

Annual Report

2006/2007

COLLEGE *of* PHARMACISTS
OF BRITISH COLUMBIA

Annual report 2006/2007

This 2006/2007 annual report presents highlights of initiatives in the CPBC fiscal year, March 1, 2006 to February 28, 2007.

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Our mission

To ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health.

Our values

- Optimal standards of pharmacy practice and ethics.
- Ensuring the safe, rational and effective use of pharmaceuticals.
- Integrity and honesty in all that we do.
- Commitment to learning and openness to change.
- An open and transparent approach to how we conduct our activities.
- Accountability to the public.
- The integral role of the pharmacist in the health-care system.
- Fulfilling our responsibility to our registrants and treating them with respect and dignity.

College of Pharmacists of B.C.
116th Annual General Meeting
November 24, 2007
Morris J. Wosk Centre for Dialogue
Simon Fraser University
580 West Hastings Street
Vancouver, B.C.

President's and registrar's message



Randy Konrad

How does the college continue to meet its legislated mandate of ensuring safe and effective pharmacy care for the public? It does so by continuously evolving. The period for this annual report was no exception to that fact.

On any number of fronts, the College of Pharmacists of B.C. continued to refine and improve college programs and make important headway on new initiatives that underscore the concerted role each college participant plays in making sure patients in British Columbia receive the best possible pharmacy care.

Our pharmacy technician registration and regulation initiative continued to develop, with council approving a business case analysis that established a framework and timelines for this exciting initiative, which will recognize pharmacy technicians as a new class of health-care professionals.

PDAP, the college's ongoing assessment program, continued with Cycle 2 participants selecting their assessment tools. Results for Cycle 1 were overwhelmingly positive, with 97 per cent of CPBC registrants who took part in one of five assessment tools achieving success. The most popular choice for Cycle 1 Phase 1 was the knowledge assessment exam, with

91 per cent of participants achieving the KA standard.

PDAP too continues to evolve. The college is researching an additional PDAP assessment tool, based on a continuing-education model. The college's pharmacist-designed assessment program is all about keeping the college's paramount responsibility in mind while ensuring pharmacists have a variety of assessment options to choose from.

Our staff evolved as well, with the college welcoming Suzanne Solven as deputy registrar. Suzanne's background in government drug plan administration was an invaluable addition to our collective skill set, particularly in light of another health-care evolution taking place in the province: the Health Professions Act. Full implementation of this revised legislation is planned for the not too distant future.

The college also actively participated in the provincial government's eHealth and eDrug initiatives, designed to provide pharmacists and their health-care peers with the latest tools and technology to deliver the highest level of patient care.

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Message

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And two important achievements occurred over this reporting period: the number of registered pharmacists in B.C. grew to 4,000 and the number of licensed pharmacies increased to 1,000.

Registrants responded positively to our continuing email initiative, which connects them to information posted on our website. Not only does this cut down on mailing costs, it also ensures quicker access to need-to-know information.

None of the good work described above would have been possible without the participation of college council and staff. To our council colleagues, a heartfelt thank you to each of you for the energy and ideas that fuel our work, and for your commitment to uphold the college's mandate. And to college staff, equal gratitude for the many ways each staff member contributes to making the college a strong, innovative organization.

And finally, thank you to each college registrant who provides innumerable pharmacy services every day in B.C., and in doing so, underscores the positive results we provide to patients, and the trust they place in our profession.



Randy Konrad
President



Marshall Moleschi
Registrar

Strategic goals 2006-2007

The following strategic goals were established at an April 2006 meeting of the College of Pharmacists of B.C. The goals are reviewed annually.

1. Encourage an enhanced and expanded role for pharmacists.
2. Implement strategies to optimize use of pharmacists' and pharmacy technicians' skills and knowledge.
3. Address the impact of technology on the college's regulatory role.
4. Continue to communicate the value of pharmacists and the services they provide to the public, government, health-care professionals, and registrants.
5. Promote a culture where college staff work, learn, and are recognized for collaboration and innovation.

2006 marked the first time the heads of the college, the B.C. Pharmacy Association, and UBC's faculty of pharmaceutical sciences toured a section of the province together to meet with pharmacists on a number of issues.

Governance

Council

President Randy Konrad, District 1

Bev Harris, District 2

Barry Wilson, District 3

Erica Gregory, District 4

Rita Thomson, District 5

Dr. James Kim, District 6

Carol Gee, District 7

Margaret Cleaveley, Government Appointee

Marina Ma, Government Appointee

Michael MacDougall, Government Appointee

Winnie Wong, Government Appointee

Robert Sindelar, Dean, Faculty of Pharmaceutical Sciences, UBC

Council's contributions are to:

- Define the college's mission.
- Maintain an active link with the college's stakeholders with respect to policy issues.
- Develop, monitor, and evaluate policies which guide the college.

The College of Pharmacists of B.C. is governed by specific provincial legislation, the Pharmacists, Pharmacy Operations and Drug Scheduling Act (PPODS), which provides the college with a legislative framework to ensure the public receives safe and effective pharmacy services.

Additionally, bylaws, rules, and a governance portfolio round out the tools the college uses to carry out its mandate on behalf of the public.

The college has a 12-member governing council made up of seven elected pharmacists, four government appointees, and the dean of the University of British Columbia's faculty of pharmaceutical sciences. Each councillor serves a two-year term, starting at the annual general meeting.

Council operates on a policy governance model which clearly distinguishes between policy and operations. This means that councillors work together to define desired outcomes and overall objectives (policy), while staff are responsible for developing ways to achieve results (operations).

Although pharmacist councillors are elected by CPBC registrants, their primary duty is to make sure the public receives sound, professional pharmacy services. The college's role is laid out in the Pharmacists, Pharmacy Operations and Drug Scheduling Act, section 2 (2):

"It is the duty of the 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."

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Governance

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Key accomplishments

Pharmacy technicians

Council approved a white paper recommendation to pursue regulation of pharmacy technicians within the CPBC.

Council advanced the pharmacy technician accreditation/registration initiative with the approval of a business case analysis, which addressed the financial and time requirements for this initiative.

Telepharmacy practice policy

Council approved changes to the college's professional practice policy on telepharmacy to allow for the use of licensed central pharmacies. Council also approved in principle a planned expansion of telepharmacy to a community pharmacy site as a pilot project.

Strategic plan update

Council supported a resolution to merge a 2004-2007 operational plan and the 2006 strategic plan into a single, revised document. Council also requested distribution of a strategic goals survey; 210 responses were received, which helped finalize the goals.

Canadian Institute of Health Information (CIHI) data collection

Council supported an initiative between CIHI and other pharmacy regulatory bodies across the country to develop a process for collecting data as part of a pharmacy human resources plan.

Pharmacy security guidelines

Following a staff presentation on current pharmacy security guidelines, council moved a recommendation that the college's community practice advisory committee develop revised security guidelines for council's consideration.

Rules amendments

To provide clarification on the college's resolutions process, council approved several amendments to the rules of the College of Pharmacists of British Columbia. Changes include noting the non-binding nature of resolutions, and replacing the words "member," "members," and "membership" with "registrant," and "registrants."

Temporary registration

Pharmacy's contribution to the health-care needs of B.C. citizens following a serious emergency or catastrophic event was ensured when council approved bylaw changes to permit the college registrar to provide temporary registration of pharmacists based on specific criteria.

Bylaw 7 amendments

The changes that allow nurse practitioners in B.C. to authorize prescriptions have also resulted in a change for some registered nurses. RNs working in licensed community care facilities are now permitted to administer Schedule II, Schedule III and unscheduled drugs after making a nursing diagnosis. For pharmacy legislation to reflect this, council approved Bylaw 7 amendments on nursing-initiated activities.

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Honourary College Members

Leroy Fevang
Dr. Finlay Morrison
Dr. Bernard Riedel
Norman Thomas
Linda Lytle

Governance

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Professional development and assessment

Council requested the board of examiners consider the addition of a CE-based option to the college's PDAP program.

Medication labeling

Council requested that Professional Practice Policy 19, which deals with prescription product labeling, be rescinded following a request from CPBC registrants that pharmacists be permitted to use professional judgment in deciding how to apply labels to certain products.

HPA transition

In preparation for the province's new Health Professions Act (HPA), which will cover pharmacists, council approved proposed bylaws for the HPA and the accompanying Pharmacy Operations and Drug Scheduling Act (PODSA).

Required references

Council approved the revision of Professional Practice Policy 3. This policy requires all community pharmacies to have authorized library references; wording regarding the intervals at which references must be updated has been simplified to enable pharmacists to use professional judgment as to when a new reference version or edition is required.

Registration/licensing

The registration department is responsible for maintaining an accurate register that identifies individuals qualified to practice as a pharmacist in British Columbia. The college recognizes qualified pharmacists from: the University of British Columbia; other Canadian provinces, through a mutual recognition agreement; and other countries. We are committed to timely and accessible registration and licensing processes.

Key accomplishment

Added registrants' eServices ID to personally-addressed college documents to make eServices logon information readily available to each registrant.

Licensed pharmacies

	COMMUNITY	HOSPITAL	TOTAL
Beginning of year	905	68	973
Add - openings	54	2	56
Less - closings	(18)	-	(18)
End of year	941	70	1,011

Registered pharmacists

	TOTAL
Beginning of year	3,906
Add - new registrants *	300
Add - return to practice (regular)	28
Add - return to practice (maternity/parental)	42
Less - to non-practising register (regular)	(180)
Less - to non-practising register (maternity/parental)	(28)
Less - deceased	(2)
End of year	4,066

* New registrants breakdown:

UBC students	135
Qualifying candidates under MRA	89
Qualifying candidates from other Provinces/Territories	8
Qualifying candidates from outside Canada	68
Total	300

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Registration/licensing

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UBC students registered with the college

	TOTAL
Year 1	140
Year 2	147
Year 3	144
Year 4	135
End of year	566

Qualifying candidates registered with the college

	MRA	OTHER PROVINCES	OUTSIDE CANADA	TOTAL
Beginning of year	35	3	95	133
Add - new candidates	91	11	114	216
Less - registered as a pharmacist	(89)	(8)	(68)	(165)
Less - application expired	(13)	(1)	(10)	(24)
End of year	24	5	131	160

Two profession milestones occurred in 2006, when the number of registered B.C. pharmacists reached the 4,000 mark, and the number of licensed pharmacies increased to over 1,000.

OSCE assessment (B.C. certification)

DATE OF ASSESSMENT	CANDIDATES	SUCCESSFUL
28 May 2006	3	2
4 November 2006	1	0
Total	4	2

Jurisprudence exam

DATE OF ASSESSMENT	CANDIDATES	SUCCESSFUL
1 June 2006	33	29
9 November 2006	98	94
22 February 2007	80	74
Total	211	197

Jurisprudence exam (special sitting)

DATE OF ASSESSMENT	CANDIDATES	SUCCESSFUL
21 June 2006	22	19
23 August 2006	6	6
19 October 2006	1	1
Total	29	26

Quality outcomes

Quality outcomes specialists play a vital role in the British Columbia health-care system. They are responsible for ensuring that community and hospital pharmacies across the province satisfy the college's mission – "To ensure B.C. pharmacists provide safe and effective pharmacy care to help people achieve better health."

Quality outcomes specialists monitor and evaluate pharmacy services to ensure that each practice is consistent with accepted legal, organizational, and professional standards. The college's *Framework of Professional Practice* provides a framework for the work of QOS staff in three areas:

- Conducting site visits.
- Mentoring and supporting pharmacists.
- Serving as ambassadors for college programs and policies.

Quality outcomes specialists rely on three sources of evidence to help them determine how well a pharmacy is meeting the standards. They observe performance, review products and documents, and ask and respond to questions. Reports are created for each site visit and describe activities that are performed well and identify areas in need of improvement.

Pharmacy visits

Community pharmacy

Routine	311
Consultation - phone	10
Consultation - site	78
Facility	5
Follow-up	26
Long-term care services	29
Methadone services	80
Opening	51
Relocation	5

Hospital pharmacy

Routine	14
Consultation - site	1

Total 610

OnCall Pharmacist Line

Phone calls received 3,601

Key accomplishment

- Worked with the College of Physicians and Surgeons of B.C. and the Ministry of Health to coordinate responses to forged narcotic prescription activity and develop and implement enhanced security features for new narcotic prescription pads.

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In 2006, the B.C. Pharmacy Association and the Federal Health Care Partnership selected the college's *Framework of Professional Practice* as a reference resource to be used in settling pharmacy audit disputes between the two organizations.

Quality outcomes

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Methadone pharmacy services

British Columbia's methadone maintenance program is administered by the College of Physicians and Surgeons of B.C.; since 2004 the College of Pharmacists of B.C. has been responsible for the program's pharmacy-related monitoring activities.

Our college works with the College of Physicians and Surgeons to ensure best-practice outcomes meet the needs of methadone maintenance patients. Equally important are strong liaison and communications with local governments, law enforcement authorities, and community/neighbourhood groups.

The college's goals are to:

- Increase recognition that methadone can be included as a regular part of pharmacy practice.
- Ensure participating pharmacies provide professional and appropriate services.
- Ensure pharmacists receive support.
- Work with pharmacists to increase methadone maintenance access around the province.
- Provide contact information to patients seeking pharmacies that provide methadone maintenance services as a legitimate pharmaceutical treatment option to heroin.

The number of community pharmacies able to provide methadone pharmacy services increased by 10 per cent for this reporting period (from 457 to 496) and the number of patients accessing this service increased by just under 10 per cent (from 7,983 to 8,519).

A list of pharmacies providing methadone maintenance services is available to the public on the college's website.

Professional development and assessment

The college launched the professional development and assessment program (PDAP) in September 2003 as part of its legislated mandate to offer a flexible quality assurance program.

PDAP provides an opportunity for registrants to demonstrate their knowledge, skills, and abilities as part of their responsibility as a member of a self-regulated profession to meet pharmacy patients' needs. The purpose of PDAP is to support the college's mission to ensure pharmacists provide safe and effective pharmacy care to help people achieve better health and to promote continuous learning and professional development.

The program recognizes that pharmacists who commit to on-going professional development continue to enhance their practices, and fair and valid assessment supports the public accountability provision of the college's mandate. Inherent to PDAP is the college's *Framework of Professional Practice*, which provides a detailed, comprehensive description of pharmacy practice in B.C. and serves as a standards of practice guide.

Key accomplishments

- Received completed surveys from 60 per cent of Cycle 1 participants, with their positive, constructive feedback used to refine Cycle 2.
- Held PDAP orientation sessions for Cycle 2 participants at 14 locations around the province, with over 800 pharmacists attending.
- Provided tips for completing a KA and LPP through *ReadLinks* and the college website to help Cycle 2 participants choose and undertake their selected PDAP option.

The college awards program recognizes outstanding contributions to patient care and the college's many initiatives with a Five Star Pharmacist award, awards of excellence in community, hospital, and long-term care pharmacy practice, and gold, silver, and bronze volunteer recognition levels. The awards program is part of the college's annual general meeting. Recipients' names are on the college's website.

Professional conduct review

Registering a complaint

The College of Pharmacists of British Columbia is responsible for regulating pharmacists and protecting the public, and it investigates complaints related to a pharmacist's professional practice. Concerns about business practices or poor service should generally be referred to the pharmacy manager, storeowner, or head office, in the case of a pharmacy chain.

Patients can inform the College of Pharmacists of their concerns about a pharmacist by telephone, in writing, or by email.

Our contact information is:

200 - 1765 West 8th Avenue
Vancouver, B.C. V6J 5C6
Telephone: 604-733-2440 or
1-800-663-1940
Email: info@bcpharmacists.org

Serious complaints

Complaints often arise because of misunderstandings or misinterpretations. Others may arise from genuine errors. Simple misunderstandings can often be resolved informally. But some complaints require further follow-up by the college. This is done by writing to the pharmacy manager and requesting the identity of the pharmacist involved in the incident and other pertinent information (e.g., prescription and medication profile copies.)

The pharmacist involved in an incident is provided with an opportunity to respond to the complaint. The response may be available to the complainant under access to information legislation.

If a complaint warrants further investigation, it is sent to the inquiry committee. The college's inquiry committee, composed of practicing pharmacists and two non-pharmacists, reviews approximately 160 complaints per year. The committee may request further information or may recommend that a committee member meet with the pharmacist involved.

Once all materials are reviewed, the committee may dismiss a matter if it is determined to be minor, or accept a pharmacist's statement and commitment to improve their practice. If the actions of the pharmacist are grievous, more stringent action may be taken. The pharmacist may consent to withdrawing from practice and taking a series of steps before returning to practice. If the pharmacist does not consent to the terms offered, the matter is referred to the discipline committee for a formal hearing. The inquiry committee may refer a matter directly to the discipline committee

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Professional conduct review

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or suspend a pharmacist immediately and then refer the matter to the discipline committee.

Discipline results

All respondents and complainants are informed of the findings of the inquiry and discipline committees, and as a matter of public record, the College of Pharmacists of B.C. publicizes discipline committee results in its newsletter if the pharmacist is found at fault. The college website carries a list of pharmacists who have been disciplined in the present year, and the nine preceding years. Each name links to a PDF copy of the newsletter article on that pharmacist's discipline hearing and penalties.

Reporting period

A total of 137 complaints were received from March 1, 2006 to February 28, 2007. The inquiry committee or a panel of the inquiry committee met ten times to review these complaints. In the last reporting period, 135 complaints were received.

Eighty of the complaints were related directly to the medication dispensed (either the incorrect drug, strength, quantity or dosage form was provided, or counselling was not provided). The remaining 57 complaints involved concerns about privacy and confidentiality, unprofessional conduct, suspected unfitness and other issues.

Fifteen complaints were resolved by accepting the responsible pharmacist's explanation and commitment to correct the identified problem. Forty-six letters of advice were sent to pharmacists. Thirty-five complaints were determined to be unsubstantiated and dismissed.

The consent order process was used to deal with three matters related to suspected unfitness and one matter related to unprofessional conduct. One matter related to suspected unfitness was dealt with by an extraordinary suspension. One matter related to unprofessional conduct was dealt with by extraordinary conditions on the pharmacist's practice. Two matters were referred to the discipline committee. Some complaints received are still in progress.

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Complaints received

Mar. 1, 2006 - Feb. 28, 2007

Medication-related	80
Privacy, confidentiality	2
Unprofessional conduct	29
Suspected unfitness *	5
Other	21
Total	137

(* substance abuse 4, physical/mental ailment 1)

Disposition of complaints

Mar. 1, 2006 - Feb. 28, 2007

Dismiss	35
Accept statement	15
Letter of advice	46
Visitation	3
Consent order	4
Extraordinary suspension	1
Refer to discipline	2
Total	106

(Some complaints received are still in progress. Eleven complaints were received during a previous reporting period.)

Discipline hearings

Mar. 1, 2006 - Feb. 28, 2007

Number	1
Disposition	
Registration cancellation	1
Total	1

Professional conduct review

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The discipline committee conducted one hearing between March 1, 2006 and February 28, 2007. The proceedings took place over one day. The case involved a pharmacist that pleaded guilty in B.C. Supreme Court to charges of fraud over \$5,000 contrary to Section 380(1) (a) of the Criminal Code. The pharmacist defrauded the Ministry of Health's PharmaCare program. The pharmacist was sentenced to imprisonment for two years. A discipline panel held a hearing to determine the consequences of the pharmacist's conviction. The panel also considered letters of support from family members, the pharmacist's repayment of the money defrauded from PharmaCare, the pharmacist's guilty plea, and the pharmacist's resignation from the college. Further, the panel considered a past conviction for trafficking a narcotic and unlawfully selling a drug and the penalty imposed by the discipline committee at that time. The panel found that the pharmacist's actions showed a serious and flagrant disregard for not only the standards of pharmacy practice but also the criminal law. The penalty ordered was permanent cancellation of the pharmacist's registration.

PharmaNet

The CPBC PharmaNet department is responsible for the data stewardship of patient medication profile information stored on the provincial PharmaNet system. The college's role as data steward is to protect the privacy and integrity of patient information by:

- Managing the release of information to authorized parties;
- Ensuring appropriate use and access of patient information by pharmacists in the provision of pharmaceutical care; and
- Providing administrative system support to ensure a high level of accuracy in the data is maintained.

Through our work in these areas, and our active participation in planning for future enhancements to electronic health record systems in B.C., the college continues to support the use of PharmaNet as an integral tool to achieve the mission of safe and effective pharmacy care for all our citizens.

Key accomplishments

- Clarified steps needed to determine whether drugs on the PharmaNet list are interchangeable/"generic equivalents."
- Provided information, following a coroner's inquest, clarifying that the pharmacy dispensing a prescription needs to transmit the "discontinue" notification to PharmaNet when a physician does not intend for a patient to continue taking a medication.
- Provided information on the new drug schedules for vaccines, and the entering in PharmaNet of all pharmacist-issued vaccines.
- Clarified the requirements for writing pet prescriptions and recording PHNs on PharmaNet.

Initiatives

The CPBC worked with the College of Registered Nurses of British Columbia to clarify a pharmacist's authority to interchange, substitute, or adjust prescriptions under therapeutic interchange programs or protocols approved by the governing body of a hospital. This clarification resulted in a joint statement that was posted on the college's website.

Pharmacy technician regulation

The college is moving forward on pharmacy technician regulation. This will offer greater service and value to the citizens of British Columbia. The pharmacy technician steering committee was established to help guide the college on this initiative. Stakeholder sessions are being conducted to solicit input from pharmacists, pharmacy technicians and employers, and to provide information about the regulation of this class of pharmacy professional. The college is collaborating with various stakeholders across the province and country to support the development of national initiatives to regulate pharmacy technicians.

eDrug

The college is actively involved in the enhancement of the PharmaNet system (PharmaNet 2) as part of the province's eHealth initiative, which will include the integration of electronic patient records that connect pharmacists, doctors, and other health-care providers. This will include upgrading the existing PharmaNet system to include more comprehensive patient medication profiles, along with enhanced decision-making capabilities, improved coordination and delivery of care, and better cost management.

Health Professions Act

A Ministry of Health initiative now underway will see pharmacy-practice regulation move to a new Health Professions Act (HPA), along with other health professions. This transition is part of a national trend to regulate health professions under one act.

The HPA is accompanied by regulations and bylaws specific to each profession. The regulation of pharmacists will move under the Health Professions Act, and the regulation of pharmacy operations and drug scheduling will move to the Pharmacy Operations and Drug Scheduling Act.

Proclamation is anticipated in 2008.

Enhanced scope of practice

The college is developing a professional practice policy that will enable pharmacists to maximize their full educational and professional competencies.

The policy provides authority to the pharmacist (under existing legislation) to perform medication management activities, related to adapting an existing prescription. The goal of this new authority is to optimize the therapeutic outcome for patients.

Development of this exciting initiative is proceeding in consultation with other health-care professionals and the public.

Collaborations

Educational programs

The college works with UBC's continuing pharmacy professional development division (CPPD) to offer educational programs to pharmacists. In 2006/2007, 3,467 participants took part in 121 programs.

CPPD PROGRAM ACTIVITIES 2006/2007	PROGRAMS		CONTACT HOURS		# OF PARTICIPANTS	
	No.	% of Total	No.	% of Total	No.	% of Total
Live programs						
Lower Mainland	10	8	449.8	71	655	19
Outside Lower Mainland						
UBC programs	7	6	19.5	3	202	6
Regional coordinator programs	65	54	70.5	11	821	23
Distance learning programs						
Print-based programs	18	15	72.0	11	232	7
On-line programs	21	17	20.9	3	1,557	45
Total	121		632.7		3,467	

This table summarizes the program activities of the division of continuing pharmacy professional development (UBC-CPPD), faculty of pharmaceutical sciences, University of British Columbia, for 2006/07. Figures quoted under "# Participants" indicate the total number of participants (pharmacists, students, and other health-care professionals) for the programs.

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Collaborations

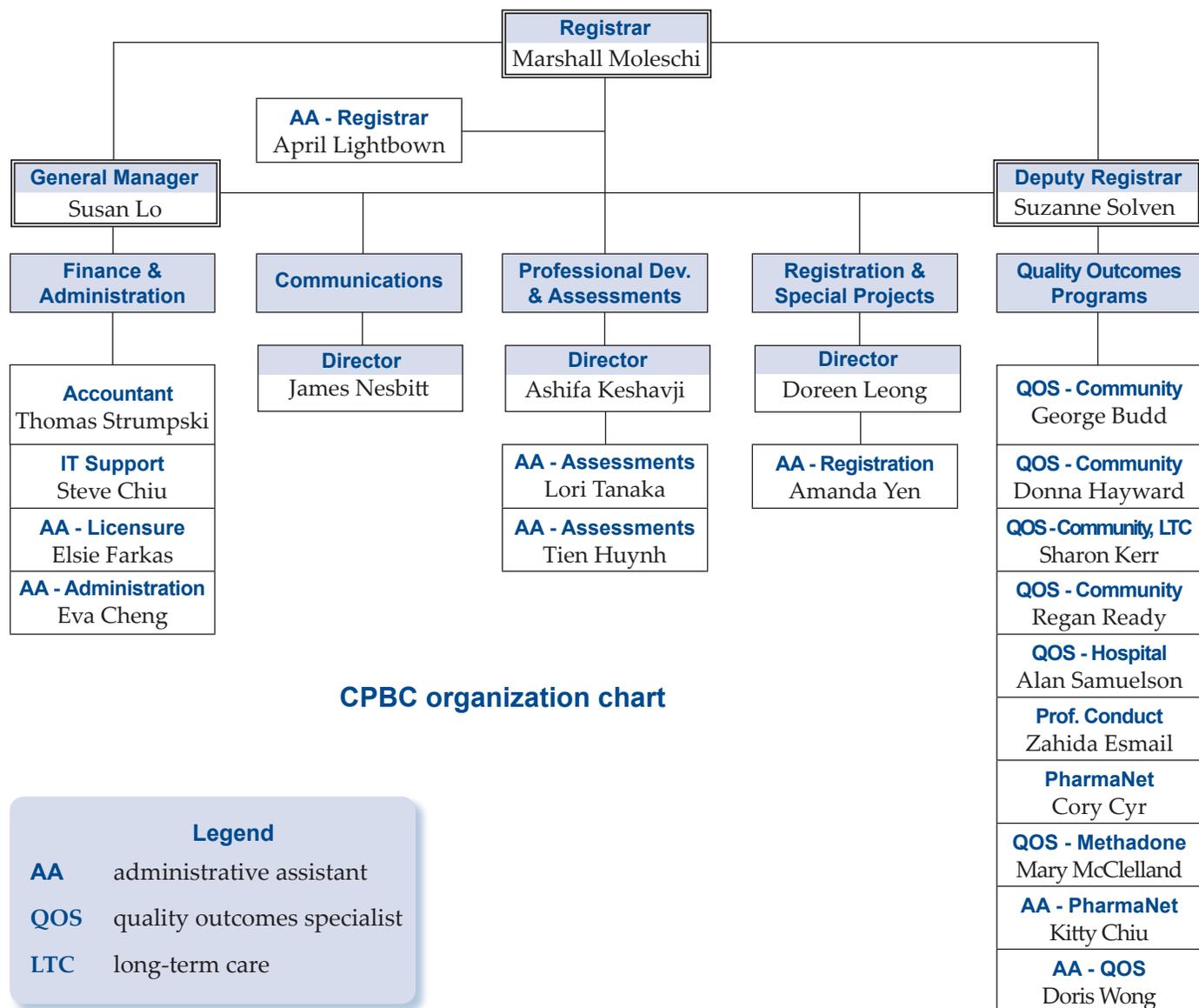
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Supporting other organizations

The college supported the following organizations' efforts through information sharing with B.C. pharmacists:

- UBC Faculty of Pharmaceutical Sciences.
- UBC Continuing Pharmacy Professional Development.
- UBC Canadian Pharmacy Practice Programme.
- B.C. Pharmacists Benevolent Society.
- College of Physicians and Surgeons of B.C.
- College of Registered Nurses of B.C.
- Community Nutritionists Council (B.C.).
- Canadian Council for Accreditation of Pharmacy Programs.
- PharmaCare - Fair PharmaCare, restricted claimants program, low cost alternative/reference drug program.
- Provincial Toxicology Centre.
- BC Centre for Disease Control.
- BC Drug and Poison Information Centre (DPIC).
- Emergency Aid Drug Program - BC Cancer Agency.
- B.C. Transplant Society.
- BC and Yukon Adverse Reaction Monitoring office (Health Canada).
- QuitNow program.

Staff



CPBC organization chart

Legend

- AA** administrative assistant
- QOS** quality outcomes specialist
- LTC** long-term care

Committees

Audit

Bev Harris
Randy Konrad
Michael MacDougall
Marshall Moleschi
Rita Thomson

Board of examiners

Maria Finamore, *Chair*
Ashifa Keshavji, *staff resource*
Peter Cook
Erica Gregory
Raymond Jang
Melanie Johnson
Ashifa Keshavji
Lorna Kroll
Kathy McInnes
Bruce Millin
Maria Ton
Marguerite Yee

Community practice advisory

Mohamed Merali, *Chair*
George Budd, *staff resource*
Salma Damji
Ron Gracan
Emad Habib
Cindy Ho
Amy Huang
Joe Jacob
Raymond Jay
Marylene Kyriazis
Ada Leung
Judy MacDonald
Edmond Margawang
Ken McCartney
Sandra Posnikoff
Allan Williamson
Ken Wong

Discipline

Erica Gregory, *Chair*
Zahida Esmail, *staff resource*
Dr. Brenda Osmond, *staff resource*
Grace Barrington-Foote
Wayne Chen
Peter Cook
Jody Croft
Maria Finamore
Jo Ann Groves
Lorna Kroll
Christine Liotta
Marina Ma
Michael MacDougall
Henry Mah
Lorrie Mann
Gillian Mayo
Pat McFadyen
Ken McLay
Lynn Pollock
Peter Rubin
Barbara Stipp

Ethics advisory

Carol Gee, *Chair*
Frank Archer
Julia Chan
Berny Leung
Edward Lum
Robin Manweiler
Greg Shepherd

Committees

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Hospital pharmacy

Dianne Kapty, *Chair*
end Nov. 24/06
Linda Morris, *Chair*
start Nov. 24/06
Alan Samuelson, *staff resource*
Greg Atherton
Sherry Coutts
Cameron Egli
John Hope
Dr. Anita Lo
Keith McDonald
Bruce Millin
Shelley Novak
Kevin Peters
Jack Silva
Paul Vance

Inquiry

Heather Baxter, *Chair*
start Nov. 24/06
Linda Bryan, *Chair*
end Nov. 24/06
Zahida Esmail, *staff resource*
Amin Bardai
Gordon Eddy
Bev Harris
Marney McKay
Janice Munroe
Betty Nielson

Jurisprudence examination

Maria Ton, *Chair*
Sharon Kerr, *staff resource*
Doreen Leong, *staff resource*
Connie Chung
Gianni DelNegro
Susy Fung
Sylvia Ghoshal
Hesham Metwaly
Pamela Sue
Maria Yen

Knowledge assessment

Melanie Johnson
Ashifa Keshavji, *staff resource*
Wilfred Mak
Tila Pelletier
Alnoor Suleman
Susan Troesch

Learning & practice portfolio

Lorna Kroll, *Chair*
Grace Barrington-Foote
Peter Cook
Raymond Jang
Stephen Liang
Joanne Logie
Sam Louie
Janice Moshenko
Marion Pearson

Long-term care

Carol Hansen, *Chair*
Sharon Kerr, *staff resource*
Eric Chan
Martin Hyde
Ada Leung
Gabrielle Lo
Brenda O'Leary
Parkash Ragsdale
Lindsay Zakkour

PharmaNet

John Cheung
Derek Daws
Dr. David Fielding
Melva Peters
Peter Rubin
Dr. Steve Shalansky
Dr. Brian Taylor

Resolutions

Marina Ma
Marshall Moleschi

Financial report

Grant Thornton LLP
Chartered Accountants
Management Consultants

Grant Thornton 

Auditors' report

To the Registrants of
College of Pharmacists of British Columbia

We have audited the statement of financial position of the College of Pharmacists of British Columbia as at February 28, 2007 and the statements of revenue and expenditures, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the College's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College as at February 28, 2007 and the results of its operations and changes in net assets and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Vancouver, Canada
June 1, 2007

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Statement of financial position

February 28

	2007	2006
Assets		
Current		
Cash	\$2,322,321	\$1,556,570
Short term investments	887,525	635,765
Receivables	121,681	72,599
Prepays and deposits	58,706	34,339
Due from joint venturers (Note 6)	-	477
	<u>3,390,233</u>	<u>2,299,750</u>
Property and equipment (Note 3)	1,823,542	1,853,701
	<u>\$5,213,775</u>	<u>\$4,153,451</u>
Liabilities and Net Assets		
Liabilities		
Current		
Payables and accruals	\$ 290,139	\$ 461,619
Current portion of capital lease obligations (Note 5)	47,000	54,000
Deferred revenue (Note 4)	2,403,686	2,321,170
	<u>2,740,825</u>	<u>2,836,789</u>
Capital lease obligations (Note 5)	196,059	153,066
	<u>2,936,884</u>	<u>2,989,855</u>
Net Assets		
Invested in capital assets	1,580,483	1,646,635
Restricted building fund	61,950	-
Unrestricted net assets	634,458	(483,039)
	<u>2,276,891</u>	<u>1,163,596</u>
	<u>\$5,213,775</u>	<u>\$4,153,451</u>

See accompanying notes to the financial statements.

Statement of changes in net assets

Year Ended February 28

				2007	2006
	Invested in Capital Assets	Restricted Building Fund	Unrestricted	Total	Total
Balance, beginning of year	\$1,646,635	\$ -	\$ (483,039)	\$1,163,596	\$ 844,504
(Deficiency) excess of revenue over expenditures	(180,221)	61,950	1,231,566	1,113,295	319,092
Investment in capital assets	114,069	-	(114,069)	-	-
Balance, end of year	\$1,580,483	\$ 61,950	\$ 634,458	\$2,276,891	\$1,163,596

Statement of revenue and expenditures

Year Ended February 28

	2007	2006
Revenue		
Licence and registration fees	\$3,524,792	\$3,212,878
QC and student registrations	163,074	128,700
Other	1,165,206	1,025,979
Grants	120,000	120,000
Total revenue	4,973,072	4,487,557
Expenditures		
College	193,687	188,067
Pharmacy service review	44,087	42,314
Inquiry/discipline	29,457	41,910
Assessments	214,285	262,041
NAPRA	176,017	226,865
UBC grants	274,176	261,919
PharmaNet	16,102	14,311
PEBC	14,877	77,424
Salaries and benefits	1,769,891	1,814,076
Consultants	270,139	281,055
General administration	676,838	746,380
Total expenditures	3,679,556	3,956,362
Excess of revenue over expenditures before the following	1,293,516	531,195
Amortization	185,613	210,597
(Gain) loss on disposition of assets	(5,392)	1,506
Excess of revenue over expenditures	\$ 1,113,295	\$ 319,092

See accompanying notes to the financial statements.

Statement of cash flows

Year Ended February 28

	2007	2006
Cash derived from (used in)		
Operating		
Excess of revenue over expenditures	\$1,113,295	\$ 319,092
Amortization	185,613	210,597
(Gain) loss on disposition of assets	(5,392)	1,506
	<u>1,293,516</u>	<u>531,195</u>
Change in non-cash operating working capital		
Receivables	(49,082)	(40,207)
Prepays and deposits	(24,367)	1,232
Payables and accruals	(171,480)	(299,662)
Deferred revenue	82,516	185,798
	<u>1,131,103</u>	<u>378,356</u>
Investing and Financing		
Additions to property and equipment	(53,458)	(73,606)
Proceeds on disposition of equipment	-	500
Short term investments	(251,760)	(258,084)
Due from joint venturers	477	(271)
Lease payments	(60,611)	(73,283)
	<u>(365,352)</u>	<u>(404,744)</u>
Net increase (decrease) in cash	765,751	(26,388)
Cash		
Beginning of year	1,556,570	1,582,958
End of year	<u>\$2,322,321</u>	<u>\$1,556,570</u>
Non-cash investing activities not included in cash flows:		
Capital assets acquired through capital leases	\$ 292,182	\$ -
Disposal of leased assets as trade-in for new capital lease	\$ (195,578)	\$ -

See accompanying notes to the financial statements.

Notes to the financial statements

February 28, 2007

1. Nature of operations

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

2. Summary of significant accounting policies

Revenue recognition

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

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

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

Cash and cash equivalents

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

Short term investments

Short term investments consist of cashable guaranteed investment certificates and redeemable bonds with interest rates from 4.00% to 6.69%. Short term investments are recorded at market value.

Property and equipment

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

Building	5% declining balance method
Building improvements	straight line method over 5-10 years
Furniture and equipment	10%-20% declining balance method
Computer	30% declining balance method
Software	50% declining balance method

Use of estimates

In conformity with Canadian generally accepted accounting principles, management is required to make estimates and assumptions that could affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenditures during the year. Actual results could differ from those reported.

Financial instruments

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

Comparative figures

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

3. Property and equipment

			2007	2006
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	\$ 524,379	\$ -	\$ 524,379	\$ 524,379
Building	1,181,718	661,613	520,105	547,480
Building improvements	605,871	373,422	232,449	269,110
Furniture and equipment	683,074	266,672	416,402	365,684
Computer	564,089	467,430	96,659	86,346
Software	134,814	101,266	33,548	60,702
	<u>\$3,693,945</u>	<u>\$1,870,403</u>	<u>\$1,823,542</u>	<u>\$1,853,701</u>

4. Deferred revenue

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

5. Capital lease obligations

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

2008	\$ 47,000
2009	50,000
2010	54,000
2011	59,000
2012	33,059
	<u>243,059</u>
Less: current portion	47,000
	<u>\$ 196,059</u>

6. Joint venture

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

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

	2007			
	College	Joint Venture 30%	Eliminating Entry	Total
Property and equipment and other assets	\$4,063,255	\$1,150,520	\$ -	\$5,213,775
Due from (to) joint venturers	44,546	(44,546)	-	-
Investment in joint venture	1,053,060	-	(1,053,060)	-
Total assets	5,160,861	1,105,974	(1,053,060)	5,213,775
Total liabilities	(2,883,970)	(52,914)	-	(2,936,884)
Equity	\$2,276,891	\$1,053,060	\$(1,053,060)	\$2,276,891
Total revenues	\$4,679,103	\$ 293,969	\$ -	\$4,973,072
Total expenses	3,702,980	156,797	-	3,859,777
Excess of revenue over expenditures	\$ 976,123	\$ 137,172	\$ -	\$1,113,295

COLLEGE *of* PHARMACISTS
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