

College of Pharmacists
of British Columbia

Annual Report 2018/2019

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 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 – sk̓w̓x̓ wú7mesh úxwumixw (Squamish), sel̓íl witulh (Tsleil-Waututh), and x̓w̓m̓əθk̓w̓əy̓əm (Musqueam) nations whose historical relationships with the land continue to this day.

2018/2019 Annual Report

This Annual Report reflects on the College's work in protecting patient safety in the 2018/2019 fiscal year. All statistical information, Board and committee member listings reported in this 2018/19 Annual Report are based on the fiscal year ending February 28, 2019.

Strategic Plan

The College is nearing the end of its 2017/18 – 2019/20 Strategic Plan which focuses on organizational excellence.

Four strategic goals will guide the College in continuing to achieve its mission while supporting the unique needs of the public and evolving pharmacy practice.

Goal 1: Legislative Standards and Modernization

Working to modernize the legislative requirements under the Pharmacy Operations and Drug Scheduling Act (PODSA) to better ensure they are clear, consistent and enforceable.

Goal 2: Professional Excellence

Working to ensure that the practice of pharmacy meets or exceeds the standards set out to protect the public and maintain their trust.

Goal 3: Drug Therapy Access & Monitoring

Exploring avenues that enhance the ability of pharmacy professionals to maximize the public's access to safe, high quality drug therapy.

Goal 4: Organizational Excellence

Ensuring the efficacy and efficiency of its foundational business processes, technological supports, and organization of its governance and staffing to meet the ongoing needs of registrants, pharmacy owners, directors, staff, the public and other stakeholders.

[Read the entire plan](#)

Year in Review

New Pharmacy Ownership Requirements Came into Effect

On April 1, 2018, the College's amendments to the *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws came into effect. These changes operationalize new pharmacy ownership requirements made by the Provincial Government in 2016.

Key Changes to PODSA made by the Provincial Government included:

- 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 a 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

PHARMACY OPERATIONS AND DRUG SCHEDULING ACT BYLAWS

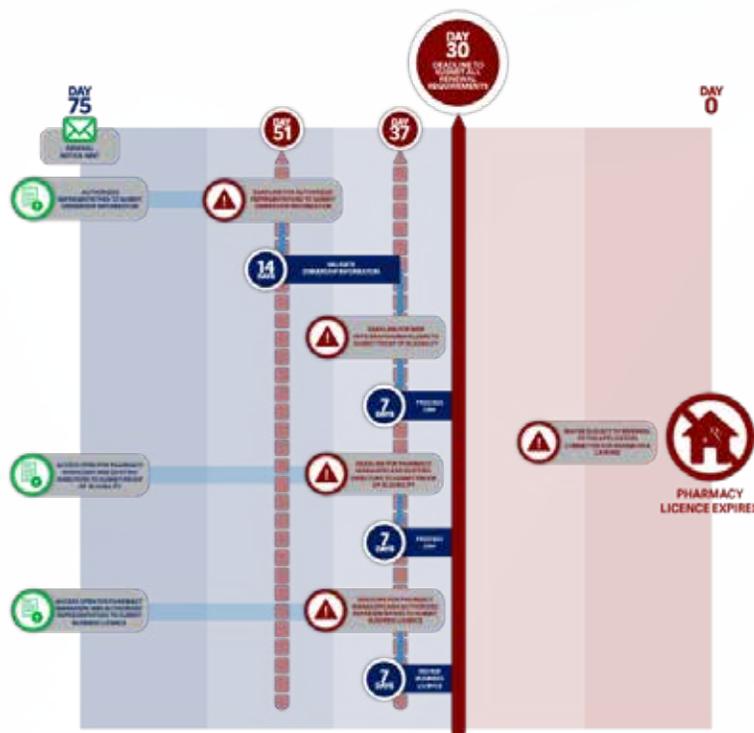
Pharmacy Operations and Drug Scheduling Act Bylaws which incorporate the new pharmacy ownership requirements.

Pharmacy Operations and Drug Scheduling Act Bylaws

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<small>©2017/2018, Revised 03/18/19, Effective 04/01/19, Printed 03/19/19</small>	
<small>College of Pharmacists of BC - CPBC/BCA</small>	

Year in Review

Based on the pharmacy ownership bylaws, the College implemented a new pharmacy licensure process which involved identifying all pharmacy owners and determining their suitability for pharmacy ownership. Through the new requirements and licensure process, the College is now able to hold pharmacy owners accountable for providing safe and effective care by ensuring their pharmacies are compliant with legislative requirements for pharmacies in BC.



A year-long transition period began starting with pharmacies whose licences expired on June 30, 2018 which enabled the College to collect initial information from previously unidentified pharmacy owners.

The College recognized that a significant amount of work was required from pharmacies collecting this information and appreciated their patience and understanding during the implementation of the new requirements.

Year in Review

Pharmacy License Renewal Statistics

Licence Expiry	# Pharmacies Due	# Direct Owners	# Pharmacies completed before deadline	# Pharmacies Late
June 30, 2019	77	69	68	9 (11.7%)
July 31, 2019	77	66	61	17 (21.8%)
Aug 31, 2019	82	69	68	14 (17.1%)
Sept 30, 2019	98	73	82	15 (16.3%)
Oct 31, 2019	209	102	186	23 (11.0%)
Nov 30, 2019	62	61	61	1 (1.6%)
Dec 31, 2019	144	91	142	2 (1.4%)
Jan 31, 2019	84	78	70	14 (16.7%)
Feb 28, 2019	310	226	283	27 (8.7%)
TOTAL	1144	835	1021	123 (10.8%)
Of 1456 licensed pharmacies as of February 28, 2019	78.6%			

Pharmacies with renewals due on June 30, 2018 were the first to complete the new requirements. Since then, as of February 28, 2019, 1143 licensed pharmacies have gone through the renewal process under the new ownership requirements, representing over 78% of the total number of pharmacies in the province. The College has also identified 835 Direct Owners of these pharmacies.

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 Requirements Resource Page](#)
- [Pharmacy Licensure Guide](#)

Year in Review

Commitment to Cultural Safety and Humility

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.

The College has committed to reflecting and reporting on progress against its strategy – [Our Commitment to Cultural Humility: Acting on our commitment to improve cultural safety and humility for First Nations and Aboriginal People in BC](#) – each year within our annual report to demonstrate how we are working towards meeting our pledge to improve cultural safety and humility.

Highlights from our work over the past fiscal year includes engaging with leaders in First Nations health care through initiatives such as the First Nations Health Authority’s Mental Health and Wellness Summit and Day of Wellness celebrations, and sharing cultural safety and humility resources with staff, board members and registrants, including a new [ReadLinks Series](#).

[See our reflections and progress against our commitments to improve cultural humility and safety.](#)

Medication Error Reporting

In November 2018, the [College decided to begin exploring the implementation of mandatory medication error reporting to an independent third party.](#)

This comes after Melissa Sheldrick – [a patient safety advocate whose son passed away due to a drug dispensing error in Ontario](#) – requested that the College consider the implementation of mandatory medication error reporting.

The second most common complaint received at the College are those regarding medication dispensing errors made by registrants.

Exploring Implementation

The implementation of mandatory medication error reporting aligns with the College’s duty to protect the public, as well as its vision of “Better health through excellence in pharmacy,” and [Code of Ethics](#).

Data analysis of medication errors has the potential to improve public safety nationally and provincially. Mandatory anonymous medication error reporting provides data that can be analyzed to help identify trends in errors that are occurring and provide opportunities to learn from mistakes, improve practice and better protect the public.

Although sections 24(1) and 29(1) of the *Pharmacy Operations and Drug Scheduling Act* Bylaws currently require pharmacy managers of community and hospital pharmacies to develop, document and implement an ongoing quality management program, the specific requirements of the program are left to the discretion of the pharmacy manager, and the College does not assess the adequacy of the program.

Year in Review

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

The College is now in the process of developing a briefing package with options for a plan to move forward and a recommendation for a decision at the September 2019 Board Meeting.

Cannabis Legalization in Canada

On October 17, 2018, the Government of Canada's [Cannabis Act](#) came into force, establishing a new framework for controlling the production, distribution, sale and possession of cannabis in Canada.

The *Cannabis Act* is also designed to prevent youth from accessing cannabis, displace the illegal cannabis market, and ultimately protect public health and safety by:

- Establishing serious criminal penalties for those who sell or provide cannabis to youth
- Setting rules for adults to access quality-controlled cannabis
- Creating a new, tightly regulated supply chain

The Province of British Columbia also established a framework for non-medical cannabis in British Columbia and passed legislation to provide for legal, controlled access to non-medical cannabis in British Columbia.

Medical cannabis continues to be provided exclusively through Health Canada's program.

At its November 2018 meeting, the [College Board decided that phytocannabinoids \(s.g. Sativex\) and synthetic cannabinoids \(e.g. Nabilone\) that have been classified as prescription drugs by Health Canada will be added to the DSR](#) in order to align with the Prescription Drug List and the Schedules to the [Controlled Drugs and Substances Act](#).

It should be noted that the Prescription Drug List only regulates the prescription status of health products containing cannabis and not other types of cannabis products such as cannabis for non-medical purposes.

While those using cannabis for medical purposes are expected to comply with BC's cannabis laws, the province has included some exemptions for the use of Health Canada authorized medical cannabis in otherwise prohibited areas, as long as specific requirements are met.

Cannabis (for medical or non-medical purposes) will not be available through pharmacies in BC.

Private retail stores licenced through the Province will also be prohibited from using a business name that includes the words (in traditional or non-traditional spelling) "pharmacy," "apothecary," or "dispensary." Graphics associated with a pharmacy, including for example a green cross, are also prohibited.

Year in Review

In preparation for these changes, [Mary Shaw, Executive Director of the Cannabis Legalization and Regulation Secretariat presented to the College Board in September 2018](#) on British Columbia's approach to cannabis legalization, providing information on the new *Cannabis Control and Licensing Act* and the *Cannabis Distribution Act*, as well as amendments to the *Motor Vehicle Act*.

The College also published the ReadLinks article on [Cannabis Legalization in Canada](#) in October 2018, as well as a [Guest Post written by the BC Drug and Poison Information Centre](#).

Opioid Overdose Crisis

The opioid crisis continues to be a top priority for us and public health organizations across the province. BC's opioid overdose crisis has continued its unprecedented escalation over the past three years, the rate of [overdose deaths in BC 2018 remaining consistent with that of 2017](#).

Much like in recent years, the College is working hard to help address this issue, from raising awareness of the effects stigma can have on patient care, to continuing to promote Naloxone, and implementing new policies and training.

Here is a brief recap of some of the policies and projects we worked on over the past year to help address BC's opioid crisis:

Understanding How Stigma can Impact Patient Care and Contribute to Overdose Deaths

Stigma involves negative attitudes (prejudice) and negative behaviours (discrimination) towards people with substance use and mental health problems. Within the context of healthcare, stigma often has negative impacts on patient health, creating barriers to access, and contributing to shame, isolation, risk taking and overdoses.

As pharmacy professionals, we are required to always protect and promote the health and well-being of patients and practice respect for patients.

Learn more about stigma and how it relates to the opioid crisis in this [special message from our past Board Chair on understanding how stigma can impact patient care](#).

Collaborating with the Ministry of Mental Health and Addictions on Addressing Stigma

In June 2018, the College invited [Regan Hansen, Director of the Partnerships and Engagement Branch at the Ministry of Mental Health and Addictions to present to the Board](#) on the implementation and evaluation of the Province of BC's multi-channel marketing campaign – [StopOverdoseBC.ca](#) – aimed at disrupting common stereotypes of people who use drugs.

The College also expanded its [Opioid Overdose and Naloxone website](#) to include many of the Stop Overdose BC campaign's information and resources.

The College also collaborated with the Ministry of Mental Health and Addictions to distribute posters and bookmarks to libraries and community centers across BC which included information on Naloxone as well as content from the StopOverdoseBC campaign focused on addressing stigma. Over 100,000 bookmarks were distributed through 80 libraries in BC, while posters were also distributed to 55 community centres across BC.

Year in Review

Opioid Crisis and BC's First Nations Communities

As part of the ongoing strategy to reduce harm from opioid drug use and save lives, the [First Nations Health Authority added Naloxone nasal spray as a benefit in April 4, 2018](#).

Nasal Naloxone is the same chemical compound as injection Naloxone. Both reverse the effects of an opioid overdose – the only difference is the delivery method.

Nasal Naloxone provides people with a fear of needles, or those living in communities where needles are stigmatized, with an easier option for responding to opioid overdoses.

First Nations in BC can request Nasal Naloxone directly from their pharmacy – they do not require a prescription from a doctor or nurse practitioner.

To support this change, the College updated its Naloxone Resources website to include information on intranasal naloxone and helped build awareness of this change through ReadLinks, the College's newsletter, and social media.

Understanding the disproportionate impact the Opioid Crisis has on BC's First Nations Communities

BC's opioid crisis has had a disproportionately severe impact on the province's First Nations peoples and communities.

While substance use is common across BC regardless of ethnicity, socioeconomic status or sexual orientation, First Nations people are at much higher risk due to the ongoing legacy of colonialism, intergenerational trauma, systematic racism and barriers to accessing vital health care services and addiction treatment.

First Nations comprise just 3.4% of BC's total population, yet they experience 13% of all overdose deaths. First Nations people in BC are four times more likely than non-First Nations to die from an overdose.

First Nations women are also uniquely impacted. In 2018, 39% of all fatal overdoses for First Nations are among women, compared with a rate of 17% for non-First Nations deaths. (Data from "[First Nations Opioid Overdose Deaths Rise in 2018](#)".)

This makes culturally safe health services especially important to help reduce barriers to accessing care – something the College is working towards through its [commitment to improving cultural humility and safety for First Nations in BC](#).

Opioid Agonist Treatment

New Policy on Injectable Opioid Agonist Treatment

The College developed a new [Professional Practice Policy-67](#) for Injectable Opioid Agonist Treatment (iOAT), as well as an accompanying [Policy Guide for Injectable Hydromorphone Maintenance Treatment](#) which came into effect in September 2018. These documents set out the requirements for the safe dispensing of injectable hydromorphone for the treatment of opioid use disorder.

Year in Review

The new policy and accompanying guide align with “[Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder](#)” released by the [BC Centre on Substance Use](#) (BCCSU) in October 2017. Under the BCCSU guidance, Injectable Opioid Agonist Treatment is intended provide treatment options to individuals who have not benefited from oral OAT drugs. These individuals face significant risks, including fatal overdose due in large part to the proliferation of fentanyl and other synthetic analogues into the illicit drug supply.

To learn more, see:

- [News - New Policy on Injectable Opioid Agonist Treatment in Effect September 1, 2018](#)
- [Injectable Opioid Agonist Treatment](#)

New Opioid Agonist Treatment Training Requirements

[New Opioid Agonist Treatment training requirements came into effect January 1, 2019.](#)

With support from the Ministry of Health, the Ministry of Mental Health and Addictions, and Health Canada’s Substance Use and Addictions Program, and working closely with the First Nations Health Authority, the BC Pharmacy Association developed the [Opioid Agonist Treatment Compliance And Management Program \(OAT-CAMPP\)](#) as a tool to help registrants address the province’s current opioid crisis.

The College updated [Professional Practice Policy – 66 Opioid Agonist Treatment \(PPP-66\)](#) in order to align itself with the OAT-CAMPP training requirements and ultimately replace the College’s current MMT training program.

The program includes training on buprenorphine/naloxone, methadone and slow release oral morphine maintenance treatments, as well as on opioid use disorder itself. Additionally, with pharmacists often on the front lines of the opioid crisis, this training program also aims to improve the experience and of people receiving treatment. It includes a patient-centred approach, discussing lived experiences of patients and communication strategies to reduce stigma and increase patient engagement.

A transition period will take place up until March 31, 2021 during which PPP-66 will require pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides services related to buprenorphine/naloxone maintenance treatment, methadone maintenance treatment or slow release oral morphine maintenance treatment to complete either the College’s existing MMT training program or the new OAT-CAMPP course.

By March 31, 2021, the College’s MMT training program will no longer be available. Completion of the OAT-CAMPP course will be needed to fulfill the training requirement outlined in PPP-66.

To learn more, see:

- [New Opioid Agonist Treatment Training Requirements Coming Soon](#)
- [Opioid Agonist Treatment](#)
- [Declarations: Opioid Agonist Treatment](#)

Electronic Record Keeping

Year in Review

The College introduced new Electronic Record Keeping requirements that came into effect on November 13, 2018.

Proper recordkeeping is essential to safe and effective pharmacy practice. Well-kept records support the provision of safe services, continuity of care, and evidence-based care, as well as good professional practice and medication management.

Electronic recordkeeping enables the College to better promote patient safety through the accountability of registrants.

Under the new records management framework, pharmacies are permitted to continue keeping only hard copy records, only electronic records, or a combination of both. This allows the College to ensure that:

- Record keeping can be completed efficiently and in a manner that promotes patient safety and the accountability of registrants;
- Records are filed systematically;
- Records are easily retrievable;
- Registrants' interactions with records are auditable (i.e. who did what and when); and,
- Patient records and other personal and confidential information are stored securely, with appropriate back-ups.

While the College had already enforced general record keeping requirements prior to this, a number of requests had been submitted by registrants to formally allow electronic record keeping. In response to this, the College made amendments to the *Pharmacy Operations and Drug Scheduling Act* Bylaws and the *Health Professions Act* Bylaws that set out a new framework for electronic record keeping requirements. In addition, Professional Practice Policy-12: Prescription Hard Copy File Coding System and Professional Practice Policy-20: Prescription Refills were repealed.

To learn more about the College's Electronic Record Keeping requirements (including a series of helpful FAQs), see bcpharmacists.org/eRecords

Medical Assistance in Dying (MAiD)

On November 1, 2018, [new reporting requirements for Medical Assistance in Dying \(MAiD\) came into effect](#). The new Federal regulations and Provincial requirements identify the reporting requirements for pharmacists, physicians, and nurse practitioners.

Amendments to the College's Standards Limits and Conditions for MAiD to reflect the new Federal and Provincial reporting requirements also came into effect at the same time.

In BC, pharmacists who dispense drugs for the purposes of MAiD are now required to submit both federally and provincially required information to the Ministry of Health within 6 business days after the scheduled date of MAiD Protocol.

While previously the responsibility of the BC Coroners Service, the Ministry of Health became the designated recipient of all reportable information from pharmacists, physicians and nurse practitioners.

Year in Review

Pharmacists who dispense drugs for the purposes of MAiD are now required to complete and submit the Ministry of Health's designated Dispensing Record (Pharmacist) form, which collects all the information necessary for prescription accountability and meeting the Federal and Provincial MAiD reporting requirements. The College worked closely with the Ministry of Health, the College of Physicians and Surgeons of BC, the BC College of Nursing Professionals and Health Authorities to provide input into the development of the new MAiD reporting process; amend the College's Standards Limits and Conditions for MAiD; and help communicate the changes to registrants.

To learn more about MAiD and the new reporting requirements, see:

- [News – New Reporting Requirements for Medical Assistance in Dying Come into Effect November 1, 2018](#)
- bcpharmacists.org/maid

Responding to Health Emergencies and Emerging Issues

2018/19 brought with it a number of issues that had a powerful impact on public health and safety from the opioid overdose crisis, wildfires and significant drug shortages/recalls.

BC Wildfires - State of Emergency

[On August 15, 2018 the British Columbia government declared a provincial state of emergency to support the province wide response to the ongoing wildfire situation.](#) This was the second year in a row a provincial state of emergency was declared as a result of wildfires across BC.

A state of emergency applies to the whole province and ensures federal, provincial and local resources can be delivered through a co-ordinated response to protect the public.

The [College launched a new emergency resource page](#) – Accessing Medications You May Need During an Emergency – shortly before the 2018 BC Wildfires that is intended to provide both members of the public and pharmacy professionals with information on preparing for an emergency and on expectations for continuity in care to be provided for any patients displaced by an evacuation.

The College would like to thank Emergency Management BC, the Ministry of Health, and the First Nations Health Authority for their input in developing the new resource.

When the state of emergency was declared in August 2018, the College reached out to pharmacy professionals 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 College's outreach also included providing information to the public on how to access medications in the event that they have been displaced by an evacuation and are in need of an emergency supply of medication, including sharing our Find a Pharmacy tool to locate a pharmacy in the community where they are staying.

Year in Review

For more information on how to prepare, and what to do during an emergency, see: bcpharmacists.org/emergency

EpiPen Shortage

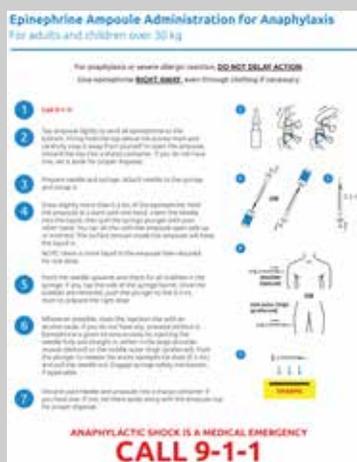
EpiPen® auto-injectors have been in short supply since January 2018 with PharmaCare placing a limit for EpiPen products in PharmaNet to two per dispense for PharmaCare-paid claims starting in April 2018. Then in August 2018, Health Canada issued an Interim Order to provide access to a US-approved epinephrine auto-injector.

EpiPen® and EpiPen Jr® auto-injectors are used to deliver an emergency treatment of adrenaline (epinephrine) to patients who are at risk or have a history of life threatening allergic reactions (anaphylaxis).

In response, the College worked closely with the Ministry of Health to create and distributed a comprehensive resource with advice for affected patients; guidance for pharmacists to provide access to alternate forms of epinephrine; as well as a patient information sheet developed in collaboration with the BC Pharmacy Association.

Patient Resources on Use and Administration of Other Forms of Epinephrine

The College worked with the BC Pharmacy Association to develop [information for patients on how to use other forms of epinephrine](#) in the case of an allergic reaction.



The shortage has since been resolved.

Learn More: [News – Shortage Situation Involving EpiPen \(0.3mg\) Auto-Injectors](#)

Valsartan Recall

In July of 2018, Health Canada issued a recall for several drugs containing valsartan due to contamination with a potential carcinogen.

Drugs containing valsartan are used to treat patients with high blood pressure to prevent heart attacks and stroke as well as patients who have had heart failure or a recent heart attack.

Year in Review

In response, the College distributed multiple announcements and resources outlining the Drug Information Numbers and Lot Numbers of affected products, as well as guidance for pharmacy professionals to provide safe therapeutic alternatives and substitutions.

Learn More: [News – Drugs Containing Valsartan Being Recalled Due to Contamination with Potential Carcinogen](#)

Pharmacy Manager Education

The Board approved [Professional Practice Policy-69: Community Pharmacy Manager Education \(PPP-69\)](#), which [came into effect on September 1, 2018](#). The new policy provides guidance to community pharmacy managers on complying with their obligations under the *Pharmacy Operations and Drug Scheduling Act* (PODSA) and PODSA Bylaws.

Community pharmacy managers must complete the BC Community Pharmacy Manager Training Program, provided by the BC Pharmacy Association (BCPhA). The BCPhA Training Program is an online course that includes information relevant to the management of a pharmacy and an assessment.

The goal of the approved education program is to improve the overall operation of pharmacies, decrease the number of complaints, help pharmacy managers better understand the full extent of their responsibilities, and ultimately ensure safe pharmacy practices for the public.

Pharmacy Managers have distinct and extensive responsibilities under the PODSA and the [PODSA Bylaws](#), however, it has come to the College's attention that some pharmacy managers do not fully understand all of their legislated obligations.

Declaration of Completion

The [Pharmacy Manager Training Program](#) is open to pharmacists, pharmacy technicians, pharmacy students, owners, and anyone else interested. However, only full, limited and non-practicing pharmacists as well as UBC pharmacy students registered with the College will be able to submit a declaration of on eServices upon successful completion of the education program.

Those who have pre-registered with the College and wish to complete the program will only be able to submit a declaration of completion on eServices once they have become registered as full pharmacists with the College.

Learn more about declarations at bcpharmacists.org/declarations

Learn more: [News - New Policy on Community Pharmacy Manager Education in Effect September 1, 2018](#)

Year in Review

Pharmacy Security / CLEAR Award



On September 28, 2018, the Council on Licensure, Enforcement & Regulation (CLEAR), presented the College with the 2018 Regulatory Excellence Award for our work on pharmacy security measures.

The CLEAR Regulatory Excellence Award recognizes an individual, team, program or agency demonstrating an outstanding contribution to the enhancement of occupational or professional regulation, regulatory processes, or consumer and public protection.

Pharmacy Security in British Columbia

From 2012 to 2013, pharmacies in Vancouver, British Columbia experienced a 160% increase in community pharmacy robberies, often targeted for their prescription opioid medications. After being contacted by the Vancouver Police Department about the distressing number of pharmacy robberies, the College formed a working group to examine the issue comprised of representatives from law enforcement, pharmacies, CPBC staff and the BC Pharmacy Association. The working group developed a set of pharmacy security requirements aimed at reducing pharmacy robberies and protecting confidential patient health information. The cornerstone was a requirement that all community pharmacies store their narcotic drugs in a time-delayed safe. The measures were first introduced via policy in 2015, and transitioned to bylaw in 2017.

The College commissioned an evaluation of the pharmacy security measures by Dr. Martin Andresen, Professor of Criminology and Director of the Institute for Canadian Urban Research Studies at Simon Fraser University. Dr. Andresen found strong evidence supporting the notion that the measures had their intended effect across the province. Notably in Vancouver where the majority of pharmacy robberies occurred, there was an immediate and substantial drop (94%) in pharmacy robberies after the College's pharmacy security requirements took effect.

Learn More: [ReadLinks – College Wins Regulatory Excellence Award for Pharmacy Security](#)

Year in Review

Excellence Canada

[Excellence Canada](#) is a non-profit organization that is dedicated to developing standards for, as well as certifying and recognizing organizational excellence, across all sectors in Canada. The College partnered with Excellence Canada in December of 2016, selecting the *Excellence, Innovation and Wellness* (EIW) Standard, one of the most progressive standards in the world.

An exceptional amount of hard work and dedication is required to become a recipient of the standard. Meeting the standard involved a comprehensive assessment of the College as an organization from all perspectives, including its employees, customers, leadership, governance, planning, processes, social responsibility, suppliers, partners and results.

The 5 Drivers of the Excellence, Innovation and Wellness Standard are:

- Leadership
- Planning
- Customers
- People
- Process and Project Management

After conducting a gap analysis in March 2017, the College assigned several Action Teams made up of volunteer staff members from all departments and staffing levels to develop the missing policies, plans, guidelines, etc.

Achieving Excellence Canada's Silver Certification will ensure the College of Pharmacists of British Columbia's status as a modern, relevant and progressive organization, able to continue to fulfill its mandate of better health through excellence in pharmacy within an ever-changing provincial health landscape.

Excellence Canada is scheduled to send its verification team in May 2019 to determine if the College has achieved Silver Certification. Watch for our announcement.

Chair and Registrar's Message



Board Chair Arden Barry, and Registrar Bob Nakagawa reflect on the state of pharmacy practice in BC.

We now have 1358 pharmacies, 6269 pharmacists and 1576 pharmacy technicians serving the public in BC.

2018/19 was a dynamic year for pharmacy practice in British Columbia. We introduced a number of new initiatives and made significant progress

on many of our existing programs with the aim of continuing to ensure the public receives safe and ethical pharmacy care. We would like to acknowledge and thank the public and our health care partners for engaging with us in many different ways over the past year. From participation in surveys, to comments on proposed bylaw amendments, and engagement on social media, your perspectives have played an important role in our decision-making over the past year.

Throughout last year, the College was reminded of the powerful role that patients and the public at-large can play in driving positive change within BC's health system. Melissa Sheldrick, a patient advocate who tragically lost her son due to a medication error, presented to the Board to request that we explore mandatory medication error reporting. Additionally, a myriad of community members and health care organizations joined us to continue to help combat the opioid crisis in BC. These are excellent reminders that empathy and communication are paramount to good regulation and effective public policy.

We are pleased to report that after a number of years of planning and hard work by College staff, new pharmacy ownership requirements were implemented in April 2018. These new standards permit the College to know the identity of all pharmacy owners, determine their suitability for pharmacy ownership, and hold them accountable for their pharmacies. This change provides critical transparency and represents an important shift in the way we are able to ensure the highest quality of care and protection for the public. We hope this will strengthen the valuable trust that the public has placed in pharmacy professionals and pharmacies in BC.

Lastly, since pledging our commitment to cultural safety and humility for BC's First Nations in 2017, the College has been actively working to fulfill this pledge. Health care environments free of racism and discrimination are vital to the provision of fair and equitable care in BC. In the past year, the College has made significant strides to incorporate cultural humility knowledge and awareness into our processes by developing a College Board Cultural Safety and Humility resource, sharing insights with College team members, and empowering everyone

Chair and Registrar's Message

to participate in campaigns and events such as #ItStartsWithMe, Orange Shirt Day, and the First Nations Health Authority's 2018 Mental Health and Wellness Summit.

It has been a productive year for the College, and we have made considerable progress in our continuing efforts to advance and improve patient care. As the practice of pharmacy continues to evolve, we look forward to exploring ways to uphold our commitment to ensure all British Columbians receive safe, patient-centred care from their pharmacy professionals. On behalf of the College Board and staff, we invite you to read our annual report and learn about how the College is working to maintain a high standard of safe and ethical pharmacy care in BC.



Arden Barry, Chair



Bob Nakagawa, Registrar

Message from Our Public Board Members



Public representation is vital to the College Board's ability to function, and to make decisions that reflect the public's best interests. The College Board relies on its public members to bring unique and valuable insights and oversight in order to help us maintain a well-rounded, comprehensive decision-making process.

Public members are appointed by the Minister of Health and , must comprise at least one-third of the total Board membership.

As public members of the Board of the College of Pharmacists of British Columbia, we represent the perspective of all British Columbians in the governance of pharmacy practice in BC.

2018 was a significant year for pharmacy in BC. The College, along with other health professionals and organizations across the province, continued its battle against the ever-worsening opioid crisis. We've enhanced our efforts with organizations such as the BC Centre for Substance Use, to increase access to valuable training and resources for frontline health professionals in their work with those at risk.

We also continued to make significant strides in fulfilling our shared commitment to cultural safety and humility for BC First Nations by participating in initiatives such as the First Nations Health Authority's Day of Wellness celebrations, connecting with leaders in First Nations health, and sharing cultural safety and humility resources with staff, board members and registrants, including a new [ReadLinks Series](#).

We've been encouraged by the amount of public, registrant and stakeholder feedback we've received on issues such as *Pharmacy Operations and Drug Scheduling Act* Bylaws Modernization, including input into pharmacy manager responsibilities, emergency preparedness, and drug delivery; and the College's Customer Service Standards. The College also includes public representation on many of its [committees](#) who provide diverse perspectives as well as a wide range of knowledge and skills that help to enhance the effectiveness of each committee. Thank you to those who took the time to share their insights and provide us with valuable input and perspectives on the state of pharmacy care in British Columbia.

We also strongly value the College's commitment to transparency. Every Board meeting is livestreamed through the College's [BC Pharmacists Periscope Channel](#); [highlights](#) are published directly after each Board meeting; and Board meeting minutes – including presentations and briefing notes provided to the Board to support decision-making – are also made available online.

There is of course much more work to be done in order to achieve the goals that the Board has set for itself. However, with its long history as a leader in Canadian health regulation, the College is well-positioned to continue to improve the health and safety of British Columbians through excellence in pharmacy practice.

As the current public representatives, we are honored to share this ambition with, and be a part of, such a progressive, dedicated and focused Board and organization.

Tracey Hagkull
Government Appointee

Anne Peterson
Government Appointee

Katie Skelton
Government Appointee

Justin Singh Thind
Government Appointee

Board



Arden Barry, *Chair*
District 7
Community Hospital



Christine Antler, *Vice-Chair*
District 2
Fraser Valley



Mona Kwong
District 1
Metropolitan Vancouver



Tara Oxford
District 3
Vancouver Island/Coastal



Steven Hopp
District 4
Kootenay/Okanagan



Frank Lucarelli
District 5
Northern BC



Anca Cvaci
District 6
Urban Hospitals



Bal Dhillon
District 8
Pharmacy Technicians



Tracey Hagkull
Government Appointee



Anne Peterson
Government Appointee



Katie Skelton
Government Appointee



Justin Singh Thind
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 2018/2019, 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.

Commitment to Cultural Humility 2018/19 Progress

Cultural Safety Concepts

The first key objective in fulfilling the College's commitment to cultural humility and safety is to change and influence the values and attitudes of both its registrants and staff. This involves embedding the concepts and principles of cultural humility and safety into the College's current internal processes. The College will also build on the First Nations Health Authority's **#ItStartsWithMe** campaign to build awareness of cultural humility and safety, while encouraging pharmacy professionals and staff to reflect on cultural humility and safety and make a pledge as part of the campaign. Leadership from the College Board and executive will help set an example for pharmacy professionals and staff by demonstrating their commitment through participation in cultural safety activities.

Activity	Deliverables	Progress
Board member education on the concepts and principles of cultural humility and safety	<ul style="list-style-type: none"> Integrate the First Nations Health Authority's cultural safety and humility webinars and the National Indigenous Cultural Safety Learning Series webinars into the Board's annual orientation. Recommend Board members to complete the provincial San'yas Indigenous Cultural Safety Training. Encourage Board members to read the Truth and Reconciliation report and the Health Inequalities and Social Determinants of Aboriginal Peoples' Health report. 	<p>Complete - College Board Cultural Safety and Humility content package has been developed and shared.</p> <p>The package includes:</p> <ul style="list-style-type: none"> BC Health Regulators Declaration of Commitment to Cultural Safety and Humility in the Regulation of Health Professionals First Nations Health Authority's Policy Statement on Cultural Safety and Humility Our Commitment to Cultural Humility (College Strategy) Cultural Safety and Humility Definitions Relevant webinars including the cultural safety and humility webinar series from FNHA and the National Indigenous Cultural Safety Learning Series webinars

Commitment to Cultural Humility 2018/19 Progress

- Recommended reading materials including the [Truth and Reconciliation](#) report and the [Health Inequalities and Social Determinants of Aboriginal Peoples' Health](#) report
- Information on the [San'yas Indigenous Cultural Safety Training](#) including that the College can cover the cost of the course if requested.
- First Nations Health Authority's [Creating a Climate for Change Resource Booklet](#)
- Information on how to make a [cultural safety and humility pledge](#) and join into the **"#ItStartsWithMe"** me campaign

The Cultural Safety and Humility content package is included in the College Board's intranet as well as the College Board's orientation package.

Board members make a cultural safety and humility pledge as part of the **"#ItStartsWithMe"** campaign.

- Board members and their cultural humility pledges captured through photos and shared online through ReadLinks and the **"#ItStartsWithMe"** campaign

Ongoing - The College has joined into the **"#ItStartsWithMe"** campaign primarily through social media.

Moving forward the College intends to build greater awareness of the #istartswithme campaign with pharmacy professionals and the public through ReadLinks articles, and social posts and presentations

Commitment to Cultural Humility 2018/19 Progress

Build on the Frist Nations Health Authority's **"#ItStartsWithMe"** campaign to engage more pharmacist and pharmacy technicians

- College extension of **"#ItStartsWithMe"** campaign with a focus on pharmacist and pharmacy technicians commitment to cultural safety and humility, including:
 - ReadLinks articles to build awareness of cultural safety and humility concepts and principles and encourage **"#ItStartsWithMe"** pledges
 - **"#ItStartsWithMe"** graphics and posts across all social media channels to build awareness of cultural safety and humility and encourage pharmacy professionals to make a cultural safety and humility pledge

Ongoing – The College has joined into the **"#ItStartsWithMe"** campaign primarily through social media.

Moving forward the College intends to build greater awareness of the #istartswithme campaign with pharmacy professionals and the public through ReadLinks articles, and social posts and presentations.

Building staff awareness and understanding of cultural safety and humility

- Sharing cultural safety and humility information, resources and events with staff through the College's intranet.

Ongoing – The College has begun sharing cultural safety and humility content with staff through its employee intranet.

Moving forward the College plans on providing more information and resources, and sharing more cultural humility events through the College's intranet and other communication methods.

Commitment to Cultural Humility 2018/19 Progress

Integrate cultural safety and humility into organizational policies

- Develop a cultural safety and humility policy to be included in the College's employee handbook.
- Support cultural safety and humility through the College's wellness plan (currently under development).

Ongoing – The College has developed a Workplace Diversity Policy and a Health and Wellness Policy which have been added into the College's employee handbook.

The Workplace Diversity Policy provides a definition and sets out expectations relating to workplace diversity. As part of this policy, in accordance with the [Employment Equity Act](#), the College will make reasonable efforts to ensure that it is a representative employer of women and men, members of visible minority groups, people with disabilities and First Nations and Aboriginal Peoples at all the organization's operations. The College will endeavor, where feasible, to make every effort to equalize the under-utilization of designated target groups.

In order to establish a working environment that respects and values differences, the College is also committed to fostering open communication by sharing information and resources on diversity (including information on cultural safety and humility) with all its employees and stakeholders; and providing applicable educational programs relating to diversity management.

Commitment to Cultural Humility 2018/19 Progress

		<p>Moving forward the College will continue to review and assess where organizational policies may need to be revised or developed to support cultural humility and safety for First Nations and Aboriginal Peoples.</p>
<p>Integrate cultural safety and humility into new staff onboarding process</p>	<ul style="list-style-type: none"> • Highlight the College's commitment to cultural safety and humility when onboarding new staff including sharing the policy in the employee handbook. • Encourage new staff to learn about and reflect on cultural safety by sharing resources (such as the cultural safety and humility webinars) and encourage new staff to make a cultural safety and humility pledge as part of the "#ItStartsWithMe" campaign. • Include employment equity our recruitment strategy. 	<p>Ongoing – The College's new Workplace Diversity Policy includes expectations for employment equity. All job postings now reflect the College's diversity commitment.</p> <p>Moving forward the College will be working on developing its approach for ensuring staff are aware of our commitment and are encouraged to learn about cultural safety and humility, including participation in the "#ItStartsWithMe" campaign.</p>
<p>Demonstrated leadership and public acknowledgement of commitment to cultural safety and humility</p>	<ul style="list-style-type: none"> • Incorporate of College's commitment to cultural safety and humility into all public reports and presentations. • Recognize indigenous lands we are speaking on through a land acknowledgement. 	<p>Completed – The College has updated its processes to ensure it recognizes indigenous lands we are speaking on through a land acknowledgement and has incorporated its commitment to cultural safety and humility into all public reports and presentations.</p>

Commitment to Cultural Humility 2018/19 Progress

Partnership and Engagement

In order to inform our transition to a more culturally inclusive healthcare environment for BC's First Nations and Aboriginal People, the College will focus efforts toward building and strengthening relationships with local communities to involve them in the decisions that affect them.

Activity	Deliverables	Progress
Include First Nation's groups in decisions that affect them	<ul style="list-style-type: none"> Identify, engage and partner with First Nations groups and organizations to reach out to and hear from more First Nations stakeholders. Produce engagement packages to help First Nation's groups share engagement opportunities with the College. Collaborate on cross-social media promotion to strengthen relationships with local communities and involve them in College engagements. 	<p>Ongoing – The College has continues to identify ways it can engage and partner with more First Nations and Aboriginal People in its consultations.</p> <p>The College worked with the First Nations Health Authority to develop a more culturally inclusive set of demographic questions to include in its surveys.</p> <p>The College consulted the First Nations Health Authority for guidance in updating its 'Naloxone' and 'State of Emergency' resources to better serve First Nations communities.</p>
Partner and participate in Day of Wellness	<ul style="list-style-type: none"> Work with First Nations Health Authority to build awareness of the Day of Wellness with pharmacy professionals and patients across BC. Join into the online Day of Wellness campaign through social media and ReadLinks articles. Participate in local Day of Wellness events when possible. 	<p>Ongoing – The College helped build awareness of ways to participate in the Day of Wellness with pharmacy professionals and the public through joining into the social media campaign.</p> <p>In 2018, the College exhibited at a local FNHA Day of Wellness event, sharing valuable information and resources to BC's First Nations Communities.</p>

Commitment to Cultural Humility 2018/19 Progress

The College also featured the Day of Wellness with College staff through its employee intranet.

Moving forward, the College plans to work more closely with the First Nations Health Authority to build greater awareness of the Day of Wellness, and encourage pharmacy professionals, patients, staff and Board members to participate in Day of Wellness events using various communications methods.

Engage with First Nations in their communities

- When possible, participate in First Nations' events that contribute to building cultural safety and humility.
- Use events to engage with First Nations patients, learn about local First Nations, and build awareness of the College's role in protecting public safety and our commitment to help provide culturally safe health services for First Nations and Aboriginal people in BC.

Ongoing – 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.

We used this opportunity to talk with the public and members of BC's First Nations Community about our commitment to improving BC pharmacy professionals' work with First Nations and Aboriginal Peoples, and build awareness of the College's role in protecting patient safety.

We also encouraged attendees to share their thoughts on what cultural safety and humility within BC Pharmacies looks like to them and repurposed their responses into a [ReadLinks article](#) that was shared with Registrants and the public.

Commitment to Cultural Humility 2018/19 Progress

At its September 2018 meeting, the College Board invited FNHA's CEO, Joe Gallagher, to present on Transformative Leadership and Relationships to achieve better health and wellness for First Nations in BC.

Build organizational awareness of First Nations cultural celebrations and events

- Share First Nations cultural celebrations and events through the College's intranet.

On September 30, 2018, College Staff celebrated Orange Shirt Day by wearing orange in recognition of the harm the residential school system has left on generations of indigenous families and their communities.

Moving forward the College will learn more about First Nations cultural celebrations and events to increase our organizational awareness.

Commitment to Cultural Humility 2018/19 Progress

Learning, Knowledge Exchange & Quality Health

In order to address the healthcare service gaps and unmet needs of BC's First Nations population, the College will work to build the principles of cultural humility and safety into its communications messaging and training requirements. This process will involve conducting culturally safe research respecting ceremony and tradition and encouraging pharmacy professionals to learn about and reflect on the best practices for cultural safety and humility in service delivery.

Activity	Deliverables	Progress
Reflect on our cultural safety and humility progress	<ul style="list-style-type: none"> Report on activities to improved cultural safety and humility within our Annual Report, including number of: <ul style="list-style-type: none"> pledges made webinars participated in by College staff and Board events attended to engage with First Nations, articles and educational materials releases hours committed in work associated with improving cultural safety and humility ReadLinks articles that capture the organization's reflection and successes on cultural safety and humility, including Board member reflections on their pledges where possible. 	<p>The College's 2017/18 Annual Report sets out a new annual process of reflecting on progress towards meeting our commitments each year..</p> <p>This includes a regularly updated table outlining the various action items within the commitment as well as the progress we've made on each of them.</p>
Build pharmacy professional and patient awareness of cultural humility, cultural safety and systematic racism	<ul style="list-style-type: none"> Establish ReadLinks series on cultural safety, humility to build understanding of the concepts and principles, educate pharmacy professionals and patients and identify how to prevent 	<p>Ongoing – In 2018, the College has published some established a Cultural Humility and Safety ReadLinks Series to help pharmacy professionals learn about the culture and experiences of First Nations and Aboriginal Peoples in BC,</p>

Commitment to Cultural Humility 2018/19 Progress

instances of systematic racism.

The series will feature:

- First Nations Health Authority cultural humility webinars
- other cultural safety and humility training opportunities, such as the [San'yas Indigenous Cultural Safety Training](#).
- insight into First Nation's culture and communities across BC
- important statistics and information about First Nations people that dramatically differ and what the numbers are
- social media to promote the series with pharmacy professionals and patients
- Continue to expand the information and resources available on the dedicated cultural safety and humility landing page [bcpharmacists.org/humility](#)

the importance of acknowledging racism in healthcare, and the role of cultural humility and safety in providing care.

The College continued to build awareness of the dedicated landing page at [bcpharmacists.org/humility](#) to share feature our commitment, strategy, and other cultural safety and humility resources with pharmacy professionals and patients.

Moving forward the College will be developing and recruiting more articles for the [ReadLinks Series](#) and adding additional resources to the landing page.

Build organizational awareness of cultural humility, cultural safety and systematic racism

- Establish Lunch and Learns for College staff to learn about cultural safety, humility and systematic racism using First Nations Health Authority cultural humility webinars and discussion questions to encourage reflection.

Ongoing - In the past year, the College has shared information, as well as recaps of our experiences at various First Nations events through its Intranet and at Staff meetings.

Additionally, staff who volunteered to represent the College at various First Nations

Commitment to Cultural Humility 2018/19 Progress

events and conferences were taken through an orientation covering topics including:

- Cultural Safety and Humility
- Systemic Racism
- How racism impacts the health of first nations
- The disproportionate effect that the opioid crisis is having on First Nations Communities

Moving forward the College will be developing and sharing more resources with College staff through the employee intranet, staff meetings, and other activities.

Board

Audit and Finance Committee

Mandate

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

Membership

Frank Lucarelli (Chair, effective November 23, 2018)

Tracey Hagkull (Vice-Chair, effective November 23, 2018)

Bob Nakagawa (Registrar)

Mary O'Callaghan (staff resource)

Christine Antler (effective November 23, 2018)

Arden Barry

Number of Meetings: 3

Accomplishments of the Year

- Reviewed annual audit and auditor's recommendations with the auditors.
 - Reviewed financial reports and monitored actuals to budget.
- Recommended a new Reserve Policy.
- Reviewed and recommended approval of the 2019/20 annual budget, including a fee increase for late 2019.

Goals for Next Fiscal Year

- Review the annual audit.
- Monitor the current year financial reports and multi-year estimates.
- Review annual budget.
- Review financial reports.

Board

Governance Committee

Mandate

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

Membership

Arden Barry (Chair, until November 23, 2018)
 Mona Kwong (Chair, effective November 23, 2018)
 Tara Oxford (Vice-Chair)
 David Pavan (staff resource)
 Christine Antler (effective November 23, 2018)
 Anar Dossa (until November 23, 2018)
 Anne Peterson (effective February 15, 2019)
 Justin Thind (effective February 15, 2019)
 Sorell Wellon (until November 23, 2018)

Number of Meetings: 3

Accomplishments of the Year

- Registrar Evaluation
- CPBC Board Reference and Policies
- Refined the annual Committee application and selection process
- Applicant Evaluation Form for Annual Committee Appointments
- Board Members as Chairs
- Amalgamation of the Pharmacy Advisory Committees
- Streamlined the process for committee reporting (i.e. Jurisprudence Examination Subcommittee to fall under the Registration Committee for reporting)

Goals of Next Fiscal Year

- Continue to improve Committee Appointment process
- Develop a Past Chair Advisory Committee
- Develop a Registrar Evaluation and Succession Planning Committee
- Modify TOR for GC to include Board Evaluation and Succession Planning

Board

Legislation Review Committee

Mandate

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

Membership

Mona Kwong (Chair, effective December 2018)

Jeremy Walden (Chair, until December 2018)

Christine Paramonczyk (staff resource)

Bal Dhillion (effective January 2019)

Christopher Szeman (until October 2018)

Justin Thind

Sorell Wellon (until October 2018)

Number of Meetings: 4

Legislation	Amendments
Health Professions Act Bylaws	April 2019 <ul style="list-style-type: none"> Approval to file HPA Fee and Form amendments with the Minister of Health.
	September 2018 <ul style="list-style-type: none"> Approval to publicly post a Patient Relations Standard for a 90-day period.
Pharmacy Operations and Drug Scheduling Act Bylaws	April 2019 <ul style="list-style-type: none"> Approval to publicly post PODSA Fee and Form amendments for a 90-day period.
	September 2019 <ul style="list-style-type: none"> Approval to file PODSA fee amendments with the Minister of Health. Approval to file bylaw amendments regarding electronic recordkeeping with the Minister of Health.
	November 2018 <ul style="list-style-type: none"> Approval to publicly post the removal of Schedules "C" and "E" regarding telepharmacy license requirements and related bylaw amendments.

Board

Professional Practice Policies (PPP) et al

April 2018

- Approval of housekeeping amendments to PPP-66 “Opioid Agonist Treatment”
- Approval of amendments to PPP-3 “Pharmacy References” and PPP- * 74 “Community Pharmacy Security”
- Approval to repeal PPP-26 “Pharmacy Distribution of Alternative and Complementary Health Products” and PPP-32 “Dispensing Multi-Dose Vials”

June 2018

- Approval of a PPP-67 “Injectable Opioid Agonist Treatment” to be effective on September 1, 2018.
- Approval of a PPP-67 Policy Guide – “Injectable Hydromorphone * Maintenance Treatment (2018).”
- Approval of a PPP-69 “Pharmacy Manager Education” to be effective September 1, 2018.

September 2018

- Approval of housekeeping amendments to PPP-58 “Medication and Management (Adapting a Prescription)”, PPP-66 “Opioid Agonist Treatment” and PPP-67 “Injectable Opioid Agonist Treatment.”

Drug Schedules Regulation (“DSR”)

June 2018

- Approval of multiple DSR amendments to improve alignment with the National Drug Schedules, the Prescription Drug List made under the Food and Drugs Act (Canada), and the Schedules to the Controlled Drugs and Substances Act.

November 2018

- Approval to pursue scheduling by reference to federal legislation and the National Drug Schedules established by the National Association of Pharmacy Regulatory Authorities.
- Approval of housekeeping amendments with respect to Codeine, Lisdexamfetamine dimesylate, and Nicotine for filing with the Minister of Health.
- Approval of amendments with respect to Cannabinoids for filing with the Minister of Health.

Engaging with the Public and Registrants

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

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.

- [What Matters to You?](#)
- [The Great British Columbia Shake Out](#)
- [Canadian Patient Safety Week](#)
- [First Nations Health Authority Mental Health and Wellness Summit](#)

Customer Satisfaction Survey

From August through September of 2018, the College distributed a Customer Satisfaction Survey to engage with the public, pharmacy professionals, and stakeholders in order to help us continue to improve our service standards.

As a fundamental component of BC's health system, the College of Pharmacists of BC is committed to serving and protecting the public. A big part of how we do this is by providing good customer service through the delivery of high quality services and assistance.

The College gathered feedback from 126 external respondents and 38 internal respondents, successfully achieving its goal of 70% satisfaction overall.

The feedback gathered through this survey will be used to inform the College's ongoing service objectives and ensure that we continue to deliver professional and ethical service that enables us to meet our mandate in protecting the public through the regulation of pharmacy practice in BC.

Survey: Protecting the Public through Pharmacy Manager Requirements

From [November 28 – December 12, 2018](#), The College sought input from pharmacy professionals, health professionals and the public, about the responsibilities of pharmacy managers as we reviewed our *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws to ensure they can protect the public now and into the future.

Pharmacy managers play a crucial role in ensuring safe pharmacy practices for the public. They have distinct and extensive responsibilities under the PODSA and the College's related Bylaws.

Engaging with the Public and Registrants

The College received 360 responses from members of the public, registrants and other health professionals from all over British Columbia on topics including:

- Consistent use of pharmacy name
- Day to day management of a pharmacy
- Depot shipments of medications
- Drug delivery and storage (including offsite storage)
- Emergency and disaster preparedness
- Ensuring access to new drug and device information
- Operation without a pharmacist
- Public identification of registrants
- Pharmacy manager's absence from the pharmacy
- Reporting changes in registrant staffing

ReadLinks Guest Post

The College also commissioned 17 Guest Posts in 2018/19 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: Research Participation Opportunity for Clinically Active Community Pharmacists](#)
- [Guest Post: UBC CPPD Pharmacy Update 2019 Conference](#)
- [Guest Post: Cannabis - An Overview for Pharmacists from the BC Drug and Poison Information Centre](#)
- [Guest Post: Research Funding Opportunity for Clinically Active BC Pharmacists](#)
- [Guest Post: Feedback Invited - UBC's Graduate Certificate in Primary Health Care](#)
- [Guest Post: Ciprofloxacin - Clozapine Interaction](#)
- [Guest Post: What Went Right - My Experience on the College Board](#)

[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 practising in BC to be reviewed on a cyclical basis.

Practice Review Program Statistics 2018/2019

Community Pharmacy Practice

- 287 Pharmacy Reviews
- 796 Pharmacy Professionals Reviews
- 738 Pharmacists
- 58 Pharmacy Technicians

Hospital Pharmacy Practice

- 21 Pharmacy Reviews
- 439 Pharmacy Professionals Reviews
- 118 Pharmacists
- 311 Pharmacy Technicians

Practice Review Program Data

Throughout the practice review process, areas of non-compliance are identified, documented, and resolved. For program evaluation, development, and education purposes, the 5 most frequent non-compliance categories for each area are reviewed and identified.

Focusing on the most frequent areas of non-compliance, in addition to the in-person specific education provided throughout the review, the PRP is able to specifically target education materials and other program development initiatives.

Ensuring Professional Excellence

Based on data collected during reviews, the following top areas of non-compliance were identified:

Top areas of non-compliance in Community Pharmacy:

- Security
- Equipment and References
- Prescriptions
- Inventory Management
- Pharmacy Manager Responsibilities

Top areas of non-compliance in Hospital Pharmacy:

- Sterile Compounding
- Inventory Management – Nursing Unit
- Pharmacy Manager's Responsibilities
- Ambulatory Services
- Equipment and References

Top areas of non-compliance in Pharmacist reviews:

Community Practice

- Counselling
- Documentation

Hospital Practice

- Patient Identification Verification
- Counselling

Top areas of non-compliance in Pharmacy Technician reviews:

Community Practice

- Collaboration
- Documentation

Hospital Practice

- Patient Identification Verification
- Documentation

As a result of the collaborative nature of the Practice Review Program, with one-on-one follow up between COs and registrants after reviews, all action items identified were resolved, and there were no referrals to the Inquiry Committee in the 2018-2019 fiscal years.

Ensuring Professional Excellence

Practice Review Program: Registrant Feedback Survey

Since the inception of the Practice Review Program, the College's Practice Review Department distributed voluntary, anonymous, online surveys to registrants after their reviews had been conducted and action items completed. The intent of these surveys was to provide a general perception of the performance of the Practice Review Program in various areas.

The survey was completed by 31% of community pharmacy registrants and 25% of hospital pharmacy registrants.

Findings: Community Practice

Overall feedback results for PRP were very positive as seen in overall rating scores for each section

Registrants MOST Satisfied with:

- Pharmacy Technician Review (100.00% - Agreement Rating)
- Compliance Officers (98.48% - Agreement Rating)
- PRP Tools – Pharmacy Technicians (96.92% - Agreement Rating)

Registrants LEAST Satisfied with:

- Action Item Portal (82.58% - Agreement Rating)
- Pre-Review (82.65% - Agreement Rating)
- Pharmacy Review Scheduling (87.76% - Agreement Rating)

Most Impactful Areas of Pharmacy Review to Practice:

- Documentation
- Prescriptions
- Security
- Pharmacy Manager Responsibilities

Findings: Hospital Practice

Overall feedback results for PRP were very positive as seen in overall rating scores for each section

Registrants MOST Satisfied with:

- PRP Tools – Pharmacy Review (100.00% - Agreement Rating)
- Hospital Pharmacy Review (100.00% - Agreement Rating)
- Compliance Officers (98.33% - Agreement Rating)

Ensuring Professional Excellence

Registrants LEAST Satisfied with:

- Pre-Review (80.00% - Agreement Rating)
- Hospital Pharmacy Technicians – PRP Tools (90.06% - Agreement Rating)
- Hospital Pharmacist Review Results (92.16% - Agreement Rating)

Most Impactful Areas of Pharmacy Review to Practice:

- Inventory Management – Nursing Units
- Security
- Narcotics and Controlled Drug Substances
- Patient Records and Documentation

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

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.

Registered pharmacy professionals 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.

PDAP Mobile

The College's Professional Development and Assessment Program (PDAP) Portal is now available through an easy to use mobile app.

Ensuring Professional Excellence

PDAP Mobile is a mobile app that allows pharmacists and pharmacy technicians to easily enter, edit and submit their required continuing education learning records through their mobile phone or device.

Pharmacists and pharmacist technicians can now submit their continuing education learning records through the PDAP-Portal within the College's secure eServices website or through the new PDAP Mobile app.

At a professional development conference or course? This app makes it easy to document your learning in real time.

PDAP Mobile is compatible with both Apple and Android devices.

Search "PDAP Mobile" in the Apple App Store or Google App Market to download the app.

Learn more at bcpharmacists.org/pdapmobile

Ensuring Professional Excellence

Practice Review Committee

Mandate

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

Membership

Tracey Hagkull (Chair)
Michael Ortynsky (Vice-Chair)
Ashifa Keshavji (staff resource)
Marilyn Chadwick
Patrick Chai
Kate Cockerill
Aleisha Enemark
Kris Gustavson
Yonette Harrod
Joanne Konnert
Fady Moussa
Alison Rhodes
Number of Meetings: 5

Accomplishments of the Year

- Presented the 2017-18 Fiscal Year Review Data and Registrant Feedback Survey to the Board
- Met yearly review targets
- Prepared 5 PRP Insights Articles in ReadLinks
- Developed and implemented the following additional review criteria
 - Residential Care
 - Ownership Requirements
 - Opioid Agonist Treatment
 - Electronic Records
- Approved Registrant Feedback Survey for the 2019-20 Fiscal Year

Goals for Next Fiscal Year

- Present the 2018-19 Fiscal Year Review Data and Registrant Feedback Survey to the Board
- Establish new yearly review targets

- Prepare 5 PRP Insights Articles in ReadLinks
- Develop and implement the following additional review criteria
 - Telepharmacy
 - Injectable Opioid Agonist Treatment
- Approve Registrant Feedback Survey for the 2020-21 Fiscal Year
- Update program policies

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

Sukhvir Gidda

Tracey Hagkull

Rebecca Siah

Man Fung

Allen Wu

Number of Meetings: 3

Accomplishments of the Year

- Launched the PDAP Mobile application
- CE Audits
 - Developed structure, process, criteria and tools
 - Initiated CE Audits
- Reviewed and provided feedback on program policies
- Reviewed and provided feedback on registrant feedback survey

Goals for Next Fiscal Year

- Conduct CE Audits; review and monitor results
- Update program policies
- Update registrant feedback survey
- Determine if a registrant learning needs survey is required based on Board direction

Registering Pharmacy Professionals and Licensing Pharmacies

Registering Pharmacists and Pharmacy Technicians

All pharmacists and pharmacy technicians in British Columbia must register with the College in order to practice 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 of a registrant's status publicly available on the College website according to the Public Notification Framework pursuant to section 39.3 of the Health Professions Act.

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 made pursuant to these Acts.

Both Community and Hospital Pharmacy Licences are valid for 12 months and must be renewed annually.

New Pharmacy Ownership Requirements

The College's amendments to the PODSA Bylaws, which incorporate the [new pharmacy ownership requirements approved by the Provincial Government in 2016](#), were in effect on April 1, 2018.

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

2018/2019 Licensure Statistics

Licensed Pharmacies	2018/19	2017/18	2016/17
Community			
Beginning of year	1353	1312	1256
Add: Opening	32	59	68
Add: Change of category	-	-	-
Add: Reinstatement	1	-	-
Less: Suspended	-	-	-
Less: Cancelled	-1	-	-
Less: Closings	-26	-16	-12
Less: Change of category	-1	-4	-
Fiscal year end*	1358	1351	1312
Fiscal year end (based on report H0035)		1354	
Hospital			
Beginning of year	71	69	69
Add: Opening	1	2	1
Add: Change of category	-	2	-
Less: Closings	-	-1	-
Less: Change of category	-	-1	-1
Fiscal year end	72	71	69
Education			
Beginning of year	4	6	6
Add: Opening	-	-	-
Less: Closings	-	-2	-
Less: Change of category	-	-	-
Fiscal year end	4	4	6

Registration and Licensure

2018/2019 Licensure Statistics

Licensed Pharmacies	2018/19	2017/18	2016/17
Satellite			
Beginning of year	9	4	3
Add: Opening	1	2	-
Add: Change of category	-	4	1
Less: Closings	-1	-	-
Less: Change of category	-	-1	-
Fiscal year end	9	9	4
Telepharmacy			
Beginning of year	12	12	12
Add: Opening	-	-	-
Add: Change of category	1	4	-
Less: Closings	-	-	-
Less: Change of category	-	-4	-
Fiscal year end*	13	12	12

Registration and Licensure

2018/2019 Registration Statistics

Pharmacist Pre-Registration	2018/19	2017/18	2016/17
Category (# of new applicants)			
Canadian Free Trade Agreement (CFTA)	131	130	150
New Grad/Non-AIT	24	19	19
IPG/USA	76	70	73
Reinstatement**	36	29	34
CFTA-Reinstatement	21	18	14
Fiscal year end total (# of new applicants)	288	266	290

Registration and Licensure

2018/2019 Registration Statistics

Full Pharmacists Registration	2018/19	2017/18	2016/17
Beginning of Year	6079	5853	5803
Add: New registrants	392	392	426
Add: Reinstate	36	29	26
Add: Transfer from Suspended	9	5	7
Less: Transfer to Former (voluntary or >90 days late)	-216	-232	-381
Less: Transfer to Non-Practising	-15	-7	-14
Less: Deceased	-4	-6	-2
Less: Suspended (by Complaints and Investigations)	-12	-6	-12
Less: Cancelled (by Complaints and Investigations)	-	-	-
Fiscal year end total*	6269	6028	5853
Fiscal year end (based on report H0035)		6079	
Non-Practising Pharmacists Registration	2018/19	2017/18	2016/17
Beginning of Year	49	63	56
Add: Transfer from Full	15	7	14
Less: Reinstate to Full Pharmacist	-3	-2	-1
Less: Transfer to Former (voluntary or >90 days late)	-12	-15	-6
Less: Deceased	-	-1	-
Less: Suspended (by Complaints and Investigations)	-	-	-
Less: Cancelled (by Complaints and Investigations)	-	-	-
Fiscal year end total*	49	52	63
Fiscal year end (based on report H0035)		48	

Registration and Licensure

2018/2019 Registration Statistics

Limited Pharmacists Registration	2018/19	2017/18	2016/17
Beginning of Year	1	–	–
Add: New applicants	6	1	–
Less: Registered as Full Pharmacist	-4	–	–
Fiscal year end total	3	1	–

UBC Student Pharmacists Registration	2018/19	2017/18	2016/17
Year 1	221	221	232
Year 2	212	222	206
Year 3	219	208	224
Year 4	203	232	210
Fiscal year end total	855	883	872

Student (Non-UBC) Pharmacists Registration	2018/19	2017/18	2016/17
Fiscal year end total	13	11	12

AUTHORIZED FOR ADMINISTRATION BY INJECTION & INTRANASAL ROUTE	2018/19	2017/18	2016/17
Pharmacists	4109	3988	3785
UBC Students (4 th year)	306	185	167
Fiscal year end total	4415	4173	3952

Registration and Licensure

2018/2019 Registration Statistics

Pharmacy Technician Pre-Registration	2018/19	2017/18	2016/17
Category (# of new applicants)			
Canadian Free Trade Agreement (CFTA)	17	23	18
New Grad	113	115	131
Reinstatement	11	10	8
CFTA-Reinstatement	1	1	1
Fiscal year end total (# of new applicants)	142	138	158

Pharmacy Technician Registration	2018/19	2017/18	2016/17
Beginning of Year	1510	1416	1331
Add: New registrants	94	123	118
Add: Reinstate	14	9	3
Add: Transfer from Suspended	–	–	–
Less: Transfer to Former (voluntary or >90 days late)	-34	-42	-28
Less: Transfer to Non-Practising	-6	-3	-6
Less: Deceased	–	-1	-1
Less: Suspended (by Complaints and Investigations)	-2	–	-1
Less: Cancelled (by Complaints and Investigations)	–	–	–
Fiscal year end total	1576	1502	1416
Fiscal year end (based on report H0035)		1510	

Registration and Licensure

2018/2019 Registration Statistics

Non-Practising Pharmacy Technician Registration	2018/19	2017/18	2016/17
Beginning of Year	5	8	4
Add: Transfer from Full	6	-	6
Add: Reinstate	-	1	-
Less: Reinstate to Pharmacy Technician	-1	-2	-
Less: Transfer to Former (voluntary or >90 days late)	-3	-2	-2
Less: Deceased	-	-	-
Less: Suspended (by Complaints and Investigations)	-	-	-
Less: Cancelled (by Complaints and Investigations)	-	-	-
Fiscal year end total	7	5	8

*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

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

Christine Antler (Chair)

John Beever (Vice-Chair)

Doreen Leong (staff resource)

Neil Braun

George Budd

Dianne Cunningham

Derek Lee

Robert Lewis

Kevin Ly

Terry Park

Surbhi Singh

Justin Thind

Sorell Wellon

Mark Zhou

Number of Meetings

Number of In-Person Meetings: 2 (training)

Number of Teleconferences: 13

Accomplishments of the Year

- Developed key policies and processes for the Application Committee (AC) meetings
- Drafted communication materials for new licensure processes – Pharmacy Licensure Guide, on-line tutorials, ReadLinks articles, webpages and correspondence
- Streamlined Criminal Record History process
- Pharmacy applications referred to the AC:
 - 18 pharmacy files related to eligibility criteria

- 123 pharmacy files were incomplete/late
- Drafted AC Handbook for orientating/training new and existing AC members

Goals for Next Fiscal Year

- Annual review of all policies
- Annual review and revision of all communication materials for post-transition phase
- Review and revise FAQs on College website
- Conduct second in-person training workshop

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

Wilson Tsui (Chair)
Bing Wang (Vice-Chair)
Doreen Leong (staff resource)
Rashmi Chadha
Jagpaul Deol
Jenny Misar
John Capelli
Julia Zhu
Number of Meetings: 2

Accomplishments of the Year

- Developed a discussion paper on Pharmacists and Injection Authority: Current state, trends and considerations for the College Drug Administration Committee.
- Developed a Policy Issue Paper on Pharmacists and Injection Authority: Cross-Jurisdictional Review of Canadian Pharmacy Regulatory Authorities and Considerations for the College's Drug Administration Committee.
- Presented to the Board at the February 2019 meeting, recommendations to remove the restrictions on drug administration by injection and intranasal route.

Goals for Next Fiscal Year

- Remove the restrictions on drug administration by injection and intranasal route.
- Draft revised Standards, Limits and Conditions related to drug administration by injection and intranasal route for approval at September 2019 Board meeting for public posting.

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)
Tony Seet (Vice-Chair)
Doreen Leong (staff resource)
Angel Cao
Melanie Johnson
Brian Kim
Kent Ling
Ali Ladak
Asal Taheri
David Wang
Number of Meetings: 3

Accomplishments of the Year

- Reviewed and approved key policies, processes, exam results and item statistical data reviewed.
- Develop project plan and timelines for reviewing Jurisprudence Exam blueprint, item writing, item review and standards setting.

Goals for Next Fiscal Year

- Annual review of all Jurisprudence Exam policies and Jurisprudence Exam Information Guide.
- Implement project plan for revised Jurisprudence Exam forms.
- Source out new item bank and scanner

Registration and Licensure

Registration Committee

Mandate

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

Membership

Maen Obeidat (Chair, effective November 24, 2018)
Dana Elliot (Vice-Chair)
Doreen Leong (staff resource)
Sukjiven Gill
Avena Guppy
Tracey Hagkull (from November 23, 2018 - February 15, 2019)
Michelle Ho Chung
Derek Lee
Vanessa Lee
Charles Park
Mikolaj Piekarski
Katie Skelton
Lorraine Unruh
Number of Meetings
Number of In-Person Meetings: 2
Number of Teleconferences: 3

Accomplishments of the Year

- Reviewed and approved key policies, processes and exam results
- Updated all webpages and content for pre-registration and registration categories
- Launched online tracking for phone queries to update web content
- Developed tracking system for types of application files referred to the Registration Committee and the decisions made
- Applications reviewed whereby applicant had issues related to the statutory declaration:
 - Pharmacist Reinstatement Application, less than 6 years in Non-practising or former pharmacist register (N=2)

- Pharmacist Pre-registration – Canadian Free Trade Agreement application (N=5)
- UBC Pharmacy Student Pre-registration Application (N=2)
- Other application reviewed:
 - Pharmacist Jurisprudence Exam – Exam accommodation (N=1)
 - Pharmacist Pre-Registration Application – International Pharmacy Graduate – Extension of validity period of the Structured Practical Training (N=1)

Goals for Next Fiscal Year

- Annual review of all registration policies
- Review and recommend bylaw changes related to pre-registration and registration requirements, and number of assessment attempts
- Launch online pre-registration process for all other registration categories
- Review and revise FAQs on College website

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 1-877-330-0967.

Learn more about the complaints process at bcpharmacists.org/complaints.

Notable Cases

Undercover Investigations

In response to the concerns received from the Ministry of Health, members of the public, registrants, and other health care professionals regarding the dispensing of [Methadone Maintenance Therapy](#) (MMT) from pharmacies, in June 2015 the College Board approved a four-year MMT action plan ([Methadone Maintenance Treatment: Enforcing Standards](#)) to address the concerns raised and to take action with respect to alleged non-compliance with legislative requirements and practice standards.

One of the goals in the four-year MMT action plan was for the College, in collaboration with the Ministry of Health, to develop, plan, and implement a minimum of six new undercover investigations, given the significant findings yielded in undercover investigations conducted between 2010 and 2012. The undercover investigations were to occur over the four-year period of the action plan and would focus on the identification of non-compliance with legislative requirements, practice standards, and ethical standards. Based on the findings of the investigations, the College would take appropriate action, including, if justified, referral to the Inquiry Committee.

Complaints and Investigations

Between 2015 and 2017, after consulting with the Ministry of Health and reviewing concerns received, the College retained an investigations company to conduct undercover investigations for nine pharmacies.

The undercover investigators were all provided with patient pseudonyms to use while undercover. These pseudonyms were used to investigate more than one pharmacy. Therefore, the need to protect the identity of the undercover investigators and to not jeopardize the validity of the undercover investigations made it necessary to delay the presenting of all undercover investigation results to the Inquiry Committee until all investigations were complete.

Between March 2018 and November 2018, the Inquiry Committee and College inspectors spent considerable time reviewing the results of the nine undercover investigations. Registrants at six of the nine pharmacies were observed to have significantly contravened legislative practice requirements. The Inquiry Committee is currently in the process of resolving the dispositions with the registrants at these six pharmacies.

Inappropriate Use and Access of Personal Information

Between January 1, 2014 and November 5, 2017, over 15,000 transactions for over-the-counter (“OTC”) and/or vitamin products were processed on a daily or weekly basis on the PharmaNet records of seven individuals. These seven individuals were not prescribed and had not received any of the OTC and/or vitamin products processed on their PharmaNet records, and had not willingly consented to having these transactions on their PharmaNet records.

These transactions all originated from the same pharmacy.

The pharmacy manager at the time had directed pharmacy assistants to process these transactions on PharmaNet weekly in order to artificially inflate the pharmacy’s prescription count. The pharmacy assistants used the registration numbers of various pharmacist registrants as the dispensing pharmacist and/or prescriber for each transaction, without the consent and knowledge of the majority of these pharmacist registrants.

There were four registrants who were aware of these actions and should have known that the processing of the transactions were an improper use and access of personal information. However, at no time did these registrants make a report to the College about them. The Inquiry Committee was concerned that these registrants did not take personal accountability and “turned a blind eye” to the improper practices for which they were aware, enabling the improper practices to continue for over three years. While these registrants did not stand to gain financially from what occurred, it was their professional responsibility, to the public as well as the profession, to ensure that practice and ethical standards were being met at all times while on duty. As a member of a professional body, registrants are responsible not only for their own actions, but are accountable for others in the workplace when they know, or ought to know, that inappropriate practices were occurring and

Complaints and Investigations

ongoing. These registrants' actions, or lack thereof, were contraventions of legislation involving protection of personal information and supervision of pharmacy assistants. They also contravened standards of the Code of Ethics involving protecting and promoting the well-being of patients, benefitting society, and committing to personal and professional integrity.

All four registrants entered into Consent Agreements with the Inquiry Committee. All of these registrants consented to reprimands, taking an ethics course, re-taking the Jurisprudence Exam, and successfully completing the BC Community Pharmacy Manager Training Program. Two registrants also consented to 60-day suspensions.

The Inquiry Committee considered the terms of these Consent Agreement necessary to protect the public, as well as send a clear message of deterrence to the profession. Inappropriate access of personal health information, without consent, compromises the public's trust in the pharmacy profession as a whole. At all times, registrants must uphold legislative requirements and ethical obligations to protect personal health information.

The Inquiry Committee is currently in the process of resolving the disposition of this matter with the pharmacy manager, and therefore cannot provide a report on the pharmacy manager's disposition at this time.

Falsified Prescriptions

Case 1:

Between April 2013 and December 2017, a Registrant falsified prescriptions for 18 individuals, including himself. These falsified prescriptions resulted in 208 transactions processed on PharmaNet, all which were for medications that required an authorized prescription. The majority of medications involved were controlled medications.

The Registrant used the names and forged the signatures of eight different physicians as prescribers on these prescriptions, all without the knowledge, consent, and/or authorization of these physicians. In addition to billing PharmaCare for these transactions, the Registrant also billed third party insurance plans for payment of the transactions, which he knew to be false or misleading claims.

The Registrant entered into a Consent Agreement with the College's Inquiry Committee, wherein the Registrant consented to suspend his registration as a pharmacist for a total of 180 days, not be a pharmacy manager and/or director of a pharmacy, and a preceptor for pharmacy students for period of five years from the date that his suspension ends, successfully complete and pass an ethics course for healthcare professionals, pay a fine, appear before the Inquiry Committee for a verbal reprimand, and write letters of apology to persons affected by his conduct.

Complaints and Investigations

The Inquiry Committee considered that in this case, in addition to the serious misconduct, the Registrant placed himself and others at significant risk of harm when he provided unauthorized medications for personal use, inappropriately used personal information, and created inaccurate PharmaNet records. His actions were a serious contravention of standards in the Code of Ethics, and compromised the public's trust in the pharmacy profession as a whole.

The Inquiry Committee therefore determined that the Registrant required serious remediation and deterrence regarding his conduct. After also considering mitigating factors, the Inquiry Committee considered the terms of the Consent Agreement appropriate to protect the public, as well as send a clear message of deterrence to the profession.

Case 2:

Between March 6, 2016 and January 18, 2017, while engaged in the practice of pharmacy as a pharmacist and pharmacy manager, a Registrant processed 526 false prescription claims to his insurance provider for reimbursement. The Registrant acknowledged that by processing false prescriptions, he also falsified pharmacy drug and inventory records.

The Registrant also acknowledged that while he was pharmacy manager, he was responsible for multiple practice deficiencies including processing prescriptions for his family members to artificially increase the pharmacy's prescription count, engaging in a conflict of interest, and backdating prescriptions (meaning that dispensing records for these prescriptions were created on dates later than the dates on which the drugs in question were actually dispensed).

The Registrant entered into a Consent Agreement with the College's Inquiry Committee, wherein the Registrant consented to suspend his registration as a pharmacist for a total of 365 days, meet with the Inquiry Committee to discuss his reflections on his conduct and what he has learned; and complete an ethics course at his own expense. The Registrant will also be limited from being a manager, direct owner and/or indirect owner of a pharmacy for a period of three years from the date his suspension ends.

The Inquiry Committee considers this agreement necessary to protect the public, as well as send a clear message to the profession that the College does not tolerate this type of conduct.

Data Transmission to PharmaNet

Between January 1, 2013 and May 19, 2015, while the Registrant was a director and pharmacist at two different pharmacies and pharmacy manager of one of these pharmacies, many prescriptions at both pharmacies were backdated, meaning that dispensing records for these prescriptions were created on dates later than the dates on which the drugs in question were actually dispensed, contrary to section 35(1) of the Bylaws to the *Pharmacy Operations and Drug Scheduling Act*. Section 35(1) states that:

Complaints and Investigations

A registrant must enter the prescription information and transmit it to PharmaNet at the time of dispensing and keep the PharmaNet patient record current.

The Registrant also acknowledged that during the time period he was pharmacy manager at one pharmacy, many claims were billed on PharmaNet for patients who according to the provincial

Discharge Abstract Databased had been admitted to hospital at time of claim, suggesting that these patients may not have received the supplies claimed.

The Inquiry Committee was concerned that the Registrant had previously consented to remedial undertakings to fully comply with legislated practice standards, and he had not done so for this current matter. The Inquiry Committee therefore considered this constituted a “serious matter” pursuant to section 26 of the *Health Professions Act*, and that the Registrant required serious remediation and deterrence in order to come into compliance.

The Registrant entered into a Consent Agreement with the College’s Inquiry Committee to suspend his registration as a pharmacist for 90 days, not be a pharmacy manager and preceptor for a period of two years from the date that his suspension ends, to pay a fine, successfully pass the College’s Jurisprudence Exam, appear before the Inquiry Committee for a verbal reprimand, and a Letter of Reprimand on his registration record.

The Inquiry Committee considered the terms of the Consent Agreement appropriate to protect the public, as well as send a clear message of deterrence to the profession.

Complaints and Investigations

Complaints and Investigations Statistics

March 1, 2018 and February 28, 2019

Number of calls/tips received	794
Number of Health Professions Act section 33 complaints received	128
• Number of registrants involved	227
Number of in-person meetings	7
Number of teleconferences	50
Number of files disposed/reviewed	218
• Number of new files disposed	104
• Number of reconsiderations*	63
• Number of Pharmacy Operations and Drug Scheduling Act section 18 reports	51
Number of files referred to Discipline Committee	5
Number of files referred to Discipline Committee	0
Categories	
Medication related	61
Professional misconduct	39
Competency and practice issues	37
Fitness of Practice	15
Other	13
Methadone	11
Medication review	6
Unauthorized practice	6
Privacy / Confidential	3
Unlawful activity	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

Derek Lee (Chair)

Heather Baxter (Vice-Chair)

David Pavan (staff resource)

Rapinder Chahal

Wayne Chen

Jody Croft

Dianne Cunningham

Baldeep Dhillon

Anneke Driessen

Nerys Hughes

Edwin Kry

Howard Kushner

Peter Lam

Derek Lee

Dominique Marcotte

Leza Muir

Anne Peterson

Annette Robinson

Omar Saad

Sophie Sanfacon

Gurinder Saran

Paulo Tchen

Jeremy Walden

Carol Williams

Amparo Yen

Number of Meetings

Number of Hearing Days/Teleconference: 0

Number of files in progress: 1
Number of Discipline files heard in court: 0
Number of pending files: 4
Number of files completed: 3

Summary

Isodoro Andres “Rudy” Sanchez / Marigold Compounding and Natural Pharmacy and Marigold Natural Pharmacy Ltd.

On June 1, 2018, a Panel of the Discipline Committee, pursuant to sections 39(1)(a) and 39(1)(c) of the *Health Professions Act*, found that registrant Isodoro Andres “Rudy” Sanchez engaged in unprofessional conduct and failed to comply with the *Health Professions Act*, its regulations and bylaws and the *Pharmacy Operations and Drug Scheduling Act* and its bylaws.

Pursuant to section 39(2) of the *Health Professions Act*, the Panel issued an order to immediately cancel the Mr. Sanchez’s registration and for the Registrant to pay costs in the amount of \$115,000.00. He will only be eligible to apply for reinstatement of registration six years following the Panel’s order and after having paid costs in full. If his registration is reinstated, he will not be eligible to apply for a pharmacy license or act as a pharmacy manager or director for a period of five years following reinstatement.

William Byron Sam

The Inquiry Committee directed the Registrar of the College to issue a citation against registrant William Byron Sam in 2016. Mr. Sam is the manager and director of Garlane Pharmacy #2 where he failed to cooperate with the College in its operation of Quality Assurance Program and in its investigation pursuant of Part 3 of the *Health Professions Act*.

Hearings were held on the following dates:

- May 19, 2017
- August 22, 2017
- March 1, 2018

A decision is pending.

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)

John Hope (Vice-Chair)

David Pavan (staff resource)

Carla Ambrosini

Joy Bhimji

Janice Butler

Meribeth Deen

Sukhvir Gidda

Michelle Harrison

Helen Jennens

Debbie Johannesen

Mona Kwong

Fatima Ladha

James Mercer

Janie Munroe

Alison Rhodes

Alana Ridgeley

Kristoffer Scott

Kelsey Scyner

Susan Troesch

Cynthia Widder

Joyce Wong

Marco Yeung

Justin Thind

Ann Wicks

Number of Meetings

Number of In-Person Meetings: 7

Number of Teleconferences: 50

Complaints and Investigations

Accomplishments of the Year

Notable Complain Outcomes

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)

Ashifa Keshavji (staff resource)

Thao Do

Dana Elliott

Mohinder Jaswal

Aaron Sihota

Cindy Zhang

Number of Meetings: 0

Accomplishments of the Year

- Attended engagement sessions and/or provided subject matter expertise on the development of standards of practice relevant to the following projects:
 - Pharmacists Prescribing
 - Electronic Record Keeping
 - Opioid Agonist Treatment

Goal for Next Fiscal Year

- Continue to work with committee Chairs/Vice Chairs to identify agenda items relevant to current community pharmacy issues
 - For review/discussion and recommendation to the Board as needed
- Continue to review professional practice policies and other standards of practice
- Continue to support the Practice Review Committee on the maintenance of the Practice Review Program

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

Bal Dhillon (Chair, effective November 23, 2018)

Sorrell Wellon (Chair, until November 23, 2018)

Cristina Alarcon (Vice-Chair, until April 30, 2018)

David Pavan (staff resource)

Shivinder Badyal

Alison Dempsey

Patricia Gerber

Jamie Graham

Tara Lecavalier

Vanessa Lee

Robson Liu

Alan Low

Robyn Miyata (until April 30, 2018)

Jing-Yi Ng

Audra Spielman

Number of Meetings: 3

Accomplishments of the Year

- Registrant – Patient Relations Program was presented and approved by the Board on September 14, 2018.

Goals for Next Fiscal Year

- Advise the Board on issues relating to ethics and Patient Relations.
- Review terms of reference as needed.
- Conduct scheduled meetings as needed.

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, ended November 23, 2018)

Anca Cvacl (Chair, effective November 23, 2018)

Ashifa Keshavji (staff resource)

Elissa Aeng

Rapinder Chahal

Karen Dahri

Jennifer Dunkin

Ashley Fairfield

Karen LaPointe

Aita Munroe

Fruzsina Pataky

Kristoffer Scott

Number of Meetings: 1

Accomplishments of the Year

- Responded to the Practice Review Committee's request to review PPP 65 Narcotic Counts and reconciliation, for recommendation on application in hospital practice
- Attended engagement sessions and/or provided subject matter expertise on the development of standards of practice relevant to the following projects:
 - Pharmacists Prescribing
 - Electronic Record Keeping

Goal for Next Fiscal Year

- Continue to work with committee Chair to identify agenda items relevant to current hospital pharmacy issues
 - For review/discussion and recommendation to the Board as needed
- Continue to review professional practice policies and other standards of practice
- Continue to support the Practice Review Committee on the maintenance of the Practice Review Program

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

James Davis

Aaron Tejani

Lanai Vek

Ivana Vojvodic

Number of Meetings: 0

Accomplishments of the Year

- Attended engagement sessions and/or provided subject matter expertise on the development of standards of practice relevant to the following projects:
 - Pharmacists Prescribing
 - Electronic Record Keeping

Goals for Next Fiscal Year

- Continue to work with committee Chair to identify agenda items relevant to current residential care pharmacy issues for review/discussion and recommendation to the Board as needed
- Continue to review professional practice policies and other standards of practice
- Continue to support the Practice Review Committee on the maintenance of the Practice Review Program

Financials

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

Financials

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

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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**

Opinion

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

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

Basis for Opinion

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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

BDO Canada LLP, a Canadian limited liability partnership, is a member of BDO International Limited, a UK company limited by 2 guarantee, and forms part of the International BDO network of independent member firms.

Financials



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

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

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

BDO Canada LLP

Chartered Professional Accountants

Vancouver, British Columbia

June 14, 2019

Financials

College of Pharmacists of British Columbia Statement of Financial Position

February 28	2019	2018
Assets		
Current		
Cash and cash equivalents	\$ 1,146,034	\$ 1,352,336
Short-term investments (Note 2)	1,261,710	620,105
Accounts receivable (Note 3)	68,771	83,832
Prepaid expenses and deposits	272,252	143,266
	<u>2,748,767</u>	<u>2,199,539</u>
Interest in College Place Joint Venture (Note 4)	1,540,834	1,583,191
Long-term investments (Note 2)	4,514,125	5,030,142
Development costs (Note 5)	342,090	484,343
Tangible capital assets (Note 6)	575,748	624,274
	<u>\$ 9,721,564</u>	<u>\$ 9,921,489</u>
Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities (Note 7)	\$ 573,213	\$ 601,861
Current portion of capital lease obligations (Note 8)	9,120	26,548
Deferred revenue (Note 9)	5,138,250	4,407,800
Deferred contributions (Note 10)	70,474	170,711
	<u>5,791,057</u>	<u>5,206,920</u>
Capital lease obligations (Note 8)	42,706	-
	<u>5,833,763</u>	<u>5,206,920</u>
Net Assets		
Unrestricted net assets	1,305,869	1,073,164
Restricted Fund	2,000,000	-
Invested in tangible capital assets	523,922	597,726
College Place Joint Venture (CPJV) replacement reserve	58,010	43,679
Capital asset reserve	-	250,000
Legal reserve	-	500,000
Joint venture reserve	-	500,000
Automation reserve	-	500,000
Grants reserve	-	250,000
Operating reserve	-	1,000,000
	<u>3,887,801</u>	<u>4,714,569</u>
	<u>\$ 9,721,564</u>	<u>\$ 9,921,489</u>

On behalf of the Board:

Director

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

Financials

College of Pharmacists of British Columbia		
Statement of Operations		
For the year ended February 28	2019	2018
Revenues		
Pharmacy fees	\$ 3,294,034	\$ 2,563,578
Pharmacist fees	4,314,976	3,612,656
Technician fees	783,134	626,632
Other	182,444	771,072
College Place Joint Venture income (Note 4)	108,052	99,992
Grants (Note 10)	100,237	71,487
Investment income	134,694	134,901
Total revenues	8,917,571	7,880,318
Expenses		
Board and Registrar's office	492,628	490,844
Communications and engagement	100,727	80,968
Complaints and investigations	383,474	243,570
Finance and administration	1,692,070	1,698,832
Grant distribution	134,395	144,700
Policy and legislation	54,370	124,447
Practice reviews	148,421	134,030
Quality assurance	50,218	49,760
Registration and licensure	312,739	307,871
Salaries and benefits	6,035,724	5,304,214
Amortization	352,460	359,894
Total expenses	9,757,226	8,939,130
Other expenses		
Loss on disposition of tangible capital assets	1,444	-
Deficiency of revenues over expenses	\$ (841,099)	\$ (1,058,812)

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, 2019

	Invested in Tangible Capital Assets	CP/P Replacement Reserve	Capital Asset Reserve	Legal Reserve	Joint Venture Reserve	Automation Reserve	Grants Reserve	Operating Reserve	Unrestricted	Restricted Fund	2019 Total	2018 Total
Balance, beginning of year	\$97,726	\$43,679	\$259,000	\$500,000	\$500,000	\$500,000	\$290,000	\$1,900,000	\$1,873,164	-	\$4,714,569	\$5,729,792
Deficiency of revenue over expenses	(209,565)	-	-	-	-	-	-	-	(631,536)	-	(841,099)	(1,058,812)
Investment in tangible capital assets	167,748	-	-	-	-	-	-	-	(167,748)	-	-	-
Share of CP/P replacement reserve	-	\$4,321	-	-	-	-	-	-	-	-	\$4,321	43,679
Repayment of capital lease principal	28,013	-	-	-	-	-	-	-	(28,013)	-	-	-
Transfers	-	-	(250,000)	(500,000)	(500,000)	(500,000)	(250,000)	(8,000,000)	8,000,000	2,000,000	-	-
Balance, end of year	\$572,922	\$58,010	-	-	-	-	-	-	\$1,395,869	\$2,000,000	\$3,887,801	\$4,714,569

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

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Financials

College of Pharmacists of British Columbia		
Statement of Cash Flows		
For the year ended February 28	2019	2018
Cash provided by (used in)		
Operating activities		
Deficiency of revenues over expenses	\$ (841,099)	\$ (1,058,812)
Items not affecting cash		
Amortization of tangible capital assets	208,121	265,735
Amortization of development costs	144,339	94,159
Share of College Place Joint Venture Income	(108,052)	(99,992)
Loss on disposition of tangible capital assets	1,444	-
	<u>(595,247)</u>	<u>(798,910)</u>
Changes in non-cash working capital		
Accounts receivable	15,061	(174,973)
Prepaid expenses and deposits	(128,986)	(32,228)
Accounts payable and accrued liabilities	(28,648)	201,931
Deferred revenue	730,450	902,495
Deferred contributions	(100,237)	(10,237)
	<u>(107,607)</u>	<u>88,078</u>
Financing activity		
Capital lease repayments	<u>(28,013)</u>	<u>(29,787)</u>
Investing activities		
Purchase of tangible capital assets	(107,748)	(25,859)
Increase in development costs	(2,086)	(189,670)
(Increase) decrease in investments	(125,588)	367,660
Advances from College Place Joint Venture	164,740	123,838
	<u>(70,682)</u>	<u>275,969</u>
Increase (decrease) in cash and cash equivalents for the year	(206,302)	334,260
Cash and cash equivalents, beginning of year	1,352,336	1,018,076
Cash and cash equivalents, end of year	\$ 1,146,034	\$ 1,352,336

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

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Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 28, 2019

1. Summary of Significant Accounting Policies

a) Nature of Operations

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

b) Basis of Accounting

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

c) Use of Estimates

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

d) Revenue Recognition

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

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

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

e) Interest in College Place Joint Venture

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

Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 28, 2019

1. Significant Accounting Policies - Continued

f) Cash and Cash Equivalents

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

g) Development Costs

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

h) Tangible Capital Assets

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

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

i) Capital Leases

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

j) Net Assets Held in Reserves

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

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

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

Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 28, 2019

1. Summary of Significant Accounting Policies - Continued

j) Net assets Held in Reserves - Continued

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

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

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

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

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

k) Financial Instruments

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

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

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

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

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

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

l) Employee Future Benefits

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

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Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 28, 2019

2. Investments

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

3. Accounts Receivable

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

4. Interest in College Place Joint Venture

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

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

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

Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 28, 2019

4. Interest in College Place Joint Venture - Continued

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

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

5. Development Costs

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

6. Tangible Capital Assets

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

Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 28, 2019

7. Accounts Payable and Accrued Liabilities

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

8. Capital Lease Obligation

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

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.

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

Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 28, 2019

11. Municipal Pension Plan

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

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

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

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

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

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12. Financial Instruments

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

Interest Rate Risk

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

Credit Risk

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

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

Liquidity Risk

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

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13. Commitments

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

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