *Disadvantages for the College*

- Requires additional effort by the College in terms of vendor selection.
- May carry perceptions of the College being biased towards or against some vendors

### Option 2: Platform Chosen by Pharmacies

Require mandatory anonymous medication incident reporting in community pharmacies using any medication incident reporting platform of their choosing (i.e. not specified by the College), from among those that meets the College's criteria, including capability to transfer a minimal data set into a national repository that is administered by an independent third party. This option would also require amending HPA Bylaws, PODSA Bylaws and Professional Practice Policies, as appropriate, to implement the use of these systems and to enable enhanced monitoring and enforcement by the College.

### *Advantages for Pharmacies*

- Eliminates the need for duplicate data entry for pharmacies with an existing pharmacy management information system that meets the mandatory criteria.
- Provides autonomy to pharmacies to select a tool that best aligns with their needs, including an opportunity to reduce the amount of change in implementing these reporting requirements for pharmacies with suitable systems already in place.
- Allows for new systems to be deployed in the future if they meet the mandatory criteria.



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### *Advantages for the College*

- Minimizes College resources spent on vendor selection.
- Aligns with the “right touch regulation” approach as the College is not being overly prescriptive.
- Reduces the risk of perceptions of the College being biased towards or against particular vendors as pharmacies are making their own vendor selection.

### *Disadvantages for Pharmacies*

- As not all community pharmacies will be using the same system, it would be more difficult for pharmacies to share training resources for implementation of the new program.
- Decreased opportunity for lower pricing through bulk purchasing power for the pharmacies if multiple systems are used.

### *Disadvantages for the College*

- May be more difficult and/or slower to implement future change requests related to data or platform functionality with multiple vendors.
- More difficult to assess compliance as College staff will need to become familiar with multiple systems.

## **Recommendation**

The College recommends that the Board choose Option 2 because it:

- Eliminates the need for duplicate data entry for pharmacies with an existing pharmacy management information system that meets the mandatory criteria;
- Provides autonomy to pharmacies to select a tool that best aligns with their needs, including an opportunity to reduce the amount of change in implementing these reporting requirements;
- Allows for new systems to be deployed in the future if they meet the mandatory criteria;
- Minimizes College resources spent on vendor selection;
- Aligns with the “right touch regulation” approach as the College is not being overly prescriptive; and,
- Reduces the risk of perceptions of the College being biased towards or against particular vendors as pharmacies are making their own vendor selection.



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### Next Steps

If the Board chooses Option 2, the following are the next key steps to be taken by the College:

- Formally launch a Medication Incident Reporting Project;
- Actively participate on the NAPRA Medication Incident Reporting Working Group;
- Share the high level plan and intended approach with the PRA CQI working group;
- Keep abreast of developments of a national repository;
- Provide an initial communication to advise stakeholders of the high level implementation plan and approach;
- Draft Bylaw and policy changes; and
- Continue the work in preparation for future Board meetings in 2020/21 – 2022/23 for updates, and approvals where appropriate of:
  - National Repository (2020/21);
  - Public posting of the proposed amendments to HPA Bylaws and PODSA Bylaws, and updates to the relevant Professional Practice Policies (2021/22); and
  - Specific implementation timing (currently assumed to be in 2022/23 per the timing indicated in the College's latest draft Strategic Plan).

| Appendix |  |
|----------|--|
| 1        | Definitions of Key Terms   |
| 2        | November 2017 Briefing Note: Mandatory Medication Error Reporting  |
| 3        | November 2018 Briefing Note: Potential Alternatives to the College's Existing Quality Management Program |
| 4        | Interjurisdictional Scan – Medication Error Reporting (June 2019)  |
| 5        | Statistics on licensed sites and registrants   |

## ***Appendix 1 - Definitions of Key Terms***

Anonymous – means that the individual reporting the medication incident and those involved in the incident cannot be identified. In this context, the data available to the College from a national repository will be de-identified, but may be identifiable at a local pharmacy level.

Continuous Quality Improvement (CQI) – is a structured process used within the pharmacy which allow for continual review and improvement of all aspects of the medication dispensing process, in order to improve patient safety.

Independent Third Party – is an organization that is independent from the College and pharmacies, and possesses expertise in medication incident analyses and sharing learning from trends and patterns of such incidents. This organization would be responsible for administering the National Repository.

Criteria – is the set of criteria (e.g. data fields include the minimal data set, user based roles access, all data stored in Canada, specific security measures, etc.) that are in development at this time with input from various stakeholders including the NAPRA Medication Incident Reporting Working Group and Dr. Todd Boyle (<https://people.stfx.ca/tboyle/bio.html>).

Medication Incidents – include both medication errors that reach the patient and near-miss events. They are preventable occurrences or circumstances that may cause or lead to inappropriate medication use or patient harm. Medication incidents may be related to human factors, environmental factors, procedures, and systems, and include prescribing, order communication, product labelling/ packaging/nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.

Medication Incident Reporting Platform – is a system that pharmacies and pharmacy professionals use to record data on medication incidents and then export the data collected to the national repository.

National Repository – is a single national data repository, hosted and accessible in Canada only, that is independent of medication incident reporting platforms and has the ability to accept and anonymize reporting data from multiple platforms using a common set of standards.

Near-Miss Event – is an event or circumstance that took place, and could have resulted in an unintended or undesired outcome(s), but was discovered before reaching the patient.



## BOARD MEETING November 17, 2017

### 8. Legislation Review Committee a) Mandatory Medication Error Reporting

### DECISION REQUIRED

#### Recommended Board Motion:

*Direct the Registrar to explore potential alternatives to the College's existing quality management requirements, including mandatory medication error reporting to an independent third party.*

#### Purpose

To determine whether the College of Pharmacists of British Columbia (the "College") should explore alternatives to its existing quality management requirements, including a standardized quality management program that includes mandatory error reporting to an independent third party.

#### Background

The second most common complaint received at the College are ones made in relation to medication dispensing errors by pharmacists.<sup>1</sup> In addition, recent high profile cases of medication errors have prompted the College to examine its existing quality management requirements for registrants.<sup>2</sup> In August 2017, Registrar Bob Nakagawa met with Melissa Sheldrick, an advocate whose son passed away due to a prescription drug dispensing error in Ontario.

<sup>1</sup> College of Pharmacists of B.C. 2015/2016 Annual Report

[http://annualreport.bcpharmacists.org/ar2016/wp-content/uploads/2015/05/CPBC\\_Annual-Report\\_2016\\_FINAL\\_secure.pdf](http://annualreport.bcpharmacists.org/ar2016/wp-content/uploads/2015/05/CPBC_Annual-Report_2016_FINAL_secure.pdf)

<sup>2</sup> In March 2016, 8-year old Andrew Sheldrick died after taking a toxic dose of Baclofen that had been dispensed in error by an independent compounding pharmacy in Mississauga, Ontario.

<http://www.cbc.ca/news/canada/toronto/go-public-sleep-medication-accidentally-switched-1.3811972>;

In October 2016, a pharmacy in Saskatoon provided a 4-year old boy with an antipsychotic drug (Risperidone) that was 10 times the correct dose. The overdose went unchecked and undetected for months with each refill.

<http://www.cbc.ca/news/canada/saskatoon/4-year-old-acting-like-a-slobbering-drunk-after-pharmacy-dispenses-wrong-dose-of-antipsychotic-drug-1.3801461>

Several provinces in Canada have implemented, or are in the process of implementing, new quality management requirements that include mandatory error reporting to an independent third party. The error reports are submitted anonymously and are analyzed for the purposes of shared learning rather than discipline. Through anonymous reporting, it is hoped that pharmacists will be able to analyze medication incidents and learn about the possible causes of the incidents.

## Discussion

### *Current State*

Sections 10 and 14(1) of the Bylaws made under the *Pharmacy Operations and Drug Scheduling Act* (“PODSA”) requires pharmacy managers of community and hospital pharmacies to develop, document and implement an ongoing quality management program that includes, among other things, a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies. The specific requirements of the program are left to the discretion of the pharmacy manager. The program may or may not include requirements for mandatory reporting of medication incidents to a third party. The College does not assess the adequacy of the program.

The College has some oversight over quality management through its Practice Review Program, an in-person review of pharmacy professionals’ practices and the pharmacies where they work. The Practice Review Program is comprised of two components: the Pharmacy Review and the Pharmacy Professionals Review. During a practice review, compliance officers adjudicate compliance with College Bylaws and Professional Practice Policies. Compliance Officers record and document areas of compliance and non-compliance while observing pharmacy professionals throughout the review process. For areas of non-compliance action-items are assigned, if necessary. All pharmacies and pharmacy professionals will be reviewed under Practice Review Program on a cyclical basis.<sup>3</sup>

### *Interjurisdictional Scan*

Several provinces in Canada have implemented, or are in the process of implementing, new quality management requirements that include mandatory error reporting to an independent third party such as the Institute of Safe Medication Practices Canada (“ISMP”), an independent national not-for-profit organization focused on the advancement of medication safety in healthcare settings. An interjurisdictional comparison of the quality management requirements across Canada is summarized in Appendix 1. In provinces that have adopted new quality management requirements, those requirements are generally more prescriptive than the College’s current requirements.

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<sup>3</sup> <http://www.bcpharmacists.org/practice-review-program>

Currently, Nova Scotia is the only province that requires error reporting to an independent third party, ISMP. Saskatchewan and Ontario are proposing to implement new quality management requirements that include mandatory error reporting to an independent third party in 2018. Manitoba began a pilot project with ISMP in September 2017. New Brunswick completed a pilot project with ISMP in 2016, but has not implemented a mandatory error reporting program with an independent third party.

In Saskatchewan, Nova Scotia and New Brunswick, provinces that have completed pilot projects with ISMP, the feedback on this program appears to have been very positive.<sup>4</sup>

### *Pilot Projects*

#### Nova Scotia

The first pilot project, SafetyNET-Rx, began in Nova Scotia in 2008. The first phase of the pilot project involved 13 community pharmacies in Nova Scotia. At the beginning of the pilot project, pharmacy staff were invited as continuous quality improvement (“CQI”) facilitators to attend a training session about quality management, quality related events (“QREs”), and the SafetyNET-Rx program. The SafetyNET-Rx program also included the following: a central anonymous reporting tool to an independent third party database as part of an integrative information system that was used to identify, report, analyze and learn from QREs; quarterly staff meetings to discuss and learn from reported QREs as well as suggest changes to prevent recurrence; and an annual self-assessment tool for evaluating performance on a continual basis, the Medication Safety Self-Assessment. The pilot project covered a 12-month intervention period that ended in June 2009.

Following the completion of the pilot project, SafetyNET-Rx was expanded to 68 community pharmacies across the province, and then further expanded to all community pharmacies. The current program is based on the program used in the pilot project, with some adjustments. The off-site training of CQI facilitators, the self-assessment tool, and the quarterly meetings remained key components of the CQI program, however, changes were made to enhance the online reporting tool and an iPad application was created for the provincial pharmacy inspectors.

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<sup>4</sup> SafetyNET-Rx: Insights and Lessons Learned From a Pilot Project

<https://dalspace.library.dal.ca/bitstream/handle/10222/15805/Deal%2cHeidi%2cMAHSR%2cDec2012.pdf?sequence=1&isAllowed=y>;

An Assessment of the COMPASS Quality Improvement Initiative: A Summary of Key Findings

<https://scp.in1touch.org/uploaded/web/files/SCPP-COMPASS%20Report-2016-FINAL-%20PHARMV2.pdf>;

The Business Case for A Standardized Continuous Quality Assurance Program in Saskatchewan Pharmacies – COMPASS by the Saskatchewan College of Pharmacy Professionals

[http://saskpharm.ca/uploaded/web/site/COMPASS\\_Business\\_Case\\_20170206.pdf](http://saskpharm.ca/uploaded/web/site/COMPASS_Business_Case_20170206.pdf);

Multi-Incident Analysis on Incidents Involving Patients: Lessons Learned from Provincial Pilot Study

<https://www.ismp-canada.org/download/PharmacyConnection/PC2016-LessonsLearnedProvincialPilotStudy.pdf>



### Saskatchewan

Saskatchewan has completed three phases of its pilot program, COMPASS, which began in 2013. Ten pharmacies participated in the first phase, 87 pharmacies participated in the second phase, and 119 pharmacies participated in the third phase. Program requirements included anonymous reporting of incidents (errors and near misses) to a central database (the Community Pharmacy Incident Reporting program developed by ISMP (“CPhIR”)), and the biennial completion of a Medication Safety Self-Assessment. Other program requirements included discussing specific incidents and improvement strategies at continuous quality improvement meetings and designating at least one individual from pharmacy staff to be the quality improvement coordinator. Saskatchewan has proposed full implementation of a new quality management program based on COMPASS in 2018.

### New Brunswick

A multi-incident analysis was performed on incidents reported from New Brunswick pharmacies to CPhIR from July 2015 to February 2016. Of the 223 pharmacies in New Brunswick, 82 were enrolled in a complimentary pilot project for the use of CPhIR. The objective of this multi-incident analysis was threefold; first, to understand how and why medication incidents occur; second, to identify the potential contributing factors of these incidents; and third, to provide recommendations to prevent future medication incidents. Based on the analysis, recommendations were developed to improve the medication workflow process, including inventory management, receiving/shelving, prescription order entry, dispensing, compliance packaging, and counselling/pick-up.

### *Service Providers*

ISMP has developed the CPhIR Program to allow community pharmacies to document and analyze contributing factors that may lead to errors in the medication-use system.<sup>5</sup> CPhIR offers community pharmacies a systematic incident reporting tool, an analytical interface which allows users to compare their incident statistics with the national aggregate incident data, and a continuing professional development section dedicated to medication safety. A stated goal of the CPhIR Program is to analyze medication incident reports and develop recommendations for enhancing medication safety in all healthcare settings. Some B.C. pharmacies may already be voluntarily participating in this program.

Pharmapod is a company based in the U.K. and Ireland that provides software for tracking pharmacy medication incidents. Pharmapod states that its system enables pharmacists to systematically record medication-related incidents and risks in practice and carry out effective root-cause analysis. The system analyses the collated data and disseminates the learning back to the profession and to key stakeholders internationally, preventing recurrence of patient harm.

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<sup>5</sup> [www.cphir.ca](http://www.cphir.ca)

Both ISMP and Pharmapod have expressed interest in working with the College to run a pilot project in B.C.

## Options

The Board should determine whether to explore alternatives to its existing quality management requirements. In making this determination, there are several factors to consider, including the following:

- The adequacy of the College's current quality management program.
- The effect of new requirements on pharmacies' and registrants' practices.
- The feasibility of a new quality management program from an operational perspective:
  - The College would need to devote resources into assessing, developing and implementing a new program.
  - If a mandatory error reporting system is implemented, the College may be subject to ongoing costs that must be budgeted for.
  - The College's compliance and investigations staff must determine how to enforce new requirements.

### 1. Option 1

Do not explore alternatives to its existing quality management requirements at this time.

#### Advantages

- The College would not be required to devote additional resources to this issue, at this time.
- Initial data from the Practice Review Program is being compiled and have indicated a positive impact on registrants' practice and compliance with College requirements. The College could focus on the development and further implementation of this program, as its key quality assurance program.

#### Disadvantages

- The College could appear to be unresponsive to emerging issues in patient safety.
- The adequacy of quality management programs in the province may be limited and/or uneven.

## 2. Option 2

Begin to explore alternatives to its existing quality management requirements.

### Advantages

- The College will have an opportunity to assess its current requirements, and propose improvements, if necessary.
- The College may have an opportunity to develop a program to reduce medication incidents and improve patient safety, consistent with its mandate.
- The College would obtain a better understanding of the resources required for a new quality management program.
- The College could also conduct engagement on the issue, to obtain a better understanding of stakeholder responses to such an initiative.

### Disadvantages

- It is not a certainty that new quality management requirements would be an improvement over existing requirements.
- There may be some negative response from stakeholders, as new quality management requirements might increase the workload for pharmacies and registrants.

## Recommendation

The College recommends that the Board choose Option 2 for the following reasons:

- Due to the potentially serious consequences of medication errors, this topic warrants further consideration from College staff and the Board.
- The risk of taking this option is low, in that the College is not required to commit to any program that it explores. Conversely, the risk in not exploring this issue could be a lost opportunity to improve patient safety and respond to concerns from the public.

| Appendix |   |
|----------|---|
| 1        | Interjurisdictional scan – Incident reporting |



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### 7. Potential Alternatives to the College's Existing Quality Management Program

#### DECISION REQUIRED

##### Recommended Board Motion:

*“Direct the Registrar to explore implementation of mandatory medication error reporting to a College-specified independent third party.”*

##### Purpose

To determine whether the College of Pharmacists of British Columbia (the “College”) should explore implementation of mandatory medication error reporting to an independent third party.

##### Background

In July 2017, Melissa Sheldrick – [a patient safety advocate whose son passed away due to a drug dispensing error in Ontario](#) – requested that the College of Pharmacists of BC consider implementation of mandatory medication error reporting. She met with College Registrar Bob Nakagawa in August, 2017 to discuss her work in advocating for all provinces to implement mandatory anonymous medication incident reporting programs. In particular, discussion was held on the importance of implementing a program in British Columbia to fulfill the College’s mandate of protecting public safety.

The College Board reviewed briefing material on mandatory medication error reporting (see Appendix 1), including related complaints statistics and an incident reporting interjurisdictional scan at the November 2017 Board meeting. Melissa Sheldrick also presented to the Board and shared how her 8 year old son, Andrew, died suddenly, as a result of a medication error, and emphasized the importance of having a mandatory anonymous medication error reporting system that allows learning to occur through data analysis of the errors reported.



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Following a thorough discussion, the Board decided to move forward with exploring potential alternatives to the College's existing quality management requirements. The motion was:

It was moved and seconded that the Board:

Direct the Registrar to explore potential alternatives to the College's existing quality management requirements, including mandatory medication error reporting to an independent third party.

### Discussion

Implementation of mandatory medication error reporting aligns with the College's duty to protect the public and the College's vision of "Better health through excellence in pharmacy".

[Health Professions Act, Section 16, Duty and objects of a college:](#)

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.

Medication error reporting also aligns with the College's Code of Ethics which requires, among other things, commitments by pharmacists to "endeavor to advance the quality of pharmacy services and care provided to the public", "participate in continuous evaluations of their practice", and "develop, promote and participate in quality assurance and accountability processes".<sup>1</sup>

### Public Safety

The most common complaints received by the College<sup>2</sup> are now related to medication dispensing errors by pharmacy professionals. In addition, since medication error reporting issues were first brought to the Board's attention in November 2017, additional cases of

<sup>1</sup> College of Pharmacists of BC Code of Ethics – Detailed

[http://www.bcpharmacists.org/library/6\\_Resources/6-1\\_Provincial\\_Legislation/5019-Code\\_of\\_Ethics\\_Detailed.pdf](http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5019-Code_of_Ethics_Detailed.pdf)

<sup>2</sup> College of Pharmacists of BC 2016/17 Annual Report <http://annualreport.bcpharmacists.org/ar2018/complaints-and-investigations-statistics>



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medication errors across Canada have gained notoriety and further highlighted the relationship between medication error reporting systems and public safety.<sup>3</sup>

Data analysis of medication errors has the potential to improve public safety nationally and provincially. 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.

### **Current State**

Sections 24(1) and 29(1) of the Bylaws made under the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") requires pharmacy managers of community and hospital pharmacies to "develop, document and implement an ongoing quality management program" that "includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies". The specific requirements of the program are left to the discretion of the pharmacy manager and the College does not assess the adequacy of the program.

The College has some oversight over quality management through its Practice Review Program, an in-person review of pharmacy professionals' practices and the pharmacies where they work. The Practice Review Program is comprised of two components: the Pharmacy Review and the Pharmacy Professionals Review. During a practice review, Compliance Officers adjudicate compliance with College Bylaws and Professional Practice Policies. Compliance Officers record and document areas of compliance and non-compliance while observing pharmacy professionals throughout the review process. For areas of noncompliance, action-items are assigned, if necessary. All pharmacies and pharmacy professionals will be reviewed under the Practice Review Program on a cyclical basis. Of the pharmacies reviewed in the 2017-18 fiscal year, approximately 10% of pharmacies did not develop, document or implement an ongoing quality management program that "includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies".

There appears to be a general lack of information with respect to medication errors and incidents being collected and shared throughout the province. Currently, there is no way to quantify the number and types of medication errors and incidents that are occurring within

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<sup>3</sup> In February 2018, a Moncton pharmacist was fined and reprimanded by the New Brunswick College of Pharmacists for a dispensing error that led to the death of a patient in long-term care. Baclofen suspension, a muscle relaxant, was dispensed at five times the concentration on the label:

<https://www.cbc.ca/news/canada/new-brunswick/moncton-pharmacist-fined-1.4516216> ;

In October 2018, human error resulted in a three-year-old on Vancouver Island taking five times the amount of morphine he was prescribed, leading to an opioid overdose:

<https://www.cbc.ca/news/canada/british-columbia/shawnigan-lake-toddler-morphine-overdose-1.4862694>



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British Columbia pharmacies and there is no central database in which pharmacy staff can report medication errors and incidents. As a result, there is a missed opportunity for pharmacy professionals to learn from errors occurring in other pharmacies.

### **Updated Interjurisdictional Scan**

Several provinces in Canada have also implemented, or are in the process of implementing, new quality management requirements that include mandatory error reporting to an independent third party.

An updated interjurisdictional scan is summarized below. More detailed information regarding the specific quality management requirements in various provinces is in Appendix 2.

| Mandatory Medication Error Reporting to an Independent Third Party <sup>4</sup>  |                     |                        |    |               |                    |    |    |               |
|--|---------------------|------------------------|----|---------------|--------------------|----|----|---------------|
| AB   | MB                  | NB                     | NL | NS            | ON                 | PE | QC | SK            |
| No   | Yes<br>(ISMP-Pilot) | Yes<br>(Not Specified) | No | Yes<br>(ISMP) | Yes<br>(Pharmapod) | No | No | Yes<br>(ISMP) |
| <div> <div></div> = Program in place or in progress towards full implementation           <div></div> = Exploring options           <div></div> = No immediate plans for exploration/implementation         </div> |                     |                        |    |               |                    |    |    |               |

Two provinces (Nova Scotia, Saskatchewan) have mandatory medication error reporting and three provinces (Manitoba, New Brunswick, Ontario) are in the process of fully implementing mandatory medication error reporting. Such reporting is a critical component of an overall standardized continuous quality improvement (CQI) program that generally involves:

- Medication safety self-assessment (MSSA) done at regular intervals by pharmacies, and monitoring the progress of the resulting enhancement plan.
- Mandatory anonymous reporting of medication incident data (including near misses) to an independent third party organization with expertise in medication incident analyses and sharing learning from trends and patterns of such incidents, with an ultimate goal to feed into a national database.

<sup>4</sup> ISMP stands for Institute for Safe Medication Practices. More information can be found on the ISMP website:

<https://www.ismp.org/>

More information about Pharmapod can be found on its website: <https://www.pharmapodhq.com/>



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- Emphasis of learning and accountability over blame and punishment, through a culture where individuals are comfortable bringing forward medication incidents without fear of punitive outcomes which leads to heightened awareness regarding potential errors.
- Incident reviews and regular CQI meetings with pharmacy staff to allow open discussion on incidents and root causes, followed by formal documentation of quality improvements made.
- Anonymized aggregate data reports and/or bulletins available to pharmacies and the pharmacy regulatory authority. This allows shared learning at the pharmacy level and gives the regulatory authority data to guide communications to registrants and the development of policies and legislation for the pharmacy profession.

### Options

It is proposed that the Board determine whether the College should explore implementation of mandatory medication error reporting to an independent third party. In making this determination, there are several factors to consider, including the following:

- The adequacy of the College's current quality management program.
- The operational impact of new requirements on pharmacies' and pharmacy professionals' practices.
- The feasibility of a new quality management program from the College's operational perspective:
  - The College would need to devote resources into assessing, developing and implementing a new program.
  - If a mandatory error reporting system is implemented, the College may be subject to ongoing costs that must be budgeted for.
  - The College must determine how to enforce new requirements.

#### Option 1

Do not explore implementation of medication error reporting to an independent third party.

The College will further develop the current requirements for quality management to add additional policies that can enable enhanced monitoring and enforcement by the College.





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### *Advantages*

- Minimal cost (resources) to the College for development, implementation and enforcement.
- Minimal cost (resources) to pharmacies for implementation and maintenance.

### *Disadvantages*

- Not well-aligned with the trend occurring in other provincial regulatory bodies.
- Potential decrease in public trust in pharmacy systems; appearance that patient safety and medication errors are not a priority.
- No way to quantify the number and types of medication errors and incidents that are occurring within British Columbia.
- Does not allow for shared learning regarding the number and types of incidents provincially and nationally.

### Option 2

Explore implementation of mandatory medication error reporting to **any** independent third party (not specified by the College).

### *Advantages*

- Enhance accountability and increase communication and awareness to the public.
- Align with other provincial regulatory bodies (New Brunswick).
- Enable sharing of lessons learned from participating pharmacies (if/where data is available to the College or shared between pharmacies).
- Guide development of policies and legislation for the pharmacy profession (if/where data is available to the College).
- Minimal additional cost (resources) to the College for enforcement.

### *Disadvantages*

- Absence of College coordination and involvement with a specific vendor could result in a lack of consistency and access to data. As such, there would be a continued lack of ability to quantify the number and types of medication errors and incidents that are occurring within British Columbia.



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- Data and lessons learned may not be adequately captured or shared due to the lack of a uniform provincial platform/database.
- Additional cost to the College for development, implementation and enforcement (but less than Option 3 due to less/no direct involvement between the third party vendor(s) and the College).
- Potential negative stakeholder response due to additional costs and resources (third party vendor fees, staffing resources).
- Potential resistance from pharmacy staff due to fear of changes and increased workload.

### Option 3

Explore implementation of mandatory medication error reporting to a College-specified independent third party.

#### *Advantages*

- Enhance accountability and increase communication and awareness to the public.
- Align with other provincial regulatory bodies (MB, NS, ON, SK).
- Potential coordination with the vendor may ensure a consistent approach and could provide the College with customized resources (education, newsletters, CQI tools etc.) and support (implementation, enforcement tools etc.).
- Enable sharing of lessons learned from all pharmacies which results in complete data.
- Ability to quantify the number and types of medication errors and incidents that are occurring within British Columbia pharmacies.
- Availability of data to guide development of policies and legislation for the pharmacy profession.

#### *Disadvantages*

- Most significant cost (more than Option 1 or 2) to the College for development, implementation and enforcement.
- Requires longer development and implementation time (more than Option 1 or 2) due to vendor selection and potential coordination.



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- Potential negative stakeholder response due to required costs and resources (third party vendor fees and/or increase in College fees, staffing resources).
- Potential resistance from pharmacy staff due to fear of changes and increased workload.

### Recommendation

The College recommends that the Board choose Option 3, to explore implementation of mandatory medication error reporting to a College-specified independent third party, for the following reasons:

- Enhanced accountability and increased communication and awareness for the public.
- Alignment with other provincial regulatory bodies (MB, NS, ON, SK).
- Consistency of approach between all pharmacies and pharmacy professionals.
- Customized resources and support from the third party vendor.
- Sharing of lessons learned from all pharmacies, resulting in complete data.
- Ability to quantify the number and types of medication errors and incidents that are occurring within British Columbia pharmacies.
- Availability of data to guide development of policies and legislation for the pharmacy profession.

### Next Steps

If the Board chooses Option 3, the following are the next steps to be taken by the College:

- Develop Request for Proposal (RFP) for third party vendors.
- Define program details:
  - Determine need for new bylaws and/or policies.
  - Determine need for, and process of oversight.
  - Determine internal resource needs, i.e. budget, IT implications, and training.
  - Determine external resource needs, i.e. budget, IT implications, and training.
  - Determine timeline.
  - Develop communication and engagement plans to support implementation.
- Develop a recommendation for a specific independent third party for decision by the Board at their September 2019 meeting.



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| <b>Appendix</b> |  |
|-----------------|--|
| 1               | November 2017 Briefing Note: Mandatory Medication Error Reporting    |
| 2               | Interjurisdictional Scan – Medication Error Reporting (October 2018) |

Medication Error Reporting - Jurisdictional Overview July 2019

|              | Overall Status                                |   | College Role and Resourcing   |  | Vendor Type / Details  |                             |  | Data collection and use within a jurisdiction  |   |   |   |   |  |  | National Repository Considerations   |   |  |   |
|--------------|---|---|---|--|--|-----------------------------|--|--|---|---|---|---|--|--|--|---|--|---|
| Jurisdiction | Is there a mandatory system currently in use? | Planning to implement or expand in 2019 or 2020?                | What level of administration (e.g. collect fees, enforcement, analyze data) will the College be performing? | Will any net new College FTEs be required to support this? | Would the requirement be to report through a 3rd Party vendor? | One vendor or multi-vendor? | Vendor Name(s)   | Will the requirement to report errors be the responsibility of the Registrant or the Pharmacy? | Will the data be available at a local Pharmacy level? | If yes, who is the data available to within the Pharmacy? | If a corporation owns the Pharmacy, will the data be available to that corporation? | If yes, what type of data will be available to the corporation? | Does/will the College receive data directly from the vendor(s) systems in use in the jurisdiction? | If yes, what type of data will the College have access to? | Do you support a requirement for a national repository?  | If yes, is CMIRPS the national repository you'd like to proceed with? | Does/will the College want to receive data from a national database? | If yes, what type of data would the College have access to?   |
| AB           | No  | TBD<br><br>There is a commitment from council to look into this | TBD   | TBD  | TBD  | TBD                         | TBD  | TBD  | TBD   | TBD   | TBD   | TBD   | TBD  | TBD  | Yes  | TBD   | TBD  | TBD   |
| BC           | No  | Yes, implement  | TBD   | TBD  | TBD  | TBD                         | TBD - ISMP, Pharmapod<br><br>BC Hospital system uses BCPLS for many years<br>- all health professionals use this<br>- in the process of opening it up to community pharmacies<br>- also used by other provinces in their hospital system<br>- would ensure they can customize for community practice | TBD  | TBD   | TBD   | TBD   | TBD   | TBD  | TBD  | Yes  | Likely  | TBD  | TBD   |
| MB           | Yes, pilot                                    | Yes, expand in June 2020  | field officers to enforce<br>not training on specific platforms   | 0.8 FTE Pharmacist<br><br>0.2 FTE support                  | Yes  | Multi                       | ISMP (CPhIR), PharmaPod, other   | Working this through at the moment   |   |   |   |   |  |  | Advisory committee and staff support this, holding off until that repository is identified, proceeding for now | Yes, to be able to gather and learn from errors and incidents         | Yes, to help shape standards   | trends, type of incidents occurring, drugs involved<br><br>at a provincial level and national level |

|    |     |   |  |   |     |                                     |                              |            |   |     |  |     |                                 |                        |            |  |             |   |
|----|-----|---|--|---|-----|-------------------------------------|------------------------------|------------|---|-----|--|-----|---------------------------------|------------------------|------------|--|-------------|---|
| NB | Yes | N/A   | field officers to enforce. Plan to look at data once most become compliant | Unfortunately, no   | Yes | Multi                               | None named                   | Registrant | Dependent on the vendor   |     | Dependent on the pharmacy and vendor. We don't specify |     | Yes, from ISMP                  | Still being determined | Absolutely | It's who we've specified as the best available currently | Yes         | Information upon which to see if everyone is subscribing and minimally reporting. Documentation of meetings where errors are on the agenda would also be nice. Would ideally regularly report to members the degree of compliance |
| NL | No  | The Board has committed to move forward with CQI incident reporting, but is still investigating "what and how". Goal is to provide information to Board for decision-making by end of 2019. | TBD  | Recently increased assessor resources by 1 FTE, but not specfic to this project.<br><br>Will reassess when direction determined | Yes | TBD-Current thought is multi-vendor | TBD- Likely no specification | TBD        | TBD- This would be the goal, as well as national aggregate data | TBD | TBD  | TBD | TBD- Potentially aggregate data | TBD                    | Yes        | TBD- Likely  | TBD- Likely | Yes would like general data, provincial and national trends   |

|     |  |                                    |   |   |     |  |  |   |  |  |     |                      |   |   |  |   |                            |   |
|-----|--|------------------------------------|---|---|-----|--|--|---|--|--|-----|----------------------|---|---|--|---|----------------------------|---|
| NS  | Yes  | N/A                                |   |   | Yes | Not restricted to one                                | ISMP (CPhIR), other<br><br>As long as they can report into national database | Pharmacy is responsible, not registrant<br><br>anonymity at the pharmacy and registrant level<br>- who reported or the patient<br>- option to specify who               | Yes - need to look at this at their quarterly meetings | to the pharmacy manager and others as needed   | Yes | local anonymous data | Yes<br>- how many pharmacies are engaged and rate of reporting<br>- would like to know who is not reporting | Anonymous, provincial only                                  | Yes - CMIRPS<br>- need to be independent from the profession   | Yes, already established<br>- they meet weekly to review data<br>- provides monthly newsletters | Anonymous, provincial only | Yes<br>- how many pharmacies are engaged and rate of reporting<br>- would like to know who is not reporting |
| ON  | Yes<br>60% of pharmacies on boarded, complete by this summer | Expand to hospitals in 2020        | Enforcement and overall administration of the program | TBD<br><br>Have a temp FTE for the next year<br><br>Created steering group at the College | Yes | One  | Pharmapod  | Both<br><br>- hoping to avoid duplicate reporting (internal pharmacy systems)<br>- trying to integrate/bridge the two<br>- corporates may have their own system already | Yes  | anyone on the team who has access to the platform<br><br>- not anonymous at pharmacy level | No  |                      | Yes   | Anonymous, provincial only<br>- may pull by region/area     | Yes, working with ISMP and Pharmapod on an agreement<br><br>- need to be independent from the profession                   | TBD   | Yes                        | Anonymous, provincial only  |
| PEI | No<br><br>- had a pilot in 2012                              | Yes, approved in 2017 to implement | No, will not be involved                              | No, current staff   | Yes | Multi<br>- as long as they meet the set out criteria | ISMP (CPhIR), PharmaPod, other   | TBD<br><br>Currently pharmacy is responsible  | TBD  | TBD  | TBD | TBD                  | TBD   | Yes would like general data, provincial and national trends | Yes, trying to determine is there one currently, who owns it<br><br>May take time to determine this, continue to implement | Yes   | TBD                        | Yes would like general data, provincial and national trends<br><br>To help determine compliance             |
| QB  | No   | Yes, implement                     | TBD   | TBD   | TBD | TBD  | TBD  | Registrant  | TBD  | TBD  | TBD | TBD                  | TBD   | TBD   | Yes<br>- not sure who at the moment  | TBD<br>- If CMIRPS is the one, then would proceed   | TBD                        | TBD   |

[illegible]



### ***Appendix 5 - Statistics on licensed sites and registrants***

As of July 30, 2019, the number of licensed sites and number of registrants in different types of practice sites is as follows:

#### **Licensed sites:**

| <b>Licence Type</b>                | <b>#</b> |
|------------------------------------|----------|
| <b>Community</b>                   | 1364     |
| <b>Hospital</b>                    | 72       |
| <b>Telepharmacy</b>                | 13       |
| <b>Hospital Pharmacy Satellite</b> | 10       |

Note: Does not include education sites and there are 27 applications in pre-licensure stage

#### **Practice sites:**

| <b>Setting</b>   | <b># Pharmacists (Full &amp; Limited, Active &amp; Active Late)*</b> |
|------------------|--|
| <b>Community</b> | <b>4076</b>  |
| <b>Hospital</b>  | <b>1030</b>  |
| <b>Other</b>     | <b>498</b>   |
| <b>Unknown</b>   | <b>754</b>   |

\*Excludes non-practising and students

| <b>Setting</b>   | <b># Pharmacy Technicians (Full, Active &amp; Active Late)*</b> |
|------------------|---|
| <b>Community</b> | 424   |
| <b>Hospital</b>  | 983   |
| <b>Other</b>     | 128   |
| <b>Unknown</b>   | 86  |

\*Excludes non-practising



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## 5. Medication Incident Reporting Program

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**Ashifa Keshavji**

Director of Practice Reviews and Quality Assurance



College of Pharmacists  
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# Outline

1. Recommended Board Motion
2. Key Terms
3. Background
4. Updates
5. Vision
6. Options
7. Interjurisdictional Scan
8. Recommendation
9. Next Steps



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## Recommended Board Motion

Direct the Registrar to require mandatory anonymous medication incident reporting in community pharmacies using a reporting platform of the pharmacies' choosing that meets the College's criteria.



# Key Terms

## **Anonymous**

- Individual reporting the medication incident and those involved in the incident cannot be identified
- Data available to the College will be de-identified

## **Continuous Quality Improvement (CQI)**

- Process within the pharmacy which allow for continual review and improvement of all aspects of the medication dispensing process to improve patient safety

## **Criteria**

- Set of criteria (e.g. minimal data set, user based roles access, all data stored in Canada, specific security measures, etc.)
- Under development at this time with input from various stakeholders



# Key Terms

## **Independent Third Party**

- Organization independent from the College and pharmacies
- Responsible for administering the National Repository

## **Medication Incidents**

- Preventable occurrences or circumstances that may cause or lead to inappropriate medication use or patient harm
- Include medication errors that reach the patient and near-miss events

## **Near-Miss Event**

- An event or circumstance that took place, and could have resulted in an unintended or undesired outcome(s), but was discovered before reaching the patient



# Key Terms

## **Medication Incident Reporting Platform**

- System that pharmacies and pharmacy professionals use to record data on medication incidents
- Data collected is exported to the national repository

## **National Repository**

- A single national data repository, hosted and accessible in Canada only
- Independent of medication incident reporting platforms
- Has the ability to accept and anonymize reporting data from multiple platforms using a common set of standards



# Background

## **Medication Errors:**

- Are a leading cause of preventable injuries
- Result in significant costs to health systems
- Have become a focus area for pharmacy regulatory bodies

In 2017/18 and 2018/19, the most common complaints received by the College were related to medication dispensing errors by pharmacy professionals.





## Background

The WHO launched the initiative Medication Without Harm as the third Global Patient Safety Challenge in 2017 with a goal:

*“to gain worldwide commitment and action to reduce severe, avoidable medication-related harm by 50% in the next five years, specifically by addressing harm resulting from errors or unsafe practices due to weaknesses in health systems. The Challenge aims to make improvements at each stage of the medication process, including prescribing, dispensing, administering, monitoring and use.”*

Globally, the cost associated with these errors has been estimated at 42 billion US dollars annually.



# Background

## **July/August 2017**

- Melissa Sheldrick requested that the College consider implementing mandatory medication incident reporting and met with the Registrar to discuss her advocacy work

## **November 2017**

- Board directed the Registrar to explore potential alternatives to the College's existing quality management requirements

## **November 2018**

- Board directed the Registrar to move forward with the option of exploring implementation of mandatory medication incident reporting to an independent third party



# Updates

- Established and participated in the Provincial Regulatory Authority Continuous Quality Improvement (PRA CQI) working group with representatives from all provinces
- Participated in Joint CQI meetings with the Institute for Safe Medication Practices Canada and representatives from other provinces
- Reviewed a number of medication incident reporting platforms and received demonstrations
- Updated the Interjurisdictional Scan
- Identified this as a strategic priority for Board consideration
- Joined the NAPRA Working Group for Medication Incident Reporting Standards & Common Data Set



# NAPRA Working Group

- Development of the NAPRA Medication Incident Reporting Standards and Common Data Set (criteria)
  - Conduct research, complete an environmental scan, develop framework, conduct external stakeholder review
- Consists of approximately 13 to 17 members
  - 1 representative from each of NAPRA's member Pharmacy Regulatory Authorities (PRA)
  - 2-3 practicing pharmacists and pharmacy technicians
  - 1 patient or family representative



## Current State – Community Pharmacies

- Lack of information and no way to quantify the number and types of medication incidents that are occurring within British Columbia pharmacies
- No central repository to which pharmacy staff can report medication incidents
- Missed opportunity for pharmacy professionals to learn from errors occurring in other pharmacies



## Current State – Hospital Pharmacies

- There is a common information system called the BC Patient Safety & Learning System (“BCPSLS”), a “web-based tool used by approximately 100,000 health care providers across BC to report and learn about patient safety events, near misses and hazards”
- Data from the BCPSLS is provided to the Canadian Institute for Health Information (“CIHI”) and transmits to Canadian Medication Incident Reporting and Prevention System (“CMIRPS”)



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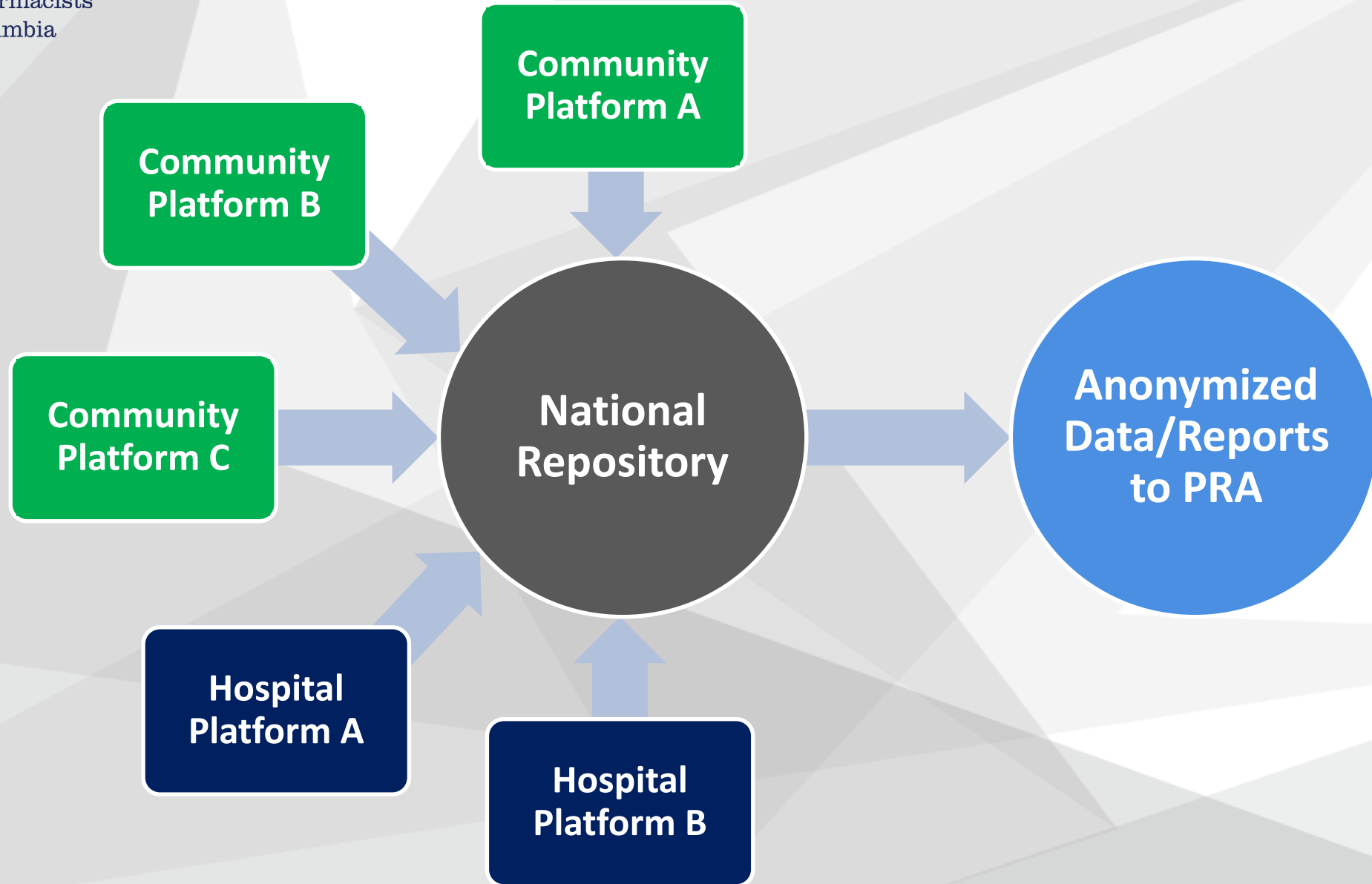
# Vision

A single national data repository:

- Hosted and accessible in Canada only
- Independent of medication incident reporting platforms
- Ability to accept and anonymize reporting data from multiple platforms using a common set of standards



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# Mandatory Medication Incident Reporting

- Ability to quantify the number and types of medication incidents that are occurring within BC and Canada
- Anonymized aggregate data analysis for pharmacies and the pharmacy regulatory authority allows for:
  - Shared learning at the pharmacy level
  - Potential identification of systemic public safety risks which gives the regulatory authority data to guide:
    - Communications to registrants and the public
    - Development of programs, policies and legislation for the pharmacy profession



# Options

There are two approaches to mandatory anonymous medication incident reporting; both options

- Are equivalent from a patient perspective
- Require amending HPA Bylaws, PODSA Bylaws and Professional Practice Policies, as appropriate, to implement the use of these systems



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## Option One

Require mandatory anonymous medication incident reporting in community pharmacies using a **College-specified** medication incident reporting platform.



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## Option Two

Require mandatory anonymous medication incident reporting in community pharmacies using **any** medication incident reporting platform of the pharmacies' choosing **that meets the College's criteria.**



# Interjurisdictional Scan

|               | Mandatory Medication Incident Reporting |    |    |    |    |    |    |    |    |     |
|---------------|---|----|----|----|----|----|----|----|----|-----|
| PRA           | BC                                      | AB | SK | MB | ON | QC | NB | NL | NS | PEI |
| Specified     |   |    | ✓  |    | ✓  |    |    |    |    |     |
| Non-Specified |   |    |    | ✓  |    |    | ✓  |    | ✓  |     |

|  |   |
|--|---|
|  | = Program in place or in progress towards full implementation |
|  | = Exploring options   |



## Recommendation – Option 2

- Provides autonomy to pharmacies to select a tool that best aligns with their needs
- Allows for new systems to be deployed in the future if they meet the mandatory criteria
- Aligns with the “right touch regulation” approach
- Reduces risk of perceptions of the College being biased towards or against particular vendors



## Next Steps

| Fiscal Year | Activity   |
|-------------|--|
| 2019/20     | <ul style="list-style-type: none"><li>• Launch a Medication Incident Reporting Project</li><li>• Publish communication to advise stakeholders of the high level implementation plan and approach</li></ul>   |
| 2020/21     | <ul style="list-style-type: none"><li>• Participate on the NAPRA Medication Incident Reporting Working Group<ul style="list-style-type: none"><li>◦ Develop medication incident reporting standards and criteria</li></ul></li><li>• Establish National Repository</li></ul> |
| 2021/22     | <ul style="list-style-type: none"><li>• Draft Bylaw and policy changes</li></ul>   |
| 2022/23     | <ul style="list-style-type: none"><li>• Implement Medication Incident Reporting Program</li></ul>  |



## 5. Medication Incident Reporting Program

### **MOTION:**

Direct the Registrar to require mandatory anonymous medication incident reporting in community pharmacies using a reporting platform of the pharmacies' choosing that meets the College's criteria.





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# Questions



## BOARD MEETING September 13, 2019

### 6. Drug Administration Committee b) Status Update – Drug Administration Authority

#### INFORMATION ONLY

##### Purpose

To provide the Board with an update on the progress of the Drug Administration Committee's ("DAC") work to remove the restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for cosmetic purposes and retaining current age limit restrictions.

##### Background

The Standards, Limits and Conditions governing pharmacists' administration of drugs by injection or intranasal route are established in [Schedule "F", Part 4](#) under the *Health Professions Act* ("HPA") Bylaws. The existing limits placed on injection drug administration are such that a practising pharmacist must not administer a drug by injection or intranasal route unless it is for the purpose of immunization.

The limitation on drug administration authority to immunizations only is directed by the College. The [Pharmacists Regulation](#) under the HPA actually confers broad injection authority, as outlined under s. 4(1)(c.1). That provision states that pharmacists can administer a drug specified in Schedule I, IA or II of the Drug Schedules Regulation or a substance through the intradermal, intramuscular or subcutaneous injection or intranasal route.

The DAC convened in October 2018 and December 2018 to review the College's Standards, Limits and Conditions on drug administration in light of the broad authority conferred by the Pharmacists Regulation and the broad authority granted to pharmacists practising in other jurisdictions. The DAC discussed whether there should be a broad removal of the restrictions on injection authority or whether there should be an exclusion list of medications that a pharmacist should not administer. They also discussed if there should be a step-wise approach in removing the restrictions on injection authority.

Additionally, the DAC reviewed evidence considering these limits in relation to patient safety and public protection. Experience in other jurisdictions noted that there were no patient safety concerns raised or complaints pertaining to broad injection authority and all concluded that broad injection authority was in the public interest.

The DAC recommended the following to the Board, to:

- Amend the "Limits" to allow for injection and intranasal administration of any Schedule I and II medication with the exception of Schedule IA;
- Amend the "Limits" to restrict pharmacists from administering injections for cosmetic purposes;
- Maintain the existing "Limits" on the age restrictions for injection and intranasal drug administration; and
- Amend the "Conditions" to outline new training requirements for injecting drugs and substances beyond immunizations, if required.

At the February 2019 Board meeting, the Board directed the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for cosmetic purposes and retaining current age limit restrictions.

## Discussion

On April 10, 2019 the College received a letter from Mark Armitage, Assistant Deputy Minister, Ministry of Health addressed to the Board Chair. In this letter, the Assistant Deputy Minister invited the College to work with the Professional Regulation and Oversight Branch of the Ministry of Health to establish a working group, comprised of representatives of regulatory colleges of health professions with prescribing authority, to determine the impacts of removing the restrictions on pharmacist injection and intranasal administration of medications.

The Ministry of Health has indicated that removing the restrictions on pharmacist injection and intranasal administration of medications will have significant impacts on other health profession regulators, interprofessional practice and patient experiences of care.

The College has been working collaboratively with the Ministry of Health to draft the Terms of Reference for this working group – Safe Drug Administration by Pharmacists Working Group (Appendix 1), as well as a Timeline and Activities for this working group (Appendix 2).

## Next Steps

The College is coordinating the first meeting of the Safe Drug Administration by Pharmacists Working Group. It is expected to occur in October 2019.

| Appendix |  |
|----------|--|
| 1        | Safe Drug Administration by Pharmacists Working Group – Terms of Reference |
| 2        | Safe Drug Administration by Pharmacists – Timeline and Activities          |

## Safe Drug Administration by Pharmacists Working Group

### Terms of Reference

#### A. Background

Under the [Health Professions Act](#) (“HPA”), the Minister of Health may make, amend or repeal regulations respecting the scope of practice of a health profession.

In October 2009, the [Pharmacists Regulation](#) under the HPA was amended to enable pharmacists to perform injection drug administration. At the time, the intention of this amendment was to enable pharmacists to provide immunization services in response to the spread of Influenza H1N1. In 2015, the regulation was amended again to also include drug administration by intranasal route.

The [Pharmacists Regulation](#) currently enables pharmacists to administer any drug specified in Schedule I, IA or II of the Drug Schedules Regulation or a substance through intradermal, intramuscular or subcutaneous injection or intranasally. It also requires a committee to be established to develop, review and recommend the standards, limits and conditions under which a registrant may administer a drug or substance to patients and the successful completion of a certification program.

While the Pharmacists Regulation allows for administration of a broader range of drugs and substances by injection and intranasal route, this practice is currently restricted by the College of Pharmacists of British Columbia’s (“CPBC”) standards, limits and conditions, for the purposes of immunization<sup>1</sup>.

In accordance with the Pharmacists Regulation, the Drug Administration Committee (“DAC”) was established to develop, review and recommend standards, limits and conditions in relation to pharmacist injecting and providing intranasal medications. The DAC includes confirmed members from other health professional colleges as well as the Ministry of Health.

At the February 15, 2019 meeting, the Board of CPBC, based on the recommendations of the DAC, approved directing the Registrar to:

- Remove current restrictions on pharmacist injection and intranasal administration of drugs or substances, with the exception of Schedule IA drugs;
- Restrict pharmacists from injecting for cosmetic purposes; and,
- Retain current restrictions on pharmacist drug administration relating to age which specify a pharmacist must not administer an injection to a child under 5 years old, nor administer a drug by intranasal route to a child under 2 years old.

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<sup>1</sup> The College of Pharmacists of British Columbia [Bylaws, Schedule F – Part 4](#), “a practising pharmacist must not administer a drug by injection or intranasal route unless it is for the purposes of immunization”.

The Ministry of Health (via a letter dated April 10, 2019) requested that further analysis and consultation be conducted to determine the impacts of this change on patient safety and quality, other health profession regulators, interprofessional practice and patient experiences of care.

#### **A. Constitution:**

The Safe Drug Administration by Pharmacists Working Group (“the Working Group”) consists of at least 11 persons; two staff from College of Pharmacists of BC (“CPBC”), one representative from the CPBC’s Drug Administration Committee, one representative from each of the health regulatory colleges with prescribing authority, and four representatives from the Ministry of Health.

#### **B. Purpose:**

The purpose of the Working Group is to consider the patient safety risks and potential benefits of changing the authority of pharmacists to administer drugs or substances via intradermal, intramuscular or subcutaneous injection or intranasal routes, as stated within the CPBC Bylaws.

The Working Group will:

- Review the current standards, limits and conditions under which a pharmacist may administer a drug or substance to patients.
- Explore the patient safety risks, challenges and benefits related to changing pharmacists’ drug administration authority.
- Determine the impact of removing current restrictions related to pharmacist drug administration, including those proposed by the DAC.
- Identify possible impacts of removing current restrictions related to pharmacist drug administration on the broader healthcare system (including health professional regulatory colleges and the Ministry of Health) and potential mitigation strategies.
- Identify any public safety concerns related to changing pharmacists’ drug administration authority and mitigation strategies.

In completing its work, the Working Group will be focused on the impacts of pharmacist drug administration that are within the jurisdiction of regulatory colleges, including issues related to informed consent and interprofessional collaborative practice between CPBC’s registrants and those practicing another health profession.

While issues related to fees for drug administration are outside of the scope of the CPBC, the Ministry of Health may seek input from the working group via a Ministry-led agenda item to better understand the overall system impacts.

#### **C. Function and Authority**

The Working Group is established to provide findings and information to the DAC, Ministry of Health and other health professional regulatory colleges for consideration. The Working Group does not have authority to make decisions regarding pharmacist drug administration authority.

The DAC may consider this information when recommending potential changes to the CPBC's standards, limits and conditions for drug administration by pharmacists.

The Working Group will not recommend amendments to the CPBC's standards, limits and conditions on pharmacist drug administration as this is the role of the DAC.

Decisions respecting expansions to a health profession's scope of practice will continue to be initiated and made by the Minister of Health.

### **C. Membership:**

Members will be selected by their respective regulatory organizations as having the authority and expertise to consider the risks to patient safety and potential benefits of changing pharmacists' drug administration authority.

- College of Pharmacists of British Columbia
- College of Pharmacists of British Columbia's Drug Administration Committee
- Ministry of Health
- Select Health professional regulatory colleges with prescribing authority\*:
  - British Columbia College of Nursing Professionals
  - College of Dental Surgeons of British Columbia
  - College of Midwives of British Columbia
  - College of Naturopathic Physicians of British Columbia
  - College of Physicians and Surgeons of British Columbia
  - College of Podiatric Surgeons of British Columbia
  - College of Optometrists of British Columbia

\*While Traditional Chinese Medicine practitioners have authority to prescribe, it is limited to the preparation and administration of a traditional Chinese medicine remedy, contained within the bylaws of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC (CTCMPA). These prescriptions are unlikely to be sold or administered in a pharmacy; consequently, CTCMPA have not been invited to participate in this Working Group.

### **D. Accountability:**

- Individual group members are responsible to report Working Group information to the senior management team(s) of their respective organizations, as appropriate.
- Activities are guided by the legislation and bylaws relevant to the health professional regulatory colleges.

### **E. Working Methods:**

- Meetings will begin in September 2019 and end in November 2019.
- Meetings will be held at the CPBC offices with a call-in option, unless otherwise noted.
- Meetings will be not be open to the public.

- The CPBC will be responsible for chairing meetings, agenda development and distribution as well as recording minutes.
- Working Group members may be tasked with collecting and presenting data from their respective organizations relating to the patient safety risks and benefits of changing the authority of pharmacists in respect of drug administration.

The Working Group's activities will culminate in documented findings regarding the patient safety risks, mitigation strategies and benefits of changing pharmacists' drug administration authority. These findings will be provided to the Ministry of Health, Drug Administration Committee and health profession regulatory colleges for consideration.

**F. Revision History:**

| DATE           | DESCRIPTION   | AUTHOR |
|----------------|---|--------|
| June 12, 2019  | Creation of initial draft TOR                             | CPBC   |
| July 19, 2019  | Provision of feedback and edits                           | MoH    |
| July 25, 2019  | Provision of feedback and edits                           | CPBC   |
| August 1, 2019 | Acceptance of changes and provision of feedback and edits | MoH    |
| August 2, 2019 | Acceptance of changes and provision of feedback and edits | CPBC   |
| August 7, 2019 | Acceptance of changes and provision of edits              | MoH    |

## Safe Drug Administration by Pharmacists

### Timeline and Activities

**Project Goal:** Functioning in an advisory capacity, consider the patient safety risks and potential benefits of changing the authority of pharmacists to administer drugs or substances via intradermal, intramuscular or subcutaneous injection or intranasal routes.

Additionally, to develop findings regarding the patient safety risks, mitigation strategies and the benefits of changing pharmacists' drug administration authority.

| Timeframe                 | Activity  | Description   |
|---------------------------|---|---|
| August 7, 2019            | Finalize terms of reference with Ministry of Health | CPBC and Ministry of Health to finalize the terms of reference.   |
| August 9, 2019            | Send Working Group Invitations                      | CPBC to send invitations to Working Group members (i.e., representatives from the Ministry of Health and select regulatory colleges of health professions with prescribing authority, as well select Drug Administration Committee members).  |
| September, 2019           | Launch the Working Group                            | <p>CPBC to hold a one-day session to launch the Working Group. This will involve an overview of CPBC, its departments and key functions, the role of a pharmacist and their education/training, etc.</p> <p>The purpose of this one-day session is to ensure that all Working Group members have a strong foundation on how CPBC works, its legislative authority, the practice of pharmacy in dispensing and administering drugs and in the Ministry of Health's rationale for requesting the establishment of this working group.</p> |
| September – November 2019 | Working Group meetings to be Held                   | Up to three Working Group meetings (additional meeting can be scheduled if needed) to be held to discuss the patient-safety risks and benefits of removing restrictions on pharmacist injection and intranasal administration of medications. Focus will be on effects that are within the jurisdiction of regulatory colleges.   |



|                      |                                    |   |
|----------------------|------------------------------------|---|
| <b>December 2019</b> | Working Group to finalize findings | Working Group to prepare summary of findings for consideration for Ministry of Health, CPBC and the Drug Administration Committee, and other regulatory colleges. |
|----------------------|------------------------------------|---|



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## 6. Drug Administration Committee

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**Arden Barry**

Board Chair



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## 6. a) Committee Updates



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## 6. b) Status Update – Drug Administration Authority



## Purpose

- To provide the Board with an update on the progress of the Drug Administration Committee's (DAC) work since the February 2019 Board Meeting whereby the Board approved the following motion:
  - *Direct the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for cosmetic purposes and retaining current age limit restrictions.*



# Background

- Provincial Pharmacists Regulation, s. 4 (1) (c.1)
  - Grants broad drug administration authority to pharmacists:
    - Permits pharmacists to administer a drug or substance specified in Schedule I, IA, or II of the Drug Schedules Regulation.
    - Allows pharmacists to administer the drug or substance by intradermal, intramuscular, or subcutaneous injection, or intranasally.
    - Administer the drug or substance by any method for the purpose of treating anaphylaxis.



## Background

- Provincial Pharmacists Regulation, s. 4.1 (1) states:
  - A registrant may perform an activity described in section 4 (1) (c.1) only if standards, limits, and conditions have been established.
- Standards, limits, and conditions have been established in Schedule “F”, Part 4 under the College’s HPA Bylaws:
  - Restricts drug administration authority to immunizations.



## Background

- In October and December 2018, the DAC:
  - Reviewed the College's current restrictions in relation to patient safety and public protection.
  - Discussed options for changing the restriction, as conferred by the Pharmacists Regulation.
  - Considered the experience of other Pharmacy Regulatory Authorities (PRAs) in order to formulate evidence-based recommendations for the Board.
  - Reviewed evidence considering the limits in relation to patient safety and public protection.





# Background

- DAC recommendations:
  - Amend the “Limits” to allow for injection and intranasal administration of any Schedule I and II medication, with the exception of Schedule IA.
  - Amend the “Limits” to restrict administering injections for cosmetic purposes.
  - Maintain the existing “Limits” on the age restrictions.
  - Amend the “Conditions” to outline new training requirements for injecting drugs and substances beyond immunizations, if required.



# February 2019 Board Meeting

## **MOTION:**

Direct the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for Schedule 1A drugs and drugs for cosmetic purposes and retaining current age limit restrictions.

**CARRIED**



## Ministry of Health Request

- A letter from the Ministry of Health (MoH) on April 10, 2019 invited the College to work with the MoH to establish a working group consisting of representatives from other regulatory colleges of health professions with prescribing authority.
- Purpose is to determine the impacts of removing the restrictions on pharmacist injection and intranasal administration, specifically the impact:
  - On other health profession regulators,
  - On interprofessional practice; and
  - On patient experiences of care.



# Safe Drug Administration by Pharmacists Working Group

- Activities:
  - Review the current standards, limits, and conditions under which a pharmacist may administer a drug or substance to patients.
  - Explore the patient safety risks, challenges, and benefits related to changing this authority.
  - Determine the impacts of removing current restrictions on the broader health care system and potential mitigation strategies.
  - Identify any public safety concerns related to changing pharmacists' drug administration authority and potential mitigation strategies.
  - Provide findings and information to the DAC, MoH, and other professional regulatory colleges for consideration.



## Proposed Timeline

| Date                      | Action  |
|---------------------------|---|
| September – November 2019 | Working Group meetings  |
| December 2019             | Working Group finalizes findings  |
| February 2020             | The DAC “Standards, Limits and Conditions” recommendations to be presented to the Board |



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# Questions





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## **BOARD MEETING September 13, 2019**

### **7. Pharmaceutical Services Division: Defining and Delivering on its Mandate**

#### **INFORMATION ONLY**

##### **Presenter's Biography**

###### **Mitch Moneo**

Mitch assumed the role of Assistant Deputy Minister, Pharmaceutical Services Division in 2017. Prior to his current appointment, Mitch was the Executive Director of the Division's PharmaCare Information, Policy and Evaluation Branch where he was responsible for guiding the development, evaluation and research of pharmaceutical policies that support equitable and sustainable patient access to effective drug therapies. A key accomplishment was the drafting of BC's Pharmaceutical Services Act, a comprehensive legislative framework for the one billion dollar BC PharmaCare program.

In addition to his role at the Ministry, he currently serves as a Director on the board of the Canadian Agency for Drugs and Technology in Health (CADTH); Chair of the HTA Roundtable – North America; and is a member of the Drug Safety and Effectiveness Network steering committee.

##### **Presentation Synopsis**

A presentation on the key highlights and achievements of the Pharmaceutical Services Division and the possible mandate changes coming soon.

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# **Pharmaceutical Services Division: Defining and Delivering on its Mandate**

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College of Pharmacists of BC

September 13, 2019

By Mitch Moneo

Assistant Deputy Minister

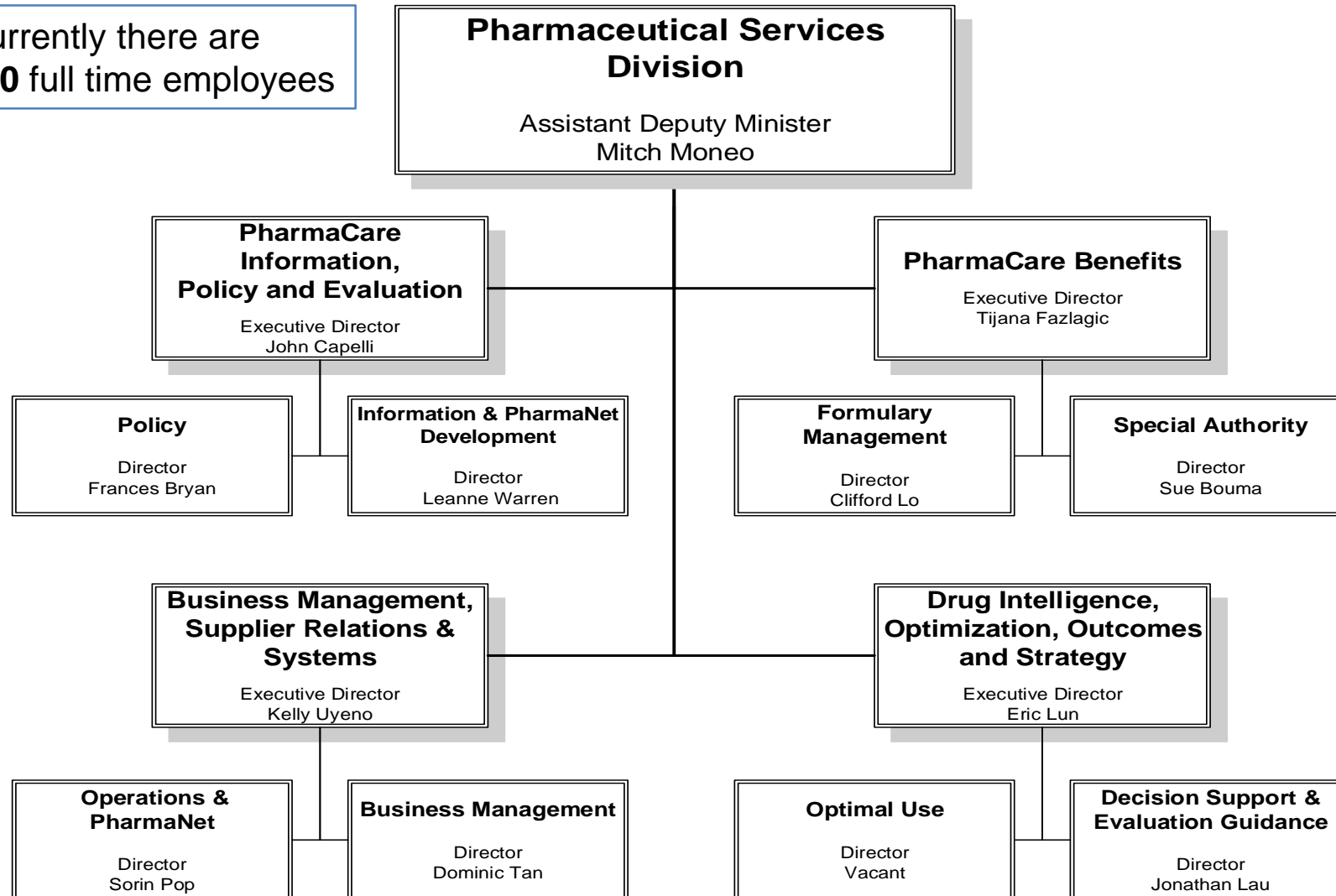
Pharmaceutical Services Division





# Pharmaceutical Services Division – Org Chart

Currently there are  
**110** full time employees



# Highlights from 2018/19

- Reduced or eliminated Fair PharmaCare deductibles for low income families
- Reduced generic drug prices through five-year pCPA Generic Drugs 2.0

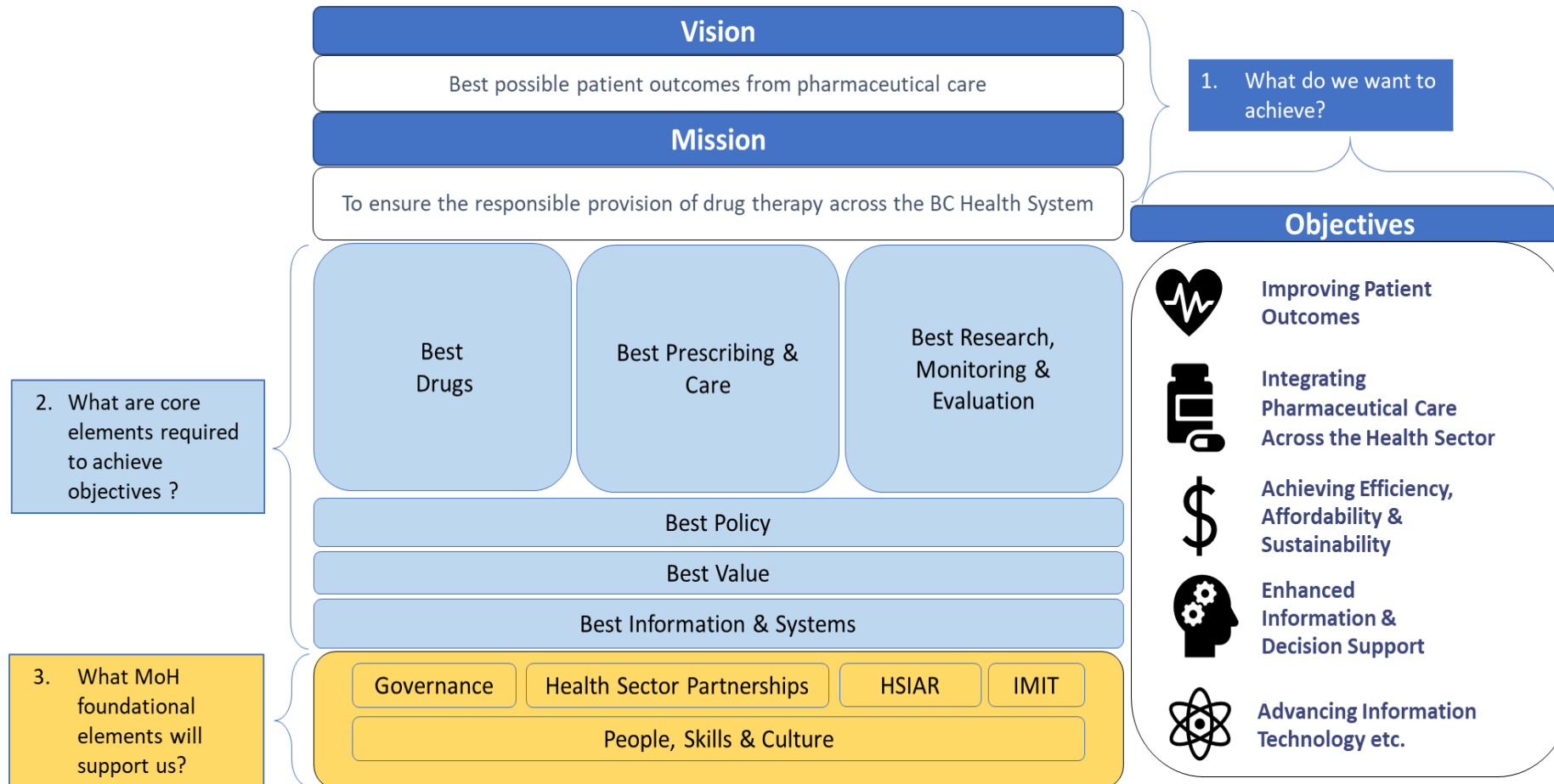
# Highlights from 2018/19

- Lead the provincial and territorial response to National Pharmacare
- Collaborated with the Therapeutics Initiative to support and enhance evidence-based decision-making

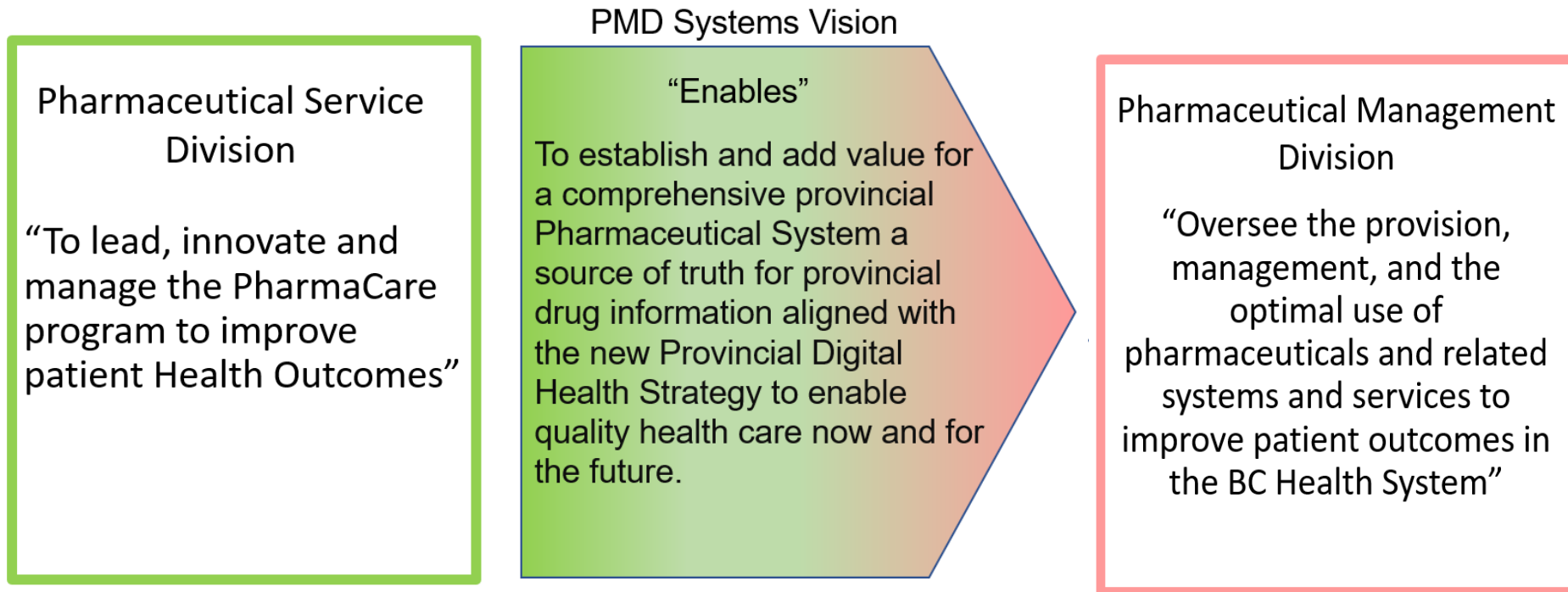
# Highlights from 2018/19

- Lead an initiative to deploy Primary Care Pharmacists to work collaboratively within team-based primary care networks

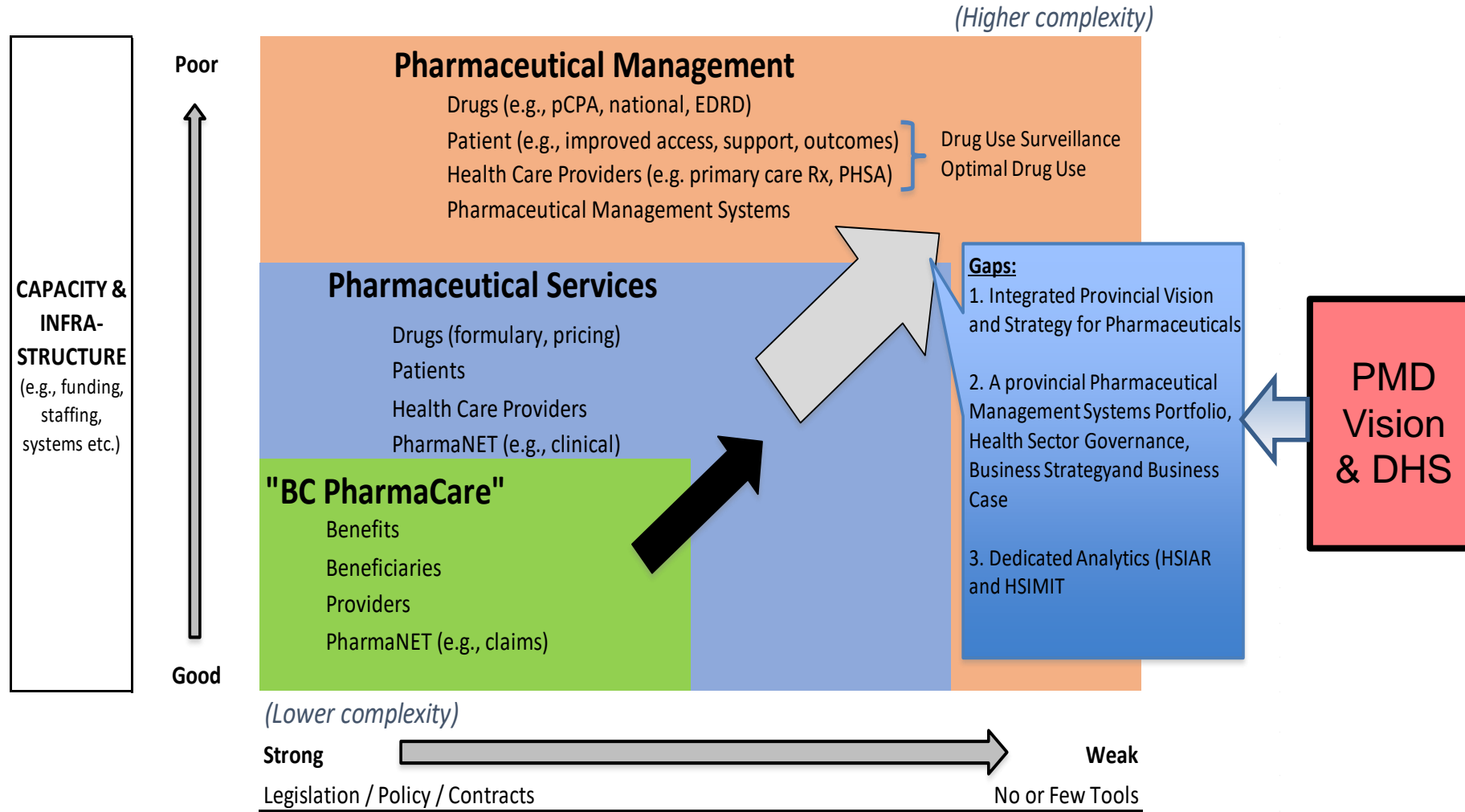
# Provincial Pharmaceutical Care Strategic Framework



# Evolution of Mandate



# PSD Mandate Evolution



# Aligning with the PHSA Action Plan Deliverables

| Strategic Framework Core Elements      | MoH & PHSA Action Plan Deliverables   | Horizon 1 - MoH & PHSA/RHA/PHC<br>Setting the Foundation for Transformation   |
|--|---|---|
| Best Drugs                             | <b>Deliverable One:</b> Propose a new approach to medicine review, listing, planning and budgeting processes across Pharmacare, Life Support Drugs, and RHA/PHC pharmacies  | <ul style="list-style-type: none"> <li>• Develop a proposed approach and recommendations for the provincial medicine review, listing, planning and budgeting processes</li> </ul>   |
| Best Prescribing & Care                | <b>Deliverable Two:</b> Increase provincial <u>integrated planning</u> and <u>coordination</u> of services developed in collaboration with MOH PSD with an emphasis on how to best position this key clinical service over the next 5-10 years. | <ul style="list-style-type: none"> <li>• Complete a current state assessment of LMPS with particular focus on identifying pros and cons</li> <li>• Identify and recommend opportunities where provincial solutions can be applied</li> </ul>  |
| Best Research, Monitoring & Evaluation | <b>Deliverable Three:</b> Proposed approach improve coordination, monitoring and evaluation of pharmaceutical therapies and services  | <ul style="list-style-type: none"> <li>• Develop an approach: <ul style="list-style-type: none"> <li>○ For monitoring and surveillance of utilization of pharmaceuticals based on drug class</li> <li>○ For routine monthly monitoring, reporting and evaluation of medicines pre and post listing</li> </ul> </li> </ul> |



# Divisional Priority Projects 2019/20

| Divisional Priority   | Desired Outcomes  |
|---|---|
| Work closely with the PHSA and RHAs/PHC to create a strategy to guide planning and prioritization for pharmaceutical management | Integrated planning and coordination of pharmacy services within 5—10 years           |
| PharmaNet Revisions for Information management Enhancements (PRIME)   | Appropriate access to PharmaNet information   |
| Complete the Biosimilar initiative  | Patients will be transitioned to lower cost and equally effective biologic treatments |

# Divisional Priority Projects 2019/20

| Divisional Priority                          | Desired Outcomes   |
|--|--|
| Prescription Monitoring Program enhancements | A robust pharmaceutical monitoring system to ensure safe and appropriate drug therapy  |
| Division performance measures                | Develop a framework to monitor, evaluate and improve drug program performance          |
| Primary Care Pharmacists                     | Integrate pharmacists into team-based community care in a Primary Care Network setting |

# BC PharmaCare Biosimilar Coverage Policy

**CURRENT: Biologic Naïve: BC PharmaCare only covers the biosimilar version of the medication for new starts**

| Biologic                                     | Biosimilar                              | Uses  | # PharmaCare Patients Covered on originator |
|--|---|---|---|
| <b>Infliximab</b><br>(Remicade – Janssen)    | Inflectra (Pfizer)<br>Renflexis (Merck) | rheumatoid arthritis (RA), ankylosing spondylitis (AS), psoriatic arthritis (PsA), plaque psoriasis, inflammatory bowel disease (IBD) | 3,300                                       |
| <b>Etanercept</b><br>(Enbrel – Amgen)        | Erelzi (Sandoz)<br>Brenzys (Merck)      | RA, AS, and PsA   | 1,800                                       |
| <b>Insulin glargine</b><br>(Lantus – Sanofi) | Basaglar (Eli Lilly)                    | diabetes  | 18,000                                      |
| <b>Filgrastim</b><br>(Neupogen- Amgen)       | Grastofil<br>(ApoBiologix)              | cancer-related low white blood cells  | 1,400<br>(prior to Grastofil)               |

# Impact of Biosimilar Coverage policy

- Policy expected to save PharmaCare \$96.6 million over the first three years
- Savings can be used for expansion of treatment options and improved patient access, or for other health priorities

# Impact of Biosimilar Coverage policy

- Examples: Starting May 27th, PharmaCare will make the following coverage adjustments:
  - ❑ Add coverage for empagliflozin (Jardiance) for the treatment of type 2 diabetes
  - ❑ Add coverage for ixekizumab (Taltz) for psoriatic arthritis
  - ❑ Modify coverage criteria for biologic drugs for RA, AS and PsA to improve patient access





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## BOARD MEETING September 13, 2019

### 8. Legislation Review Committee

#### b) HPA Bylaws: Amending Committee Member Terms of Office

### DECISION REQUIRED

#### Recommended Board Motion:

Approve the following resolution to amend the bylaws made under the *Health Professions Act* regarding committee terms of office:

*“RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act (“HPA”), and subject to the requirements in section 19(3) of HPA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under HPA relating to committee terms of office for filing with the Minister of Health, as set out in the schedule attached to this resolution.”*

#### Purpose

To approve proposed amendments for filing with the Ministry of Health to change committee member terms of office so that terms do not exceed three years, with a maximum of six consecutive years.

#### Background

##### April 2019 Board Meeting

At their April 2019 meeting, the Board approved publicly posting proposed bylaws under the HPA regarding committee terms of office (see Appendix 1 for the April 2019 Board meeting note on this topic). The proposed changes involved changing committee terms to *not exceed* three years, and to set a maximum of six consecutive years that a member can serve in total. Currently, terms for committee members must not exceed two years, and members cannot serve more than three consecutive terms (i.e., six years total).

The proposed amendments align more closely with the three-year term limit for Board members. They also provide flexibility when establishing term lengths for those appointed to committees.



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## BOARD MEETING September 13, 2019

### Discussion

#### Public Posting

Following the April 2019 Board meeting, the proposed bylaws were publicly posted on the College of Pharmacists of BC's ("the College") website. The posting period ended in July 2019. No comments were received, and no further amendments are recommended.

### Recommendation

It is recommended that the proposed amendments regarding committee terms of office proceed for Board approval for filing with the Ministry of Health. See Appendices 2-3 for the Schedule to the Resolution and the "track changes" version of the bylaws, indicating the proposed bylaw amendments.

### Next Steps

If approved by the Board, the proposed bylaws would be filed with the Minister as required under s. 19(3) of the HPA. The amended bylaws will come into effect 60 days after the filing date, in mid-November 2019, assuming that they are not disallowed by the Minister. The changes will be implemented for the committee appointments and re-appointments scheduled for the April 2020 Board meeting.

| Appendix |  |
|----------|--|
| 1        | April 2019 Board Meeting Note  |
| 2        | Schedule to the Resolution   |
| 3        | Amending Committee Member Terms of Office – HPA Bylaw Amendments (Track Changes) |



## Appendix 1

### BOARD MEETING April 11, 2019

#### **7. Legislation Review Committee** **b) Amending Committee Member Terms of Office**

### DECISION REQUIRED

#### **Recommended Board Motion:**

*Approve amendments to the Health Professions Act Bylaws to change committee member terms to not exceed three years, with a maximum of six consecutive years, for public posting.*

#### **Purpose**

To approve proposed amendments to s. 19(1) of the *Health Professions Act* (“HPA”) Bylaws to change committee member terms of office so that terms do not exceed three years, with a maximum of six consecutive years.

#### **Background**

Section 19(1) of the HPA Bylaws addresses committee terms of office. This provision states:

*“19. (1) A person appointed to a committee established under these bylaws  
(a) serves for a term determined by the board not exceeding 2 years, and  
(b) is eligible for reappointment but may not serve more than 3 consecutive terms.”*

Currently, the terms of office for committee members are misaligned with those of the Board member. Board member terms of office are outlined in s. 7(1) of the HPA Bylaws, as follows:

*“7. (1) The term of office for an elected board member is 3 years, commencing at the start of the November board meeting following that board member’s election.  
(2) An elected board member may serve a maximum of 2 consecutive terms.”*

#### **Discussion**

In developing a proposed approach for committee terms of office, the Bylaw provisions for multiple BC health regulators were reviewed. The Bylaws of College of Nursing Professionals of BC (CNPBC) provided a flexible approach while also restricting committee members to serve more than six consecutive years.



College of Pharmacists  
of British Columbia

## Appendix 1

### BOARD MEETING

April 11, 2019

More specifically:

- The Bylaws of CNPBC define the term length as *not exceeding* three years, with six consecutive years a member can serve in total. This could include one year terms with up to six re-appointments, two year terms with up to three re-appointments, and three year terms with up to two re-appointments.

The proposed HPA Bylaw amendments are adapted from the CNPBC Bylaws. They allow for sufficient flexibility in committee terms of office while also aligning well with the existing College Board terms of office. Please see Appendix 1 for a copy of the proposed HPA Bylaw amendments.

### Recommendation

The proposed approach is recommended due to the following considerations:

- It allows for flexibility in term length and consecutive years served, and aligns more closely with the College's Board term lengths (i.e. 3 year limit).
- It is transparent, as it defines both the term length and total consecutive years in the Bylaws.
- Listing a combination of possible term lengths (e.g. up to three years) and consecutive years served in the Bylaws allows for a balance between consistency and flexibility.

### Next Steps

If approved by the Board, the amended HPA Bylaws will be publicly posted for comment for a 90-day period. All feedback received will be reviewed and is expected to be brought forward to the September 2019 Board meeting. At that time, the Board is expected to consider whether to file the proposed amendments with the Ministry of Health for a 60-day period, after which the changes will take effect. The changes will be implemented for the committee appointments and re-appointments scheduled for the April 2019 Board meeting.

| Appendix |  |
|----------|--|
| 1        | Amending Committee Member Terms of Office – HPA Bylaw Amendments (Track Changes) |

## Appendix 2

### SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended to adjust committee member terms of office, as follows:

1. Section 19.(1)(a) is repealed and replaced with the following:
  - (a) serves for a term determined by the board not exceeding 3 years, and
2. Section 19. (1)(b) is repealed and replaced with the following:
  - (b) is eligible for reappointment but may not serve for more than 6 consecutive years.

# Appendix 3

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### Definitions

1. In these bylaws:
  - “**Act**” means the *Health Professions Act*;
  - “**appointed board member**” means
    - (a) a person appointed to the board under section 17(3)(b) of the *Act*, or
    - (b) prior to the first election referred to in section 17(2)(a) of the *Act*, a person appointed under section 17(2)(a) of the *Act* to represent the public on the first board;
  - “**ballot**” means an electronic ballot;
  - “**board**” means the board of the college;
  - “**board member**” means an appointed board member or an elected board member;
  - “**chair**” means the chair of the board elected under section 12;
  - “**child-resistant package**” means a package that complies with the requirements of the Canadian Standards Association Standard CAN/CSA-Z76.1-06, published in 2006 as amended from time to time;
  - “**controlled drug substance**” means a drug which includes a controlled substance listed in Schedule I, II, III, IV or V of the *Controlled Drugs and Substances Act* (Canada);
  - “**controlled prescription program**” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act* Bylaws;



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**“college”** means the College of Pharmacists of British Columbia continued under section 15.1(4) of the *Act*;

**“deliver”** with reference to a notice or other document, includes mail by post or electronically to, or leave with a person, or deposit in a person’s mailbox or receptacle at the person’s residence or place of business;

**“director”** has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

**“dispense”** has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

**“drug”** has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

**“elected board member”** means a full pharmacist board member or a pharmacy technician board member;

**“electronic initial”** means

- (a) information in electronic form that a person has created or adopted in order to initial a record, other than with respect to a prescription initialed by a full pharmacist for the purpose of prescribing, that is in, attached to or associated with a record, is secure and is only reproducible and used by that person; and
- (b) with respect to a prescription initialed by a full pharmacist for the purpose of prescribing, the electronic initial must meet the requirements of paragraph (a) and must be a unique mark personally applied by that pharmacist;

**“examination”** means an examination, given orally or in writing, or a practical examination, or any combination of these, and includes a supplemental examination;

**“full pharmacist”** means a member of the college who is registered in the class of registrants established in section 41(a);

**“full pharmacist board member”** means

- (a) a full pharmacist elected to the board under section 17(3)(a) of the *Act* or appointed to the board under section 10, or
- (b) prior to the first election referred to in section 17(2)(a) of the *Act*, a person appointed under section 17(2)(a) of the *Act* to represent the health profession on the first board;

**“hospital”** has the same meaning as in section 1 of the *Hospital Act*;

**“in good standing”** in respect of a registrant means

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- (a) the registration of the registrant is not suspended under the *Act*, and
- (b) no limits or conditions are imposed on the registrant's practice of pharmacy under section 20(2.1), 20(3), 32.2, 32.3, 33, 35, 36, 37.1, 38, 39, or 39.1 of the *Act*;

**“initial”** on a record means either an original handwritten initial or an electronic initial;

**“limited pharmacist”** means a member of the college who is registered in the class of registrants established in section 41(b);

**“manager”** has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

**“medication”** has the same meaning as “drug”;

**“non-practising pharmacist”** means a member of the college who is registered in the class of registrants established in section 41(f);

**“owner”** has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

**“personal information”** means “personal information” as defined in Schedule 1 of the *Freedom of Information and Protection of Privacy Act*;

**“pharmacy assistant”** has the same meaning as “support person” in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

**“pharmacy services”** means the services a registrant is authorized under the *Act* to provide;

**“pharmacy technician”** means a member of the college who is registered in the class of registrants established in section 41(e);

**“pharmacy technician board member”** means a pharmacy technician elected to the board under section 17(3)(a) of the *Act* or appointed to the board under section 10;

**“practising pharmacist”** means a full pharmacist, limited pharmacist, temporary pharmacist or student pharmacist;

**“practitioner”** has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

**“prescription”** has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

**“public representative”** means a person who

- (a) is not a registrant or former registrant, and

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- (b) has no close family or business relationship with a registrant or former registrant,

and includes an appointed board member;

**“quality assurance assessor”** means an assessor appointed under section 26.1(4) of the *Act*;

**“record”** has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act* Bylaws;

**“Regulation”** means the Pharmacists Regulation, B.C. Reg. 417/2008;

**“signature”** has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act* Bylaws;

**“student pharmacist”** means a member of the college who is registered in the class of registrants established in section 41(d);

**“temporary pharmacist”** means a member of the college who is registered in the class of registrants established in section 41(c);

**“vice-chair”** means the vice-chair of the board elected under section 12 of the *Act*;

### PART I – College Board, Committees and Panels

#### Composition of Board

- 2. The board consists of
  - (a) 7 full pharmacist board members,
  - (b) 1 pharmacy technician board member, and
  - (c) the appointed board members.

#### Composition of the Board – Transitional

- 2.1 Despite section 2, until the start of the November 2010 board meeting, the board consists of
  - (a) 7 full pharmacist board members, and
  - (b) the appointed board members

#### Electoral Districts

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3. (1) For the purpose of elections of full pharmacist board members under section 17(3)(a) of the *Act*, electoral districts are established as follows:
- (a) the province of British Columbia is divided into 7 electoral districts, the boundaries of which are set out in Schedule “B”;
  - (b) the number of full pharmacist board members elected from each electoral district is 1;
  - (c) electoral district boundaries described in paragraph (a) may be changed only by special resolution amending Schedule “B”;
  - (d) a full pharmacist who has only 1 place of practice which is not a hospital must be assigned to an electoral district from among Districts 1 to 5, according to the location of the full pharmacist’s place of practice;
  - (e) a full pharmacist who has only 1 place of practice which is a hospital must be assigned to District 6 or 7, according to the location of the hospital;
  - (f) a full pharmacist who practices in more than 1 electoral district must be assigned to the electoral district in which the full pharmacist’s primary place of practice is located;
  - (g) a full pharmacist who does not practice must be assigned to the electoral district within which he or she resides.
- (2) For the purpose of election of pharmacy technician board members under section 17(3)(a) of the *Act*, the electoral district is the province of British Columbia.

### Notice of Election

4. (1) An election under section 17(3)(a) of the *Act* must be held by electronic means approved by the registrar, at a date determined by the registrar that is at least 21 days prior to the date of the November board meeting in each year that an election is held.
- (2) The registrar must deliver a notice of election in Form 1 to every full pharmacist and pharmacy technician assigned to the electoral districts which are to elect board members in the election, at least 60 days prior to the election date.
- (3) The accidental omission to deliver notice of an election to, or the non-receipt of such a notice, by any person entitled to receive notice does not invalidate the election, any proceedings in relation thereto, or the results thereof.

### Eligibility and Nominations

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5. (1) To be eligible for election to the board under section 17(3)(a) of the *Act*, a registrant must be
  - (a) a full pharmacist or pharmacy technician,
  - (b) in good standing, and
  - (c) assigned to the electoral district in which he or she is nominated.
- (2) A full pharmacist or pharmacy technician is not eligible to be elected to the board if he or she is employed by the college or is engaged in a contract or assignment providing goods or services to the college.
- (3) A nomination for a full pharmacist board member must be endorsed by 3 full pharmacists who are in good standing and are assigned to the electoral district in which the nominee is standing for election.
- (4) A nomination for a pharmacy technician board member must be endorsed by 3 pharmacy technicians who are in good standing.
- (5) A nomination must be delivered to the registrar at least 45 days prior to the election date.
- (6) A nomination must be in Form 2.

### Election Procedure

6. (1) If there is only 1 nominee for a vacant position at the close of nominations, the nominee for that position is elected by acclamation.
- (2) Only full pharmacists and pharmacy technicians, who are in good standing, are eligible to vote in an election under section 17(3)(a) of the *Act*.
- (3) A full pharmacist or pharmacy technician eligible to vote under subsection (2) is eligible to vote only in the electoral district to which he or she is assigned for an election.
- (4) The registrar must deliver to each full pharmacist and pharmacy technician who is eligible to vote the instructions for voting electronically in the election at least 30 days prior to the election date.
- (5) Each full pharmacist and pharmacy technician who is eligible to vote is entitled to 1 ballot and may vote in favour of 1 candidate for the vacant position.

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- (6) A ballot does not count unless it is cast no later than 5:00 p.m. Pacific Time on the election date.
- (7) The candidate for a vacant position receiving the most votes on the return of the ballots is elected.
- (8) In the case of a tie vote, the registrar must select the successful candidate by random draw.
- (9) In the event that there are no nominees for a vacant position, the board may fill the vacant position in accordance with section 10.
- (10) The registrar must supervise and administer all elections under section 17(3)(a) of the *Act* and may establish additional procedures consistent with these bylaws for that purpose.
- (11) The registrar may determine any dispute or irregularity with respect to any nomination, ballot or election.
- (12) The registrar must use Form 3 to certify newly elected members of the board under section 17.1(1) of the *Act*.
- (13) If there is an interruption of electronic service during the nomination period or election, the registrar may extend the deadline for delivery of nominations or casting of ballots for such period of time as the registrar considers necessary in the circumstances.

### Terms of Office

7. (1) The term of office for an elected board member is 3 years, commencing at the start of the November board meeting following that board member's election.
- (2) An elected board member may serve a maximum of 2 consecutive terms.
- (3) Subsections (1) and (2) do not apply prior to the first election referred to in section 17(2)(a) of the *Act*.

### Election Cycle

- 7.1 Commencing with the 2018 elections, elections shall follow a three-year cycle, pursuant to which board members from even-numbered electoral districts are elected in the first year of the cycle, board members from odd-numbered electoral districts are elected in the second year of the cycle, and no election is held in the third year of the cycle.

### Ceasing to Hold Office as a Board Member

8. (1) An elected board member ceases to hold office if he or she

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- (a) ceases to be a full pharmacist or pharmacy technician, in good standing,
  - (b) submits a written resignation to the chair,
  - (c) becomes an employee of the college or engaged in a contract or assignment providing goods or services to the college,
  - (d) is removed by a special resolution of the board, if notice of the proposal to remove the elected board member has been included with the notice of the board meeting, or
  - (e) is absent from 3 or more consecutive board meetings for reasons which the board finds unacceptable.
- (2) Subsection (1) does not apply prior to the first election referred to in section 17(2)(a) of the *Act*.

### First Election and Terms of Office

9. Despite section 7(1) and (3), the term of office for the first elected full pharmacist board members from Districts 2, 4 and 6 is 1 year, commencing at the start of the November 2009 board meeting.

### Vacancy

10. (1) In the event of a vacancy in an elected board member position, the board may, by special resolution, appoint a full pharmacist or pharmacy technician, as applicable, eligible under section 5 for election to fill the position until the next election.
- (2) Subsection (1) does not apply prior to the first election referred to in section 17(2)(a) of the *Act*.

### Remuneration of Board and Committee Members

11. All board members and committee members are equally entitled to be
- (a) remunerated for time spent on business of the college in the amount approved by the board from time to time, and
  - (b) reimbursed by the college for reasonable expenses necessarily incurred in connection with the business of the college.

### Chair and Vice-Chair

12. (1) The chair must
- (a) preside at all board meetings,

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- (b) sign certificates, diplomas and other instruments executed on behalf of the college as required, and
  - (c) act in accordance with the requirements of his or her office for the proper carrying out of the duties of the board.
- (2) At the November board meeting in each calendar year, the board members must elect a chair by a majority vote in accordance with the following procedure:
  - (a) the acting chair for the meeting must call for nominations;
  - (b) if there is only 1 nominee, he or she is elected by acclamation;
  - (c) if there is more than 1 nominee, an election must be held by secret ballot, and the person with the most votes is elected;
  - (d) if there is a tie vote, there must be a second vote immediately following the first vote;
  - (e) if there is a second tie vote, the new chair must be selected by random draw.
- (3) The chair's term of office as chair is 1 year, commencing at the election of the vice-chair under subsection (4), and ending at the start of the November board meeting in the next calendar year.
- (4) Immediately following the election of the chair under subsection (2), the board members must elect a vice-chair by a majority vote in accordance with the procedure set out in subsection (2).
- (5) The vice-chair's term of office as vice-chair is 1 year, commencing at his or her election under subsection (4), and ending at the start of the November board meeting in the next calendar year.
- (6) The vice-chair must perform the duties of the chair in the chair's absence.
- (7) In the absence of both the chair and the vice-chair, an acting chair for a board meeting must be elected by a majority vote of the board members present.
- (8) Despite subsections (2) to (5), the board members must elect a chair and vice-chair in accordance with the procedure set out in subsection (2), each to serve a term ending at the start of the November 2009 board meeting.

### Board Meetings

- 13. (1) The board must meet at least 4 times in each calendar year, including one meeting in November, and must provide reasonable



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notice of board meetings to board members, registrants and the public.

- (2) The accidental omission to deliver notice of a board meeting to, or the non-receipt of a notice by, any person entitled to receive notice does not invalidate proceedings at that meeting.
- (3) Despite subsection (1), the chair or registrar may call a meeting of the board without providing notice to registrants or the public if necessary to conduct urgent business.
- (4) The registrar must call a board meeting at the request of the chair or any 3 board members.
- (5) The registrar must provide the following to members of the public on request:
  - (a) details of the time and place of a board meeting;
  - (b) a copy of the agenda;
  - (c) a copy of the minutes of any preceding board meeting.
- (6) Subject to subsection (7), board meetings must be open to registrants and the public.
- (7) The board may exclude any person from any part of a board meeting if it is satisfied that
  - (a) financial, personal or other matters may be disclosed of such a nature that the desirability of avoiding public disclosure of them in the interest of any person affected or in the public interest outweighs the desirability of adhering to the principle that meetings be open to the public,
  - (b) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced,
  - (c) personnel matters or property acquisitions will be discussed,
  - (d) the contents of examinations will be discussed,
  - (e) communications with the Office of the Ombudsman will be discussed, or
  - (f) instructions will be given to or opinions received from legal counsel for the college, the board, or a committee.
- (8) If the board excludes any person from a part of a board meeting, it must have its reasons for doing so noted in the minutes of the meeting.

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- (9) The registrar must ensure that minutes are taken at each board meeting and retained on file, and must publish them on the college website.
- (10) A majority of the total number of board members constitutes a quorum.
- (11) The chair is entitled to vote on all motions, and is also entitled to speak in debate, but not in preference to other board members.
- (12) A written resolution signed by all board members is valid and binding and of the same effect as if such resolution had been duly passed at a board meeting.
- (13) In case of an equality of votes the chair does not have a casting or second vote in addition to the vote to which he or she is entitled as a board member and the proposed resolution does not pass.
- (14) The board may meet and conduct business using video-conferencing or tele-conference connections or by other electronic means when some or all of the board members are unable to meet in person.
- (15) Except as otherwise provided in the *Act*, the regulations, or these bylaws, the most recent edition of Robert's Rules of Order governs the procedures at meetings of the board.

### Registration Committee

- 14. (1) The registration committee is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the registration committee must consist of public representatives, at least one of whom must be an appointed board member.

### Inquiry Committee

- 15. (1) The inquiry committee is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the inquiry committee must consist of public representatives, at least one of whom must be an appointed board member.

### Practice Review Committee

- 15.1 (1) The practice review committee is established consisting of at least 6 persons appointed by the board.

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- (2) At least 1/3 of the practice review committee must consist of public representatives, at least one of whom must be an appointed board member.
- (3) The practice review committee is responsible for monitoring standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants.
- (4) The practice review committee may receive reports made to the registrar, inquiry committee or discipline committee in respect of
  - (a) matters specified in section 17(1) of the *Pharmacy Operations and Drug Scheduling Act*, including without limitation reports under section 18 of that Act, and
  - (b) matters specified in section 28(1) of the *Health Professions Act*, including without limitation reports under section 28(3) of that Act.
- (5) Upon receipt of a report described in subsection (4), the practice review committee may
  - (a) review the report, and
  - (b) as it considers appropriate in the circumstances, refer a matter arising from that review to the inquiry committee, quality assurance committee or registrar.

### Application Committee

- 15.2 (1) The application committee within the meaning of section 1 of the *Pharmacy Operations and Drug Scheduling Act [SBC 2003] c.77* is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the application committee must consist of public representatives, at least one of whom must be an appointed board member.

### Discipline Committee

- 16. (1) The discipline committee is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the discipline committee must consist of public representatives, at least one of whom must be an appointed board member.

### Quality Assurance Committee

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17. (1) The quality assurance committee is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the quality assurance committee must consist of public representatives, at least one of whom must be an appointed board member.

### Drug Administration Committee

18. (1) The drug administration committee is established consisting of at least 4 and no more than 7 persons appointed by the board.
- (2) The committee must include
  - (a) one full pharmacist,
  - (b) one medical practitioner confirmed by the College of Physicians and Surgeons of British Columbia as suitable for membership on the committee,
  - (c) one registered nurse confirmed by the College of Registered Nurses of British Columbia as suitable for membership on the committee, and
  - (d) one person nominated by the Ministry of Health Services.
- (3) The drug administration committee
  - (a) must review, develop and recommend to the board standards, limits and conditions respecting the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Regulation for the purposes of preventing diseases, disorders and conditions, and
  - (b) may
    - (i) review the role of practising pharmacists in regard to the performance of restricted activities under section 4(1) (c.1) of the Regulation, and
    - (ii) make recommendations to the board, for submission to the Ministry of Health Services, respecting the standards, limits and conditions for practice and any other requirements it considers necessary or appropriate to support the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Regulation for the purposes of treating diseases, disorders and conditions.
- (4) The committee may consult, as it considers necessary or appropriate, with registrants or other individuals who have expertise

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relevant to drug administration or on any other matter considered by the committee.

### Committees

19. (1) A person appointed to a committee established under these bylaws
  - (a) serves for a term determined by the board not exceeding 32 years, and
  - (b) is eligible for reappointment but may not serve for more than 6 consecutive years ~~but may not serve more than 3 consecutive terms.~~
- (2) A committee member may be removed by a majority vote of the board.
- (3) The board must appoint a committee chair and a committee vice-chair from among the members of the committee.
- (4) Each committee must submit a report of its activities to the board annually or as required by the board.
- (5) The registrar is an ex officio non-voting member of the committees established under these bylaws.
- (6) The chair is a non-voting ex-officio member of all committees, except in respect of a committee to which he or she has been appointed under these bylaws, in which case he or she has the right to vote.

### Committee Panels

20. (1) The registration committee, inquiry committee, practice review committee, application committee, discipline committee and quality assurance committee may meet in panels of at least 3 but not more than 5 persons, and each panel must include at least 1/3 public representatives.
- (2) The chair of a committee referred to in subsection (1) must appoint the members of a panel and must designate a chair of the panel.
- (3) A panel of a committee referred to in subsection (1) may exercise any power or perform any duty of that committee.

### Meetings of a Committee or Panel

21. (1) A majority of a committee constitutes a quorum.
- (2) All members of a panel constitute a quorum.

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### **PART II – College Administration Registrar/Deputy Registrar**

22. (1) The registrar is authorized to establish, by bylaw, forms for the purposes of the bylaws, and to require the use of such forms by registrants.
- (2) If a deputy registrar is appointed by the board,
- (a) the deputy registrar is authorized to perform all duties and exercise all powers of the registrar, subject to the direction of the registrar, and
  - (b) if the registrar is absent or unable to act for any reason, the deputy registrar is authorized to perform all duties and exercise all powers of the registrar.

### **Seal**

23. (1) The board must approve a seal for the college.
- (2) The seal of the college must be affixed, by those persons designated by the board, to the documents determined by the board.

### **Fiscal Year**

24. The fiscal year of the college commences on March 1<sup>st</sup> and ends on the last day of February of the following year.

### **Banking**

25. The board must establish and maintain such accounts with a chartered bank, trust company or credit union as the board determines to be necessary from time to time.

### **Payments and Commitments**

26. The board must approve an operating and capital budget for each fiscal year, and may amend the approved budget from time to time.

### **Investments**

27. The board may invest funds of the college in accordance with the board's investment policy which must be consistent with sections 15.1 and 15.2 of the *Trustee Act*.

### **Auditor**

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28. (1) The board must appoint a chartered accountant or a certified general accountant to be the auditor.
- (2) The registrar must submit the financial statement to the auditor within 60 days of the end of the fiscal year.
- (3) A copy of the auditor's report must be included in the annual report.

### Legal Counsel

29. The board or, with the approval of the registrar, a committee or panel, may retain legal counsel for the purpose of assisting the board, a committee or a panel in exercising any power or performing any duty under the *Act*.

### General Meetings

30. (1) General meetings of the college must be held in British Columbia at a time and place determined by the board.
- (2) The first annual general meeting must be held before October 1, 2010, and after that an annual general meeting must be held at least once in every calendar year and not more than 20 months after the holding of the last preceding annual general meeting.
- (3) The following matters must be considered at an annual general meeting:
  - (a) the financial statements of the college;
  - (b) the annual report of the board;
  - (c) the report of the auditor.
- (4) Every general meeting, other than an annual general meeting, is an extraordinary general meeting.
- (5) The board
  - (a) may convene an extraordinary general meeting by resolution of the board, and
  - (b) must convene an extraordinary general meeting within 60 days after receipt by the registrar of a request for such a meeting signed by at least ten percent of all full pharmacists and pharmacy technicians, who are in good standing.

### Notice of General Meetings

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31. (1) The registrar must deliver notice of an annual or extraordinary general meeting to every board member and registrant at least 21 days prior to the meeting.
- (2) Notice of a general meeting must include
  - (a) the place, day and time of the meeting,
  - (b) the general nature of the business to be considered at the meeting,
  - (c) any resolutions proposed by the board, and
  - (d) any resolutions proposed under section 32 and delivered to the registrar prior to the mailing of the notice.
- (3) The accidental omission to deliver notice of a general meeting to, or the non-receipt of a notice by, any person entitled to receive notice does not invalidate proceedings at that meeting.
- (4) General meetings must be open to the public.
- (5) The registrar must
  - (a) provide reasonable notice of each general meeting to the public, and
  - (b) provide to members of the public on request a copy of the notice given under subsection (1) in respect of the meeting.

### Resolutions

32. Any 3 full pharmacists or pharmacy technicians, who are in good standing, may deliver a written notice to the registrar at least 60 days prior to the date of an annual or an extraordinary general meeting requesting the introduction of a resolution.

### Voting at a General Meeting

33. (1) A full pharmacist or pharmacy technician present at a general meeting is entitled to 1 vote at the meeting.
- (2) In case of an equality of votes the chair of the general meeting does not have a casting or second vote in addition to the vote to which he or she is entitled as a full pharmacist or pharmacy technician, if any, and the proposed resolution does not pass.
- (3) Except as these bylaws otherwise provide, the most recent edition of Robert's Rules of Order governs the procedures at an annual or extraordinary general meeting.



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- (4) A resolution passed at an annual or extraordinary general meeting is not binding on the board.

### Proceedings at General Meetings

- 34. (1) Quorum is 25 registrants consisting of full pharmacists or pharmacy technicians, or both.
- (2) No business, other than the adjournment or termination of the meeting, may be conducted at a general meeting at a time when a quorum is not present.
- (3) If at any time during a general meeting there ceases to be a quorum present, business then in progress must be suspended until there is a quorum present.
- (4) In the case of a general meeting other than an extraordinary general meeting under section 30(5)(b),
  - (a) if there is no quorum within 30 minutes from the time appointed for the start of the meeting, or
  - (b) if there is no quorum within 30 minutes from any time when there is no quorum during the meeting,the meeting must be adjourned to one month later, at the same time and place, and those full pharmacists and pharmacy technicians who attend that later meeting will be deemed to be a quorum for that meeting.
- (5) In the case of an extraordinary general meeting under section 30(5)(b),
  - (a) if there is no quorum within 30 minutes from the time appointed for the start of the meeting, or
  - (b) if there is no quorum within 30 minutes from any time when there is no quorum during the meeting,the meeting must be adjourned and cancelled and no further action may be taken in respect of the request under section 30(5)(b) for that meeting.
- (6) In the absence of both the chair and the vice-chair of the board, an acting chair for a general meeting must be elected by a majority vote of the full pharmacists and pharmacy technicians present.
- (7) A general meeting may be adjourned from time to time and from place to place, but no business may be transacted at an adjourned meeting other than the business left unfinished at the meeting from which the adjournment took place.

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- (8) When a meeting is adjourned in accordance with subsection (4) or by resolution, notice of the rescheduled meeting must be delivered in accordance with section 31.

### Notice to Public Representatives

35. Every notice or mailing to registrants must also be provided to public representatives serving on the board or a committee.

### PART III – College Records

#### Body Responsible for Administering the *Freedom of Information and Protection of Privacy Act*

36. (1) The registrar is the “head” of the college for the purposes of the *Freedom of Information and Protection of Privacy Act*.
- (2) The registrar may authorize the deputy registrar, a person employed by the college or a person who has contracted to perform services for the college to perform any duty or exercise any function of the registrar that arises under the *Freedom of Information and Protection of Privacy Act*.

### Fees for Information Requests

37. Subject to section 75 of the *Freedom of Information and Protection of Privacy Act*, an applicant who requests access to a college record under section 5 of the *Freedom of Information and Protection of Privacy Act* must pay the fees set out in the Schedule of Maximum Fees in B.C. Reg. 323/93 for services required to comply with the information request.

### Disclosure of Annual Report

38. The registrar must make each annual report under section 18(2) of the *Act* available electronically and free of charge on the college website, must notify registrants that the report is available, and must provide a paper copy of the report to any person on request upon payment of the fee set out in Schedule “D”.

### Disclosure of Registration Status

39. (1) If an inquiry about the registration status of a person is received by the board or the registrar, the registrar must disclose, in addition to the matters required by section 22 of the *Act*,
- (a) whether the discipline committee has ever made an order relating to the person under section 39 of the *Act* and the details of that order,

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- (b) whether the person has ever consented to an order under section 37.1 of the *Act* and the details of that order, and
  - (c) whether the person has ever given an undertaking or consented to a reprimand under section 36 of the *Act* and the details of that undertaking or reprimand.
- (2) When acting under subsection (1), the registrar must not release the name of, or information which might enable a person to identify
  - (a) a patient, or
  - (b) another person, other than the registrant, affected by the matter,
    - except with the consent of the patient or the other person.

### **Manner of Disposal of College Records Containing Personal Information**

- 40. The board must ensure that a college record containing personal information is disposed of only by
  - (a) effectively destroying a physical record by utilizing a shredder or by complete burning,
  - (b) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the information cannot be reconstructed,
  - (c) returning the record to the person the information pertains to, or
  - (d) returning the record to the registrant who compiled the information.

### **PART IV – Registration Classes of Registrants**

- 41. The following classes of registrants are established:
  - (a) full pharmacist;
  - (b) limited pharmacist;
  - (c) temporary registrant;
  - (d) student pharmacist;
  - (e) pharmacy technician;
  - (f) non-practising registrant.

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### Full Pharmacist Registration

42. (1) For the purposes of section 20(2) of the *Act*, the requirements for full pharmacist registration are
- (a) graduation with a degree or equivalent qualification from a pharmacy education program recognized by the board for the purpose of full pharmacist registration and specified in Schedule “C”,
  - (b) successful completion of the jurisprudence examination required by the registration committee,
  - (c) successful completion of an English language proficiency examination acceptable to the registration committee, if the person has not graduated from a pharmacy education program in Canada or the United States accredited by the Canadian Council for Accreditation of Pharmacy Programs or the Accreditation Council for Pharmacy Education,
  - (d) successful completion of the structured practical training required by the registration committee, if any,
  - (e) successful completion of the Pharmacy Examining Board of Canada Evaluating Examination, if the person has not graduated from a pharmacy education program in Canada or the United States accredited by the Canadian Council for Accreditation of Pharmacy Programs or the Accreditation Council for Pharmacy Education,
  - (f) successful completion of the Pharmacy Examining Board of Canada Qualifying Examination - Part I and Part II,
  - (g) evidence satisfactory to the registration committee that the person is of good character and fit to engage in the practice of pharmacy, and
  - (h) receipt by the registrar of
    - (i) a signed application for full pharmacist registration in Form 4,
    - (ii) the application fee specified in Schedule “D”,
    - (iii) a notarized copy, or other evidence satisfactory to the registration committee, of the person’s degree or equivalent qualification, and that he or she is the person named therein,
    - (iv) a statutory declaration in Form 5,

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- (v) if applicable, the fee for the jurisprudence examination specified in Schedule “D”,
  - (vi) a criminal record check authorization in the form required by the *Criminal Records Review Act*,
  - (vii) if the person has engaged in the practice of pharmacy or another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,
  - (viii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person’s good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession,
  - (ix) a certified passport size photograph of the person taken within one year prior to the date of application,
  - (x) a notarized copy, or other evidence satisfactory to the registration committee, of the person’s Canadian citizenship or authorization to work in Canada, and
  - (xi) proof of professional liability insurance as required under section 81.
- (1.1) If an applicant for registration does not complete the requirements for full registration in subsection (1) within 12 months from the date of application, the applicant must provide
- (a) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of full registration, of the person’s good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession, and
  - (b) a notarized copy, or other evidence satisfactory to the registration committee, of the person’s Canadian citizenship or authorization to work in Canada.
- (2) Despite subsection (1), the person may be granted full pharmacist registration if he or she
- (a) is registered in another Canadian jurisdiction as the equivalent of a full pharmacist and has provided notarized evidence, or other evidence satisfactory to the registration committee, of

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such registration and that he or she is the person named therein, and

- (b) meets the requirements established in subsection (1)(g) and (h)(i) to (iv) and (vi) to (xi).
- (3) Despite subsection (1), the registration committee has discretion, in satisfying itself under section 20 of the *Act* that the person meets the conditions or requirements for registration as a full pharmacist member of the college, to consider whether the person's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (1)(a), and to grant full pharmacist registration on that basis, if the person also meets the requirements established in subsection (1)(b) to (h).
- (4) A full pharmacist may use only the abbreviation "R.Ph."
- (5) A full pharmacist must not
  - (a) delegate any aspect of practice to a pharmacy technician, or
  - (b) authorize a pharmacy technician to perform or provide any aspect of practice under supervision.

### **Certification of Practising Pharmacists for Drug Administration**

- 43. (1) A practising pharmacist may apply to the registrar under this section for certification that the practising pharmacist is qualified and competent to perform a restricted activity under section 4(1) (c.1) of the Regulation.
- (2) The registrar must grant certification under this section if the practising pharmacist has
  - (a) provided evidence satisfactory to the registrar that the practising pharmacist has
    - (i) successfully completed within the year prior to application an education program in drug administration, approved by the board for the purposes of section 4.1(c) of the Regulation and specified in Schedule "C",
    - (ii) a current certificate in cardiopulmonary resuscitation from a program approved by the board and specified in Schedule "C", and
    - (iii) a current certificate in first aid from a program approved by the board and specified in Schedule "C",

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- (b) submitted a signed application for certification in Form 13, and
  - (c) paid the fee specified in Schedule “D”.
- (3) If certification is granted under this section, the registrar must enter a notation of certification for drug administration in the register in respect of the practising pharmacist.
- (4) To maintain certification under this section, a practising pharmacist must declare upon registration renewal
  - (a) that he or she has successfully completed a continuing education program in drug administration approved by the board and specified in Schedule “C” if an injection has not been administered in the preceding three years, and
  - (b) that he or she has successfully completed a continuing education program in administering a drug by intranasal route approved by the board and specified in Schedule “C” if a drug has not been administered by intranasal route in the preceding three years, and
  - (c) maintain current certification in cardiopulmonary resuscitation from a program approved by the board and specified in Schedule “C”, and
  - (d) maintain current certification in first aid from a program approved by the board and specified in Schedule “C”.
- (5) The registrar must remove a practising pharmacist’s notation of certification from the register if the practising pharmacist fails to meet any of the requirements in subsection (4), and the practising pharmacist must not again perform a restricted activity under section 4(1) (c.1) of the Regulation until
  - (a) the requirements in subsection (4) are met to the satisfaction of the registrar, and
  - (b) the registrar has re-entered a notation of certification for drug administration in the register in respect of the practising pharmacist.

### Intranasal Drug Administration

- 43.1 A practising pharmacist who has been certified under section 43(1) must complete the program specified in Schedule C on intranasal drug administration prior to administering an intranasal drug.

### Limited Pharmacist Registration

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44. (1) An applicant under section 42 or 52 may be granted limited pharmacist registration for a period of up to one year if
- (a) the applicant
    - (i) does not meet the requirements established in section 42(1)(b)(c)(e) and (f) or (3), or section 52(2)(a) and (c), as applicable,
    - (ii) meets the requirements established in section 42(1)(d), or section 52(2)(b), as applicable, and
    - (iii) is capable, in the opinion of the registration committee, of practising as a limited pharmacist without any risk to public health and safety, or
  - (b) the applicant
    - (i) meets the requirements established in section 42(1)(b)(c)(e) and (f) or (3), or section 52(2)(a) and (c), as applicable,
    - (ii) does not meet the requirements established in section 42(1)(d), or section 52(2)(b), as applicable, and
    - (iii) is capable, in the opinion of the registration committee, of practising as a limited pharmacist without any risk to public health and safety.
- (2) Limited pharmacist registration may be renewed twice, but in any case, the total period of registration in this class must not exceed 3 years.
- (3) Full pharmacist registration may be granted to a limited pharmacist who has met all the requirements in section 42(1) or (3), or section 52, as applicable.
- (4) A limited pharmacist may provide pharmacy services as if he or she is a full pharmacist, but only under the supervision of a full pharmacist approved by the registration committee for that purpose.
- (5) A limited pharmacist must not delegate any aspect of practice.
- (6) A limited pharmacist may use only the title “pharmacist (limited)” and must not use any abbreviations.

### Temporary Registration

45. (1) Despite sections 42 and 47, a person may be granted temporary pharmacist registration or temporary pharmacy technician registration, for a period of up to 90 days, if



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- (a) an emergency has been declared by the registrar in accordance with criteria established by the board,
- (b) the person
  - (i) is registered in another jurisdiction in Canada or the United States as the equivalent of a full pharmacist or a pharmacy technician, and
  - (ii) has provided notarized evidence, or other evidence satisfactory to the registration committee, of such registration and that the person is the person named therein.
- (2) The registration of a temporary pharmacist or temporary pharmacy technician may be renewed once for an additional period of up to 90 days.
- (3) A temporary pharmacist may provide services as if he or she is a full pharmacist, and may apply for certification, and be certified, under section 43.
- (4) A temporary pharmacy technician may provide services as if he or she is a pharmacy technician,
- (5) A temporary pharmacist may use only the title “pharmacist (temporary)” and must not use any abbreviations.
- (6) A temporary pharmacy technician may use only the title “pharmacy technician (temporary)” and must not use any abbreviations.

### Student Pharmacist Registration

- 46. (1) A person may be granted student pharmacist registration if the person
  - (a) is enrolled as a student in a pharmacy education program recognized by the board for the purpose of full pharmacist registration and specified in Schedule “C”,
  - (b) provides evidence satisfactory to the registration committee that the person is of good character and fit to engage in the practice of pharmacy, and
  - (c) has delivered to the registrar
    - (i) a signed application for registration in Form 6,
    - (ii) the application fee specified in Schedule “D”,
    - (iii) a notarized copy, or other evidence satisfactory to the registration committee of the person’s enrolment and

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educational standing, and that he or she is the person named therein,

- (iv) a statutory declaration in Form 5,
  - (v) a criminal record check authorization in the form required under the *Criminal Records Review Act*,
  - (vi) if the person has engaged in the practice of pharmacy or another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,
  - (vii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession,
  - (viii) a certified passport size photograph of the person taken within one year prior to the date of application, and
  - (ix) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada.
- (2) A person described in subsection (1)(a) must be registered under this section
- (a) within 6 months of their enrolment as a student in the pharmacy education program, and
  - (b) before undertaking a period of structured practical training or providing pharmacy services.
- (3) A person who is enrolled as a student in a pharmacy education program that is not recognized by the board for the purpose of registration may be granted student registration if the applicant meets all requirements established in subsection (1)(b) and (c).
- (4) A person described in subsection (3) must be registered under this section before undertaking a period of structured practical training, or providing pharmacy services.
- (5) A student pharmacist may only provide pharmacy services while under the supervision of a full pharmacist

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- (5.1) Despite subsection (5), a student pharmacist may only perform a restricted activity under section 4(1)(c.1) of the Regulation while under the supervision of
- (a) a full pharmacist who is certified under section 43, or
  - (b) a person who is
    - (i) not a member of the college,
    - (ii) registered as a member of another college established or continued under the Act, and
    - (iii) authorized under the Act to perform the restricted activity in the course of practising the designated health profession for which the other college is established or continued.
- (6) The registration of a student pharmacist may be renewed if he or she
- (a) remains enrolled in a pharmacy education program described in subsection 1(a),
  - (b) applies in writing in a form acceptable to the registration committee,
  - (c) pays any outstanding fine, fee, debt or levy owed to the college, and
  - (d) pays the fee specified in Schedule "D".
- (7) A student pharmacist must not delegate any aspect of practice.
- (8) A student registrant may use only the title "pharmacist (student)" and must not use any abbreviations.

### Pharmacy Technician Registration

47. (1) For the purposes of section 20(2) of the Act, the requirements for pharmacy technician registration are
- (a) graduation with a diploma or certificate from a pharmacy technician education program recognized by the board for the purpose of pharmacy technician registration and specified in Schedule "C",
  - (b) successful completion of the jurisprudence examination required by the registration committee,
  - (c) successful completion of an English language proficiency examination acceptable to the registration committee, if the person has not graduated from a pharmacy technician

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education program in Canada accredited by the Canadian Council for Accreditation of Pharmacy Programs.

- (d) successful completion of the structured practical training required by the registration committee, if any,
- (e) successful completion of the Pharmacy Examining Board of Canada Evaluating Examination, if the person has not graduated from a pharmacy technician education program in Canada accredited by the Canadian Council for Accreditation of Pharmacy Programs.
- (f) successful completion of the Pharmacy Examining Board of Canada Pharmacy Technician Qualifying Examination – Part I and Part II,
- (g) evidence satisfactory to the registration committee that the person is of good character and fit to engage in practice as a pharmacy technician, and
- (h) receipt by the registrar of
  - (i) a signed application for registration in Form 7,
  - (ii) the application fee specified in Schedule “D”,
  - (iii) a notarized copy, or other evidence satisfactory to the registration committee, of the person’s diploma, certificate or equivalent qualification, and that he or she is the person named therein,
  - (iv) a statutory declaration in Form 5,
  - (v) if applicable, the fee for the jurisprudence examination specified in Schedule “D”,
  - (vi) a criminal record check authorization in the form required by the *Criminal Records Review Act*,
  - (vii) if the person has practised as a pharmacy technician or in another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,
  - (viii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person’s good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to practise as a pharmacy technician or in another health profession,

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- (ix) a certified passport size photograph of the person taken within one year prior to the date of application,
  - (x) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada, and
  - (xi) proof of professional liability insurance as required under section 81.
- (1.1) If an applicant for registration does not complete the requirements for full registration in subsection (1) within 12 months from the date of application, the applicant must provide
- (a) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of full registration, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession, and
  - (b) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada.
- (2) Despite subsection (1), the person may be granted pharmacy technician registration if he or she
- (a) is registered in another Canadian jurisdiction as the equivalent of a pharmacy technician and has provided evidence, satisfactory to the registration committee, of such authorization and that he or she is the person named therein, and
  - (b) meets the requirements established in subsection (1)(g) and (h)(i) to (iv) and (vi) to (xi).
- (3) Despite subsection (1), the registration committee has discretion, in satisfying itself under section 20 of the *Act* that the person meets the conditions or requirements for registration as a pharmacy technician member of the college, to consider whether the person's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (1)(a), and to grant full pharmacy technician registration on that basis, if the person also meets the requirements established in subsection (1)(b) to (h).
- (4) Despite subsection (1), the person may be granted pharmacy technician registration if he or she

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- (a) applies on or before December 31, 2015,
  - (b) has worked for at least 2000 hours as the equivalent of a pharmacy assistant in the 3 year period immediately preceding the date of application,
  - (c) has
    - (i) successfully completed the Pharmacy Examining Board of Canada Evaluating Examination, or
    - (ii) been certified as the equivalent of a pharmacy technician in the Province of Ontario or Province of Alberta prior to January 1, 2009, or in another jurisdiction recognized by the registration committee, or
    - (iii) successfully completed an accredited pharmacist degree program in Canada or in the continental United States,
  - (d) has successfully completed the pharmacy technician bridging programs, and
  - (e) meets the requirements in subsection (1)(b) to (d) and (f) to (h).
- (5) A pharmacy technician must not
- (a) perform a restricted activity under section 4(1)(a) or (c.1) of the Regulation,
  - (b) act under section 25.92 of the *Act*, or
  - (c) be appointed as a pharmacy manager.
- (6) A pharmacy technician may use only the title “pharmacy technician” and may use only the abbreviation “R.Ph.T.”.

### Non-Practising Registration

48. (1) A full pharmacist or pharmacy technician may be granted non-practising registration if the registrar has received
- (a) a signed application for non-practising registration in Form 8,
  - (b) the registration fee specified in Schedule “D”,
  - (c) a statutory declaration in Form 5, and
  - (d) a criminal record check authorization in the form required under the *Criminal Records Review Act*.
- (2) A non-practising registrant must not provide pharmacy services in British Columbia.

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- (3) A non-practising registrant who was formerly a full pharmacist may use only the title “pharmacist (non-practising)” and must not use any abbreviations.
- (4) A non-practising registrant who was formerly a pharmacy technician may use only the title “pharmacy technician (non-practising)” or “technician (non-practising)” and must not use any abbreviations.

### Certificate of Registration and Registration Card

- 49. (1) The registrar must issue a certificate in Form 9 to a person who is granted full pharmacist or pharmacy technician registration.
- (2) A registration card must be issued to a person who is granted registration, and is valid from the date issued until the date shown on the card.

### Examinations

- 50. (1) An applicant who fails a required examination under this Part, may write the examination again to a maximum of 4 times except where the Pharmacy Examining Board of Canada for its examinations, determines otherwise.
- (2) If an invigilator has reason to believe that an applicant has engaged in improper conduct during the course of an examination, the invigilator must make a report to the registration committee, and may recommend that the registration committee take one or more of the following courses of action:
  - (a) fail the applicant;
  - (b) pass the applicant;
  - (c) require the applicant to rewrite the examination;
  - (d) disqualify the applicant from participating in any examination for a period of time.
- (3) After considering a report made under subsection (2), the registration committee may take one or more of the courses of action specified in subsection (2).
- (4) An applicant disqualified under subsection 2(d) must be provided with written reasons for disqualification.

### Registration Renewal

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51. (1) To be eligible for a renewal of registration, a registrant must
- (a) provide the registrar with a completed Form 10,
  - (b) pay the registration renewal fee specified in Schedule "D",
  - (c) pay any other outstanding fine, fee, debt or levy owed to the college,
  - (d) attest that he or she is in compliance with the *Act*, the regulations, and these bylaws, and is in compliance with any limits or conditions imposed on his or her practice under the *Act*,
  - (e) meet all applicable requirements of the quality assurance program under Part V,
  - (f) if certified under section 43, meet all applicable requirements of section 43(4),
  - (g) provide proof of professional liability insurance as required under section 81, and
  - (h) provide an authorization for a criminal record check in the form required under the *Criminal Records Review Act*, if the college does not have a valid authorization on file.
- (2) Form 10 must be delivered to each registrant no later than 30 days before the registration renewal date and must describe the consequences of late payment and non-payment of fees.
- (3) Each registrant must submit the monies required under subsection (1) and a completed Form 10 to the college on or before the registration expiry date.
- (4) On receipt of the monies required under subsection (1) and a completed Form 10, the registrar must issue a receipt stating that the registrant is, subject to his or her compliance with the *Act*, the regulations, and the bylaws, entitled to practice the profession of pharmacy or practise as a pharmacy technician, as applicable, in the Province of British Columbia as a member of the college.
- (5) If a registrant fails to submit the monies required under subsection (1) and a completed Form 10 on or before the registration expiry date, he or she ceases to be registered.
- (6) In this section, "registrant" does not include a student pharmacist.

### Reinstatement

52. (1) The registration of a former registrant or a non-practising registrant, whose registration is not suspended or cancelled under the *Act* and



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who has been out of practice for more than 90 days but less than 6 years must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant or non-practising registrant

- (a) has met all the applicable requirements of the quality assurance program approved by the board, and
- (b) has delivered to the registrar
  - (i) a signed application for reinstatement in Form 11,
  - (ii) a statutory declaration in Form 5,
  - (iii) an authorization for a criminal record check in the form required by the *Criminal Records Review Act*, and
  - (iv) the registration reinstatement fee and transfer fee, if applicable, specified in Schedule "D".

- (2) The registration of a former registrant or a non-practising registrant, whose registration is not suspended or cancelled under the *Act* and who has been out of practice for 6 years or more must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant or non-practising registrant

- (a) successfully completes the jurisprudence examination required by the registration committee,
- (b) successfully completes the structured practical training required by the registration committee,
- (c) successfully completes the Pharmacy Examining Board of Canada Qualifying Examination - Part II, and
- (d) has delivered to the registrar
  - (i) a signed application for reinstatement in Form 11,
  - (ii) a statutory declaration in Form 5,
  - (iii) an authorization for a criminal record check in the form required by the *Criminal Records Review Act*, and
  - (iv) the registration reinstatement and transfer fee, if applicable specified in Schedule "D".

### Reinstatement Following Late Registration Renewal

- 53. The registration of a former registrant who ceased to be registered under section 51(5) must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant

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- (a) applies for reinstatement in Form 11 not later than 90 days following the expiry of his or her registration,
- (b) meets the requirements of section 52(1),
- (c) is not in contravention of the *Act*, the regulations, or these bylaws, and
- (d) pays the registration reinstatement and late registration renewal fees specified in Schedule “D”.

### Registration Information

- 54. (1) For the purposes of section 21(2)(f) of the *Act*, the registrar must enter and maintain on the register the most recent electronic mail address for each registrant.
- (2) A registrant must notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

### PART V – Quality Assurance Quality Assurance Program

- 55. (1) In this Part, “**program**” means the quality assurance program established by the board in accordance with this section.
- (2) The program consists of the following:
  - (a) continuing professional development;
  - (b) assessment of professional performance.

### Continuing Professional Development

- 56. (1) Each full pharmacist and pharmacy technician must complete learning activities for the purpose of continuing professional development, in accordance with the policy approved by the board.
- (2) Each full pharmacist and pharmacy technician must
  - (a) keep records in a form satisfactory to the quality assurance committee of the learning activities that the full pharmacist or pharmacy technician undertakes for the purpose of meeting the requirement established in subsection (1), and
  - (b) provide, on the request of and in accordance with the direction of the quality assurance committee, copies of the records referred to in paragraph (a).

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- (3) The quality assurance committee may conduct a review of the records provided under subsection 2(b).

### Assessment of Professional Performance

- 56.1 (1) The quality assurance committee may require a full pharmacist or pharmacy technician to undergo an assessment of professional performance
- (a) upon referral from the practice review committee under section 15.1(5), or
  - (b) if the quality assurance committee determines an assessment is appropriate in the circumstances upon a review of records conducted under section 56(3).
- (2) For the purpose of an assessment under subsection (1) the quality assurance committee or an assessor appointed by the quality assurance committee may do one or more of the following:
- (a) conduct an interview of the full pharmacist or pharmacy technician;
  - (b) assess the practice competency of the full pharmacist or pharmacy technician;
  - (c) require the full pharmacist or pharmacy technician to undergo any other type of assessment determined by the quality assurance committee to be appropriate in the circumstances.

## PART VI – Inquiries and Discipline

### Consent Orders

57. The record of an undertaking or consent given under section 36 of the *Act*, a consent order under section 37.1 of the *Act*, or an agreement under section 32.2(4)(b) or 32.3(3)(b) of the *Act*, must
- (a) include any consent to a reprimand or to any other action made by the registrant under section 32.2(4)(b), 32.3(3)(b), 36 or 37.1 of the *Act*,
  - (b) include any undertaking made by the registrant under section 36 of the *Act*,
  - (c) specify the length of time that an undertaking specified in paragraph (b) is binding on the registrant,
  - (d) specify the procedure that the registrant may follow to be released from an undertaking specified in paragraph (b), and

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- (e) subject to sections 22 and 39.3 of the *Act* and sections 39(1) and 60(1), specify which limits or conditions of the undertaking, consent order or agreement may be published, disclosed to the public, or both.

### **Notice of Disciplinary Committee Action Under Section 39.1 of Act**

- 57.1 The discipline committee must deliver notice to a registrant not fewer than 14 days before making an order under section 39.1 of the *Act* in respect of the registrant.

### **Citation for Disciplinary Hearing**

58. (1) On the direction of a panel of the discipline committee, the registrar may join one or more complaints or other matters which are to be the subject of a discipline hearing in one citation as appropriate in the circumstances.
- (2) On the direction of a panel of the discipline committee, the registrar may sever one or more complaints or other matters which are to be the subject of a discipline hearing as appropriate in the circumstances.
- (3) On the direction of a panel of the discipline committee, the registrar may amend a citation issued under section 37 of the *Act*.
- (4) If a citation is amended under subsection (3) prior to a discipline hearing, the amended citation must be delivered to the respondent by personal service or sent by registered mail to the respondent at the last address for the respondent recorded in the register not fewer than 14 days before the date of the hearing.
- (5) If a citation is amended under subsection (3) prior to a discipline hearing, and the amended citation changes the date, time or place of the hearing, the registrar must notify any complainant of the amendment not fewer than 14 days before the date of the hearing.

### **Hearings of Discipline Committee**

59. (1) No person may sit on the discipline committee while he or she is a member of the inquiry committee.
- (2) No member of the discipline committee may sit on the panel hearing a matter in which he or she:
- (a) was involved as a member of the inquiry committee, or
  - (b) has had any prior involvement.

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- (3) Information about the date, time and subject matter of the hearing must be provided to any person on request.
- (4) The discipline committee must provide notice by registered mail or by personal service to a person who is required to attend a hearing under section 38(6) of the *Act* in Form 12.
- (5) All discipline hearings must be recorded and any person may obtain, at his or her expense, a transcript of any part of the hearing which he or she was entitled to attend.

### Notice of Disciplinary Decision

- 60. (1) In addition to any notification required under section 39.3 of the *Act* with respect to any of the actions referred to in section 39.3(1)(a) to (e) of the *Act*, the registrar
  - (a) must notify all registrants,
  - (b) must notify the regulatory bodies governing the practice of pharmacy or the services of pharmacy technicians in every other Canadian jurisdiction, and
  - (c) may notify any other governing body of a health profession inside or outside of Canada.
- (2) Notification provided to all registrants under subsection (1)(a)
  - (a) must include all information included in the public notification under section 39.3 of the *Act*, and
  - (b) unless otherwise directed by the inquiry committee or the discipline committee, as the case may be, must exclude any information withheld from the public notification under section 39.3(3) or (4) of the *Act*.
- (3) Unless otherwise directed by the inquiry committee or the discipline committee, as the case may be, notification provided to other regulatory or governing bodies under subsection (1)(b) or (c) may include information that has been withheld from the public notification under section 39.3(3) or (4) of the *Act*.

### Retention of Discipline Committee and Inquiry Committee Records

- 61. Records of the inquiry committee and discipline committee must be retained permanently.

### Registrant Under Suspension

- 62. (1) If the registration of a registrant is suspended, the registrant must

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- (a) not engage in the practice of pharmacy or provide the services of a pharmacy technician,
  - (b) not hold himself or herself out as a registrant,
  - (c) not hold office in the college,
  - (d) not be a manager,
  - (e) not make appointments for patients or prospective patients,
  - (f) remove the registrant's name and any sign relating to the registrant's practice from any premises where the registrant practiced pharmacy or provided the services of a pharmacy technician and any building in which any such premises are located,
  - (g) not contact or communicate with patients or prospective patients, except for the following purposes:
    - (i) to advise a patient or a prospective patient of the fact and duration of the suspension, and
    - (ii) to advise a patient or prospective patient that another registrant will continue to act or provide services in the suspended registrant's place, or
    - (iii) to refer a patient or prospective patient to another registrant, who is in good standing.
  - (h) pay any fee required by the college when due in order to remain a registrant and any other outstanding fine, fee, debt or levy owed to the college, and
  - (i) immediately surrender his or her registration card to the registrar.
- (2) No registrant or former registrant is entitled to any refund of any fine, fee, debt or levy paid to the college solely on the basis that it was paid during or in relation to a period of suspension from practice.
- (3) During the period of suspension,
- (a) a suspended full pharmacist may permit another full pharmacist in good standing to practice pharmacy, and
  - (b) a suspended pharmacy technician may permit a full pharmacist or another pharmacy technician, in good standing, to provide pharmacy services,

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in the premises where the full pharmacist or pharmacy technician formerly practiced pharmacy or provided pharmacy services, as applicable.

### Fines

63. The maximum amount of a fine that may be ordered by the discipline committee under section 39(2)(f) of the *Act* is \$100,000.

### PART VII –Registrant Records Definitions

64. In this Part, “**patient’s representative**” means
- (a) a “committee of the patient” under the *Patient’s Property Act*,
  - (b) the parent or guardian of a patient who is under 19 years of age,
  - (c) a representative authorized by a representation agreement under the *Representation Agreement Act* to make or help in making decisions on behalf of a patient,
  - (d) a decision maker or guardian appointed under section 10 of the *Adult Guardianship Act*, or
  - (e) a temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*.

### Purpose for which Personal Information may be Collected

65. No registrant may collect personal information regarding a patient without the patient’s consent unless
- (a) the information relates directly to and is necessary for providing health care services to the patient or for related administrative purposes, or
  - (b) the collection of that information is expressly authorized by or under an enactment.

### Record Keeping

- 65.1 (1) All records required to be kept under the bylaws of the college or other legislation that regulates the practice of pharmacy shall be readable, complete and filed systematically by a registrant in a manner that is secure, auditable and allows for easy retrieval.

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- (2) Notwithstanding subsection (1), a prescription record that is valid must be retrievable immediately.
- (3) For purposes of subsection (2):
  - (a) prescriptions for oral contraceptives are valid for a period of up to two years from the prescribing date; and
  - (b) prescriptions other than for oral contraceptives are valid for a period of up to one year from the prescribing date.
- (4) With respect to prescriptions for drugs included in the controlled prescription program, the original prescription form must be retained, regardless of whether or not such prescription form has also been stored electronically.
- (5) Prescriptions stored electronically must accurately reflect the original prescription, including the colour composition of that prescription.
- (6) A registrant who creates and stores electronic records must do so using the equipment, software and systems prescribed by subsections 23.3(1) and 23.3(2) of the Pharmacy Operations and Drug Scheduling Act Bylaws.

### Source of Personal Information

- 66. (1) A registrant must collect personal information about a patient directly from the patient, unless the patient otherwise consents.
- (2) Despite subsection (1), a registrant may collect personal information about a patient from another person if he or she has reasonable grounds to believe
  - (a) that the patient has been made aware of the matters set out in section 67(1) and has authorized collection of the personal information from another person,
  - (b) that the patient is unable to give his or her authority and the registrant, having made the patient's representative aware of the matters set out in section 67(1), collects the information from the representative or the representative authorizes collection from another person,
  - (c) that compliance with subsection (1) would:
    - (i) prejudice the best interests of the patient,
    - (ii) defeat the purpose or prejudice the use for which the information is collected, or
    - (iii) prejudice the safety of any person,



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- (d) that compliance with subsection (1) is not reasonably practicable in the circumstances of the particular case,
- (e) that the collection is for the purpose of assembling a family or genetic history of a person and is collected directly from that person,
- (f) that the information is publicly available,
- (g) that the information:
  - (i) will not be used in a form in which the patient concerned is identified, or
  - (ii) will be used for statistical or research purposes and will not be published in a form that could reasonably be expected to identify the patient.
- (h) that non-compliance with subsection (1) is necessary if the information is about law enforcement or anything referred to in sections 15(1) or (2) of the *Freedom of Information and Protection of Privacy Act*.

### Collection of Personal Information

67. (1) If a registrant collects personal information directly from a patient, or from a patient's representative, the registrant must take such steps as are, in the circumstances, reasonable to ensure that the patient or patient's representative is aware of
- (a) the fact that the personal information is being collected,
  - (b) the purpose for which the personal information is being collected,
  - (c) the intended recipients of the personal information,
  - (d) whether or not the supply of the personal information is voluntary or mandatory and, if mandatory, the legal authority for collecting the personal information,
  - (e) the consequences, if any, for that patient if all or any part of the requested personal information is not provided, and
  - (f) the rights of access to personal information provided in section 80.
- (2) The steps referred to in subsection (1) must be taken before the personal information is collected or, if that is not practicable, as soon as practicable after the personal information is collected.
- (3) A registrant is not required to take the steps referred to in subsection (1) in relation to the collection of personal information

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from a patient, or the patient's representative, if the registrant has taken those steps in relation to the collection, from the patient or patient's representative, of the same information or information of the same kind for the same or a related purpose, on a recent previous occasion.

- (4) Despite subsection (1), a registrant is not required to comply with subsection (1) if the registrant believes on reasonable grounds
  - (a) that non-compliance is authorized by the patient concerned,
  - (b) that compliance would:
    - (i) prejudice the interests of the patient concerned, or
    - (ii) defeat the purpose or prejudice the use for which the information is collected,
  - (c) that compliance is not reasonably practicable in the circumstances of the particular case, or
  - (d) that the information is about law enforcement or anything referred to in sections 15(1) or (2) of the *Freedom of Information and Protection of Privacy Act*.

### **Manner of Collection of Personal Information**

- 68. Personal information must not be collected by a registrant
  - (a) by unlawful means, or
  - (b) by means that in the circumstances intrude to an unreasonable extent upon the personal affairs of the patient concerned.

### **Accuracy of Personal Information**

- 69. (1) The registrant must make every reasonable effort to ensure that personal information collected about patients is current and is legibly, accurately and completely recorded.
- (2) In addition to correcting personal information in a record in accordance with section 70, a registrant who discovers an error or omission in such a record must amend the record to correct the error or omission and that amendment must reflect the original record entry, the identity of the registrant amending the record, the date of the amendment and the reasons for the amendment.

### **Right to Request Correction of Personal Information**

- 70. (1) A person who believes there is an error or omission in a record containing his or her personal information may request that the

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registrant having the record in his or her custody or control correct the information.

- (2) If, after receiving a request for correction under subsection (1):
  - (a) the registrant disagrees that there is an error or omission in the record, the registrant must note the request in the record with particulars of the correction that was sought; or,
  - (b) the registrant agrees that there is an error or omission in the record, the registrant must amend the record to correct the error or omission and that amendment must reflect the original record entry, the identity of the registrant amending the record, the date of the amendment, and the reasons for the amendment.

### Use of Personal Information

- 71. A registrant may use personal information about a patient only
  - (a) for the purpose of providing health care services to, or performing health, care services for, the patient, or for a related administrative purpose, or
  - (b) for a use or disclosure consistent with a purpose specified in paragraph (a)
    - (i) if the patient has consented to the use, or
    - (ii) for a purpose for which that information may be disclosed by the registrant under section 72 or otherwise under the *Act*.

### Disclosure of Personal Information

- 72. A registrant must maintain confidentiality of personal information about a patient, and may disclose personal information about a patient only
  - (a) if the patient concerned has consented to the disclosure,
  - (b) for the purpose of providing health care services to, or performing health care services for, the patient, or for a related administrative purpose, or for a disclosure consistent with either purpose,
  - (c) for the purpose of complying with an enactment of, or an arrangement or agreement made under an enactment of, British Columbia or Canada,
  - (d) for the purpose of complying with a subpoena, warrant or order issued or made by a court, person or body with

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jurisdiction to compel the production of information,

- (e) to an employee of, or contractor providing services to, the registrant, if the information is necessary for the performance of the duties of, or for the protection of the health or safety of, the employee or contractor,
- (f) to a lawyer acting for the registrant, for use in civil or criminal proceedings involving the registrant,
- (g) if necessary to comply with the *Coroners Act*,
- (h) if necessary to comply with the *Ombudsman Act*,
- (i) for the purposes of
  - (i) collecting a debt or fine owing by a patient to the registrant, or
  - (ii) making a payment owing by the patient to a registrant,
- (j) to an auditor, the college or any other person or body authorized by law, for audit purposes,
- (k) if the registrant believes on reasonable grounds that there is a risk of significant harm to the health or safety of any person and that the use or disclosure of the information would reduce that risk,
- (l) so that the next of kin or a friend of an injured, ill or deceased individual may be contacted,
- (m) in accordance with the *Act*, the regulation, or these bylaws, or
- (n) as otherwise required by law.

### Definition of Consistent Purpose

73. A use or disclosure of personal information is consistent with the purposes of providing health care services to a patient or related administrative purposes under sections 71 and 72 if the use or disclosure has a reasonable and direct connection to either purpose.

### Storage of Personal Information

74. A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored
- (a) at the pharmacy, or
  - (b) off site.

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### Manner of Disposal of Records

75. A registrant must ensure that records are disposed of or destroyed only by
- (a) transferring the record to another registrant, or
  - (b) destroying the records in a manner that ensures that they cannot be reconstructed.

### Registrant Ceasing to Practice

76. (1) Except where records must be retained for the purpose of Part 3 of the *Act* and Part 3 of the *Pharmacy Operations and Drug Scheduling Act*, in any case where a pharmacy is closed or a registrant ceases to practise, for any reason, the records referred to in section 74 must be transferred in accordance with this Part, and the college must be notified and provided with a written summary of the steps taken to transfer those records.
- (2) A registrant must make appropriate arrangements to ensure that, in the event that the registrant dies or becomes unable to practise for any reason and is unable to dispose of records referred to in section 74 those records will be safely and securely transferred to another registrant.
- (3) A registrant who transfers records containing personal information about a patient transferred in accordance with subsection (1) or (2) must notify the patient.

### Protection of Personal Information

77. (1) A registrant must protect personal information about patients by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal.
- (2) A registrant must take reasonable measures to ensure that a third party, including a volunteer, employee or contractor of the registrant, or a limited pharmacist does not access, collect, use, disclose, store or dispose of personal information about patients except in accordance with this Part.

### Contracts for Handling Personal Information

78. A registrant must ensure that, if personal information about patients is transferred to any person or service organization for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that confidentiality and physical security will be maintained.

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### Remedying a Breach of Security

79. A registrant must take appropriate measures to remedy any unauthorized access, use, disclosure or disposal of personal information about patients under this Part as soon as possible after the breach is discovered, including
- (a) taking steps to recover the personal information or to ensure its disposal if it cannot be recovered,
  - (b) taking steps to ensure that any remaining personal information is secured,
  - (c) notifying
    - (i) anyone affected by the unauthorized access including patients and other health care providers,
    - (ii) the college, and
    - (iii) law enforcement officials, if criminal action may have contributed to the unauthorized action, and
  - (d) modifying existing security arrangements to prevent a re-occurrence of the unauthorized access.

### Patient Access to Personal Information

80. (1) For the purposes of this section, “access to” means the opportunity to examine or make copies of the original record containing personal information about a patient.
- (2) If a patient or a patient’s representative makes a request for access to personal information about the patient, the registrant must comply as soon as practical but not more than 45 days following the request by
- (a) providing access to the patient or patient’s representative,
  - (b) providing access to the remainder of the personal information if that information excepted from disclosure under subsection (3) can reasonably be severed, or
  - (c) providing written reasons for the refusal of access to the personal information or to any portion thereof.
- (3) The registrant may refuse to disclose personal information to a patient or a patient’s representative
- (a) if there is a significant likelihood of a substantial adverse effect on the physical, mental or emotional health of the patient,

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- (b) if there is a significant likelihood of harm to a third party, or
  - (c) if the disclosure could reasonably be expected to disclose personal information regarding another individual.
- (4) If a patient or a patient's representative requests a copy of an original record containing personal information about the patient to which a registrant has given the patient or patient's representative access, a copy must be provided if it can reasonably be reproduced.
- (5) A registrant may charge a reasonable fee for the reproduction of personal information which does not exceed the fee specified in Schedule "G".
- (6) Subject to subsection (3), a patient under 19 years of age may have access to a record if, in the opinion of the registrant, the patient is capable of understanding the subject matter of the record.
- (7) Except if authorized by the patient, a registrant must not provide access to the records of a patient who is under 19 years of age to the guardian or parent of the patient if the subject matter of the record is health care which was provided without the consent of a parent or guardian in accordance with the requirements of section 17 of the *Infants Act*.

### Part VIII – General Liability Insurance

81. (1) Each registrant, other than a student registrant or a non-practising registrant, must obtain and at all times maintain professional liability insurance coverage with a limit of liability not less than \$2,000,000 insuring against liability arising from an error, omission or negligent act of the registrant.
- (2) Each registrant, other than a student registrant or a non-practising registrant, must obtain and at all times maintain professional liability insurance coverage with a limit of liability not less than \$2,000,000 insuring against liability arising from an error, omission or negligent act of an employee of the registrant.

### Part IX – Marketing and Advertising

#### Definitions

82. In this Part:
- "advertisement"** means the use of space or time in a public medium, or the use of a commercial publication such as a brochure or handbill, to communicate with the general public, or a segment

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thereof, for the purpose of promoting professional services or enhancing the image of the advertiser;

**"marketing"** includes

- (a) an advertisement,
- (b) any publication or communication in any medium with any patient, prospective patient or the public generally in the nature of an advertisement, promotional activity or material, a listing in a directory, a public appearance or any other means by which professional services are promoted, and
- (c) contact with a prospective client initiated by or under the direction of a registrant.

### Marketing and Advertising

- 83. (1) When advertising pharmacy services that are required by legislation, the statement, "Required in all British Columbia Pharmacies", must accompany the advertising and must be of the same size and prominence as all other print in the advertising.
- (2) Schedule I drug price advertising must include
  - (a) the proprietary (brand) name, if any, for the drug and/or the device,
  - (b) the drug product's generic name and the manufacturer's name,
  - (c) the dosage form and strength,
  - (d) total price for a specific number of dosage units or quantity of the drug product, and
  - (e) the phrase "only available by prescription".
- (3) Where Schedule I drug price advertising includes direct or indirect reference to a professional fee charged, the total prescription price must also be incorporated into the advertisement, and both figures must be featured equally.
- (4) Schedule I drug price advertising must not include any reference to the safety, effectiveness or indications for use of the advertised prescription drug products or compare the fees charged by the registrant with those charged by another registrant.
- (5) Any marketing undertaken or authorized by a registrant in respect of his or her professional services must not be
  - (a) false,



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- (b) inaccurate,
  - (c) reasonably expected to mislead the public, or
  - (d) unverifiable.
- (6) Marketing violates subsection (5) if it
- (a) is calculated or likely to take advantage of the weakened state, either physical, mental or emotional, of the recipient or intended recipient,
  - (b) is likely to create in the mind of the recipient or intended recipient an unjustified expectation about the results which the registrant can achieve,
  - (c) implies that the registrant can obtain results
    - (i) not achievable by other registrants,
    - (ii) by improperly influencing a public body or official, or any corporation, agency or person having any interest in the welfare of the recipient,
    - (iii) by any other improper means, or
  - (d) compares the quality of services provided with those provided by another registrant, or a person authorized to provide health care services under another enactment, or another health profession.
- (7) The home page of any pharmacy that advertises on a website must clearly show
- (a) that the pharmacy is licensed in British Columbia,
  - (b) the contact information for the college,
  - (c) a notice to patients that pharmacy practice issues may be reported to the college,
  - (d) the physical location of the pharmacy operation,
  - (e) the 10 digit pharmacy telephone number, and
  - (f) the name of the pharmacy's manager.

### **Part X – Patient Relations Patient Relations Program**

84. (1) The board must establish a patient relations program to seek to prevent professional misconduct, including professional misconduct of a sexual nature.

## Appendix 3

- (2) For the purposes of the patient relations program, the board must
  - (a) establish and maintain procedures by which the college deals with complaints of professional misconduct of a sexual nature,
  - (b) monitor and periodically evaluate the operation of procedures established under subsection (a), and
  - (c) develop guidelines for the conduct of registrants with their patients.
- (3) The registrar must provide information to the public regarding the college's complaint, investigation, and discipline processes.
- (4) In this section, "**professional misconduct of a sexual nature**" means
  - (a) sexual intercourse or other forms of physical sexual relations between the registrant and the patient,
  - (b) touching of a sexual nature, of the patient by the registrant, or
  - (c) behavior or remarks of a sexual nature by the registrant towards the patient,

but does not include touching, behavior and remarks by the registrant towards the patient that are of a clinical nature appropriate to the service being provided.

### Part XI – Standards of Practice

#### Community Pharmacy, Hospital Pharmacy, Residential Care Facilities and Homes

- 85. Standards, limits, and conditions for the practice of the health profession of pharmacy and the provision of pharmacy technician services by registrants, referred to in section 19(1)(k) of the *Act* are established in Parts 1 to 3 of Schedule "F".

#### Drug Administration

- 86. Standards, limits, and conditions respecting practising pharmacists and drug administration, referred to in section 19(1)(k) of the *Act*, are established in Part 4 of Schedule "F".

### Part XII – Standards of Professional Ethics

#### Code of Ethics

- 87. Standards of professional ethics for registrants, including standards for the avoidance of conflicts of interest, referred to in section 19(1)(l) of the *Act*, are established in Schedule "A".

## BOARD MEETING September 13, 2019

### 8. Legislation Review Committee

#### c) Authorizing the Registrar to Act under s.32(3) of the HPA

### DECISION REQUIRED

#### Recommended Board Motion:

Approve the following resolution to amend the bylaws made under the *Health Professions Act* ("HPA"), which authorize the Registrar to act under s.32(3) of the HPA:

*"RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act ("HPA"), and subject to the requirements in section 19(3) of HPA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under HPA authorizing the Registrar to act under s.32(3) of the HPA for filing with the Minister of Health, as set out in the schedule attached to this resolution."*

#### Purpose

To approve proposed amendments for filing with the Ministry of Health to authorize the Registrar to act under s. 32(3) of the HPA.

#### Background

##### February 2019 Board Meeting

At their February 2019 meeting, the Board authorized the Registrar to act under s. 32(3) of the HPA. This authorized the Registrar to dismiss complaints made to the College that were eligible for disposal, as outlined in s. 32(3):

*"(3) Despite subsection (2), the registrar, if authorized by the board, may dismiss a complaint, or request that the registrant act as described in section 36 (1), without reference to the inquiry committee if the registrar determines that the complaint*

- a) is trivial, frivolous, vexatious, or made in bad faith;*
- b) does not contain allegations that, if admitted or proven, would constitute a matter subject to investigation by the Inquiry Committee; or,*
- c) contains allegations that, if admitted or proven, would constitute a matter, other than a serious matter, subject to investigation by the Inquiry Committee."*



College of Pharmacists  
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## **BOARD MEETING**

### **September 13, 2019**

#### **April 2019 Board Meeting**

The Registrar has Board approval required to act under s.32(3). However, for the purposes of enhanced transparency and to align with several other colleges (twelve colleges) established under the HPA who have placed this authority in bylaw, at their April 2019 meeting, the Board approved proposed HPA Bylaw amendments to authorize the Registrar to act under s. 32(3) for public posting (see Appendix 1 for the April 2019 Board meeting note on this topic).

#### **Discussion**

##### **Public Posting**

Following the April 2019 Board meeting, the proposed bylaws were publicly posted on the College of Pharmacists of BC's ("the College") website. The posting period ended in July 2019. No comments were received, and no further amendments are recommended.

#### **Recommendation**

It is recommended that the proposed amendments regarding Registrar authorization to act under s.32(3) of the HPA proceed for Board approval for filing with the Ministry of Health. See Appendix 2 for the Schedule to the Resolution, indicating the proposed bylaw amendments.

#### **Next Steps**

If approved by the Board, the proposed bylaws would be filed with the Minister as required under s. 19(3) of the HPA. The amended bylaws will come into effect 60 days after the filing date, in mid-November 2019, assuming that they are not disallowed by the Minister.

| <b>Appendix</b> |                               |
|-----------------|-------------------------------|
| 1               | April 2019 Board Meeting Note |
| 2               | Schedule to the Resolution    |

## Appendix 1

### BOARD MEETING April 11, 2019

#### 5. Legislation Review Committee

##### c) Authorizing the Registrar to Act under s.32(3) of the HPA

### DECISION REQUIRED

#### Recommended Board Motion:

*Approve amendments to the Health Professions Act Bylaws to include a provision authorizing the Registrar to act under section 32(3) of the Health Professions Act, for public posting.*

#### Purpose

Seek approval to publicly post amendments to the *Health Professions Act* ("HPA") Bylaws to authorize the Registrar to act under section 32(3) of the HPA.

#### Background

At their February 2019 meeting, the Board authorized the Registrar to act under s. 32(3) of the HPA (see Appendix 1). This authorized the Registrar to dismiss complaints made to the College that were eligible for disposal, as outlined in s. 32(3):

*"(3) Despite subsection (2), the registrar, if authorized by the board, may dismiss a complaint, or request that the registrant act as described in section 36 (1), without reference to the inquiry committee if the registrar determines that the complaint*

- a) is trivial, frivolous, vexatious, or made in bad faith;*
- b) does not contain allegations that, if admitted or proven, would constitute a matter subject to investigation by the Inquiry Committee; or,*
- c) contains allegations that, if admitted or proven, would constitute a matter, other than a serious matter, subject to investigation by the Inquiry Committee."*

Though the Registrar now has the Board approval required to act under s.32(3), for purposes of enhanced transparency and to align with several other colleges (twelve colleges) established under the HPA who have placed this authority in bylaw, it is proposed that the HPA Bylaws include a provision authorizing the Registrar to act under s. 32(3). Please see Appendix 2 for the draft HPA Bylaw amendments.



College of Pharmacists  
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## Appendix 1

### BOARD MEETING

April 11, 2019

For further information on how the College's complaints process works under s. 32(3), please see Appendix 3.

### Recommendation

The Legislation Review Committee recommends that the HPA Bylaws be amended to include a provision allowing the Registrar to act under section 32(3) for public posting.

### Next Steps

If approved by the Board, the amendments to the HPA Bylaws will be publicly posted for comment for a 90-day period. All feedback received will be reviewed and is expected to be brought forward to the September 2019 Board meeting. At that time, the Board is expected to consider whether to file the proposed amendments with the Ministry of Health for a 60-day period, after which the changes will take effect.

| Appendix |  |
|----------|--|
| 1        | February 2019 Briefing Note 'Disposition of Complaint by Registrar'                  |
| 2        | Draft Amendments to HPA Bylaws – s.32(3)   |
| 3        | Summary of the Complaints Process Under s.32(3) of the <i>Health Professions Act</i> |

## Appendix 2

### SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended to authorize the Registrar to act under section 32(3) of the *Health Professions Act*, as follows:

1. The following new section has been added after section 56.1:

#### **Disposition of Complaints by Registrar**

56.2 The registrar is authorized to act under section 32(3) of the *Act*.

## BOARD MEETING September 13, 2019

### 8. Legislation Review Committee d) PODSA Bylaws: Fee Amendments

#### DECISION REQUIRED

##### Recommended Board Motion:

Approve the following resolution to amend the bylaws made under the *Pharmacy Operations and Drug Scheduling Act* regarding fee amendments:

*“RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act (“PODSA”), and subject to the requirements in section 21(4) of PODSA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under PODSA relating to fee amendments for filing with the Minister of Health, as set out in the schedule attached to this resolution.”*

##### Purpose

To approve amendments to the *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws Schedule A – Fee Schedule for filing with the Minister of Health, in accordance with the College’s 2019/2020 budget.

##### Background

###### February 2019 Board Meeting

At their February 2019 meeting, the Board approved the 2019/2020 budget which included fee increases in order to meet the needs of the College of Pharmacists of British Columbia (“the College”).

###### April 2019 Board Meeting

At their April 2019 meeting, the Board approved publicly posting the proposed amended PODSA Bylaws Schedule A – Fee Schedule for comment. Schedule A outlined the fee increases proposed as part of the 2019/2020 budget (see Appendix 1 for the April 2019 Board meeting note on this topic).



## Discussion

### Public Posting

Following the April 2019 Board meeting, the proposed bylaws were publicly posted on the College's website. The posting period ended in July 2019. No comments were received. An additional minor amendment was made to update the name of the approved vendor for criminal record history checks, from Sterling Talent Solutions to Sterling Backcheck.

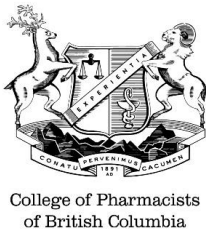
### Recommendation

It is recommended that the proposed amendments of the PODSA Bylaws Schedule A – Fee Schedule proceed for Board approval for filing with the Ministry of Health. See Appendices 2-3 for the Schedule to the Resolution and a “track change” version of the Fee Schedule from the public posting period.

### Next Steps

If approved by the Board, the proposed bylaws would be filed with the Minister as required under s. 21(4) of the PODSA. The amended bylaws will come into effect 60 days after the filing date, in mid-November 2019, assuming that they are not disallowed by the Minister.

| Appendix |  |
|----------|--|
| 1        | April 2019 Board Meeting Note                          |
| 2        | Schedule to the Resolution                             |
| 3        | PODSA Bylaws Schedule A – Fee Schedule (Track Changes) |



## Appendix 1

### BOARD MEETING April 11, 2019

|   |
|---|
| <b>2b.ix.      Legislation Review Committee</b><br><b>              b) PODSA Fee Amendments</b> |
|---|

### DECISION REQUIRED

#### Recommended Board Motion:

*Approve the following resolution:*

*RESOLVED THAT, in accordance with the authority established in section 21(8) of the Pharmacy Operations and Drug Scheduling Act (PODSA), the Board approve the proposed draft bylaws of the College of Pharmacists of British Columbia regarding the PODSA fee schedule for public posting, as circulated.*

#### Purpose

To approve amendments to the *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws Schedule A – Fee Schedule in accordance with the College's 2019/2020 budget.

#### Background

The Board may make bylaws as per section 21(1)(c.1) of PODSA regarding the information and fees that must be provided for the purpose of making an application to issue, renew or reinstate a pharmacy licence. Unlike the *Health Professions Act* (HPA), PODSA does not exempt particular bylaws (e.g. fee schedules) from the 90 day public posting period requirement.

At their February 2019 meeting, the Board approved the 2019/2020 budget which included fee increases in order to meet the needs of the College. The proposed PODSA fee schedule amendments needed to actualize the fee increases previously approved as part of the College's 2019/2020 budget, are outlined in Appendix 1.

In addition to the amended fee schedule (Appendix 1), corresponding revised forms have also been approved by the Registrar. These forms do not require Board approval or filing with the Ministry of Health.

## **Recommendation**

The Legislation Review Committee recommends that the Board approve the PODSA Bylaws Schedule A – Fee Schedule for public posting as circulated.

## **Next Steps**

Once the 90 public posting period is completed, pending review of any feedback received, the PODSA fee schedule will be brought to the Board at their September 2019 meeting for filing approval.

| <b>Appendix</b> |                                      |
|-----------------|--------------------------------------|
| 1               | Amended Fee Schedule (track changes) |

# Appendix 2

## SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Pharmacy Operations and Drug Scheduling Act* are amended, repealing and replacing Schedule A - Fee Schedule, as follows:

|   |  |             |
|---|--|-------------|
| <b>College of Pharmacists of B.C.</b>   |  |             |
| FEE SCHEDULE  |  |             |
| PODSA Bylaw "Schedule A"  |  |             |
|   |  |             |
| <b>PHARMACY</b>   |  |             |
|   |  |             |
| <b>LICENSURE FEES</b>   |  |             |
| Community Pharmacy Licence  | Annual licence fee.  | \$ 2,345.00 |
| Hospital Pharmacy Licence   | Annual licence fee.  | \$ 2,345.00 |
| Pharmacy Education Site Licence   | Annual licence fee.  | \$ 750.00   |
| Telepharmacy  | Annual licence fee.  | \$ 2,345.00 |
| Hospital Pharmacy Satellite   | Annual fee for each satellite site, to be charged to Hospital Pharmacy.  | \$ 750.00   |
| Application for New Pharmacy Licence (Community, Hospital and Telepharmacy)                                 | Application valid for up to three years. Includes change of ownership.   | \$ 750.00   |
| Reinstatement of Pharmacy Licence   | For re-instatement of a pharmacy licence that has been expired for 90 days or less.  | \$ 750.00   |
| Change of direct owner  | Annual licence fee + application for new pharmacy  | \$ 3,095.00 |
| Change of indirect owner  |  | \$ 0.00     |
| Change of manager   |  | \$ 0.00     |
| Change in corporation name  |  | \$ 0.00     |
| Change in operating name of the pharmacy  |  | \$ 0.00     |
| Change in location of the pharmacy  |  | \$ 750.00   |
| Change in layout of the pharmacy  |  | \$ 0.00     |
| Criminal Record History (CRH)   | *Fee charged by Sterling Backcheck (formerly known as Sterling Talent Solutions)   | \$ -        |
|   |  |             |
|   |  |             |
| <b>INSPECTION FEE</b>   |  |             |
| Follow-up site review(s)  | Where 3 or more site reviews are required to address deficiencies. From visit 3 onwards, this fee applies for each additional visit. | \$ 1,020.00 |
|   |  |             |
|   |  |             |
|   |  |             |
|   |  |             |
|   |  |             |
| <b>NOTES:</b>   |  |             |
| 1) Fees are non-refundable.   |  |             |
| 2) Fees are subject to GST.   |  |             |
| 3) Annual renewal notices of pharmacy licensure are sent at least sixty (60) days prior to the expiry date. |  |             |

**College of Pharmacists of B.C.**  
**FEE SCHEDULE**  
**PODSA Bylaw "Schedule A"**

**PHARMACY**

**LICENSURE FEES**

|   |   |                        |             |
|---|---|------------------------|-------------|
| Community Pharmacy Licence  | Annual licence fee.   | <del>\$ 2,299.00</del> | \$ 2,345.00 |
| Hospital Pharmacy Licence   | Annual licence fee.   | <del>\$ 2,299.00</del> | \$ 2,345.00 |
| Pharmacy Education Site Licence   | Annual licence fee.   | <del>\$ 550.00</del>   | \$ 750.00   |
| Telepharmacy  | Annual licence fee.   | <del>\$ 2,299.00</del> | \$ 2,345.00 |
| Hospital Pharmacy Satellite   | Annual fee for each satellite site, to be charged to Hospital Pharmacy.             | <del>\$ 300.00</del>   | \$ 750.00   |
| Application for New Pharmacy Licence (Community, Hospital and Telepharmacy) | Application valid for up to three years. Includes change of ownership.              | <del>\$ 550.00</del>   | \$ 750.00   |
| Reinstatement of Pharmacy Licence   | For re-instatement of a pharmacy licence that has been expired for 90 days or less. | <del>\$ 0.00</del>     | \$ 750.00   |
| Change of direct owner  | Annual licence fee + application for new pharmacy                                   | <del>\$ 2,849.00</del> | \$ 3,095.00 |
| Change of indirect owner  |   | \$ 0.00                | \$ 0.00     |
| Change of manager   |   | \$ 0.00                | \$ 0.00     |
| Change in corporation name  |   | \$ 0.00                | \$ 0.00     |
| Change in operating name of the pharmacy                                    |   | \$ 0.00                | \$ 0.00     |
| Change in location of the pharmacy  |   | <del>\$ 0.00</del>     | \$ 750.00   |
| Change in layout of the pharmacy  |   | \$ 0.00                | \$ 0.00     |
| Criminal Record History (CRH)   | *Fee charged by Sterling Talent Solutions (formerly known as BackCheck)             | \$ -                   | \$ -        |

**INSPECTION FEE**

|                          |  |                        |             |
|--------------------------|--|------------------------|-------------|
| Follow-up site review(s) | Where 3 or more site reviews are required to address deficiencies. From visit 3 onwards, this fee applies for each additional visit. | <del>\$ 1,000.00</del> | \$ 1,020.00 |
|--------------------------|--|------------------------|-------------|

**NOTES:**

- 1) Fees are non-refundable.
- 2) Fees are subject to GST.
- 3) Annual renewal notices of pharmacy licensure are sent at least sixty (60) days prior to the expiry date.



College of Pharmacists  
of British Columbia

## BOARD MEETING September 13, 2019

### 8. Legislation Review Committee

#### e) DSR Amendment: Re-scheduling Codeine Cough Preparations as Schedule IA

### DECISION REQUIRED

#### Recommended Board Motion:

Approve the following resolution to amend drug scheduling in the *Drug Schedules Regulation*, to be effective as of January 2, 2020:

*RESOLVED THAT*, in accordance with the authority established in section 22(1) of the *Pharmacy Operations and Drug Scheduling Act*, and subject to filing with the Minister as required by section 22(2) of the *Pharmacy Operations and Drug Scheduling Act*, the board amend the *Drug Schedules Regulation*, B.C. Reg. 9/98 to move certain codeine cough preparations from Schedule I to Schedule IA, as outlined in the schedule attached to this resolution.

#### Purpose

To seek Board approval to amend the *Drug Schedules Regulation* ("DSR") under the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") in order to move certain Schedule I codeine containing liquid preparations to Schedule IA.

#### Background

##### Controlled Prescription Program Advisory Committee

The Controlled Prescription Program ("CPP") is a duplicate prescription program created to prevent forgeries and reduce inappropriate prescribing of drugs listed in Schedule IA<sup>1</sup>. The Controlled Prescription Program Advisory Committee ("CPPAC") is a multi-organization committee established in August 2018 with members including the Ministry of Health ("MoH") and the health regulators of professions that prescribe or dispense controlled drugs. The purpose of CPPAC is to regularly review and recommend updates to the CPP drugs (Schedule IA) list, and provide a forum to share knowledge and coordinate practices around drugs with a high-risk profile.

<sup>1</sup> In B.C., drugs are scheduled in the DSR as Schedule I, IA, II, III, and IV. The schedules are differentiated as follows:

- Schedule I (Prescription)
- Schedule IA (Prescription - Triplicate/Duplicate Prescription Program)
- Schedule II (Non-Prescription – Retained within the Professional Service Area)
- Schedule III (Non-Prescription – Available for self-selection in the Professional Products Area)
- Schedule IV (Prescription by Pharmacist)

## **Forged Prescriptions, Thefts and Robberies of Codeine Containing Liquid Preparations**

In January 2019, the College of Pharmacists of BC (“CPBC”) brought forward to CPPAC a concern regarding Schedule I codeine containing liquid preparations used for coughs. During the discussion, the College of Physicians and Surgeons of BC (“CPSBC”) also reported concerns regarding these preparations.

Some of the key concerns regarding codeine containing liquid preparations for coughs are:

- The potential for addiction and widespread non-medical use of these preparations. These medications are more easily obtained than Schedule IA opioid preparations. The suspicion is that there is significant diversion of codeine containing cough syrup.
- Codeine containing cough preparations represent a small number of prescriptions written each year. Data from the CPSBC indicates that there were 121 164, 119 022, and 107 256 prescriptions written in 2016, 2017, and 2018 respectively for the three most common codeine cough syrup preparations. These numbers show stability over time, and they represent a very small proportion of the 76 million and 79 million prescriptions written in 2017 and 2018, respectively. Yet, there are a disproportionate number of thefts from pharmacies, and a very high number of prescription forgeries for these preparations.
- Evidence of break and enters and robberies for these drugs. Between 2016 to 2018, the CPBC was informed of seven instances of break and enters or armed robberies where very large volumes of Cotridin<sup>2</sup> (1.5 to 7L) were stolen or taken. This is not unique to BC as codeine thefts are particularly high in other provinces such as Manitoba<sup>3</sup>.
- Evidence of forgeries for these drugs. In 2016, there were 332 “fan outs” (notification from CPBC to all pharmacies to be on alert for forged prescriptions) sent out regarding these drugs, and 232 until October 2017 when the “fan out” process was discontinued. In late 2018, Alberta also saw an increase in forgeries for Cotridin, with 14 of 18 forgeries in December of 2018 being for Cotridin alone<sup>4</sup>.

In July 2019, in response to public safety concerns, the CPBC issued a ReadLinks article to alert the public and registrants of forged Cotridin prescriptions<sup>5</sup>. Since then, new reports of forged prescriptions have continued to be received by the CPBC. Between February and August 2019, 20 of 35 forgeries reported to CPBC were for Cotridin.

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<sup>2</sup> Cotridin is a type of liquid codeine containing cough preparation.

<sup>3</sup> “Codeine tops list of pharmaceutical drugs reported missing in Manitoba”, Kubinec V-L.:

<https://www.cbc.ca/news/canada/manitoba/manitoba-missing-pharmaceutical-drugs-codeine-1.4722423>

<sup>4</sup> “Surge in Cotridin Forgeries”, Alberta College of Pharmacy: <https://abpharmacy.ca/articles/surge-cotridin-forgeries>

<sup>5</sup> “Forged Prescription – Be on Alert!”, CPBC ReadLinks: <https://www.bcpharmacists.org/readlinks/forged-prescriptions-be-alert>

## **Recommendation to Move Schedule I Codeine Cough Preparations to Schedule IA**

In April 2019, the CPPAC recommended moving Schedule I codeine containing cough preparations to Schedule IA. This re-scheduling targets liquid preparations, but not tablets or capsules (e.g., Tylenol #3), or Schedule II codeine containing drugs.

In May 2019, CPSBC's Board passed a resolution to require CPP duplicate prescriptions for these products by moving them from Schedule I to Schedule IA (Appendix 1). To operationalize this change, the next step would be for CPBC's Board to pass a resolution to amend the DSR to officially reschedule these products.

## **Process to Amend the DSR**

The legislative authority for the Board to amend the DSR is outlined in section 22 of PODSA:

*"Regulations of the board*

**22** (1) *Subject to the Food and Drugs Act (Canada), the board, by regulation, may make drug schedules specifying the terms and conditions of sale for drugs and devices.*

(2) *A regulation under subsection (1) must be filed with the minister."*

B.C.'s process requires CPBC to complete an internal review of proposed DSR amendments. Next, CPBC submits the proposed amendments to the MoH, Professional Regulation & Oversight Branch. The Ministry completes their review and if satisfied, forwards the request to Legislative Counsel for a legal review. If no issues are identified, Legislative Counsel provides CPBC with a tagged schedule of amendments. The tagged scheduled of amendments is then presented to the CPBC's Board for approval. If approved, the amendment is then filed with the Minister. After the 60 days filing period, the CPBC can then deposit the amendment with the Registrar of Regulations. Once deposited, the amendment becomes effective.

## **Discussion**

### **Impact of Moving Schedule I Liquid Preparations to Schedule IA**

Moving Schedule I codeine containing liquid preparations to Schedule IA will improve oversight of these high-risk drugs. For example, prescriptions for these drugs will need to be written on a CPP duplicate prescription, which is designed to prevent forgeries. In addition, Schedule IA drugs need to be stored in a time-delayed safe designed to deter theft and robbery. As a result, rescheduling would help to mitigate the public safety risks associated with the forgeries, thefts and robberies of these drugs.

Internal review of the current codeine containing products on Health Canada Drug Products Database<sup>6</sup> found nine Schedule I liquid preparations currently authorized for sale in Canada (Appendix 2). Seven (7) are cough syrups containing 2 mg/mL codeine phosphate, and two (2) are elixirs containing 1.6 mg/mL codeine phosphate. The two elixirs do not have Health Canada approved indications for cough. However, their codeine phosphate concentrations are close to the cough syrups. Therefore, both Schedule I cough syrups and elixirs are recommended to move to Schedule IA.

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<sup>6</sup> Health Canada Drug Product Database: <https://health-products.canada.ca/dpd-bdpp/index-eng.jsp>



### **Schedule of DSR Amendments**

The Ministry of Health has reviewed the schedule of DSR amendments for this initiative, and has not raised any concerns. The schedule of DSR amendments has been tagged by the Ministry of Health for consideration for approval by the CPBC Board (Appendix 3). For clarity purposes, a chart listing the current DSR entries, the proposed amendments and the reasons for the amendments is included as Appendix 4.

### **Timing of Implementation**

To provide time for prescribers and pharmacists to update their practices, the effective date of this amendment is set to be January 2, 2020. This will allow time for CPPAC members to work together on a coordinated approach to communicate this change to their registrants.

### **Recommendation**

The Board approve the proposed amendments to the DSR as set out in Appendix 3.

### **Next Steps**

If approved by the Board, the CPBC will:

- Work with CPPAC members to finalize and implement a communication and engagement strategy;
- File the tagged schedule with the Ministry of Health 60 days (November 4, 2019) before the effective date (January 2, 2020); and
- Deposit the tagged schedule with the Registrar of Regulations on January 2, 2020 for the DSR amendment to come into effect on that date.

| <b>Appendix</b> |   |
|-----------------|---|
| 1               | May 2019 CPSBC Board Briefing Note  |
| 2               | Chart Outlining Codeine Containing Liquid preparations Included or Excluded from the Proposed DSR Amendment |
| 3               | Schedule of Drug Schedules Regulation Amendments  |
| 4               | Chart of Relevant Current DSR entries, the Proposed Amendments and Rationale for Amendments                 |

Codeine containing liquid preparations included or excluded from DSR amendment

“-“ irrelevant because already failed to qualify to another exemption criteria. “AI” = Active ingredient.

| DIN     | Product   | # AI | Schedule IA<br>criteria<br>Prescribed as a<br>single entity | Codeine<br>(mg/mL) | Schedule II criteria <sup>1</sup>                           |  | DSR<br>Schedule | Included or<br>Excluded from<br>this<br>amendment                            |
|---------|---|------|---|--------------------|---|--|-----------------|--|
|         |   |      |   |                    | Contains no more<br>than 0.67 mg/mL of<br>codeine phosphate | Contains 2 more medicinal ingredients not<br>less than the regular min. single dose for one<br>such ingredient |                 |  |
| 544884  | CODEINE PHOSPHATE INJECTION USP                       | 1    | Yes   | 30                 | -   | -  | IA              | Excluded<br>(Already<br>Schedule 1A)   |
| 380571  | LINCTUS CODEINE BLANC                                 | 1    | Yes   | 2                  | -   | -  | IA              |  |
| 50024   | CODEINE PHOSPHATE SYRUP                               | 1    | Yes   | 5                  | -   | -  | IA              |  |
| 2298708 | ACETAMINOPHEN ELIXIR WITH 8MG CODEINE PHOSPHATE SYRUP | 2    | No  | 1.6                | Yes   | No   | I               | Included<br>(Schedule I<br>codeine-<br>containing<br>liquid<br>preparations) |
| 816027  | PMS-ACETAMINOPHEN WITH CODEINE ELIXIR                 | 2    | No  | 1.6                | Yes   | No   | I               |  |
| 2198630 | CALMYLIN ACE  | 3    | No  | 2                  | No  | -  | I               |  |
| 2243063 | COVAN SYRUP   | 3    | No  | 2                  | No  | -  | I               |  |
| 2244078 | DIMETAPP-C  | 3    | No  | 2                  | No  | -  | I               |  |
| 1934740 | ROBITUSSIN AC   | 3    | No  | 2                  | No  | -  | I               |  |
| 2169126 | TEVA-COTRIDIN   | 3    | No  | 2                  | No  | -  | I               |  |
| 2244079 | DIMETANE EXPECTORANT C                                | 4    | No  | 2                  | No  | -  | I               |  |
| 2053403 | TEVA-COTRIDIN EXPECTORANT                             | 4    | No  | 2                  | No  | -  | I               |  |
| 2172917 | CALMYLIN PSE WITH CODEINE                             | 3    | No  | 0.66               | Yes   | Yes  | II              | Excluded<br>(Schedule II)  |
| 2486903 | COUGH AND ALLERGY SYRUP WITH CODEINE                  | 3    | No  | 0.66               | Yes   | Yes  | II              |  |
| 2245019 | DAMYLIN AVEC CODEINE SIROP                            | 3    | No  | 0.66               | Yes   | Yes  | II              |  |
| 2245592 | DAMYLIN WITH CODEINE SYRUP                            | 3    | No  | 0.66               | Yes   | Yes  | II              |  |
| 2099748 | COUGH SYRUP WITH CODEINE                              | 3    | No  | 0.66               | Yes   | Yes  | II              |  |
| 2258099 | COUGH SYRUP WITH CODEINE                              | 3    | No  | 0.66               | Yes   | Yes  | II              |  |
| 2322196 | COUGH SYRUP WITH CODEINE                              | 3    | No  | 0.66               | Yes   | Yes  | II              |  |
| 535230  | CALMYLIN  | 3    | No  | 0.67               | Yes   | Yes  | II              |  |
| 690074  | COUGH SYRUP   | 3    | No  | 0.67               | Yes   | Yes  | II              |  |

<sup>1</sup> *Narcotic Control Regulation* section 36(1) allows pharmacists to sell codeine liquid preparations without a prescription given the following criteria: (1) The preparation contains less than 0.67mg/mL codeine, and (2) the preparation contains 2 or 3 additional medicinal ingredient of which (a) one ingredient is equal or more than regular minimum single dose, (b) 2 of the 2 are at least ½ of regular minimum single dose, or (c) 3 of the 3 are at least 1/3 of regular minimum dose.

OFFICE OF LEGISLATIVE COUNSEL

Examined by: Stephanie Weinhold

**YELLOW  
TAG**

Order in Council ☐ Regulation ☒

**Cautions/Comments:**

I have reviewed the attached regulation and section 22 of the *Pharmacy Operations and Drug Scheduling Act*. It is my opinion that there is legislative authority for this regulation.

The statute requires that once enacted by the board of the College of Pharmacists, the regulation must be filed with the Minister of Health, and the board may deposit it with the registrar under the *Regulations Act* if the following conditions are met:

- (a) the minister has not disallowed all or a portion of the regulation within the period prescribed by the minister under that section;
- (b) the regulation is not deposited with the registrar until the prescribed period or another shorter period specified by order of the minister has expired.

Signed: S. A. Weinhold Date: August 15, 2019

Confidential: This document and the associated instrument constitute a legal opinion of Legislative Counsel on how to give legislative effect to the enacting authority's policy. This legal opinion is subject to solicitor-client privilege. Provisions of the *Freedom of Information and Protection of Privacy Act* regarding non-disclosure of information apply to this document and the associated instrument. R10349333

## APPENDIX

### ***1 The Drug Schedules Regulation, B.C. Reg. 9/98, is amended in the Schedules***

#### ***(a) by striking out the following:***

- 1 Codeine, except
  - (a) when prescribed as a single entity,
  - (b) when included in a preparation containing 60 mg or more per dosage unit, or
  - (c) in preparations exempted from the Regulations to the *Controlled Drugs and Substances Act* (Canada)
- 1A Codeine when prescribed as a single entity or when included in a preparation containing 60 mg or more per dosage unit, ***and***

#### ***(b) by adding the following:***

- 1 Codeine and its salts, except
  - (a) when prescribed as a single entity,
  - (b) when included in a preparation containing 60 mg or more per dosage unit,
  - (c) when included in a liquid preparation containing 1.6 mg or more per mL, or
  - (d) in preparations exempted from the Regulations to the *Controlled Drugs and Substances Act* (Canada)
- 1A Codeine and its salts when
  - (a) prescribed as a single entity,
  - (b) included in a preparation containing 60 mg or more per dosage unit, or
  - (c) included in a liquid preparation containing 1.6 mg or more per mL.

*[For administrative purposes only - R10349333]*

## Drug Schedules Regulation (“DSR”) - Draft Proposed Amendments

| Current DSR Entry   | Amended DSR Entry  | Rationale for Amendment/ Comments  | Consistent with NAPRA (Y/N) | Consistent with NCR (Y/N) |
|---|--|--|-----------------------------|---------------------------|
| 1 Codeine, except<br>(a) when prescribed as a single entity,<br>(b) when included in a preparation containing 60 mg or more per dosage unit, or<br>(c) in preparations exempted from the Regulations to the <i>Controlled Drugs and Substances Act</i> (Canada) | 1 Codeine and its salts, except<br>(a) when prescribed as a single entity,<br>(b) when included in a preparation containing 60 mg or more per dosage unit,<br>(c) when included in a liquid preparation containing 1.6 mg or more per mL, or<br>(d) in preparations exempted from the Regulations to the <i>Controlled Drugs and Substances Act</i> (Canada) | Concerns regarding forged prescriptions, theft and robberies targeting prescription-strength codeine-containing cough syrups have been raised in recent years. Moving these drugs from Schedule I to IA places them in the Controlled Prescription Program (“CPP”). The CPP was designed to prevent prescription forgeries and inappropriate prescribing of selected drugs. In addition, Schedule IA drugs must be stored in a time-delayed metal safe, an enhanced security measure, for these drugs. | N <sup>1, 2</sup>           | N <sup>1</sup>            |
| 1A Codeine when prescribed as a single entity or when included in a preparation containing 60 mg or more per dosage unit  | 1A Codeine and its salts when<br>(a) prescribed as a single entity,<br>(b) included in a preparation containing 60 mg or more per dosage unit, or<br>(c) included in a liquid preparation containing 1.6 mg or more per mL   | “Codeine” is replaced with “Codeine and its salts” to capture the substances intended to be regulated <sup>2</sup> .   |                             |                           |

<sup>1</sup> Schedule IA is a category specific to British Columbia. It refers to the province’s Controlled Prescription Program. Federal drug schedules such as NAPRA’s National Drug Schedule (“NDS”) and *Narcotic Control Regulation* (“NCR”) do not have an equivalent scheduling category.

<sup>2</sup> Currently, all 78 codeine-containing products authorized for sale in Canada contains codeine in a form of codeine salts (i.e., codeine phosphate, codeine monohydrate, codeine sulfate trihydrate). Therefore, “codeine and its salts” is the more accurate term to capture the substances intended to be regulated. Although the NDS only used the term “codeine” for Schedule I codeine products, the Schedule under the NCR includes codeine and its salts (see NCR, Schedule, section 2(1)(2): [https://laws-lois.justice.gc.ca/eng/regulations/C.R.C.%2C\\_c.\\_1041/](https://laws-lois.justice.gc.ca/eng/regulations/C.R.C.%2C_c._1041/)).



## BOARD MEETING September 13, 2019

### 8. Legislation Review Committee f) PPP Amendment: PPP-3 Pharmacy References

#### DECISION REQUIRED

#### Recommended Board Motion:

*Approve amendments to Professional Practice Policy - 3 Pharmacy References with respect to community pharmacies and telepharmacies, to:*

- *Remove the requirement to have a copy of the BC Pharmacy Practice Manual; and,*
- *Add a requirement to have access to: the current version of all legislation relevant to pharmacy practice and management; the current versions of the College of Pharmacists of British Columbia's ("the College's") Professional Practice Policies and Guides; and, the College's ReadLinks published within the last three years.*

#### Purpose

To approve amendments to Professional Practice Policy ("PPP") -3 Pharmacy References, to remove the requirement for all community pharmacies and telepharmacies to have a copy of the BC Pharmacy Practice Manual.

#### Background

PPP-3 Pharmacy References, sets out the references (e.g., medical dictionaries, etc.) that pharmacies must have. This policy currently requires all community pharmacies and telepharmacies to have access to the most current version of the BC Pharmacy Practice Manual, either electronically or by purchasing a printed copy through eServices.

#### Discussion

The BC Pharmacy Manual was originally created to serve as a useful tool for pharmacies to be able to access relevant information from the College's website in one place. It currently includes duplicative links to information such as the College's mission statement, Framework of Professional Practice, legislation, drug distribution information, PharmaNet information and Readlinks articles.

To determine the usefulness of the BC Pharmacy Manual, the College reviewed the number of times the BC Pharmacy Manual website was viewed over a three year time period. Results demonstrated that of all of the website page views, this page was only viewed 0.9% of the time. Also, the number of BC Pharmacy Manual's ordered on eServices over a three year period have been low. Last year, only 18 BC Pharmacy Manuals were ordered.

Given that all of the information contained within the BC Pharmacy Manual is available on the College website, and use of the Manual is quite low, it is recommended that PPP-3 be amended to remove the requirement for community pharmacies and telepharmacies to have a copy (electronic or print) of the BC Pharmacy Manual (see Appendix 1). Instead, it is proposed that PPP-3 require that all community pharmacies and telepharmacies have access to current versions of the following:

- (a) All legislation relevant to pharmacy practice and management;
- (b) The College of Pharmacists of British Columbia's ("CPBC") Professional Practice Policies and Guides; and
- (c) The CPBC's ReadLinks published within the last three years.

## **Recommendation**

The Legislation Review Committee recommends that the Board approve the amendments to PPP-3 Pharmacy References.

## **Next Steps**

Pending Board approval, the amendment to PPP-3 would take effect immediately. Further, the website and PPP-3 will be updated accordingly.

| <b>Appendix</b> |   |
|-----------------|---|
| 1               | Amendments to PPP-3 Pharmacy References (track changes) |

## Appendix 1

### POLICY CATEGORY: POLICY FOCUS:

### PROFESSIONAL PRACTICE POLICY-3 Pharmacy References

This policy provides guidance to pharmacies for complying with reference material requirements as required under the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws section 18(2)(w).

#### POLICY STATEMENT – HOSPITAL AND HOSPITAL PHARMACY SATELLITES:

1. All hospital pharmacies and hospital pharmacy satellites must be equipped with, current references relevant to the services provided (examples including but not limited to: Pediatrics, Psychiatric, Geriatric, Oncology and Compounding)

#### POLICY STATEMENTS – COMMUNITY PHARMACY AND TELEPHARMACY:

1. All community pharmacies and telepharmacies are required to have access to ~~the most~~ current versions of the ~~following: BC Pharmacy Practice Manual. The CPBC ReadLinks is an exception, as only the most recent three years must be readily accessible.~~  
(a) ~~All legislation relevant to pharmacy practice and management;~~  
(b) ~~College of Pharmacists of British Columbia ("CPBC") Professional Practice Policies and Guides; and~~  
(c) ~~CPBC ReadLinks published within the last three years.~~

~~To obtain printed copies of the BC Pharmacy Practice Manual, please order through eServices. To access CPBC ReadLinks, please visit our website at [www.bcpharmacists.org](http://www.bcpharmacists.org).~~

Electronic formatted files and electronic database<sup>†</sup> references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive and current as the printed version, as well as readily accessible within the dispensary.

<sup>†</sup> Subscription may be required

2. All community pharmacies and telepharmacies at a minimum must have **one** of the following authorized library references in each of the categories listed in the table (unless otherwise noted).

In addition to the list in the table, pharmacies must be equipped with current references relevant to the services provided (examples including but not limited to: Opioid Agonist Treatment, Veterinary, Psychiatric, Geriatric and Compounding)



# Appendix 1

POLICY CATEGORY:  
POLICY FOCUS:

PROFESSIONAL PRACTICE POLICY-3  
Pharmacy References

| CATEGORY   | VERSION   | REFERENCE (* items marked with an asterisk are available electronically only)  |
|--|---|--|
| COMPENDIUM   | Current year  | <ul style="list-style-type: none"> <li>• <b>Compendium of Pharmaceuticals and Specialties</b> (Canadian Pharmacists Association)</li> </ul>  |
| COMPLEMENTARY / ALTERNATIVE  | Within the last 4 years                             | <ul style="list-style-type: none"> <li>• <b>Stockley's Herbal Medicines Interactions</b></li> <li>• <b>*Facts &amp; Comparisons® eAnswers</b> at <a href="http://online.factsandcomparisons.com">online.factsandcomparisons.com</a></li> <li>• <b>*iPharmacist</b> (mobile app by Apotex)</li> <li>• <b>*Lexicomp Online</b> at <a href="http://online.lexi.com">online.lexi.com</a> OR <b>Lexicomp</b> (mobile app by Lexi-comp or Wolters Kluwer)</li> <li>• <b>*MedicinesComplete</b> at <a href="http://www.MedicinesComplete.com">www.MedicinesComplete.com</a></li> <li>• <b>*Micromedex Pharmaceutical Knowledge</b> at <a href="http://www.Micromedex.com">www.Micromedex.com</a></li> <li>• <b>*Natural Medicines Comprehensive Database</b> at <a href="http://www.naturaldatabase.com">www.naturaldatabase.com</a> OR mobile app by Therapeutic Research Center</li> <li>• <b>*Natural Medicines</b> at <a href="http://www.naturalmedicines.com">www.naturalmedicines.com</a></li> </ul>   |
| DISPENSATORY   | Within the last 9 years                             | <ul style="list-style-type: none"> <li>• <b>Martindale - The Complete Drug Reference</b> (Published every 3 years)</li> <li>• <b>*iPharmacist</b> (mobile app by Apotex)</li> <li>• <b>*Lexicomp Online</b> (Lexi-Drugs) at <a href="http://online.lexi.com">online.lexi.com</a> OR <b>Lexicomp</b> (mobile app by Lexi-comp or Wolters Kluwer)</li> <li>• <b>*MedicinesComplete</b> at <a href="http://www.MedicinesComplete.com">www.MedicinesComplete.com</a></li> <li>• <b>*Micromedex Pharmaceutical Knowledge</b> at <a href="http://www.Micromedex.com">www.Micromedex.com</a> OR <b>Micromedex Drug Info – Mobile</b> (mobile app by Truven)</li> </ul>  |
| DRUG INTERACTIONS  | In its entirety every 2 years, or continual updates | <ul style="list-style-type: none"> <li>• <b>Stockley's Drug Interactions</b></li> <li>• <b>Drug Interactions Analysis and Management</b> (Hansten &amp; Horn) *Loose leaf version must have continual updates*</li> <li>• <b>Drug Interaction Facts: The Authority on Drug Interactions</b> (Tatro)</li> <li>• <b>*Facts &amp; Comparisons® eAnswers</b> at <a href="http://online.factsandcomparisons.com">online.factsandcomparisons.com</a></li> <li>• <b>*iPharmacist</b> (mobile app by Apotex)</li> <li>• <b>*Lexicomp Online</b> (Lexi-Interact) at <a href="http://online.lexi.com">online.lexi.com</a> OR <b>Lexicomp</b> (mobile app by Lexi-comp/Wolters Kluwer)</li> <li>• <b>*MedicinesComplete</b> at <a href="http://www.MedicinesComplete.com">www.MedicinesComplete.com</a></li> <li>• <b>*Micromedex Pharmaceutical Knowledge</b> at <a href="http://www.Micromedex.com">www.Micromedex.com</a> OR <b>Micromedex Drug Interactions</b> (mobile app by Truven)</li> <li>• <b>*RxTx Option 2 OR RxTx Option 3</b> at <a href="http://www.pharmacists.ca">www.pharmacists.ca</a></li> </ul> |
| MEDICAL DICTIONARY<br>* Those listed or any equivalent professional medical dictionary | Within the last 15 years                            | <ul style="list-style-type: none"> <li>• <b>Dorland's Illustrated Medical Dictionary</b></li> <li>• <b>Dorland's Pocket Medical Dictionary</b></li> <li>• <b>Stedman's Medical Dictionary</b></li> <li>• <b>Stedman's Medical Dictionary-Health Professions and Nursing</b></li> <li>• <b>Taber's Medical Dictionary</b></li> <li>• <b>*iPharmacist</b> (mobile app by Apotex)</li> <li>• <b>*Lexicomp</b> (mobile app by Lexi-comp/Wolters Kluwer)</li> <li>• <b>*MedicinesComplete</b> at <a href="http://www.MedicinesComplete.com">www.MedicinesComplete.com</a></li> </ul>  |

# Appendix 1

| CATEGORY   | VERSION   | REFERENCE (* items marked with an asterisk are available electronically only)   |
|--|---|---|
|  |   | <ul style="list-style-type: none"> <li>*<i>The Free Dictionary by Farlex</i> at <a href="http://medical-dictionary.thefreedictionary.com/">http://medical-dictionary.thefreedictionary.com/</a></li> </ul>  |
| <b>NONPRESCRIPTION MEDICATION</b><br><b>*BOTH* references required</b> | Most current version  | <ul style="list-style-type: none"> <li><i>Compendium of Therapeutics for Minor Ailments</i> [formerly called <i>Therapeutic Choices For Minor Ailments</i> or <i>Patient Self-Care</i>] (Canadian Pharmacists Association)</li> <li><i>Compendium of Products for Minor Ailments</i> [formerly called <i>Products for Minor Ailments</i> or <i>Compendium of Self-Care Products</i>] (Canadian Pharmacists Association)</li> </ul>  |
| <b>PREGNANCY AND LACTATION</b>   | Within the last 3 years   | <ul style="list-style-type: none"> <li><i>Drugs in Pregnancy and Lactation: A Reference Guide to Fetal and Neonatal Risk</i> (Briggs)</li> <li><i>Drugs during Pregnancy and Lactation: Treatment Options and Risk Assessment</i> (Schaefer et al)</li> <li><i>Medications and Mother's Milk</i> (Hale)</li> <li>*<i>Facts &amp; Comparisons® eAnswers</i> at <a href="http://online.factsandcomparisons.com">online.factsandcomparisons.com</a></li> <li>*<i>iPharmacist</i> (mobile app by Apotex)</li> <li>*<i>Lexicomp Online</i> (Lexi-Pregnancy and Lactation) at <a href="http://online.lexi.com">online.lexi.com</a> OR <i>Lexicomp</i> (mobile app by Lexi-comp/Wolters Kluwer)</li> <li>*<i>Medications and Mother's Milk</i> at <a href="http://www.medsmlk.com">www.medsmlk.com</a></li> <li>*<i>MedicinesComplete</i> at <a href="http://www.Medicinescomplete.com">www.Medicinescomplete.com</a></li> </ul> |
| <b>PEDIATRICS</b>  | Within the last 4 years   | <ul style="list-style-type: none"> <li><i>Pediatric &amp; Neonatal Dosage Handbook</i> (Taketomo/Lexicomp)</li> <li><i>Pediatric Drug Dosage Guidelines</i> (British Columbia's Children's Hospital)</li> <li>*<i>BC Children's and Women's Hospital (C&amp;W) Online Formulary</i> at <a href="http://www.pedmed.org/DrugApp/index.html">http://www.pedmed.org/DrugApp/index.html</a></li> <li>*<i>iPharmacist</i> (mobile app by Apotex)</li> <li>*<i>Lexicomp Online</i> (Pediatric &amp; Neonatal Lexi-Drugs) at <a href="http://online.lexi.com">online.lexi.com</a> OR <i>Lexicomp</i> (mobile app by Lexi-comp/Wolters Kluwer)</li> <li>*<i>Micromedex Pharmaceutical Knowledge</i> at <a href="http://www.Micromedex.com">www.Micromedex.com</a> OR <i>Micromedex Pediatrics Essentials</i> (mobile app by Truven)</li> </ul>   |
| <b>PROFESSIONAL / LEGISLATION</b><br><b>*BOTH* required</b>            | BC-Pharmacy Practice Manual: Current version<br><br><a href="#">Legislation, Professional Practice Policies and Guides: Current version</a><br><br>CPBC ReadLinks: <a href="#">Recent/Within the last 3 years</a> | <ul style="list-style-type: none"> <li><i>Legislation relevant to pharmacy practice and management</i> <del>BC-Pharmacy Practice Manual</del> (<a href="http://www.bcpharmacists.org">www.bcpharmacists.org</a>)</li> <li><i>CPBC Professional Practice Policies and Guides</i> (<a href="http://www.bcpharmacists.org">www.bcpharmacists.org</a>)</li> <li><i>CPBC ReadLinks</i> (<a href="http://www.bcpharmacists.org">www.bcpharmacists.org</a>)</li> </ul>   |
| <b>THERAPEUTICS</b>  | Within the last 4 years   | <ul style="list-style-type: none"> <li><i>Compendium of Therapeutic Choices</i> [formerly called <i>Therapeutic Choices</i>] (Canadian Pharmacists Association)</li> </ul>  |



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## 8. Legislation Review Committee

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**Mona Kwong**

Chair of Legislation Review Committee



College of Pharmacists  
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## 8 a) Committee Updates



# Committee Updates

## **August 14, 2019 Meeting**

- HPA Bylaws: Amending Committee Member Terms of Office
- Authorizing the Registrar to Act under s.32(3) of the HPA
- PODSA Bylaws: Fee Amendments
- DSR Amendment: Rescheduling of Codeine Cough Preparations as Schedule IA
- PPP Amendment: PPP-3 Pharmacy References
- PPP Amendment: PPP-76 Criminal Record History Vendor



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# Committee Update, continued

## **Key Upcoming Committee Work**

- Comprehensive update of PODSA Bylaw requirements.



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## 8 b) HPA Bylaws: Updating Committee Member Terms of Office



# Background

## ***Health Professions Act (“HPA”) Bylaws:***

Section 19 (1) of the HPA Bylaws addresses Committee terms of office:

*“19. (1) A person appointed to a committee established under these bylaws*

- (a) serves for a term determined by the board not exceeding 2 years, and*
- (b) is eligible for reappointment but may not serve more than 3 consecutive terms.”*





# Background

- Current Committee terms of office are misaligned with the Board terms of office.
- The Board terms were updated in January 2018:
  - Board members serve a 3 year term; and,
  - A maximum of 3 consecutive terms.
  - This allows up to a total of 6 years serving on the Board.



# Amendments to the Committee Terms of Office

## Proposed amendments:

- Committee term lengths from not exceeding 2 years to not exceeding 3 years.
- Remove the consecutive term limitation.
- Committee members cannot serve more than 6 consecutive years.



# Public Posting and Filing

## Public Posting

- Approved at April 2019 Board Meeting
- Ended in July 2019.
- No comments were received.

## Filing

- It is recommended that the amendments proceed for filing with the Ministry of Health.



## Proposed Timeline (subject to Board approval)

| Date           | Action  |
|----------------|---|
| September 2019 | Board approval for filing with the Ministry of Health |
| November 2019  | Bylaw comes into force                                |



## 8 b) HPA Bylaws: Updating Committee Member Terms of Office

### **MOTION:**

Approve the following resolution to amend the bylaws made under the Health Professions Act regarding committee terms of office:

*“RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act (“HPA”), and subject to the requirements in section 19(3) of HPA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under HPA relating to committee terms of office for filing with the Minister of Health, as set out in the schedule attached to this resolution.”*



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## 8 c) Authorizing the Registrar to Act under s.32(3) of the HPA



# Background

## February 2019 Board Meeting

- Approved authorizing the Registrar to act under s. 32(3) of the HPA.
- This enabled the Registrar to dismiss complaints that:
  - Are trivial, frivolous, vexatious, or made in bad faith;
  - Do not contain allegations that, if admitted or proven, would constitute a matter subject to investigation by the Inquiry Committee; or,
  - Contain allegations that, if admitted or proven, would constitute a matter, other than a serious matter, subject to investigation by the Inquiry Committee.



# Proposed Amendments

- Amend the HPA Bylaws to include a provision stating that the Registrar is authorized to act under s. 32(3) of the HPA.
- Including this provision in the bylaws will:
  - Enhance transparency of this authority to the public.
  - Better align with several other BC health regulators who have placed this authority in bylaw.





# Public Posting and Filing

## Public Posting

- Approved at April 2019 Board Meeting
- Ended in July 2019.
- No comments were received.

## Filing

- It is recommended that the amendments proceed for filing with the Ministry of Health.



## Proposed Timeline (subject to Board approval)

| Date           | Action  |
|----------------|---|
| September 2019 | Board approval for filing with the Ministry of Health |
| November 2019  | Bylaw comes into force                                |



## 8 c) Authorizing the Registrar to Act under s.32(3) of the HPA

### **MOTION:**

Approve the following resolution to amend the bylaws made under the Health Professions Act (“HPA”), which authorize the Registrar to act under s.32(3) of the HPA:

*“RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act (“HPA”), and subject to the requirements in section 19(3) of HPA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under HPA authorizing the Registrar to act under s.32(3) of the HPA for filing with the Minister of Health, as set out in the schedule attached to this resolution.”*



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## 8 d) PODSA Bylaws: Fee Amendments



# Background

## **February 2019 Board Meeting**

- Approval of the 2019/2020 budget which included fee increases in order to meet the needs of the College.

## **April 2019 Board Meeting**

- Approval of proposed PODSA fee schedule changes to actualize the fee increases approved as part of the College's 2019/2020 budget, for public posting.



# Public Posting and Filing

## Public Posting

- Approved at April 2019 Board Meeting
- Ended in July 2019.
- No comments were received.

## Filing

- Added: minor amendment to the fee schedule to update the name of criminal record history check vendor, from Sterling Talent Solutions to Sterling Backcheck.
- It is recommended that the amendments proceed for filing with the Ministry of Health.



## Proposed Timeline (subject to Board approval)

| Date           | Action  |
|----------------|---|
| September 2019 | Board approval for filing with the Ministry of Health |
| November 2019  | Bylaw comes into force                                |



## 8 d) PODSA Bylaws: Fee Amendments

### **MOTION:**

Approve the following resolution to amend the bylaws made under the Pharmacy Operations and Drug Scheduling Act regarding fee amendments:

*“RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act (“PODSA”), and subject to the requirements in section 21(4) of PODSA, the Board of the College of Pharmacists of BC approves the proposed bylaws made under PODSA relating to fee amendments for filing with the Minister of Health, as set out in the schedule attached to this resolution.”*





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## 8 e) DSR Amendment – Re-scheduling Codeine Cough Preparations as Schedule IA



# Background – Drug Scheduling in BC

Drugs are scheduled on the Drug Schedules Regulation (“DSR”), as follows:

| Schedule    | Description   |
|-------------|---|
| Schedule 1  | Prescription drugs  |
| Schedule 1A | Prescription drugs that are part of the Controlled Prescription Program             |
| Schedule 2  | Non-prescription drugs retained within the Professional Service Area                |
| Schedule 3  | Non-prescription drugs available from the self-selection Professional Products Area |
| Schedule 4  | Drugs that may be prescribed by a pharmacist.                                       |



# Process for a Drug Scheduling Change

- CPBC completes an internal review of proposed DSR amendments.
- Next, CPBC submits the amendments to the Ministry of Health (“MoH”) for an additional review, including a review by Legislative Counsel.
- MoH returns the amendments as a “tagged schedule”.
- CPBC Board approves the filing of DSR amendment.
- After 60 days of filing, the DSR amendment becomes effective.



# Background – Controlled Prescription Program

## Controlled Prescription Program (“CPP”)

- Duplicate prescription program created to prevent forgeries and reduce inappropriate prescribing of drugs listed in Schedule IA .
- The Controlled Prescription Program Advisory Committee (“CPPAC”) is a multi-organization committee that regularly reviews and recommends updates to Schedule 1A drugs.
- The CPPAC also provides a forum to share knowledge and best practices for drugs with a high-risk profile.



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# Background – Controlled Prescription Program, continued

## CPPAC

- Consists of representatives from BC's health professional regulatory colleges whose registrants prescribe or dispense Schedule 1A drugs, and the Ministry of Health. Includes:
  - College of Pharmacists of BC
  - BC College of Nursing Professionals
  - College of Dental Surgeons of BC
  - College of Midwives of BC
  - College of Physicians & Surgeons of BC
  - College of Veterinarians of BC
  - Ministry of Health (PharmaCare Program)



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College of Nursing  
Professionals





# Schedule 1 Codeine Cough Preparations

## January 2019 CPPAC Meeting

- Discussed concerns related to Schedule 1 codeine cough preparations. Some of the key concerns were:
  - These drugs are more easily obtained than Schedule 1A drugs.
  - The potential for misuse of these drugs.
  - The disproportionate number of thefts from pharmacies, and high number of prescription forgeries for these drugs.
  - Break and enters, robberies, and forgeries for these drugs.



## CPPAC Recommendation

- **April 2019**: CPPAC recommended moving Schedule 1 codeine cough preparations to Schedule 1A.
- **May 2019**: CPSBC's Board passed a resolution to require CPP duplicate prescriptions for these products by moving them from Schedule 1 to Schedule 1A.
- To operationalize the CPPAC recommendation, the next step would be for CPBC to amend the DSR to officially reschedule these products from Schedule 1 to Schedule 1A.



## CPBC Alert on Forgeries

- **July 2019**: Noting a large percentage of confirmed forged prescriptions for RATIO-COTRIDIN, the CPBC issued a ReadLinks article to alert the public and registrants of prescription forgeries.
- Between February and August 2019, almost 60% of forgeries reported to the CPBC were for Cotridin.





# Proposed Amendments

- Draft amendments to move Schedule 1 liquid codeine cough preparations to Schedule 1A, were provided to Ministry of Health for review. No concerns were identified.
- Rescheduling to Schedule 1A will improve oversight of these drugs:
  - Schedule 1A drugs are included in the CPP.
  - Schedule 1A drugs need to be stored in a time-delayed safe.



## Proposed Timeline (subject to Board approval)

| Date            | Action   |
|-----------------|--|
| September 2019  | Board approval for filing with the Ministry of Health.<br><br>Begin developing a communication and engagement strategy with the CPPAC. |
| November 2019   | File the tagged schedule with the Ministry of Health.  |
| January 2, 2020 | DSR amendments to come into force.   |



## 8 e) DSR Amendment: Re-scheduling Codeine Cough Preparations as Schedule IA

### **MOTION:**

Approve the following resolution to amend drug scheduling in the Drug Schedules Regulation to be effective as of January 2, 2020:

*RESOLVED THAT, in accordance with the authority established in section 22(1) of the Pharmacy Operations and Drug Scheduling Act, and subject to filing with the Minister as required by section 22(2) of the Pharmacy Operations and Drug Scheduling Act, the board amend the Drug Schedules Regulation, B.C. Reg. 9/98 to move certain codeine cough preparations from Schedule I to Schedule IA, as outlined in the schedule attached to this resolution.*



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## 8 f) PPP Amendment: PPP-3 Pharmacy References



## Background – PPP-3 Pharmacy References

- This Professional Practice Policy (“PPP”) sets out the references that pharmacies must have.
- It requires all community pharmacies and telepharmacies to have access to the most current version of the BC Pharmacy Practice Manual.



# BC Pharmacy Practice Manual

- BC Pharmacy Practice Manual was created to be a useful tool for registrants to access information from the CPBC website in one place.
- It lists links to information already on the College's website, such as:
  - The College's mission statement;
  - Framework of Professional Practice;
  - Pharmacy legislation;
  - PharmaNet information; and,
  - ReadLinks articles, etc.
- It can be accessed on the CPBC website, or a print copy can be ordered.



# Review of BC Pharmacy Practice Manual Usefulness

- The following data was collected over the last 3-years:
  - The number of times the Manual website page was viewed.
  - The number of Manuals ordered.
- Results found:
  - Low page view count: Of all the website page views, the Manual website was only viewed 0.9% of the time.
  - Low Number of Manuals Ordered: On average, 18 Manuals were ordered per year.



## Recommendation

- It is recommended that PPP-3 be amended to remove the requirement for community pharmacies and telepharmacies to have a copy of the BC Pharmacy Practice Manual.
- Instead, it is proposed that PPP-3 require that all community pharmacies and telepharmacies have access to the current versions of the following:
  - All legislation relevant to pharmacy practice and management;
  - The CPBC Professional Practice Policies and Guides; and,
  - The CPBC ReadLinks published within the last three years.





## 8 f) PPP Amendment: PPP-3 Pharmacy References

### **MOTION:**

Approve amendments to Professional Practice Policy - 3 Pharmacy References with respect to community pharmacies and telepharmacies, to:

- Remove the requirement to have a copy of the BC Pharmacy Practice Manual; and,
- Add a requirement to have access to: the current version of all legislation relevant to pharmacy practice and management; the current versions of the College of Pharmacists of British Columbia's ("the College's") Professional Practice Policies and Guides; and, the College's ReadLinks published within the last three years.



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## 9. Application Committee

---

**Christine Antler**

Chair of Application Committee



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## 9 a) PODSA Ownership Update



# PODSA Amendments

- In May 2016, the Provincial Government approved amendments to the *Pharmacy Operations and Drug Scheduling Act (PODSA)*.
- These changes permit 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 legislative requirements for pharmacies in BC.
- The *PODSA Bylaws* which operationalized these changes, came into force on April 1, 2018.



# Summary of Changes

- Direct owners and indirect owners are defined in the legislation and they are identified as part of pharmacy licensing process.
- Direct owners are responsible for completing pharmacy-related applications (e.g. new pharmacy licence, renewal, reinstatement), which shifted from the pharmacy manager.
- Direct owners, indirect owners and managers must comply with duties under the PODSA and HPA and the College's bylaws under these Acts and ensure their pharmacies are compliant.
- Managers continue to actively participate in the day-to-day management of the pharmacy.



## Summary of Changes, continued

- Non-registrant direct and indirect owners are now subject to inquiry and discipline processes.
- Criminal Record History (CRH) is required for all direct owners, indirect owners and managers.
- Pharmacists who are owners and managers need to provide both a Criminal Record History (*PODSA*) and undergo a Criminal Record Check (*HPA*).
- Direct owners, indirect owners and managers must meet the eligibility criteria. Otherwise, the pharmacy application will be referred to the newly established Application Committee.



# Pharmacy Licence Renewals - Transition Period

- First group of pharmacies to complete new requirements had a licence expiry of June 30, 2018.
- Pharmacies needed to submit the information necessary to demonstrate they meet the eligibility criteria:
  - Corporate documents (if the direct owner is a corporation);
  - Proof of Eligibility from the manager;
  - Proof of Eligibility from each indirect owner (if the direct owner is a non-publicly traded corporation)



# Pharmacy Licence Renewals - Transition Period

- The pharmacies with the licence expiry of May 31, 2019 was the last group to complete the new requirements for their renewals during the transition period.
- The transition period has brought all pharmacies into compliance with the new requirements through the annual pharmacy licence renewal process.



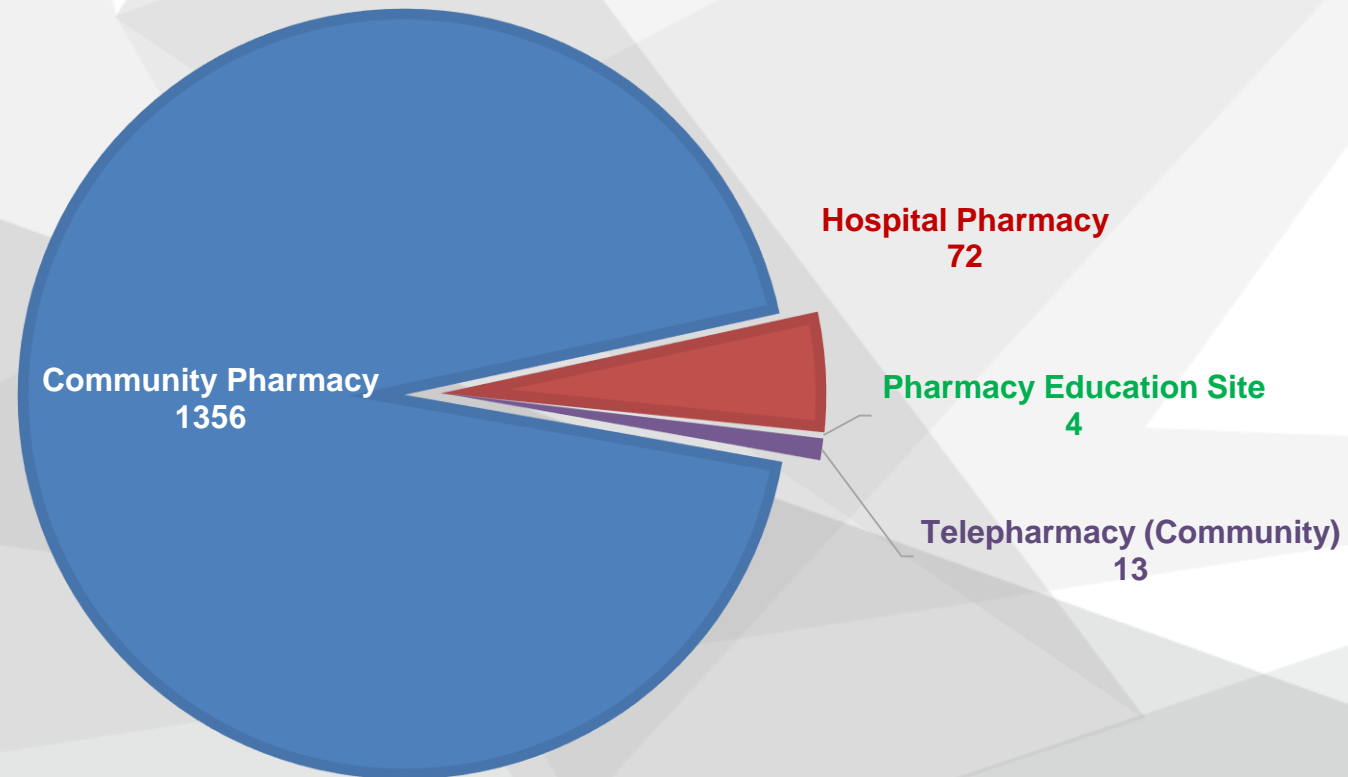


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# Pharmacies Completed Ownership Requirements During Transition Period (Apr 1/2018 to May 31/2019)

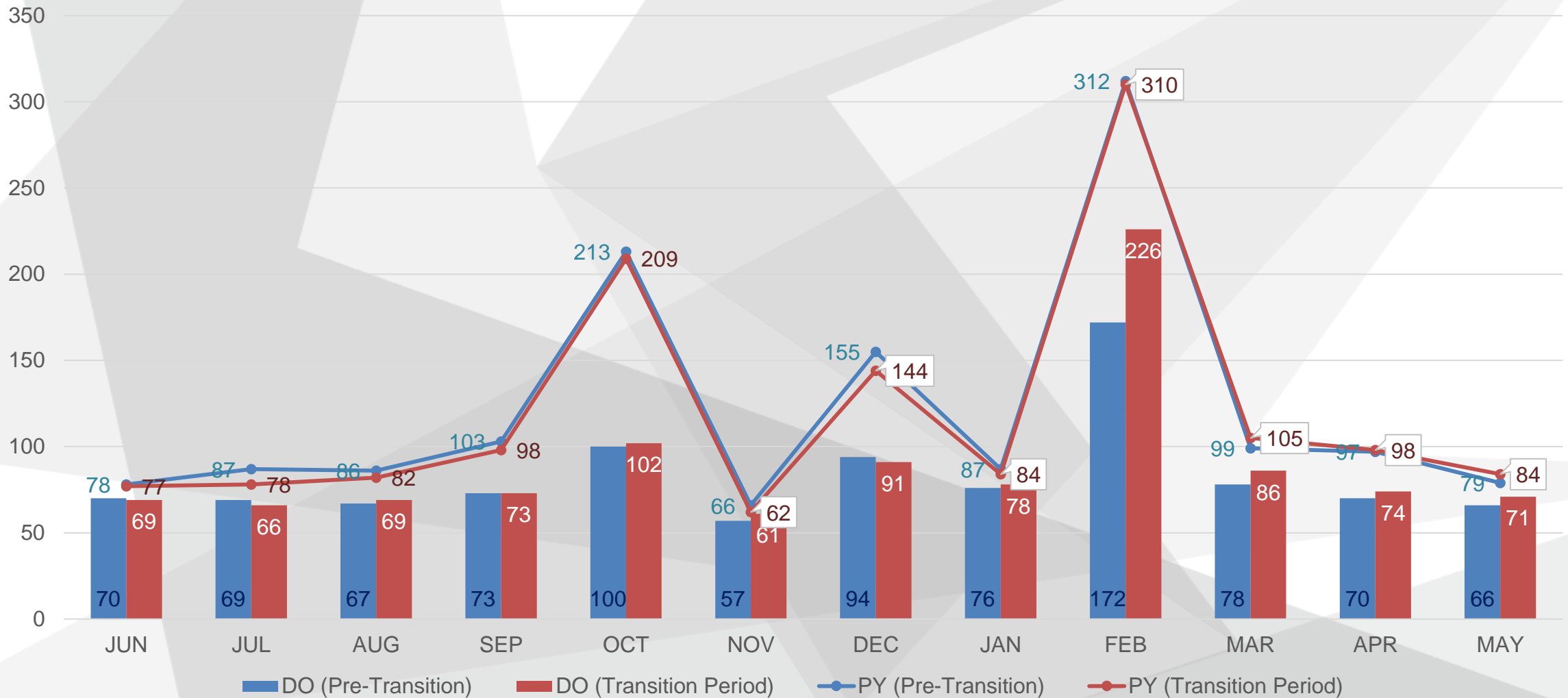
Total Number of Pharmacies

1445





## Pharmacy Due for Renewals: # of Pharmacies (Lines) and Direct Owner (Bars)





## New Pharmacy Licence (Apr 1/2018 to May 31/2019)

| Licence Type             | # Licensed         |
|--------------------------|--------------------|
| Community Pharmacy       | 40                 |
| Hospital Pharmacy        | 1 (+ 2 Satellites) |
| Pharmacy Education Site  | 0                  |
| Telepharmacy (Community) | 2                  |
| <b>TOTAL</b>             | <b>43</b>          |



## Pharmacy Applications (Apr 1/2018 to May 31/2019)

|                            | <b>Apps Received</b> | <b>Apps Completed</b> |
|----------------------------|----------------------|-----------------------|
| Change of Direct Owner     | 95                   | 87                    |
| Change of Indirect Owner   | 303                  | 272                   |
| Change of Manager          | 527                  | 520                   |
| Change of Corporation Name | 89                   | 89                    |
| Change of Pharmacy Name    | 59                   | 54                    |
| Change of Location         | 29                   | 23                    |
| Change in Layout           | 50                   | 43                    |
| <b>TOTAL</b>               | <b>1152</b>          | <b>1088</b>           |



# Direct Owner Completed Ownership Requirements

Total Number of Direct Owners

874





# Proof of Eligibility (POE)

POE is required from the direct owners, indirect owners and the manager of a pharmacy who are 19 years or older when applying for:

- |                                  |
|----------------------------------|
| ✓ New Pharmacy Licence           |
| ✓ Pharmacy Licence Renewal       |
| ✓ Pharmacy Licence Reinstatement |
| ✓ Change of Direct Owner         |
| ✓ Change of Indirect Owner       |
| ✓ Change of Pharmacy Manager     |





# Eligibility Criteria For Direct/Indirect Owners & Managers

- Subject to a limitation imposed by the discipline committee that precludes him or her from being a direct owner, an indirect owner or a manager;
- Is or has been the subject of an order or a conviction for an information or billing contravention;
- Within the previous 6 years, has been convicted of an offence prescribed under the Pharmaceutical Services Act for the purposes of section 45 (1) (a) (ii) of that Act;
- **Within the previous 6 years, has been convicted of an offence under the Criminal Code (Canada), other than an offence to which the above paragraph applies;**
- Within the previous 6 years, has had a judgment entered against him or her in a court proceeding related to commercial or business activities that occurred in relation to the provision of (i) drugs or devices, or (ii) substances or related services within the meaning of the Pharmaceutical Services Act;
- **Within the previous 6 years, has had his or her registration suspended or cancelled**
- Within the previous 6 years, has had limits or conditions imposed on his or her practice of pharmacy as a result of disciplinary action.



## Proof of Eligibility

| Total Number of Attestations Received by May 31, 2019 | 6898  |
|---|-------|
| # of Managers   | 1424  |
| # of Indirect Owner                                   | 1472  |
| # of Unique Individuals                               | 2286* |

\*610 individuals are both managers and indirect owners  
i.e. 41.6% of indirect owners are also managers



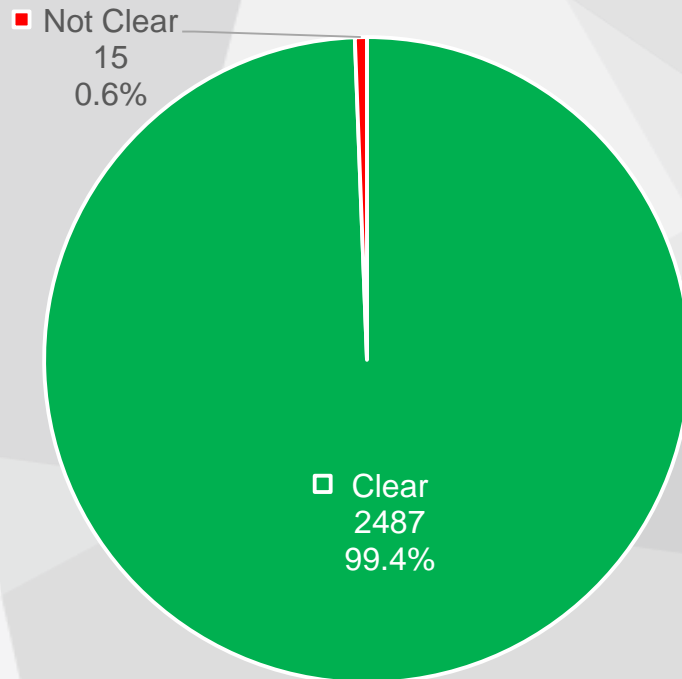


# Criminal Record History

Total Completed

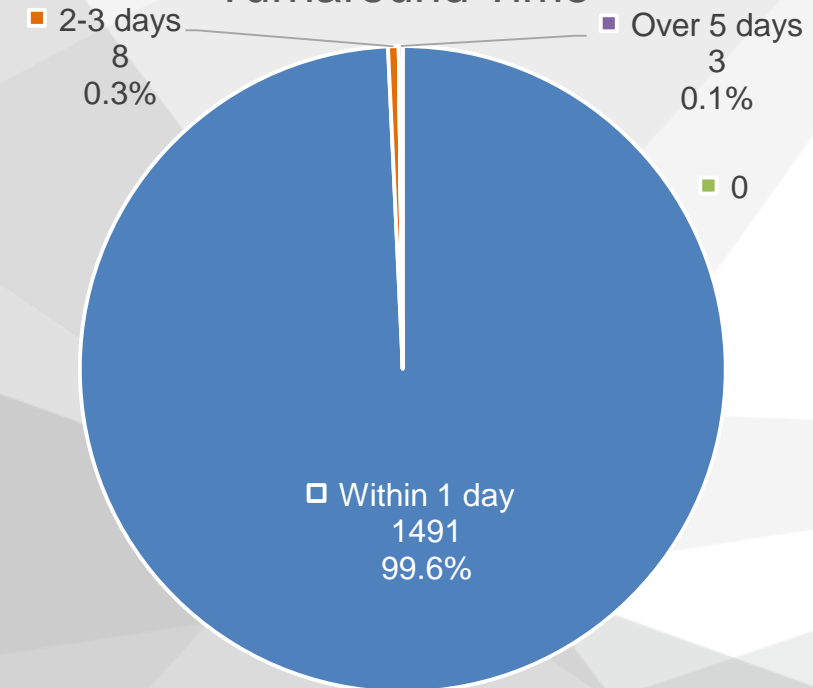
2502

CRH Result



■ Clear ■ Not Clear

Turnaround Time

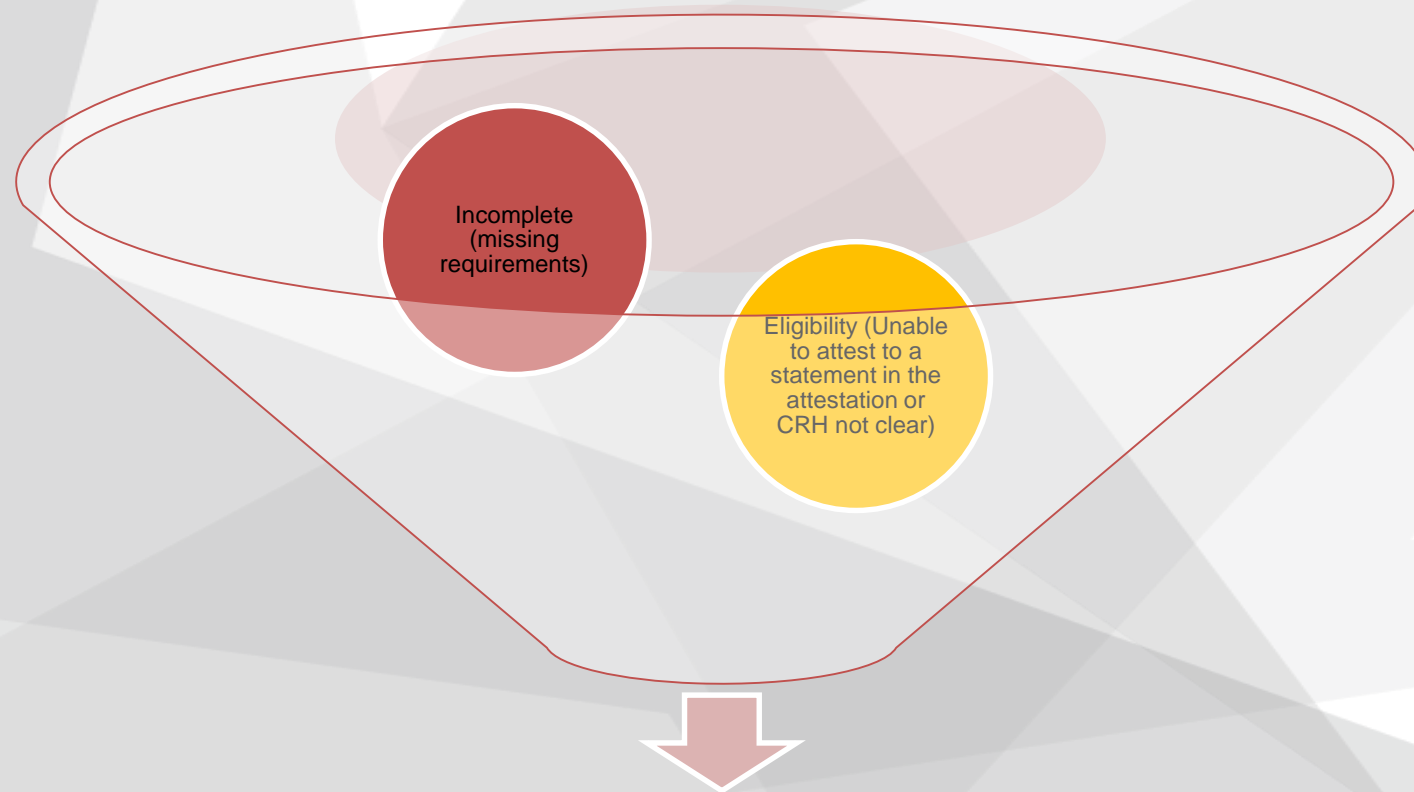


■ Within 1 day ■ 2-3 days ■ 4-5 days ■ Over 5 days



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# Application Committee (AC)

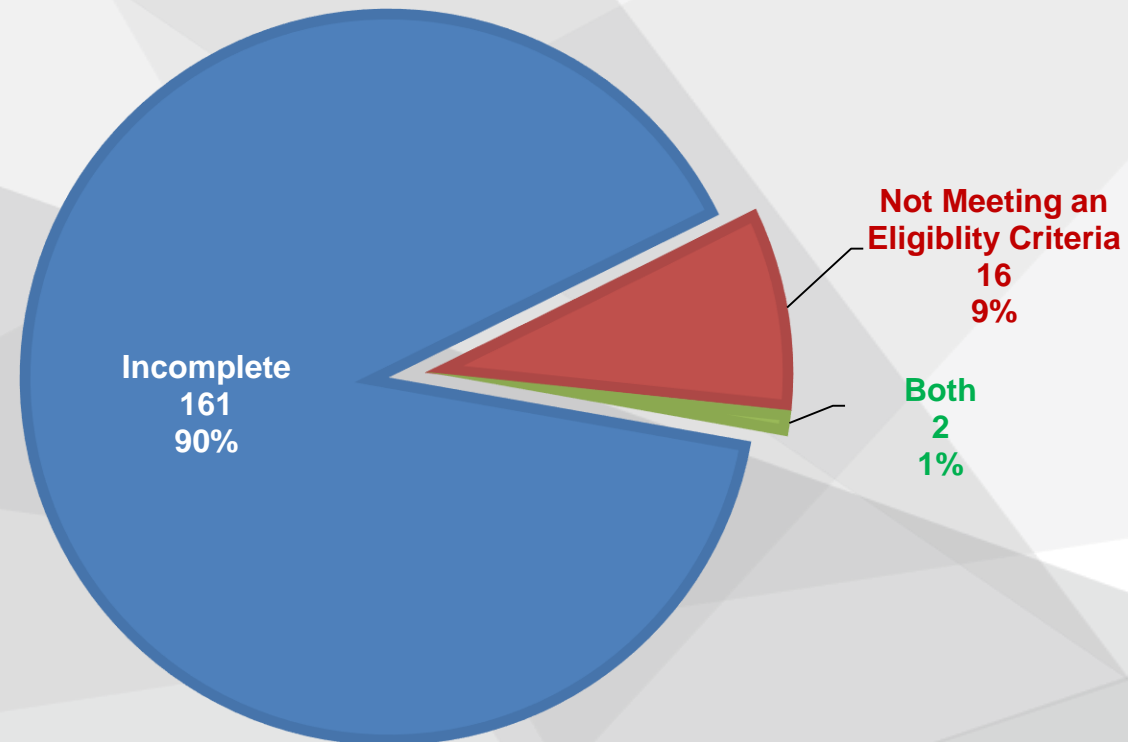


Application Committee



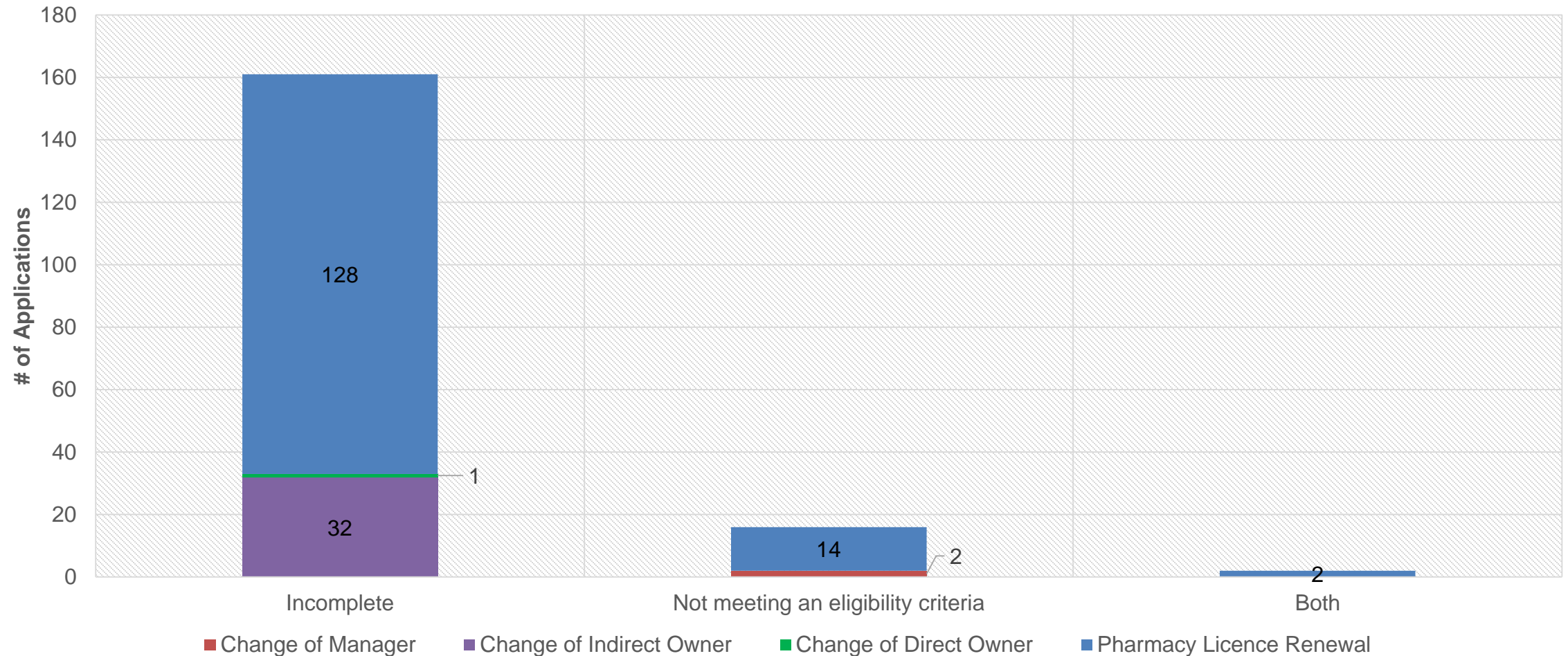
## AC Update (Apr 1/2018 to May 31/2019)

|                                       |            |
|---------------------------------------|------------|
| <b>Total Number of Meetings</b>       | <b>24</b>  |
| <b>Total Number of Cases Reviewed</b> | <b>179</b> |





## Reasons for AC Referral (Apr 1/2018 to May 31/2019)

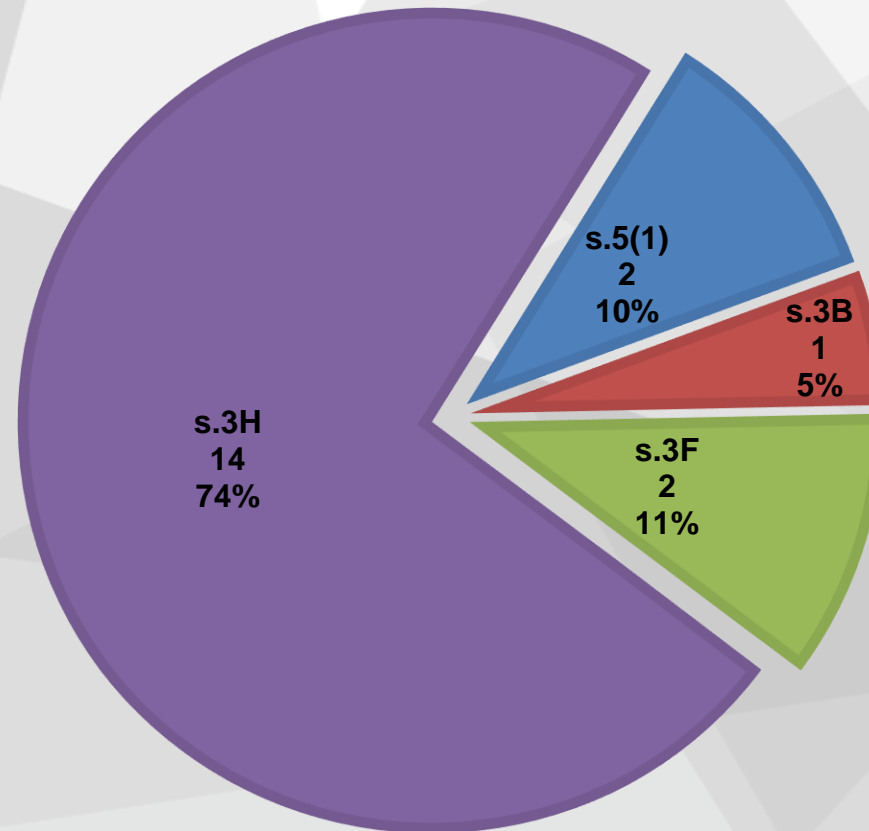




# AC Reviews – Eligibility Cases (Apr 1/2018 to May 31/2019)

Total Number of Eligibility-related Cases

18



- s.5(1) - Can prescribe
- s.3B - Had disciplinary action on pharmacy practice\*
- s.3F - Had a conviction\*
- s.3H - Had registration suspended/cancelled\*

\*within previous 6 years



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# Ownership Requirements: Post-Transition

*Pharmacy Operations and Drug Scheduling Act*



# Proof of Eligibility (POE)

POE is still required from the direct owners, indirect owners and the manager of a pharmacy who are 19 years or older when applying for:

- |                                  |
|----------------------------------|
| ✓ New Pharmacy Licence           |
| ✓ Pharmacy Licence Renewal       |
| ✓ Pharmacy Licence Reinstatement |
| ✓ Change of Direct Owner         |
| ✓ Change of Indirect Owner       |
| ✓ Change of Pharmacy Manager     |



DAY  
75

AUTHORIZED REPRESENTATIVE



AUTHORIZED REPRESENTATIVE RECEIVES PHARMACY LICENCE RENEWAL NOTICE BY EMAIL



AUTHORIZED REPRESENTATIVE SUBMITS OWNERSHIP INFORMATION AND LICENCE FEES (AND BUSINESS LICENCE)



AUTHORIZED REPRESENTATIVE RECEIVES NOTIFICATION WHEN PHARMACY LICENCE IS RENEWED (ALL REQUIREMENTS MET)

INDIRECT OWNER



EACH INDIRECT OWNER RECEIVES NOTIFICATION TO COMPLETE PROOF OF ELIGIBILITY



EACH INDIRECT OWNER COMPLETES ATTESTATION & CRIMINAL RECORD HISTORY\* ONLINE

MANAGER



MANAGER RECEIVES NOTIFICATION TO COMPLETE PROOF OF ELIGIBILITY



MANAGER COMPLETES ATTESTATION & CRIMINAL RECORD HISTORY\* ONLINE



MANAGER UPLOADS BUSINESS LICENCE (IF APPLICABLE)



MANAGER RECEIVES NOTIFICATION WHEN PHARMACY LICENCE IS RENEWED (ALL REQUIREMENTS MET)

DAY  
30  
DEADLINE TO  
SUBMIT ALL  
RENEWAL  
REQUIREMENTS

DAY  
0



PHARMACY  
LICENCE EXPIRES



WILL BE REFERRED TO THE APPLICATION COMMITTEE FOR REVIEW AND SUBJECT TO AN ADMINISTRATIVE FEE

\*To be completed once every 5 years






# Trustees

- Trustees are considered shareholders, and therefore are indirect owners
- Information will be collected in the post-transition period
- Must complete the Proof of Eligibility
- Communication sent to those pharmacies affected

## Pharmacy Ownership Requirements: Trusts & Trustees

Mar. 28, 2019 · NEW PHARMACY OWNERSHIP REQUIREMENTS



**PODSA**

### PHARMACY OWNERSHIP REQUIREMENTS: TRUSTS & TRUSTEES

Since the introduction of the new ownership requirements under the *Pharmacy Operations and Drug Scheduling Act* (PODSA), the College has been collecting information about Direct Owners and Indirect Owners (directors, officers and shareholders) as part of the annual pharmacy license renewal process.

Up until this point, information about trustees has not been collected, as trustees were not initially considered to be indirect owners and, as such, were not subject to the ownership requirements under PODSA.

#### TRUSTS & TRUSTEES

A trust is a relationship where one or more persons, known as *trustees*, hold property in trust for the benefit of certain persons, known as *beneficiaries*. In the case of corporate shares, the shares of the corporation would be issued to the trustee and the trustee would hold the shares subject to the terms of the trust.

If a trust holds shares in a direct owner or in a parent corporation of a subsidiary corporation in respect of a pharmacy that is incorporated in BC and not publicly traded, the trustee of the trust is the shareholder and is subject to the requirements for "indirect owners" under PODSA.

PRINT

SHARE

#### Related Resources

June is National Indigenous History Month  
[Read More](#)

Guest Post: Increased to Metadol-D and Gulo from BCCSU  
[Read More](#)

What We Heard: FNHA Health and Wellness S 2019  
[Read More](#)

Mental Health Stigma Healthcare Environme  
[Read More](#)

Reporting Requirement Medical Assistance in BC: Changes to Forms Prescription Protocol  
[Read More](#)

Pharmacy Ownership Requirements: Trusts & Trustees  
[Read More](#)

Guest Post: Research Participation Opportu Clinically Active Comm Pharmacists  
[Read More](#)

Registrar's Message: Homeopathic Product



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# Resources - Updated

The screenshot shows the website's navigation bar with links like 'Contact Us', 'eServices', and 'Find a Pharmacy or Registrant'. The main heading is 'Pharmacy Licence Renewals'. Below it, there's a sidebar with 'New Pharmacy' and 'Current Pharmacy' sections. The 'Current Pharmacy' section lists various renewal options: Pharmacy Renewal, Pharmacy Licence Renewal, Change of Direct Owner, Change of Indirect Owner, Change of Manager, Change of Authorized Representative (AR), Change of Corporate Name, Change of Operating Hours, Change in Location, Change in Layout, Change in Pharmacy Operational Information, and Pharmacy Closure. The main content area is titled 'PHARMACY LICENCE RENEWALS' and explains that all pharmacy licences must be renewed annually. It states that an email notification will be sent 75 days before the expiry date. A timeline diagram shows the process from Day 75 to Day 0, with a red circle indicating the 30-day deadline for submission. A 'Click to enlarge' link is provided. At the bottom, there's a section for 'Apply for Pharmacy Licence Renewal' with a link to the application form.

The screenshot shows the 'Pharmacy Licensure Guide' page. It features the College of Pharmacists of British Columbia logo and a heading 'PHARMACY LICENSURE CHECKLIST - PHARMACY LICENCE RENEWAL (POST-TRANSITION)'. The text states that the first group of pharmacies to complete the renewal requirements after the transition period are those with a pharmacy licence expiry date of June 30, 2019. An 'IMPORTANT' section lists key points: Pharmacy Licence Renewal Notice is sent 75 days before expiry; the AR is responsible for renewing the licence; if there are multiple ARs, they must determine responsibility; if the direct owner owns multiple pharmacies, they must renew them together; and users should review the eServices Tutorial section. A 'RENEWAL PROCESS OVERVIEW' section follows, which is a detailed timeline diagram showing the process from Day 75 to Day 0 for three roles: Authorized Representative, Indirect Owner, and Manager. The diagram includes steps like 'Submit Application', 'Pay Fee', and 'Receive Licence'. A red circle at Day 30 indicates the deadline for submission. A 'Click to enlarge' link is provided. At the bottom, there's a section for 'Apply for Pharmacy Licence Renewal' with a link to the application form.

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Licensure@bcpharmacists.org



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# Questions





## 9 b) Committee Updates

| Date              | # of Late Cases  | # of Eligibility Cases<br>(and eligibility issue) | <u>TOTAL</u> # of<br>Cases |
|-------------------|--|---|----------------------------|
| June 12, 2019     | 5  | 0   | 5                          |
| July 11, 2019     | 7  | 1<br>- registration<br>suspension/cancellation    | 8                          |
| August 8, 2019    | 3  | 1<br>- can prescribe drugs                        | 4                          |
| September 9, 2019 | 62<br>- 14 late renewals<br>- 47 late change IOs<br>- 1 false/misleading<br>info (renewal) | 1<br>- registration<br>suspension/cancellation    | 63                         |
| <b>TOTAL</b>      | <b>77</b>  | <b>3</b>  | <b>80</b>                  |

## BOARD MEETING September 13, 2019

### 10. Medical Delegation Request: Pro-Health Pharmacy

#### DECISION REQUIRED

#### Recommended Board Motion:

*Approve the delegation request to authorize pharmacists from Pro-Health to administer antipsychotic depot injections as well as intramuscular and subcutaneous injections, as delegated by Dr. Jacobus J.J. du Toit.*

#### Purpose

To seek Board approval of a Delegation of a Medical Act from Dr. du Toit to pharmacists from Pro-Health Pharmacy for the administration of depot injections.

#### Background

##### Delegation of a Medical Act

The College of Physicians and Surgeons of BC ("CPSBC") allows persons other than physicians to be entrusted with performing a medical act via a Delegation of a Medical Act. According to CPSBC guidelines, when a medical act that is outside the scope of practice of another discipline is delegated, the responsibility for that act is shared. The physician who delegates the act still has a responsibility to the patient, and the person who carries out the act must do so with care and diligence and is legally liable if negligent.

##### Approval Process for Delegating the Authority for Administering Injections of Drugs and Substances Other than for Immunization Purposes

Currently, the administration of injections, except for immunization, is beyond the scope of practice of B.C. pharmacists. Section 4(1)(c.1) of the *Pharmacists Regulation* under the *Health Professions Act* permits pharmacists to administer Schedule I, IA, or II drugs or substances by intradermal, intramuscular or subcutaneous injection. However, section 4.1 of *Pharmacists Regulation* also states that a pharmacist may perform injections only if the College of Pharmacists of BC ("CPBC") establishes the associated standards, limits, and conditions. At this time, the CPBC has only developed standards, limits and conditions about providing immunizations by injection. Therefore, for B.C. pharmacists to provide injections of drugs or substances other than for the purposes of immunizations, the existing Delegation of a Medical Act process between the CPSBC and CPBC must be followed at this time.

## Discussion

### **Board Approved Delegated Authority for Administering Antipsychotic Medications Injections from Dr. Almas to Pro-Health Pharmacy**

In November 2018, the CPBC Board approved the delegation from Dr. Almas for antipsychotic medications injection to pharmacists from Pro-Health Pharmacy in Chilliwack, B.C (Appendix 1). The antipsychotic medications approved include Aripiprazole, Paliperidone, Olanzapine, Haloperidol, Risperidone, Zuclopenthixol and Flupentixol. However, Dr. Almas is no longer able to carry out the delegation.

### **Approval of Delegating Administration of Injection Authority from Dr. du Toit to Pro-Health Pharmacy**

Dr. Jacobus du Toit, a family physician in a multidisciplinary clinic located in the same building as Pro-Health Pharmacy, requested approval to delegate his injection authority to pharmacists from Pro-Health Pharmacy (Appendix 2). The proposed delegation will be based on the same protocols and framework as the previous delegation under Dr. Almas. Pro-Health Pharmacy also submitted information regarding the proposed delegation (Appendix 3).

The key difference between the previous delegation under Dr. Almas and the one proposed under Dr. du Toit, is that the injections will be expanded to include intramuscular and subcutaneous injections of medications as prescribed by Dr. du Toit (see Appendix 2 for examples of medications). This is requested to allow pharmacists to administer injections that are typically completed at the clinic.

On May 7, 2019 the CPSBC Board approved the request from Dr. du Toit. As per the existing approval process between CPSBC and CPBC, the CPBC Board must also approve this delegation request for it to be effective.

## Recommendation

The Board approve the Delegation of a Medical Act from Dr. du Toit to pharmacists from Pro-Health Pharmacy to administer antipsychotic depot injections as well as intramuscular and subcutaneous injections as prescribed by Dr. du Toit.

| Appendix |  |
|----------|--|
| 1        | November 2018 Board Briefing Note                            |
| 2        | Letter of Support from Dr. du Toit Supporting the Delegation |
| 3        | Delegation Information Provided by Pro-Health Pharmacy       |



## Appendix 1

### BOARD MEETING November 23, 2018

#### 14. Pharmacists Providing Antipsychotic Depot Injections

#### DECISION REQUIRED

##### Recommended Board Motion:

*Approve the delegation request to authorize pharmacists from Pro-Health Pharmacy to administer antipsychotic depot injections.*

##### Purpose

To seek Board approval for a delegation of a medical act to authorize pharmacists from Pro-Health Pharmacy to administer antipsychotic depot injections.

##### Background

##### **Request to Delegate the Authority for Administering Depot Injections**

The College was recently approached regarding a request to delegate the authority to administer antipsychotic depot injections<sup>1</sup> from a medical practitioner to pharmacists from Pro-Health Pharmacy in Chilliwack B.C.

The aim of this request is to help address a gap in mental health care in the Chilliwack area. The requestor, Pharmacy Manager Christian Mitchell, has noted that Chilliwack's mental health services are over-capacity and not able to effectively address the demand for services. Added to this is the complexity of Chilliwack's changing population. Chilliwack's homeless population increased by 203% from 2014 to 2017, which was the largest increase in the Fraser Valley Regional District (FVRD) over that period<sup>2</sup>. During a 2017 homelessness survey in the FVRD, when asked to report on their health problems, almost half of the respondents in Chilliwack (46.3%) noted experiencing mental illness, but only 17.3% reported receiving treatment<sup>3</sup>. One of the conclusions from a report on that survey called for new ways of thinking of and providing treatment that can facilitate community integration<sup>4</sup>.

<sup>1</sup> In general terms, a depot injection is an injection, usually subcutaneous or intramuscular, of a drug that releases its active compound in a consistent way over a long period of time.

<sup>2</sup> <http://www.fvrd.ca/assets/Government/Documents/2017%20FVRD%20Homelessness%20Survey%20Report.pdf>

<sup>3</sup> <http://www.fvrd.ca/assets/Government/Documents/2017%20FVRD%20Homelessness%20Survey%20Report.pdf>

<sup>4</sup> <http://www.fvrd.ca/assets/Government/Documents/2017%20FVRD%20Homelessness%20Survey%20Report.pdf>



Pro-Health Pharmacy, a licensed community pharmacy, is located nearby Chilliwack General Hospital (CGH) and Chilliwack Mental Health and Substance Use Centre. Mr. Mitchell works closely with Dr. Naveed Almas, Head of Psychiatry for CGH and Chilliwack Mental Health. Mr. Mitchell and Dr. Almas believe that by authorizing pharmacists from Pro-Health Pharmacy to administer antipsychotic depot injections, via a Delegation of a Medical Act, they will be able to provide better mental health care in the Chilliwack area (see Appendix 1 for a letter from Dr. Almas on this issue).

The proposed delegation would involve administering the following medications via depot injection: Aripiprazole, Paliperidone, Olanzapine, Haloperidol, Risperidone, Zuclopenthixol and Flupentixol. Pharmacists will administer the injection in the pharmacy's private patient exam room. The pharmacists will also provide medication counselling and medication reviews when necessary and appropriate. These medication reviews will be transmitted to Chilliwack Mental Health for collaboration with a psychiatrist and the nursing team. This will allow the pharmacists to work in collaboration with Chilliwack Mental Health.

Initially, Mr. Mitchell will be the only pharmacist providing depot injections, and he is authorized by the CPBC to administer injections. The number of pharmacists administering depot injections under this delegation is expected to increase. Pharmacists employed by Pro-Health Pharmacy will be selected to administer these injections based on their clinical inclination, injection certification with the College, and competency with depot administration. Pro-Health Pharmacy will ensure that any pharmacists selected undergo training and supervision with Dr. Almas. Pharmacists will need demonstrate a minimum of 10 successful injections under direct supervision of Dr. Almas to be listed as a delegate.

#### **Approval Process for Delegating the Authority for Administering Depot Injections**

Currently, the administration of depot injections for antipsychotic medications is beyond the scope of practice of B.C. pharmacists. Section 4(1)(c.1) of the "Pharmacists Regulation" under the *Health Professions Act* permits pharmacists to administer Schedule I, IA, or II drugs or substances by intradermal, intramuscular or subcutaneous injection. However, section 4.1 of that regulation states that a pharmacist may only perform injections of drugs or substances if associated standards, limits, and conditions have been established for them. At this time, the CPBC has only developed standards, limits and conditions about providing immunizations by injection. The College's Drug Administration Committee is exploring amending these standards, limits and conditions to broaden the types of drugs that may be administered by injection.

Pharmacists involved in the above-noted request will be permitted to administer depot injections via a Delegation of a Medical Act by the College of Physicians and Surgeons of B.C. (CPSBC). The CPSBC allows persons other than physicians to be entrusted with performing a medical act, in certain circumstances. According to CPSBC guidelines, when a medical act that is outside the accepted scope of practice of another discipline is delegated, the responsibility for that act is shared. The physician who delegates the act still has a responsibility to the patient,



and the person who carries out the act must do so with care and diligence and is legally liable if negligent.

In order to finalize this delegation, the Boards of both Colleges involved need to approve it. The CPSBC notified Dr. Almas that his request for delegation was approved on October 19, 2018 (see Appendix 2 for a copy of CPSBC letter confirming approval of the delegation). The final step of the approval process is for the CPBC Board to consider approval of the initiative.

## **Recommendation**

The Registrar recommends that the Board approve the delegation of a medical act to allow pharmacists from Pro-Health Pharmacy to administer antipsychotic depot injections, for the following reasons:

- The healthcare professionals involved in the initiative will be able to provide needed health care in the Chilliwack area, with appropriate patient safeguards in place (e.g., injection certification, training and supervision).
- The initiative may help inform future amendments to pharmacists' scope of practice with respect to injection authorities.
- Corresponds with the October 5, 2018 CPSBC approval of the initiative.

| <b>Appendix</b> |  |
|-----------------|--|
| 1               | Letter from Dr. Almas Requesting Approval of the Delegation              |
| 2               | October 19, 2018 Letter from CPSBC Confirming Approval of the Delegation |

# Dr. JJJ Du Toit

8999 School Street, Chilliwack, BC, V2P 4L5 Fax: 604-402-1931 Phone: 604-402-1930

To whom it may concern,

My Name is Dr. Jacobus du Toit and I am a Physician in Chilliwack. I work in a multidisciplinary clinic with Christian Mitchell a clinical pharmacist. Our Clinic is located one block from Chilliwack General Hospital and Chilliwack Mental Health. My colleague Dr. Naveed Almas is working in collaboration with Pro-Health Pharmacy to help improve mental health services in our community, however due to extenuating circumstances he is not able to continue in the role of delegating injections of depot antipsychotic injections.

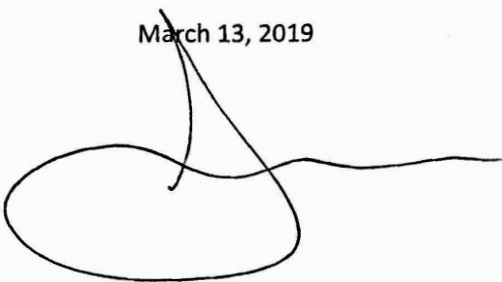
Dr. Almas has asked me to take his place in this initiative through the medical delegation act. Based on protocols and framework established with Dr. Almas and Pro-Health pharmacy I wish to partner with the Pro-Health Pharmacy team through the delegation of a Medical Act to Administer depot antipsychotics injections. The Pro-Health Pharmacy team and myself will be in regular contact with Dr. Almas and the Chilliwack Mental Health team to ensure utmost safety and efficacy of the injections.

I see a great value of having the pharmacists at Pro-Health Pharmacy administer injections and I would also like to expand the delegation from antipsychotic injections to include typical office injections for both intramuscularly and subcutaneous injections. These will include but are not limited to depot birth control, methotrexate, Prolia, Aranesp, vitamin B12. I will ensure training and supervision of these injections to ensure utmost safety.

Thank-you,

Dr. Jacobus Du Toit

March 13, 2019

A handwritten signature in black ink, consisting of a large, stylized loop followed by a horizontal line extending to the right.

## Appendix 3

**Background:** Chilliwack has an increasing mental health and homeless problem. In May 2017, our official homeless count was 221. However, over the past year it is estimated through our homeless housing initiative to be closer to 350 homeless. This number puts a huge strain on our local walk-in clinics and hospital services. Even without counting our homeless population our mental-health services are over capacity and unable to keep up. Pro-Health Pharmacy is situated a couple blocks from the Chilliwack General Hospital and Chilliwack Mental Health which is an ideal location for collaboration with depot antipsychotic medication administration.

**Pharmacist Information:** My name is Christian Mitchell and I am a clinical pharmacist. Previously I have worked at Chilliwack General Hospital, Abbotsford Regional Hospital and the BC Cancer Agency. Currently I work in a multidisciplinary clinic with a family physician, Dr. JJJ Du Toit, and a registered nurse. I am heavily involved in the Chilliwack community and deliver medications to low income housing and the local homeless shelters.

**Physician Stakeholder Information:** I work closely with Dr. Almas who is the head of psychiatry at Chilliwack General Hospital. We believe that by expanding the scope of the clinical pharmacists at Pro-Health Pharmacy to include administering depot-injections we will be able to provide better mental health care in the Chilliwack Area. Currently Chilliwack Mental Health and the Transition Outreach Team are at capacity. By allowing an injection-certified clinical pharmacist to provide depot-injections in our private counselling room, we will be increase access to mental health resources.

Due to political reasons with Fraser Health and Dr. Almas not having a private practice, he is not able to support me through the Delegation of a Medical Act. However, Dr. Almas and the mental health community see this as a valuable service. In order to support this need in our community, Pro-Health Pharmacy is partnering with Dr. Du Toit to provide this service. Dr. Almas is in support of this delegation and will be actively involved in a consultative capacity. Please see the attached approved Delegation request for Dr. JJJ Du Toit from the College of Physicians and Surgeons.

**Pharmacist Qualifications:** All Pharmacists at Pro-Health Pharmacy to whom the Medical Act is to be delegated will have training in Immunization, anti-psychotic depo injections, intramuscular, and subcutaneous injections as per the current College of Pharmacy regulations.

**Protocol for administration of antipsychotic depo injections:** The Pharmacist of Pro-Health Pharmacy will administer the injection in the private patient exam room. The pharmacist will also provide medication counselling and medication reviews when necessary and appropriate. These medication reviews will be transmitted to Chilliwack Mental Health for collaboration with a psychiatrist and the nursing team. This will allow us to work in collaboration with Chilliwack mental health through referrals and drug therapy suggestions.

At first, Christian Mitchell will be the pharmacist providing depot injections. We plan to expand the delegation to other pharmacists on the Pro-Health Pharmacy team. We will select

## Appendix 3

pharmacists employed by Pro-Health Pharmacy who are clinically inclined, injection certified and competent with depot administration. We will ensure that the pharmacist will undergo training and supervision with Dr. Du Toit. Pharmacists must demonstrate a minimum of 10 successful injections under direct supervision of Dr. Du Toit to be listed as a delegate.

The following Depot Antipsychotic Injections plan to be administered:

- Aripiprazole
- Flupentixol
- Haloperidol
- Olanzapine
- Paliperidone
- Risperidone
- Zuclopenthixol

We have an onsite reference with the following: MOA, Dose, Route, Interactions, Side Effects.

### **Protocol for administration of intramuscular injections:**

The following intramuscular injections include but are not limited to:

- Fulvestrant
- Methotrexate
- Testosterone
- Vitamin B12

At first, Christian Mitchell will be the pharmacist providing intramuscular injections.

We plan to expand the delegation to other pharmacists on the Pro-Health Pharmacy team.

We will select pharmacists employed by Pro-Health Pharmacy who are clinically inclined, injection certified and competent with depot administration. We will ensure that the pharmacist will undergo training and supervision with Dr. Du Toit. Pharmacists must demonstrate a minimum of 10 successful intramuscular injections under direct supervision of Dr. Du Toit to be listed as a delegate.

### **Protocol for administration of subcutaneous injections:**

The following subcutaneous injections include but are not limited to:

- Allergy shots
- Dalteparin
- Darbepoetin
- Denosumab
- Enoxaparin
- Insulin
- Methotrexate

## **Appendix 3**

At first, Christian Mitchell will be the pharmacist providing subcutaneous injections. We plan to expand the delegation to other pharmacists on the Pro-Health Pharmacy team. We will select pharmacists employed by Pro-Health Pharmacy who are clinically inclined, injection certified and competent with depot administration. We will ensure that the pharmacist will undergo training and supervision with Dr. Du Toit. Pharmacists must demonstrate a minimum of 10 successful subcutaneous injections under direct supervision of Dr. Du Toit to be listed as a delegate.



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## 10. Medical Delegation Request: Pro-Health Pharmacy

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**Bob Nakagawa**

Registrar



# Background

- The “Pharmacists Regulation” under the HPA allows pharmacists to administer a Schedule 1, 1A or 2 drugs or substances by intradermal, intramuscular or subcutaneous injection or intranasally.
- That regulation also states that a pharmacist may only perform those activities if associated standards, limits, and conditions have been established for them.
- At this time, the CPBC has only established standards, limits and conditions about providing immunizations by injection or intranasal route.



## Background, continued

- Pharmacists may be permitted to administer other drugs and substances by injection via a Delegation of a Medical Act by the CPSBC.
- Key aspects of a Delegation of a Medical Act are:
  - Requires approval by the Boards of both Colleges involved.
  - The responsibility for the act is shared.
  - The physician who delegates the act still has a responsibility to the patient, and the person who carries out the act must do so with care and diligence and is legally liable if negligent.





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# Previously Approved Delegation Request

November 2018 Board Meeting

- Approved a medical delegation from Dr. Naveed Almas to pharmacists from Pro-Health Pharmacy in Chilliwack.
- Authority was delegated to administer antipsychotic depot injections.



# New Delegation Request

- Dr. Almas is no longer able to carry out the delegation.
- A recent request was received to authorize a medical delegation from Dr. Jacobus J.J. du Toit, a family physician in a multidisciplinary clinic, to pharmacists from Pro-Health Pharmacy.
- The new proposed delegation is based on the same protocols and framework as the Dr. Almas delegation.
- The new proposed delegation is larger: injection authority would be expanded to include intramuscular and subcutaneous injections of medications typically prescribed in Dr. du Toit's clinic.



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# Approval Process

- The CPSBC approved this delegation in May 2019.
- The final step of the approval process is for the CPBC Board to consider approval of the request.



## 10. Medical Delegation Request: Pro-Health Pharmacy

### **MOTION:**

Approve the delegation request to authorize pharmacists from Pro-Health to administer antipsychotic depot injections as well as intramuscular and subcutaneous injections, as delegated by Dr. Jacobus J.J. du Toit.

## BOARD MEETING September 13, 2019

|   |
|---|
| <b>11. Audit and Finance Committee</b><br><b>b) Strategic Plan 2020/2021 to 2024/2025 Budget Implications</b> |
|---|

### DECISION REQUIRED

#### Recommended Board Motion:

*Direct the Registrar to consider the multi-year plan scenario #2, Appendix #4 when drafting the 2020/21 College Budget.*

#### Purpose

To present the revised draft of the 2020/2021 to 2024/2025 Strategic Plan and related budget implications.

#### Background

At their June 2018 meeting, the Board approved draft goals and objectives (which included some action items) for the next Strategic Plan, in principle. Since then, the College's Management Team have further reviewed the draft goals and objectives to develop specific action items for each objective and to identify potential budget implications. In doing so, the Management Team considered factors such as: the timing of activities (e.g., some action items are dependent on the completion of others); workload implications; and, whether or not the activity is within the mandate and scope of the College.

Resulting from this review, some changes were made to the previously presented draft Strategic Plan. These changes include adjusting/re-ordering actions items in order to take advantage of work being done under other objectives or to create efficiencies. Also, some action items were removed to be combined with other steps or if they were not within the College's mandate or if they will be completed prior to March 2020.

## Budget Implications

Consideration has been given to the resources required to fulfill the objectives listed under each goal. For most goals, the incremental (over and above normal operating) costs are fairly minimal. However, for Goal One, it was identified that in order to achieve this goal, there will be additional legal and consulting costs along with the need for one full time equivalent staff.

The table below includes costing for each goal in the draft plan.

|   | 2020/21   | 2021/22   | 2022/23   | 2023/24   | 2024/25   | Total       |
|---|-----------|-----------|-----------|-----------|-----------|-------------|
| <b>Goal One: The public is given evidence-informed, patient-centred, team based care.</b>   |           |           |           |           |           |             |
|   | \$144,693 | \$197,941 | \$219,881 | \$181,758 | \$178,573 | \$922,846   |
| <b>Goal Two: To enable practice innovation through regulation that enhances health and wellness of the public and ensures patient safety.</b>                             |           |           |           |           |           |             |
|   | -         | \$21,750  | -         | -         | -         | \$21,750    |
| <b>Goal Three: To have the public and health professionals see pharmacy professionals as valuable resources who are acting first and foremost in the public interest.</b> |           |           |           |           |           |             |
|   | -         | \$34,250  | \$41,500  | \$30,000  | -         | \$105,750   |
| <b>To have strong, collaborative engagement with all health care providers to advance patient-centred, interdisciplinary care.</b>  |           |           |           |           |           |             |
|   | -         | -         | -         | -         | -         | -           |
|   |           |           |           |           |           |             |
| <b>Total</b>  | \$144,693 | \$253,941 | \$261,381 | \$211,758 | \$178,573 | \$1,050,346 |

The above-noted costs have been factored into the multi-year budget plan format to assess the impact over time and the fee increases required to support them. These additional costs have been added to the 2019/2020 approved budget multi-year plan in order to assess the impact to the College's Reserves.

The Audit and Finance Committee (AFC) met to review several options, including partially funding the Strategic Plan for the first years, and is recommending Scenario #2, Appendix #4 to be considered as the goal when developing next year's budget and multi-year plan. The AFC believes that it is important to fully fund the Strategic Plan. The budget options being brought forward are solely for providing guidance to College staff while preparing the 2020/21 budget.

One concern of the AFC was that the Reserves not get too low, so that the College has the resources to address unexpected expenditures.

The Board will review and approve the 2020/21 budget and draft multi-year budget at the February 2020 Board Meeting.

## Recommendation

The Audit and Finance Committee recommends that Scenario #2, Appendix #4 be considered when planning the 2020/21 College budget.

| Appendix |  |
|----------|--|
| 1        | Strategic Plan 2020/2021 to 2024/2025                |
| 2        | Strategic Plan – Approved in Principle June 14, 2019 |
| 3        | Strategic Plan – Multi-year Budget Plan #1           |
| 4        | Strategic Plan – Multi-year Budget Plan #2           |

# 2020/21 - 2024/25 Strategic Plan

**Vision** - Better health through excellence in pharmacy

**Mission** – The College of Pharmacists regulates the pharmacy profession in the public interest. We set and enforce standards and promote best practices for the delivery of pharmacy care in British Columbia.

## Goal One

**The public is given evidence-informed, patient-centred, team based care.**

Standards of Practice under the *Health Professions Act* will be reviewed and modernized to support the best evidence-informed care, enabling practice innovation while ensuring safety based on the principles of [Right Touch Regulation](#). Modernized Standards will also reflect patient-centred care, which involves people feeling respected, and equitable care that includes cultural safety and humility, and respect of economic status and social justice, in addition to appropriate inclusion of the family. Team-based care and collaboration will also be supported throughout by designing Standards to be applicable to any environment where pharmacy services may be provided.

The College will also draw on insights from complaint outcomes, practice reviews, medication errors, and other emerging best practices and research to ensure pharmacy practice regulation in BC enables the public to receive safe, evidence-informed, patient-centred, care.

| Objectives  | Actions   | Considerations  |
|---|---|---|
| To develop a plan to support the provision of evidence-informed, patient-centred, team-based care that includes cultural safety and humility. | <ul style="list-style-type: none"><li>• Modernize the Standards of Practice to support this objective.</li><li>• Enhance practice reviews to include a focus area that reflects this objective.</li><li>• Enhance Medication Error Reporting.</li></ul> | <ul style="list-style-type: none"><li>• Modernizing the Standards of Practice links to other Strategic Goals.</li></ul> |

## Goal Two

**To enable practice innovation through regulation that enhances the health and wellness of the public and ensures patient safety.**

Inherent in this goal is consideration of Right Touch Regulation that supports innovation, is flexible and enables professionals to focus on the health and wellness of the public. Patient safety includes the commitment to cultural safety and humility, the provision of care and services that respect economic status and social justice, as well as technical safety and workload that enable safe practices.



To realize this goal, the College will need to stay current with emerging practice and health-technology innovation and patient expectations to identify where changes to regulation may be needed to enable advancements in patient care or address new risks.

| Objectives  | Actions  | Considerations  |
|---|--|---|
| Establish a transparent and accessible innovation strategy that will ensure the future safety, health and wellness of the public. | <ul style="list-style-type: none"> <li>• Develop a regulatory approach to practice innovation.</li> <li>• Engage the public and registrants on practice innovation.</li> </ul> | <ul style="list-style-type: none"> <li>• This links to the Standards of Practice work in Goal One.</li> <li>• Develop a transparent framework for engagement.</li> <li>• Consider innovations on a case by case basis</li> <li>• Consider applicability to other health regulators</li> </ul> |

## Goal Three

**To have the public and health professionals value pharmacy professionals, and trust that they are acting first and foremost in the public interest.**

With increasing collaboration and a focus on patient centered care, it is important that pharmacy professionals are trusted as a valuable resource within the health system by members of the public and other health professionals. Patients especially need to know that they can trust pharmacy professionals to uphold high ethical standards and understand how they can contribute to their health and wellness. This also empowers patients to identify if the care provided does not meet standards, and work with the College to resolve practice issues.

| Objectives  | Actions   | Considerations   |
|---|---|--|
| To communicate what the public and health professionals can expect from pharmacy professionals. | <ul style="list-style-type: none"> <li>• Establish a baseline assessment of public trust and expectations.</li> <li>• Develop a Patient Bill of Rights to effectively communicate expectations and strengthen trust.</li> <li>• Develop a communications strategy to help other healthcare providers understand how they can collaborate with pharmacy</li> </ul> | <ul style="list-style-type: none"> <li>• To use in developing research questions for baseline assessment.</li> <li>• Linked to the Patient Bill of Rights.</li> <li>• Assess barriers, benefits; engage through existing working groups, committees, etc.</li> <li>• Patient Bill of Rights and CPBC signage.</li> </ul> |

|  | <p>professionals on patient care.</p> <ul style="list-style-type: none"> <li>• Collaborate with Health Regulators on effective interdisciplinary communication</li> </ul>   |  |
|--|---|--|
| Goal Four  |   |  |
| <p><b>To have strong, collaborative engagement with all health care providers to advance patient-centred, interdisciplinary care.</b></p> <p>Collaboration and engagement with all health care providers is needed to support safe patient-centered care. The College needs to play an important role in furthering collaboration between health care providers by working closely with other health regulators and identifying opportunities to better support interdisciplinary practice innovation and team-based care. The role of collaboration in advancing patient care will also be reflected through work to modernize our Standards of Practice (Goal One), establish a new approach to practice innovation (Goal 2) and the development of a Patient Bill of Rights (Goal Three).</p> |   |  |
| Objectives   | Actions   | Considerations   |
| Enhance patient health and wellness through collaborative engagement with all healthcare providers.  | <ul style="list-style-type: none"> <li>• Demonstrate existing front-line collaboration across healthcare providers.</li> <li>• Develop a statement on regulation of Pharmacy Practice in interdisciplinary care.</li> <li>• Develop a proposal to the Ministry of Health for complete access to PharmaNet and medication profiles for all healthcare providers involved in any aspect of drug therapy provision.</li> </ul> | <ul style="list-style-type: none"> <li>• Links to Standards of Practice (Goal One) and Patient Bill of Rights (Goal Three).</li> <li>• To enhance clarity for public, patients, registrants and other healthcare providers. Links to Standards of Practice (Goal One) and Patient Bill of Rights (Goal Three).</li> <li>• Collaborate with other health professions. Engage with other healthcare professionals and the public.</li> </ul> |



College of Pharmacists  
of British Columbia

*REVISED Strategic Plan  
Version Two – Revision One*

Karen Graham  
Panacea Canada Inc.  
May 27, 2019  
May 29, 2019  
May 31, 2019

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## Preamble

The CPBC Board and senior management developed a series of draft goals at a two-day strategic planning retreat in April.

Integral to the discussions at the retreat was the Harry Cayton Report to the Ministry of Health which was released on April 11, 2019. Since then staff has had the opportunity to review the report in more detail and has gathered information from other Health Regulators.

The management team reviewed all of this information and held a one-day strategic planning session with our facilitator, Karen Graham, on May 24, 2019. At this session management reviewed the Strategic Plan draft goals and created draft objectives for presentation to the Board.

The draft objectives considered the Cayton Report and paid particular attention to the concepts of “patient safety”, “public health and wellness” and “right touch” regulation.

Management also considered discussions at the Board strategic planning retreat around what should be included in “patient safety”. These discussions are included in the *CPBC April 2019 Strategic Planning Retreat DRAFT Report*. Topics highlighted in our discussions included:

- Pharmacy care that is: ethical, equitable, inclusive, socially just, respectful, and safe, including culturally safe
- Commitment to cultural humility as a path to cultural safety
- Provision of care and services that respect economic status and social justice
- People feeling respected (not judged) by pharmacy care professionals
- Inclusive care: inclusive of patient, family, health care team, public
- Workload that enables safe practices such as:
  - Safe use of medication: providing education, information, and communication to end user to ensure safe use
  - Technical safety: safe dispensing practices that minimize risk of medication error
- Emphasis on evidence-based, patient-centered, interdisciplinary care
- “Pharmacy Care Provider” in place of “Pharmacy Professional” to avoid perception of power imbalance inherent in “Professional”

## Next Steps

|                         |   |
|-------------------------|---|
| June Board Meeting      | Draft Strategic Plan for Board approval in principle  |
| July Management Retreat | Map the plan over 5 years<br>Develop action plans for the objectives<br>Identify other information needed in order to cost the strategic plan |
| July and August         | Cost the plan<br>Consider staff, consultants, legal and other resources   |
| September Board Meeting | Present costed strategic plan<br>Entertain final revisions  |
| November Board Meeting  | Adopt Final Strategic Plan to wild applause and general adulation....   |

## Strategic Goals and Objectives Overview

### Possible Overarching Theme: Evidence-Based, Patient-Centred, Interdisciplinary Care

Strategic goals and associated objectives have been re-ordered to reflect level of complexity as determined at the Management Staff Planning Session discussions.

#### Strategic Goal One: The public is given evidence-based, patient-centred, interdisciplinary care.

Objective 1.1 To ensure evidence-based, patient-centred, interdisciplinary care, rework the Standards of Practice to advance the quality of patient care and reflect contemporary pharmacy practice.

Objective 1.2 To develop an approach to support the provision of evidence-based, patient-centred, interdisciplinary care.

#### Strategic Goal Two: To enable practice innovation through regulation that enhances health and wellness of the public and ensures patient safety.

Objective 2.1: Ensure patient safety and public health and wellness by implementing a transparent plan that engages the public in identifying practice innovations and determining the College's role

#### Strategic Goal Three: To have the public and health professionals trust and value pharmacy professionals.

Objective 3.1 To build awareness of what the public and health care professionals can expect from pharmacy professionals.

#### Strategic Goal Four: To have strong, collaborative engagement with all health professions to advance patient-centred, interdisciplinary care.

Objective 4.1 Enhance patient health and wellness by developing a proposal for complete access to Pharmanet and/or Medication Profiles for all health professionals involved in any aspect of drug therapy provision.

## Possible Considerations and Action Steps

For each of the Strategic Goals, a series of Possible Considerations and Action Steps are proposed. These have been assimilated from the April 12-13, 2019 Board Retreat and the May 24, 2019 Management Team Planning Session.

### Strategic Goal One

**The public is given evidence-based, patient-centred, interdisciplinary care.**

**Objective 1.1 To ensure evidence-based, patient-centred, interdisciplinary care, rework the Standards of Practice to advance the quality of patient care and reflect contemporary pharmacy practice.**

#### *Possible Considerations (Assimilated from the Board Retreat and the Management Planning Session)*

Create a Set of Common Standards regardless of practice site that are practice agnostic, i.e. applicable to all practice sites across the care continuum, including innovative practices that don't "fit" in more traditional practice sites

- ▶ Characteristics of revised standards:
  - Plain language, public-friendly
  - Hierarchy that reflects impact on patient safety and public health and wellness
  - Principle-based
  - Right Touch Regulation:
    - Clear, flexible, easily adaptable, fluid
    - Permissive, enabling
    - Minimize red tape, technical requirements
    - Remove fear of punishments, fear of audits
- ▶ In light of impending HPA modernization, CPBC has an opportunity to lead in Standards of Practice modernization
- ▶ Pharmacy Professionals will:
  - Be enabled to practice full scope
  - Have time they need to do what benefits the public
  - Be empowered to use professional judgement

#### *Possible Action Steps (from the Management Planning Session)*

1. Complete an environment scan to identify what's missing
2. Evaluate existing standards to assess whether they already enable evidence-based, patient centred, interdisciplinary care
3. Rank the standards in priority, for example:
  - ▶ Standards that will have highest impact on patient safety and public health and wellness
  - ▶ Standards that have recently been revised
  - ▶ Standards that can be deleted
4. Link this objective to other goals, for example: Goal Four: To have evidence-based, patient-centred, interdisciplinary care through strong, collaborative engagement with all health professionals.

**Objective 1.2 To develop an approach to support the provision of evidence-based, patient-centred, interdisciplinary care.**

***Possible Considerations (Assimilated from the Board Retreat and the Management Planning Session)***

- This objective is intended to address the relationship between the individual and their pharmacy care providers.
- Registrants to provide care that respects what the patient wants including other treatments and approaches, for example Indigenous Health Practices, Traditional Chinese Medicine
  - Note that these other treatments and approaches are regulated by their own organizations
- Consider “safety” as defined in the preamble
- Patient care to include the patient’s circle of care
- Every pharmacy care professional in every practice site is able to meet the same standard of care. This is predicated on:
  - Workload that enables safe, evidence-based pharmacy practices
  - Work environments that enable safe dispensing practices and minimise risk of medication error

***Possible Action Steps (from the Board Retreat and Management Planning Session)***

1. Enhance practice reviews to include a focus area that reflects this objective:
  - a. Identify trends, evaluate and monitor progress in this focus area
2. Enhance Medication Error reporting
3. Develop tool kit for evidence-based practice that includes for example:
  - a. Available CE to support evidence-based activities, for example literature reviews
  - b. Guidelines for Pharmacy Managers
4. Identify safe work environment training opportunities for managers
  - a. Clarify CPBC’s role versus that of Employment Standards or WorkSafe BC and working with these other agencies as needed



## Strategic Goal Two

To enable practice innovation through regulation that enhances health and wellness of the public and ensures patient safety.

**Objective 2.1: Ensure patient safety and public health and wellness by implementing a transparent plan that engages the public in identifying practice innovations and determining the College's role.**

### *Possible Considerations (Assimilated from the Board Retreat and the Management Planning Session)*

- ▶ Focus first on the public's view of innovations, barriers and solutions
- ▶ Enable practice innovation that enhances patient safety and/or public health and wellness:
  - Consider safety net, risk assessment approach, start with innovations with greatest potential for risk
  - Use the lens of Standards of Practice
  - Consider avenues that don't require a bylaw change, e.g. tools, information, resources etc.
- ▶ This goal includes requirements for:
  - Ensuring dispensing of product, information and advice to the public and patients that is accurate, safe, timely and confidential
  - Confidential environments in which patients interact with pharmacists
  - Ensuring that pharmacies and pharmacy professionals have the required resources to provide care that the public need
- ▶ Right touch regulation that supports industry innovation:
  - is flexible
  - ensures patients have access to the care they want
  - enables enhanced pharmacy professionals' focus on health and wellness
  - removes or avoids barriers to pharmacy professionals practising to full scope of practice

### *Possible Action Steps (from the Management Planning Session)*

1. Define practice innovation
2. Clarify the scope of the College's role as regulator
3. Establish a public advisory group to identify innovative pharmacy practices of public interest
  - a. Create mechanisms for public to engage with CPBC to inform decisions/changes on innovation
4. Review regulations to identify barriers or ways in which innovation is disabled
5. Engage registrants in
  - a. Development of solutions
  - b. Considering the impact of innovation on staffing and resources and vice versa
6. Implement a collaboration plan that:
  - a. Enables interdisciplinary collaboration at the practice level
  - b. Engages Public Interest Groups, Health Profession Regulators, and relevant Industry Associations
7. Establish a process for staying current on emerging practice innovation and associated regulatory implications.
8. Output will include tools, communications etc.

## Strategic Goal Three

To have the public and health professionals trust and value pharmacy professionals.

**Objective 3.1** To build awareness of what the public and health care professionals can expect from pharmacy professionals.

### *Possible Considerations (Assimilated from the Board Retreat and the Management Planning Session)*

Trust is built on personal contact between pharmacy professionals and:

1. Patients,
2. The public, and
3. Other health professionals

### *Possible Action Steps (from the Board Retreat and Management Planning Session)*

1. Undertake baseline assessments of the public and other health professions to measure:
  - a. Existing level of trust
  - b. Degree of understanding of pharmacy professionals' roles
2. Implement a patient awareness plan to enhance public understanding of what pharmacy professionals should be doing. Tools might include:
  - a. Patient Bill of Rights: What you can expect from pharmacy professionals
  - b. CPBC signage visible to patients and the public in all practice sites
3. Implement an awareness plan to enhance public understanding of CPBC's role
  - a. licensure requirements, complaints process etc.
4. Implement an awareness plan to enhance health professions' understanding of pharmacy professionals' roles
  - a. What you can expect from pharmacy professionals as drug therapy experts
  - b. Communicate pharmacy professionals' education, training and licensure requirements that position them as drug therapy experts
5. Collaborate with other Health Professions Regulators to encourage effective interdisciplinary collaboration in front line practice
  - a. Establish a working group
  - b. Create a patient care map to illustrate what each health care professional provides for patients
6. Create awareness plan for modernized Code of Ethics to set the expectations of professionalism:
  - o Professions' understanding of ethics, ethical practice role, scope
  - o What to expect of peers and how to behave
  - o Professionalism applies 24/7
7. Lead in development of Unified Code of Ethics for all health professionals

## Strategic Goal Four

To have strong, collaborative engagement with all health professions to advance patient-centred, interdisciplinary care.

**Objective 4.1 Enhance patient health and wellness by developing a proposal for complete access to Pharmanet and/or Medication Profiles for all health professionals involved in any aspect of drug therapy provision.**

*Note Link to Objective 1.1: To ensure evidence-based, patient-centred, interdisciplinary care, rework the Standards of Practice to advance the quality of patient care and reflect contemporary pharmacy practice.*

### ***Possible Considerations (Assimilated from the Board Retreat and the Management Planning Session)***

- Note that Objective 1.1 addresses modernizing Standards of Practice to enable interdisciplinary, evidence-based, patient centred care

### ***Possible Action Steps (from the Management Planning Session)***

#### *Complete access to PharmaNet/ Medication profiles*

1. Collaborate with other health professions to Implement an advocacy plan for shared health records
  - a. PharmaNet
  - b. Medication Profiles
  - c. Access to laboratory testing and results

#### *Collaboration with other Health Profession Regulators*

1. Engage other health regulatory colleges in the identification of collaboration opportunities such as
  - a. Co-development of relevant Bylaws, for example: Injections, MAID, Physician Dispensing
  - b. Shared language, forms, messaging
2. Lead the development of common standards across health professions where applicable
  - a. E.g. Code of Ethics

#### *Collaborative front line engagement with all health professions*

1. Link to Objective 1.1: To ensure evidence-based, patient-centred, interdisciplinary care, rework the Standards of Practice to advance the quality of patient care and reflect contemporary pharmacy practice.
2. Develop a statement on pharmacy practice in interdisciplinary care considering for example:
  - a. Registrants who practice outside of existing physical practice sites
  - b. Primary Care teams
  - c. Existing models, e.g. REACH

College of Pharmacists of BC  
Strategic Plan: 2019/20 Budget & Multi-Year

**\*\*Based on proposed multi-year fee increases & full strategic plan costs\*\***

**Assumptions**

**Fees:**

3% increase for all categories (Years 2 -4)

2% increase for all categories (Years 5 - 6)

**Curtain wall** : Propose financing internally using proceeds from investment portfolio

| MULTI-YEAR PLAN  |                    |                   |                   |                   |                   |                   |
|--|--------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
|  | YR 1               | YR 2              | YR 3              | YR 4              | YR 5              | YR 6              |
|  | 2019-20            | 2020-21           | 2021-22           | 2022-23           | 2023-24           | 2024-25           |
|  | BUDGET             | PROJECTED         |                   |                   |                   |                   |
| Revenue deferred   | 8,744,240          | 9,223,410         | 9,740,077         | 10,351,048        | 10,929,487        | 11,530,836        |
| Revenue licensure other                                      | 515,366            | 559,857           | 588,054           | 617,822           | 643,179           | 657,965           |
| Revenue other  | 574,329            | 549,189           | 562,697           | 566,297           | 579,560           | 591,385           |
| <b>Revenue</b>   | <b>9,833,935</b>   | <b>10,332,456</b> | <b>10,890,827</b> | <b>11,535,167</b> | <b>12,152,227</b> | <b>12,780,186</b> |
| Expenditures - Board-Approved Multi-Year                     | 10,838,668         | 11,123,669        | 11,353,249        | 11,652,520        | 12,008,872        | 12,331,145        |
| Expenditures - Proposed Strategic Plan (5 year) <sup>1</sup> | -                  | 144,693           | 253,941           | 261,381           | 211,758           | 178,573           |
| <b>Total Expenditures</b>                                    | <b>10,838,668</b>  | <b>11,268,362</b> | <b>11,607,190</b> | <b>11,913,901</b> | <b>12,220,630</b> | <b>12,509,719</b> |
| <b>Excess (Deficiency) of Revenue over Expenditures</b>      | <b>(1,004,733)</b> | <b>(935,906)</b>  | <b>(716,362)</b>  | <b>(378,734)</b>  | <b>(68,403)</b>   | <b>270,467</b>    |

|   | YR 1               | YR 2             | YR 3               | YR 4               | YR 5               | YR 6               |
|---|--------------------|------------------|--------------------|--------------------|--------------------|--------------------|
|   | 2019-20            | 2020-21          | 2021-22            | 2022-23            | 2023-24            | 2024-25            |
|   | BUDGET             | PROJECTED        |                    |                    |                    |                    |
| Reserves, Opening Balance <sup>2</sup>                | 3,368,879          | 2,364,147        | 1,428,241          | 711,879            | 333,145            | 264,742            |
| <b>Add : Excess of Revenue over Expenditures</b>      |                    |                  |                    |                    |                    | <b>270,467</b>     |
| <b>Less : Deficiency of Revenue over Expenditures</b> | <b>(1,004,733)</b> | <b>(935,906)</b> | <b>(716,362)</b>   | <b>(378,734)</b>   | <b>(68,403)</b>    |                    |
| <b>Reserves, Closing Balance</b>                      | <b>2,364,147</b>   | <b>1,428,241</b> | <b>711,879</b>     | <b>333,145</b>     | <b>264,742</b>     | <b>535,209</b>     |
| Approved Reserve Balance                              | 2,000,000          | 2,000,000        | 2,000,000          | 2,000,000          | 2,000,000          | 2,000,000          |
| <b>Excess (Deficiency) of Reserves</b>                | <b>364,147</b>     | <b>(571,759)</b> | <b>(1,288,121)</b> | <b>(1,666,855)</b> | <b>(1,735,258)</b> | <b>(1,464,791)</b> |

| FEE TYPE                           | YR 1   | YR 2                          | YR 3                          | YR 4                          | YR 5                          | YR 6                          |
|------------------------------------|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
|                                    | 2019-20  | 2020-21                       | 2021-22                       | 2022-23                       | 2023-24                       | 2024-25                       |
|                                    | BUDGET   | PROJECTED                     |                               |                               |                               |                               |
| Pharmacy (licensure renewal)       | \$2,345 effective<br>Dec 1, 2019<br>(\$46 incr. or 2%) | \$2,415<br>(\$70 incr. or 3%) | \$2,487<br>(\$72 incr. or 3%) | \$2,562<br>(\$75 incr. or 3%) | \$2,613<br>(\$51 incr. or 2%) | \$2,665<br>(\$52 incr. or 2%) |
| Pharmacist (full renewal)          | \$739 effective<br>Nov 1, 2019<br>(\$15 incr. or 2%)   | \$760<br>(\$21 incr. or 3%)   | \$783<br>(\$23 incr. or 3%)   | \$806<br>(\$23 incr. or 3%)   | \$822<br>(\$16 incr. or 2%)   | \$838<br>(\$16 incr. or 2%)   |
| Pharmacy Technician (full renewal) | \$492 effective<br>Nov 1, 2019<br>(\$10 incr. or 2%)   | \$506<br>(\$14 incr. or 3%)   | \$521<br>(\$15 incr. or 3%)   | \$536<br>(\$15 incr. or 3%)   | \$547<br>(\$11 incr. or 2%)   | \$558<br>(\$11 incr. or 2%)   |

**\*\*Remarks\*\***

<sup>1</sup> Total 5-year stat plan cost estimate: **\$1,050,346**

<sup>2</sup> Opening 2019/20 reserve balance based on closing balance of audited 2018/19 financial statements.

College of Pharmacists of BC  
Strategic Plan: 2019/20 Budget & Multi-Year

**\*\*Based on proposed multi-year fee increases & full strategic plan costs\*\***

**Assumptions**

**Fees:**

3.5% increase for all categories (Years 2 -4)

2% increase for all categories (Years 5 - 6)

**Curtain wall : Propose financing internally using proceeds from investment portfolio**

| MULTI-YEAR PLAN  |                    |                   |                   |                   |                   |                   |
|--|--------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
|  | YR 1               | YR 2              | YR 3              | YR 4              | YR 5              | YR 6              |
|  | 2019-20            | 2020-21           | 2021-22           | 2022-23           | 2023-24           | 2024-25           |
|  | BUDGET             | PROJECTED         |                   |                   |                   |                   |
| Revenue deferred   | 8,744,240          | 9,223,410         | 9,762,354         | 10,439,901        | 11,066,214        | 11,710,473        |
| Revenue licensure other                                      | 515,366            | 560,620           | 591,267           | 623,897           | 651,403           | 666,325           |
| Revenue other  | 574,329            | 549,251           | 563,076           | 567,274           | 580,976           | 592,833           |
| <b>Revenue</b>   | <b>9,833,935</b>   | <b>10,333,281</b> | <b>10,916,697</b> | <b>11,631,072</b> | <b>12,298,593</b> | <b>12,969,631</b> |
| Expenditures - Board-Approved Multi-Year                     | 10,838,668         | 11,123,669        | 11,353,249        | 11,652,520        | 12,008,872        | 12,331,145        |
| Expenditures - Proposed Strategic Plan (5 year) <sup>1</sup> | -                  | 144,693           | 253,941           | 261,381           | 211,758           | 178,573           |
| <b>Total Expenditures</b>                                    | <b>10,838,668</b>  | <b>11,268,362</b> | <b>11,607,190</b> | <b>11,913,901</b> | <b>12,220,630</b> | <b>12,509,719</b> |
| <b>Excess (Deficiency) of Revenue over Expenditures</b>      | <b>(1,004,733)</b> | <b>(935,081)</b>  | <b>(690,493)</b>  | <b>(282,828)</b>  | <b>77,963</b>     | <b>459,912</b>    |

|   | YR 1               | YR 2             | YR 3               | YR 4               | YR 5               | YR 6               |
|---|--------------------|------------------|--------------------|--------------------|--------------------|--------------------|
|   | 2019-20            | 2020-21          | 2021-22            | 2022-23            | 2023-24            | 2024-25            |
|   | BUDGET             | PROJECTED        |                    |                    |                    |                    |
| Reserves, Opening Balance <sup>2</sup>                | 3,368,879          | 2,364,147        | 1,429,066          | 738,573            | 455,745            | 533,708            |
| <b>Add : Excess of Revenue over Expenditures</b>      |                    |                  |                    |                    | 77,963             | 459,912            |
| <b>Less : Deficiency of Revenue over Expenditures</b> | <b>(1,004,733)</b> | <b>(935,081)</b> | <b>(690,493)</b>   | <b>(282,828)</b>   |                    |                    |
| <b>Reserves, Closing Balance</b>                      | <b>2,364,147</b>   | <b>1,429,066</b> | <b>738,573</b>     | <b>455,745</b>     | <b>533,708</b>     | <b>993,620</b>     |
| Approved Reserve Balance                              | 2,000,000          | 2,000,000        | 2,000,000          | 2,000,000          | 2,000,000          | 2,000,000          |
| <b>Excess (Deficiency) of Reserves</b>                | <b>364,147</b>     | <b>(570,934)</b> | <b>(1,261,427)</b> | <b>(1,544,255)</b> | <b>(1,466,292)</b> | <b>(1,006,380)</b> |

| FEE TYPE                           | YR 1   | YR 2                         | YR 3                         | YR 4                         | YR 5                       | YR 6                       |
|------------------------------------|--|------------------------------|------------------------------|------------------------------|----------------------------|----------------------------|
|                                    | 2019-20  | 2020-21                      | 2021-22                      | 2022-23                      | 2023-24                    | 2024-25                    |
|                                    | BUDGET   | PROJECTED                    |                              |                              |                            |                            |
| Pharmacy (licensure renewal)       | \$2,345 effective Dec 1, 2019 (\$46 incr. or 2%) | \$2,427 (\$82 incr. or 3.5%) | \$2,512 (\$85 incr. or 3.5%) | \$2,600 (\$88 incr. or 3.5%) | \$2,652 (\$52 incr. or 2%) | \$2,705 (\$53 incr. or 2%) |
| Pharmacist (full renewal)          | \$739 effective Nov 1, 2019 (\$15 incr. or 2%)   | \$764 (\$25 incr. or 3.5%)   | \$791 (\$27 incr. or 3.5%)   | \$819 (\$28 incr. or 3.5%)   | \$835 (\$16 incr. or 2%)   | \$852 (\$17 incr. or 2%)   |
| Pharmacy Technician (full renewal) | \$492 effective Nov 1, 2019 (\$10 incr. or 2%)   | \$508 (\$16 incr. or 3.5%)   | \$526 (\$18 incr. or 3.5%)   | \$545 (\$19 incr. or 3.5%)   | \$556 (\$11 incr. or 2%)   | \$567 (\$11 incr. or 2%)   |

**\*\*Remarks\*\***

<sup>1</sup> Total 5-year stat plan cost estimate: **\$1,050,346**

<sup>2</sup> Opening 2019/20 reserve balance based on closing balance of audited 2018/19 financial statements.

## BOARD MEETING September 13, 2019

### 11. Audit and Finance Committee c) Approval of Joint Venture Building Curtain Wall Repairs

#### DECISION REQUIRED

#### Recommended Board Motion:

*Approve in principle the transfer of the College of Pharmacists of BC's portion of the extraordinary costs, approximately \$600,000, to the Joint Venture for the repairs to the College building's curtain wall and replacement of windows.*

#### Purpose

To obtain Board approval to proceed with repairs to the 1765 West 8<sup>th</sup> Avenue building in Vancouver, with respect to the curtain wall and windows.

#### Background

The College of Dental Surgeons of British Columbia ("CDSBC") and College of Pharmacists of British Columbia ("CPBC"), jointly own the 1765 West 8<sup>th</sup> Avenue building in Vancouver ("the Joint Venture"), which houses the offices for both Colleges. Ownership is split 70% for the CDSBC and 30% for the CPBC.

While exploring several persistent leaks around windows throughout the building, it was discovered that when the building's envelope was renovated in 2010, the building's original (1988) curtain wall system was not replaced. It has been identified that the curtain wall system now needs to be repaired, and windows need replacing.

The Joint Venture maintains a reserve for building maintenance and repairs which is reviewed periodically. When the Joint Venture reserve fund was reviewed, the engineer assumed that the curtain wall was replaced with the 2010 renovation, and did not include this work in the estimates. As such, this extraordinary repair project (i.e., the curtain wall system and windows), was not included in the reserve planning. Therefore, the reserve balance is not adequate to cover this work and the building owners will need to contribute the funds for this major project. The curtain wall project will be tendered and repaired over the next year or two.

The Board of the CDSBC has approved their 70% share of the extraordinary charge.

## **Discussion**

The report from the consultants, BC Building Science Ltd., (Appendix 1) outlines the repairs required. The consultants are in the process of gathering the requirements for the tender document. The estimated budget (Page 26 of the Assessment report) is a rough estimate only.

During their meeting on August 15, 2019, the Joint Venture received an update from the consultants. Before drafting the tender document, there will be an energy assessment and an audio assessment performed in order to incorporate these specifications into the tender document. The consultants have noted that this project will be beyond the scope of small / medium sized glaziers. The larger glaziers are all very busy, generally working beyond their capacity, primarily with new construction. The consultants will be designing the project, with the tendering process to begin early in the new year. The actual work will probably take place throughout 2020.

It is anticipated that payment will be spread out over the duration of the project. As the CPBC is a 30% owner of the building, it is responsible for 30% of the repair costs. Regular reports on this project will be provided.

As the Joint Venture will be capitalizing this significant work, this payment will be considered an increase in CPBC's investment in the Joint Venture, as opposed to an expense. Therefore, the payment will not have an impact on CPBC's reserves. Appendix 2 shows the impact to CPBC's Statement of Financial Position (Balance Sheet). The CPBC has sufficient cash flow (investments) to cover this amount.

## **Recommendation**

That the Board approve, in principle, the transfer to the Joint Venture of CPBC's portion of the extraordinary costs, approximately \$600,000, for the repairs to the building's curtain wall, including replacing windows.

| <b>Appendix</b> |   |
|-----------------|---|
| 1               | BC Building Science Curtain Wall Condition Assessment |
| 2               | Proforma Balance Sheet with the curtain wall project  |



## **BC BUILDING SCIENCE**

611 BENT COURT, NEW WESTMINSTER, B.C., V3M 1V3, TEL: 604-520-6456, FAX: 604-520-6496  
**BUILDING ENVELOPE & STRUCTURAL CONSULTANTS - [WWW.BCBUILDINGSCIENCE.COM](http://WWW.BCBUILDINGSCIENCE.COM)**

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# **CURTAIN WALL CONDITION ASSESSMENT**

## **PROJECT:**

College Place  
1785 West 8<sup>th</sup> Avenue  
Vancouver, BC

## **PREPARED FOR:**

The Owners; College Place

November 26, 2018



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This report is prepared for the Owners, for the current Owners' information and may not be used or relied upon by any other person, unless that person is specifically named by us in this Agreement as a beneficiary of the Report, in which case the Report may also be used by the additional beneficiary we have named. You agree to maintain the confidentiality of the Report and reasonably protect the Report from distribution to any other person. If you directly or indirectly cause the Report to be distributed to any other person, you agree to indemnify, defend, and hold us harmless if any third party brings a claim against us relating to our inspection or the Report.



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## **1. INTRODUCTION**

### **1.1 INTENT**

The Owners of College Place have requested an assessment of the existing curtain wall system at this building by to determine the condition of the curtain wall and related components. The intent of our involvement is to first determine what issues are present with the function and performance of the curtain wall and then to assess what work may be needed to prevent future damage and restore the function and performance of the curtain wall.

BC Building Science Ltd. (BCBS) was contacted to develop a strategy to address the ongoing curtain wall localized repairs and the long-term maintenance of the system. A two-phased approach was proposed. Under Phase I, the initial work was to consist mainly of a condition assessment, water tests and a localized repair of water ingress problems of immediately concern. The localized repairs are called a mock-up repair in this report. Phase II, yet to be implemented, is to be built into a more comprehensive long-term strategy for the curtain wall system. Phase II is called a refurbishment project in this report.

It is important that the Client and any readers of this report note that this condition review is focused on the curtain wall and that the review does not encompass all building envelope components such as storefronts, roofs, decks, concrete walls, parking garage, etc.

### **1.2 ASSESSMENT METHODOLOGY**

The curtain wall condition assessment was based on a combination of visual review, gathering information on previous repairs and past maintenance, localized testing, and a mock-up repair.

## **2. BACKGROUND INFORMATION**

### **2.1 BUILDING DESCRIPTION**

The building is a five-storey commercial building constructed over a two-level concrete parking garage. Curtain wall system exterior wall enclosures form the building enclosure on three elevations on the north, the south and the east – Photo 2.1.1. The west elevation is built with concrete blocks – Photo 2.1.5.

Architectural drawings were available prior to the investigation. The plans were generally faded and illegible; however, they were clearly dated for “proposal and permit submission” in October 1988, confirming the building is approximately 30 years old.

The exterior wall finishes are made up of metal panel cladding and curtain wall system – Photo 2.1.1. A storefront window system encloses the ground floor – Photo 2.1.2. The main roof is a flat roof with a modified bitumen membrane. Several swing doors provide access to the 3<sup>rd</sup> floor terrace and 2<sup>nd</sup> and 4<sup>th</sup> floor balconies – see Photo 2.1.3 for a typical swing door. Two skylights are tied-into the curtain wall system at the north and south elevations – see Photo 2.1.4 for a typical skylight tied into the curtain wall. One standalone skylight is located roughly at the center of the main roof. The balconies and the 3<sup>rd</sup> floor terrace have concrete pavers as a walkable surface – Photo 2.1.6 shows 3<sup>rd</sup> floor terrace.



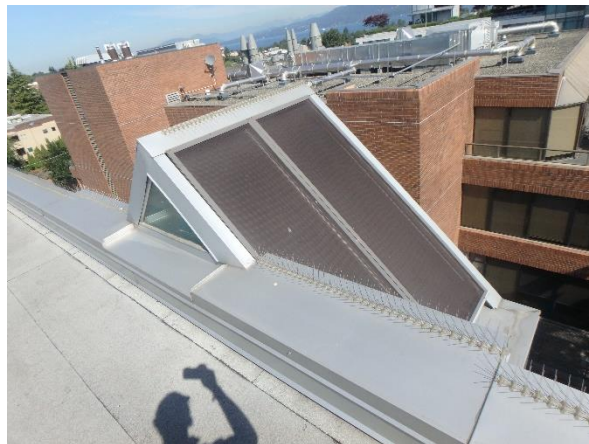
*Photo 2.1-1: General view of curtain walls at the south and east elevations.*



*Photo 2.1-2: General view of the storefront windows at the ground floor. Note: A curtain wall system forms the enclosure at the 2<sup>nd</sup> floor in this photo.*



*Photo 2.1-3: Swing door that provides access to the 3<sup>rd</sup> floor terrace.*



*Photo 2.1-4: Roof level skylight – south elevation.*



*Photo 2.1-5: West elevation – the enclosure is primarily a concrete block wall assembly.*



*Photo 2.1-6: General view of 3<sup>rd</sup> floor terrace with planters and concrete pavers.*

## **2.2 PREVIOUS REPAIRS AND PAST MAINTENANCE**

In 2010, the building was the subject of a major renovation. The renovation was completed by Scott Construction group. BCBS provided the prime consultant engineering and field review services with DYS Architecture providing specific Architectural design services.

The renovation consisted of metal cladding and spandrel panel renewal, selective curtain wall repairs (at the metal cladding tie-ins), and selective storefront removal and re-instatement. A limited number of IGUs were replaced. The main roof, the 3<sup>rd</sup> floor terrace, and the balconies were also renewed during the 2010 renovation. During the repairs, the original curtain wall system was not renewed. Although some localized repairs were implemented, the curtain wall is essentially the same system that was installed during the original construction in 1988. The localized repairs that were implemented at the College Place curtain wall were related to integration of new spandrel panel covers and tie-ins to new metal cladding areas. With some exceptions, the original pressure plates were removed and reused. The curtain wall primary seals and secondary gaskets were not renewed.

The majority of the IGUs are still the original 1988 units. Several failed glass units were replaced either during the 2010 repair or in the last few years. Water ingress was noted at several locations around the building at various points in time and the property manager has employed several glass companies to address and mitigate the water leaks. These current issues are not related to the previous work completed.

### **2.3 INTERVIEWS WITH PROPERTY MANAGER AND OCCUPANTS**

A systematic occupant survey was not conducted. Based on interviews with the property manager and several occupants, BCBS has learned that the number of failed IGUs is slowly increasing. In addition, water ingress occurrences are becoming more frequent as time passes.

Based on data submitted by the property manager and a cursory review of the glazing elements, it appears that a minimum of 10% of IGUs will have to be replaced. This estimate is probably optimistic. It is expected that the number of IGUs to be replaced will increase to 20-25% in the near future.

The interviews also revealed several other items that are related to the curtain walls and require attention, such as water ingress through swing doors and water ingress around spandrel panel penetrations at the 2<sup>nd</sup> floor. The following list presents the information gathered during the interviews and discussions:

- Failed IGUs are present and require replacement.
- Water ingress is present at several offices – mostly at the 3<sup>rd</sup> floor east side.
- The north and the south skylights may require refurbishment work.
- The roof skylight appears to be functional.
- The southernmost swing door at the 3<sup>rd</sup> floor terrace allows water ingress into the corridor.



### 3. OBSERVATIONS

For this type of assessment, our investigation techniques and protocols were based on a combination of visual observations, water tests and a mock-up repair. Based on these observations, and information gathered during the interviews with the property manager and occupants, we determined what components appear to be in need of replacement and also identified specific areas where moisture ingress may be occurring due to failures of the curtain wall elements.

The results of our site assessment and observations made are outlined in detail in the following sections as based on our on-site reviews conducted on September 25, October 4 and 31, and November 15, 2018. Our observations were presented in Field Reviews 01 to 04. Photographic documentation is also provided throughout the following sections. Following this section, we have outlined in a general sense our recommendations for the Owners to consider in moving forward with a remediation program to the curtain wall system as deemed appropriate or necessary.

#### 3.1 CURTAIN WALL SYSTEM

Curtain walls form part of the building enclosure but do not support floor and roof loads. These exterior wall forms are constructed with horizontal and vertical metal framing members (typically aluminum extrusions), glass and other ancillary elements such as sealants and gaskets. These types of enclosures are typically hung on the outside faces of the building, like a curtain, anchored at the top, bottom and at each floor to transfer the wind load and their own weight to the building structure. Curtain walls are designed for multi-storey enclosures, unlike storefronts, curtain walls can span multiple floors.



*Photo 3.1-1: General view of the curtain wall as seen from the east side 3<sup>rd</sup> floor terrace.*



*Photo 3.1-2: General view of the curtain wall and swing door as seen from the south side 2<sup>nd</sup> floor.*

While, generally, curtain walls are a robust enclosure system used extensively in the Lower Mainland, curtain walls do require periodical maintenance and occasional refurbishments. Various components that form air and water seals will age and degrade in time and will eventually no longer function as expected. In addition, curtain walls must maintain a drainage path toward the exterior. As such, the air / water sealants, gaskets and weep holes are the basic elements that are reviewed during a curtain wall condition assessment. Other reviews may include the reviews of the anchors and the fasteners to determine the structural condition of the curtain wall. The condition assessment presented in this report did not include a structural review of the curtain wall and as such, the structural condition is not discussed in this report.

The existing curtain wall system at College Place is an aluminum and glass assembly that was typical at the time of construction (circa 1988) and is still the most common form of curtain wall manufacturing. Modern, current day curtain wall systems are similar in nature and design. The existing 30-year-old curtain wall is still functional, and it still serves its original purpose. However, based on our observations during the repair mock-up recently undertaken, the curtain wall requires refurbishment work to renew various degraded elements, to ensure the systems are functional, to ensure water ingress and failed IGUs are addressed, and to generally prolong the service life of the curtain wall system.

### **Gasket Condition – Dry Seals**

Pre-formed rubber-based seals are typically referred to as dry seals or gaskets. Gaskets are typically manufactured using EPDM or neoprene rubbers (although there are various other types of materials employed for gasket fabrication). Generally, dry seals are expected to deflect most of the water infiltration from the exterior and are not required to form a perfect water and air seal. The function of the gaskets is mostly a secondary water barrier. At College Place, the curtain wall gaskets were employed on the exterior between the beauty caps and glass joints and between the pressure plates and glass joints.



*Photo 3.1-3: Aged and shrunken pressure plate gaskets. The gaps at the gasket ends allow water into the glazing cavity.*



*Photo 3.1-4: Gap at the pressure plate end due to shrunken gasket. The gaps at the gasket ends allow water into the glazing cavity.*



*Photo 3.1-5: Short gasket at pressure plate end.*



*Photo 3.1-6: The middle gasket at the pressure plate appeared to prevent proper plate compression.*

At the repair mock-up area, the exposed gaskets are shrunken – photos 3.1.3, 3.1.4 and 3.1.5. This aging defect is typical for gaskets used in fenestration elements. The rubber-based gaskets will shrink over time, requiring replacement.

An oversized middle pressure plate gasket appeared to be impeding proper side gasket compression – Photo 3.1.6. It is yet to be confirmed if this is a localized problem or not. In addition to an oversized middle gasket, the pressure plate screws were not fully torqued in place, and as such the gaskets were not firmly compressed onto the glass. Due to shrinkage, and the fact that the gaskets were not compressed sufficiently, water was infiltrating behind the pressure plates, travelling into the curtain wall assembly, and accumulating in the glazing pocket.

The gaskets require additional caulking at their ends to ensure future shrinkage and section transitions are as watertight as possible.

### Sealant Condition – Wet Seals

Sealants that are site-applied and cured and are generally delivered in a tube or a “sausage” are called wet seals or sometimes, more informally, “caulking”. The role of the wet seals is to ensure that a continuous water and air barrier is formed at various curtain wall interfaces such as between horizontal and vertical frame members and between glass and the frame at the perimeter of the IGUs. The wet-applied sealants are generally used in the primary water and air barrier role.

The exposed sealants were generally still functional and adequate for their purpose. Nevertheless, there were signs of sealant beads that were not continuous or were aged and dysfunctional – photos 3.1.7, 3.1.8, 3.1.9 and 3.1.10. Sealant beads that are continuous and in working condition are a crucial component of a functional curtain wall. As such, the localized discontinuities and the aged beads such as the interior seal between the IGU and the frame create water paths where infiltration will occur into the curtain wall system and also into the occupied spaces.



*Photo 3.1-7: Sealant at the spandrel panel sheet was observed to be discontinuous.*



*Photo 3.1-8: Sealant at the vertical pressure plate ends was observed to be split.*





*Photo 3.1-9: Sealant at the frame horizontal connection was aged and dysfunctional.*



*Photo 3.1-10: The interior sealant bead at the glass / frame perimeter shows signs of flowing and displacement.*

Some sealant beads were replaced and renewed during the 2010 renovation project. However, the sealant renewal was selective and localized to curtain wall / spandrel panel seals. Original wet seals, such as the sealant at the horizontal to vertical frame junctions or the perimeter seals between the glass and the frame are still the original sealants applied approximately 30 years ago. As such those sealants are past their expected service life. The reduced functionality of the original sealants – see the water ingress section below – and their age warrants the recommendation for their renewal in the near future.

### Curtain Wall Drainage

A significant amount of water drained out of the system once the beauty caps, the pressure plates and the spandrel panel sheet metal covers were removed. While small amounts may be retained by the curtain wall for short periods, the water that infiltrates into the curtain wall must be allowed to drain to the exterior. The mock-up repair revealed that the curtain wall at College Place currently has a drainage problem. The exposed beauty cap and pressure plate weep holes were plugged partially or fully in some instances – Photo 3.1.12.



*Photo 3.1-11: A significant amount of water accumulated under the beauty caps. The cap weep holes were observed to be plugged.*



*Photo 3.1-12: Plugged pressure plate weep holes were observed at the repair mock-up area.*



*Photo 3.1-13: Water accumulation under pressure plates was observed. A significant amount of water flowed out after the plates were removed.*



*Photo 3.1-14: Water accumulation behind the spandrel was observed. A significant amount of water flowed out once the sheet metal covers were removed.*

Drainage problems were highlighted by the significant amount of water build-up behind beauty caps and pressure plates – photos 3.1.11 and 3.1.13. Water accumulation behind spandrel panel sheet metal covers was also observed, denoting that the spandrel sections also have a drainage problem – Photo 3.1.14.

Excessive water in the glazing cavity is detrimental for two reasons:

- The risk of water ingress into the occupied spaces is significantly increased.
- Water retained in the glazing cavity will accelerate IGU failure due to prolonged wetting of the IGU seals at the unit's base.

### Insulated Glazing Units (IGU) Condition

IGUs are typically two glass panes separated by a spacer. The glass panes are sealed together into one glazing unit. There are various other types and configurations of IGUs. However, at College Place, this simple IGU configuration is present. The current glass configuration for the IGUs is  $\frac{1}{4}$ " clear glass pane –  $\frac{1}{2}$ " space –  $\frac{1}{4}$ " clear glass pane – Photo 3.1.19. Low-E energy efficient coating was not present where randomly reviewed. East and south side offices were noted to use various methods for shading and to reduce the glare during periods of the day when bright sun may interfere with the occupant's work. Heat gain during summer days was reported. The office occupants employed blinds, films and reflective panels to mitigate the solar heat gain during the summer months.

Failed IGUs were reported by the building occupants and were observed by BCBS during the mock-up repairs – photos 3.1.15, 3.1.17, and 3.1.18. While some glazing units were replaced during the 2010 renovation, and some were replaced since then as part of regular maintenance, the majority of the IGUs present are marked with a 1998 stamp on the space bars. Typically, IGUs are supplied with a 10- or 15-year warranty. The expected service life for IGUs is between 20 and 30 years. At 30 years of age, the original IGUs are close to the end of their service lives.

Two IGUs were reported and observed to have broken glass panes – Photo 3.1.16.



*Photo 3.1-15: Failed IGUs were marked by the owners with stickers.*



*Photo 3.1-16: Broken IGU panels are present. Damaged glass is not prevalent; however, it is present in at least two locations.*





*Photo 3.1-17: Condensation forming between the glass panes denoting failed IGU.*



*Photo 3.1-18: Area with the majority of the failed IGUs at the 3<sup>rd</sup> floor terrace.*



*Photo 3.1-19: The current glass configuration is 1/4" clear glass – 1/2" space – 1/4" clear glass.*

(No photo)

### **Spandrel Panel Condition**

Where exposed, the spandrel panels were in various stages of degradation. The exterior sheet metal covers were found to be in good condition. The rigid insulation exposed at the 3<sup>rd</sup> floor was aged and brittle and partially degraded. It is expected that localized or systematic curtain wall refurbishment work may further damage original insulation panels, and as such, some of the panels may require renewal.



*Photo 3.1-20: Aged and partially degraded insulation panel at the 3<sup>rd</sup> floor mock-up repair.*



*Photo 3.1-21: Spandrel panel in relatively good condition removed at the 2<sup>nd</sup> floor kitchen ceiling localized repair.*

### **Water Ingress:**

The need for a curtain wall condition review was triggered by current water ingress problems occurring inside occupied spaces. Water ingress related to the curtain wall was reported and reviewed at two distinct locations:

- 3<sup>rd</sup> floor east side offices – photos 3.1.22, 3.1.23, 3.1.24, and 3.1.25.
- 2<sup>nd</sup> floor kitchen east side – photo 3.1.26.

In the past, several water ingress locations were repaired. An approximate list of repaired locations, as reported to BCBS, is as follows:

- 5<sup>th</sup> floor east side (approximately middle of the facade).
- 3<sup>rd</sup> floor north side (west end – probably the 2<sup>nd</sup> and the 3<sup>rd</sup> sections of the curtain wall).
- 3<sup>rd</sup> floor south side (approximately at Unit 302).
- 4<sup>th</sup> floor north side.

These water ingress locations were addressed and repaired by improving the drainage capability of the system (removal of the beauty caps and cleaning). Systematic refurbishment, i.e. restoration of interior seals, was not undertaken.

Currently, the 3<sup>rd</sup> floor water ingress is a system failure of the dry and wet seals combined with reduced drainage capabilities. The amount of water ingress into the office spaces is significant and disruptive. Paper towels were employed by occupants to mitigate the water ingress. Interior finishes such as wood stools and drywall are degrading as a result of the water ingress. The repair mock-up conducted by K&W and the subsequent water testing showed that the renewal of the gaskets and seals can successfully prevent future water ingress. It must be mentioned that since the 4<sup>th</sup> and the 5<sup>th</sup> floors were not repaired yet, water ingress from the floors above is still a possibility, even if remote.

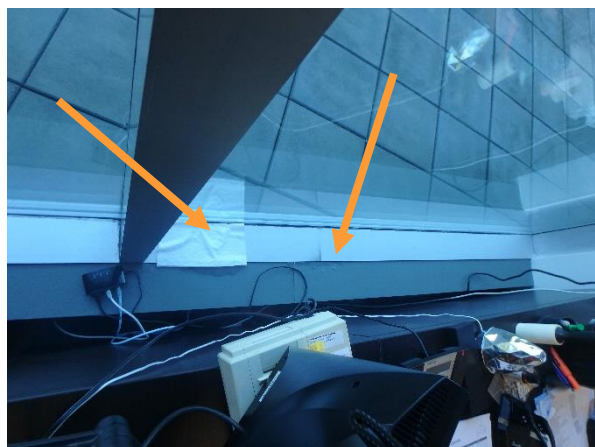
The 3<sup>rd</sup> floor water ingress demonstrates that the curtain wall system has reached a point where systemic refurbishment and maintenance work is required to prevent future water ingress.



*Photo 3.1-22: Signs of water run-offs at the 3<sup>rd</sup> floor curtain wall interior frames.*



*Photo 3.1-23: Drip marks on the curtain wall's horizontal elements – 3<sup>rd</sup> floor office.*



*Photo 3.1-24: Paper towels employed to mitigate water ingress at the 3<sup>rd</sup> floor office. Note: the interior finishes at stools are degrading due to the significant amount of water ingress.*



*Photo 3.1-25: Signs of water run-offs at the 3<sup>rd</sup> floor curtain wall interior frames.*



(No photo)

*Photo 3.1-26: Water accumulation at the curtain wall horizontal rail at the 2<sup>nd</sup> floor kitchen assembly.*

The water ingress at the 2<sup>nd</sup> floor kitchen ceiling is a localized water ingress problem that developed around the 3<sup>rd</sup> floor terrace overflow scupper pipe. This water ingress issue was resolved. Currently, the waterproofing relies on one bead of sealant applied around the scupper pipe. A secondary seal with a flashing could be added for double protection if the Owners would like a higher degree of repair certainty and durability.

### **Swing Doors**

Aluminum and glass swing doors are typically secondary elements incorporated into curtain wall or storefront systems. Access doors like these are highly reliant on the door / curtain wall connections and the door weather-strips. The water ingress prevention capabilities of swing doors of this type are generally poor. For this reason, swing doors are recommended to be installed in sheltered locations such as under canopies and other forms of overhangs.

Generally, the swing doors that service the 3<sup>rd</sup> floor terrace and the balconies appear to be functional, with one exception. The southernmost 3<sup>rd</sup> floor terrace swing door allows water ingress into the building. Wet floors at the 3<sup>rd</sup> floor hallway are a frequent occurrence during wind driven rainy periods – Photo 3.1.27.

The swing doors at the 3<sup>rd</sup> floor are partially protected by glass canopies. Nevertheless, the swing doors do occasionally get wet during wind driven rainy periods. Because the weather-strips and the threshold are aged and dysfunctional, the southernmost swing door is not able to prevent water ingress.





*Photo 3.1-27: Wet carpet due to water ingress through the southernmost 3<sup>rd</sup> floor terrace door.*



*Photo 3.1-28: Damaged and difunctional weather-strips at the southernmost 3<sup>rd</sup> floor tierce door.*

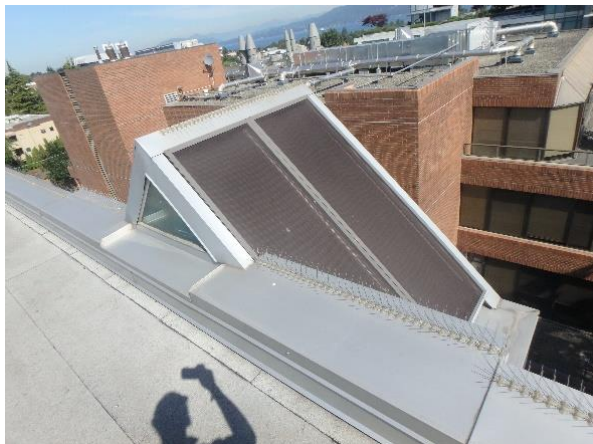
### **Skylights**

Since the original scope of services did not include skylight reviews, the three skylights that service the College Place building were not subjected to a thorough review. Nevertheless, BCBS discussed the skylights with the property manager, and the findings are listed below.

There are two skylights that are tied-into the curtain wall at the 5<sup>th</sup> floor north and south elevations – Photo 3.1.29. The north and the south skylights had repairs conducted in the past to address water ingress. These two skylights currently do not have any reported water ingress problems. Since the north and south skylights are integrated with the curtain wall, it would be advisable to have these two skylights included in the general curtain wall refurbishment.

The main roof has a standalone skylight system located approximately at the center of the roof – Photo 3.1.30. There were no past repairs necessary, nor were there are any current leaks reported for this skylight.





*Photo 3.1-29: Skylight that ties into the curtain wall. One of each is located at the north and the south elevations.*



*Photo 3.1-30: One standalone skylight is located at the center of the main roof.*

### 3.2 STOREFRONT SYSTEM

Like curtain walls, storefront windows do not support floors and roof loads. Unlike curtain walls, storefront systems are limited to ground floors and to maximum heights of up to 12 feet. Storefronts are a cost-effective system for ground floor applications. Storefronts employ the same type of materials for their construction as curtain walls, which is a metal frame, glass and ancillary elements in the form of gaskets and sealants. Storefronts have reduced capabilities to handle wind loads, water ingress and air leakage, and as such, are typically used at ground floors.



*Photo 3.2-1: East side storefront glazing – main floor.*



*Photo 3.2-2: North side storefront glazing – main floor.*

The storefronts at the east and north sides of College Place were removed and reinstalled during the 2010 repair. The south side storefront does not appear to be changed much from the original construction, although the exact history of the storefront is not entirely clear. Currently, there are no known water ingress problems nor failed IGUs at the storefronts. As such, an in-depth assessment was not included in the scope of reviews.

### **3.3 WATER TESTS AND REPAIR MOCK-UP**

A mock-up up repair was conducted at the 3<sup>rd</sup> floor terrace curtain wall. The scope of the mock-up was to determine the water ingress paths and to review the concealed curtain wall elements for the general curtain wall condition assessment. The observations of the concealed curtain wall elements are described under Section 3.1 Curtain Wall System. At the end of the mock-up repair, the sections repaired were extensively water tested to determine if the repairs function as intended – Photo 3.3.1. The testing proved that the repairs were successful. Nevertheless, it must be remembered that the sections at the floor above are not refurbished, and as such, there is a remote risk that water ingress will infiltrate from the 4<sup>th</sup> and the 5<sup>th</sup> floor. This risk will be reduced if the entire curtain wall refurbishment is undertaken.

The deck area in front of the southernmost swing door was water tested – Photo 3.3.2. Although not very likely, there was a possibility that the floor wetting at the swing door occurred due to a faulty membrane at the door deck area. As such, a flood test had to be conducted to confirm that the water ingress was related to a deteriorated door, rather than to other possible ingress paths. The flood test confirmed that future efforts are to be concentrated on the door refurbishment or renewal.

The active water leak at the 2<sup>nd</sup> floor kitchen ceiling was water-tested at various areas to determine the water ingress path. Several areas were tested in sequence, such as:

- 3<sup>rd</sup> floor terrace deck membrane was flood-tested.
- 3<sup>rd</sup> floor parapet cap flashing was water-tested.
- 2<sup>nd</sup> floor curtain wall was water-tested.
- Scupper penetration at the 2<sup>nd</sup> floor facade was water tested – Photos 3.3.3 and 3.3.4.

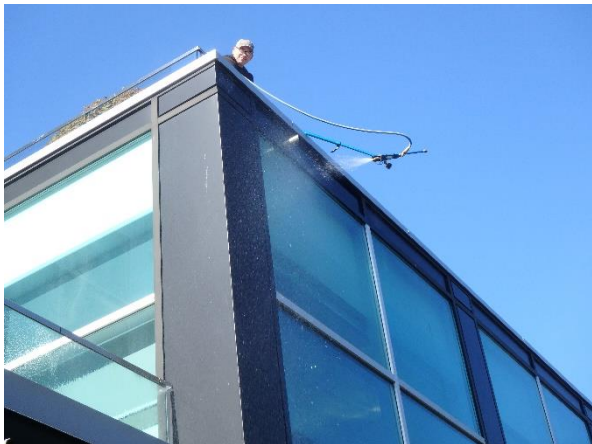
The water tests conducted allowed BCBS to determine that the primary cause of water ingress at the 2<sup>nd</sup> floor kitchen is through a path located between the scupper pipe and the decorative sleeve.



*Photo 3.3-1: Water testing of the repair mock-up at the 3<sup>rd</sup> floor.*



*Photo 3.3-2: Membrane water testing in front of the southernmost swing door – 3<sup>rd</sup> floor terrace.*



*Photo 3.3-3: Water testing the active water ingress at the 2<sup>nd</sup> floor kitchen ceiling.*



*Photo 3.3-4: The water ingress path between the scupper pipe (black) and the decorative sleeve (silver).*

#### **4. DISCUSSIONS AND RECOMMENDATIONS**

In summary, our assessment confirms that the curtain wall system at College Place has reached a point where somewhat significant refurbishment work should be planned in the near future.

The following main observations made during our assessment impact the approach to restoring the function, durability and character of the curtain wall system:

- The primary water and air barriers are generally the original 30-year-old sealants. These seals are aged and dysfunctional in some cases.
- The secondary water deflection seals (gaskets) are aged, shrunken, and have lost their original effectiveness. While these seals are not expected to act as the main weather / water-resistant barrier, the amount of water that is by-passing these gaskets is significant due to the current condition of these gaskets and the primary, external gasket. As such, a larger than expected water ingress into the system is currently occurring putting more reliance on the primary seals.
- The drainage capability of the system is significantly reduced. This can be deduced from the significant amount of water retained in the system (water is flowing out after the beauty caps and the pressure plates are removed) and by the number and frequency of the water ingress problems that have occurred in the past and were also addressed under the mock-up repair. The frequency and correlation of failed IGUs with water ingress locations (i.e. numerous failed IGUs and numerous leaks at the 3<sup>rd</sup> floor east side) also denote significant water retention inside the curtain wall assembly.
- The IGUs are at the end of their expected service lives. The number of failed IGUs is currently around 10% of the total glazing units. This percentage is expected to increase in time as the age of the units is increasing.
- The renewal of the primary seals (concealed caulking beads at frame joints at the glass / frame perimeters) will require the removal of existing IGUs. This will further damage IGUs, thus the percentage of the units replaced will further increase.

The above listed defects and the age of the curtain wall lead us to recommend a systematic refurbishment work for the curtain wall system. To ensure that the number of IGU failures is reduced, and most importantly to address the water ingress problems, the primary seals and the drainage capability of the curtain walls have to be restored as part of a general curtain wall refurbishment program. In addition, the secondary seals (the gaskets) are also recommended to be renewed to ensure the amount of water that infiltrates into the assembly is minimized.

#### **Phasing or Deferring Renewals**

As the curtain wall system generally appears to be sound (i.e. no major visible structural failures) it may be reasonable to defer repairs for a short period or to phase the work to spread the costs over a period versus completing all work as one project. If the Owners elect to defer work or phase work, then the east elevation showing the greatest level of IGU deterioration and water ingress should be restored in a priority manner.

Owners should keep in mind that phasing work will be costlier and has other drawbacks such as the having a contractor present at the building for prolonged times, with all the inherent inconveniences to the building users and occupants.

Based on these drawbacks, our recommendation, and what we feel provides for a more consistent, professional project, is to repair all known and identified curtain wall issues together as one project.



## **Renewal Strategies**

When planning the refurbishment of the curtain wall, our recommended scopes of work to address them are summarized as follows, including design options where currently deemed appropriate.

The refurbishment work will probably not need to be completed under a building permit with the City of Vancouver since it may be defined as maintenance work. This will have to be confirmed with the City officials.

Cost estimates for the renewal strategies outlined below have been provided in Section 6 of this report. Please note that cost estimates are based on historical cost data from projects of similar scope and size by the Contractor that completed the initial mock-up work (K&W Glazing). Ultimately, a design scheme and scope of work needs to be confirmed and then detailed drawings and specifications prepared. The work could be awarded to the contractor that has prepared the repair mock-up. Alternatively, the refurbishment work could be tendered. Either from tender or by obtaining a fixed cost from K&W Glazing, a more exact cost will be determined. The estimates provided are intended to assist the Owners in understanding an order of magnitude cost for the work recommended so that more informed decisions can be made.

### **Curtain Wall Refurbishment – Scenarios B and C**

- Renewal of the primary sealants, consisting of sealant at the frame's horizontal and vertical joints along with perimeter glass to frame sealant.
- Renewal of the gaskets – the secondary water seals.
- Re-use and renewal where necessary of pressure plates and beauty caps.
- Cleaning the curtain wall system and ensure the drainage is not impeded by debris and dirt.
- Replacement of failed and broken IGUs.
- Conduct water tests as needed to confirm the implemented repairs are functional.

### **Localized Repairs – Scenario A**

In case the Owners of the building decide that the refurbishment work has to be deferred for a few years, then localized repairs at current water ingress locations and at water ingress locations that may potentially develop from this point in time should be conducted. The scope of work will be similar in nature to the refurbishment work except that it will be implemented only at sections that show water ingress.

The pros and cons of systematic refurbishment vs localized repairs are:

- Curtain wall refurbishment work will be a long-term solution. Localized repairs are a stop-gap measure to be employed until the systematic refurbishment is implemented.
- The systematic refurbishment is a significant expense in the near future. However, the long-term refurbishment project will ultimately be more economical. The costs spent to fix localized repairs will be partially or entirely wasted once the systematic refurbishment work is implemented.
- A water ingress warranty could be obtained if the refurbishment is implemented. No, or perhaps limited, warranties will be available for localized short-term repairs.
- Long-term repairs will address maintenance work that was postponed for several years already.

### **Miscellaneous Repairs**

The following repairs should be included in the general refurbishment project and / or as localized repairs:

- Refurbishment of the southernmost swing door. In case subsequent water tests prove the refurbishment is not possible, then a door renewal is to be considered.
- Implement the above procedures at the north and south skylight and, if instructed by the Owners, to the roof skylight.
- Additional flashing around scupper(s).

#### **4.1 HAZARDOUS MATERIALS ASSESSMENT**

In terms of the scope of services outlined, for any renovation work to an existing building, the Client should be aware that a hazardous materials assessment will likely need to be completed by a 'qualified consultant' in accordance with local WorkSafeBC regulations. The definition of a qualified consultant is noted in the WorkSafeBC regulations but is generally someone knowledgeable in the identification of, and examination and testing of, potentially hazardous materials.

The purpose of the survey is to identify potential hazards at the site that may be disturbed by the work proposed. The most common hazards that may be disturbed are asbestos fibers as may be found in cementitious stucco, roofing felts, or interior drywall; or lead as may be found in paints and coatings.

WorkSafeBC regulations require that all buildings be surveyed and any potentially hazardous materials tested prior to any renovation work being completed. BCBS therefore recommends this survey be completed as part of the project development work in order that any accommodations relating to possible hazardous materials can be identified and the work planned to accommodate as required. For example, if hazards are present we may be able to encapsulate them rather than remove them in order to lower the project costs.

If the Owners have not already had a hazardous materials survey completed and would like BCBS to obtain a quotation on a hazardous materials assessment of this building, we will gladly do so. A budget for this survey is included in the project budgets. It should be noted that the fees for a survey of this type are relative to the work being completed, so the scopes of work need to be defined as part of this review and then an accurate survey quotation can be obtained.

## 5. DESIGN OPTIONS

As noted above, there are no significant changes to the appearance or the functionality of the curtain wall system. Generally, the finishes, if replaced, will be matched with like product, with changes occurring only if the original shapes, colors and sizes will not be able to be sourced from suppliers.

### IGU Improvements

The curtain wall refurbishment offers an opportunity for upgrading the IGU from a clear-clear glass configuration to LowE energy efficient glazing. In addition, the upgrade will reduce the Solar Heat Gain Coefficient (SHGC) and reduce the glare. There are several types of LowE energy efficient glass options. For simplicity, a comparison between three types of glazing units is listed here.

|               | VLT | SHGC | Winter U value | Summer U value | Reflectance In (%) | Reflectance Out (%) | LSG  |
|---------------|-----|------|----------------|----------------|--------------------|---------------------|------|
| Clear / Clear | 79% | 0.71 | 0.448          | 0.476          | 14                 | 14                  | 1.11 |
| Solarban 60   | 70% | 0.39 | 0.25           | 0.22           | 12                 | 11                  | 1.79 |
| Solarban 70   | 64% | 0.27 | 0.24           | 0.21           | 13                 | 12                  | 2.37 |

VLT = Visible Light Transmission

SHGC = Solar Heat Gain Coefficient (BTU/hr \* ft<sup>2</sup> \* F)

LSG = Light to Solar Gain = VLT / SHGC – higher LSG ratio = more efficient daylight with less heat gain

The values listed above are obtained from one manufacturer (Vitrum) for general discussion purposes and compares clear-clear glass (current configuration) with two common energy efficient glazing options Solarban 60 and Solarban 70. The energy efficient options have LowE coating and Argon gas in their composition. There are other glazing options from the same manufacturer or from alternative suppliers.

There are visual aesthetic differences between clear glass and LowE glass. As such, the upgrade will involve a significant cost increase, since all IGUs will have to be replaced as opposed to selectively replacing IGUs as the units fail. The benefits of the upgrade will be increased energy efficiency, reduced risks for condensation and increased comfort for building occupants – less glare and less hothouse effect during the summer. If this type of an upgrade is desired, then energy modeling could be employed to determine if there are any energy cost-savings that may result to offset partially the cost to implement the upgrade. Selective use of energy efficient glazing can also be analyzed if requested (e.g. using LowE IGUs on the south and maybe the east elevation, but not on the north elevation).

### Next Steps

The Owners should review and determine if the proposed long-term refurbishment work is to be implemented or if localized short-term repairs are to be employed as a temporary measure. If the proposed systematic refurbishment work is accepted, then possible IGU upgrades are to be analyzed and decided on.

For either solution – refurbishment or localized repair – a specification is to be prepared and the work is to be awarded either to the contractor that conducted the mock-up repairs or to be tendered. If necessary, a building permit should be obtained. A contract between the Owners and the selected contractor is to be prepared and signed. BCBS can assist with the specifications, contractor selection, permits and contract preparation. In addition, BCBS can review the work conducted and administer the contract.

## **6. COST ESTIMATES**

The following spreadsheet provides a rough estimate of costs. When considering this estimate please note the following:

- 1) The costs estimated are based on global unit rates and allow for the anticipated scopes of work as outlined in above (as are typical to a project of this magnitude and required to meet Code and industry standards).
- 2) All costs are estimated and are subject to change depending on the final scope of work, details and specifications and variations with market-based pricing. Budget costs should be updated as the design development proceeds and as major decisions are made as to scopes of work, quality of products and assemblies and design strategies.
- 3) Budget costs are based on costs for similar renovation projects and are expressed in current dollars. Inflation should be factored in when considering any repairs deferred beyond the next year.
- 4) Contingency costs are loosely based on previous project experience. The final costs will depend on the level of damage that may have occurred, the level of unforeseen circumstances uncovered, or changes required.
- 5) Consulting costs are offered for information only and do not necessarily reflect an offer for services.
- 6) Ultimately, the variation in budgets can serve to show the preliminary nature of construction estimates at this stage of the process. As BCBS has no control over final construction costs (labour, material, equipment, contractor's mark-up and pricing methods or variations due to market conditions), the Owners should expect some variation between preliminary budgets and final construction costs. The tendering contractors will determine the final and ultimate costs during the tender process, which can only be completed once the scope of work, drawings and specifications are finalized.
- 7) The final costs have been rounded to the nearest hundred-dollar figure.

### **TABLE 6.1: ESTIMATE OF COSTS**

This table shows the estimated costs to reconstruct the balcony assemblies in accordance with the recommendations of Section 4 of this report.



| College Place - Curtain Wall Refurbishment   |     |   |   |  |
|--|-----|---|---|--|
|  |     | Scenario A<br>Localized Repairs,<br>Replace Failed IGUs | Scenario B<br>Full Refurbishment +<br>Replace Failed IGUs | Scenario C<br>Full Refurbishment +<br>Complete IGU Upgrade |
| Costs accrued to date for investigations and repair mock-up  |     | \$2,520.00  | \$2,520.00  | \$2,520.00   |
| Complete localized water ingress repairs, replaced ONLY failed IGUs  |     | \$60,000.00   | \$100,000.00  | \$0.00   |
| Renew all gaskets and sealants (Options B & C)   |     | -   | \$255,000.00  | \$255,000.00   |
| Complete IGU Upgrade to High Performance Glazing (Option C)  |     | \$0.00  | \$0.00  | \$500,000.00   |
| Scaffold and Access  |     | \$60,000.00   | \$250,000.00  | \$250,000.00   |
| Scaffold Rental (6 months for Option B, 8 months for Option C)   |     | \$0.00  | \$240,000.00  | \$320,000.00   |
| Contractor General Requirements, Supervision, Coordination (20% for A, 10% for B & C)  |     | \$12,000.00   | \$84,752.00   | \$132,752.00   |
| <b>Total Construction Costs</b>  |     | <b>\$134,520.00</b>                                     | <b>\$932,272.00</b>                                       | <b>\$1,460,272.00</b>                                      |
| <b>Contingency Allowance</b>   |     | <b>\$34,000.00</b>                                      | <b>\$93,000.00</b>  | <b>\$146,000.00</b>  |
| A contingency is required to cover items of repair that cannot be accurately quantified, such as repair of damaged framing components, changes necessitated due to site conditions, etc. As with all project estimates only funds needed will be used and funds remaining or unused can be returned. 25% for A, 10% for B & C) |     |   |   |  |
| <b>Total Construction Budget with Contingency</b>  |     | <b>\$168,520.00</b>                                     | <b>\$1,025,272.00</b>                                     | <b>\$1,606,272.00</b>                                      |
| <b>Estimate of Project Soft Costs</b>  |     | <b>\$34,900.00</b>                                      | <b>\$85,200.00</b>  | <b>\$91,700.00</b>   |
| BECA - repair mock-up and investigations   |     | \$6,200.00  | \$6,200.00  | \$6,200.00   |
| Project Development  |     | \$2,000.00  | \$6,000.00  | \$8,000.00   |
| Construction Documents - Drawings, Specifications, Coordination  |     | \$1,500.00  | \$6,000.00  | \$8,000.00   |
| Construction Stage - Field Review, Contract Administration, Water Testing - 12%, 6%, 4%  |     | \$16,200.00   | \$56,000.00   | \$58,500.00  |
| Hazardous Materials Testing  |     | \$3,000.00  | \$3,000.00  | \$3,000.00   |
| Contingency for Additional or Unforeseen Costs / Variations to Above (20%, 10%)  |     | \$6,000.00  | \$8,000.00  | \$8,000.00   |
| <b>General Owner Project Contingency</b>   |     | <b>\$20,000.00</b>                                      | <b>\$56,000.00</b>  | <b>\$85,000.00</b>   |
| An additional contingency budget is recommended to cover variations in the scopes of work, variations in market pricing, or unforeseen changes that may occur during the course of the project. 10% for A, 5% for B & C.   |     |   |   |  |
| <b>TOTAL CONSTRUCTION AND SOFT COSTS</b>   |     | <b>\$189,420.00</b>                                     | <b>\$1,073,472.00</b>                                     | <b>\$1,636,972.00</b>                                      |
| GST  | 5%  | \$9,471.00  | \$53,673.60   | \$81,848.60  |
| <b>TOTAL COST INCLUDING TAXES</b>  |     | <b>\$198,891.00</b>                                     | <b>\$1,127,145.60</b>                                     | <b>\$1,718,820.60</b>                                      |
| <b>Cost Increase for Phased approach</b>   | 15% | <b>\$30,000.00</b>                                      | <b>\$169,000.00</b>                                       | <b>\$258,000.00</b>  |
| The actual cost for a phased approach is difficult to estimate. Significant variation can occur based on number of phases the project is sectioned, the time spread of the phases, market conditions, etc. A 15% increase is roughly estimated for a phased repair   |     |   |   |  |
| <b>Optional or Contingency Budget Items</b>  | 15% | <b>\$0.00</b>   | <b>\$0.00</b>   | <b>\$0.00</b>  |
| Tendering Services - if requested by client  |     | -   | \$6,000.00  | \$6,000.00   |
| Pre-Construction Coordination / Post Tender Services   |     | -   | \$3,000.00  | \$3,000.00   |
| Permit Application   |     | -   | \$3,500.00  | \$3,500.00   |
| 3rd Party Architect's Review Letter - City of Vancouver Requirement  |     | -   | \$1,500.00  | \$1,500.00   |
| Arborist Report & Tree Protection Plan   |     | -   | \$3,000.00  | \$3,000.00   |
| Specialty Consultants - IF Required  |     | -   | \$2,000.00  | \$2,000.00   |
| City Permit Fees & Deposits  |     | -   | To be determined  | To be determined   |
| Legal Consulting Services - Client discretion  |     | \$1,500.00  | \$2,000.00  | \$2,000.00   |

## **7. CLOSING**

When considering repairs to the building envelope, factors relating to each component of the system must be considered, such as maintenance, renewal, and service lives. Initial decisions made to defer renewals will increase ongoing maintenance and repair and should be accounted for when considering the preferred strategy for the project.

When considering the recommendations outlined in this report, readers should do so with the understanding of the limitations related to the testing and assessment performed. It cannot necessarily be assured that all factors, mechanisms, details and issues that may be contributing to current concerns or future concerns have been identified. BCBS does not assume any liability for existing construction components, systems or assemblies that may be subject of future deterioration or breakdown and that may not be specifically identified within this report and does not assume any liability for the duties or responsibilities of the original building designers, builders, or current / future owners. Based on these limitations, BCBS cannot be held liable for damages, which may be suffered with respect to the purchase, ownership or use of the subject property.

If any further information is required or if the Owners would like to meet and discuss this report or would like assistance in implementing the recommended repairs, please call our office at your convenience.

Respectfully Submitted,  
**BC BUILDING SCIENCE LTD.**

Prepared By:



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Radu Scurtescu, Project Consultant

Reviewed by:



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Chad Cranswick, P.Eng.

## Statement of Financial Position

### Impact of Curtain Wall Project (based on June 30, 2019 figures)

| ASSETS                                     | June 2019<br>before Curtain<br>Wall Project | Impact of<br>Curtain Wall<br>Project | June 2019 - after<br>Curtain Wall<br>Project |
|--|---|--------------------------------------|--|
| Cash and Cash Equivalents                  | 1,452,843                                   | (600,000)                            | 852,843                                      |
| Investments                                | 5,814,613                                   |                                      | 5,814,613                                    |
| Receivables                                | 77,035                                      |                                      | 77,035                                       |
| Prepaid Expense and Deposits               | 219,199                                     |                                      | 219,199                                      |
| Current Assets                             | 7,563,691                                   | (600,000)                            | 6,963,691                                    |
| Investments in College Place Joint Venture | 1,545,842                                   | 600,000                              | 2,145,842                                    |
| Development Costs                          | 293,812                                     |                                      | 293,812                                      |
| Property & Equipment                       | 535,936                                     |                                      | 535,936                                      |
| Non-current Assets                         | 2,375,590                                   | 600,000                              | 2,975,590                                    |
| <b>Total Assets</b>                        | <b>9,939,281</b>                            | <b>-</b>                             | <b>9,939,281</b>                             |
| <b>LIABILITIES AND NET ASSETS</b>          |   |                                      |  |
| Payables and Accruals                      | 730,913                                     | -                                    | 730,913                                      |
| Capital Lease Obligations (Current)        | 6,916                                       | -                                    | 6,916  |
| Deferred Revenue                           | 5,381,422                                   | -                                    | 5,381,422                                    |
| Deferred Contributions                     | 70,474                                      | -                                    | 70,474                                       |
| Total Current Liabilities                  | 6,189,726                                   | -                                    | 6,189,726                                    |
| Capital Lease Obligations (non-current)    | 42,706                                      | -                                    | 42,706                                       |
| Total Liabilities                          | 6,232,432                                   | -                                    | 42,706                                       |
| Total Net Assets                           | 3,706,849                                   | -                                    | 3,706,849                                    |
| <b>Total Liabilities and Net Assets</b>    | <b>9,939,281</b>                            | <b>-</b>                             | <b>9,939,281</b>                             |



College of Pharmacists  
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## 11. Audit and Finance Committee

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**Tracey Hagkull**

Vice-Chair of Audit and Finance Committee



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## 11 a) Committee Updates

- June 2019 Financial Report



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## 11 b) Strategic Plan 2020/2021 to 2024/2025 Budget Implications



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# Strategic Plan 2020/2021 to 2024/2025

- 5 year Strategic Plan
- Action Items
- Budget Projections
- Incorporated into current CPBC budgeting and staffing
- Additional requirements



## Budget Implications for Each Draft Strategic Goal

|  | 2020/21          | 2021/22          | 2022/23          | 2023/24          | 2024/25          | Total              |
|--|------------------|------------------|------------------|------------------|------------------|--------------------|
| <b>Goal One:</b> <i>The public is given evidence-informed, patient-centred, team based care.</i>   |                  |                  |                  |                  |                  |                    |
|  | \$144,693        | \$197,941        | \$219,881        | \$181,758        | \$178,573        | \$922,846          |
| <b>Goal Two:</b> <i>To enable practice innovation through regulation that enhances health and wellness of the public and ensures patient safety.</i>                             |                  |                  |                  |                  |                  |                    |
|  | -                | \$21,750         | -                | -                | -                | \$21,750           |
| <b>Goal Three:</b> <i>To have the public and health professionals see pharmacy professionals as valuable resources who are acting first and foremost in the public interest.</i> |                  |                  |                  |                  |                  |                    |
|  | -                | \$34,250         | \$41,500         | \$30,000         | -                | \$105,750          |
| <b>Goal Four:</b> <i>To have strong, collaborative engagement with all health care providers to advance patient-centred, interdisciplinary care.</i>                             |                  |                  |                  |                  |                  |                    |
|  | -                | -                | -                | -                | -                | -                  |
|  |                  |                  |                  |                  |                  |                    |
| <b>Total</b>   | <b>\$144,693</b> | <b>\$253,941</b> | <b>\$261,381</b> | <b>\$211,758</b> | <b>\$178,573</b> | <b>\$1,050,346</b> |





# Overall Budget Impact

- Strategic Plan budget incorporated into CPBC multi year budget projections
- Multiple options reviewed
- 2 identified as feasible
- Both require use of reserve funds
- Approving a **working guide** for development of the 2020/2021 budget
- AFC recommend to keep Strategic Plan whole, while being financially responsible with reserves and not overly burdening registrants



## Assumptions

### Fees:

- 3% increase for all categories (Years 2 -4)
- 2% increase for all categories (Years 5 - 6)

|  | YR 1<br>2019-20<br>BUDGET | MULTI-YEAR PLAN   |                   |                   |                   |                   |
|--|---------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
|  |                           | YR 2<br>2020-21   | YR 3<br>2021-22   | YR 4<br>2022-23   | YR 5<br>2023-24   | YR 6<br>2024-25   |
|  |                           | PROJECTED         |                   |                   |                   |                   |
| Revenue deferred   | 8,744,240                 | 9,223,410         | 9,740,077         | 10,351,048        | 10,929,487        | 11,530,836        |
| Revenue licensure other                                      | 515,366                   | 559,857           | 588,054           | 617,822           | 643,179           | 657,965           |
| Revenue other  | 574,329                   | 549,189           | 562,697           | 566,297           | 579,560           | 591,385           |
| <b>Revenue</b>   | <b>9,833,935</b>          | <b>10,332,456</b> | <b>10,890,827</b> | <b>11,535,167</b> | <b>12,152,227</b> | <b>12,780,186</b> |
| Expenditures - Board-Approved Multi-Year                     | 10,838,668                | 11,123,669        | 11,353,249        | 11,652,520        | 12,008,872        | 12,331,145        |
| Expenditures - Proposed Strategic Plan (5 year) <sup>1</sup> | -                         | 144,693           | 253,941           | 261,381           | 211,758           | 178,573           |
| <b>Total Expenditures</b>                                    | <b>10,838,668</b>         | <b>11,268,362</b> | <b>11,607,190</b> | <b>11,913,901</b> | <b>12,220,630</b> | <b>12,509,719</b> |
| <b>Excess (Deficiency) of Revenue over Expenditures</b>      | <b>(1,004,733)</b>        | <b>(935,906)</b>  | <b>(716,362)</b>  | <b>(378,734)</b>  | <b>(68,403)</b>   | <b>270,467</b>    |

|   | YR 1<br>2019-20<br>BUDGET | YR 2<br>2020-21  | YR 3<br>2021-22    | YR 4<br>2022-23    | YR 5<br>2023-24    | YR 6<br>2024-25    |
|---|---------------------------|------------------|--------------------|--------------------|--------------------|--------------------|
|   |                           | PROJECTED        |                    |                    |                    |                    |
|   |                           |                  |                    |                    |                    |                    |
| Reserves, Opening Balance <sup>2</sup>        | 3,368,879                 | 2,364,147        | 1,428,241          | 711,879            | 333,145            | 264,742            |
| Add: Excess of Revenue over Expenditures      |                           |                  |                    |                    |                    | 270,467            |
| Less: Deficiency of Revenue over Expenditures | (1,004,733)               | (935,906)        | (716,362)          | (378,734)          | (68,403)           |                    |
| <b>Reserves, Closing Balance</b>              | <b>2,364,147</b>          | <b>1,428,241</b> | <b>711,879</b>     | <b>333,145</b>     | <b>264,742</b>     | <b>535,209</b>     |
| Approved Reserve Balance                      | 2,000,000                 | 2,000,000        | 2,000,000          | 2,000,000          | 2,000,000          | 2,000,000          |
| <b>Excess (Deficiency) of Reserves</b>        | <b>364,147</b>            | <b>(571,759)</b> | <b>(1,288,121)</b> | <b>(1,666,855)</b> | <b>(1,735,258)</b> | <b>(1,464,791)</b> |



## Assumptions

### Fees:

- 3.5% increase for all categories (Years 2 -4)
- 2% increase for all categories (Years 5 - 6)

| MULTI-YEAR PLAN  |             |            |            |            |            |            |
|--|-------------|------------|------------|------------|------------|------------|
|  | YR 1        | YR 2       | YR 3       | YR 4       | YR 5       | YR 6       |
|  | 2019-20     | 2020-21    | 2021-22    | 2022-23    | 2023-24    | 2024-25    |
|  | BUDGET      | PROJECTED  |            |            |            |            |
| Revenue deferred   | 8,744,240   | 9,223,410  | 9,762,354  | 10,439,901 | 11,066,214 | 11,710,473 |
| Revenue licensure other                                      | 515,366     | 560,620    | 591,267    | 623,897    | 651,403    | 666,325    |
| Revenue other  | 574,329     | 549,251    | 563,076    | 567,274    | 580,976    | 592,833    |
| Revenue  | 9,833,935   | 10,333,281 | 10,916,697 | 11,631,072 | 12,298,593 | 12,969,631 |
| Expenditures - Board-Approved Multi-Year                     | 10,838,668  | 11,123,669 | 11,353,249 | 11,652,520 | 12,008,872 | 12,331,145 |
| Expenditures - Proposed Strategic Plan (5 year) <sup>1</sup> | -           | 144,693    | 253,941    | 261,381    | 211,758    | 178,573    |
| Total Expenditures   | 10,838,668  | 11,268,362 | 11,607,190 | 11,913,901 | 12,220,630 | 12,509,719 |
| Excess (Deficiency) of Revenue over Expenditures             | (1,004,733) | (935,081)  | (690,493)  | (282,828)  | 77,963     | 459,912    |

|  | YR 1        | YR 2      | YR 3        | YR 4        | YR 5        | YR 6        |
|--|-------------|-----------|-------------|-------------|-------------|-------------|
|  | 2019-20     | 2020-21   | 2021-22     | 2022-23     | 2023-24     | 2024-25     |
|  | BUDGET      | PROJECTED |             |             |             |             |
| Reserves, Opening Balance <sup>2</sup>         | 3,368,879   | 2,364,147 | 1,429,066   | 738,573     | 455,745     | 533,708     |
| Add : Excess of Revenue over Expenditures      |             |           |             |             | 77,963      | 459,912     |
| Less : Deficiency of Revenue over Expenditures | (1,004,733) | (935,081) | (690,493)   | (282,828)   |             |             |
| Reserves, Closing Balance                      | 2,364,147   | 1,429,066 | 738,573     | 455,745     | 533,708     | 993,620     |
| Approved Reserve Balance                       | 2,000,000   | 2,000,000 | 2,000,000   | 2,000,000   | 2,000,000   | 2,000,000   |
| Excess (Deficiency) of Reserves                | 364,147     | (570,934) | (1,261,427) | (1,544,255) | (1,466,292) | (1,006,380) |



## 11 b) Strategic Plan 2020/2021 to 2024/2025 Budget Implications

### **MOTION:**

Direct the Registrar to consider Multi-year plan Scenario #2, Appendix #4 when drafting the 2020/21 College Budget.



College of Pharmacists  
of British Columbia

## 11 c) Approval of Joint Venture Building Curtain Wall Repairs



# Background

- The Joint Venture
- Reserve for major repairs
- 2 yrs ago reserve reviewed by consulting engineer
- Assured reserve satisfactory
- Ongoing leaking around windows and doors
- Curtain wall failing, requires replacement
- Project approved by CDSBC Summer 2019
- Upon enquiry, the engineer had assumed that this had been with 2010 major renovation



# The Repairs

- The project is anticipated to include replacing:
  - All windows
  - The curtain wall seals
- Extensive work
- Longer term efficiencies
- Consultants will prepare a design document this fall
- Out for bid Spring 2020
- Anticipated work will take place over 6 to 8 months in 2020



# Funding Repairs

- Joint Venture's reserve is insufficient
- Two owners will have to cover the costs of this project
- CPBC's share approximately \$600,000
- Joint Venture will capitalize work
- The funds CPBC transfers to the Joint Venture will increase the College's investment in the Joint Venture
- Transfer of assets only, therefore no budget impact - a "Balance Sheet" entry
- The College has sufficient GIC investments to cover this.





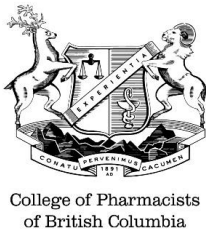
| ASSETS                                    | June 2019 before<br>Curtain Wall<br>Project | <i>Impact of Curtain<br/>Wall Project</i> | June 2019 – after<br>Curtain Wall<br>Project |
|---|---|---|--|
| Cash and Cash Equivalents                 | 1,452,843                                   | <i>(600,000)</i>                          | 852,843                                      |
| Investments                               | 5,814,613                                   |   | 5,814,613                                    |
| Receivables                               | 77,035                                      |   | 77,035                                       |
| Prepaid Expense and Deposits              | 219,199                                     |   | 219,199                                      |
| Current Assets                            | 7,563,691                                   | <i>(600,000)</i>                          | 6,963,691                                    |
| Investments in College Place Join Venture | 1,545,842                                   | <i>600,000</i>                            | 2,145,842                                    |
| Development Costs                         | 293,812                                     |   | 293,812                                      |
| Property & Equipment                      | 535,936                                     |   | 535,936                                      |
| Non-current Assets                        | 2,375,590                                   | <i>600,000</i>                            | 2,975,590                                    |
|   |   |   |  |
| <b>Total Assets</b>                       | <b>9,939,281</b>                            | <b>-</b>                                  | <b>9,939,281</b>                             |



## 11 c) Approval of Joint Venture Building Curtain Wall Repairs

### **MOTION:**

Approve in principle the transfer of the College of Pharmacists' portion of the extraordinary costs, approximately \$600,000, to the Joint Venture for the repairs to the building's curtain wall and replacement of windows.



## BOARD MEETING September 13, 2019

### 12. Approval of Strategic Plan 2020/2021 to 2024/2025 Goals and Objectives

#### DECISION REQUIRED

##### Recommended Board Motion:

*Approve the Strategic Plan 2020/2021 to 2024/2025 Goals and Objectives.*

##### Purpose

To present the draft Strategic Plan goals and revised objectives for the Board's consideration and approval.

##### Background

The College's Management Team reviewed the draft goals and objectives approved in principle at the June 2018 Board meeting in preparation for costing the budget implications. Consideration was also given to the timing of activities, the workload implications and whether or not the activity is in the mandate or scope of the College.

As a result, some action items were adjusted / re-ordered in order to take advantage of work being done for other objectives or to create efficiencies. Some action items were removed as the work described would be combined with other steps or would not be within the College's mandate or will be completed prior to March 2020.

##### Budget Implications

As covered in the earlier Audit and Finance Committee agenda item, the budget implications of the Strategic Plan were estimated and analysed for their impact to the College's multi-year plan. For most goals the incremental (over and above normal operating) costs are fairly minimal. However, for Goal One, on the other hand, it was identified that additional legal and consulting costs will be needed along with one full time equivalent staff.

## **Discussion**

The updated Strategic Plan includes a preamble for each Goal, as well as the Objective and Actions under each Goal. Please see Appendix 1 the updated Strategic Plan. For reference, Appendix 2 contains the document presented at the June 2019 Board meeting when the Strategic Plan was approved in principle.

Approval of the Strategic Plan at the September 2019 Board meeting allows for sufficient time to plan for the next fiscal year and to include those plans in the 2020/21 budget, which will be presented to the Board in February 2020. In addition, it allows time for the Strategic Plan to be incorporated into the College's Strategic Planning software, Cascade. Finally it provides the Communications and Engagement Department with time to plan the launch of the Strategic Plan publicly.

## **Recommendation**

That the Board approves the Strategic Plan 2020/2021 – 2024/2025 Goals and Objectives.

| <b>Appendix</b> |  |
|-----------------|--|
| 1               | Strategic Plan 2020/2021 to 2024/2025                |
| 2               | Strategic Plan – Approved in Principle June 14, 2019 |

# 2020/21 - 2024/25 Strategic Plan

**Vision** - Better health through excellence in pharmacy

**Mission** – The College of Pharmacists regulates the pharmacy profession in the public interest. We set and enforce standards and promote best practices for the delivery of pharmacy care in British Columbia.

## Goal One

**The public is given evidence-informed, patient-centred, team based care.**

Standards of Practice under the *Health Professions Act* will be reviewed and modernized to support the best evidence-informed care, enabling practice innovation while ensuring safety based on the principles of [Right Touch Regulation](#). Modernized Standards will also reflect patient-centred care, which involves people feeling respected, and equitable care that includes cultural safety and humility, and respect of economic status and social justice, in addition to appropriate inclusion of the family. Team-based care and collaboration will also be supported throughout by designing Standards to be applicable to any environment where pharmacy services may be provided.

The College will also draw on insights from complaint outcomes, practice reviews, medication errors, and other emerging best practices and research to ensure pharmacy practice regulation in BC enables the public to receive safe, evidence-informed, patient-centred, care.

| Objectives  | Actions   | Considerations  |
|---|---|---|
| To develop a plan to support the provision of evidence-informed, patient-centred, team-based care that includes cultural safety and humility. | <ul style="list-style-type: none"><li>• Modernize the Standards of Practice to support this objective.</li><li>• Enhance practice reviews to include a focus area that reflects this objective.</li><li>• Enhance Medication Error Reporting.</li></ul> | <ul style="list-style-type: none"><li>• Modernizing the Standards of Practice links to other Strategic Goals.</li></ul> |

## Goal Two

**To enable practice innovation through regulation that enhances the health and wellness of the public and ensures patient safety.**

Inherent in this goal is consideration of Right Touch Regulation that supports innovation, is flexible and enables professionals to focus on the health and wellness of the public. Patient safety includes the commitment to cultural safety and humility, the provision of care and services that respect economic status and social justice, as well as technical safety and workload that enable safe practices.

To realize this goal, the College will need to stay current with emerging practice and health-technology innovation and patient expectations to identify where changes to regulation may be needed to enable advancements in patient care or address new risks.

| Objectives  | Actions  | Considerations  |
|---|--|---|
| Establish a transparent and accessible innovation strategy that will ensure the future safety, health and wellness of the public. | <ul style="list-style-type: none"> <li>• Develop a regulatory approach to practice innovation.</li> <li>• Engage the public and registrants on practice innovation.</li> </ul> | <ul style="list-style-type: none"> <li>• This links to the Standards of Practice work in Goal One.</li> <li>• Develop a transparent framework for engagement.</li> <li>• Consider innovations on a case by case basis</li> <li>• Consider applicability to other health regulators</li> </ul> |

## Goal Three

**To have the public and health professionals value pharmacy professionals, and trust that they are acting first and foremost in the public interest.**

With increasing collaboration and a focus on patient centered care, it is important that pharmacy professionals are trusted as a valuable resource within the health system by members of the public and other health professionals. Patients especially need to know that they can trust pharmacy professionals to uphold high ethical standards and understand how they can contribute to their health and wellness. This also empowers patients to identify if the care provided does not meet standards, and work with the College to resolve practice issues.

| Objectives  | Actions   | Considerations   |
|---|---|--|
| To communicate what the public and health professionals can expect from pharmacy professionals. | <ul style="list-style-type: none"> <li>• Establish a baseline assessment of public trust and expectations.</li> <li>• Develop a Patient Bill of Rights to effectively communicate expectations and strengthen trust.</li> <li>• Develop a communications strategy to help other healthcare providers understand how they can collaborate with pharmacy</li> </ul> | <ul style="list-style-type: none"> <li>• To use in developing research questions for baseline assessment.</li> <li>• Linked to the Patient Bill of Rights.</li> <li>• Assess barriers, benefits; engage through existing working groups, committees, etc.</li> <li>• Patient Bill of Rights and CPBC signage.</li> </ul> |

|   | professionals on patient care. <ul style="list-style-type: none"> <li>• Collaborate with Health Regulators on effective interdisciplinary communication</li> </ul>  |  |
|---|---|--|
| Goal Four   |   |  |
| <b>To have strong, collaborative engagement with all health care providers to advance patient-centred, interdisciplinary care.</b> <p>Collaboration and engagement with all health care providers is needed to support safe patient-centered care. The College needs to play an important role in furthering collaboration between health care providers by working closely with other health regulators and identifying opportunities to better support interdisciplinary practice innovation and team-based care. The role of collaboration in advancing patient care will also be reflected through work to modernize our Standards of Practice (Goal One), establish a new approach to practice innovation (Goal 2) and the development of a Patient Bill of Rights (Goal Three).</p> |   |  |
| Objectives  | Actions   | Considerations   |
| Enhance patient health and wellness through collaborative engagement with all healthcare providers.   | <ul style="list-style-type: none"> <li>• Demonstrate existing front-line collaboration across healthcare providers.</li> <li>• Develop a statement on regulation of Pharmacy Practice in interdisciplinary care.</li> <li>• Develop a proposal to the Ministry of Health for complete access to PharmaNet and medication profiles for all healthcare providers involved in any aspect of drug therapy provision.</li> </ul> | <ul style="list-style-type: none"> <li>• Links to Standards of Practice (Goal One) and Patient Bill of Rights (Goal Three).</li> <li>• To enhance clarity for public, patients, registrants and other healthcare providers. Links to Standards of Practice (Goal One) and Patient Bill of Rights (Goal Three).</li> <li>• Collaborate with other health professions. Engage with other healthcare professionals and the public.</li> </ul> |



College of Pharmacists  
of British Columbia

*REVISED Strategic Plan  
Version Two – Revision One*

Karen Graham  
Panacea Canada Inc.  
May 27, 2019  
May 29, 2019  
May 31, 2019



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## Preamble

The CPBC Board and senior management developed a series of draft goals at a two-day strategic planning retreat in April.

Integral to the discussions at the retreat was the Harry Cayton Report to the Ministry of Health which was released on April 11, 2019. Since then staff has had the opportunity to review the report in more detail and has gathered information from other Health Regulators.

The management team reviewed all of this information and held a one-day strategic planning session with our facilitator, Karen Graham, on May 24, 2019. At this session management reviewed the Strategic Plan draft goals and created draft objectives for presentation to the Board.

The draft objectives considered the Cayton Report and paid particular attention to the concepts of “patient safety”, “public health and wellness” and “right touch” regulation. Management also considered discussions at the Board strategic planning retreat around what should be included in “patient safety”. These discussions are included in the *CPBC April 2019 Strategic Planning Retreat DRAFT Report*. Topics highlighted in our discussions included:

- Pharmacy care that is: ethical, equitable, inclusive, socially just, respectful, and safe, including culturally safe
- Commitment to cultural humility as a path to cultural safety
- Provision of care and services that respect economic status and social justice
- People feeling respected (not judged) by pharmacy care professionals
- Inclusive care: inclusive of patient, family, health care team, public
- Workload that enables safe practices such as:
  - Safe use of medication: providing education, information, and communication to end user to ensure safe use
  - Technical safety: safe dispensing practices that minimize risk of medication error
- Emphasis on evidence-based, patient-centered, interdisciplinary care
- “Pharmacy Care Provider” in place of “Pharmacy Professional” to avoid perception of power imbalance inherent in “Professional”

## Next Steps

|                         |   |
|-------------------------|---|
| June Board Meeting      | Draft Strategic Plan for Board approval in principle  |
| July Management Retreat | Map the plan over 5 years<br>Develop action plans for the objectives<br>Identify other information needed in order to cost the strategic plan |
| July and August         | Cost the plan<br>Consider staff, consultants, legal and other resources   |
| September Board Meeting | Present costed strategic plan<br>Entertain final revisions  |
| November Board Meeting  | Adopt Final Strategic Plan to wild applause and general adulation....   |

## Strategic Goals and Objectives Overview

### Possible Overarching Theme: Evidence-Based, Patient-Centred, Interdisciplinary Care

Strategic goals and associated objectives have been re-ordered to reflect level of complexity as determined at the Management Staff Planning Session discussions.

#### Strategic Goal One: The public is given evidence-based, patient-centred, interdisciplinary care.

Objective 1.1 To ensure evidence-based, patient-centred, interdisciplinary care, rework the Standards of Practice to advance the quality of patient care and reflect contemporary pharmacy practice.

Objective 1.2 To develop an approach to support the provision of evidence-based, patient-centred, interdisciplinary care.

#### Strategic Goal Two: To enable practice innovation through regulation that enhances health and wellness of the public and ensures patient safety.

Objective 2.1: Ensure patient safety and public health and wellness by implementing a transparent plan that engages the public in identifying practice innovations and determining the College's role

#### Strategic Goal Three: To have the public and health professionals trust and value pharmacy professionals.

Objective 3.1 To build awareness of what the public and health care professionals can expect from pharmacy professionals.

#### Strategic Goal Four: To have strong, collaborative engagement with all health professions to advance patient-centred, interdisciplinary care.

Objective 4.1 Enhance patient health and wellness by developing a proposal for complete access to Pharmanet and/or Medication Profiles for all health professionals involved in any aspect of drug therapy provision.

## Possible Considerations and Action Steps

For each of the Strategic Goals, a series of Possible Considerations and Action Steps are proposed. These have been assimilated from the April 12-13, 2019 Board Retreat and the May 24, 2019 Management Team Planning Session.

### Strategic Goal One

**The public is given evidence-based, patient-centred, interdisciplinary care.**

**Objective 1.1 To ensure evidence-based, patient-centred, interdisciplinary care, rework the Standards of Practice to advance the quality of patient care and reflect contemporary pharmacy practice.**

#### *Possible Considerations (Assimilated from the Board Retreat and the Management Planning Session)*

Create a Set of Common Standards regardless of practice site that are practice agnostic, i.e. applicable to all practice sites across the care continuum, including innovative practices that don't "fit" in more traditional practice sites

- ▶ Characteristics of revised standards:
  - Plain language, public-friendly
  - Hierarchy that reflects impact on patient safety and public health and wellness
  - Principle-based
  - Right Touch Regulation:
    - Clear, flexible, easily adaptable, fluid
    - Permissive, enabling
    - Minimize red tape, technical requirements
    - Remove fear of punishments, fear of audits
- ▶ In light of impending HPA modernization, CPBC has an opportunity to lead in Standards of Practice modernization
- ▶ Pharmacy Professionals will:
  - Be enabled to practice full scope
  - Have time they need to do what benefits the public
  - Be empowered to use professional judgement

#### *Possible Action Steps (from the Management Planning Session)*

1. Complete an environment scan to identify what's missing
2. Evaluate existing standards to assess whether they already enable evidence-based, patient centred, interdisciplinary care
3. Rank the standards in priority, for example:
  - ▶ Standards that will have highest impact on patient safety and public health and wellness
  - ▶ Standards that have recently been revised
  - ▶ Standards that can be deleted
4. Link this objective to other goals, for example: Goal Four: To have evidence-based, patient-centred, interdisciplinary care through strong, collaborative engagement with all health professionals.

**Objective 1.2 To develop an approach to support the provision of evidence-based, patient-centred, interdisciplinary care.**

***Possible Considerations (Assimilated from the Board Retreat and the Management Planning Session)***

- This objective is intended to address the relationship between the individual and their pharmacy care providers.
- Registrants to provide care that respects what the patient wants including other treatments and approaches, for example Indigenous Health Practices, Traditional Chinese Medicine
  - Note that these other treatments and approaches are regulated by their own organizations
- Consider “safety” as defined in the preamble
- Patient care to include the patient’s circle of care
- Every pharmacy care professional in every practice site is able to meet the same standard of care. This is predicated on:
  - Workload that enables safe, evidence-based pharmacy practices
  - Work environments that enable safe dispensing practices and minimise risk of medication error

***Possible Action Steps (from the Board Retreat and Management Planning Session)***

1. Enhance practice reviews to include a focus area that reflects this objective:
  - a. Identify trends, evaluate and monitor progress in this focus area
2. Enhance Medication Error reporting
3. Develop tool kit for evidence-based practice that includes for example:
  - a. Available CE to support evidence-based activities, for example literature reviews
  - b. Guidelines for Pharmacy Managers
4. Identify safe work environment training opportunities for managers
  - a. Clarify CPBC’s role versus that of Employment Standards or WorkSafe BC and working with these other agencies as needed

## Strategic Goal Two

To enable practice innovation through regulation that enhances health and wellness of the public and ensures patient safety.

**Objective 2.1: Ensure patient safety and public health and wellness by implementing a transparent plan that engages the public in identifying practice innovations and determining the College's role.**

### *Possible Considerations (Assimilated from the Board Retreat and the Management Planning Session)*

- ▶ Focus first on the public's view of innovations, barriers and solutions
- ▶ Enable practice innovation that enhances patient safety and/or public health and wellness:
  - Consider safety net, risk assessment approach, start with innovations with greatest potential for risk
  - Use the lens of Standards of Practice
  - Consider avenues that don't require a bylaw change, e.g. tools, information, resources etc.
- ▶ This goal includes requirements for:
  - Ensuring dispensing of product, information and advice to the public and patients that is accurate, safe, timely and confidential
  - Confidential environments in which patients interact with pharmacists
  - Ensuring that pharmacies and pharmacy professionals have the required resources to provide care that the public need
- ▶ Right touch regulation that supports industry innovation:
  - is flexible
  - ensures patients have access to the care they want
  - enables enhanced pharmacy professionals' focus on health and wellness
  - removes or avoids barriers to pharmacy professionals practising to full scope of practice

### *Possible Action Steps (from the Management Planning Session)*

1. Define practice innovation
2. Clarify the scope of the College's role as regulator
3. Establish a public advisory group to identify innovative pharmacy practices of public interest
  - a. Create mechanisms for public to engage with CPBC to inform decisions/changes on innovation
4. Review regulations to identify barriers or ways in which innovation is disabled
5. Engage registrants in
  - a. Development of solutions
  - b. Considering the impact of innovation on staffing and resources and vice versa
6. Implement a collaboration plan that:
  - a. Enables interdisciplinary collaboration at the practice level
  - b. Engages Public Interest Groups, Health Profession Regulators, and relevant Industry Associations
7. Establish a process for staying current on emerging practice innovation and associated regulatory implications.
8. Output will include tools, communications etc.

## Strategic Goal Three

To have the public and health professionals trust and value pharmacy professionals.

**Objective 3.1** To build awareness of what the public and health care professionals can expect from pharmacy professionals.

### *Possible Considerations (Assimilated from the Board Retreat and the Management Planning Session)*

Trust is built on personal contact between pharmacy professionals and:

1. Patients,
2. The public, and
3. Other health professionals

### *Possible Action Steps (from the Board Retreat and Management Planning Session)*

1. Undertake baseline assessments of the public and other health professions to measure:
  - a. Existing level of trust
  - b. Degree of understanding of pharmacy professionals' roles
2. Implement a patient awareness plan to enhance public understanding of what pharmacy professionals should be doing. Tools might include:
  - a. Patient Bill of Rights: What you can expect from pharmacy professionals
  - b. CPBC signage visible to patients and the public in all practice sites
3. Implement an awareness plan to enhance public understanding of CPBC's role
  - a. licensure requirements, complaints process etc.
4. Implement an awareness plan to enhance health professions' understanding of pharmacy professionals' roles
  - a. What you can expect from pharmacy professionals as drug therapy experts
  - b. Communicate pharmacy professionals' education, training and licensure requirements that position them as drug therapy experts
5. Collaborate with other Health Professions Regulators to encourage effective interdisciplinary collaboration in front line practice
  - a. Establish a working group
  - b. Create a patient care map to illustrate what each health care professional provides for patients
6. Create awareness plan for modernized Code of Ethics to set the expectations of professionalism:
  - o Professions' understanding of ethics, ethical practice role, scope
  - o What to expect of peers and how to behave
  - o Professionalism applies 24/7
7. Lead in development of Unified Code of Ethics for all health professionals

## Strategic Goal Four

To have strong, collaborative engagement with all health professions to advance patient-centred, interdisciplinary care.

**Objective 4.1 Enhance patient health and wellness by developing a proposal for complete access to Pharmanet and/or Medication Profiles for all health professionals involved in any aspect of drug therapy provision.**

*Note Link to Objective 1.1: To ensure evidence-based, patient-centred, interdisciplinary care, rework the Standards of Practice to advance the quality of patient care and reflect contemporary pharmacy practice.*

### ***Possible Considerations (Assimilated from the Board Retreat and the Management Planning Session)***

- Note that Objective 1.1 addresses modernizing Standards of Practice to enable interdisciplinary, evidence-based, patient centred care

### ***Possible Action Steps (from the Management Planning Session)***

#### *Complete access to PharmaNet/ Medication profiles*

1. Collaborate with other health professions to Implement an advocacy plan for shared health records
  - a. PharmaNet
  - b. Medication Profiles
  - c. Access to laboratory testing and results

#### *Collaboration with other Health Profession Regulators*

1. Engage other health regulatory colleges in the identification of collaboration opportunities such as
  - a. Co-development of relevant Bylaws, for example: Injections, MAID, Physician Dispensing
  - b. Shared language, forms, messaging
2. Lead the development of common standards across health professions where applicable
  - a. E.g. Code of Ethics

#### *Collaborative front line engagement with all health professions*

1. Link to Objective 1.1: To ensure evidence-based, patient-centred, interdisciplinary care, rework the Standards of Practice to advance the quality of patient care and reflect contemporary pharmacy practice.
2. Develop a statement on pharmacy practice in interdisciplinary care considering for example:
  - a. Registrants who practice outside of existing physical practice sites
  - b. Primary Care teams
  - c. Existing models, e.g. REACH





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## 12. Approval of Strategic Plan 2020/2021 to 2024/2025 Goals and Objectives

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**Christine Antler**

Vice-Chair



College of Pharmacists  
of British Columbia

# Vision

Better health through excellence in pharmacy



College of Pharmacists  
of British Columbia

# Mission

- The CPBC regulates the pharmacy profession in the public interest.
- We set and enforce standards and promote best practices for the delivery of pharmacy care in British Columbia.



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# Strategic Plan – 2020/2021 to 2024/2025

## Goal One

- The public is given evidence-informed, patient-centred, team-based care.



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# Strategic Plan – 2020/2021 to 2024/2025

## Objective

- To develop a plan to support the provision of evidence-informed, patient-centred, team-based care that includes cultural safety and humility.



# Strategic Plan – 2020/2021 to 2024/2025

## Actions

- Rework the Standards of Practice to support this objective.
- Enhance practice reviews to include a focus area that reflects this objective.
- Enhance Medication Error Reporting.



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# Strategic Plan – 2020/2021 to 2024/2025

## Goal Two

- To enable practice innovation through regulation that enhances health and wellness of the public and ensures patient safety.



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# Strategic Plan – 2020/2021 to 2024/2025

## Objective

- Ensure patient safety and health and wellness of the public by implementing a transparent plan that engages the public in identifying practice innovations and determining the College's role.





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# Strategic Plan – 2020/2021 to 2024/2025

## Actions

- Define the regulatory approach to practice innovation.
- Engage registrants and the public.



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# Strategic Plan – 2020/2021 to 2024/2025

## Goal Three

- To have the public and health professionals see pharmacy professionals as valuable resources who are acting first and foremost in the public interest.



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# Strategic Plan – 2020/2021 to 2024/2025

## Objective

- To communicate what the public and health professionals can expect from pharmacy professionals.



# Strategic Plan – 2020/2021 to 2024/2025

## Actions

- Develop a rough draft of a Patient Bill of Rights.
- Baseline assessment against public expectations.
- Communication plan re healthcare providers' understanding of registrants' roles.
- Finalize the Patient Bill of Rights.
- Collaborate with Health Regulators on effective frontline interdisciplinary communication.
- Develop a patient communication plan to distribute the Patient Bill of Rights.



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# Strategic Plan – 2020/2021 to 2024/2025

## Goal Four

- To have strong, collaborative engagement with all healthcare providers to advance patient-centred, team-based care.



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# Strategic Plan – 2020/2021 to 2024/2025

## Objective

- Enhance patient health and wellness through collaborative engagement with all healthcare providers.



# Strategic Plan – 2020/2021 to 2024/2025

## Actions

- Demonstrate existing front-line collaboration across healthcare providers.
- Develop a statement on regulation of Pharmacy Practice in team-based care.
- Develop a proposal to the Ministry of Health for complete access to PharmaNet and medication profiles for all healthcare providers involved in any aspect of drug therapy provision.



College of Pharmacists  
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## 12. Approval of Strategic Plan 2020/2021 to 2024/2025 Goals and Objectives

### **MOTION:**

Approve the Strategic Plan 2020/2021 to 2024/2025 Goals and Objectives.



## BOARD MEETING September 13, 2019

### 13. Registrar Evaluation & Succession Planning Committee a) Approval of Updated Registrar's Job Description

#### DECISION REQUIRED

#### Recommended Board Motion:

*Approve the updated Registrar's job description as circulated.*

#### Purpose

To approve the updates made to the Registrar job description.

#### Discussion

At its first meeting on July 15, 2019, the Registrar Evaluation & Succession Planning Committee identified the need to review and update the Registrar's job description.

At the following meeting on August 20, 2019, the Registrar Evaluation & Succession Planning Committee finalized the revisions. The Chair of the day will continue to work on the job description and will bring it for further consideration to the committee.

Please see Appendix 1 for the updated Registrar's job description.

#### Recommendation

The Registrar Evaluation and Succession Planning Committee recommends that the updated job description be approved.

#### Appendix

|   |                                     |
|---|-------------------------------------|
| 1 | Updated Registrar's Job Description |
|---|-------------------------------------|



|                  |                          |                   |              |
|------------------|--------------------------|-------------------|--------------|
| <b>Job Title</b> | <b>Registrar and CEO</b> | <b>Reports To</b> | <b>Board</b> |
|------------------|--------------------------|-------------------|--------------|

| <b>Purpose of Role</b>   |   |
|--|---|
| <p>The Registrar acts as the Chief Executive Officer of the College and leads the College organization and staff. The Registrar is responsible for the effective operation of the College and oversees the performance of the College. The Registrar reports to the Board, and is expected to lead the relationship with, and interpret the direction of, the Board in line with the legislated requirements of the mandate of the College, as well as the Mission, Vision, and strategic goals.</p> |   |
| <b>Essential Duties for the Registrar</b>  | <b>Key Performance Indicators</b>   |
| <ul style="list-style-type: none"> <li>Ensures the College meets all legislative requirements.</li> </ul>  | <ul style="list-style-type: none"> <li>All legislative requirements are met, including responsibilities, budgets, filing of reports, reporting to the Minister and/or Ministry of Health, constitution of committees, meeting structure, and notices.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Supports the Board.</li> </ul>  | <ul style="list-style-type: none"> <li>Ensures that Board meetings are held within the pre-determined schedule and supports efficient operation of Board meetings.</li> <li>Serves as an informational resource to the Board on matters of legislation, process, and procedure.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Leads the College's relationship with the Board and operationalizes the direction of the Board in line with legislative requirements.</li> </ul>  | <ul style="list-style-type: none"> <li>Ensures the College's relationship with the Board is effective.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Ensures appropriate due diligence is provided to the Board to inform their decisions.</li> </ul>  | <ul style="list-style-type: none"> <li>Ensures the Chair and Board are provided with relevant and timely information regarding material issues.</li> <li>Ensures complete and accurate information are provided to the Board through briefing notes included in the Board meeting materials within the required timelines.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Leads and works with the executive team to create short-term and long-term strategies and operational plans to carry out the Board's strategic goals.</li> </ul>  | <ul style="list-style-type: none"> <li>Strategic and operational plans are implemented, updated, and revised to reflect the changing requirements of the College.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Leads and works with the executive team to create the annual operating budget and capital budgets for operation of all departments, and is responsible for the accuracy and integrity of the financial reporting.</li> </ul>  | <ul style="list-style-type: none"> <li>Budgets are proposed to and approved by the Board within the required timelines.</li> <li>Oversees the allocation of the College's budget and is accountable for all department expenditures.</li> <li>Seeks Board approval for expenditures, revenue measures, leases, or other actions and transactions outside of the guidelines and policies approved by the Board.</li> </ul> |



## Job Profile

|   |   |
|---|---|
| <ul style="list-style-type: none"><li>▪ Reports to the Board on activities and progress against the College's overall strategy including the Mission, Vision, and strategic goals.</li></ul>  | <ul style="list-style-type: none"><li>▪ Works with the Board to develop the Mission, Vision, and strategic goals of the College.</li><li>▪ Provides regular reports to the Board (normally every Board meeting) outlining activities and progress toward strategic goals.</li></ul>   |
| <ul style="list-style-type: none"><li>▪ Leads and manages staff, provides strategic guidance in the resolution of issues, sets performance targets and measures, monitors and manages overall performance of the executive team, and takes corrective action where necessary.</li></ul> | <ul style="list-style-type: none"><li>▪ Evaluates the performance of the executive and directors that are direct reports and plans for their development and succession.</li><li>▪ Leads staff meetings and ensures performance appraisals and feedback are conducted and communicated to all staff in a timely manner.</li><li>▪ Develops operational policies necessary for effective and efficient operation of the College.</li><li>▪ Provides a safe, secure, and healthy working environment for all staff.</li><li>▪ Fosters organizational excellence.</li><li>▪ Identifies operational risks and ensures implementation of systems to mitigate and manage these risks.</li><li>▪ Fosters an organizational culture that promotes ethical practices and encourages individual integrity, social responsibility, and cultural humility.</li><li>▪ Maintains a positive and ethical work climate that is conducive to attracting, retaining, and motivating a diverse group of quality employees at all levels.</li></ul> |
| <ul style="list-style-type: none"><li>▪ Leads and supports organizational change and communicates the College's Mission, Vision, and strategy.</li></ul>  | <ul style="list-style-type: none"><li>▪ Ensures employees are aware of and support the College's Mission and Vision, are adaptable to ongoing change, and work cooperatively to meet the strategic goals.</li></ul>   |
| <ul style="list-style-type: none"><li>▪ Serves as the College representative to the National Association of Pharmacy Regulatory Authorities (NAPRA)</li></ul>   | <ul style="list-style-type: none"><li>▪ Actively participates in the activities and meetings of the NAPRA Board.</li></ul>  |
| <ul style="list-style-type: none"><li>▪ Effectively represents the College externally by acting as a spokesperson for the College's interests.</li></ul>  | <ul style="list-style-type: none"><li>▪ Serves, along with the Chair, as the spokesperson for the College with the media.</li><li>▪ Clearly articulates the perspective and position of the College to the media and external organizations.</li><li>▪ Ensures information communicated to the media and public fairly portrays the position of the Board.</li></ul>  |



## Job Profile

|  |  |
|--|--|
| <ul style="list-style-type: none"><li>▪ Liaises with government and other regulatory bodies on issues of legislation and regulation.</li></ul>   | <ul style="list-style-type: none"><li>▪ The perspectives of the College are effectively represented.</li></ul>   |
| <ul style="list-style-type: none"><li>▪ Negotiates with union(s) on contract-related matters as necessary.</li></ul>   | <ul style="list-style-type: none"><li>▪ Union contracts are negotiated effectively and within the required timelines.</li></ul>  |
| <b>Scope of Responsibility &amp; Complexity</b>  |  |
| The Registrar is expected to work independently in a highly complex environment that requires industry expertise, business acumen, and organizational knowledge.   |  |
| <b>Minimum Qualifications &amp; Skill Requirements</b>   |  |
| <ul style="list-style-type: none"><li>▪ Post secondary degree</li><li>▪ Strong foundational knowledge of pharmacy practice</li><li>▪ ≥10 years of experience in a senior management/leadership role.</li><li>▪ ≥5 years of administrative experience.</li><li>▪ Strong demonstrated leadership skills and the ability to build a high performing team.</li><li>▪ Strong written and verbal communication skills.</li><li>▪ Strong organization skills.</li></ul> | <ul style="list-style-type: none"><li>▪ Advanced knowledge of the legislative framework for pharmacy and other healthcare regulatory bodies.</li><li>▪ Ability to multi-task and prioritize.</li><li>▪ Strong problem solving skills.</li><li>▪ Analytical thinking skills.</li><li>▪ Strong interpersonal skills.</li><li>▪ Strong commitment to continual learning.</li><li>▪ Ability to be flexible and adaptable in a fast paced environment.</li><li>▪ Ability to deliver results under pressure and during times of ambiguity.</li></ul> |
| <b>Beneficial Qualifications and Skills</b>  |  |
| <ul style="list-style-type: none"><li>▪ Registered Pharmacist</li><li>▪ Master's in Business Administration.</li><li>▪ Advanced knowledge of national healthcare legislation, regulations, and trends.</li><li>▪ Media communications experience</li></ul>   | <ul style="list-style-type: none"><li>▪ Advanced knowledge of government structure and function.</li></ul>   |



College of Pharmacists  
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## BOARD MEETING September 13, 2019

### 13. Registrar Evaluation & Succession Planning Committee b) Approval of Registrar Evaluation Calendar

#### DECISION REQUIRED

#### Recommended Board Motion:

*Approve the Registrar Evaluation Calendar as circulated.*

#### Purpose

To approve the Registrar Evaluation Calendar.

#### Discussion

The Registrar Evaluation & Succession Planning Committee identified the need to create a Registrar evaluation calendar, to provide a schedule for the Registrar's evaluation process. It is attached as Appendix 1.

#### Recommendation

The Registrar Evaluation and Succession Planning Committee recommends that Registrar evaluation calendar be approved.

#### Appendix

|   |                               |
|---|-------------------------------|
| 1 | Registrar Evaluation Calendar |
|---|-------------------------------|



## REGISTRAR EVALUATION CALENDAR

| Month    | Activities  | Documentation   | Time Allotment   |
|----------|---|---|--|
| November | <p><u>Approve performance criteria</u></p> <p>Registrar to provide update on general activities and present performance goals for next evaluation cycle (November-September)</p> <p>Consultant<sup>1</sup> to attend November Board meeting to discuss Registrar evaluation process</p>   | <p>Registrar to provide brief 1-3 page written summary of activities</p> <p>Performance goals to be incorporated into consultant presentation</p> | <p>30 min presentation by Registrar</p> <p>30 min discussion with Registrar and Board</p> <p>30 min presentation by consultant regarding Registrar evaluation process</p> <p>30 min in-camera discussion with Board and consultant regarding process</p> |
| February | <p>Registrar to provide update on activities and performance goals</p>  | <p>Registrar to provide brief 1-3 page written summary of activities and progress toward performance goals</p>                                    | <p>30 min presentation by Registrar</p> <p>30 min discussion with Registrar and Board</p> <p>30 min in-camera discussion with Board regarding Registrar performance</p>  |
| April    | <p><u>Mid-year evaluation</u></p> <p>Registrar to provide mid-year progress on performance goals</p> <p>Board Chair to draft written feedback<sup>2</sup> based on in-camera discussion with Board</p> <p>RESP Committee to meet in-camera after Board meeting to review and approve written feedback to the Registrar</p> <p>Board Chair (± Vice-Chair) to meet with Registrar to provide written feedback within 2 weeks of Board meeting</p> | <p>Registrar to provide written summary and/or PowerPoint presentation of progress toward performance goals</p>                                   | <p>30 min presentation by Registrar</p> <p>30 min discussion with Registrar and Board</p> <p>30 min in-camera discussion with Board regarding Registrar performance</p>  |
| June     | <p>Registrar to provide update on activities and performance goals</p> <p>Consultant<sup>1</sup> to attend June Board meeting to discuss year-end evaluation process</p> <p>Board Chair (± Vice-Chair) to meet with select staff and Registrar to discuss year-end performance by</p>   | <p>Registrar to provide brief 1-3 page written summary of activities and progress toward performance goals</p>                                    | <p>30 min presentation by Registrar</p> <p>30 min discussion with Registrar and Board</p> <p>30 min in-camera discussion with Board regarding Registrar</p>  |



| Month     | Activities  | Documentation   | Time Allotment   |
|-----------|---|---|--|
|           | staff (with notes provided by consultant)   |   | performance<br><br>30 min presentation by consultant regarding year-end evaluation process   |
| July      | Registrar to provide year-end report to Board   | Registrar to provide written summary of progress toward performance goals   | N/A  |
| August    | Year-end evaluation to be facilitated by consultant and completed by Board and staff<br><br>RESP Committee to meet prior to September Board meeting to review year-end evaluation and recommend compensation  | Summary of year-end evaluation to be provided by consultant   | N/A  |
| September | <u>Year-end evaluation</u><br><br>Registrar to provide update on activities and year-end report<br><br>Board and consultant <sup>1</sup> to review year-end evaluation, draft feedback <sup>2</sup> , and approve compensation<br><br>Board Chair (± Vice-Chair) to meet with Registrar to provide year-end evaluation and compensation within 2 weeks of Board meeting | Registrar to provide brief 1-3 page written summary of activities and written summary and/or PowerPoint presentation of year-end report | 30 min presentation by Registrar<br><br>30 min discussion with Registrar and Board<br><br>60 min in-camera with Board and consultant to discuss year-end evaluation and approve compensation |
| October   | Registrar to draft performance goals for next evaluation cycle (November-September)<br><br>RESP Committee to meet prior to November Board meeting to review and approve performance goals   | Registrar to provide written report of performance goals  | N/A  |

Footnotes:

1. Consultant: Ailsa Forsgren, Partner and Vancouver Career Business Leader at Mercer, 900-550 Burrard St, Vancouver, BC, V6C 3S8, phone 604 609 3154, fax 604 683 4639, email [ailsa.forsgren@mercer.com](mailto:ailsa.forsgren@mercer.com).
2. The Board should come to a consensus with respect to feedback regarding strengths and areas for improvement that adheres to an overall theme. Providing verbatim comments that are contradictory is not constructive.



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## 13. Registrar Evaluation & Succession Committee

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**Arden Barry**

Chair





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## 13 a) Approval of the Updated Registrar's Job Description



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## 13 a) Approval of the Updated Registrar's Job Description

### **MOTION:**

Approve the updated Registrar's job description as circulated.



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## 13 b) Approval of the Registrar Evaluation Calendar



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## 13 b) Approval of the Registrar Evaluation Calendar

### **MOTION:**

Approve the updated Registrar evaluation calendar as circulated.

## BOARD MEETING September 13, 2019

### 14. Governance Committee b) Establishment of the Past Chairs Advisory Committee

#### DECISION REQUIRED

##### Recommended Board Motion:

*Approve the establishment of the Past Chairs Advisory Committee with the terms of reference as circulated.*

##### Purpose

To approve the establishment of the Past Chairs Advisory Committee.

##### Background

At the June 2019 Board meeting, the Governance Committee proposed the establishment of the Past Chairs Advisory Committee (see Appendix 1 for Board briefing note from June). At this meeting the Board could not come to a consensus on the requirement of Board membership on the committee (this information was included in the Terms of Reference presented to the Board), therefore, the motion to *approve the establishment of the Past Chairs Advisory Committee with the Terms of Reference as circulated* was rescinded.

Since this time, the Governance Committee has further discussed the proposed committees' Terms of Reference and is presenting a revised version (see Appendix 2) to the Board for approval.

##### Recommendation

The Governance Committee recommends that the Board approve the establishment of the Past Chairs Advisory Committee and its Terms of Reference.

| Appendix |   |
|----------|---|
| 1        | June 2019 Board Briefing Note                                     |
| 2        | Revised Terms of Reference for the Past Chairs Advisory Committee |

## BOARD MEETING June 14, 2019

### 10. Governance Committee e) Establishment of the Past Chairs Advisory Committee

#### DECISION REQUIRED

#### Recommended Board Motion:

*Approve the establishment of the Past Chairs Advisory Committee with the terms of reference as circulated.*

#### Purpose

To approve the establishment of the Past Chairs Advisory Committee.

#### Background

In November of 2017, amendments to the *Health Professions Act* (HPA) Bylaws were made which changed the terms of office for elected Board members from two years to three years, and from a maximum of 3 consecutive terms to a maximum of 2 consecutive terms. To align with these changes, bylaws related to the College's election cycle were also amended<sup>1</sup>. The new terms of office and election cycle became effective in 2018.

#### Discussion

As a result of these changes, new Board members have been appointed to the Board as the terms of the previous Board members ended. The Governance Committee has identified a need for knowledge sharing between the previous and current Board members to allow for appropriate knowledge transfer. The Governance Committee thereby proposes the establishment of a Past Chairs Advisory Committee with the mandate to provide advice and historical context on various issues as they arise and at the request of the current Board.

---

<sup>1</sup> Election Cycle, HPA Bylaw 7.1, *Commencing with the 2018 elections, elections shall follow a three-year cycle, pursuant to which board members from even-numbered electoral districts are elected in the first year of the cycle, board members from odd-numbered electoral districts are elected in the second year of the cycle, and no election is held in the third year of the cycle.*

To clarify the role of the Past Chairs Advisory Committee, a Terms of Reference for this Committee has been drafted. Please see Appendix 1 for the proposed Terms of Reference for the Past Chairs Advisory Committee.

## **Recommendation**

The Governance Committee recommends that the Board approve the establishment of the Past Chairs Advisory Committee and its Terms of Reference.

| <b>Appendix</b> |   |
|-----------------|---|
| 1               | Past Chairs Advisory Committee Terms of Reference |



## PAST CHAIRS ADVISORY COMMITTEE

### Background

- The Board has established the Past Chairs Advisory Committee

### Authority

- Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws s. 19.

### Mandate

- To provide advice and historical context on various issues ~~as they arise and~~ at the request of the current board.

### Authority & Limitations

- The Past Chairs' Committee has no authority, nor is the current board under any obligation to follow the committee's advice. Committee members are not authorized to speak for the board.

### Reporting relationship

- The committee as a whole reports through the chair to the Board. The committee must submit a report of its activities to the Board annually, or as required by the Board.

### Membership

- Membership is limited to those who have previously served on the board as Chair and are willing to serve in a continued advisory capacity.
- A minimum of ~~53~~ members will constitute the committee.

### Term of appointment

- Appointments are determined by the Board and will not exceed 3 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three ~~consecutive~~ committee meetings per year ~~automatically~~ forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

### Committee officers

- Board appoints a committee chair and vice-chair from among the members of the committee.  
~~The Chair of the committee will be the current immediate Past Chair and member of the current Board. If the immediate Past Chair is no longer a current Board member the Board will appoint a chair from the current Board.~~

### Voting rights

- Each committee member is entitled to one vote on all matters coming before the committee.





## Meeting procedures

|                             |   |
|-----------------------------|---|
| <i>Schedule:</i>            | The Past Chairs' Committee will meet at the call of the current <del>Immediate Past</del> <u>Committee</u> Chair, in response to a request of the board as a whole. |
| <i>Format:</i>              | In person, by teleconference or by videoconference.   |
| <i>Agenda:</i>              | Developed by College staff and the Board Chair in consultation with the committee chair with input from board members.  |
| <i>Attendees:</i>           | Only Past Chair Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests.                                |
| <i>Quorum:</i>              | A majority of the committee.  |
| <i>Minutes:</i>             | Drafted by College staff for review and approval at next committee meeting; filed at the College office.  |
| <i>Secretariat Support:</i> | Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.                                    |

## Conflict-of-interest disclosure

Members must declare conflicts of interest prior to the discussion of issues or at any time a conflict of interest or potential conflict of interest arises.

A conflict of interest refers to situations in which personal, occupational or financial considerations may affect or appear to affect the objectivity or fairness of decisions related to the committee activities. A conflict of interest may be real, potential or perceived in nature. Individuals must declare potential conflicts to the chair of the committee and must either absent themselves from the discussion and voting, or put the decision to the committee on whether they should absent themselves.

## Confidentiality

Each committee member must sign a confidentiality agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the committee.

## Remuneration

Committee members may claim honoraria and expense reimbursement in accordance with the Board's policy and guidelines for claiming committee expenses.

## Amendment to terms of reference

The Board may amend committee terms of reference at any time and from time to time. The Board will re-evaluate the need for the committee on an annual basis.

## BOARD MEETING September 13, 2019

### 14. Governance Committee c) Approval of Revised Board Reference and Policies

#### DECISION REQUIRED

#### Recommended Board Motion:

*Approve a revision to the College of Pharmacists of BC Board Reference and Policies document to include the option of approving honoraria for Board or committee members who are requested to attend conferences, training sessions, etc. on a case by case basis.*

#### Purpose

To approve a revision to the Board Reference and Policies document to include the option of approving honoraria for Board or Committee members who are requested to attend conferences, training sessions, etc. on a case by case basis.

#### Discussion

At its most recent meeting, the Governance Committee reviewed the current policy on honoraria. Specifically, the policy statement pertaining to Board and committee members which states that “honoraria will not be paid for attending conferences, training sessions, etc.” was reviewed. The Governance Committee is recommending that this policy statement be amended to include “unless approved on a case by case basis”.

#### Recommendation

The Governance Committee recommends that the Board approve the revision to the Board Reference and Policies document.

#### Appendix

|   |   |
|---|---|
| 1 | Revised Board Reference and Policies Document (track changes) |
|---|---|



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# College of Pharmacists of BC Board Reference and Policies

First Approved: **September 14, 2018**  
Revised:  
Reaffirmed:

Monitoring Frequency: **Annually or as required**  
Monitoring Method:  
Responsibility of: **The Board of CPBC**

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# Part 1 – An Introduction to the College of Pharmacists of British Columbia Governance

## ***Mandate***

The College of Pharmacists of BC (CPBC) is the regulatory body for pharmacy in BC and is responsible for the registration of pharmacists and pharmacy technicians and the licensing of pharmacies throughout the province. The College receives its authority from the government of BC through the *Health Professions Act (HPA)* and the *Pharmacy Operation and Drug Scheduling Act (PODSA)*.

## ***Duties and Objects of the College***

Duties and objects of the College are set out in the *HPA – Part 2 section 16 (1) and (2)*:

*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*

*(2) A College has the following objects:*

- (a) to superintend the practice of the profession;*
- (b) to govern its registrants according to this Act, the regulations and the bylaws of the College;*
- (c) to establish the conditions or requirements for registration of a person as a member of the College;*
- (d) to establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants;*
- (e) to establish and maintain a continuing competency program to promote high practice standards amongst registrants;*
- (f) to establish, for a College designated under section 12 (2) (h), a patient relations program to seek to prevent professional misconduct of a sexual nature;*

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- (g) *to establish, monitor and enforce standards of professional ethics amongst registrants;*
- (h) *to require registrants to provide to an individual access to the individual's health care records in appropriate circumstances;*
- (i) *to inform individuals of their rights under this Act and the Freedom of Information and Protection of Privacy Act;*
- (i.1) *to establish and employ registration, inquiry and discipline procedures that are transparent, objective, impartial and fair;*
- (j) *to administer the affairs of the College and perform its duties and exercise its powers under this Act or other enactments;*
- (k) *in the course of performing its duties and exercising its powers under this Act or other enactments, to promote and enhance the following:*
  - (i) *collaborative relations with other Colleges established under this Act, regional health Boards designated under the Health Authorities Act and other entities in the Provincial health system, post-secondary education institutions and the government;*
  - (ii) *inter-professional collaborative practice between its registrants and person practicing another health profession;*
  - (iii) *the ability of its registrants to respond and adapt to changes in practice environments, advances in technology and other emerging issues.*

Additional objects of the College are set out in *HPA – Part 2.2 section 25.9*

**25.9** *In addition to the objects set out in section 16 (2), the College has the following objects:*

- (a) *subject to the Food and Drugs Act (Canada), to establish the terms and conditions of sale for drugs and devices;*
- (b) *to ensure that the public is protected from the unauthorized or inappropriate sale of drugs and devices;*
- (c) *to superintend the operation of pharmacies;*
- (d) *to establish, maintain and promote standards for pharmacies, including for the ownership and operation of pharmacies.*

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 Responsibility of: **The Board of CPBC**



## ***Mandated Responsibilities of the Board***

*HPA section 18 sets out the following Responsibilities of a Board:*

- 18(1) A Board must govern, control and administer the affairs of its College in accordance with this Act, the regulations and the bylaws.*
- (2) A Board must submit an annual report respecting its College, in the form and containing the information required by regulation of the Minister, to the Minister not later than 120 days after the end of the fiscal year for the College.*
- (3) A Board must ensure that a website that is accessible to the public free of charge is established and maintained by or on behalf of its College, subject to the regulations of the Minister.*

## ***Legal and Regulatory Responsibilities of the Board***

It is the responsibility of all Board members to abide by the relevant legislation and regulations governing the College as stated in the *Health Professions Act (HPA)* and the *Pharmacy Operations and Drug Scheduling Act (PODSA)*. Additionally, *HPA section 19* authorizes the Board of the College to make bylaws and *section 19 (t)* mandates that the College establish specific committees including: Registration, Inquiry, Discipline, Quality Assurance, Application and Patient Relations committees. The most current copy of these documents is available on the College website at [www.bcpharmacists.org](http://www.bcpharmacists.org).

Amendment procedures for the *HPA*, *PODSA* or subsequent bylaws can be lengthy. An *Act* amendment requires the approval of the provincial legislature and it may take several years to have the proposed amendment go before the legislature and Board recommended bylaw changes require the approval of the Minister of Health Services.

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 Responsibility of: **The Board of CPBC**

## **Oath of Office**

As per *HPA Section 17.11* before taking office, Board members must take and sign an Oath of Office prescribed by the Minister. *The Oath of Office is:*

*I do swear 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.*

## **Governance Structure**

The Board of the College is the elected and appointed group responsible for leading and guiding the College. The Board is comprised of seven elected pharmacist Board members and one elected pharmacy technician Board member from each of the 8 electoral districts (Appendix B) and four government appointed Board members.

The College governance framework is empowered and informed by:

- The Health Professions Act (*HPA*)
- The Pharmacy Operations and Drug Scheduling Act (*PODSA*)
- *HPA* bylaws
- Governing model
- Board policies
- Chair and Vice-Chair
- Board committees
- Registrar

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Monitoring Method:

Responsibility of: **The Board of CPBC**

## ***Guiding Principles of the Board***

The structure and integrity of the Board's governing model is rooted in a set of coherent guiding principles. These fifteen principles guide the Board in defining its role, its relationship with the Registrar and staff, and how it will conduct itself as a governing body. For the full list of principles, please see the terms of reference in 2.1.

## ***Committees and Task Groups***

Because the Board acts as a whole and does not delegate its power and authority to individual Board members or committees, the Board primarily functions as a whole. However, there is an important role for a limited number of Board committees and task groups to do the initial research and analysis and present their findings and recommendations to the Board.

There are three types of College committees and/or task groups: Board initiated committees and task groups; Operational staff committees and task groups; and Committees required by legislation (Registration, Inquiry, Discipline, Quality Assurance, Application and Patient Relations). Operational staff committees and task groups are the purview of the Registrar and his/her staff.

### **Board-Initiated Committees and Task Groups**

These committees and task groups are created to assist the Board in getting its work accomplished. This could mean gathering information on issues of concern to the Board, developing recommendations for consideration, and carrying out a project of importance to the Board.

### **The Key Characteristics of College Board-Initiated Committees and Task Groups are:**

- They are created by the Board.
- The Board determines their mandate and terms of reference.
- At least one sitting member of a committee or task group is a Board member.
- On-going direction and supervision is provided by the Board (usually by the Chair of the Board).
- They report directly to the Board.

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 Responsibility of: **The Board of CPBC**

## ***Board Meetings***

### **Regular Meetings**

Regular meetings are generally held on a bi-monthly basis for the discussion of general business. College registrants and members of the public may attend these meetings as observers. The minutes of the meetings are recorded and made available on the College's website.

The schedule of Board meetings is usually as follows:

- September
- November
- January/February
- April
- June

The Board usually does not meet during the summer months.

### ***Board Information Requirements***

The information needs of the Board can be classified into three categories.

1. ***Decision information:*** This is the information the Board receives to assist it in making decisions. As much as is possible, this information should be factual and nonjudgmental. Although staff might have an interest in responding to one need over the others, this bias is not contained in the information presented to the Board, unless directly requested by the Board.
2. ***Monitoring information:*** This is the information used to gauge whether Board decisions have been satisfied. This information is essentially evidence that demonstrates degree of achievement of a specific outcome or goal or compliance with one or more Board policies.
3. ***Incidental information:*** This is the general information that is valuable or important to Board members, but which is not necessary for them to conduct Board business. Such things might be program initiatives, restructuring of various departments, etc.

It is important to the effective and successful operation of the Board that the Registrar delivers high quality, focused information in the decision and monitoring categories.

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 Monitoring Method:  
 Responsibility of: **The Board of CPBC**

## ***Terms of Reference and Policies***

In discharging its responsibilities under the *Act*, the Board is frequently called upon to make decisions on many diverse issues.

The way in which a Board defines roles, responsibilities and accountability relationships is through terms of reference. Terms of reference are deemed effective on a majority vote of the Board.

The way in which a Board communicates its decisions, positions and intentions to staff and to others regarding all areas of its responsibilities is through policies. Policy statements are deemed effective on a majority vote of the Board.

The Board may set policy in four key areas:

1. ***Board Governance***. This category includes policies that address the Board's purpose and their role in governing.
2. ***Board Operations***. This category sets out policies to guide the operations of the Board in carrying out its role and functions.
3. ***Standards of Organizational Conduct***. This category describes any conditions and constraints on the Registrar and staff (the actions and conditions that guide their work in operating the College).
4. ***Professional Practice***. This category includes policies that affect pharmacists, pharmacy technicians or pharmacies.

## ***Relationship of the Board and the Registrar***

Governance of the College will be most effective when the Board and the Registrar understand each other's roles, responsibilities and authorities, and work collaboratively. However, the Registrar is accountable to the Board, but is not accountable for Board performance.

Although the Board's purpose and mandate is to govern and the Registrar's is to manage the day-to-day operations of the College, the key elements that are the focus of their work are the same.

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 Monitoring Method:  
 Responsibility of: **The Board of CPBC**

These are:

- Protecting the public.
- Providing leadership and direction.
- Monitoring and oversight.
- Establishing conditions and constraints for all actions and decisions.
- Ensuring the financial health and sustainability of the College.
- Building relationships with stakeholders.

The Board's approach to its work is that its overriding purpose is to guide, direct and oversee the performance of the College. Consequently, it has the power, authority and control to ensure that the College, through the Registrar and their staff, fulfills its legislated mandate and achieves the Board's stated Mission, Vision and Strategic Goals.

The Registrar's approach is to ensure effective contribution to the key elements and to develop and implement strategies and means (programs, services, standards, management, administrative and operational structures) for successfully fulfilling the College's legislated mandate and achieving the Board's stated Mission, Vision and Strategic Goals. The Board gives the Registrar the necessary power and authority to carry out these duties and responsibilities, but the ultimate power rests with the Board.

A primary purpose of both the Board and the Registrar is to provide leadership. The talent, knowledge and skill that each brings to the table needs to be optimized in providing leadership and direction to the College. This is best achieved when each of the parties invite and value the contribution of the other.

For the relationship to be effective and successful, both the Board and Registrar must understand and respect the boundaries of their respective powers and authority. The process for developing the Mission, Vision and Strategic Goals has input from and the active participation of the Board and the Registrar. Although they work as partners, particularly in the area of providing leadership and direction, it is the Board that has the ultimate power and authority to decide the Mission, Vision and Strategic Goals for the College.

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## ***Relationship of the Chair and the Registrar***

The Chair of the Board is responsible for fostering a constructive and harmonious relationship between the Board and the Registrar, and acts as the main point of contact and communication between the Board and the Registrar on decisions of the Board between board meetings. The Chair of the Board has no decision-making authority unless delegated this authority by the Board.

The Chair of the Board will typically meet – either by phone or in person – weekly to check in on the current state of the College’s affairs and provide guidance (within Board approved policies) to the Registrar on issues raised by the Registrar. The Vice Chair and Deputy Registrar may also be invited to participate in these meetings. If, through these conversations, significant issues arise that require the attention of the full Board, the Chair of the Board is responsible for ensuring that a board meeting is called (if urgent) or that the issue is placed on the agenda of the next regularly scheduled board meeting.

For a full description of the Chair of the Board’s role, please see the Chair of the Board terms of reference.

## ***Relationship of Board and Staff***

As the Registrar is the Board’s only employee, Board members will refrain from giving direction to other College employees. This statement does not mean that staff and the Board do not communicate or interact. It does mean that the method and frequency of interaction is different. Staff attend Board meetings at the discretion of the Registrar. In some cases, senior staff may be observers at Board meetings. In other cases, specific staff may be present when they are providing information or performing specific functions requested by the Registrar.

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## Part 2 – Terms of Reference

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Responsibility of: **The Board of CPBC**



## 2.1 Terms of Reference for the Board

The Board of the College of Pharmacists of British Columbia is responsible for managing and supervising the activities and affairs of the College, and as such, is the highest decision-making authority within the College. This responsibility of the Board consists primarily of the duty to govern and oversee the Registrar, who has responsibility to manage the business and affairs of the College.

The role of the Board is to govern the College to ensure fulfillment of the mandate set out in the *Health Professions Act (HPA)* and the *Pharmacy Operations and Drug Scheduling Act (PODSA)*.

The Board is guided in its work by a set of Governing Principles (*page 11*). In addition to its Governing Principles, the Board may set policy to govern the operations of the Board and the College.

In fulfilling its role, the Board will be guided by the following principles:

- Board members are encouraged to think and act in ways that seek to achieve outcomes or results that are in the best interests of the public it is committed to serve.
- The Board commits to stating the desired outcomes that it expects the College to achieve and to specifying the standards of organizational conduct that must be satisfied by staff in achieving them.
- The Board's authority rests in it acting collectively.
- The Board acts as a whole in determining policy and direction.
- Members of the Board maintain solidarity with other board members in support of a decision made at a Board meeting.
- Board authority is generally not delegated to the Chair or to committees (except in very specific or exceptional circumstances) unless mandated to do so by legislation. All Board committees report to the full Board.
- The role of the Chair is to manage the work of the Board and to chair Board meetings. The Chair can act on behalf of the Board where authorized to do so by the whole Board.
- The Board has only one employee and that is the Registrar.
- The Registrar reports to the whole Board, not to any individual Board members or committee.

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- The Board delegates to the Registrar the necessary power and authority normally allocated to a chief executive officer to enable the effective execution of the operation of the College.
- All Board authority delegated to staff is delegated through the Registrar.
- The Registrar is accountable to the whole Board for the achievement of the outcomes stated in the Vision and Strategic Plan and for complying with the standards of organizational conduct set by the Board (unless otherwise indicated by legislation, regulation or the bylaws of the College).
- Recognizing that there will be circumstances where it will be necessary for the Registrar to interpret Board policy, the Board empowers him or her to do so as long as it is consistent with any reasonable interpretation of Board policy, and is communicated to the Board in a timely manner.
- Direction to and supervision of the Registrar's performance is a function of the whole Board.
- Monitoring and evaluating the performance of the Registrar is based on achievement of goals and outcomes in the Strategic Plan, compliance with Board established standards of organizational conduct, and other criteria set out in the employment contract with the Registrar.

The Board will:

- Set and ensure fidelity to mission and mandate, and approve organizational strategy, plans, and budgets.
- Establish governance policies, and review and update them regularly.
- Ensure management policies and systems are in place for compliance, including, but not limited to finance and human resources.
- Gain and maintain reasonable assurance that the College meets all financial reporting and disclosure obligations imposed on the College by applicable laws and regulations.
- Adopt and ensure adherence to a written Code of Conduct and Conflict of Interest Policy.
- Establish and hold the Registrar accountable to measures of organizational performance.

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- Hire, evaluate, set objectives and set compensation for the Registrar.
- Ensure appropriate management of major risks (including financial, as well as risks to the College's assets, reputation, and intellectual property) to the College.
- Preserve and support the College's core values.
- Create and maintain policies for orientation and continuing education development of the Board
- Ensure sound relationships are maintained with its key stakeholders.
- Position the College as a highly effective, reputable, credible College and leader in its field.

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Responsibility of: **The Board of CPBC**

## **2.2 Terms of Reference for Board Members**

Board members play a vital role in ensuring the success and effectiveness of the College. Although the role is one in which Board members are asked to provide leadership and guidance to the College, there are also obligations that each Board member undertakes as soon as he/she formally assume the title “Board member.”

As a member of the Board, Board members are held liable and accountable for all decisions and actions in support of this self-regulated entity. As a result, the responsibilities and duties of a Board member are subject to public scrutiny. These responsibilities can be divided into two categories:

- Contribution to Board effectiveness.
- Legal and regulatory responsibilities (*refer to page 10*).

### **Contribution to the Board’s Effectiveness**

The responsibilities in this area are concerned with the personal approach, commitment and style of involvement of a Board member. The College gains the most from a Board when its members are committed to working and sharing together in its best interests.

The following are obligations and guidelines for maximizing the contribution you make to Board effectiveness.

Every Board member has a fiduciary duty to the College, and must, in discharging his or her duties:

- Act honestly and in good faith with a view to the best interests of the College and to act in accordance with the College’s policies; and
- Exercise the care, diligence, and skill that a reasonably prudent person would exercise in comparable circumstances.

It fulfilling these obligations it is the responsibility of each Board member to:

- Participate actively in the business of the Board and make a positive contribution to providing visionary leadership and direction;
- Fully participate with other Board members in overseeing the management of the affairs and business of the College;
- Act honestly, in good faith and in the best interests of the public;

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- Exercise the care, diligence and skill of a reasonably prudent person under comparable circumstances;
- Ensure compliance with relevant acts, bylaws, regulations and policies;
- Stay informed on matters relevant to governing the College;
- Participate actively and constructively in the discussions of the Board;
- Follow Board approved rules and policies in governing and conducting Board business;
- Contribute to building and maintaining a healthy, effective and cohesive Board;
- Represent the interests of the public and not the interests of special groups or individuals. Board members may raise issues brought forward by registrants, members of the public and special interest groups. However, once the issue is brought to the Board table all Board members must examine the issue from the perspective of public safety;
- Maintain solidarity with other Board members in support of a decision made at a Board meeting.
- Come completely prepared and informed regarding all materials compiled and sent to you in order to fully participate in the discussion regarding the agenda.
- Help to advise and direct the Registrar in the management and operations of the College through Board policy;
- Attend all Board meetings. If it is apparent that you are likely to miss several Board meetings and are unable to fulfill your obligations, you may wish to discuss your continued involvement as a Board member with the Chair;
- Inform yourself of the proceedings, decisions, and proposed actions decided upon at missed Board meetings;
- Encouraged to participate fully in debates at the Board table and expressing views which may lead to a more fulsome discussion.
- Board members who are in disagreement with other Board members or the Registrar on Board or College issues or business should use the Board meeting as the venue to express their disagreement or dissatisfaction. The integrity, credibility, public image and ability of the Board to function effectively are enhanced if disagreements or dissatisfaction are confined to Board meetings.

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## ***2.3 Terms of Reference for the Chair of the Board***

The Board assumes responsibility for the governance and stewardship of the College and as a consequence has accountability for the performance of the College. Critical to meeting this accountability are the relationships between the Board, Board members and the Registrar.

The Chair is appointed by the Board and provides leadership in guiding the Board and coordinating its activities in the best interests of the College. In performing this role, the Chair manages the affairs of the Board and works closely with the Registrar.

- Chair Working with the Registrar
  - Fosters a constructive and harmonious relationship between the Board and the Registrar.
  - Acts as the main point of contact and communication between the Board and the Registrar between meetings of the Board on decisions of the Board.
  - Leads the Board in monitoring and evaluating the Registrar's performance.
- Chair Relationship with the Board
  - Ensures the Board has effective oversight of the College's business and affairs and is alert to its obligations to the College under the law.
  - Leads the Board in reviewing and monitoring the strategic business plan, policy and directions of the College and the achievement of its objectives.
  - Fosters cohesion of direction and purpose at a policy and strategic level.
  - Builds consensus, encourages participation, and develops teamwork within the Board.
  - Communicates with the Board to keep it up to date on all major developments, including timely discussion of potential developments.
  - Ensures that the Board has sufficient knowledge to permit it to make major decisions when required.
  - Approves the board agenda, briefing packages and related events for Board meetings with the Registrar and the Corporate Secretary.
  - Is an ex-officio member on all Board-established committees

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- Establishes annually, in advance and in consultation with the Registrar, the Board Calendar and coordinates fulfillment of the requirements set by Board policies.
- Chairs Board meetings.
- Ensures Board meetings are conducted in an efficient, effective and focused manner.
- Ensures, with the assistance of the Registrar and the Governance Committee, that there is an orientation program for new Board members and an ongoing development program for existing Board members aimed at increasing the Board members' familiarity with the College and its context.

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## ***2.4 Terms of Reference for the Vice Chair***

The Board assumes responsibility for the governance and stewardship of the College and as a consequence has accountability for the performance of the College. Critical to meeting this accountability are the relationships between the Board and the Registrar.

In the absence of the Chair, the Vice Chair provides leadership in guiding the Board and coordinating its activities in the best interests of the College.

- In the absence of the Chair, the Vice Chair will:
  - Preside over meetings of the Board.
  - Act as the main point of contact between the Registrar and the Board.
  - If and as required, fulfill the other responsibilities of the Chair, consistent with the College's regulations, bylaws, policies and terms of reference.

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## Part 3 – Board Governance Policies

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### **3.1 Purpose and Role**

The purpose and role of the Board is to govern the College to efficiently and effectively fulfill its legislated mandate; achieve its mission and vision; and, be accountable to the general public for competent, conscientious and effective performance as defined in the legislation applicable to the College.

1. In governing, the Board will:
  - a) Be mindful of its obligation to serve and protect the public.
  - b) Be visionary and progressive.
  - c) Support strategic leadership.
  - d) Ensure a clear distinction of Board and Staff roles and responsibilities.
  - e) Achieve collective decision-making through healthy and respectful discussion and hearing all points of view.
  - f) Recognize that it has one employee, namely, the Registrar.
  - g) Recognize its responsibility to evaluate the Registrar's performance on an annual basis.
2. To fulfill its purpose and role, the Board will provide leadership to the College in carrying out the following key areas of governing responsibility:
  - h) Protect the Public
  - i) Guidance and Direction
  - j) Standards of Organizational Conduct
  - k) Organizational Oversight
  - l) Ensure Financial Health and Sustainability
  - m) Relationships with Stakeholders
3. Board members are expected to uphold their sworn Oath of Office.

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### ***3.2 Protect the Public***

The Board will act to ensure that the decisions and actions of the College are to protect the public and do not jeopardize or put the College at risk.

Accordingly, the Board will:

1. Ensure that risk management policies and practices are in place
2. Review all Board decisions and policies regularly to ensure they satisfy the criteria for protecting the public.
3. Be proactive in identifying issues and matters that could jeopardize the Board and staff's ability to protect the public and the College.
4. Regularly engage in environmental scanning practices to identify and ensure that it is aware of strengths, weaknesses, opportunities, threats and changes to the environment in which the College operates that could affect its operating practices.

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### **3.3 Guidance and Direction**

As the body elected to lead and guide the College, the Board will develop and set the Vision and Strategic Goals to be achieved in fulfillment of its Mandate, Mission and responsibilities.

Accordingly, the Board will:

1. In partnership with the Registrar and designated staff, develop the Vision and Strategic Goals for the College.
2. Develop a Strategic Plan that articulates its Vision and Strategic Goals. This plan will act as the Board's directive to the Registrar regarding priorities.
3. Develop the Values for the College which guide the Board and directs the Registrar and College staff in interactions with each other and all stakeholder groups.
4. Annually review the Strategic Plan and confirm continuation or make necessary adjustments to accommodate conditions impacting the College and the public.
5. In collaboration with the Registrar, for the purpose of fulfilling their commitment to achieving the Mission and Vision of the College, keep current with information and knowledge affecting the practice of pharmacy in BC, identify and address issues and matters that could or will have a material impact or consequence on pharmacy practice.

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### **3.4 Standards of Organizational Conduct**

A major focus of the Board's work is on leading and guiding the College by determining the desired results or outcomes to be achieved. The Board also has an obligation to establish the conditions and limitations that will guide the Registrar.

Accordingly, the Board will:

1. Establish Standards of Organizational Conduct policies in any area they deem essential to guide the staff in achieving Board stated goals. (see part 5 of this manual)
2. Ensure the Standards of Organizational Conduct policies form part of the performance evaluation of the Registrar; are regularly monitored for compliance; and, are reviewed annually by the Board or an assigned task group.
3. Ensure that Board policies on Standards of Organizational Conduct reflect a common interpretation by the Board and the Registrar. The agreed upon interpretation should meet the "reasonable person" criteria and the intent of the policy.

### **3.5 Organizational Oversight**

As one of the key elements of governing is ensuring the achievement of its Vision and Strategic Goals and compliance with its policies, the Board will regularly and systematically monitor and oversee organizational performance. As the Registrar is responsible for the management and operation of the College, the Registrar's performance is considered to be the same as the College's performance.

Accordingly, the Board will

1. At its discretion, use one or all of the following three methods to monitor performance of the College:
  - a. **Executive Report:** Disclosure of compliance information to the Board from the Registrar.
  - b. **External Audit:** Discovery of compliance information by an external auditor, inspector or consultant who is selected by and reports directly to the Board. Such reports must assess executive performance only against the specific policy or policies of concern to the Board, not those of the external party unless the Board has previously indicated that party's opinion to be the standard.
  - c. **Direct Inspection:** Discovery of compliance information by a Board member, a committee or the Board as a whole. This is a Board inspection of documents, activities or circumstances directed by the Board, which allows a "prudent person" test of policy compliance.
2. Bring any concerns arising from any monitoring activity to the attention of the Registrar in a timely manner.

### ***3.6 Financial Health and Sustainability***

The Board will act to ensure that the financial health and viability of the College is not jeopardized.

Accordingly, the Board will:

1. Direct the Registrar to develop and submit to it, annually, a multiyear financial plan (2 – 5 years) that identifies key areas of expenditure growth, inflationary costs, revenue sources and potential or planned fee changes.
2. Direct the Registrar to present an annual plan for the College's contingency and reserve funds.
3. Review or establish Standards of Organizational Conduct policies that address budget planning, financial management and risk management.
4. Annually review the financial plan to determine changes in assumptions, environmental conditions, and integrity of the plan.
5. Direct the Registrar to present a progressive actual year-to-date budget and variance report at each Board meeting.
6. Establish an Audit & Finance Committee to support the Board in fulfilling its financial health and sustainability oversight obligations.

### ***3.7 Relationship with Stakeholders***

In recognizing that governing requires having knowledge of the interests, concerns, needs and expectations of stakeholders, the Board will act to ensure that it is informed on matters relevant to its stakeholders.

Accordingly, the Board will:

1. Annually establish, review and evaluate the Board with regards to stakeholder relationships.
2. Provide opportunities throughout the year for interested parties to make presentations on matters of interest and concern to the Board.
3. Ensure that the College has a comprehensive communications strategy and maintains a website containing current information.
4. Post the schedule of its public meetings on the College's website.
5. Post minutes of its public Board meetings on the College's website.
6. Produce an annual report that is made available electronically on the College's website.



## **Part 4 - Board Operations**

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Responsibility of: **The Board of CPBC**

## **4.1 Code of Conduct**

Board members will conduct themselves respectfully, ethically, and professionally in their personal and professional interactions, consistent with the oath that all Board members have sworn or affirmed.

In fulfilling their responsibilities as a Board member of the College, they will:

1. Exercise the duties of care, diligence and skill and the duty of loyalty to the College and the public interest.
2. Respect the confidentiality of Board discussions and deliberations.
3. Abide by all Board policies governing Board member behaviour, practices, decisions and actions.
4. Respect and abide by the Board's values, governing principles and conflict of interest guidelines.
5. Honour their obligations to attend all Board meetings and where this is not possible notify the Chair in advance.
6. Come to the Board meetings having read the materials relevant to the Board meeting agenda.
7. Abide by the Board's Meeting rules and by the method or process agreed to for conducting Board meetings.
8. Assist the Board with its work by serving as a member on one or more Board committees or task groups during the course of the Board year.
9. Maintain solidarity with other Board members in support of a decision made by the Board.
10. Participate and contribute to building and maintaining a strong, healthy, productive and effective functioning Board.
11. Respect and honour the governing principle that a Board member's individual interaction with the Registrar or staff carries no authority or formal influence.
12. Refrain from exercising individual authority over the College except as explicitly set forth in Board policies.

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13. Not represent or appear to represent the Board to external organizations, unless specifically authorized to do so. Individual Board members will re-direct enquires from members of the public and media to the Registrar, and copy the Board Chair, so that proper action can be taken.

## **4.2 Conflict of Interest**

Board members will avoid and refrain from involvement in situations of conflict of interest. Board members represent the interests of the public and not the registrants who elected them or those who appointed them. Board members shall have no conflict of interest with regards to representation as a Board member or at Board meetings.

Conflict of interest is a breach of an obligation to the College that has the effect or intention of advancing one's own interest or the interest of others in a way detrimental to the interests or potentially harmful to the integrity or fundamental Mission of the College. Conflicts of interest and the appearance of conflicts of interest must be avoided. Board members and staff are responsible for seeking guidance from the appropriate source before embarking on activities, which might be questionable.

Accordingly:

1. A Board member is in a conflict when there exists a personal interest that could influence their decisions and impair their ability to act in the College's best interests.
2. Board members must not use their positions to obtain for themselves, family members or close associates employment within the College.
3. Should the College consider a Board member for employment they must temporarily withdraw from Board deliberation, voting and access to applicable Board information.
4. Acceptance of gifts, entertainment, travel and services for personal use from people or organizations who conduct business with the College could impede the objectivity of the Board and create a conflicting obligation. It is necessary, therefore, for full disclosure to occur and for approval to be granted, prior to the receipt of a personal benefit.
  - a. Gifts, entertainment, travel or services require evaluation of the source, value, purpose and frequency of offering in assessing the case.
  - b. A Board member may attend, as a guest, a hosted lunch or dinner meeting that involves the discussion of items of mutual interest.
  - c. Personal gifts may not be accepted by Board members from people or companies seeking business or intervention with any College policy or process.
  - d. Gifts for the College office may be accepted, depending on the purpose of the gift. Commemoration of a significant anniversary or event would be acceptable, but material appreciation for positive response to an appeal relating to policies and procedures would not be acceptable.

5. Board members who have a material interest in a company with whom the College may decide to transact business, have a responsibility to disclose their involvement whenever they have influence over a decision to engage the services of the company.
6. Board members approached, in their capacity as College representatives, to serve as members of a Board of a for-profit, charitable, or advocacy organization must obtain the approval of the Board.
7. The Board review of a request to serve as a member of a Board of another organization will take into account the interests of the College, as well as the benefits that may accrue to the individual and to the outside organization.
8. College representatives to outside organizations must be approved and recorded as such by the Board.
9. Unless approval is given, a Board member or staff member serving on the Board of an outside organization does so in their individual capacity.
10. If Board members have material interests in companies seeking College business they must disclose their interests and withdraw from the College decision making process that is applicable to those companies.
11. Board members should not solicit remunerated consultative contracts through their positions with the College. Requests from College members for such services should be referred to other experts in the field, other than in exceptional cases.

#### Process for Addressing Conflicts of Interest

1. On appointment, a Board member will act in a manner that will prevent real, potential or perceived conflicts from arising in their private, professional and institutional interests; declare any real, potential or perceived conflict of interest and sign a conflict of interest declaration; and annually update the declaration and sign it.
2. In the event that a Board member is in a conflict of interest or believes they might be in a conflict of interest they will immediately disclose, in writing, any real, potential or perceived conflicts of interest to the Chair of the Board, or to the Vice-Chair if they are the Chair.
3. At the beginning of each board meeting any real, potential or perceived conflicts of interests with regard to the business of that meeting will be disclosed by any Board member who believes they may be in a conflict, or perceived to be in a conflict. The declaration will be recorded in the minutes.

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4. Should a board member have a concern regarding non-disclosure of a real, potential or perceived conflict of interest of another board member, he / she shall bring this concern to the attention of the Chair (or Vice Chair, as appropriate)
5. When a conflict of interest has been declared the affected board member(s) will abstain from participation in any discussion on the matter, not attempt to personally influence the outcome, refrain from voting on the matter, and leave the meeting room for the duration of any such discussion or vote. The time the affected Board member(s) left and returned to the meeting room will be recorded in the minutes.

### **4.3 Confidentiality**

There are aspects of the Board's work requires confidentiality. It is important and necessary that Board members recognize this responsibility and ensure that their actions do not violate Board confidentiality.

Accordingly:

1. Confidential and sensitive information about the affairs of the College provided during in-camera meetings within the knowledge of Board members are not to be disclosed to others.
2. Board members are required to comply with provincial and federal legislation and regulations regarding privacy and freedom of information.
3. Board confidentiality and integrity is strongly affected by individual Board member actions. Board members must respect the confidentiality of in-camera Board discussions and refrain from discussing or sharing information on these matters with non-Board members.

## **4.4 Board-Established Committees and Task Groups**

Other than committees required by legislation, the Board may establish committees and task groups to help carry out its responsibilities.

Accordingly:

1. Board committees and task groups are established by the Board to help the Board fulfill its role and carry out its responsibilities. To preserve Board authority, Board committees and task groups will be used only as required to support the Board's work.
  - a. A Board committee is a standing committee of the Board. A Board committee will typically be composed of Board members, with an ongoing, defined role in supporting the work of the Board. A Board Committee may also be composed primarily or entirely of outside experts tasked with providing advice directly to the Board on policy or other issues requiring specialized expertise.
  - b. A task group is a time-limited, task-specific committee of the Board established to undertake specific tasks or deliverables within a predetermined timeframe. Once the tasks are completed the task group is dissolved. A task group may include both Board members and/or non-Board members based on the needs of the Board.
2. The full Board holds the ultimate responsibility for governing the organization. Board committees and task groups, unless otherwise specified by the Board, do not have any independent authority to act on behalf of the Board.
3. The Board will establish terms of reference for committees and task groups that will usually include the following:
  - a. The mandate or purpose of the committee or task group;
  - b. The term for the committee or task group;
  - c. Appointment of members to the committee or task group;
  - d. Appointment of the Chair of the committee or task group;
  - e. Skills and expertise required of members of the committee or task group;
  - f. Term and term limits for members of the committee or task group;
  - g. Quorum requirements of the committee or task group; and



- h. Any other terms as determined by the Board.
4. The Chair of the Board will be an ex-officio member of all Board committees and task groups unless otherwise specified in terms of reference, and he/she may participate on committees or groups at his/her discretion.
  5. The Registrar will be notified of all committee and task group meetings and invited to attend in a non-voting capacity, but his/her attendance is not counted for the purpose of committee or task group quorum requirements.
  6. If committees or task groups are established they:
    - a. Do not speak or act for the Board except when formally given such authority for specific and time-limited purposes. Such authority will be stated through terms of reference or Board minutes.
    - b. Are to assist the Board in doing its job by recommending, analyzing, deciding and/or acting as directed by the Board.
    - c. Cannot exercise authority over staff and operations and must work within the organization's mission and policy framework.
    - d. Will receive their terms of reference, specific tasks, staffing, reporting process, time lines, etc. from the Board as the committee or task group is established.
    - e. Will use a committee or task group work plan, which will specify goals for the committee or task group, strategies to meet the goals and timelines for completion of the goals.
    - f. May only establish sub-Committees if approved by the Board.
  7. Committee and task group reports that are presented to the Board on matters requiring decisions or actions will generally contain a recommended course of action, with supporting rationale, unless otherwise requested by the Board.
  8. Deviations from the approved budget for a committee or task group are to be reported immediately to the Board by the Registrar.
  9. Timelines for completion of tasks and submission of reports are to be consistent with the Board's directions or mandate.
  10. Once those committees or task groups that have completed their tasks or assignments and where there is no longer a need for their continuation or existence, they will be disbanded automatically.

## 4.5 Board Work Plan & Meeting Agendas

To govern effectively, the Board must recognize that the work it will do throughout the year is based on fulfilling its governing responsibilities. This means that it will not devote time and energy to the methods and means that will be employed by the Registrar to achieve the Board's stated Vision and Strategic Goals.

Accordingly:

1. At the beginning of each new Board year the Board will, in a special session or as part of its first regular Board meeting, identify the goals, tasks and issues it intends to address, and incorporate these into a 'Board work-plan' and calendar for the coming year.
2. Items on the Board's 'work-plan' will form part of each Board meeting agenda.
3. The agenda will consist of those items that pertain to the Board's areas of governing responsibilities and to matters raised by the Registrar that require Board policy or direction. The agenda will meet all requirements set out in the *Health Professions Act*.
4. The Board authorizes the Chair to develop, in consultation with the Registrar, the 'draft agenda' for each Board meeting.
5. Board members are encouraged to submit to the Chair agenda items that meet the criteria for Board agendas.
6. It will be the practice of the Board not to accept last minute items for additions to the agenda unless, in the combined view of the Chair and the Registrar, they require the immediate attention of the Board.
7. The Board determines the final version of the agenda, and the approval of the agenda is the first item of business at the Board meeting.
8. The Board will, at each meeting, acknowledge the traditional lands of the First Nation on which the meeting is taking place.
9. Agenda items for Board meetings must be circulated to members before the meetings, according to the established procedures.
10. If the agenda item is not completed in its allotted time, the Board will vote whether to continue discussing the topic or table the item until the next meeting.
11. The Board's meeting format should adhere to the most recent edition of Robert's Rules of Order. Consensus agreement is the goal whenever possible.

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## ***4.6 Meeting Observers***

Once the dates of the Board meetings are determined, they are published on the College's website.

Accordingly:

1. The Board will maintain positive relationships with the public through open access to the Board.
2. The Regular Meetings of the Board are public meetings and may be made available through internet streaming or live video.
3. Individuals or groups may request to make a presentation at a Regular Meeting of the Board.
4. The Board Chair has the prerogative to permit an observer at the Regular Meeting to make a contribution to a topic being discussed.

## ***4.7 Succession Planning***

To ensure that the College is able to fulfill its mandate of protecting the public it is the responsibility of the Board to oversee, at all times, that the College is managed by a professionally qualified and competent Registrar.

Accordingly, the Board will:

1. Ensure senior management succession planning policies and processes are in place, including a review of an annual review on such plans and policies by the Registrar.
2. The Registrar will prepare a successor in the event of unexpected incapacity in addition to ongoing management development plans.

## ***4.8 Board Assessment & Evaluation***

It is the obligation and responsibility of the Board to govern effectively, to ensure fulfillment of the College's legal mandate and to work together in building a healthy and effective Board team.

Accordingly, the Board will:

1. Assess the effectiveness of its meetings and use the data from the assessment to make changes that will improve meetings of the Board.
2. At least once during any given Board year, conduct a full assessment or evaluation of Board functioning regarding its governing responsibilities, relationship with the Registrar, its committees and task groups, its decision-making processes and practices, and its ability to work effectively as a team.
3. Address areas of concern, focus on team building, encourage participation and mutual understanding on a continual basis.

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## ***4.9 Registrar Performance Evaluation***

It is the responsibility of the Board to conduct an annual evaluation of the performance of the Registrar. This will be done in a respectful, fair and professional manner employing a process, timelines and data collection and analysis tools agreeable to the Board and the Registrar.

Accordingly, the Board will:

1. Delineate the performance outcomes, expectations regarding attitude and behaviour, and any compliance requirements that will be used to evaluate the Registrar's performance in the employment contract.
2. Have the Chair establish a 'Registrar' performance evaluation task group that will be responsible for conducting and managing the evaluation process on behalf of the Board. At a minimum this task group will have the Chair, Vice-Chair and a public appointee as its members.
3. Identify and agree with the Registrar on the process and timelines that will be employed for the performance evaluation.
4. Articulate how formative and summative data, that acknowledges progress, achievement and provides direction to further the Registrar's role and development, will be provided to the Registrar as feedback.
5. Receive the Task Group's Performance Evaluation Report after it has been hand delivered by the task group to the Registrar.
6. Commit to meeting with the Registrar directly after it has received and accepted the Performance Evaluation Report from its task group to discuss the report and any recommendations determined by the Board.
7. Ensure that the information regarding the performance evaluation of the Registrar is kept confidential.

#### ***4.10 The Board/Registrar Relationship***

It is in the best interest of the Board and the College that the Board develops a positive, respectful and harmonious working relationship with the Registrar. To that end, both parties need to function as partners in providing leadership, guidance and direction to managing the business of the College.

Accordingly, the Board will:

1. Delegate to the Registrar the necessary power and authority, including spending authorizations, to effectively manage and operate the College.
2. Enter into a legal employment contract with a new Registrar that addresses such matters as responsibilities, accountabilities, deliverables, compensation, benefits, and conditions for terminating the agreement, and the process and timeframe for the annual performance evaluation of the Registrar.
3. Appoint a Board Selection Committee to conduct a search for a new Registrar when required. The Committee will be responsible for establishing the committee's Terms of Reference, to be approved by the Board, which determine the parameters and process for the completion of a successful search.

## ***4.11 Reimbursement of Expenses to Board and Committee Members***

### **1. Expenses**

- a. For reimbursement of reasonable, budgeted expenses incurred while on College business, all receipts must be affixed to a completed expense claim form. Expenses will be reimbursed as incurred consistent with the College's expense claim guidelines. Expense claim forms (with attached receipts) must be submitted within 60 days of when the expense is incurred.

### **2. Travel**

- a. **Air:** Air travel is to be booked through the College-specified travel agent, whenever possible, as per the criteria established for the College of Pharmacists' account. The appropriate College staff will supply the College-specified travel agent's contact information.
- b. **Personal automobile:** Mileage will be reimbursed using the Canada Revenue Agency Automobile Allowance Rate.  
  
<http://www.cra-arc.gc.ca/tx/bsnss/tpcs/pyrll/bnfts/tmb/llwnc/rtts-eng.html>
- c. The total mileage claim is to be limited to the cost of the lowest fare for economy class air transportation to the same destination (where applicable). Lower Mainland residents may claim for travel between their homes and the meeting site.
- d. **Other:** Parking, cabs, airport buses or shuttles (Please submit original receipts showing taxes paid – other than for parking meters.)

### **3. Accommodation**

- a. Hotel accommodations are to be arranged by the appropriate College staff.
- b. The College maintains a master hotel account at certain hotels. The room rate for a standard single occupancy room and applicable taxes for the day(s) spent on College business or meetings will be automatically billed to the master account. Individuals must arrange to pay all other expenses incurred during their stay (such as mini-bar charges, laundry, in room movies and personal telephone calls); these expenses are not reimbursed by the College of Pharmacists of BC.



- c. Board or committee members are eligible to expense hotel accommodation on the night before or between Board or committee meetings. Individuals are expected to exercise prudence when deeming it necessary to stay in hotel accommodation.
- d. Board or committee members who stay in non-commercial lodging (i.e. with friends or family) may spend up to \$30.00 per night in lieu of commercial lodging on a gift (e.g. meal or gift certificate) for the hosts. Receipts are required and must be attached to the expense claim form with a notation explaining the claim.

#### **4. Meals – General**

- a. Actual costs, or a per diem allowance where permitted, may be claimed for meals on College of Pharmacists' business. The business purpose should be indicated on the expense claim.
- b. There is no reimbursement if the traveler has the opportunity to eat breakfast or lunch before leaving home or eat dinner at home at the end of the day.
- c. The names of individuals, or the group, in attendance must be indicated on the claim.
- d. Original restaurant receipts are required for reimbursement of actual expenses. The amount of the gratuity may be noted on the receipt for reimbursement.

#### **5. Per Diem Meal Allowance**

- a. A fixed allowance covering meals and incidentals (e.g. gratuities for housekeeping services, bellhops, etc.) may be claimed without receipts, in lieu of specific expense reimbursement when travelling to conferences or other similar situations. If travelling for more than one meal period, the maximum daily reimbursement will be calculated based on the total for all applicable meals, rather than by individual meal. If travelling for one meal period, the traveler will only be reimbursed up to the amount for that particular meal.
- b. Maximum amounts include all taxes and gratuities.
- c. In the course of meetings, group breakfasts, lunches, or dinners may be arranged. All participants are encouraged to join in these group functions. There is no reimbursement for meals purchased independently at alternative venues in these situations.

- d. There is no reimbursement if the traveler has the opportunity to eat breakfast or lunch before leaving home or eat dinner at home at the end of the day.
- e. The College uses the meal allowance rate set by the Government of British Columbia, which is updated periodically. Please contact staff for the most recent per diem rates.

## 6. Honoraria

- a. Honoraria will be paid on an hourly basis at \$50.00 per hour, \$200.00 for one half-day, or
- b. \$400.00 for a full 8-hour day for scheduled Board or Committee meetings whether in-person or by teleconference or web-conference. The maximum honoraria of \$400.00 will include any travel time on that day.
- c. Board or Committee members will be paid the hourly rate for their meeting preparation time. Note: Acceptable billable hours for a particular meeting will be determined by the Committee consensus at that meeting. Board preparation time is to be a maximum of 8 hours per meeting.
- d. Honoraria will not be paid for the following (unless approved on a case by case basis):-
  - Travel time (except for Board members who travel further than 50 km or one hour from the meeting site.)
  - Attending conferences, training sessions, etc.
- e. Note: Honoraria payments are subject to statutory deductions (Federal and provincial taxes and Canada Pension Plan contributions).

## 7. Other Costs (for Board members only)

- a. A reimbursement of \$20 per Board meeting will be given for miscellaneous supplies or incidentals (up to a maximum of \$100 per year.) Receipts are required when available.

## 8. Submitting Expense Claims

- a. Complete the expense claim form (found on the portal) and attach the receipts.

- b. Forward the claim form and receipts (by mail or email with scanned attachments) to the appropriate staff member for approval within 60 days from when the expenses were incurred.
- c. Reimbursements are made via electric funds transfer.

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## **Part 5 – Standards of Organizational Conduct**

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## ***5.1 Financial Planning and Budgeting***

Financial planning and budgeting for any fiscal year will be based on Board stated goals, maintenance of the on-going operations of the College, and avoidance of financial risk.

Accordingly, the Registrar will:

1. Use credible planning assumptions.
2. Ensure that the budget is based on the College's strategic and operational plans.
3. Develop a balanced budget aligning annual expenditures with projected annual revenues.
4. Construct and submit a budget that shows a separation of capital and operating items.
5. Provide sufficient funds for the Board's annual operating costs.
6. Ensure sufficient cash balance to settle payroll and debts in a timely manner.
7. Invest surplus funds in accordance with the Investment Policy and Provincial legislation.
8. Submit a draft budget to the Board prior to the beginning of each new budget year that will allow sufficient time for review, comments and changes (if required) prior to final approval.
9. See Reserves Policy (5.3) for further information.

## **5.2 Financial Management**

The Registrar will ensure the College operates with internal controls and a financial management system that protects the organization from risk and meets or exceeds the standards set by the auditors.

1. Regarding the receipt and expenditure of funds, the Registrar will:
  - a. Receive, process and disburse funds under controls sufficient to meet Generally Accepted Accounting Principles.
  - b. Not expend more funds than have been received in the fiscal year to date unless the amount can be repaid by certain and otherwise unencumbered funds within 30 days of the end of the fiscal year.
  - c. Not allow legal, statutory and other operational financial requirements to become delinquent.
  - d. Not indebt the College in an amount that cannot be repaid within any conditions that the Board may set from time to time.
  - e. Exercise adequate internal controls over receipts and disbursements to avoid unauthorized payments or material dissipation of assets.
  - f. Not allow actual allocations to vary materially from those in the Board approved budget.
2. The Board designates the Registrar, Deputy Registrar, Chief Operating Officer, Board Chair and Board Vice-Chair as signatories for cheques, purchase orders and agreements:
  - a. Up to and including an amount of \$5,000.00 require the signature of one of the following: Registrar, Deputy Registrar or the Chief Operating Officer.
  - b. Over the amount of \$5,000.00 and up to and including the amount of \$200,000.00 require the signature of two of the following: Registrar, Deputy Registrar or the Chief Operating Officer.
  - c. Over the amount of \$200,000.00 require the signature of two of the following: Registrar, Deputy Registrar or the Chief Operating Officer plus the Chair or Vice-Chair of the Board.
3. The Registrar will establish a Signing Authority Policy, consistent with this Policy. The Signing Authority Policy will be reviewed and approved by the Board annually.

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4. The Registrar will establish a Procurement Policy, consistent with this Policy.

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### **5.3 Reserves Policy**

The purpose of the reserves is to help to ensure the long-term financial stability of the College and position it to respond to varying economic conditions and changes affecting the College's financial position and the ability of the College to continuously carry out its Mission.

#### **1. Scope / Limits**

- a. This policy applies to all reserve funds of the College. In accordance with Canadian accounting standards for private sector not-for-profit organizations, externally restricted funds held by the College are classified as deferred revenue and, consequently, not considered a reserve fund for the purposes of this policy.

#### **2. Policy**

- a. The College shall hold the following reserve funds
  - b. Capital Asset and Building Reserve
  - c. Joint Venture Reserve
  - d. Automation Reserve
  - e. Legal Reserve
  - f. Grants Reserve
  - g. Operating Reserve
- 3. The reserve funds will not be shown in the budget, but will be held in separate general ledger balance sheet accounts with equivalent funds invested in either College bank accounts and / or College investment accounts. These funds will be separately reported in the annual financial statements.
- 4. The annual and multi-year budgets shall include a statement of the current balances in the reserves. The budget will include a line for anticipated net transfers between the reserve funds and the operating account, if applicable.



**5. Fund Balances** - The goal of the Board is to maintain the reserves for the following purposes and the target balances as follows:

**a. Capital Asset Reserve (Target balance is \$250,000):**

The Capital Asset Reserve is maintained to assist in funding any unanticipated leasehold improvements, furniture purchases and other capital acquisitions, other than automation purchases.

**b. Joint Venture Reserve (Target balance is \$500,000):**

The Joint Venture Reserve is maintained to assist in funding any special levies required to maintain the upkeep of the building jointly owned by the College of Pharmacists and the College of Dental Surgeons. These would be outside of the planned joint venture reserve fund schedule.

**c. Automation Reserve (Target balance is \$500,000):**

The Automation Reserve is maintained to provide for the substantial maintenance, upgrading or replacement of IT equipment, software purchases, audiovisual equipment and telecommunications equipment over and above regular maintenance, upgrades or replacements provided for in the annual operating budget.

**d. Legal Reserve (Target balance is \$500,000):**

The Legal Reserve enables the College to sustain operations in the event of legal costs arising from an unanticipated increase in the number of Inquiry or Discipline cases (or other significant events requiring extensive legal assistance).

**e. Grants Reserve (Target balance is \$250,000):**

The Grants Reserve is maintained to provide the opportunity to fund proposals for research projects or training opportunities that support the College's Strategic Plan.

**f. Operating Reserve (Target balance is \$1,000,000):**

The Operating Reserve is maintained to achieve the following objectives:

- i. To enable the College to sustain operations through delays in payments of committed funding, unanticipated operating expenditures or increases in service delivery costs that cannot be financed through changes in the

regular budget lines and to permit acceptance of reimbursable contracts and grants without jeopardizing ongoing operations.

- ii. To create an internal line of credit to manage cash flow and maintain financial flexibility.

#### **6. Total Reserves = \$3,000,000.**

#### **7. Fund Expenditures**

- a. Expenditures from the reserves and transfers between reserves and operations may only be made at the discretion of the Board and only for the purposes outlined below:

#### **8. Capital Asset Reserve:**

- a. The Capital Asset Reserve funds may be used for expenditures related to leasehold improvements, furniture purchases, the purchase of other capital assets (other than automation purchases), a facility needs analysis, expanding the existing property or the College's share of ownership of the property and / or acquiring a new property.

#### **9. Joint Venture Reserve:**

- a. The Joint Venture Reserve may be used to pay for the College's portion of a special levy related to a large capital expenditure for the upkeep of the Joint Venture building.

#### **10. Automation Reserve:**

- a. Capital purchases and large maintenance projects related to IT equipment, audiovisual equipment, telecommunications equipment, as well as software licencing and purchases will first be met through the annual operating budget. In the event of unanticipated large projects, the Board may approve withdrawing funds from the Replacement Reserve to enable these projects to proceed in a timely manner.

#### **11. Legal Reserve:**

- a. The Legal Reserve may be used to pay for legal costs arising from an unanticipated increase in the number of Inquiry or Discipline cases (or other significant events requiring extensive legal assistance).

## **12. Grants Reserve:**

- a. The Grants Reserve is maintained to provide the opportunity to fund proposals for research projects or training opportunities. Upon receipt of proposals requesting support, the Board may approve the grant being funded from this reserve.

## **13. Operating Reserve:**

- a. The Operating Reserve is maintained to achieve the following objectives:
  - i. To enable the College to sustain operations through delays in payments of committed funding, unanticipated operating expenditures or increases in service delivery costs that cannot be financed through changes in the regular budget lines and to permit acceptance of reimbursable contracts and grants without jeopardizing ongoing operations.
  - ii. To create an internal line of credit to manage cash flow and maintain financial flexibility.
- b. The Board may approve withdrawing funds from the Operating Reserve for #1 – to cover proposals for unanticipated operating expenditures, etc.
- c. For #2 – in the case of a cash flow shortfall of three months or less, the Chief Operating Officer shall use Reserve funds before using the commercial line of credit. A draw-down from the fund that will not or cannot be replaced with operating funds within three months, must be approved by the Board.

## **14. Replenishing the Reserves**

- a. If any of the Reserves is and has been less than 75% of the targeted reserve level for two consecutive years, the Board of Board members, in the absence of any extraordinary circumstances, will adopt an operational budget that includes a projected surplus sufficient to rebuild the Reserve(s) to the targeted reserve level over the following two years. Board approval will be required to authorize transfers from unrestricted net assets to one of these reserves.

## **5.4 Investment Policy**

All cash and investments are to be used for the general operational expenses of the College of Pharmacists of British Columbia (henceforth referred to as the “College”) unless specifically identified for other purposes. Surplus funds are to be invested to meet these operational expenses. These funds must be invested conservatively and should not be subject to speculative situations.

### **1. Investment Objectives**

- a. The primary investment objective is to protect the capital from loss.
- b. The secondary objective is to obtain the highest rate of return while preserving capital.
- c. The third objective is to insure the portfolio contains sufficient liquidity to provide the College with the flexibility to meet its anticipated and potentially changing cash requirements.

### **2. Investment Restrictions**

- a. All fixed income investments with a maturity of one year or less must have a Dominion Bond Rating (or equivalent) of at least R1 Low.
- b. The total amount of R1 Low fixed income investments at any one time shall not exceed 30% of the total investment portfolio.
- c. All fixed income investments with a maturity of greater than one year must have a Dominion Bond Rating (or equivalent) of A Low or higher (e.g. bonds and strip coupons).
- d. The investment portfolio must, where practicable, produce sufficient cash to meet the College’s expected cash demands without relying upon the sale of securities having one year or more until maturity.
- e. At all times, not more than 50% of the portfolio may be invested with any one issuer unless it is the Government of Canada, a Provincial Government, or an entity with a Federal or Provincial guarantee. Investments vehicles meeting the definition of “bank deposits” may also be excepted from this concentration provision provided they are deposit based investments issued by a Schedule I Canadian bank.

- f. If the portfolio is less than \$500,000 then 100% of the portfolio may be invested with one issuer.
- g. GIC exposure to any one issuer must be limited to the CDIC (Canada Deposit Insurance Corporation) limit of \$100,000 unless the issuer is a "Big 6" Schedule I Canadian bank; a credit union backed by an unlimited provincial guarantee; or a large scale international issuer that may, from time to time, be identified as having sufficient resources to warrant exceeding the \$100,000 per issuer CDIC limit.

### **3. Investment Guidelines**

- a. The Investment Guidelines must at all times be in agreement with the Investment Objectives and the Investment Restrictions.
- b. For the purposes of the Investment Restriction criteria, GICs can be treated as
  - i. Money market vehicles for maturities of one year or less and as bonds for maturities greater than one year.
- c. For surplus funds anticipated to be in excess of current and projected operational needs, the maximum remaining term to maturity should not exceed five years.
- d. An exception for Guideline C is for funds which are set aside for a specific purpose whose payment date exceeds these terms.
- e. An investment should be sold and replaced when its credit rating drops below minimum levels.
- f. All investments should be held in segregated accounts.

## **5.5 Risk Management**

Protection of the College's assets is critical to its current and long-term operational viability. As the Registrar has operational control of the assets it is essential that risk management practices be implemented to ensure the assets are protected.

Accordingly, the Registrar will:

1. Purchase insurance and implement controls to protect College assets against theft and casualty losses and prevent access to funds by unauthorized personnel.
2. Take measures to maintain and protect the College premises and its contents.
3. Implement policies and practices that will prevent exposing the College, its Board and staff to claims of liability, as well as ensure that the Board and staff are adequately insured against liability claims. Also, review the policy annually to maintain sufficient coverage.
4. Arrange to have the office premises and contents appraised every 5 years, and insured on a replacement cost basis with the coverage being reviewed annually and retendered every 5 years.
5. Only commit the College to those expenditures that comply with Board directives and policies.
6. When investing or holding the College's operating capital, ensure their liquidity and safety, guided by the future needs of the College and include easily accessible cash reserves equal to the cost of operating the College for six months.
7. Follow Board policies or guidelines to acquire, encumber or dispose of real property.
8. Not reduce the College's current assets without Board knowledge and approval.
9. Observe and enforce the working conditions and standards set out in the Employment Standards Act of the Province of British Columbia.
10. Ensure a business continuity plan is in place, and that all information systems are backed up daily in case of fire, theft or an Act of God in order to prevent business loss and disruption.
11. Ensure a risk management policy is in place.
12. Maintain and report regularly on the College's risk register.

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## 5.6 Employee Relations

A healthy and safe working environment and fair, respectful, dignified and non-discriminatory working conditions are ensured for all employees and volunteers.

1. Regarding the treatment of employees and volunteers: Accordingly, the Registrar will:
  - a. Honour the spirit and intent of the College's collective agreement(s).
  - b. Not knowingly practice, condone or tolerate harassment of any kind within the College and working environments under the jurisdiction or direct influence of the College.
  - c. Be proactive in protecting the staff from unsafe and unhealthy conditions in the workplace.
  - d. Provide a fair and equitable complaints and grievance process that is free from retribution.
  - e. Have written personnel policies, consistent with any applicable legal requirements that clearly address the College's expectations of employees and volunteers and their obligations.
  - f. Promote diversity in the workplace. This includes (but is not limited to) diversity regarding ethnic origin, culture, religion, gender, sexual orientation, age, skill sets and experience.
  - g. Ensure that all employees and volunteers are well informed of their rights and the College policies that affect them.
2. Other than their requested attendance at Board meetings or their participation on committees involving Board members, non-unionized staff will only have access to the Board as a 'last resort' on matters regarding their treatment by the Registrar or allegations of illegal activities or actions by the Registrar. On all other matters, staff must deal directly with the Registrar.
3. The Board will ensure that any employee engaged in 'whistle blowing' activity or raising matters with the Registrar will not suffer retribution or discrimination as a result of bringing these matters forward. If the person is not satisfied with the response from the Registrar, he or she can then approach the Board Chair.

## ***5.7 Employee Compensation and Benefits***

With respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers, the Registrar must protect the College against financial risk or negative public image.

Accordingly, the Registrar will:

1. Not promise or imply to current or potential employees permanent or guaranteed employment.
2. Make sure that every employee has received and agreed to a letter of employment or a letter of services or a letter of requirements prior to commencement of services.
3. Establish current compensation and benefits which:
  - a. Comply with the Board's policies on compensation.
  - b. Do not create long-term obligations that the Board believes cannot be met from its normal revenue sources.
4. Not establish deferred or long-term compensation and benefits which:
  - a. Cause unfunded liabilities to occur or in any way committing the College to benefits that incur unpredictable future costs.
  - b. Deviate from Board approved levels of benefits.



## **5.8 Contractor Services**

With respect to contracting services, the Registrar must protect the fiscal integrity and public image of the Board.

Accordingly, the Registrar will:

1. Employ a tendering process for suppliers, consultant services, service contracts and equipment/facility leases or purchases by obtaining three quotes, or through a competitive process, wherever practical. Any tendering process must be transparent, fair and comply with the College's conflict of interest guidelines.
2. Ensure goods and services are acquired in a manner that results in supply arrangements at the most effective net cost, in the correct quantities, of the appropriate quality and from the most responsive and responsible source.
3. Promote accountability in its use of funds for the acquisition of goods and services.
4. With respect to leases, not enter into individual lease agreements that financially commit the College to terms greater than five years, to total lease payments greater than \$250,000.00 and to annual lease payments greater than \$50,000.00 for each lease agreement, unless approved by the Board.
5. Ensure all agreements entered into by the Registrar are in writing and signed by both parties
6. Make sure that every consultant and contract worker has received and agreed to a letter of employment or a letter of services or a letter of requirements prior to commencement of services.
7. Not enter into any long-term contractual obligations that exceed the College's ability to ensure that it will have the financial resources to fulfill the terms of the contract unless approved by the Board.
8. Not continue with a contractual agreement if the contractor fails to satisfy the terms and obligations of the contract.
9. Withhold payment or appropriate funds until the agreed upon contracted services have been completed satisfactorily.
10. Ensure a Procurement Policy and a Signing Authority Policy are in place.

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## ***5.9 Protection of Registrant Information***

Protection of registrant information is essential to ensuring the privacy of those persons registered to practice pharmacy in British Columbia.

Accordingly, the Registrar will:

1. Ensure that the College is in compliance with the privacy sections of the Health Professions Act (*HPA*) and all other Privacy and Protection legislation, provincial and federal.
2. Ensure a Privacy Policy is in place.

### ***5.10 Charitable/Grant Donations and Sponsorship***

From time to time the College will be approached by external organizations for charitable donations or event sponsorship.

Accordingly, the Registrar will:

1. Ensure that all monies of the College donated to charitable organizations or to sponsor events or conferences or for grant purposes such as UBC are based on previously approved requests by the Board and are included in the current year's operating budget. Such requests will align with the College's mission, vision and values and align with the College's strategic plan and communications strategy.

First Approved: **September 24, 2010**  
Revised: **April 19, 2013**  
Reaffirmed: **April 19, 2013**

Monitoring Frequency: **Annually or as required**  
Monitoring Method:  
Responsibility of: **The Board of CPBC**

### **5.11 Collaborative Agreements**

The Registrar or Deputy Registrar may approve collaborative agreement protocols provided the protocol includes the following:

1. A statement delegating medication therapy management authority from a specific physician to the pharmacist.
2. A description of who will obtain the authority (e.g. the named pharmacist or pharmacists under the supervision of the named pharmacist).
3. A time period for the protocol (not to exceed two years).
4. Patient eligibility criteria.
5. Specified delegated activities (i.e. disease, drugs, and categories).
6. A description of the type of pharmacist medication therapy management authority being delegated (e.g. continuation, modification, initiation).
7. A plan, guideline or algorithm for medication therapy management decisions.
8. Procedures for documenting the decision and actions taken.
9. A plan for periodic reporting/review of decisions with collaborating prescriber.
10. Copies of all forms used, including the patient consent form.
11. A procedure for resubmission to the College when substantive therapeutic changes occur.
12. That each staff approved protocol will be included on the next Board agenda as a consent item.

## Part 6 – Professional Practice Policies

*(This category includes policies that affect pharmacists, pharmacy technicians and pharmacies).*

- PPP-3 Pharmacy References PPP-5 Pharmacy Security
- PPP-12 Prescription Hard Copy File Coding System
- PPP-15 Narcotic Controlled Drug Signing Authorizations
- PPP-20 Prescription Refills
- PPP-24 Depot Shipments of Prescriptions
- PPP-25 Pharmacy Disaster Preparedness
- PPP-26 Pharmacists Distribution of Alternative and Complementary Health Products
- PPP-27 Registration Requirements for Pharm.D. Program Students PPP-29  
Triazolam Dispensing Guidelines (rescinded)
- PPP-31 Emergency Prescription Refills PPP-32 Dispensing Multidose Vials
- PPP-35 Pharmacists' Refusal to Provide a Product or Service for Moral or Religious  
Reasons
- PPP-39 Responsibility of the Pharmacist When Asked to Provide a Drug That May  
Harm the Patient (rescinded)
- PPP-40 Repackaging Bulk Nonprescription Drugs PPP-43 Automated Pharmacy  
Dispensing System PPP-46 Temporary Pharmacy Closures
- PPP-47 Operational Procedures for Complying with Benzodiazepines and Other  
Targeted Substances Regulations
- PPP-50 Centralized Prescription Processing
- PPP-54 Identifying Patients for PharmaNet Purposes PPP-55 Telepharmacy
- PPP-56 Standards for Pharmacy Technician Verification of Non-Sterile Products in  
Hospital Pharmacy Practice
- PPP-57 Standards for Pharmacy Technician Verification of Sterile Products in  
Hospital Pharmacy Practice
- PPP-58 Medication Management (Adapting a Prescription) PPP-59 Pharmacy  
Equipment
- PPP-60 Professional Liability Insurance
- PPP-61 Hospital Pharmacy Published Standards
- PPP-63 Hospital Pharmacist Role with Respect to Drug Distribution Systems, Drug  
Administration Devices, Products and Services

First Approved: **September 24, 2010**  
 Revised: **April 19, 2013**  
 Reaffirmed: **April 19, 2013**

Monitoring Frequency: **Annually or as required**  
 Monitoring Method:  
 Responsibility of: **The Board of CPBC**



College of Pharmacists  
of British Columbia

## 14. Governance Committee

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**Mona Kwong**

Chair of Governance Committee



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## 14 a) Committee Updates



# Committee Updates

## **July 16, 2019 Meeting**

- Committee Terms of Reference
  - Revisions to the Past Chairs Advisory Committee
- Board Meeting Evaluation

## **August 27, 2019 Meeting**

- Committee Terms of Reference
  - Revisions to the Past Chairs Advisory Committee
  - Revisions to the Board Reference and Policies
  - Revisions to the Practice Review Committee
  - Appointment of Chair of the Registration Committee





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## 14 b) Establishment of Past Chairs Advisory Committee



## Background

- Recently, the Board approved changes to the *Health Professions Act* Bylaws to amend terms of office for elected Board members came into effect.
- Terms of office were changed from two years to three years and from a maximum of 3 consecutive terms to a maximum of 2 consecutive terms.
- At the June 2019 Board meeting, the Governance Committee proposed the establishment of the Past Chairs Advisory Committee to allow knowledge transfer between past and current Board members.



## New Past Chairs Advisory Committee – Revised Terms of Reference

- At its June 2019 meeting, the Board did not come to a consensus on the requirement of Board membership on the committee (as presented in the Terms of Reference) and therefore the motion presented was rescinded.
- Since this time, the Governance Committee has further discussed the proposed committee's Terms of Reference and is presenting a revised version to the Board for approval.



## 14 b) Establishment of the Past Chairs Advisory Committee

### **MOTION:**

Approve the establishment of the Past Chairs Advisory Committee with the terms of reference as circulated.



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## 14 c) Approval of Revised Board Reference and Policies



# Revisions to Board References and Policies Document

- The Governance Committee recommends a revision to the Board References and Policies document.
  - To include the option of approving honoraria for Board or committee members who are requested to attend conferences, training sessions, etc. on a case by case basis



## 14 c) Approval of Revised Board Reference and Policies

### **MOTION:**

Approve a revision to the College of Pharmacists of BC Board Reference and Policies document to include the option of approving honoraria for Board or committee members who are requested to attend conferences, training sessions, etc. on a case by case basis.