



College of Pharmacists
of British Columbia

Annual Report
2017/2018

Regulating pharmacy practice
in the public interest

College of Pharmacists of BC

Duty to Protect Patient Safety

The College of Pharmacists of BC's role is to protect the public health by licensing and regulating pharmacists and pharmacy technicians and the pharmacies where they practice. We are responsible for making sure every pharmacy professional in BC is fully qualified and able to provide the public with safe and ethical pharmacy care.

The College receives its authority from, and is responsible for, administering provincial pharmacy legislation.

[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.

Vision

Better health through excellence in pharmacy.

Mission

The College 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.

Values

The College of Pharmacists of British Columbia's activities and decisions are based on the following values:

We are Professional and Ethical

We achieve this by:

- promoting and maintaining the highest standards of ethical conduct;
- taking responsibility for our actions and their results;
- engaging meaningfully with all stakeholders; and
- acting with honesty and integrity.

College of Pharmacists of BC

We Deliver Quality Service

We achieve this by:

- being consistent in our processes and messaging;
- executing proper research and due diligence;
- providing accurate and useful information;
- having transparent processes; and
- being timely and responsive.

We Build Quality Relationships

We achieve the by:

- listening to others;
- maintaining confidentiality;
- acknowledging the perspective of others;
- recognizing & respecting the capabilities of others; and
- being non-judgemental, open, and honest with others.

We Promote a Culture of Excellence

We achieve this by:

- being solution oriented;
- being adaptable and innovate;
- collaborating to identify best practices;
- fostering the development of the organization and the individual.

The College acknowledges with respect that the College of Pharmacists of BC is located on the unceded and traditional territories of the Coast Salish peoples – s̓k̓w̓x̓ wú7mesh úxwumixw (Squamish), sel̓ílwitulh (Tsleil-Waututh), and x̓m̓əθk̓ʷəy̓əm (Musqueam) nations whose historical relationships with the land continue to this day.

2017/2018 Annual Report

This Annual Report reflects on the College's work in protecting patient safety in the 2017/2018 fiscal year. All statistical information, Board and committee member listings reported in this 2017/18 Annual Report are based on the fiscal year ending February 28, 2018.

Year in Review

Pharmacist Prescribing

Development of a proposal for pharmacist prescribing stretches back to 2010 when the College Board first decided to move forward with a feasibility study. An initial Certified Pharmacist Prescriber Draft Framework was developed in 2015 and used to facilitate stakeholder engagement in 2016. The input garnered from this initial engagement was used to develop the new [Framework for Pharmacist Prescribing in BC](#), narrowing the scope of the proposal to focus on collaborative practice.

Under the new Framework, Pharmacist Prescribing is proposed to take place through interdisciplinary team-based care where physicians and nurse practitioners would continue to be responsible for the diagnosis, and access to health records and diagnostics, including lab tests, would be facilitated. Certified Pharmacist Prescribers would also be restricted from dispensing medications they prescribed for a patient.

The new framework is also focused more closely on preventing patient harm by reducing preventable drug-related problems and providing safer transitions in care through increased involvement of pharmacists, as medication experts in the delivery of patient-centred collaborative care. Improving medication management and reducing preventable drug-related hospitalizations protects public safety and will improve patient outcomes.

The second engagement on pharmacist prescribing was conducted through June to October 2017. The purpose of this engagement was to give patients, pharmacy professionals and other health professionals an opportunity to provide their input and share their thoughts on how pharmacist prescribing in collaborative practice relationships could work to help care for patients in BC.

The engagement showed increased confidence in Pharmacist Prescribing from all stakeholder groups. Feedback indicated strong support for implementing pharmacist prescribing to help care for patients from pharmacists, pharmacy technicians, pharmacy students and members of the public. Physicians still illustrated strong resistance, while others (such as nurses and nurse practitioners) indicated support for pharmacist prescribing.

Who We Heard From

During the engagement on Pharmacist Prescribing, the College received significant engagement with patients, pharmacy professionals, pharmacy students and other health professionals.

Participation in the Certified Pharmacist Prescribing Engagement:

- 3,700 visits to the Pharmacist Prescribing Engagement Page
- 1,122 completed responses through an online survey (providing over 10,000 comments to a range of questions on pharmacist prescribing)
- 3 live engagement sessions
- 83 letters

Year in Review

Social Media Reach

- Facebook: 58,000
- Over 470 reactions (Over 90% Positive)
- Instagram: 5,800
- Twitter: 2,800

At its November 2017 meeting, the College Board approved the proposal for pharmacist prescribing in BC, to be submitted to the Minister of Health along with a request to amend the Pharmacists Regulation under the *Health Professions Act*. The submission will include the Certified Pharmacist Prescriber Engagement Report and the final Framework for Pharmacist Prescribing in BC.

New Pharmacy Ownership Requirements

In May 2016, the Provincial Government approved amendments to the *Pharmacy Operations and Drug Scheduling Act*.

New changes to the *Pharmacy Operations and Drug Scheduling Act* Bylaws (PODSA) require 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.

“While the majority of people involved in pharmacies are honest and ethical, the College needs to have the authority to protect the public from unscrupulous pharmacy owners and operations that put patient safety at risk.”

- Bob Nakagawa, College Registrar

Key changes to the Pharmacy Operations and Drug Scheduling Act include:

- Distinguishes between “direct owners” and “indirect owners”
- Broadens the meaning of “pharmacy” and “pharmacy licence”
- Harmonizes requirements and processes for issuing, renewing and reinstating a pharmacy licence
- Sets eligibility requirements to hold a pharmacy licence
- Establishes a new Application Committee to review licence applications that do not meet the requirements of the Act and bylaws
- Adds requirements for direct owners, indirect owners and managers to provide Criminal Record History
- Requires direct owners, indirect owners and managers to comply with duties under the *Pharmacy Operations and Drug Scheduling Act* and *Health Professions Act*

Requires direct owners, indirect owners and managers to give notice to the Registrar if certain events occur

[The new requirements came into effect on April 1, 2018.](#)

Year in Review

Stakeholder Engagement

The College conducted stakeholder engagement in early 2017 to solicit feedback on the draft amendments to the *Pharmacy Operations and Drug Scheduling Act* Bylaws and Forms and related pharmacy licensure processes developed to incorporate the new pharmacy ownership requirements.

Specifically, the engagement was conducted to:

- Confirm that the draft bylaws clearly describe the requirements direct owners, indirect owners and managers must meet for a new pharmacy licence or pharmacy licence renewal.
- Hear from stakeholders on any requirements that may be confusing or difficult to understand.
- Confirm with stakeholders that they are able to determine their ownership type and hear from them about how we make this determination clearer, if needed.
- Confirm with stakeholders that they are able to determine what information they need to provide during the pharmacy licensing process based on their pharmacy's ownership type, and identify any opportunities to make this process clearer.
- Hear from stakeholders about any challenges they may face in obtaining the information and documents required for pharmacy licence applications.
- Receive input from stakeholders about who should have access to the College's web services (eServices) to update pharmacy information and complete pharmacy licence applications.
- Receive input from stakeholders about how the College can best reach pharmacy owners who are not pharmacists, to ensure that they are aware of the new requirements.

Who We Heard From

During the engagement on the new pharmacy ownership requirements, the College received significant engagement with pharmacy owners, managers, pharmacists and other types of directors.

Participation in the New Pharmacy Ownership Requirements engagement:

- 60 completed responses through an online survey
- Providing over 314 comments to a range of questions on pharmacist prescribing
- 35 participants in an in-person/web-conference workshop
- Meetings with pharmacy associations (BC Pharmacy Association, Neighbourhood Pharmacy Association of Canada)

For a more detailed overview of the new pharmacy ownership requirements, visit bcpharmacists.org/ownership

Year in Review

Resources

To assist pharmacy owners and managers with the transition, the College developed a number of resources and reference materials.

- [eServices Tutorial Video Series](#)
- [New Licensure Web Content](#)
- [New Pharmacy Ownership Requirements ReadLinks Series](#)
- [New Pharmacy Ownership Requirement Resource Page](#)
- [Pharmacy Licensure Guide](#)

College Engagement

The College conducted a number of stakeholder engagements to help us solicit input on College initiatives, policies and bylaws.

- Pharmacist Prescribing in BC
- New Telepharmacy Requirements
- New Pharmacy Ownership Requirements
- Palliative Care Home Kits
- Electronic Record Keeping

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

The College would like to thank all those who provided feedback and shared their thoughts during our various engagements in 2017.

Engagement Planning

The College follows the International Association for Public Participation (IAP2) best practices and core values in planning and executing engagement initiatives. This involves identifying the level of participation, communicating the engagement process with stakeholders, identifying how feedback will be used and how the results of the engagement will be shared. These elements are essentials in hosting an effective and transparent engagement session.

Compounding

Implementing the New Model Standards for Pharmacy Compounding

The College has set out a four-year implementation plan for pharmacies and pharmacy professionals to adopt the new model standards for compounding of sterile preparations, [recently released by the National Association of Pharmacy Regulatory Authorities \(NAPRA\)](#).

The new standards include [Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations](#), and [Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations](#).

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Allowing individual ingredients to be mixed together in personalized strengths and dosages based on a patient's needs plays an important role in pharmacy practice. Standards are needed to ensure preparation quality and safety when compounding drugs for patients.

Evolving practice as well as the increased awareness of the risks of compounding sterile preparations on the health of both patients and compounding personnel led NAPRA to develop new model standards for pharmacy compounding.

The College recommends that those who compound sterile preparations follow the four-year implementation timeline to ensure they meet all the requirements by May 2021, when the new bylaws are expected to come into effect.

A third and final [Model Standards document for non-sterile preparations](#) was released by NAPRA in March 2018. The College will be developing a proposed implementation plan for Board consideration, in due course.

Four Year Implementation Plan

Each phase in the implementation plan includes specific groupings of standards from the Model Standards. The College's existing bylaws and policies will remain in place until May 2021 (i.e., after the four-year implementation period is complete) at which point they will be replaced by new bylaws that will be developed closer to May 2021. Once these new bylaws come into effect, all existing references to compounding standards will be repealed.

Who We Heard From

To inform the approach to adopting and implementing the new Model Standards across BC, the College used a multi-step engagement process to seek input.

During the engagement on the implementation of the new Model Standards for pharmacy compounding of hazardous and non-hazardous sterile preparations, the College received significant engagement from pharmacy managers, pharmacists and pharmacy technicians involved in pharmacy compounding.

The College also conducted an environmental scan of all pharmacies (community and hospital) to determine how many are engaged in hazardous and non-hazardous sterile compounding, and non-sterile compounding.

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Phase 1	Phase 2	Phase 3	Phase 4
November 2017	May 2019	May 2020	May 2021
<ul style="list-style-type: none"> Define compounding risk level Complete gap survey and prioritize a site plan <p>NAPRA Standards:</p> <ul style="list-style-type: none"> 6.3 (compounded sterile preparation log) 6.4 (patient file) 6.5 (personnel) 6.6 (aseptic compounding of sterile preparations) 6.7 (packaging) 6.8 (storage) 6.9 (transport and delivery of compounded sterile preparations) 6.10 (recall of sterile products of final compounded sterile preparations) 	<p>NAPRA standards:</p> <ul style="list-style-type: none"> 5.1 (personnel) 5.2 (policies and procedures) 5.4 (maintenance log) 6.2 (compounded sterile preparation protocols) 	<p>NAPRA standards:</p> <ul style="list-style-type: none"> 6.1 (beyond-use date) 6.11 (incident and accident management) 6.12 (waste management) 7.1 (program content) 7.2 (results and action levels) 7.3 (verification of equipment and facilities) 7.4 (quality assurance of personnel) 7.5 (quality assurance of compounded sterile preparation) 7.6 (documentation of quality control activities) 	<p>NAPRA standard:</p> <ul style="list-style-type: none"> 5.3 (facilities and equipment)

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Participation in the Pharmacy Compounding engagement:

- 261 completed responses through an online survey sent to pharmacy managers, pharmacists and pharmacy technicians involved in compounding sterile preparations (hazardous and non-hazardous)
- Gap Analysis Survey sent to pharmacy managers, pharmacists and pharmacy technicians to determine gaps in existing practice in meeting the Model Standards
- Workshop with pharmacy managers, pharmacists and pharmacy technicians that included a review of the Gap Analysis survey results and a series of questions to understand where potential barriers and challenges to meeting the Model Standards may exist.
- Survey for each of the Model Standards

Gap Identification Tools

The College also developed two Gap Identification tools to help pharmacy professionals identify gaps in their compounding program and practices, and assist with developing plans to become compliant with the new compounding standards.

- [Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations](#)
- [Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations](#)

New Requirements for Telepharmacies in BC

Telepharmacy is the delivery of pharmacy services, including the dispensing of medications and provision of patient counselling, via telecommunications, to patients in locations where they may not have local access to a pharmacist.

In November, 2017, amendments to the [Pharmacy Operations and Drug Scheduling Act Bylaws](#) regarding telepharmacies as well as new [Telepharmacy Standards of Practice](#) came into effect to strengthen public safety in the delivery of this type of service.

The bylaw amendments and new Telepharmacy Standards of Practice increase the security of drugs and confidential health information and ensure patients receive safe and effective care at telepharmacies.

Learn more about the new telepharmacy requirements [in this ReadLinks article](#).

Opioid Overdose Crisis

The opioid crisis continues to be a top priority for us and other public health organizations across the province. BC's opioid overdose crisis has continued its unprecedented escalation over the past three years. [2017 saw a total of 1,448 illicit-drug overdose deaths, compared with 991 in 2016 and 522 in 2015.](#)

[More than 80% of overdose deaths in 2017 involved the opioid Fentanyl](#), with the majority of those deaths occurring in Vancouver, Surrey and Victoria.

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Public Health Emergency

The sharp increase of drug-related overdose deaths in BC prompted the Province's Provincial Health Officer to [declare a public health emergency](#) in April 2016 which allowed medical health officers to begin to collect real-time information on overdoses to immediately identify where risks are arriving and protect those most at risk.

Naloxone

Naloxone is an antidote to opioid overdose. Overuse of opioid drugs – such as morphine, oxycodone, methadone, heroin, or fentanyl – can slow or completely stop breathing.

When administered properly, naloxone temporarily reverses the effects of an opioid overdose, restoring normal breathing and consciousness within 1 to 5 minutes of injection, preventing death or brain damage caused by lack of oxygen.

Available in both injectable and nasal form, naloxone has been one of the most valuable tools in preventing overdose deaths during BC's opioid crisis.

- College collaboration on building awareness of how to use naloxone (or resources), Toward the Heart / Kits in pharmacies, combatting stigma (stopoverdoseBC.ca) etc

Take Home Naloxone Program

The BC Centre for Disease Control started the [Take Home Naloxone program](#) in 2012 to provide life-saving training and kits to people at risk of an opioid overdose.

Over 85,000 Take Home Naloxone Kits have been distributed across BC since 2012 through the Take Home Naloxone program. In December 2017, the program was extended to community pharmacies to help provide more kits free of charge to people who use substances or are likely to witness an overdose.

There are currently 1563 participating Take Home Naloxone sites in BC, including 779 registered pharmacies.

Kits are available through the Take Home Naloxone program, at no cost, to:

- Individuals at risk of an opioid overdose
- Individuals likely to witness and respond to an overdose such as a family member or friend of someone at risk

Whether naloxone is provided at a community pharmacy through the Take Home Naloxone program or by purchase, pharmacists play an important role in helping provide naloxone to those who may need it, together with training in overdose recognition and response.

Building Awareness

In the past year, the College has engaged in a number of independent and collaborative efforts to raise awareness of naloxone, fentanyl and BC's overdose crisis. This included a comprehensive, dedicated resource page outlining naloxone, its use and availability, as well as a number of articles written both by

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the College, as well as other BC health organizations invested in combatting the overdose crisis.

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

- The College's Naloxone Resource page received over 32,000 page views over the past fiscal year.
- The College's Facebook Ads (which run on Facebook, Instagram, and the Facebook Audience Network) reached an estimated 435,668 people (mostly in BC) and generated an estimated 889,985 impressions over the past fiscal year.
- The College's Google Ads generated an estimated 1,05,000 impressions over the past fiscal year.

Articles and Resources

- [College of Pharmacists of BC: Emergency Use Naloxone in BC](#)
- [Nasal Naloxone Available at No Cost to First Nations in BC](#)
- [Guest Post: What Pharmacy Professionals Need to Know about the Take Home Naloxone Program](#)
- [A Message from Our Board Chair: Understanding How Stigma can Impact Patient Care](#)
- [Guest Post: Nurse Practitioner scope expanded to include opioid agonist treatment prescribing](#)
- [Take-Home Naloxone Kits Now Available at Community](#)
- [Director of Licensing Standard of Practice: Preventing Opioid Overdose Deaths – Update](#)
- [Guest Post: New Provincial Training Programs](#)
- [Guest Post: Opioid Overdose Response Training](#)
- [Avoiding Accidental Exposure from Fentanyl Patches](#)
- [Guest Post: New BCCSU/MoH Guideline for Treatment of Opioid Use Disorder](#)
- [Safe Disposal of Fentanyl Patches](#)
- [Naloxone, Fentanyl and BC's Opioid Overdose Crisis](#)

Events and Presentations

The College used events and presentations to build awareness of the opioid overdose crisis.

The College highlighted the opioid overdose crisis and the College's related resources through its presentations at the following events over the past fiscal year:

- Shoppers Drug Mart Associate National Conference (2018)
- Canadian Society of Hospital Pharmacists, BC Branch, Harrison Pharmacy Management Seminar (2018)
- BC Pharmacy Association Annual Conference (2017)

First Nations Health Authority Mental Health and Wellness Summit

In February 2018, the College was fortunate to be a part of the first Mental Health and Wellness Summit hosted by the First Nations Health Authority.

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As an exhibitor, the College used this opportunity to spread awareness of emergency use Naloxone, its importance in helping prevent opioid overdose deaths, and what we've done to make it more accessible to the public.

(Learn more about the College's action on improving cultural humility and safety for First Nations in BC.)

New Guidelines for the Clinical Management of Opioid Use Disorder

In early 2017, the British Columbia Centre on Substance Use, in collaboration with the Ministry of Health, released a new guideline for the Clinical Management of Opioid Use Disorder. On June 5, 2017, this guideline became the provincial reference tool for all health care professionals in BC involved in treating patients with opioid use disorders.

The guideline recommends Buprenorphine/naloxone (Suboxone®) as the preferred first-line pharmacotherapy for treating patients with an opioid use disorder.

Buprenorphine/naloxone is a 4:1 combined formulation of buprenorphine and naloxone administered as a sublingual tablet(s). It is available as 2mg/0.5mg or 8mg/2mg tablets, which may be halved and/or combined as necessary to achieve prescribed doses.

Methadone is a second line option when buprenorphine/naloxone is contraindicated or unfeasible, and slow-release oral morphine is a third line option when both the first and second-line treatments are ineffective.

The College collaborated with the British Columbia Centre on Substance Use to build awareness and understanding of the new guidelines. A series of ReadLinks articles were published which focused on the new guidelines for the treatment of substance use disorders, including:

- [New BCCSU/MoH Guideline for Treatment of Opioid Use Disorder](#)
- [Slow-Release Oral Morphine \(Kadian®\) for Opioid Agonist Treatment: New Provincial Recommendation and Practice Guidance](#)
- [New Provincial Training Programs – Provincial OAT Support Program and Online Addiction Medicine Diploma](#)

New Opioid Agonist Treatment Policy

To support the new opioid agonist treatment options, Professional Practice Policy-66 was amended to include policy guides for Buprenorphine/Naloxone Maintenance Treatment and Slow Release Oral Morphine Maintenance Treatment. The existing policy guide for Methadone Maintenance Treatment continues to be in effect.

The policy amendments and two new guides [came into effect on January 1, 2018](#).

The amended Professional Practice Policy-66, policy guides and additional resources are available at bcpharmacists.org/oat.

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New Pharmacy Security Requirements

In February 2017, the College Board approved amendments to the *Pharmacy Operations and Drug Scheduling Act* bylaws to establish minimum security measures for community pharmacies as well as revisions to [Professional Practice Policy 74: Community Pharmacy and Telepharmacy Security](#). The amended bylaws which include new provisions for physical barriers came into effect on April 1, 2018.

Note: *Telepharmacies are also required to comply with these requirements.*

“pharmacy security” means

- a. measures to prevent unauthorized access and loss of Schedule I, IA, II and III drugs, and controlled drug substances;
- b. measures providing for periodic and post-incident review of pharmacy security;
- c. measures to protect against unauthorized access, collection, use, disclosure or disposal of personal health information

The new pharmacy security requirements are the product of a multi-year effort to address serious concerns regarding community pharmacy security. The Vancouver Police Department first brought concerns to the College following an escalating number of community pharmacy robberies. As a result, the College acted fast to introduce initial pharmacy security policies through [Professional Practice Policy 74: Community Pharmacy and Telepharmacy Security](#) and the [DrugSafeBC program](#). The College also began to conduct a more fulsome review of community pharmacy security as part of transitioning the policy into bylaws.

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Pharmacy Security Requirements Timeline for Compliance

Security Requirements	Description	Timeline for Compliance
Time-Delay Safe	Keep Schedule IA drugs in a locked metal safe that is secured in place and equipped with a time delay lock set at a minimum of five minutes.	Mandatory as of April 21, 2017 for all new and existing community pharmacies
Security Camera System	<p>Install and maintain a security camera system that:</p> <ol style="list-style-type: none"> 1. has date/time stamped images that are archived and available for no less than 30 days 2. is checked daily for proper operation. <p><i>* It is important to ensure that images captured by security camera systems are sufficient to enable law enforcement to identify the criminals.</i></p> <p><i>* Under the Personal Information Protection Act (PIPA), pharmacies are required to post visible and clear signage informing customers that the premise is being monitored by cameras.</i></p>	Mandatory as of April 21, 2017 for all new and existing community pharmacies
Physical Barriers	Keep Schedule IA drugs in a locked metal safe that is secured in place and equipped with a time delay lock set at a minimum of five minutes.	Mandatory as of April 21, 2017 for all new and existing community pharmacies

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Monitored Alarm System	<p>When a full pharmacist is not present and the pharmacy is accessible by non-registrants, the dispensary must be secured by a monitored alarm.</p>	<p>Mandatory as of April 21, 2017 for all new and existing community pharmacies when a full pharmacist is not present and the pharmacy premise is accessible to non-registrants.</p> <p>Optional for new and existing community pharmacies where a full pharmacist is present at all times and the premise is accessible by non-registrants.</p>
Motion Sensors	<p>Install and maintain motion sensors in the dispensary.</p> <p><i>Note: Security experts recommend that 360 degree motion detectors be installed on the ceiling as wall mounted motion detectors are vulnerable to blind spots.</i></p>	<p>Mandatory as of April 21, 2017 for all new and existing community pharmacies.</p>
Signage	<p>A community pharmacy must clearly display at all external entrances and at the dispensary, signage provided by the College that identifies the premises as a pharmacy.</p> <p>The College will send signage to all new pharmacies at the time of licensure approval.</p> <p><i>* Signage provides a consistent province-wide deterrent message that additional layers of security are in place. It is critical that all pharmacies comply with this requirement to ensure that their pharmacy does not become a "soft target."</i></p>	<p>Mandatory as of April 21, 2017 for all new and existing community pharmacies.</p> <p><i>Note: A pharmacy that is never open to the public and has no external signage identifying it as a pharmacy is exempt from this requirement.</i></p>

Year in Review

Commitment to Cultural Safety and Humility

[On March 1, 2017, the College's Registrar, Bob Nakagawa, pledged the College's commitment to improving BC pharmacy professionals' work with First Nations and Aboriginal People by signing the "Declaration of Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in BC"](#)

The College believes that cultural safety and humility are vital for the provision of fair and equal health services, as well as the creation of a healthcare environment free of racism and discrimination, where individuals feel safe and respected.

Signing the Declaration of Commitment reflects the high priority placed on advancing cultural safety and humility for First Nations people among regulated health professionals by committing to actions and processes which will ultimately embed culturally safe practices within all levels of health professional regulation.

The declaration commits the College to report on its progress within our annual report and outline strategic activities that demonstrate how we are meeting our commitment to cultural safety.

This Declaration of Commitment is based on the following guiding principles of cultural safety and humility.

Cultural Humility is a life-long process of reflection to understand individual and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. Cultural safety is the outcome of people feeling safe when receiving health care services.

Cultural safety must be understood, upheld and practised at all levels of the health system including governance within health profession regulatory bodies and within professional practice.

All stakeholders, including First Nations and Aboriginal individuals, Elders, families, communities, and nations must be involved in co-development of action strategies and in the decision making process with a commitment to reciprocal accountability.

The Declaration also consists of three main pillars:

Create a Climate for Change

- Articulating the pressing need to ensure cultural safety within First Nations and Aboriginal health services in BC.
- Opening an honest and convincing dialogue with all stakeholders to show that change is necessary
- Forming a coalition of influential leaders and role models who are committed to the priority of embedding cultural humility and safety in BC health services.
- Leading the creation of the vision for a culturally safe health system and developing a strategy to achieve the vision

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- Supporting the development of work plans and implement through available resources.

Engage & Enable Stakeholders

- Communicating the vision of culturally safe health system for First Nations and Aboriginal people in BC and the absolute need for commitment and understanding on behalf of all stakeholders, partners and clients.
- Openly and honestly addressing concerns and leading by example
- Identifying and removing barriers to progress
- Tracking, evaluating and visibly celebrating accomplishments

Implement & Sustain Change

- Empowering health organizations and individuals to innovate, develop cultural humility and foster a culture of cultural safety.
- Allowing organizations and individuals to raise and address problems without fear of reprisal
- Leading and enabling successive waves of actions until cultural humility and safety are embedded within all levels of the health system.

Developing a Strategy for Acting on Our Commitment to First Nations and Aboriginal People in BC

The College worked on developing a strategy to fulfill its pledge to improve BC pharmacy professionals' work with First Nations and Aboriginal People over the past fiscal year.

The strategy was [presented to the College Board in September 2017](#).

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

The College will reflect on its progress towards meeting its commitment each year in the annual report.

Acting on Our Commitment to Improve Cultural Humility in 2017/18

While we began to act on some elements of the strategy in 2017, the College intends to operationalize the plan in 2018.

[See our progress against our commitments during 2017/18](#).

FNHA Mental Health and Wellness Summit

In February 2018, The College was fortunate to be a part of the first Mental Health and Wellness Summit hosted by the First Nations Health Authority.

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We took the opportunity to talk with the public and members of BC's First Nations Community about the College's commitment to improving BC pharmacy professionals' work with First Nations and Aboriginal People, and the "Declaration of Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in BC."

What We Heard

In addition to sharing our resources, we connected with local public health directors and administrators, mental health professionals, and community leaders and engaged in conversations focused on what we, as one of BC's largest health professions, can do to advance cultural safety and humility for First Nations and Aboriginal People within BC's public health system.

We asked them to share their thoughts on what cultural safety and humility within BC Pharmacies looks like to them so that we might share their responses with our registrants.

Here's what we heard...

WHAT DOES CULTURAL SAFETY & HUMILITY WITHIN BC PHARMACIES LOOK LIKE TO YOU?

ON ACCESS

"Pharmacies should show cultural sensitivity and be aware that many of our people fall below the economic poverty line and are not able to pay for their medicine and they should also be aware of all social programs that assist in paying for medicines to better facilitate our people in getting their medicines."

"Make sure there are places people can gather to talk, to belong & to access culturally appropriate services"

"Transparency to all"

ON WELCOMING ENVIRONMENTS

"Always see the human, not the stats, not the stigma"

"Kind, compassionate approach to people who have addictions"

"Reaching out to your open indigenous community to open dialog and sharing"

ON TRADITION

"It's time to incorporate First Nations medicine and all its healing properties, into the health system so it's not lost."

"Respect and understanding of Indigenous needs; Recognition of Indigenous medicines; Respectful communication with Indigenous people."

"The integration of both traditional and Western knowledge regarding healing"

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ON ATTITUDE

“Seeing people equally – as human beings regardless of what they look like or where they come from”

“Honesty and Respect and Open mindedness”

“Being open, respectful, positive and non-judgmental”

Thank you to the over 50 participants who shared their thoughts with us and contributed to our continued efforts toward improving BC Pharmacy Professionals’ work with First Nations and Aboriginal People.

BC Wildfires

In July 2017, BC faced one of the worst wildfire seasons in more than a decade, causing many to need to leave their homes. To ensure a coordinated response and ensure public safety, the Province of British Columbia declared a provincial state of emergency on July 7, 2017.

With over 14,000 people displaced from their communities, pharmacies played an important role in providing continuity of care for patients affected by the wildfires.

In response to the emergency, the College reached out to registrants via email, social media and [through our website](#) to remind them of the provisions laid out in [Professional Practice Policy 25 – Pharmacy Disaster Preparedness](#), and to provide them with the appropriate College contact for questions related to continuity of care during an emergency.

- The campaign also provided information and resources for displaced patients (e.g. Find a Pharmacy Tool), as well as guidance for pharmacy professionals.
- The College’s wildfire emergency page received an estimated 3,837 page views over the past fiscal year (primarily during the provincial state of emergency).
- The College’s news release 671,000, distributed through CNW had an estimated potential audience of 671,000.
- The College’s Facebook Ads (which ran on Facebook, Instagram, and the Facebook Audience Network) reached an estimated 26,451 people (mostly in BC) and generated an estimated 46,573 impressions over the past fiscal year.
- The College’s twitter posts generated an estimated 10,867 impressions.

New Board Election Cycles and Terms of Office

New election cycle and terms of office for elected Board members were introduced in 2017 and will be implemented for the November 2018 election.

At its November 2017 meeting, the College Board approved amendments to the *Health Professions Act* Bylaws to change the terms of office for elected Board members from two years to three years, and the maximum number of consecutive terms served by elected board members from three to two.

As a result of these changes, the Board election cycle will be changed into a three-year process. Elections

Year in Review

for four of the eight electoral districts will be held in each of the first two years of the cycle, and no elections will be held in the third year.

The changes will begin with the November 2018 elections. Board members from even-numbered electoral districts (District 2, 4, 6 and 8) will be elected in the first year of the cycle, and Board members from odd-numbered electoral districts (Districts 1, 3, 5 and 7) will be elected in the second year of the cycle. No election will be held in the third year of the cycle.

Board Election Calendar

District	2018	2019	2020	2021	2022	2023	2024	2025
1		X			X			X
2	X			X			X	
3		X			X			X
4	X			X			X	
5		X			X			X
6	X			X			X	
7		X			X			X
8	X			X			X	

Note: X indicates an election

Extending the term of office from two to three years, provides more consistency in the membership of the Board, and provide Board members with more time to learn and grow within their roles prior to their terms ending.

Chair's Message



Dear Colleagues,

I am honoured to serve as the new Board Chair for the College of Pharmacists of BC effective November 2017. Some of you may recognize me from my most recent position as the Board's Vice-Chair. I would like to thank the outgoing Board Chair and District 6 Representative, Anar Dossa, for her work leading the Board over the past year. I would also like to congratulate District 7 Representative, Arden Barry, for being elected to the position of Vice Chair.

The Board welcomed three new government representatives at its February 2018 meeting. Tracey Hagkull and Justin Thind have been appointed by Minister of Health, Adrian Dix, to serve as public board members for a term of two years, while past board member, Ryan Hoag has been appointed for a one year term. We value the perspective provided by our public members and look forward to working with Tracey, Justin and Ryan.

The College has been hard at work this year. From combatting the opioid crisis by further building awareness of naloxone; to engaging with the public on initiatives including Certified Pharmacist Prescribers; to introducing new pharmacy ownership requirements as well as updated standards regarding compounding and telepharmacies, the College Board and staff continue to make significant strides toward the provision of quality pharmacy care in BC.

There are still a few steps however, that need to be taken to bring patient care forward. Earlier this year, I published a ReadLinks article about the effects of stigma on patients with mental health and substance use disorders. As pharmacy professionals, we are required to always protect and promote the health and well-being of patients and to treat them with respect. I encourage pharmacy professionals to help combat stigma by recognizing how our attitudes and judgments affect how we think about and behave toward others, and by learning how to use respectful "person-first" language.

I'm also pleased that we've made a formal commitment to cultural safety and humility alongside BC's other health regulators. This represents a vital first step toward achieving our collective BC health systems goal of culturally safe health services for First Nations and Aboriginal People in BC.

Lastly, I would like to thank the many dedicated pharmacists, pharmacy technicians, and public representatives who volunteer their time on the College's many committees. Committees are an invaluable part of the College's processes, helping to steer both organizational and legislative efforts. Thank you for your commitment to the pharmacy profession.

On behalf of the Board, I present the College of Pharmacists of BC's 2017/18 Annual Report.

Sincerely,

Mona Kwong, Chair

Registrar's Message



It's been an honour and a privilege to serve as your Registrar for the 2017/2018 fiscal year.

We now have 1425 pharmacies, 6079 pharmacists and 1510 pharmacy technicians serving the public in BC. As a self-governing profession, we bring our unique perspective and expertise to governing the pharmacy profession in the public interest.

This is truly a privilege that society has granted us, and we take this responsibility very seriously. Government has given us this right, and the courts have supported this by deferring to us in determining our bylaws.

2017 was not without its challenges. We continue to find ourselves in the midst of an ever-growing opioid crisis. In just 2 years, the number of overdose deaths in BC has more than tripled. 2017 saw 1,448 illicit drug overdose deaths, more than 80% of which involved Fentanyl. These past few years have seen us working hard to combat the rise of opioid-related deaths by increasing both access to and education about naloxone in BC.

Back in 2016, we amended BC's Drug Schedules Regulation to un-schedule Naloxone, making it available to anyone without a prescription; and it's encouraging to see the work done by some of our collaborators that builds on this. In early 2017, the British Columbia Centre on Substance Use, in collaboration with the Ministry of Health, released a new guideline for the Clinical Management of Opioid Use Disorder, recommending Buprenorphine/naloxone as the preferred first-line pharmacotherapy for treating patients with an opioid use disorder. Further, in December 2017, the Take Home Naloxone program was expanded to community pharmacies, making free-of-charge kits more easily accessible for those who may need them. There are now close to 800 participating pharmacies.

I'm also pleased to report that the College has completed and implemented the new pharmacy ownership requirements, allowing us to identify and regulate pharmacy owners. This represents a huge leap forward in our mandate of protecting patient safety by removing risk. While the vast majority of pharmacy owners are good and ethical people, it is important that we have systems in place to ensure that the public is protected against those that may not be.

Finally, on March 1, 2017, as part of BC's 23 health regulators, I pledged the College's commitment to making our health system more culturally safe for First Nations and Aboriginal People. Protecting patient safety means removing barriers to access, and that means addressing systemic racism and discrimination. In the past year, we've incorporated an indigenous cultural safety course into our professional development offerings, and published numerous articles and resources for registrants looking to incorporate cultural safety and humility into their practice. I'm happy that we've taken this first step toward creating a healthcare system free of racism and discrimination and I look forward to continuing to work toward fair and equal health services for all in the years to come.

It's been a great year for the College. We've made significant progress in our continuing efforts to advancing and improving patient care, and I have no doubt that the coming year will bring further growth to the pharmacy profession in BC.

Sincerely,

A handwritten signature in black ink that reads "Bob Nakagawa".

Bob Nakagawa, Registrar, College of Pharmacists of British Columbia

Board



Mona Kwong, *Chair*
District 1
Metropolitan Vancouver



Arden Barry, *Vice-Chair*
District 7
Community Hospitals



Ming Chang
District 2
Fraser Valley



Tara Oxford
District 3
Vancouver Island/Coastal



Christopher Szeman
District 4
Kootenay/Okanagan



Frank Lucarelli
District 5
Northern BC



Anar Dossa, *Chair*
District 6
Urban Hospitals



Sorell Wellon
District 8
Pharmacy Technicians



Tracey Hagkull
Government Appointee



Ryan Hoag
Government Appointee



Justin Singh Thind
Government Appointee



Jeremy Walden
Government Appointee

Governance

The College of Pharmacists of BC regulates the pharmacy profession by registering pharmacy professionals and licensing the pharmacies in British Columbia where they work. The College receives its authority from the government of BC through the *Health Professions Act* (HPA) and the *Pharmacy Operations and Drug Scheduling Act* (PODSA).

The College Board is the elected and appointed body that leads the organization. In fiscal year 2017/2018, the Board consisted of seven elected pharmacists, one elected pharmacy technician and four government appointees.

The Board governs the College to ensure that it fulfils its legislative mandate, mission and vision in an efficient and effective manner. The Board also ensures that the College is accountable to the general public for competent, conscientious and effective pharmacy practice.

In addition to the College Registrar and staff, the Board utilizes a number of committees, which consist of College registrants and public members. College committees work to achieve their identified goals and objectives, and each committee Chair reports to the Board on an annual basis.

Prior to taking office, all elected and publicly appointed Board members must take and sign an Oath of Office acknowledging their understanding and commitment to the Colleges duty to serve and protect the public.

Oath of Office

I do swear or solemnly affirm that:

- I will abide by the *Health Professions Act* and I will faithfully discharge the duties of the position, according to the best of my ability;
- I will act in accordance with the law and the public trust placed in me;
- I will act in the interests of the College as a whole;
- I will uphold the objects of the College and ensure that I am guided by the public interest in the performance of my duties;
- I have a duty to act honestly;
- I will declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest;
- I will ensure that other memberships, directorships, voluntary or paid positions or affiliations remain distinct from work undertaken in the course of performing my duty as a Board member.

Board

Audit and Finance Committee

Mandate

To provide recommendations to the Board relating to the annual audit and financial management of the College.

Membership

George Walton (Chair) (ended until December 31, 2017)
Ryan Hoag (Chair) (effective January 18, 2018)
Mona Kwong (Vice-Chair) (ended until December 31, 2017)
Frank Lucarelli (Vice-Chair) (effective January 18, 2018)
Norman Embree (ended until December 31, 2017)
Anar Dossa (ended until November 17, 2017)
Arden Barry (effective January 18, 2018)
Bob Nakagawa
Mary O'Callaghan

Number of Meetings: 5

Accomplishments of the Year

- Reviewed annual audit and auditor's recommendations with the auditors.
- Reviewed results of competitive bid for audit services and recommended appointment of BDO as auditors beginning with the 2017/18 audit.
- Recommended a new Reserve Policy.
- Reviewed results of competitive bid for an IT Managed Services Provider and recommended authorizing the Registrar to contract with the recommended organization after reference checks.
- Reviewed and recommended approval of the 2018/19 annual budget, including a fee increase for late 2018.

Board

Governance Committee

Mandate

To provide recommendations to the Board on matters relating to Board Governance.

Membership

Norm Embree (Chair)
Anar Dossa (Vice-Chair)
David Pavan (staff resource)
Mona Kwong
George Walton

Number of Meetings: 3

Accomplishments of the Year

New Board Election Cycles & Terms of Office

New election cycle and terms of office for elected Board members are now in effect and will be implemented for the November 2018 election.

At its November 2017 meeting, the College Board approved amendments to the *Health Professions Act* Bylaws to change the terms of office for elected Board members from two years to three years, and the maximum number of consecutive terms served by elected board members from three to two.

Board

Legislation Review Committee

Mandate

To provide recommendations to the Board and the Registrar on matters relating to pharmacy legislation and policy review.

Membership

Jeremy Walden (Chair)
Christine Paramonczyk (staff resource)
Mona Kwong
Christopher Szeman
Sorell Wellon

Number of Meetings: 6

Accomplishments of the Year

Legislation	Amendments
Health Professions Act Bylaws	<p>April 2017</p> <ul style="list-style-type: none"> Approval to file bylaw amendments with the Minister of Health to establish an Application Committee. Direction to 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 (also expected to require amendments to the Pharmacy Operations and Drug Schedules Act Bylaws). Approval of fee changes for filing with the Minister of Health. <p>June 2017</p> <ul style="list-style-type: none"> Approval of amendments regarding elected Board member terms of office for public posting.

Board

September 2017

- Approval of filing a new telepharmacy standards of practice with the Minister of Health.

November 2017

- Filing amendments regarding elected Board member terms of office with the Minister of Health.

February 2018

- Approval of publicly posting bylaws regarding electronic record keeping.
- Filing amendments with the Minister of Health relating to the standards of practice for dispensing drugs for the purposes of medical assistance in dying.
- Filing amendments with the Minister of Health regarding telepharmacy bylaw references.

Pharmacy Operations and Drug Scheduling Act Bylaws

April 2017

- Approval of fee and form changes for public posting.
- Amendments of amendments related to telepharmacy for public posting.

June 2017

- Approval of changes to operationalize recent amendments made to the *Pharmacy Operations and Drug Scheduling Act* for public posting.

September 2017

- Filing of fee and form changes for with the Minister of Health.
- Filing amendments regarding telepharmacies with the Minister of Health.

November 2017

- Filing bylaw amendments with the Minister of Health made to operationalize recent changes made to the *Pharmacy Operations and Drug Scheduling Act*.
- Filing consequential amendments regarding telepharmacies with the Minister of Health.

February 2017

- Approval of publicly posting bylaws regarding electronic record keeping.

Board

Professional Practice Policies (PPP) et al

- Development of a new PPP: PPP – 76 Criminal Record History Vendor.
- Amendments to the following PPPs:
 - *PPP-3 Pharmacy References*
 - *PPP-12 Prescription Hard Copy File Coding System*
 - *PPP-46 Temporary Pharmacy Closures*
 - *PPP-54 Identifying Patients for PharmaNet Purposes*
 - *PPP-59 Pharmacy Equipment*
 - *PPP-65 Narcotic Counts and Reconciliations*
 - *PPP-73 Validate Identification and College Registration Status for New Pharmacy Hires*
 - *PPP-74 Community Pharmacy Security*
- Amendments to PPP- 66 Methadone Maintenance Treatment to incorporate slow release oral morphine and buprenorphine/naloxone maintenance treatments.
- Two new policy guides were developed, which outline requirements with respect to slow release oral morphine maintenance treatment and buprenorphine/ naloxone maintenance treatment.

Engaging with Registrants and the Public

Hearing from Registrants and the Public

The College conducted a number of stakeholder engagements to help us solicit input on College initiatives, policies and bylaws.

[Learn More](#)

Partnering with Other Healthcare Organizations to Further Patient Safety

In order to draw on the wealth of healthcare expertise across the province, the College is a frequent collaborator with healthcare organizations in the provision of innovative approaches to patient safety.

- [Change Day](#)
- [What Matters to You Day](#)
- [Canadian Patient Safety Week](#)

First Nations Health Authority Mental Health and Wellness Summit

The College also commissioned 26 Guest Posts in 2017/18 written by health service providers and subject matter experts. Guest posts allow us to share a wide range of knowledge and expertise related to pharmacy practice and patient safety with the goal of providing better health through excellence in pharmacy.

- [Guest Post: 5 Questions to Ask about your Medications](#)
- [Guest Post: Antiretroviral Drug Interactions with Non-Prescription Medications](#)
- [Guest Post: Emergency Contraception – Then and Now](#)
- [Guest Post: How BC Employment Standards Apply to Pharmacists and Pharmacy Technicians](#)
- [Guest Post: Providing Continuity of Care for BC Corrections Patients as they Re-enter the Community](#)
- [Guest Post: Provincial Influenza Immunization Campaign – What You Need to Know](#)
- [Guest Post: Slow-Release Oral Morphine for Opioid Agonist Treatment](#)

[See more ReadLinks Guest Posts](#)

Ensuring Professional Excellence

The College ensures that the practice of pharmacy meets or exceeds the standards set out to protect the public through its Practice Review Program, continuing education requirements and complaints process.

Practice Review Program

The Practice Review Program is an in-person review of a pharmacy professional's practice and the pharmacy where they work. The program aims to protect public safety by improving compliance with College Bylaws and Professional Practice Policies and ensuring consistent delivery of pharmacy services across BC.

Under the Practice Review Program, every pharmacy and pharmacy professional in BC will be reviewed to ensure they meet College standards. The Program's multi-year time frame allows for all pharmacies and pharmacy professionals currently practicing in BC to be reviewed on a cyclical basis.

Practice Review Program Expands into Hospital Pharmacies

The College implemented the Practice Review Program in community pharmacy practice settings in February 2015. Building on the success of the PRP in community practice, the College launched its second phase, which focuses on Hospital Pharmacy Practice settings, with the first hospital reviews taking place in April 2017.

"It is important to be able to assess the ability of pharmacy professionals to practice safely in both community and hospital settings. The Practice Review Program allows the College to do this and is a key tool in protecting public safety."

- Bob Nakagawa, College Registrar

The Practice Review Program is split into two components: the Pharmacy Review and the Pharmacy Professionals Review. The Pharmacy Review is built upon the College's previous inspection process and focuses on legislated physical requirements of the pharmacy. The Pharmacy Professionals Review is the individual review of a pharmacy professional's practice. The focus areas for the Pharmacy Professionals Review were identified as having the most impact on patient safety in both community and hospital pharmacy practice settings. As pharmacy practice evolves and the Practice Review Program progresses, the focus areas may change based on the College Board's direction.

Ensuring Professional Excellence

New Focus Areas for Pharmacy Technicians in Community Practice

Starting in December 2017, College Compliance Officers began conducting Pharmacy Professionals Reviews for pharmacy technicians in community practice using a new set of focus areas – the new focus areas were designed to be more applicable to their scope of practice.

New focus areas for pharmacy technicians in community practice

- Patient Identification Verification
- Product Distribution (new)
- Collaboration (new)
- Documentation

Reviews are conducted by a team of Compliance Officers who are all registered pharmacy professionals employed by the College. Compliance Officers record and document areas of compliance and non-compliance while observing pharmacy professionals throughout the review process.

2017 /18 Practice Review Program Statistics

Phase 1 Community Pharmacy Practice

- 240 Pharmacy Reviews
- 808 Pharmacy Professionals Reviews
- 713 Pharmacists
- 95 Pharmacy Technicians

Phase 2 Hospital Pharmacy Practice (Since April 2018)

- 25 Pharmacy Reviews
- 332 Pharmacy Professionals Reviews
- 160 Pharmacists
- 172 Pharmacy Technicians

To learn more about the Practice Review Program visit bcpharmacists.org/prp.

Ensuring Professional Excellence

Professional Development

The College's Professional Development and Assessment Program (PDAP) helps to ensure that pharmacy professionals continue to provide safe and effective pharmacy care.

Continuing education is mandatory for all registered pharmacy professionals in order to renew their registration. Each pharmacy professional must complete a minimum of 15 hours of continuing education documented on at least 6 learning records annually.

Registrants must complete a minimum of 5 hours of accredited learning as part of their 15 total hours in order to satisfy their annual professional development requirements and maintain registration.

Registered pharmacy professionals use the CE-Plus tool to submit their annual professional development requirements as set out by PDAP. The CE-Plus tool is available through the College's secure eServices website.

Accredited Hours

Accredited learning activities have been reviewed using stringent criteria to ensure they are of high quality, unbiased, and clearly identify learning objectives for participants. Accredited programs indicate the number of accredited hours (CEUs) assigned to the activity, and identify the accrediting body (such as UBC CPPD, CCCEP, ACPE). Usually a certificate or documentation is received upon completion.

Ensuring Professional Excellence

Practice Review Committee

Mandate

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

Membership

Kris Gustavson (Chair) (ended February 16, 2018)

Tracey Hagkull (Chair) (effective February 16, 2018)

Michael Ortynsky (Vice-Chair)

Ashifa Keshavji (staff resource)

Marilyn Chadwick

Patrick Chai

Kate Cockerill

Aleisha (Thornhill) Enemark

Joanne Konnert

Fady Moussa

Alison Rhodes

Helen Singh (Resigned December 2017)

Number of Meetings: 5

Accomplishments of the Year

Phase 1: Community Practice

- Enhanced Pharmacy Professionals Reviews for Pharmacy Technicians
 - New focus areas approved by the Board at the June 2017 meeting
 - Implemented in December 2017
- Forecasted program cycle
 - Increased yearly targets
- Developed and delivered first Community Pharmacy Practice Review Results Summary Report to the Board (Fiscal Year 2015/16)
- Developed and delivered yearly Community Pharmacy Practice Review Feedback Survey Report to the Board (Fiscal Year 2016/17)

Phase 2: Hospital Practice

- Launched in April 2017
- Monitoring registrant feedback and Risk Register

Ensuring Professional Excellence

Quality Assurance Committee

Mandate

To ensure that registrants are competent to practice and to promote high practice standards amongst registrants.

Membership

Frank Lucarelli (Chair)
Gary Jung (Vice-Chair)
Ashifa Keshavji (staff resource)
Hani Al-Tabbaa
Tessa Cheng
Baldeep Dhillon
Norman Embree (ended February 16, 2018)
Sukhvir Gidda
Rebecca Siah
Dorothy Zahn
Tracey Hagkull (effective February 16, 2018)

Number of Meetings: 4

Accomplishments of the Year

- CE Audits
 - Defined process and structure, initiated development of module with CE portal provider
- Decided to not conduct a registrant learning needs survey at this time. This will be revisited on a yearly basis to evaluate if the needs of the College change based on Board direction.
- Amended policies regarding CE Deferrals/Exemptions

Registering Pharmacists and Pharmacy Technicians and Licensing Pharmacies

Registering Pharmacists and Pharmacy Technicians

All pharmacists and pharmacy technicians in British Columbia must register with the College in order to practise in the province. In addition, all pharmacies in the province must be approved and issued a licence from the College in order to operate.

The College registration process ensures that pharmacy professionals meet the 'entry to practice' standards and possess the knowledge, skills and abilities to be able to provide safe pharmacy care. Registrants must meet annual professional development and continuing education requirements to demonstrate ongoing competence in professional practice.

Registrants must also complete a criminal record check and carry professional liability insurance as a requirement of their registration.

The College is responsible for maintaining a register which lists all the registered pharmacy professionals and licensed pharmacies in BC, and makes information related to limits, conditions, suspensions or cancellations of a registrant publicly available on the College website.

Licensing Pharmacies

As the licensing body for all pharmacies in the province, the College regulates the ownership and operation of BC pharmacies in accordance with the *Pharmacy Operations and Drug Scheduling Act* (PODSA), the *Health Professions Act* (HPA), and the Regulations and bylaws of the College under these Acts.

New Pharmacy Ownership Requirements

The College's amendments to the *Pharmacy Operations and Drug Scheduling Act* Bylaws, which incorporate the [new pharmacy ownership requirements approved by the Provincial Government in 2016](#), are now in effect.

These new requirements 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 the legislative requirements for pharmacies in BC.

[Learn more about the New Pharmacy Ownership Requirements](#)

Registration and Licensure

2017/2018 Licensure Statistics

Licensed Pharmacies	2017/18	2016/17	2015/16
Community			
Beginning of year	1312	1256	1228
Add: Opening	59	68	63
Add: Change of category	–	–	–
Less: Suspended	–	–	-2
Less: Closings	-16	-12	-32
Less: Change of category	-4	–	-1
Fiscal year end*	1351	1312	1256
Fiscal year end (based on report H0035)	1354		
Hospital			
Beginning of year	69	69	69
Add: Opening	2	1	–
Add: Change of category	2	–	–
Less: Closings	-1	–	–
Less: Change of category	-1	-1	–
Fiscal year end	71	69	69
Education			
Beginning of year	6	6	7
Add: Opening	–	–	–
Less: Closings	-2	–	-1
Less: Change of Category	–	–	–
Fiscal year end	4	6	6

Registration and Licensure

2017/2018 Licensure Statistics

Licensed Pharmacies	2017/18	2016/17	2015/16
Satellite			
Beginning of year	4	3	3
Add: Opening	2	–	–
Less: Closings	4	1	–
Less: Change of category	-1	–	–
Fiscal year end	9	4	3
Telepharmacy			
Beginning of year	12	12	13
Add: Opening	–	–	–
Add: Change of category	4	–	1
Less: Closings	–	–	-2
Less: Change of category	-4	–	-
Fiscal year end*	12	12	12

Registration and Licensure

2017/2018 Registration Statistics

Pharmacist Pre-Registration	2017/18	2016/17	2015/16
Category (# of new applicants)			
CFTA	130	150	81
New Grad/Non-AIT	19	19	12
IPG/USA	70	73	91
Reinstatement	29	34	–
CFTA-Reinstatement	18	14	16
Fiscal year end total (# of new applicants)	266	290	200
Fiscal year end total (pharmacists pre-registered)	269	287	289

Registration and Licensure

2017/2018 Registration Statistics

Full Pharmacists Registration	2017/18	2016/17	2015/16
Beginning of Year	5853	5803	5736
Add: New registrants	392	426	419
Add: Reinstate	29	26	26
Add: Reinstate from Suspended	5	7	2
Less: Transfer to Former (voluntary or >90 days late)	-232	-381	-358
Less: Transfer to Non-Practising	-7	-14	-15
Less: Deceased	-6	-2	-1
Less: Suspended (by Complaints and Investigations)	-6	-12	-6
Less: Terminated (by Complaints and Investigations)	-	-	-
Fiscal year end total*	6028	5853	5803
Fiscal year end (based on report H0035)	6079		
Non-Practising Pharmacists Registration	2017/18	2016/17	2015/16
Beginning of Year	63	56	50
Add: Transfer from Full	7	14	15
Less: Reinstate to Full Pharmacist	-2	-1	-2
Less: Transfer to Former (voluntary or >90 days late)	-15	-6	-7
Less: Deceased	-1	-	-
Less: Suspended (by Complaints and Investigations)	-	-	-
Less: Terminated (by Complaints and Investigations)	-	-	-
Fiscal year end total*	52	63	56
Fiscal year end (based on report H0035)	48		

Registration and Licensure

2017/2018 Registration Statistics

Limited Pharmacists Registration	2017/18	2016/17	2015/16
Beginning of Year	0	0	0
Add: New applicants	1	–	1
Less: Registered as Full Pharmacist	–	–	–
Fiscal year end total	1	0	1

UBC Student Pharmacists Registration	2017/18	2016/17	2015/16
Year 1	221	232	225
Year 2	222	206	214
Year 3	208	224	213
Year 4	232	210	226
Fiscal year end total	883	872	878

Student (Non-UBC) Pharmacists Registration	2017/18	2016/17	2015/16
Fiscal year end total	11	12	12

AUTHORIZED FOR ADMINISTRATION BY INJECTION & INTRANASAL ROUTE	2017/18	2016/17	2015/16
Pharmacists	3988	3785	3600
UBC Students (4 th year)	185	167	122
Fiscal year end total	4173	3952	3722

Registration and Licensure

2017/2018 Registration Statistics

Pharmacy Technician Pre-Registration	2017/18	2016/17	2015/16
Category (# of new applicants)			
CFTA	23	18	9
New Grad	115	131	129
Current Technicians	–	–	13
Reinstatement	10	8	–
AIT-Reinstatement	1	1	–
Fiscal year end total (# of new applicants)	138	158	151
Fiscal year end total (pharmacy technicians pre-registered)	232	242	272

Pharmacy Technician Registration	2017/18	2016/17	2015/16
Beginning of Year	1416	1331	951
Add: New registrants	123	118	398
Add: Reinstate	9	3	7
Add: Reinstate from Suspended	–	–	–
Less: Transfer to Former (voluntary or >90 days late)	-42	-28	-21
Less: Transfer to Non-Practising	-3	-6	-4
Less: Deceased	-1	-1	–
Less: Suspended (by Complaints and Investigations)	–	-1	–
Less: Terminated (by Complaints and Investigations)	–	–	–
Fiscal year end total	1502	1416	1331
Fiscal year end (based on report H0035)	1510		

Registration and Licensure

2017/2018 Registration Statistics

Non-Practising Pharmacy Technician Registration	2017/18	2016/17	2015/16
Beginning of Year	8	4	2
Add: Transfer from Full	–	6	4
Add: Reinstate	1	–	–
Less: Reinstate to Pharmacy Technician	-2	–	–
Less: Transfer to Former (voluntary or >90 days late)	-2	-2	-2
Less: Deceased	–	–	–
Less: Suspended (by Complaints and Investigations)	–	–	–
Less: Terminated (by Complaints and Investigations)	–	–	–
Fiscal year end total	5	8	4

***Note:** Due to change in reporting statistics based on payment date, there are variances between previous fiscal year end count and current fiscal year begin count

****Note:** Reinstatement category now included in pre-registration counts as of fiscal 2016/17

*****Note:** Pharmacy Technician pre-registration (current technicians pathway) ended December 31, 2015

Registration and Licensure

Application Committee

Mandate

To review pharmacy licence applications that have been referred to the committee and determine whether to issue, renew or reinstate a licence with or without conditions.

Membership

Sorell Wellon (Chair)
Doreen Leong (staff resource)
Christine Antler
John Beever
Neil Braun
George Budd
Diane Cunningham
Ryan Hoag
Derek Lee
Robert Lewis
Kevin Ly
Terry Park
Surbhi Singh
Justin Thind
Mark Zhou

Accomplishments of the Year

- Newly established committee.

Registration and Licensure

Drug Administration Committee

Mandate

To review, develop and recommend the standards, limits and conditions under which a registrant may administer a drug or substance to patients and to maintain patient safety and public protection with respect to authorized pharmacist's administration of injections to patients or administration of drugs by intranasal route to patients.

Membership

Omar Alasaly (Chair)
Cameron Zaremba (Vice-Chair)
Doreen Leong (staff resource)
Elizabeth Brodtkin
Jagpaul Deol
Aileen Mira
Mitch Moneo
Chris Salgado

Number of Meetings: 0

Registration and Licensure

Jurisprudence Examination Sub-Committee

Mandate

To ensure that the Jurisprudence Examination remains a valid and reliable assessment instrument.

Membership

Christopher Szeman (Chair)
Roberta Walker (Vice-Chair)
Doreen Leong (staff resource)
Angel Cao
Melanie Johnson
Kent Ling
Ali Meghji
Anthony Seet
Asal Taheri
David Wang

Number of Meetings: 3

Accomplishments of the Year

- Key policies, processes, exam results and item statistical data reviewed and approved.

Registration and Licensure

Registration Committee

Mandate

To ensure that registrants meet the conditions or requirements for registration as a Member of the College.

Membership

Jeremy Walden (Chair)
Thuy Phuong Hoang (Vice-Chair)
Doreen Leong (staff resource)
Laura Bickerton
Carolyn Cheung
Ashley Foreman
Yonette Harrod
Raymond Jang
Derek Lee
Vanessa Lee
Leonard Ma
Charles Park
Nathan Roeters
Joy Sisson

Number of In-Person Meetings: 2

Number of Teleconferences: 9

Accomplishments of the Year

- Key policies, processes and exam results reviewed and approved including the Exam Appeal Policy, English Language Proficiency Policy and Jurisprudence Exam results.
- Launched the Online Pre-registration for UBC students
- Updated all webpages and content for pre-registration and registration categories
- Launched online tracking for phone queries to update web content and FAQs
- Reviewed applications whereby applicant could not complete the statutory declaration and appeals for extension of exam validity periods.

Complaints and Investigations

College registrants have a legal and ethical obligation to promote and protect the best interests of their patients. The majority of College registrants are competent and skilled practitioners who work hard to uphold this obligation and maintain patient confidence by providing safe and effective pharmacy care.

However, there are times when a patient, co-worker, employer or other health care professional may have a concern about the pharmacy care delivered by a pharmacist or pharmacy technician. The College's complaints resolution process is designed to deal with such circumstances and is grounded in the College's mandate to protect the public.

Contacting the College about a Complaint

If you have a concern about the care you received from a pharmacist or pharmacy technician, the best place to start is to speak directly with that person about your concern. Simple miscommunications are often at the root of many complaints, and although it may be difficult, a face-to-face discussion is often the best way to resolve an issue.

If you are unable to resolve the concern with the pharmacist or pharmacy technician, it may be appropriate to contact the College's complaints line.

Results of the Methadone Maintenance Treatment Action Plan

The four-year action plan was approved in June 2015 in response to numerous concerns and allegations received from members of the public, registrants, and other health care professionals regarding the dispensing of Methadone Maintenance Therapy (MMT) from pharmacies.

Such issues of alleged non-compliance included (but were not limited to):

- The provision of inducements (both monetary and non-monetary) to patients to retain or attract methadone patients;
- Instructing patients to request an increased frequency of medication dispensing (either daily or weekly) from their prescribing physicians, thereby providing the pharmacy with increased dispensing fees;
- Providing unauthorized advances of medications to patients at the patient's request without notifying the prescribing physician;
- Processing prescriptions on PharmaNet even if patients did not attend at the pharmacy to receive their medications;
- Failing to reverse entries on the patient's PharmaNet record for prescribed medications that were not dispensed to patients in accordance with the instructions of the prescribing physician; and
- Failing to maintain accurate local patient records and PharmaNet patient records.

Complaints and Investigations

Action Plan Goal: Undercover Investigations

Between 2015-2017, as part of the MMT action plan, and in collaboration with the Ministry of Health, the College conducted undercover investigations.

The undercover investigations focused on the identification of non-compliance with legislative requirements, practice standards, and ethical standards.

Action Plan Goal: Focused Inspections

The College conducted 41 focused Methadone Maintenance Treatment inspections between May 2015 and July 2017.

Pharmacies were selected based on the volume of methadone dispensing as well as previous complaints/tips related to methadone dispensing. Additionally, a number of pharmacies outside the Lower Mainland were selected to assess how methadone dispensing practices varied with geography and population.

In general, compliance with dispensing and patient care standards was very high. However, some challenges remain in rural areas where the lack of prescribers results in patients being unable to be reassessed immediately, and geographic distances that necessitate long duration carries.

Action Plan Goal: Stakeholder Relations

Throughout the action plan process, the College has built a number of positive working relationships with various health stakeholders. As a result, the College has become a primary resource for MMT information and guidance.

Complaints and Investigations

Complaints and Investigations Statistics

March 1, 2017 and February 28, 2018

Number of calls/tips received	773
Number of <i>Health Professions Act</i> section 33 complaints received	110
<ul style="list-style-type: none"> Number of registrants involved 	176
Number of in-person meetings	9
Number of teleconferences	45
Number of files disposed/reviewed	222
<ul style="list-style-type: none"> Number of new files disposed 	116
<ul style="list-style-type: none"> Number of reconsiderations* 	48
<ul style="list-style-type: none"> Number of <i>Pharmacy Operations and Drug Scheduling Act</i> section 18 reports 	58
Number of files referred to Discipline Committee	1
Number of files referred to Discipline Committee	0
Categories	
Medication related	42
Privacy / Confidential	3
Professional misconduct	35
Competency and practice issues	16
Medication review	1
Fitness of Practice	12
Unauthorized practice	14
Unlawful activity	6
Methadone	2
Other	3

* Some files have been reconsidered more than once

Complaints and Investigations

Discipline Committee

Mandate

Hear and make a determination of a matter referred to the committee regarding a registrants conduct, competency and/or ability to practice, pursuant to legislation.

Membership

Jeremy Walden (Chair)

Heather Baxter (Vice-Chair)

David Pavan (staff resource)

Rapinder Chahal

Wayne Chen

Dianne Cunningham

Jody Croft

Baldeep Dhillon

Anneke Driessen

Nerys Hughes

Christopher Kooner

Howard Kushner

Peter Lam

Derek Lee

Leza Muir

Annette Robinson

Omar Saad

Sophie Sanfacon

Gurinder Saran

Carol Williams

Amparo Yen

Number of Hearing Days/Teleconference: 13

Number of files in progress: 2 (Marigold/Sanchez and Sam)

Number of Discipline files heard in court: 0

Number of pending files: 1 registrant

Complaints and Investigations

Inquiry Committee

Mandate

Investigate complaints and concerns regarding a registrants conduct, competency and/or ability to practice and decide on an appropriate course of action pursuant to legislation.

Membership

Ming Chang (Chair) (effective May 1, 2017)

John Hope (Vice-Chair) (effective May 1, 2017) (Chair) (ended April 30, 2017)

Dorothy Barkley (Vice-Chair) (ended April 30, 2017)

David Pavan (staff resource)

Carla Ambrosini

Sally Chai

Michael Dunbar

Norman Embree (ended December 31, 2017)

Sukhvir Gidda

Fatima Ladha

George Kamensek

Patricia Kean

Jim Mercer

Janice Munroe

Alison Rhodes

Alana Ridgeley

Kristoffer Scott

Justin Thind (effective January 1, 2018)

Susan Troesch

Ann Wicks

Cynthia Widder

Joyce Wong

Marco Yeung

Number of Meetings: 9

Number of teleconferences: 45

Complaints and Investigations

Accomplishments of the Year

1. Standards for Medication Review Services

The Inquiry Committee put forward a recommendation to the Board to direct the Registrar to develop bylaws and/or practice standards for Medication Reviews and require mandatory training for pharmacists who wish to conduct them at the June 23, 2017 Board meeting. It was highlighted to the Board that the Inquiry Committee has seen an increase in number of files relating to medication review services.

After having reviewed hundreds of Medication Review documents that were subject of complaints, the Inquiry Committee has observed an apparent pattern of the Medication Reviews being abused. The College's investigations have identified pharmacists being more concerned with determining whether the patient has the requisite number of medications to meet the eligibility criteria to bill for a Medication Review, rather than whether the patient actually has a clinical need for a Medication Review.

Currently the Inquiry Committee is restricted to enforcing the general language of the Code of Ethics and Section 6(5), 11 and 12 of the *Health Professions Act* Bylaws. While relevant to documentation and patient counselling standards which are elements of a Medication Reviews, these pieces of legislation do not speak specifically to practice standards relating to an actual Medication Review. The Committee feels that in order to strengthen our position of enforcing the best standards of practice, there needs to be practice standards set specifically for the conducting of Medication Reviews that is in the best interests of the patient.

2. Pharmacy Manager's Requirement and Training

The Inquiry Committee put forward a recommendation to the Board to direct the Registrar to develop requirements and training tools as it pertains to the role and responsibilities of the pharmacy manager at the June 23, 2017 Board meeting. It was highlighted to the Board that the Inquiry Committee has seen an increase in number of files related to pharmacy managers not fully understanding the responsibilities and obligations that come with the role.

In the process of reviewing files, the Inquiry Committee has come across situations where it is obvious that many pharmacy managers do not understand their responsibilities and the implications that can ensue when they are not monitoring policies and procedures or understanding all of their obligations to comply with the legislation. The Committee has noticed that many registrants who hold this position do not fully understand all of their responsibilities or the legislative requirements involved when running the operations of a pharmacy. This results in many complaints that could be avoided if the registrants understood the scope and responsibilities of the role.

Complaints and Investigations

A pharmacy manager's role holds significant responsibilities and cannot be taken lightly. Without a pharmacy manager, a pharmacy cannot operate. The manager must personally manage and be responsible for the operation of the pharmacy. A more stringent eligibility process and a more rigorous training requirement will greatly improve the overall operation of the pharmacies in the province and ensure safe and effective pharmacy practices for the public user.

3. Pharmacy Software Requirement

The Inquiry Committee recommended that the Board to direct the Registrar to explore developing new requirements regarding the security of information in the local pharmacy computer systems and 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 at the February 16, 2018 Board meeting.

Through the review of recent complaint files, it has become apparent to the Inquiry Committee that there is a lack of security requirements for the local computer systems and software* of pharmacies, and the Committee finds this to be problematic. In particular, the Committee has noted that certain software options lack appropriate security controls, making local system records vulnerable to user manipulation. In addition, potential manipulations of the system are not recorded; meaning, that it is not possible to track who may have manipulated a record. This lack of tracking limits the College's ability to investigate such cases of record manipulation, which ultimately limits the College's ability to protect the public.

** The local computer system and software refers to the hardware and software a pharmacy uses to maintain patient records and interface with the PharmaNet system.*

Notable Complaint Outcomes

In the past fiscal year the inquiry committee has made decisions on cases that dealt with a wide range of issues including, but not limited to, self-prescribing, unauthorized PharmaNet access, professional misconduct, and multiple contraventions of pharmacy practice standards.

1. Unauthorized PharmaNet access

A registrant was suspended for a period of one month for inappropriately accessing a PharmaNet record for reasons unrelated to health care and without consent. The Inquiry Committee found that this constitutes a "serious matter" and that inappropriate access of personal health information compromises the public's trust in individual registrants and the pharmacy profession as a whole.

Complaints and Investigations

2. On a series of occasions during 2015, a registrant made comments to “LC”, an individual posing as an athlete, about the use of banned drugs and their suitability for the purpose. The registrant provided LC a training protocol that was never put into operation. Unbeknownst to the registrant, LC was part of an “undercover” investigation and the registrant’s meetings and other dealings with LC were being videotaped. An edited version of the footage was ultimately broadcast over the Internet. The Inquiry Committee considers, and the registrant concedes, that this conduct reflected negatively on the Registrant and the profession of pharmacy in British Columbia. It constitutes professional misconduct, a serious matter pursuant to section 26 of the *Health Professions Act*. The registrant consented to a six-month suspension and to complete an ethics program.
3. After an investigation, a registrant admitted to practicing outside of his scope by prescribing and dispensing multiple medications to himself and others without a valid prescription. The registrant prescribed medication to himself over 30 times without any prescription from a physician and inappropriately dispensed medications to himself on various other occasions. In relation to prescribing medications to others, the registrant prescribed and dispensed 26 times without a valid prescription. The registrant listed the wrong prescriber on a prescription and conducted improper adaptations and emergency refills, each not in compliance with the Professional Practice Policies. As a result, the registrant consented to a six-month suspension and to complete the College Jurisprudence Exam before getting reinstated.
4. The Inquiry Committee, pursuant to section 35(1)(a) of the *Health Professions Act*, for the purposes of public protection, imposed limits and conditions on the practice of a registrant, pending completion of an investigation of his pharmacy practice. Limits and conditions were also imposed on the registrant’s practice. As the pharmacy manager of a pharmacy, the registrant was not fulfilling his responsibilities to operate a pharmacy that meets legislative and practice standards. He had not kept accurate records regarding all purchases and sales of narcotic and controlled drugs. He had not established and/or enforced policies and procedures for inventory management and security and storage of narcotic and controlled drugs, enabling a large quantity of narcotic and controlled drugs at the pharmacy to be unaccounted for, causing potential harm to the public.

Complaints and Investigations

5. The Inquiry Committee reached an agreement by consent with a registrant to suspend his registration as a pharmacist until he successfully completes and passes the College Jurisprudence Exam. Following an investigation, the Inquiry Committee determined that between January 1, 2011 and December 31, 2012, the registrant, while pharmacy manager and owner of a pharmacy, practiced in contravention of the Bylaws to the *Health Professions Act*, Schedule F Part 1 Community Pharmacy Standards of Practice and the Bylaws to the *Pharmacy Operations and Drug Scheduling Act*. The registrant engaged in deficient practice including but not limited to prescriptions filled in excess of authorized quantity, prescriptions filled after the expiry date, and prescription adaptation without adequate rationale or documentation.

Inquiry Committee outcomes are publicly available on the [College's website](#).

Advisory Committees

The College's advisory committees are composed of registered pharmacists and pharmacy technicians, as well as members of the public.

Committees assist the College in meeting its legislated mandate to protect the public by ensuring practitioners have the knowledge, skills and abilities to provide safe and effective pharmacy care.

Advisory Committees

Community Pharmacy Advisory Committee

Mandate

To provide recommendations to the Board or the Registrar on matters relating to community pharmacy practice.

Membership

Tara Oxford (Chair)
Faddy Moussa (Vice-Chair)
Ashifa Keshavji (staff resource)
Dana Elliott
Mohinder Jaswal
Aaron Sihota
Elijah Ssemaluulu
Cindy Zhang

Number of Meetings: 0

Accomplishments of the Year

- Attended engagement sessions on the development of standards of practice relevant to the following projects
 - Certified Pharmacist Prescriber
 - PPP 66 - Opioid Agonist Treatment
- Electronic Record Keeping

Advisory Committees

Ethics Advisory Committee

Mandate

To provide recommendations to the Board or the Registrar on matters relating to the Code of Ethics, Conflict of Interest Standards and any other related policies or guidelines.

Membership

Sorell Wellon (Chair)
Cristina Alarcon (Vice-Chair)
David Pavan (staff resource)
Shivinder Badyal
Alison Dempsey
Patricia Gerber
Jamie Graham
Tara Lecavalier
Vanessa Lee
Robson Liu
Robyn Miyata
Jing-Yi Ng

Number of Teleconferences: 2

Accomplishments of the Year

- The committee amended the terms of reference to include the patient relations program as per HPA legislation (scheduled to be presented to the board)
- The committee is developing documents and procedures to accommodate the new patient relations program under the ethics advisory committee. (currently working on the 2nd draft)

The committee did not receive any files for advisement.

Advisory Committees

Hospital Pharmacy Advisory Committee

Mandate

To provide recommendations to the Board or the Registrar on matters relating to hospital pharmacy practice issues.

Membership

Arden Barry (Chair)
Ashifa Keshavji (staff resource)
Elissa Aeng
Rapinder Chahal
Anca Cvaci
Karen Dahri
Jennifer Dunkin
Ashley Fairfield
Karen LaPointe
Aita Munroe
Fruzsina Pataky
Kristoffer Scott

Number of Meetings: 0

Accomplishments of the Year

- Attended engagement sessions on the development of standards of practice relevant to the following projects
 - Certified Pharmacist Prescriber
 - Electronic Record Keeping

Advisory Committees

Residential Care Advisory Committee

Mandate

To provide recommendations to the Board or the Registrar on matters relating to residential care pharmacy practice issues.

Membership

Sorell Wellon (Chair)
Ashifa Keshavji (staff resource)
Ming Chang
Alvin Singh (ended November 2017)
Aaron Tejani
Lanai Vek
Ivana Vojvodic

Number of Meetings: 1

Accomplishments of the Year

- Reviewed and recommended the Review form for Residential Care services to the Practice Review Committee for implementation
- Attended engagement sessions on the development of standards of practice relevant to the following projects
 - Certified Pharmacist Prescriber
 - PPP 66 - Opioid Agonist Treatment
 - Electronic Record Keeping

Financials

College of Pharmacists of British Columbia
Financial Statements
Year ended February 28, 2018

Financials

College of Pharmacists of British Columbia
Financial Statements
Year ended February 28, 2018

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Financials



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 600 Cathedral Place
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 Vancouver BC V6C 3L2 Canada

Independent Auditor's Report

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

We have audited the accompanying financial statements of the College of Pharmacists of British Columbia (the "College"), which comprise the Statement of Financial Position as at February 28, 2018 and the Statements of Revenue and Expenses, Changes in Net Assets and Cash Flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility 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.

Auditor's Responsibility

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 comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

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, 2018 and the results of its operations, changes in net assets and cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Other Matter

The comparative figures presented in these financial statements for the year ended February 28, 2017 were audited by another firm of Chartered Professional Accountants who expressed an unmodified opinion in their report dated June 23, 2017.

BDO Canada LLP

Chartered Professional Accountants

Vancouver, British Columbia
 June 15, 2018

BDO Canada LLP, a Canadian limited liability partnership, is a member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

Financials

College of Pharmacists of British Columbia Statement of Financial Position

February 28	2018	2017
Assets		
Current		
Cash and cash equivalents	\$ 1,352,336	\$ 1,018,076
Short-term investments (Note 2)	620,105	500,225
Accounts receivable (Note 3)	83,832	258,805
Prepaid expenses and deposits	143,266	111,038
	<u>2,199,539</u>	<u>1,888,144</u>
Interest in College Place Joint Venture (Note 4)	1,583,191	1,617,274
Long-term investments (Note 2)	5,030,142	5,517,682
Development costs (Note 5)	484,343	388,832
Property and equipment (Note 6)	624,274	864,150
	<u>\$ 9,921,489</u>	<u>\$ 10,276,082</u>
Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities (Note 7)	\$ 601,861	\$ 803,792
Current portion of capital lease obligations (Note 8)	26,548	29,786
Deferred revenue (Note 9)	4,407,800	3,505,305
Deferred contributions (Note 10)	170,711	180,948
	<u>5,206,920</u>	<u>4,519,831</u>
Capital lease obligations	-	26,549
	<u>5,206,920</u>	<u>4,546,380</u>
Net Assets		
Invested in property and equipment	597,726	807,815
College Place Joint Venture (CPJV) replacement reserve	43,679	-
Capital asset reserve	250,000	348,105
Legal reserve	500,000	750,000
Joint venture reserve	500,000	500,000
Automation reserve	500,000	750,000
Grants reserve	250,000	500,000
Operating reserve	1,000,000	1,500,000
Unrestricted net assets	1,073,164	573,782
	<u>4,714,569</u>	<u>5,729,702</u>
	<u>\$ 9,921,489</u>	<u>\$ 10,276,082</u>

On behalf of the Board:

 Director
 Director

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

Financials

College of Pharmacists of British Columbia		
Statement of Revenues and Expenses		
For the year ended February 28	2018	2017
Revenues		
Pharmacy fees	\$ 2,563,578	\$ 1,846,129
Pharmacist fees	3,612,656	3,247,138
Technician fees	626,632	552,499
Other	771,072	1,608,655
College Place Joint Venture income (Note 4)	99,992	125,409
Grants (Note 10)	71,487	165,237
Investment income	134,901	154,068
Total revenues	7,880,318	7,699,135
Expenses		
Board and Registrar's office	490,844	554,698
Communications and engagement	80,968	221,634
Complaints resolution	243,570	344,481
Finance and administration	1,698,832	1,708,330
Grant distribution	144,700	267,304
Policy and legislation	124,447	216,068
Practice reviews	134,030	127,167
Quality assurance	49,760	475,881
Registration, licensure and Pharmanet	307,871	281,166
Salaries and benefits	5,304,214	4,942,108
Amortization	359,894	391,355
Total expenses	8,939,130	9,530,192
Deficiency of revenues over expenses	\$ (1,058,812)	\$ (1,831,057)

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

Financials

College of Pharmacists of British Columbia Statement of Changes in Net Assets

For the Year ended February 28, 2018

	Invested in Property and Equipment	CPJV replacement reserve	Capital Asset Reserve	Legal Reserve	Joint Venture Reserve	Automation Reserve	Grants Reserve	Operating Reserve	Unrestricted	2018 Total	2017 Total
Balance, beginning of year	\$807,815	\$ -	\$348,105	\$750,000	\$500,000	\$750,000	\$500,000	\$1,500,000	\$573,782	\$5,729,702	\$7,560,759
Deficiency of revenue over expenses	(265,733)	-	-	-	-	-	-	-	(793,079)	(1,058,812)	(1,831,057)
Investment in property and equipment	55,644	-	-	-	-	-	-	-	(55,644)	-	-
Share of CPJV replacement reserve	-	43,679	-	-	-	-	-	-	-	43,679	-
Transfers	-	-	(98,105)	(250,000)	-	(250,000)	(250,000)	(500,000)	1,348,105	-	-
Balance, end of 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

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

Financials

College of Pharmacists of British Columbia Statement of Cash Flows		
For the year ended February 28	2018	2017
Cash provided by (used in)		
Operating activities		
Deficiency of revenues over expenses	\$ (1,058,812)	\$ (1,831,057)
Items not affecting cash		
Amortization of property and equipment	265,735	280,591
Amortization of development costs	94,159	110,764
Share of net income of CPJV	(99,992)	(246,047)
	(798,910)	(1,685,749)
Changes in non-cash working capital		
Accounts receivable	(174,973)	(148,032)
Prepaid expenses and deposits	(32,228)	108,735
Accounts payable and accrued liabilities	201,931	(104,383)
Deferred revenue	902,495	472,256
Deferred contributions	(10,237)	(10,237)
	88,078	(1,367,410)
Financing activity		
Capital lease repayments	(29,787)	(24,515)
Investing activities		
Purchase of property and equipment	(25,859)	(273,150)
Increase in development costs	(189,670)	(335,226)
Decrease in investments	367,660	2,097,484
Advances from CPJV	123,838	178,383
	275,969	1,667,491
Increase in cash and cash equivalents for the year	334,260	275,566
Cash and cash equivalents, beginning of year	1,018,076	742,510
Cash and cash equivalents, end of year	\$ 1,352,336	\$ 1,018,076

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

Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 28, 2018

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 professions. 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 property, equipment 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.

Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 28, 2018

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 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) Property and Equipment

Property and equipment is recorded at cost less accumulated amortization. If events or circumstances indicate that the carrying value of the property and equipment may be impaired, a recoverability analysis is performed based upon estimated actual cash flows to be generated from the property and equipment. If the analysis indicates that the carrying value is not recoverable from future cash flows, the property and equipment is written down to estimated fair value and an impairment loss is recognized. Cost includes all amounts related to the acquisition and improvements of the property including replacement of equipment. Property and equipment is 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 by the College Board and are disclosed on the statement of financial position as net assets.

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.

Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 28, 2018

1. Summary of Significant Accounting Policies (Continued)

j) Net assets Held in Reserves (Continued)

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 CPJV.

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.

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

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 receivables.

Financial liabilities measured at cost or amortized cost include payables and accruals and capital lease obligations.

Financial instruments measured at fair value include investments. Fair values are based on quoted market values where available from active markets; otherwise, fair values are estimated using a variety of valuation techniques and models. 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.

Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 28, 2018

2. Investments

Investments consist of guaranteed investment certificates ("GICs") with interest from 1.70% to 2.55% (2017- 2% to 2.85%) with maturity dates from March 27, 2018 to July 13, 2022.

3. Accounts Receivable

	2018	2017
Ministry of Health grant receivable	\$ 50,000	\$ 255,953
Other receivables	33,832	2,852
	<u>\$ 83,832</u>	<u>\$ 258,805</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 \$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, 2018 and for the year then ended are as follows:

	100% Joint Venture	30% College
Balance sheet		
Assets		
Current assets	\$ 448,622	\$ 134,587
Property and equipment and other assets	4,987,874	1,496,362
	<u>\$ 5,436,496</u>	<u>\$ 1,630,949</u>
Liabilities and equity		
Total liabilities	\$ 159,193	\$ 47,758
Total equity	5,277,303	1,583,191
	<u>\$ 5,436,496</u>	<u>\$ 1,630,949</u>
Statement of operations		
Revenues	\$ 1,129,013	\$ 338,704
Expenses	795,705	238,712
Excess of revenue over expenses	<u>\$ 333,308</u>	<u>\$ 99,992</u>

The College's lease expires on August 31, 2018 and rent payments until then are \$125,206.

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Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 28, 2018

7. Accounts Payable and Accrued Liabilities

Payables and accruals include GST payable amounting to \$56,920 (2017- \$53,614) as at February 28, 2018.

8. Capital Lease Obligations

The College is committed to pay annual leases for office equipment under lease agreements. The leases will expire in fiscal 2019.

9. Deferred Revenue

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

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.

	2018	2017
Balance, beginning of year	\$ 180,948	\$ 191,185
Grants received	50,000	20,000
Less amounts amortized to revenue	(60,237)	(30,237)
Balance, end of the year	<u>\$ 170,711</u>	<u>\$ 180,948</u>

Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 28, 2018

11. Municipal Pension Plan

The employer and its employees contribute to the Municipal Pension Plan (a jointly trustee pension plan). The board of trustees, representing the 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 are based on a formula. As at December 31, 2017, the plan has about 193,000 active members and approximately 90,000 retired members. Active members include approximately 38,000 contributors from local governments.

Every three years, an actuarial valuation is performed to assess the financial position of the plan and adequacy of plan 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 is then adjusted to the extent there is amortization of any funding deficit.

The most recent valuation of the Municipal Pension Plan as at 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 College of Pharmacists of British Columbia paid \$343,955 (2017 - \$296,255) for employer contributions to the plan in fiscal 2018. These contributions have been recorded as expenses on the Statement of Revenues and Expenses.

Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 28, 2018

12. Financial Instruments

The College's activities result in exposure to a variety of financial risks including risks related to credit and market, 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 .

Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 28, 2018

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
2019	\$ 105,480
2020	105,480
2021	105,480
2022	105,480
2023	105,480
	<u>\$ 527,400</u>

14. Comparative Figures

Certain comparative figures have been reclassified to conform to the presentation used in the current year.