

College of Pharmacists
of British Columbia

Annual Report 2019/2020

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.

2019/20 Annual Report

This Annual Report reflects on the College's work in protecting patient safety in the 2019/20 fiscal year. All statistical information, Board and committee member listings reported in this 2019/20 Annual Report are based on the fiscal year ending February 29, 2020.

Strategic Plan

The College has completed its 2017/18 – 2019/20 Strategic Plan which focuses on organizational excellence.

Four strategic goals have guided the College in continuing to achieve its mission while supporting the unique needs of the public and evolving pharmacy practice over the past 3 years.

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](#)

The College's Next Strategic Plan

At its September 2019 meeting, the College Board approved [four strategic goals and objectives](#) that will guide the College's 2020/2021 to 2024/2025 Strategic Plan.

The College's Strategic Plan 2020/2021 to 2024/2025 Goals and Objectives are as follows:

Goal	Objective
1. The public is given evidence-informed, patient-centred, team-based care.	To develop a plan to support the provision of evidence-informed, patient-centred, team-based care that includes cultural safety and humility.
2. To enable practice innovation through regulation that enhances the health a wellness of the public and ensure patient safety	To communicate what the public and health professionals can expect from pharmacy professionals.

Strategic Plan

Goal	Objective
3. To have the public and health professionals see pharmacy professionals as valuable resources who are acting first and foremost in the public interest.	To communicate what the public and health professionals can expect from pharmacy professionals.
4. To have strong, collaborative engagement with all healthcare providers to advance patient-centred, team-based care.	Enhance patient health and wellness through collaborative engagement with all healthcare providers.

Commitment to Improve 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.

As one of the most accessible healthcare providers, having BC's pharmacy professionals acknowledge racism in healthcare and pledge to work towards improving care for First Nations and Aboriginal Peoples is important in leading our provincial health system toward a more inclusive future.

Our Duty to Serve and Protect First Nations and Aboriginal Peoples in BC

Ensuring cultural safety and humility is included in the care First Nations and Aboriginal Peoples receive, is part of our duty to protect the public.

[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.

First Nations and Aboriginal Peoples should feel safe and respected when receiving care from registered pharmacy professionals. They should also feel welcomed and empowered to approach the College about any issues that may occur in their receipt of pharmacy care so that we can take appropriate action.

Our Duty to Serve and Protect First Nations and Aboriginal Peoples in BC

[The College has pledged to improve BC pharmacy professionals' work with First Nations and Aboriginal Peoples by signing the "Declaration of Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in BC".](#)

Signing the Declaration of Commitment reflects the high priority placed on advancing cultural safety and humility for First Nations people among regulated health professionals by committing to actions

Commitment to Improve Cultural Safety and Humility

and processes which will ultimately embed culturally safe practices within all levels of health professional regulation.

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

The Declaration consists of three main pillars:

Create a Climate for Change

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

Engage and Enable Stakeholders

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

Implement and Sustain Change

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

Understanding Cultural Humility, Safety and Systematic Racism

Cultural Safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Commitment to Improve Cultural Safety and Humility

Cultural Humility is a process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another's experience. Systemic Racism, also known as structural or institutional racism, is enacted through societal systems, structures and institutions in the form of "requirements, conditions, practices, policies or processes that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups" (Paradies et al., 2008).

Systemic racism is not only enacted proactively in efforts that create racialized inequality, but also in the failure by those in power (e.g. policymakers, funders) to redress such inequalities (Reading, 2013). It is commonly manifested in social exclusion and isolation that limits or prevents political and economic participation, or access to and participation in other social systems such as education and health (Reading, 2013).

(From First Nations Health Authority – #itstartswithme Creating a Climate for Change: Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in British Columbia)

Our Strategy for Acting on Our Commitment

The College developed a strategy to fulfill its pledge to improve BC pharmacy professionals' work with First Nations and Aboriginal Peoples and presented the strategy to the College Board in September 2017.

We recognize that making impactful change requires working together with the First Nations Health Authority, other health regulators, pharmacy associations, First Nations groups, and others to act on our plan and create a healthcare environment free of racism and discrimination, where individuals feel safe and respected.

The College would like to extend a great Huy chexw and Hay ce:p qa' (thank you in Skwx wú7mesh Sníchim of the skwxwú7mesh úxwumixw and in həñqəmiñəñ of xʷməθkʷəy̓əm and selíwítlh nations)* to the First Nations Health Authority for working with the College in taking steps towards improving cultural humility and safety for First Nations in BC.

We appreciate their leadership and wisdom in caring for First Nations and Aboriginal Peoples in BC. *Respectfully practicing the language of the skwx wú7mesh úxwumixw (Squamish), selíwítlh (Tseil-Waututh), and xʷməθkʷəy̓əm (Musqueam) nations, whose unceded and traditional territory the College of Pharmacists of BC is located

Commitment to Improve Cultural Safety and Humility

The strategy includes actions under three themes which are based on the First Nations Health Authority's Cultural Safety and Humility Key Drivers and Ideas for Change.

[\(Review the College's strategy to fulfill its pledge to improve BC pharmacy professionals' work with First Nations and Aboriginal People.\)](#)

Progress

In 2019, the College continued to make progress toward fulfilling its commitment to Cultural Safety and Humility.

Events and Campaigns

As part of our effort to engage with First Nations communities and promote cultural safety and humility concepts to BC's pharmacy professionals, the College has been involved in a number of events and initiatives over the past year, including:

First Nations Health Authority Mental Health and Wellness Summit 2019

In May 2019, the College was fortunate enough to be invited back to the second annual Mental Health and Wellness Summit hosted by the First Nations Health Authority!

The 2019 First Nations Primary Care and Mental Health and Wellness Summit focused on weaving wholistic wellness into the health care system – bringing together the best of western medicine and First Nations traditional wellness approaches. The summit showcased the latest developments in policy, program design, and service delivery work to improve the health and wellness of BC First Nations.

As an exhibitor, we took the opportunity to connect with participants, build trust and awareness of our role as a health regulator in protecting public safety, and learn more about what cultural safety in pharmacy means to First Nations in BC.

Learn More: [ReadLinks - What We Heard: FNHA Mental Health and Wellness Summit](#)

Orange Shirt Day

September 30th has been declared Orange Shirt Day, in recognition of the harm the residential school system has left on generations of indigenous families and their communities.

The "orange shirt" refers to the new shirt that Orange Shirt Day founder, Phyllis Webstad, was given by her grandmother for her first day of school at St. Joseph's Mission residential school in British Columbia.

Commitment to Improve Cultural Safety and Humility

Learning about the impacts of residential schools in Canada helps build cultural humility and is a step towards making our health system more culturally safe for First Nations and Aboriginal Peoples in BC.

Learn More: [ReadLinks - Celebrate Orange Shirt Day and Support Cultural Safety and Humility in BC](#)

Additional Highlights

Highlights on how the College has been taking action on action towards making our health system more culturally safe over the 2019/20 fiscal year include:

- Strengthening our ongoing relationship and partnership with the First Nations Health Authority
- Public land acknowledgements at all College Board meetings, staff meetings, engagements and presentations.
- Building awareness of our Commitment to Cultural Safety and Humility and how it impacts public safety and patient outcomes
- Collaborating with other BC Health Regulators to further cultural safety and humility as part of the Cultural Safety Working Group.
- Presented to regulated professionals at the Vancouver Regional Symposium - Cultural Awareness: Valuing Indigenous and Minority Populations in Professional Regulation, hosted by the Council on Licensure, Enforcement and Regulation (CLEAR).
- Represented BC's Health Regulators as an exhibitor at FNHA's Gathering Wisdom Conference.
- Integrating Cultural Safety and Humility into College Organizational Policies
- [Participating in the FNHA Mental Health and Wellness Summit](#)
- [Participating in Orange Shirt Day to build awareness of the impact of residential schools](#)
- [Developing new content for our Cultural Humility and Safety ReadLinks Series](#)

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 include:

- Engaging with leaders in First Nations health care through initiatives such as the First Nations Health Authority's second annual Mental Health and Wellness Summit;
- Raising awareness of the impacts of residential schools on First Nations communities through participation in Orange Shirt Day; and
- Continuing to share resources and information with staff, the Board, and registrants through our dedicated Cultural Safety and Humility Page, and our [Cultural Safety and Humility ReadLinks Series](#).

COVID-19 Pandemic

On March 11, 2020, the World Health Organization declared the novel coronavirus, COVID-19, a pandemic, citing concern over alarming levels of spread and severity across the globe.

The novel coronavirus has caused a global outbreak of respiratory infections since its discovery in December 2019.

The situation regarding COVID-19 continues to evolve here in BC, Canada and other jurisdictions in the world. The College of Pharmacists of BC is working closely with the Ministry of Health and other partners to support the response to this new illness as part of BC's health system.

The College began sharing information and raising awareness of the novel coronavirus in January 2020, and continues to support British Columbians as the crisis unfolds. BC pharmacies have been an important part of our province's response, ensuring patients receive the drugs, supplies and knowledge they need to manage, prevent and treat a number of diseases and symptoms.

- [Read the message from our Registrar, Bob Nakagawa, on the College's response to COVID-19](#)

In response to the pandemic, the College has implemented a number of practice changes in order to give BC's pharmacy professionals more flexibility to adapt to increasing demand, as well as to reduce unnecessary strain on their practices.

Year in Review

For a full list of updates, as well as the latest information on BC's COVID-19 response, please visit: bcpharmacists.org/COVID19

We would like to thank all of BC's pharmacy professionals for your service and unwavering commitment to British Columbians during this unprecedented time.

College's New Strategic Plan

At its September 2019 meeting, the College Board approved four strategic goals and objectives that will guide the College's 2020/2021 to 2024/2025 Strategic Plan.

The College's Strategic Plan 2020/2021 to 2024/2025 Goals and Objectives are as follows:

Goal	Objective
1. The public is given evidence-informed, patient-centred, team-based care.	To develop a plan to support the provision of evidence-informed, patient-centred, team-based care that includes cultural safety and humility.
2. To enable practice innovation through regulation that enhances the health a wellness of the public and ensure patient safety	To communicate what the public and health professionals can expect from pharmacy professionals.
3. To have the public and health professionals see pharmacy professionals as valuable resources who are acting first and foremost in the public interest.	To communicate what the public and health professionals can expect from pharmacy professionals.
4. To have strong, collaborative engagement with all healthcare providers to advance patient-centred, team-based care.	Enhance patient health and wellness through collaborative engagement with all healthcare providers.

These goals were developed and refined using the insights gleaned from the public engagement; an environmental scan of emerging trends in pharmacy practice; and the regulation recommendations in the Cayton Report.

The College was significantly influenced by the findings in the report, and in preparing for the future of pharmacy practice, will continue to follow regulatory best practices including 'Right Touch Regulation.' Right Touch Regulation means always asking what risk we are trying to regulate, being proportionate and targeted in regulating that risk, or finding ways other than regulation to promote good practice and high-quality healthcare.

Developing our Strategic Plan

In order to develop and finalize these goals and objectives, the College began by conducting a public consultation on the following strategic themes:

- Emerging Practice Trends
- Professionalism in Pharmacy
- Excellence in Pharmacy
- Modernizing Standards of Practice

Year in Review

Proposed Changes to Health Professional Regulation in BC

On November 27, 2019, the Honourable Adrian Dix, minister of health, announced proposed changes to the regulation of BC's health professions, with a focus on increasing transparency and patient safety. The proposed changes, developed by the [Steering Committee on Modernization of Health Professional Regulation](#), were presented in a consultation paper entitled "[Modernizing the provincial health professional regulatory framework: A paper for consultation.](#)"

Key recommendations made by the steering committee include:

- That regulatory boards have equal numbers of registrant and public members, and that they move to a more consistent and smaller size.
- A reduction in the number of regulatory colleges in BC from 20 to five.
- The creation of a new independent body to oversee BC's health regulatory colleges.
- Simplification of the complaints and discipline process in order to provide clear focus on patient safety, public notification and strengthen public trust in regulation.

In addition to input provided through the public engagement, much of the discussion surrounding the development of the goals and objectives was focused on the report by Harry Cayton '[An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act](#)' (the Cayton Report').

About the Cayton Report

In March 2018, Minister of Health, Adrian Dix, commissioned Harry Cayton, former chief executive of the United Kingdom's Professional Standards Authority, to review the Health Professions Act and its regulations, to make recommendations to help modernize the regulatory system in B.C.

[The ensuing report \("The Cayton Report"\), released by Minister Dix in December 2018,](#) puts forward a series of suggestions to renew BC's overall health-regulator framework.

CPBC Reponse to Modernizing the Provincial Health Profession Regulatory Framework Consultation Paper

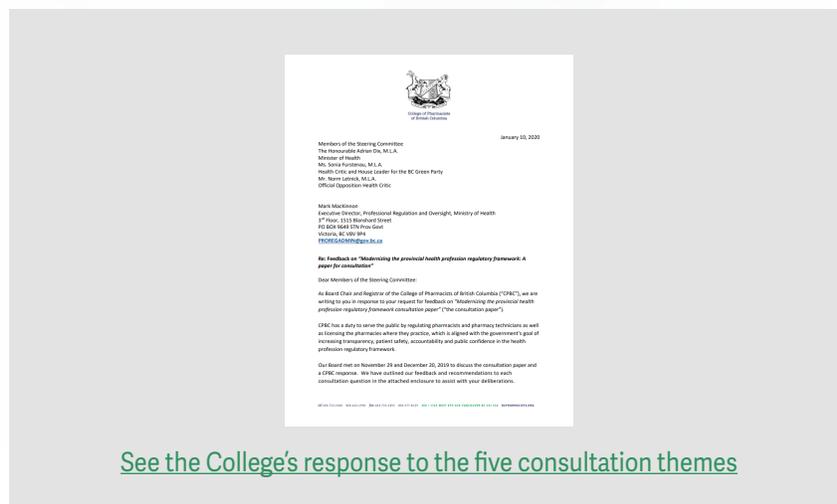
The College Board met on November 29 and December 20, 2019 to discuss the consultation paper and a CPBC response.

Our response is organized to align with the following five themes laid out in the consultation paper:

- Improved governance,
- Improved efficiency and effectiveness through a reduction in the number of regulatory colleges',

Year in Review

- Strengthening the oversight of regulatory colleges,
- Complaints and adjudication, and
- Information sharing to improve patient safety and public trust.



Much like the recommendations made by Harry Cayton in his report, many of the proposals in the consultation paper resonated with us as a high performing college, as they reinforced current practices already underway at CPBC.

We commend the Steering Committee for their foresight and leadership, and for their work to reform health profession regulation in the public interest.

The College was significantly influenced by the findings in the report, and in preparing for the future of pharmacy practice, will continue to follow regulatory best practices including 'Right Touch Regulation.' Right Touch Regulation means always asking what risk we are trying to regulate, being proportionate and targeted in regulating that risk or finding ways other than regulation to promote good practice and high-quality healthcare.

College Receives Canada Award for Excellence

[On November 5, 2019, the College received its Canada Award for Excellence – Silver Certification in the Excellence, Innovation and Wellness® category.](#)

Achieving Excellence Canada's Silver Certification ensures the College's status as a modern, relevant and progressive organization, which is able to continue to fulfill its duty to protect the public within an ever-changing provincial health landscape.

Year in Review

“I am extremely proud of the tremendous work we have done to be awarded a Silver Certification by Excellence Canada. This accomplishment reflects the dedication of all of our staff to the College’s important work in protecting the public through the regulation of pharmacy practice in BC.”

- Bob Nakagawa, Registrar and CEO

The [Excellence, Innovation and Wellness® Standard](#) is an integrated quality-based management system, based on a holistic strategic framework that ensures organizations achieve the best possible outcomes across all business drivers, including: Leadership, Planning, Customers, People and Processes. Each standard has four levels of certification (Bronze, Silver, Gold, Platinum), comprised of requirements that facilitate progressive implementation.

The key outcomes of the Silver Certification are:

- Enhanced employee involvement in planning and improvement initiatives
- A wider understanding by employees of the organization’s strategic approach to excellence, innovation and wellness
- Strategic and annual operating plans are in place
- Establishment of baseline indicators, measures and related goals for excellence, innovation and wellness.

The Silver Certification aligns with the [College’s 2017/18 – 2019/20 Strategic Plan](#), which focuses on the theme of Organizational Excellence.

The College is committed to pursuing organizational excellence as part of how it delivers on its mandate to protect the public and work towards its vision for better health through excellence in pharmacy.

The College will continue its journey to excellence by working toward [Excellence Canada’s Gold Certification](#). The College expects to make its submission to Excellence Canada for its Gold Certification in 2021.

2019 Customer Satisfaction Survey

[From October 25 – November 22, 2019, the College hosted its second-annual Customer Satisfaction Survey to collect feedback on our performance from our external stakeholders.](#)

The survey was completed by a total of 741 respondents, attracting significant public participation with over 17% of respondents identifying as members of the public.

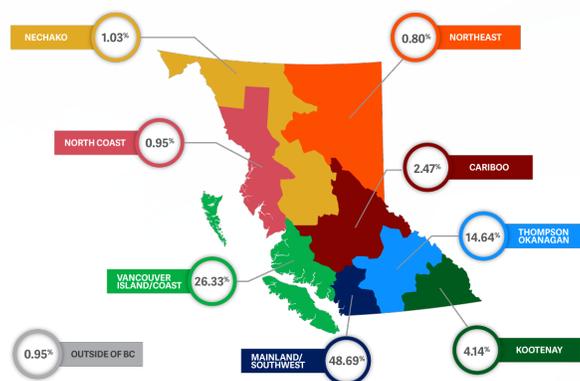
During the survey, the College also heard from a wide range of stakeholder groups, including:

- Pharmacists

Year in Review

- Pharmacy Technicians
- Pharmacy Students
- Members of the Public
- Pharmacy Support Persons
- Other Health Professionals

Participants were asked a number of questions about their experiences contacting, or otherwise corresponding with the College, and how satisfied they were with the College's level of professionalism; response time; and overall accessibility.



Results from the survey indicated an 85% approval rating among respondents

The Customer Satisfaction Survey supports the [College's 2017/18 – 2019/20 Strategic Plan](#), which places particular focus on the theme of Organizational Excellence. It was also a major component in [our achievement of Excellence Canada's Excellence, Innovation and Wellness Standard](#).

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

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 of protecting the public through the regulation of pharmacy practice in BC.

The College would like to thank all those who took the time to complete the survey and help us continue to improve and adjust our service standards to best suit the needs of patients in British Columbia.

New Safety Measures for Codeine Liquid Preparations

On January 2, 2020, amendments to the *Drug Schedules Regulation* (DSR) under the *Pharmacy Operations and Drug Scheduling Act* (PODSA), moving certain Schedule I codeine containing liquid preparations to Schedule 1A, came into effect

Year in Review

This means that prescriptions for certain codeine containing liquid preparations began requiring a Controlled Prescription Program duplicate prescription form. Additionally, as with all [Controlled Prescription Program](#) drugs, these preparations must also be stored in a time delay safe.

Codeine is an opiate pain killer that has seen an increase in recreational abuse, especially by young people. [According to the 2018 Canadian Community Health Survey](#), the most commonly used opioid pain medications were products containing codeine.

While codeine containing liquid preparations* have always been prescription-only in Canada, there is still misuse amongst young people. [1 in 10 Canadians aged 15 and older who reported using any opioid pain medication in the past year, reported taking the medication in greater amounts than prescribed](#), or more often than directed, using it to get high, for reasons other than pain relief, or tampering with a product before taking it.

Rescheduling the codeine containing liquid preparations listed below to Schedule 1A improves oversight of these drugs, increases barriers to their access, and helps to address public safety concerns, such as:

- Addiction and non-medical use of these drugs,
- Prescription forgeries for these drugs, and
- Pharmacy robberies and thefts targeting these drugs.

DIN	PRODUCT
2298708	ACETAMINOPHEN ELIXIR WITH 8MG CODEINE PHOSPHATE SYRUP
816027	PMS-ACETAMINOPHEN WITH CODEINE ELIXIR
2198630	CALMYLIN ACE
2243063	COVAN SYRUP
2244078	DIMETAPP-C
1934740	ROBITUSSIN AC
2169126	TEVA-COTRIDIN
2244079	DIMETANE EXPECTORANT C
2053403	TEVA-COTRIDIN EXPECTORANT

As of January 2, 2020, managers of Community Pharmacies involved in the dispensing of any of the above codeine containing liquid preparations must:

- Store applicable codeine containing liquid preparations in a time-delay safe.

Year in Review

- Require the use of CPP duplicate prescription forms when dispensing applicable codeine containing liquid preparations.

This change was intended to address important public safety concerns and will not negatively impact patient care or access in British Columbia.

Learn More: [News - New Safety Measures for Codeine Liquid Preparations now in Effect](#)

Amendments to Controlled Prescription Program Forms

At its [February 2020 meeting](#), the College Board approved amendments to [the Controlled Prescription Program \(CPP\)](#) forms to create a harmonized form.

The Controlled Prescription Program is a duplicate prescription program created to prevent forgeries and reduce inappropriate prescribing of drugs listed in Schedule 1A. Prescriptions for drugs specified in the CPP must be written on a duplicate form specifically developed for this purpose.

The benefits of having a harmonized CPP form include:

- A consistent approach to writing prescriptions for all 1A drugs;
- Increased patient access to OAT therapy, as all physicians will have the form (currently only OAT prescribers have the methadone CPP form); and,
- Reduced administrative burden associated with ordering/printing of two pads for 1A drugs.

Prior to these amendments, there were two CPP forms in use, a generic CPP form used for the majority of controlled prescriptions, and a methadone CPP form which is used to prescribe methadone for maintenance treatment.

Since the release of the new Provincial Guidelines for the Clinical Management of Opioid Use Disorder by the BC Centre on Substance Use, prescribers have been using the generic CPP form to prescribe buprenorphine/naloxone and slow release oral morphine for OAT.

This created inconsistencies amongst prescriptions for OAT drugs as prescriptions written on the generic CPP form are “void after 5 days,” where as prescriptions for methadone for OAT are not as they include a “start day” and “last day.” The new form will not be implemented until a later date which will be communicated once the new forms have been printed by the Ministry of Health.

*The new form also reflects the [changes included in Professional Practice Policy – 71 related to delivery authorization for Opioid Agonist Treatment \(OAT\)](#) and allows prescribers the option to specify that delivery is **not permitted** on the form.*

Year in Review

PODSA Modernization: Amended Bylaws Now in Effect

Amendments to modernize the College's bylaws under the Pharmacy Operations and Drug Scheduling Act (PODSA) [came into effect on January 16, 2020](#).

The College Board approved these amendments at its November 2019 meeting, as part of the Legislative Standards & Modernization Goal within the [College's 2017/18 – 2019/20 Strategic Plan](#).

This PODSA Modernization Project was split into two phases. Phase One involved amendments to the PODSA Bylaws relating to pharmacy ownership requirements and [came into effect on April 1, 2018](#).

The following key bylaw topics were addressed in the Phase Two PODSA Bylaw amendments:

- Operation of a community pharmacy without a full pharmacist,
- Responsibilities of managers, direct owners, directors, officers and shareholders,
- Storage of drugs and confidential health information, including offsite storage,
- Provisions to allow for community telepharmacy reinstatement,
- Bylaws that are not being complied with based on data from the Practice Review Program, PharmaNet requirements in light of the transition of administration of PharmaNet functions to the Ministry of Health, and
- House-keeping amendments, including ensuring consistency of writing style.

These changes support the College in its efforts to follow best practices for regulation, such as the concept of Right Touch Regulation. Right Touch Regulation means always asking what risk we are trying to regulate, being proportionate and targeted in regulating that risk or finding ways other than regulation to promote good practice and high-quality healthcare.

A more detailed summary of these bylaw amendments can be found in the ReadLinks Article: [PODSA Modernization: Bylaw Amendments Coming Soon](#).

You can also review the updated [Pharmacy Operations and Drug Scheduling Act Bylaws](#), which incorporate the Phase Two PODSA Bylaw amendments.

New Model Standards for Pharmacy Compounding: Phase 3

Pharmacies and pharmacy professionals were expected to have completed Phase 2 of the new compounding standards by the end of May 2019.

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

[Pharmacies and pharmacy professionals begun shifting their focus to implementing Phase 3 of the new model standards for pharmacy compounding.](#)

Year in Review

Phase 3 includes adopting the following standards as outlined by NAPRA:

- Beyond-use date
- Incident and accident management
- Waste management Program content
- Results and action levels
- Verification of equipment and facilities
- Quality assurance of personnel
- Quality assurance of compounded sterile preparation
- Documentation of quality control activities

The deadline for implementing this phase of the new compounding standards was May 2020.

The College's existing bylaws and policies will remain in place until the implementation deadline of May 2021 (i.e., after the four-year implementation period is complete). The College expects pharmacies and pharmacy professionals to address gaps and update their practice during this four-year period and be in full compliance with the Model Standards once the bylaw amendments come into effect.

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

Patient Relations Program Standard

At its February 2019 meeting, the College Board approved a new [Patient Relations Program Standard](#) ('The Standard') to be included under [Schedule "A" – Code of Ethics](#) of the Health Professions Act Bylaws. The Standard helps to protect public safety by providing clearer standards and requirements for dealing with misconduct of a sexual nature.

The Standard provides guidance to pharmacy professionals on maintaining proper professional boundaries with patients and former patients, and preventing professional misconduct of a sexual nature. It also raises pharmacy professionals' awareness of their responsibility to educate themselves on professional ethics.

While complaints regarding sexual misconduct by College registrants are rare, [the Standard](#) will provide a more robust regulatory framework to protect the public against a range of patient relations issues.

What is Professional Misconduct of a Sexual Nature?

Sexual Misconduct includes:

- Sexual intercourse or other forms of physical sexual relations between the registrant and the patient,
- Touching, of a sexual nature, of the patient by the registrant, or
- Behaviour or remarks of a sexual nature by the registrant towards the patient.

This does not include touching, behaviour and remarks by the registrants towards the patient that are of a clinical nature appropriate to the service being provided.

Year in Review

The guidelines in [the Standard](#) align with the principles of the [Framework for a Model Patient-Practitioner Relationship Program for BC Health Regulators](#). The Standard applies these principles to pharmacy practice, and enhances regulatory safeguards to protect patients and the public.

Mandatory Medication Incident Reporting

At its September meeting, [the College Board approved a motion requiring mandatory anonymous medication incident reporting in all pharmacies](#).

Over the next several years, the College will work to develop standards and criteria, as well as bylaw and policy changes to enable implementation of a mandatory anonymous Medication Incident Reporting Program by 2022/2023.

The issue was first presented to the Board at its November 2017 meeting by [Melissa Sheldrick, a patient safety advocate whose son passed away due to a drug dispensing error in Ontario](#).

While the *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws currently outline requirements for pharmacy managers to establish and maintain written quality management policies, there is currently no way to quantify the number and types of medication incidents that are occurring in community pharmacy settings. As well, there is currently no central information system to which community pharmacy staff can report medication incidents. This presents a missed opportunity for the majority of pharmacies and pharmacy professionals in BC to learn from incidents occurring in other pharmacies.

[PODSA Bylaws s.24](#)

Community Pharmacy's Manager – Quality Management

A community pharmacy's manager must establish and maintain written quality management policies and procedures that

- a. ensure pharmacy staff, equipment, and facilities comply with all legislation, bylaws and policies applicable to the operation of a community pharmacy,
- b. include a process to monitor compliance with the quality management policies and procedures, and
- c. include a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies.

As a result, the College began exploring mandatory medication error reporting to an independent third party in November 2017 as part of a broader effort to explore potential alternatives to the College's existing quality management requirements.

A Leading Cause of Preventable Injury

Medication errors are a leading cause of preventable injuries and result in significant costs to health systems across the world. In 2017/2018 and 2018/2019, the most common complaints received by the College were related to medication dispensing errors by pharmacy professionals.

Year in Review

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

The goal is to allow pharmacies to use any medication incident-reporting platform they choose, provided it is among those that meet the College's criteria, which has yet to be developed. These criteria include the capability to transfer a minimal data set into a national repository that is administered by an independent third party.

As part of exploring the best path forward for medication incident reporting in BC, the College has been participating in national conversations on the implementation of medication incident reporting systems, including the NAPRA Medication Incident Reporting Working Group. Moving forward, the College will be continuing to work with the NAPRA Working Group to develop medication incident reporting standards and criteria, and establish a single national data repository.

Learn More: [ReadLinks - Mandatory Medication Incident Reporting in all Pharmacies by 2023](#)

Changes to Forms and Prescription Protocol for MAiD

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

As part of the new reporting process, all provincial and federal reportable information began to be collected through new provincial forms for MAiD. This streamlined the reporting process, allowing the practitioner or pharmacist's completion and submission of their provincial form(s), to the BC Ministry of Health (the designated recipient), to fulfill both the provincial and federal reporting obligations for MAiD.

Updates to MAiD Forms for Practitioners and Pharmacists

In April 2019, minor updates to the forms involved in the MAiD Reporting process were made by the Ministry of Health, based on input from practitioners and pharmacists.

Following this change, practitioners and pharmacists began using the new forms, which are available for download from the Ministry of Health's website.

- [Forms for Medical Assistance in Dying \(Ministry of Health\)](#)

Dispensing Record (Pharmacist) Form

The Dispensing Record form for pharmacists collects all the information necessary for prescription accountability, safe return of unused medications, and meeting the federal and provincial MAiD reporting requirements.

Year in Review

- [HLTH 1641 – Dispensing Record \(Pharmacist\)](#)

For a pharmacist who dispenses a substance in connection with the provision of medical assistance in dying, to record details pertaining to the dispensing and return of unused medications.

Updates Summary

- The affirmation of compliance with the provincial regulatory college standards have all been aligned on the left margin.
- A permanent label has been created for the return of the sealed back-up IV kit

BC MAiD Pharmacy Protocols Document and Prescription Form

The BC MAiD Pharmacy Protocols guidance document and the BC MAiD Prescription form are not available for general distribution.

The prescribing physician or nurse practitioner can access these documents by contacting the health authority care coordination service for medical assistance in dying, or the College of Physicians and Surgeons of BC.

Pharmacists may also familiarize themselves with the standardized drug protocols by accessing the British Columbia Pharmacy Protocols guidance document through the College of Pharmacists secure eServices site.

Updates Summary

- The BC Medical Assistance in Dying Pharmacy Protocols guidance document and the BC Medical Assistance in Dying Prescription form (which includes the pre-printed order and medication administration record) have been updated to include an optional medication for the Intravenous Drug Protocol.

Learn More: [ReadLinks - Reporting Requirements for Medical Assistance in Dying in BC: Changes to Forms and Prescription Protocol](#)

Mandatory Medication Incident Reporting

At its February 2019 meeting, the College Board approved amendments to [Professional Practice Policy 68 – Cold Chain Management of Biologicals \(PPP-68\)](#), including broadening its scope and renaming it ‘*PPP-68 – Cold Chain Management.*’

[PPP-68](#) was originally approved in 2011, adopting the [BC Centre for Disease Control \(BCCDC\) guidelines on the Management of Biologicals \(BCCDC Vaccine Guideline\)](#), to address the concerns with larger volumes of vaccines being stored at pharmacies as a result of pharmacists’ injection authority, but lack of storage standards for vaccines and other biologicals that require refrigeration.

Recognizing that there are drugs other than biologicals and vaccines that require refrigeration, it was recommended that [PPP-68](#) be broadened to include any drug requiring cold chain management, and revised

Year in Review

to better align with current pharmacy practices.

All drugs requiring refrigeration must be stored and maintained in accordance with all applicable requirements, including but not limited to:

- Manufacturer's requirements,
- [BCCDC Vaccine Guideline](#), and
- NAPRA Compounding Standards.

Refrigerators, Freezers and Other Storage Equipment

The [BCCDC Vaccine Guideline](#) provides guidance for refrigerators and freezers specific for vaccine storage. However, some of the recommendations are not applicable to pharmacies or drugs other than vaccines.

To address this, a set of principle-based requirements have been included in the amended policy for refrigerators, freezers, and other storage equipment (collectively defined in the policy as "cold storage equipment").

Temperature Recording and Monitoring

In recognition of modern technology, the amended policy permits temperatures to be recorded either manually or automatically.

Record Retention

Pharmacies must now ensure that temperature records, equipment maintenance records, and documentation of actions taken in the event of temperature excursions, be retained and made easily retrievable for a period of at least 3 years.

Pharmacy Specific Policies and Procedures and Staff Training

To provide more flexibility, the policy now includes requirements for pharmacy managers to establish policies and procedures specific to their pharmacy's practices.

In addition, the pharmacy manager must ensure staff are trained on these policies and procedures in accordance with PODSA Bylaws.

Learn More: [ReadLinks - Amendments to PPP-68: Cold Chain Management](#)

Mandatory Medication Incident Reporting

In April 2019, the College's Practice Review Program began conducting reviews of residential care services provided by pharmacies.

Community and hospital pharmacies that provide services to facilities or homes licensed under the *Community Care and Assisted Living Act* (CCALA) are required to follow the standards of practice for residential care facilities and homes under [Health Professions Act Bylaws Schedule F Part 3 – Residential Care Facilities and Homes Standards of Practice](#). These requirements are designed to

Year in Review

ensure patients receive safe residential care services and are the standards Compliance Officers use when reviewing residential care services at pharmacies that provide them.

Pharmacy care for residential care patients is essential to our health care system and the well-being of our aging population. As the senior population size, medical complexities and number of transitions between levels of care increase, so does the probability of medication incidents and the potential for ill effects. In accordance with the College's mission, the review of residential care services focuses on regulations relevant to critical areas.

Recognizing the differences between the infrastructure of healthcare support for patients residing in residential care facilities or homes versus patients in the community or hospital, the [Health Professions Act Bylaws Schedule F Part 3 – Residential Care Facilities and Homes Standards of Practice](#) serves to apply standards that are tailored to the uniqueness of this practice setting. In addition to meeting the standards in the [Hospital Pharmacy Standards of Practice](#) and the [Community Pharmacy Standards of Practice](#), hospital and community pharmacies who provide residential care services at CCALA licensed sites are also expected to be in compliance with the [Residential Care Facilities and Homes Standards of Practice](#). During residential care reviews, Compliance Officers assess for compliance in the pharmacy's processes and documentation in the following residential care specific areas:

- Medication Room Audits
- Medication Safety Advisory Committee Meetings
- Policies and Procedures for the Safe and Effective Distribution, Administration and Control of Drugs
- Prescription Requirements
- Prescription Product Packaging and Labeling
- Resident Medication Reviews
- Contingency Drugs
- Returned Drugs
- Patient Records including Medication Administration Records
- Respite Care
- Leave of Absence Drugs
- Self- Medication Programs

Facilities and homes rely on pharmacists to play an active role in aiding in the safe and effective administration of resident's medications by continuously monitoring services, implementing appropriate policies and procedures and providing education and training to facility staff, when necessary. Consistent compliance with the regulations in the above stated categories is critical in ensuring this need is met.

Learn More: [ReadLinks – PRP Insights: Residential Care](#)

Posting of Discipline Hearing Notifications

In order to enhance transparency, as of September 1, 2019, the College began to publish citations and Discipline Hearing Notifications as individual items in the ['News' section of its website](#). These notifications

Year in Review

will also appear on the College's homepage. The College may also include information about upcoming Discipline Hearing Notifications in its monthly 'ReadLinks Roundup' email, which is sent to all pharmacists and pharmacy technicians.

Previously, [citations for Discipline Committee hearings](#) were published under '[Discipline Hearing Notifications](#)' on the College's website 2-4 weeks prior to a scheduled hearing.

When the College's Discipline Committee takes action under [Section 39 \(2\) of the Health Professions Act](#), these actions are published as '[Complaints Outcomes](#)' on the College's website.

As a Health Professions College under the *Health Professions Act*, the College's mandate is to serve and protect the public. Greater accessibility to this information improves transparency and assures the public that they can trust their pharmacies, pharmacists, and pharmacy technicians to provide safe and effective pharmacy care.

[Learn more about our complaints and discipline publication policy.](#)

College Joins BC Public Advisory Network

On September 25, 2019, the College joined a number of other BC Health Regulators in the formation of the BC Public Advisory Network.

About the BC Public Advisory Network

The BC Public Advisory Network (BC-PAN) brings the public voice and perspective to multiple health regulators in the province. Health regulators have a shared mandate to serve and protect the public by ensuring regulated health-care professionals are qualified and provide safe and ethical care.

The health regulators involved in the BC-PAN include the:

- BC College of Nursing Professionals
- College of Chiropractors of BC
- College of Dental Surgeons of BC
- College of Massage Therapists of BC
- College of Occupational Therapists of BC
- College of Opticians of BC
- College of Pharmacists of BC
- College of Physical Therapists of BC
- College of Physicians and Surgeons of BC
- College of Psychologists of BC
- College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC

Purpose

Year in Review

The goal of the BC-PAN is to encourage more comprehensive and meaningful public engagement on important issues related to health-care regulation in BC. The public members are asked to provide their feedback on a variety of topics to help guide professional standards and policies, strategic priorities, and communications directed at the public.

Public Members

Currently, there are eleven public members involved with the BC-PAN. The public members have varying levels of experience interacting with health-care professionals and were selected to represent the diversity of the BC population.

Meetings

The BC-PAN has recently completed its pilot phase which consisted of two initial meetings. The first meeting took place on September 25, 2019 and the second meeting took place on January 29, 2020. The BC-PAN is now planning for its next year of operation.

[Learn More at bcpan.ca](http://bcpan.ca)

Opioid Overdose Crisis

The opioid overdose crisis continues to be a top priority for the College and other public health organizations across the province. BC's opioid overdose crisis continues its unprecedented escalation over the past few years, with [the rate of overdose deaths in BC remaining relatively consistent in the years since 2017](#).

Much like in recent years, the College is working hard to help combat this issue, from implementing new policies and training, to evaluating the effectiveness of our efforts thus far, and introducing new support measures to help substance use patients.

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:

BC Take Home Naloxone Program: Evaluation of the Expansion into Community Pharmacies

Since 2012, a total of 181,800 kits have been reported as distributed by Take Home Naloxone (THN) sites in BC. Of those, more than 50,000 kits have been used to reverse an overdose.

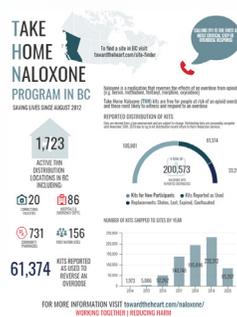
The BC Centre for Disease Control's (BCCDC) THN program provides low-barrier access to naloxone kits and training at no cost to:

- Individuals at risk of an opioid overdose
- Individuals likely to witness and respond to an overdose such as a family or friend of someone at risk
 - *Individuals who do not meet this criteria (such as healthcare employees, businesses, or those seeking it for OH&S purposes) are encouraged to purchase naloxone from a local pharmacy. Both injectable and intranasal formulations are available for pharmacies to order.*

Year in Review

The BC THN program initially made naloxone kits available through harm reduction sites and community organizations where individuals at risk of an overdose may be accessing other services. In December 2017, the program expanded into community pharmacies to increase access to THN.

As of November 15th 2019, **708 community pharmacies** participate in the BC THN program.



[\(The latest stats on the Take Home Naloxone Program\)](#)

Summary of Evaluation Findings and Recommendations

A mixed-methods program evaluation was conducted to identify strengths and barriers of the implementation and ongoing management of THN in community pharmacies, as well as to capture participant attitudes, perceptions and beliefs one year after the expansion into pharmacies. The [report](#) was recently published by BCCDC Harm Reduction Services on *Toward the Heart*.

Program Record Review: Key Findings

- Between January 1, 2018 and December 31, 2018 a total of 3,523 kits were reported as distributed by 562 pharmacy sites
- Most individuals obtaining a THN kit from a pharmacy were male (51%) and aged between 31 and 60 (47%)
- 71% of kit recipients at pharmacy sites were receiving their first kit compared to 40% at non-pharmacy THN sites
- The majority (58%) of THN kits were distributed to individuals not at risk of overdose themselves compared to 32% at non-pharmacy THN sites

Overall, the expansion of THN into community pharmacies has been well received across the province. Centralized distribution models have facilitated the onboarding of hundreds of pharmacies to date. Continued expansion is encouraged, especially in rural and remote areas with limited access to THN. The distribution of THN kits through pharmacies increases access to individuals who may not access traditional harm reduction services (i.e. family or friend of someone at risk).

Year in Review

Learn More:

- ReadLinks – [Guest Post: BC Take Home Naloxone \(THN\) program update: evaluation of the expansion into community pharmacies](#)
- For more information on the BC Take Home Naloxone program visit: towardtheheart.com/naloxone
- Registered Take Home Naloxone sites resource package: towardtheheart.com/resource/thn-resource-for-new-sites/open
- Evaluation report: towardtheheart.com/resource/evaluation-of-thn-in-pharmacies/open
- An online training application has been developed to support training at participating sites: naloxonetraining.com
- Pharmacies not currently participating can refer eligible individuals to a nearby THN site: towardtheheart.com/site-finder
- For questions related to your pharmacy's participation, please contact your banner or distributor directly

Opioid Agonist Treatment Training

As of January 1, 2019, new Opioid Agonist Treatment training requirements are now in effect.

A new Opioid Agonist Treatment Compliance and Management Program (OAT-CAMPP) for community pharmacy has been developed and is aimed at reducing stigma and expanding pharmacists' knowledge about methadone, buprenorphine/naloxone and slow-release oral morphine.

OAT-CAMPP, administered by the BC Pharmacy Association addresses gaps in the College's current MMT training program by providing additional education for pharmacists and pharmacy technicians involved in delivering care to patients with opioid use disorder.

The program also aims to improve the experience and engagement of people receiving treatment. It supports the College's [Opioid Agonist Treatment requirements](#) and will eventually replace the College's current Methadone Maintenance Treatment (MMT) training program.

[OAT-CAMPP](#) aligns with the College's updated [Professional Practice Policy–66: Opioid Agonist Treatment \(PPP-66\)](#), and will replace the College's current MMT training program.

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 BCPhA's new OAT-CAMPP course.

Learn More: [News: New Opioid Agonist Treatment Training Requirements Now In Effect](#)

Year in Review

Changes to the Delivery Requirements for Opioid Agonist Treatment

New delivery requirements for Opioid Agonist Treatment, allowing pharmacists to use their professional judgement to deliver the drugs to a patient if they feel it is safe, appropriate and in the best interest of the patient to do so, are now in effect.

The College of Pharmacists of BC Board approved a suite of amendments to [Professional Practice Policy 71 – Delivery of Methadone for Maintenance \(PPP-71\)](#), including renaming the policy to Delivery of Opioid Agonist Treatment.

Previously, PPP-71 allowed pharmacists working in community pharmacies to deliver methadone for maintenance to a patient's home only if the prescribing physician authorized the delivery due to the patient's immobility. With these coming changes, pharmacists will be able to provide delivery if it is safe, appropriate and in the best interests of the patient to do so.

Overall, the updates to this policy are intended to improve access to Opioid Agonist Treatment (OAT) for patients whose care may benefit from delivery while ensuring the safety of both the patient and the pharmacist involved.

Learn More: [News - Changes to the Delivery Requirements for OAT Now in Effect](#)

Providing an Inclusive Experience for 2SLGBTQ+ Patients

At its November 2019 meeting, the Board invited Bex Peterson, nonbinary writer, student, and advocate for 2SLGBTQ+ peoples, to present to the Board guidance and best practices for addressing healthcare challenges faced by the 2SLGBTQ+ community. Bex was also invited to submit a ReadLinks Guest Post to help share these best practices with pharmacy professionals.

Below is a condensed version of Bex's Guest Post. The full article is available below:

- [ReadLinks - Guest Post: Invisible Barriers - Providing an Inclusive Experience for 2SLGBTQ+ Patients](#)

The population of Canadians who openly identify as part of the 2SLGBTQ+ community is on the rise. According to [the Province of British Columbia](#), 1 in 5 BC teenagers identify as something other than heterosexual.

However, 2SLGBTQ+ peoples still experience significant barriers with regards to health care access. In light of this, the health care community has been seeking to standardize inclusive policies and practices.

In June 2019, the Standing Committee on Health [delivered a report to the House of Commons on the health of 2SLGBTQ+ communities in Canada](#) including recommendations for best practices going forward. A key

Year in Review

point shared through both reports is the necessity for training and education of health care providers regarding the needs of 2SLGBTQ+ patients.

How can Health Care Professionals Help Remove the Barriers to Care 2SLGBTQ+ Peoples Experience?

Familiarize Yourself with 2SLGBTQ+ Community Terms

Briefly, it's important to understand some community terms. 2SLGBTQ+ is an umbrella term for people who identify as something other than heterosexual and/or cisgender.

Understand How 2SLGBTQ+ Identification can Impact Patient Safety and Experience

Understanding these terms is paramount for comprehending the barriers trans people in particular often come up against in health care spaces. Because of the nature of health care, providers often have access to information that can be uncomfortable or harmful for trans people, such as previous names and records of assigned gender at birth.

Healthcare workers should look to incorporate ongoing records of patient pronouns and names-in-use, rather than working off assumptions from medical records. As well, health care providers can "signal" an inclusive workplace by wearing nametags with their personal pronouns listed.

Understanding How 2SLGBTQ+ Stereotypes can Impact Patient Safety

2SLGBTQ+ people also often experience barriers with regards to assumptions. Though we have supposedly moved past identifying homosexuality as a mental illness, assumptions regarding gender and sexual minority "lifestyles" regardless of individual experiences can result in patient concerns going unheard in favour of whatever fits a stereotypical narrative.

Creating a Welcoming and Safe Environment

A welcome environment starts before a patient walks through the door. If we continue to see 2SLGBTQ+ people as aberrations from a norm, we cannot holistically shift to a workplace mindset that appropriately addresses community concerns. Any patient, any co-worker, any person one interacts with over the course of a day might be 2SLGBTQ+. It is recommended that discrimination policies are reviewed and, far more importantly, properly enforced in the spirit of ongoing education rather than punishment and policing.

Commit to Continuing to Learn

The 2SLGBTQ+ community is constantly growing and evolving. As such, 2SLGBTQ+ allyship is an ongoing learning process. Healthcare providers are encouraged to seek out self-education to remove the burden from patients. Gaps in knowledge are inevitable. However, "I don't know" is not nearly as valuable a response to a knowledge gap as "I don't know, but I will find out."

Year in Review

Healthcare providers should treat each patient as an individual, regardless of sexual or gender identity.

Additional Resources

- [ReadLinks - Guest Post: Invisible Barriers - Providing an Inclusive Experience for 2SLGBTQ+ Patients](#)
- [MHCC-W2A Rainbow Youth Health Forum Report](#)
- [The Health of LGBTQIA2 Communities in Canada – Report of the Standing Committee on Health](#)
- [Queer Competency in Health Care Service Provision](#)

Pharmacy Ownership Transition Period Ends

On April 1, 2018, the College's amendments to the Pharmacy Operations and Drug Scheduling Act Bylaws came into effect. The new pharmacy licensure process involved identifying all pharmacy owners and determining their suitability for pharmacy ownership which allows the College to hold pharmacy owners accountable for providing safe and effective care by ensuring their pharmacies are compliant with legislative requirements for pharmacies in BC.

The first pharmacies to complete pharmacy licence renewals under the new requirements were those whose licences expired on June 30, 2018.

They marked the beginning of the year-long transition period, which ended with pharmacies whose licence expired in May 2019.

Pharmacies whose licence expired in June 2019 were the first to complete the post-transition period renewal process.

The transition period enabled the College to collect initial information from previously unidentified pharmacy owners, in order to hold them accountable for providing safe and effective care by ensuring their pharmacies are compliant.

The College recognizes that a significant amount of work was required from pharmacies collecting this important information as part of the transition period and appreciates their patience and understanding during the implementation of the new requirements.

What is different about completing a pharmacy licence renewal in the post-transition period?

- Direct Owners that are corporations will not need to submit a certified copy of the Central Securities Register, unless changes have been made;
- The name, role and email contact of each indirect owner does not need to be entered unless changes have been made.
- Individuals required to submit Proof of Eligibility (i.e. current direct/indirect owners and managers) will be notified when the renewal notice is sent (i.e. 75 days before the pharmacy licence expiry).
- Direct and Indirect owners and managers that submitted a Criminal Record History (CRH) at their last

Year in Review

renewal, are no longer required to submit one this year. Submission of a CRH is only required once every 5 years.

Learn More: [ReadLinks – New Pharmacy Ownership Requirements: Pharmacy Renewals after the Transition Period](#)

Trusts & Trustees

Since the introduction of the new ownership requirements under the *Pharmacy Operations and Drug Scheduling Act* (PODSA), the College has been collecting information about Direct Owners and

Indirect Owners (directors, officers and shareholders) as part of the annual pharmacy license renewal process.

Information about trustees had not been collected, as trustees were not initially considered to be indirect owners and, as such, were not subject to the ownership requirements under PODSA.

Beginning with pharmacy licence renewals for pharmacies with a June 30, 2019 expiry date, all pharmacies identified as having one or more trusts or trustees holding shares of the direct owner or its parent company are required to provide information for each trustee, as they are now considered indirect owners.

What is a trust?

A trust is a relationship where one or more persons, known as **trustees**, hold property in trust for the benefit of certain persons, known as beneficiaries. In the case of corporate shares, the shares of the corporation would be issued to the trustee and the trustee would hold the shares subject to the terms of the trust.

Learn More: [ReadLinks – Pharmacy Ownership Requirements: Trusts & Trustees](#)

Chair and Registrar's Message



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

We now have 1,469 pharmacies, 6269 pharmacists and 1654 pharmacy technicians serving the public in BC.

We first want to acknowledge the contributions of pharmacy professionals, other healthcare workers and essential

workers as BC responds to the COVID-19 pandemic. We continue to work to help ensure British Columbians can safely access the medications they need, and to support BC's pharmacy professionals in providing safe patient care during these uncertain times.

2019/2020 was a busy year for the College and for pharmacy practice in BC. We would like to start by expressing our sincere gratitude to those who participated in surveys, engaged with us on social media, commented on proposed bylaw amendments, and chatted with us at various events. Hearing your diverse perspectives on pharmacy care continues to help focus our efforts and decision-making on the best interests of patients in BC.

Everything that we do as a regulator hinges on providing the public with the safest healthcare experience possible. We are pleased to report that since first speaking with Melissa Sheldrick in 2017, the Board has approved the implementation of mandatory medication incident reporting in all pharmacies by 2022/2023. This represents an important step in moving pharmacy practice forward by providing opportunities to learn from mistakes, improve practice and ultimately, continue to do our best to protect British Columbians and Canadians alike.

To that end, we also made significant progress on a number of new and ongoing initiatives. In January 2020, we rescheduled certain codeine liquid preparations in order to address important public safety concerns. We also completed a comprehensive review and modernization of our legislative requirements under PODSA, which support our continued efforts to follow best practices for regulation, such as the concept of Right Touch Regulation. Additionally we completed the year-long transition period for our new pharmacy ownership licensure process. The transition period allowed us to collect information from previously unidentified pharmacy owners, in order to hold them accountable for ensuring their pharmacies are compliant with our standards. All of these initiatives are the culmination of tireless collaboration and contributions from the Board, as well as staff across the College.

Chair and Registrar's Message

We continue to work toward fulfilling our commitment to cultural safety and humility for BC's First Nations. From sharing resources with the Board, staff and registrants; to creating opportunities for dialogue with BC's First Nations Communities, the College remains unwavering in its vision of a fair and equal health system, free of racism and discrimination.

The College also received its Canada Award for Excellence, Innovation and Wellness – Silver Certification. This further establishes the College's status as a modern, relevant and progressive organization, able to adapt to an ever-changing provincial health landscape.

Finally, we are excited to announce the launch of our new strategic plan for 2020/21 to 2024/25. We'd like to thank all those who took the time to complete our Strategic Plan survey. We received over 7000 comments from respondents across the province, and your input will continue to guide our strategic objectives for the coming five years.

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 ensure a high standard of safe and ethical pharmacy care is available to all British Columbians.



Christine Antler, 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, as required by the *Health Professions Act*, must not comprise less than 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.

2019 brought with it a number of significant changes to pharmacy regulation in BC. In November, Minister of Health, Adrian Dix, announced proposed changes to the regulation of BC's health professions, with a focus on increasing transparency and patient safety. Many of the proposals in the consultation paper resonated with us as a high performing college, and we look forward to working with the Ministry and other health colleges to further improve patient safety, as well as public trust in regulation.

Trust and transparency are vital to our efforts as a regulator, and we are pleased with the progress we have made on both of these fronts over the past year. We continue to live stream every Board Meeting through the College's Periscope Channel, and publish highlights and minutes immediately after every meeting.

This past year, we've also started publishing citations and Discipline Hearing Notifications as individual items in the 'News' section, as well as the homepage, of the College website. This was done to further enhance transparency by ensuring greater access to information. As representatives of the public, we continue to be encouraged by the efforts of both the College Board and staff in continuing to push for greater public safety measures within pharmacy practice. Notably, we are pleased with the implementation of a new Patient Relations Program Standard to help provide clearer standards and requirements for dealing with misconduct of a sexual nature. Having a standard in place enhances our regulatory safeguards, helping to build and maintain patient trust in pharmacy care.

Finally, we'd like to acknowledge and thank those who took the time to participate in the College's various engagement initiatives over the past year. We received over 700 responses to our annual Customer Satisfaction Survey and over 7000 to our Strategic Plan survey. The feedback given by members of the public, as well as registrants and stakeholders played an immeasurable role in the development of our new strategic plan.

We greatly value your voice and your willingness to reach out to us. Your diverse opinions enable us to continue to strengthen the symbiotic relationship between our pharmacy professionals and the patients they serve. And this relationship remains at the core of our work as a health regulator.

Message from Our Public Board Members

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.



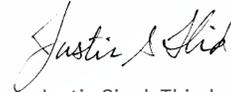
Tracey Hagkull
Government Appointee



Anne Peterson
Government Appointee



Katie Skelton
Government Appointee



Justin Singh Thind
Government Appointee

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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 2019/2020, the Board consisted of seven elected pharmacists, one elected pharmacy technician and four government appointees.

The Board governs the College to ensure that it fulfills 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 College's 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 2019/20 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 2019/20 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 2019/20 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 2019/20 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 2019/20 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 2019, the College exhibited at a local FNHA Day of Wellness event, sharing valuable information and resources about our complaints process to BC's First Nations</p>

Commitment to Cultural Humility 2019/20 Progress

Communities

The College also featured the Day of Wellness with College staff through its employee intranet. Moving forward, the College will continue to work 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 – Ongoing – In May 2019, the College was fortunate to be invited back to the second annual 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 legislated complaints process and its role in protecting patient safety.

We also encouraged attendees to share their thoughts on what culturally safe pharmacy care looks like to them and repurposed their responses into a [ReadLinks](#)

Commitment to Cultural Humility 2019/20 Progress

[article](#) that was shared with Registrants and the public.

In January 2020, on behalf of the British Columbia Health Regulators (BCHR), the College participated in the Gather Wisdom Forum held by FNHA. We used this opportunity to speak with members of the First Nations community about their experiences with healthcare professionals, and how to better guarantee cultural safety in healthcare environments. Using the information gathered, representatives from BCHR [developed a report](#) which is to be published as part of a ReadLinks article on the College website.

Commitment to Cultural Humility 2019/20 Progress

Build organizational awareness of First Nations cultural celebrations and events

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

Ongoing – On September 30, 2019, 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.

Additionally, the College published a [ReadLinks article](#) about Orange Shirt Day in order to further raise awareness about cultural safety and humility.

On June 27, 2019, the College published a [ReadLinks article](#) focused on Indigenous History Month. The article shared information about First Nations, Inuit and Metis peoples, and spoke about the efforts made by the First Nations Health Authority in supporting wellness events for First Nations Communities.

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

Commitment to Cultural Humility 2019/20 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 2019/20 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 2019/20 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

Steven Hopp (Chair effective November 15, 2019)
Frank Lucarelli (Chair, until November 15, 2019)
Alex Dar Santos (Vice-Chair, effective November 15, 2019)
Bob Nakagawa (Registrar)
Mary O'Callaghan (staff resource)
Christine Antler
Arden Barry (until November 15, 2019)
Anca Cvaci (effective November 15, 2019)
Tracey Hagkull (Vice-Chair, until November 15, 2019)

Number of Meetings: 4

Accomplishments of the Year

- Reviewed annual audit and auditor's recommendations with the auditors.
- Recommended a new Reserve Policy.
- Reviewed the budget impacts of the draft Strategic Plan.
- 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

Anne Peterson (Chair, effective November 15, 2019)
 Mona Kwong (Chair, until November 15, 2019)
 Claire Ishoy (Vice-Chair, effective November 15, 2019)
 Tara Oxford (Vice-Chair, until November 15, 2019)
 David Pavan (staff resource)
 Christine Antler (until November 15, 2019)
 Anca Cvaci (effective November 15, 2019)
 Katie Skelton (effective November 15, 2019)

Number of Meetings: 7

Accomplishments of the Year

- Refined the applicant evaluation form for the annual committee appointments
- Established Past Chairs Advisory Committee
- Established the Registrar Evaluation and Succession Planning Committee
- Amendments to various committees' terms of reference
- Amendments to Board Reference and Policies
- Established and implemented the Board meeting evaluation survey

Goals of Next Fiscal Year

- Review Board policies and manuals and recommend revisions to these documents.
- Review and make recommendations regarding Board member orientation and ongoing development.
- Review and make recommendations on policies and practices related to the recruitment, election and/or appointment of Board and committee members.
- Provide advice and guidance on Board evaluations, including Board meeting evaluations and Board member evaluations.
- Assess and make recommendations regarding the governance-related needs of the Board.
- Continue to review committee TOR and update as needed.

Board

Legislation Review Committee

Mandate

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

Membership

Justin Thind (Chair, effective November 15, 2019)

Mona Kwong (Chair, until November 15, 2019)

Andrea Silver (Vice-Chair, until November 15, 2019)

Anu Sharma (staff resource - acting for Christine Paramonczyk)

Bal Dhillion

Claire Ishoy (effective November 15, 2019)

Number of Meetings: 4

Legislation	Amendments
Health Professions Act (HPA) Bylaws	<p>April 2019</p> <ul style="list-style-type: none"> Approval to publicly post amendments to committee member terms of office for a 90-day period. Approval to publicly post amendments authorizing the Registrar to act under s. 32(3) of the HPA for a 90-day period. Approval to file HPA fee amendments with the Minister of Health.
	<p>June 2019</p> <ul style="list-style-type: none"> Approval to file housekeeping amendments to "Schedule C" of the HPA bylaws related to updating of recognized education programs with the Minister of Health.
	<p>September 2019</p> <ul style="list-style-type: none"> Approval to file amendments to committee member terms of office with the Minister of Health. Approval to file amendments authorizing the Registrar to act under s. 32(3) of the HPA with the Minister of Health.
	<p>September 2020</p> <ul style="list-style-type: none"> Approval for amendments to the Controlled Prescription Program Form under the HPA

Board

Pharmacy Operations
and Drug Scheduling Act
(PODSA) Bylaws

June 2019

- Approval to publicly post amendments relating to Phase Two of the PODSA Modernization initiative for a 90-day period.
- Approval to file amendments to remove “Schedule C” and “E” related to telepharmacy licence requirements which were moved to bylaw.

September 2019

- Approval to file PODSA fee amendments with the Minister of Health.

November 2019

- Approval to file amendments relating to Phase Two of the PODSA Modernization initiative with the Minister of Health.
-

Board

Professional Practice Policies (PPP)	<p>June 2019</p> <ul style="list-style-type: none"> Repealing of multiple professional practice policies under the PODSA Modernization Phase II Project <p>September 2019</p> <ul style="list-style-type: none"> Approval of amendments to PPP-3 Pharmacy References to remove the requirement for all community pharmacies and telepharmacies to have a copy of the BC Pharmacy Practice Manual. Approval of amendment to PPP-76 Criminal Record History Vendor to reflect the name change of the approved criminal record history vendor from Sterling Talent Solutions to Sterling Backcheck. <p>November 2019</p> <ul style="list-style-type: none"> Approval of amendments to multiple professional practice policies under the PODSA Modernization Phase II Project. <p>February 2020</p> <ul style="list-style-type: none"> Amendments to PPP-68 Cold Chain Management of Biologicals Amendments to PPP-71 Delivery of Methadone for Maintenance and consequential amendments to PPP-66 and its Policy Guides
Drug Schedules Regulation (DSR)	<p>June 2019</p> <ul style="list-style-type: none"> Approval of amendments with respect to the scheduling of esomeprazole (to move esomeprazole when sold for treatment of frequent heartburn from Schedule II to Schedule III and establish esomeprazole for veterinary use as Schedule I) for filing with the Minister of Health. <p>September 2019</p> <ul style="list-style-type: none"> Approval of amendments to move certain Schedule I codeine containing liquid preparations to Schedule IA, for filing with the Minister of Health.

Goals for Next Fiscal Year

- Initiate scoping a comprehensive review and reform of legislative requirements under the *Health Professions Act*.
- Development of bylaws adopting the National Association of Pharmacy Regulatory Authorities Model Standards for Sterile Compounding.
- Assist with the development of an implementation recommendation regarding NAPRA's Model Standards for Non-Sterile Compounding.

Engaging with the Public and Registrants

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

Partnering with Other Healthcare Organizations to Further Public 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.

- [Canadian Patient Safety Week](#)
- [First Nations Health Authority Mental Health and Wellness Summit](#)
- Gathering Wisdom Forum (FNHA)
- [British Columbia Patient Advisors Network \(BCPAN\)](#)

Customer Satisfaction Survey

From October 25 – November 22, 2019, the College hosted its second-annual Customer Satisfaction Survey to collect feedback on our performance from our external stakeholders.

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 survey was completed by a total of 741 respondents, attracting significant public participation with over 17% of respondents identifying as members of the public.

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.

[Learn more about the 2019 Customer Satisfaction Survey.](#)

2020/2021 to 2024/2025 Strategic Plan

In March 2020, the College launched its [New Strategic Plan to guide the next five years of pharmacy practice in British Columbia](#). As a regulator, the College aims to be forward-thinking and to anticipate changes to support good pharmacy practice. This means the College needs to ensure it's prepared to protect the public as new ways of providing healthcare emerge.

In order to develop the goals and objectives that make up the new strategic plan, the College

Engaging with the Public and Registrants

conducted a public consultation on the following strategic themes:

- Emerging Practice Trends
- Professionalism in Pharmacy
- Excellence in Pharmacy
- Modernizing Standards of Practice

The online survey ran from March 15 – 31, 2019, during which time the College received over 1,200 responses and over 7,000 comments from respondents across BC. Respondents were comprised of pharmacists, pharmacy technicians, students, health professionals and members of the public.

The survey attracted significant public participation with over 19% of respondents identifying as members of the public.

Respondents ranged in age from 18-64 years, representing a diverse range of cultural identities. Equity and diversity are vital for the provision of fair, equal and inclusive health services, and as such, are a priority for the College. Additionally, the College is committed to improving cultural humility and safety for First Nations and Aboriginal Peoples in BC in order to help create a healthcare environment free of racism and discrimination, where individuals feel safe and respected.

During the consultation, the College also heard from a wide range of stakeholder groups, including:

- Pharmacists
- Pharmacy Technicians
- Pharmacy Students
- Members of the Public
- Pharmacy Support Persons
- Other Health Professionals

Respondents included people from a diverse range of communities, age groups and practice settings, bringing valuable, varied perspectives on a number of pharmacy issues.

For a more in-depth look at what we heard during the engagement process, please refer to our Strategic Plan Engagement Report.

[Learn more about the College's 2020/2021 to 2024/2025 Strategic Plan.](#)

Policy Engagements

The College also conducted stakeholder engagements to support the development of the following policies:

- [Professional Practice Policy – 68: Cold Chain Management](#)

Engaging with the Public and Registrants

ReadLinks Guest Posts

The College also commissioned 14 Guest Posts in 2019/20 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: Beta-Lactam Allergy: Benefits of De-Labeling Can Be Achieved Safely](#)
- [Guest Post: Information on Novel Coronavirus](#)
- [Guest Post: Invisible Barriers - Providing an Inclusive Experience for 2SLGBTQ+ Patients](#)
- [Guest Post: Have Your Say on Epilepsy Research](#)
- [Guest Post: UBC CPPD Pharmacy Update 2020 Conference](#)
- [Guest Post: New Requirements to Report Serious Adverse Drug Reactions and Medical Device Incidents to Health Canada Coming into Effect Soon](#)
- [Guest Post: Recognizing Pharmacist Practice Educators as Important Partners in Teaching Safe Patient Care](#)
- [Guest Post: Consultation Opportunity - CCCEP Wants Your Input!](#)
- [Guest Post: Zuclopenthixol decanoate](#)
- [Guest Post: Help Us Celebrate the People and Projects Improving Care in BC!](#)
- [Guest Post: Medication Errors by Patients and Caregivers - Strategies for Pharmacists](#)
- [Guest Post: The 9th International Research Conference on Adolescents and Adults with FASD](#)
- [Guest Post: Increased Access to Metadol-D and Guidance from BCCSU](#)
- [Guest Post: Research Participation Opportunity for Clinically Active Community Pharmacists](#)

[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

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.

The Practice Review Program is split into two components: the *Pharmacy Review* and the *Pharmacy Professionals Review*. Both components are based entirely on College Bylaws and Professional Practice Policies.

The Pharmacy Review process is built upon the College's previous inspection process and focuses on the legislated physical requirements of a pharmacy and the responsibilities of a pharmacy manager. Community pharmacies are evaluated on 12 mandatory and four non-mandatory categories for sites that provide sterile compounding, residential care, opioid agonist treatment, and/or injectable opioid agonist treatment. Hospital pharmacies are evaluated on 12 mandatory categories and five non-mandatory categories for sites that provide sterile compounding, non-sterile compounding, residential care, bulk repackaging and ambulatory services. Notably, the residential care services review in both hospital and community settings was a new component added to the non-mandatory categories in April 2019.

The *Pharmacy Professionals Review* is grounded in Board-approved focus areas that were identified as having the most impact on patient safety. The focus areas differ between pharmacists and pharmacy technicians.

Focus areas for pharmacists in community or hospital practice:

- Patient Identification Verification
- Profile Check
- Counselling
- Documentation

Focus areas for pharmacy technicians in community and hospital practice:

- Patient Identification Verification
- Product Distribution

Ensuring Professional Excellence

- Collaboration
- Documentation

Practice Review Program Statistics 2019/2020

Community Pharmacy Practice

- 279 Pharmacy Reviews (33 provide residential care services)
- 743 Pharmacy Professionals Reviews
- 666 Pharmacists
- 77 Pharmacy Technicians

Hospital Pharmacy Practice

- 13 Pharmacy Reviews
- 441 Pharmacy Professionals Reviews
- 241 Pharmacists
- 200 Pharmacy Technicians

PRP Insights

Trends in observations made by Compliance Officers during practice reviews also drive the regular PRP publication called PRP Insights. PRP Insights are articles written and available through Readlinks on the CPBC website that address areas identified by the PRP review process, as being of interest or educational need for pharmacy professionals. The publication of articles plays a key role in maintaining patient safety by raising awareness, educating, and clarifying issues to pharmacy professionals in order to improve compliance in their practice. The Practice Review Program published the following PRP Insights articles in 2019/2020:

- **April 2020 Article:** [Reminder of the Importance of Patient Identification and Counselling, Including for Deliveries](#)
- **February 2020 Article:** [Pharmacy Managers Role in Scheduling Staff for Professionals Reviews \(Hospitals Practice\)](#)
- **December 2019 Article:** [PRP Insights: Updating a Patient's Allergies, Adverse Drug Reactions and Intolerances in a Hospital Setting](#)
- **November 2019 Article:** [PRP Insights - Residential Care](#)
- **August 2019 Article:** [Hospital Pharmacies Providing Pharmacy Services to Outpatients: Releasing Medications](#)
- **June 2019 Article:** [All Changes to the Approved Pharmacy Diagram Require a Change in Layout Application](#)
- **February 2019 Article:** [Undergoing Pharmacy Renovations? Don't Forget to Report Layout Changes to the College](#)

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

Ensuring Professional Excellence

Professional Development

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

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

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

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

Accredited Hours

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

PDAP Mobile

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

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.

Ensuring Professional Excellence

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
 Tarmara Guimond
 Yonette Harrod
 Joanne Konnert
 Amy Ku
 Alison Rhodes
 Lorena Salamat
 Deepa Topiwalla
 Peter Williams

Number of Meetings: 5

Accomplishments of the Year

- Presented the 2018-19 Fiscal Year Reports to the Board
 - Review Data Report
 - Registrant Feedback Survey Report
- Established new yearly review targets
- Updated PRP policies
- Published 5 PRP Insights Articles in Readlinks
- Developed and implemented review criteria for PODSA Modernization
 - Bylaw amendments
 - Professional Practice Policy amendments

Goals for Next Fiscal Year

- Present the 2019-20 Fiscal Year Reports to the Board

- Review Data and Registrant Feedback Survey Report
- Conduct reviews to meet new yearly review targets
- Prepare PRP Insights Articles for Readlinks
- Develop and implement the following additional review criteria
 - Telepharmacy
 - Injectable Opioid Agonist Treatment

Ensuring Professional Excellence

Quality Assurance Committee

Mandate

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

Membership

Michael Ortynsky (Chair, effective November 15, 2019)

Sunny Gidda (Vice-Chair)

Ashifa Keshavji (staff resource)

Hani Al-Tabbaa

Tessa Cheng

Tracey Hagkull

John Hope

Lena Hozaima

Katherine Langfield

Frank Lucarelli (Chair until November 15, 2019)

Anthony Seet

Rebecca Siah

Man-Fung Allen Wu

Number of Meetings: 4

Accomplishments of the Year

- CE Audits
 - Developed structure, process, criteria and tools
 - Conducted initial CE Audits
 - Summarized findings and identified areas for improvement
 - Presented results to the Board
- Received legal opinion to update policies
- Launched new feedback survey for PDAP CE submission through portal and App

Goals for Next Fiscal Year

- CE Audits

Ensuring Professional Excellence

- Make improvements as identified from the initial CE Audits
 - Conduct CE Audits
 - Review and monitor results
 - Summarized findings to develop the first CE Audits report
- Update program policies
- Monitor results from the new feedback survey for PDAP CE submission through portal and App
- Determine if a registrant learning needs survey is required based on Board direction
- Update program policies
- Update registrant feedback survey
- Determine if a registrant learning needs survey is required based on Board direction

Developing Practice Requirements to Protect Patient Safety

We develop and amend our bylaws, policies and practice standards to protect public safety. We also consider, develop and recommend changes to pharmacy practice that are needed to increase public safety and improve patient outcomes.

The College applies best practices for developing regulatory requirements such as the concept of Right Touch Regulation. Right Touch Regulation means always asking what risk we are trying to regulate, being proportionate and targeted in regulating that risk or finding ways other than regulation to promote good practice and high-quality healthcare.

Mandatory Medication Incident Reporting

At its September 2019 meeting, [the College Board approved a motion requiring mandatory anonymous medication incident reporting in all pharmacies.](#)

Over the next several years, the College will work to develop standards and criteria, as well as bylaw and policy changes to enable implementation of a mandatory anonymous Medication Incident Reporting Program by 2022/2023.

[Learn more](#)

Patient Relations Program Standard

At its February 2019 meeting, the College Board approved a new [Patient Relations Program Standard](#) to be included under [Schedule "A" – Code of Ethics](#) of the *Health Professions Act* Bylaws.

The Patient Relations Program Standard helps to protect public safety by providing clearer standards and requirements for dealing with misconduct of a sexual nature.

The Standard provides guidances to pharmacy professionals on maintaining proper professional boundaries with patients and former patients, and preventing professional misconduct of a sexual nature. It also raises pharmacy professionals' awareness of their responsibility to educate themselves on professional ethics.

[Learn more](#)

Modernizing our Bylaws Under the Pharmacy Operations and Drug Scheduling Act

Amendments to modernize the College's bylaws under the *Pharmacy Operations and Drug Scheduling Act* (PODSA) [came into effect on January 16, 2020.](#)

Developing Practice Requirements to Protect Patient Safety

The College Board approved these amendments at its November 2019 meeting, as part of the Legislative Standards & Modernization Goal within the [College's 2017/18 – 2019/20 Strategic Plan](#).

This PODSA Modernization Project was split into two phases. Phase One involved amendments to the PODSA Bylaws relating to pharmacy ownership requirements and [came into effect on April 1, 2018](#).

The following key bylaw topics were addressed in the Phase Two PODSA Bylaw amendments:

- Operation of a community pharmacy without a full pharmacist,
- Responsibilities of managers, direct owners, directors, officers and shareholders,
- Storage of drugs and confidential health information, including offsite storage,
- Developing provisions to allow for community telepharmacy reinstatement,
- Bylaws that are not being complied with based on data from the Practice Review Program,
- Reviewing PharmaNet requirements in light of the transition of administration of PharmaNet functions to the Ministry of Health, and
- House-keeping amendments, including ensuring consistency of writing style.

[Learn more](#)

New Safety Measures for Codeine Liquid Preparations

As of January 2, 2020, amendments to the *Drug Schedules Regulation* (DSR) under the *Pharmacy Operations and Drug Scheduling Act* (PODSA), moving certain Schedule I codeine containing liquid preparations to Schedule IA, are in effect.

This means that prescriptions for certain codeine containing liquid preparations will now require a Controlled Prescription Program duplicate prescription form.

Additionally, as with all Controlled Prescription Program drugs, these preparations must also be stored in a time delay safe.

Rescheduling the codeine containing liquid preparations listed below to Schedule 1A will improve oversight of these drugs, increase barriers to their access, and help to address public safety concerns, such as:

- Addiction and non-medical use of these drugs,
- Prescription forgeries for these drugs, and
- Pharmacy robberies and thefts targeting these drugs.

[Learn more](#)

Developing Practice Requirements to Protect Patient Safety

Amendments to Controlled Prescription Program Forms

At its February meeting, the College Board approved amendments to the Controlled Prescription Program (CPP) forms to create a harmonized form.

The Controlled Prescription Program is a duplicate prescription program created to prevent forgeries and reduce inappropriate prescribing of drugs listed in Schedule 1A. Prescriptions for drugs specified in the CPP must be written on a duplicate form specifically developed for this purpose.

The benefits of having a harmonized CPP form include:

- A consistent approach to writing prescriptions for all 1A drugs;
- Increased patient access to OAT therapy, as all physicians will have the form (currently only OAT prescribers have the methadone CPP form); and,
- Reduce the administrative burden associated with ordering/printing of two pads for 1A drugs.

[Learn more](#)

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 related to limits, conditions, suspensions or cancellations of a registrant publicly available on the College website.

Licensing Pharmacies

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

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

Pharmacy Ownership Transition Ends

On April 1, 2018, the College's amendments to the Pharmacy Operations and Drug Scheduling Act Bylaws came into effect. The new pharmacy licensure process involved identifying all pharmacy owners and determining their suitability for pharmacy ownership which allows the College to hold pharmacy owners accountable for providing safe and effective care by ensuring their pharmacies are compliant with legislative requirements for pharmacies in BC.

The first pharmacies to complete pharmacy licence renewals under the new requirements were those whose licences expired on June 30, 2018.

Registering Pharmacy Professionals and Licensing Pharmacies

They marked the beginning of the year-long transition period, which ended with pharmacies whose licence expired in May 2019.

Pharmacies whose licence expired in June 2019 were the first to complete the post-transition period renewal process.

What is different about completing a pharmacy licence renewal in the post-transition period?

- Direct Owners that are corporations will not need to submit a certified copy of the Central Securities Register, unless changes have been made;
- The name, role and email contact of each indirect owner does not need to be entered unless changes have been made.
- Individuals required to submit Proof of Eligibility (i.e. current direct/indirect owners and managers) will be notified when the renewal notice is sent (i.e. 75 days before the pharmacy licence expiry)
- Direct and Indirect owners and managers that submitted a Criminal Record History (CRH) at their last renewal, are no longer required to submit one this year. Submission of a CRH is only required once every 5 years.

Pharmacy licence renewal applications will continue to require:

- Ownership information
 - If the direct owner is a corporation, the Authorized Representative must provide a copy of the most recent BC Company Summary, issued within the year.
 - If the direct owner has a parent company or shareholder that is BC incorporated and non-publicly traded, the Authorized Representative must provide a copy of the most recent BC Company Summary for that company, issued within the last year.
- The Business licence for each pharmacy due for renewal
- Attestation from each current direct/indirect owner and manager.
- An attestation from the current direct/indirect owners and managers is required every year as part of the renewal application, while a CRH is only required once every 5 years.
- Direct owners with multiple pharmacies due for renewals in the same month, can submit one attestation for all these pharmacies.

[Learn more](#)

Trusts & Trustees

Since the introduction of the new ownership requirements under the *Pharmacy Operations and Drug Scheduling Act* (PODSA), the College has been collecting information about Direct Owners and Indirect

Registering Pharmacy Professionals and Licensing Pharmacies

Owners (directors, officers and shareholders) as part of the annual pharmacy license renewal process.

Up until this point, information about trustees has not been collected, as trustees were not initially considered to be indirect owners and, as such, were not subject to the ownership requirements under PODSA.

Beginning with pharmacy licence renewals for pharmacies with a June 30, 2019 expiry date, all pharmacies identified as having one or more trusts or trustees holding shares of the direct owner or its parent company will be required to provide information for each trustee as trusts or trustees are now considered indirect owners.

[Learn more](#)

Registration and Licensure

2019/20 Licensure Statistics

Licensed Pharmacies	2019/20	2018/19	2017/18
Community			
Beginning of year	1358	1353*	1312
Add: Opening	37	32	59
Add: Change of Licence Type	1	0	0
Add: Reinstated	1	1	0
Add: Transfer from Suspended	0	-	-
Less: Suspended	0	0	0
Less: Cancelled	-1	-1	0
Less: Permanently Closed	-25	-26	-16
Less: Change of Licence Type	0	-1	-4
Less: Licence Expired (Eligible to Reinstate)	-1	-	-
Fiscal year end	1370	1358	1351
Hospital			
Beginning of year	72	71	69
Add: Opening	1	1	2
Add: Change of Licence Type	0	0	2
Add: Reinstated	0	-	-
Add: Transfer from Suspended	0	-	-
Less: Suspended	0	-	-
Less: Cancelled	0	-	-
Less: Permanently Closed	0	0	-1
Less: Change of Licence Type	0	0	-1
Less: Licence Expired (Eligible to Reinstate)	0	-	-
Fiscal year end	73	72	71

Registration and Licensure

2019/20 Licensure Statistics

Licensed Pharmacies	2019/20	2018/19	2017/8
Education			
Beginning of year	4	4	6
Add: Opening	0	0	0
Add: Change of Licence Type	0	-	-
Add: Reinstated	0	-	-
Add: Transfer from Suspended	0	-	-
Less: Suspended	0	-	-
Less: Cancelled	0	-	-
Less: Permanently Closed	0	0	-2
Less: Change of Licence Type	0	0	0
Less: Licence Expired (Eligible to Reinstate)	0	-	-
Fiscal year end	4	4	4
Satellite			
Beginning of year	9	9	4
Add: Opening	2	1	2
Add: Change of Licence Type	0	0	4
Add: Reinstated	0	-	-
Add: Transfer from Suspended	0	-	-
Less: Suspended	0	-	-
Less: Cancelled	0	-	-
Less: Permanently Closed	0	-1	0
Less: Change of Licence Type	0	0	-1
Less: Expired (Eligible to Reinstate)	0	-	-
Fiscal year end	11	9	9

Registration and Licensure

2018/2019 Licensure Statistics

Licensed Pharmacies	2019/20	2018/19	2017/8
Telepharmacy			
Beginning of year	13	12	12
Add: Opening	1	0	0
Add: Change of Licence Type	0	1	4
Add: Reinstated	0	-	-
Add: Transfer from Suspended	0	-	-
Less: Suspended	0	-	-
Less: Cancelled	0	-	-
Less: Permanently Closed	0	0	0
Less: Change of Licence Type	-1	0	-4
Less: Licence Expired (Eligible to Reinstate)	0	-	-
Fiscal year end	13	13	12

*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

Registration and Licensure

2019/20 Registration Statistics

Pharmacist Pre-Registration	2019/20	2018/19	2017/18
Category (# of new applicants)			
Canadian Free Trade Agreement (CFTA)	124	131	130
New Grad/Non-AIT	24	24	19
IPG/USA	59	76	70
Reinstatement	28	36	29
CFTA-Reinstatement	16	21	18
Fiscal year end total (# of new applicants)	251	288	266

Registration and Licensure

2019/20 Registration Statistics

Full Pharmacists Registration	2019/20	2018/19	201719
Beginning of Year	6269	6079	5853
Add: New registrants	359	392	392
Add: Reinstated	22	36	29
Add: Reinstated Following Late Renewal	44	–	–
Add: Transfer from Suspended	9	9	5
Less: Transfer to Former (voluntary or >90 days late)	-248	-216	-232
Less: Transfer to Non-Practising	-19	-15	-7
Less: Transfer to Former (Eligible for Late Registration Renewal)	-69	–	–
Less: Deceased	-3	-4	-6
Less: Suspended (by Complaints and Investigations)	-10	-12	-6
Less: Cancelled (by Complaints and Investigations)	0	0	0
Fiscal year end total*	6354	6269	6028

Registration and Licensure

2019/20 Registration Statistics

Non-Practicing Pharmacists Registration	2019/20	2018/19	2017/19
Beginning of Year	49	49*	63
Add: Transfer from Full	20	15	7
Add: Reinstated Following Late Renewal	1	-	-
Add: Transfer from Suspended	0	-	-
Less: Reinstated to Full Pharmacist	-2	-3	-2
Less: Transfer to Former (voluntary or >90 days late)	-13	-12	-15
Less: Transfer to Former (Eligible for Late Registration Renewal)	-2	-	-
Less: Deceased	0	0	-1
Less: Suspended (by Complaints and Investigations)	0	0	0
Less: Cancelled (by Complaints and Investigations)	0	0	0
Fiscal year end total*	53	49	52

Registration and Licensure

2019/20 Registration Statistics

Limited Pharmacists Registration	2019/20	2018/19	2017/18
Beginning of Year	3	1	0
Add: New applicants	9	6	1
Add: Reinstated Following Late Registration Renewal	0	-	-
Add: Transfer from Suspended	0	-	-
Less: Registered as Full Pharmacist	-7	-4	0
Less: Transfer to Former (voluntary or >90 days late)	0	-	-
Less: Transfer to Former (Eligible for Late Registration Renewal)	-1	-	-
Less: Deceased	0	-	-
Less: Suspended (by Complaints and Investigations)	0	-	-
Less: Cancelled (by Complaints and Investigations)	0	-	-
Fiscal year end total	4	3	1

UBC Student Pharmacists Registration	2019/20	2018/19	2017/18
Year 1	228	221	221
Year 2	215	212	222
Year 3	216	219	208
Year 4	210	203	232
Fiscal year end total	869	855	883

Student (Non-UBC) Pharmacists Registration	2019/20	2018/19	2017/18
Fiscal year end total	4	13	11

Registration and Licensure

2019/20 Registration Statistics

AUTHORIZED FOR ADMINISTRATION BY INJECTION & INTRANASAL ROUTE	2019/20	2018/19	2017/18
Pharmacists (Full and Limited)	4203	4109	3988
UBC Students (3 ^{re} and 4 th year)	344	306	185
Fiscal year end total	4547	4415	4173

Registration and Licensure

2019/20 Registration Statistics

Pharmacy Technician Pre-Registration	2019/20	2018/19	2017/18
Category (# of new applicants)			
Canadian Free Trade Agreement (CFTA)	20	17	23
New Grad	115	113	115
Reinstatement	7	11	10
CFTA-Reinstatement	1	1	1
Fiscal year end total (# of new applicants)	143	142	138

Pharmacy Technician Registration	2019/20	2018/19	2017/18
Beginning of Year	1576	1510*	1416
Add: New registrants	107	94	123
Add: Reinstated	7	14	9
Add: Reinstated Following Late Registration Renewal	9	-	-
Add: Transfer from Suspended	0	0	0
Less: Transfer to Former (voluntary or >90 days late)	-28	-34	-42
Less: Transfer to Non-Practising	-2	-6	-3
Less: Transfer to Former (Eligible for Late Registration Renewal)	-15	-	-
Less: Deceased	0	0	-1
Less: Suspended (by Complaints and Investigations)	0	-2	0
Less: Cancelled (by Complaints and Investigations)	0	0	0
Fiscal year end total	1654	1576	1502

Registration and Licensure

2019/20 Registration Statistics

Non-Practising Pharmacy Technician Registration	2019/20	2018/19	2017/18
Beginning of Year	7	5	8
Add: Transfer from Full	2	6	0
Add Reinstated Following Late Registration Renewal	0	0	1
Add: Transfer from Suspended	0	-	-
Less: Reinstated to Pharmacy Technician	-4	-1	-2
Less: Transfer to Former (voluntary or >90 days late)	-1	-3	-2
Less: Transfer to Former (Eligible for Late Registration Renewal)	-1	-	-
Less: Deceased	0	0	0
Less: Suspended (by Complaints and Investigations)	0	0	0
Less: Cancelled (by Complaints and Investigations)	0	0	0
Fiscal year end total	3	7	5

*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

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

John Beever (Chair, effective November 15, 2019)
 Derek Lee (Vice-Chair, effective November 15, 2019)
 Doreen Leong (staff resource)
 Christine Antler (Chair, until November 15, 2019)
 Neil Bruan
 George Budd
 Dianne Cunningham
 Kris Gustavson (effective May 1, 2019)
 Trevor Hoff (effective May 1, 2019)
 Robert Lewis
 Kevin Ly
 Nima Moazen (effective May 1, 2019)
 Katie Skelton (effective November 15, 2019)
 Surbhi Singh
 Terry Park (until November 15, 2019)
 Justin Thind (until November 15, 2019)
 Sorell Wellon
 Mark Zhuo
 Number of Meetings
 Number of In-Person Meetings: 1 (training)
 Number of Teleconferences: 23

Accomplishments of the Year

- Conducted an overall review of eligibility case files and incomplete pharmacy files
- Held an in-person training/orientation session to review Application Committee decisions,

- administrative law and decision making including applying conditions to a pharmacy licence.
- Drafted and revised on-going communication materials for licensure processes – Pharmacy Licensure Guide, ReadLinks articles, webpages and correspondence
- Pharmacy applications referred to the AC:
 - 18 pharmacy files related to eligibility criteria
 - 123 pharmacy files were incomplete/late

Goals for Next Fiscal Year

- Annual review of all policies
- Annual in-person meeting/orientation/training
- Annual review and revision of all communication materials
- Review and revise FAQs on College website

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
 Alex Dar Santos
 Jagpaul Deol (until April 30, 2019)
 Jenny Misar
 Wilson Tsui
 Julia Zhu
 Number of Meetings: 0

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

- Approve draft revised Standards, Limits and Conditions related to drug administration by injection and intranasal route for Board approval.

Registration and Licensure

Jurisprudence Examination Sub-Committee

Mandate

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

Membership

Bal Dhillon (Chair, effective November 15, 2019)

Christopher Szeman (Vice-Chair)

Doreen Leong (staff resource)

Angel Cao

Connie Chan (effective May 1, 2019)

Brian Kim

Kent Ling

Tara Oxford (Chair, until November 15, 2019)

Asal Taheri

David Wang

Number of Meetings: 3

Accomplishments of the Year

- Key policies, processes, exam results and item statistical data reviewed and approved.
- Launched Jurisprudence Exam Modernization Project
 - Develop project plan and timelines for reviewing Jurisprudence Exam blueprint, item writing, item review and standards setting.
 - Secured new item bank platform
 - Secured new scanner/platform for generating answer sheets
- Revised Jurisprudence Exam page on College website

Goals for Next Fiscal Year

- Annual review of all Jurisprudence Exam policies and Jurisprudence Exam Information Guide.
- Conduct Jurisprudence Exam Blueprinting

Registration and Licensure

Registration Committee

Mandate

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

Membership

Raymond Jang (Chair, effective September 13, 2019)

Maen Obeidat (Chair, until September 13, 2019)

Dana Elliot (Vice-Chair)

Laura Bickerton (until April 30, 2019)

Caroyln Cheung (until April 30, 2019)

Dana Elliott

Sukjiven Gill

Avena Guppy

Michelle Ho Chung (until April 30, 2019)

Chelsea Huang (effective May 1, 2019)

Jihyun (Amy) Lim (effective May 1, 2019)

Charles Park (until April 30, 2019)

Mikolaj Piekarski

Traci Skaalrud (effective May 1, 2019)

Katie Skelton (effective February 15, 2019)

Lorraine Unruh

Number of Meetings

Number of In-Person Meetings: 1

Number of Teleconferences: 7

Accomplishments of the Year

- Key policies, processes and exam results reviewed and approved including the Exam Appeal Policy, English Language Proficiency Policy and Jurisprudence Exam results
- Updated all webpages and content for pre-registration and registration categories
- 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)
- UBC Pharmacy Student Pre-registration Application (N=2)
- Other application reviewed:
 - Pharmacist Jurisprudence Exam – Exam accommodation (N=1)
 - Pharmacist Pre-registration – Limited Pharmacist Category (N=5)
 - Pharmacist Pre-Registration Application – International Pharmacy Graduate – Extension of validity period of the Structured Practical Training and JE result (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 and registration pages 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.

Posting of Discipline Hearing Notifications

In order to enhance transparency, as of September 1, 2019, the College will now publish citations and Discipline Hearing Notifications as individual items in the ['News' section of its website](#). These notifications will also appear on the College's homepage. The College may include information about upcoming Discipline Hearing Notifications in its monthly 'ReadLinks Roundup' email, which is sent to all pharmacists and pharmacy technicians.

Previously, citations for Discipline Committee hearings were published under ['Discipline Hearing Notifications'](#) on the College's website 2-4 weeks prior to a scheduled hearing.

When the College's Discipline Committee takes action under [Section 39 \(2\) of the Health Professions Act](#), these actions are published as ['Complaints Outcomes'](#) on the College's website.

As a Health Professions College under the *Health Professions Act*, the College's mandate is to serve and protect the public. Greater transparency assures the public that they can trust their pharmacies, pharmacists, and pharmacy technicians to provide safe and effective pharmacy care.

[Learn more about our complaints and discipline publication policy.](#)

Complaints and Investigations

Notable Cases

Section 35 Extraordinary Action

If the Inquiry Committee considers an action necessary to protect the public during the investigation of a registrant or pending a hearing of the discipline committee, it may, by order,

- impose limits or conditions on the practice of the designated health profession by the registrant, or
- suspend the registration of the registrant.

This action is used sparingly in cases where there is an urgent public protection issue. In 2019, the Inquiry Committee made orders to impose limits and conditions or suspension on three registrants' pharmacy practice pursuant to Section 35(1)(a) of the *Health Professions Act* ("HPA"), pending investigation into the registrants' practice or discipline hearing.

Case #1

While practicing as a pharmacist, it was alleged that the registrant in this case did not comply with the applicable legislation and standards of practice required in order to dispense Opioid Agonist Treatment. Also, it was alleged that the Registrant provided emergency prescription refills without exercising appropriate clinical judgement and supporting documentation.

The registrant was restricted from providing any OAT services, providing emergency prescription refills on narcotic, controlled or targeted drugs as well as zopiclone and zolpidem, and from acting as a pharmacy manager.

Case #2

While practicing as a pharmacist, the registrant was alleged to have shown a continuing pattern of providing Opioid Agonist Treatment without abiding by the legislative requirements. Also, the registrant was alleged to have prepared and dispensed intravenous drug product under unsanitary conditions.

The Registrant was restricted from dispensing any narcotic or controlled drug substance intended for Opioid Agonist Treatment and from compounding any medication and preparing or dispensing any medication intended for intravenous administration.

Case #3

In this case, the Inquiry Committee was satisfied that there is a prima facie evidence that the registrant suffers from a substance addiction that rendered him unfit to practice at this time of the Section 35 proceeding. The Inquiry Committee was of the view that the registrant's continued practice poses a risk to the public, and that this risk cannot be addressed at this time with conditions or limits.

The Inquiry Committee ordered a suspension of the registration of the registrant pending

Complaints and Investigations

completion of an investigation, unless he provides medical evidence from an addiction medicine specialist, satisfactory to the College, that he is fit to resume practice.

Inappropriate Access and Use of PharmaNet Records

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. Most of the seven individuals stated that they had not willingly consented to having these transactions on their PharmaNet records.

These transactions all originated from a pharmacy where a registrant was the pharmacy manager and owner.

The registrant admitted that he had directed pharmacy assistants to process transactions weekly on PharmaNet 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. The majority of pharmacy registrants stated that their registration numbers were used without their willing consent or knowledge. Many of these transactions were also backdated.

The registrant’s actions and direction enabled the inappropriate access and use of PharmaNet records, enabled the inappropriate access and use of pharmacist registration numbers, and caused PharmaNet records to be inaccurate and not current.

The Inquiry Committee considered that the registrant’s intentional directing of weekly transactions which enabled the processing of over 15,000 false prescriptions on PharmaNet involved significant breaches of confidentiality and trust. The fact that his actions led to an inflated prescription count, from which the Inquiry Committee believed he gained financial and personal benefit, made his conduct even more serious.

His actions were considered serious contraventions of legislation involving use and protection of personal information, appropriate use and access of PharmaNet and patient records, supervision of pharmacy assistants, and his role as a pharmacy manager. He also contravened standards of the Code of Ethics involving protecting and promoting the well-being of patients, benefitting society, committing to personal and professional integrity, and participating in ethical business practices.

The Inquiry Committee also considered that the registrant had previously consented to remedial undertakings to fully comply with ethical requirements, and he had breached these undertakings for this current matter. The totality of the Former Registrant’s serious, intentional, and repeated

Complaints and Investigations

conduct amounted to significant professional misconduct, and the Inquiry Committee considered that the registrant required the above-referred-to remediation and deterrence in order to come into compliance.

The registrant consented the following terms:

- To suspend his registration as a pharmacist for a total of 540 days, to commence upon his reinstatement to Full Pharmacist status;
- To not be a pharmacy manager, director, owner (direct or indirect), shareholder, and preceptor for pharmacy students for a period of five years from the date that his suspension ends;
- To successfully pass the College's Jurisprudence Exam;
- To successfully complete and pass an ethics course for healthcare professionals; and
- To pay a \$30,000.00 fine.

PharmaCare Audit

The College received correspondence from the BC Ministry of Health regarding potential pharmacy practice concerns at a pharmacy, arising from a PharmaCare Audit of the pharmacy that covered the time period of 2 years. Further to the College's investigation of those practice concerns, the registrant acknowledged that:

- prescriptions were missing date or quantity to dispense,
- prescriptions were filled under the incorrect prescriber,
- a prescription was dispensed for the wrong dose,
- prescriptions were written by the prescriber as daily witness ingestion but were processed under the Drug Identification Number ("DIN") for methadone given without direct interaction
- a prescription was written by the physician for daily witness ingestion but was processed under the DIN for delivery of methadone, without authorization,
- medication reviews were submitted to PharmaNet that did not have any supporting documentation,
- prescriptions for Hepatitis C medications were not submitted to PharmaNet on the day of claimed dispense,
- prescriptions were written by the physician as daily dispense, but were filled and submitted to PharmaNet as a 7 days' supply, with no documentation of a prescriber's authorization to do so,
- a prescription was filled as a verbal authorization with incomplete documentation,
- a methadone prescription was billed on a day marked as "missed" on the ingestion logs,
- a prescription adaptation was conducted without adequate documentation,
- a methadone prescription did not have a part fill accountability log, and
- a methadone prescription was provided as delivery without prescriber authorization.

Complaints and Investigations

The Inquiry Committee considered that in this case, the cumulative weight of the practice deficiencies demonstrated inadequate diligence and oversight in the Registrant's practice, noting that many of the substantiated practice deficiencies were substantive, and not simply administrative. Accurate record keeping and documentation are fundamental to providing safe pharmaceutical care.

The registrant consented the following terms:

- having a Letter of Reprimand placed permanently on his registration record;
- payment of a fine in the amount of \$10,000;
- an undertaking to:
 - not repeat the conduct to which this matter relates,
 - thoroughly review and read legislation, standards and policies relevant to the conduct to which this matter relates, and thereafter submit a Declaration of Understanding regarding the legislation, standards and policies reviewed and read,
 - complete the BC Pharmacy Manager Training Course as well as coursework relating to opioid agonist therapy,
 - successfully complete the College's Jurisprudence Exam,
 - at all times prior to completing the BC Pharmacy Manager Training Course and successfully completing the College's Jurisprudence Exam only provide the services of a pharmacist when a least one other full pharmacist registrant is present with him in the pharmacy, and
 - at all times after delivering the Declaration of Understanding, completing the BC Pharmacy Manager Training Course and coursework relating to methadone maintenance treatment, and successfully completing the College's Jurisprudence Exam, be knowledgeable of and abide by all legislation and policy governing the practice of pharmacy.

Complaints and Investigations

Complaints and Investigations Statistics

March 1, 2019 and February 29, 2020

Number of calls/tips received	844
Number of Health Professions Act section 33 complaints received	112
<ul style="list-style-type: none"> Number of registrants involved 	198
Number of in-person meetings	7
Number of teleconferences	52
Number of files disposed/reviewed	239
<ul style="list-style-type: none"> Number of new files disposed 	125
<ul style="list-style-type: none"> Number of reconsiderations* 	56
<ul style="list-style-type: none"> Number of Pharmacy Operations and Drug Scheduling Act section 18 reports 	58
Number of files referred to Discipline Committee	4
Number of files referred to Discipline Committee	2
Categories	
Medication related	47
Privacy / Confidential	5
Professional misconduct	40
Competency and practice issues	25
Medication review	1
Fitness to practice	6
Unauthorized practice	6
Unlawful activity	7
Methadone	6
Other	9

* 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
Vaughn Chauvin
Wayne Chen (until April 30, 2019)
Jody Croft (until April 30, 2019)
Dianne Cunningham
Baldeep Dhillon
Anneke Driessen
Jeffrey Huang
Nerys Hughes
Edwin Kry
Howard Kushner (until April 30, 2019)
Peter Lam
Dominique Marcotte
Leza Muir
Anne Peterson
Annette Robinson
Omar Saad
Sophie Sanfacon
Gurinder Saran
Paulo Tchen
Jeremy Walden (until April 30, 2019)
Carol Williams
Amparo Yen

Number of hearing days: 1
Number of discipline files heard in court: 0
Number of files complete: 0
Number of files in progress: 2
Number of pending files: 4

Summary

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.

Joelle Mbamy and Sunrise Pharmacy

The Inquiry Committee directed the Registrar of the College to issue a citation against registrant Joelle Mbamy and Sunrise Pharmacy in 2019. Ms. Mbamy is the manager and owner of Sunrise Pharmacy where she is alleged to have shown a continuing pattern of providing Opioid Agonist Treatment without abiding by the legislative requirements. Also, while practicing as a pharmacist, the Registrant is alleged to have prepared and dispensed intravenous drug product under unsanitary conditions.

A pre-trial hearing teleconference was held on January 17, 2020. Future hearing dates are scheduled for July and September 2020.

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

Susan Troesch (Chair, effective May 1, 2019)
Ming Chang (Vice-Chair, effective April 30, 2019)
John Hope (Vice-Chair, and member until April 30, 2019)
David Pavan (staff resource)
Carla Ambrosini (until April 30, 2019)
Enreet Aujla
Dorothy Barkley
Joy Bhimji
Janice Butler
Karen Dahri
Meribeth Deen
Sukhvir Gidda
Michelle Harrison
Lori Hurd
Helen Jennens
Debbie Johannesen
Sanjeev Khangura
I fan Ko
Mona Kwong
Fatima Ladha (until April 30, 2019)
Sammy Lee
James Mercer
Janice Munroe
Alison Rhodes
Alana Ridgeley
Nathan Roeters
Kristoffer Scott
Kelsey Scyner

Complaints and Investigations

Justin Thind
Roberta Walker
Ann Wicks
Cynthia Widder (until April 30, 2019)
Joyce Wong
Wilson Yee
Marco Yeung

Number of Meetings
Number of In-Person Meetings: 7
Number of Teleconferences: 52

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.

Amalgamation of Committees

As of April 12, 2019, the Community Pharmacy Advisory Committee, the Hospital Pharmacy Advisory Committee and the Residential Care Advisory Committee have been amalgamated into one committee known as the Pharmacy Advisory Committee.

While each of the three pharmacy advisory committees focus respectively on reviewing issues and providing recommendations within a specific practice area, their roles are virtually the same, and many of the issues they are asked to address are common to all types of pharmacy practice. As a result, amalgamating these committees will enable the College to make more efficient use of its resources.

The new Pharmacy Advisory Committee Responsibilities are:

- To meet from time to time to review issues related to the practice of pharmacy that have been directed to the committee by the Board or the Registrar.
- Assist in the development of policies, procedures, guidelines and proposed legislation pertaining to pharmacy practice and standards.
- Assist in the development of information materials for circulation to practicing registrants.
- Recommend appropriate action to the Board or the Registrar regarding pharmacy practice issues.
- Work collaboratively across practice areas (e.g., community, hospital, residential care) to ensure a cohesive approach to common practice issues.

Ethics Advisory Committees

The Ethics Advisory Committee provides 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.

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)
Robson Liu (Vice-Chair)
David Pavan (staff resource)
Shivinder Badyal
Alison Dempsey
Patricia Gerber
Jamie Graham
Tara Lecavalier
Vanessa Lee
Alan Low
Jing-Yi Ng
Audra Spielman
Number of Meetings: 0

Accomplishments of the Year

- The Ethics Advisory Committee has not met during this reporting period.

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

Pharmacy Advisory Committee

Mandate

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

Membership

Anca Cvaci (Chair)
Andrea Silve (Vice-Chair)
Ashifa Keshavji (staff resource)
Elissa Aeng
Rapinder Chahal
Ming Chang
Karen Dahri
James Davis
Thao Do
Jennifer Dunkin
Dana Elliot
Ivana Gojkovic
Steven Hopp
Mohinder Jaswal
Fatima Ladha
Karen LaPointe
Aita Munroe
Tara Oxford
Kris Scott
Aaron Sihota
Andrea Silver
Aaron Tejani
Lanai Vek
Sorell Wellon
Cindy Zhang

Number of Meetings: 1

Advisory Committees

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:
 - PODSA Modernization
 - Controlled Prescription Program Forms
 - PPP-71 Delivery of Methadone for Maintenance
 - PPP-68 Cold Chain Management of Biologicals

Goals for Next Fiscal Year

- Continue to work with committee Chairs/Vice Chairs to identify agenda items relevant to current 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 29, 2020

Financials

College of Pharmacists of British Columbia
Financial Statements
Year ended February 29, 2020

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

Financials



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

BDO Canada LLP
600 Cathedral Place
925 West Georgia Street
Vancouver BC V6C 3L2 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 29, 2020, 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 29, 2020, and its results of operations, changes in net assets 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'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 or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College'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 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'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'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 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 12, 2020

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

Financials

College of Pharmacists of British Columbia Statement of Financial Position

For the year ended February 29 2020 2019

Assets

Current

Cash and cash equivalents	\$ 930,720	\$ 1,146,034
Short-term investments (Note 2)	1,399,060	1,261,710
Accounts receivable	103,122	68,771
Prepaid expenses and deposits	316,387	272,252
	<u>2,749,289</u>	<u>2,748,767</u>

Interest in College Place Joint Venture (Note 3)	1,491,429	1,540,834
Long-term investments (Note 2)	4,050,927	4,514,125
Development costs (Note 4)	197,255	342,090
Tangible capital assets (Note 5)	683,497	575,748
	<u>\$ 9,172,397</u>	<u>\$ 9,721,564</u>

Liabilities and Net Assets

Current

Accounts payable and accrued liabilities (Note 6)	\$ 692,971	\$ 573,213
Current portion of capital lease obligations (Note 7)	9,987	9,120
Deferred revenue (Note 8)	5,302,615	5,138,250
Deferred contributions (Note 9)	60,237	70,474
	<u>6,065,810</u>	<u>5,791,057</u>

Capital lease obligations (Note 7)	32,719	42,706
	<u>6,098,529</u>	<u>5,833,763</u>

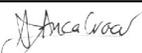
Net Assets

Unrestricted net assets	370,508	1,305,869
Restricted Fund	2,000,000	2,000,000
Invested in tangible capital assets	640,791	523,922
College Place Joint Venture (CPJV) replacement reserve	62,569	58,010
	<u>3,073,868</u>	<u>3,887,801</u>
	<u>\$ 9,172,397</u>	<u>\$ 9,721,564</u>

On behalf of the Board:



Director



Director

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

Financials

College of Pharmacists of British Columbia Statement of Operations

For the year ended February 29	2020	2019
Revenues		
Pharmacy fees	\$ 3,481,388	\$ 3,294,034
Pharmacist fees	4,778,400	4,314,976
Technician fees	871,649	783,134
Other	118,314	182,444
College Place Joint Venture income (Note 3)	100,178	108,052
Grants (Note 9)	10,237	100,237
Investment income	139,314	134,694
Total revenues	9,499,480	8,917,571
Expenses		
Board and Registrar's office	546,605	492,628
Communications and engagement	80,876	100,727
Complaints and investigations	250,249	383,474
Finance and administration	1,744,307	1,692,070
Grant distribution	41,228	134,395
Policy and legislation	46,337	54,370
Practice reviews	198,863	148,421
Quality assurance	58,273	50,218
Registration and licensure	203,554	312,739
Salaries and benefits	6,833,655	6,035,724
Amortization	314,025	352,460
Total expenses	10,317,972	9,757,226
Other expenses		
Loss on disposition of tangible capital assets	-	1,444
Deficiency of revenues over expenses	\$ (818,492)	\$ (841,099)

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 29, 2020

	Invested in Tangible Capital Assets	CPJV Replacement Reserve	Unrestricted	Restricted Fund	2020 Total	2019 Total
Balance, beginning of year	\$523,922	\$58,010	\$1,305,869	\$2,000,000	\$3,887,801	\$4,714,569
Deficiency of revenue over expenses	(169,190)	-	(649,302)	-	(818,492)	(841,099)
Investment in tangible capital assets	276,939	-	(276,939)	-	-	-
Share of CPJV replacement reserve	-	4,559	-	-	4,559	14,331
Repayment of capital lease principal	9,120	-	(9,120)	-	-	-
Balance, end of year	\$640,791	\$62,569	\$370,508	\$2,000,000	\$3,073,868	\$3,887,801

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

6

Financials

College of Pharmacists of British Columbia		
Statement of Cash Flows		
For the year ended February 29	2020	2019
Cash provided by (used in)		
Operating activities		
Deficiency of revenues over expenses	\$ (818,492)	\$ (841,099)
Items not affecting cash		
Amortization of tangible capital assets	169,190	208,121
Amortization of development costs	144,835	144,339
Share of College Place Joint Venture Income	(100,178)	(108,052)
Loss on disposition of tangible capital assets	-	1,444
	<u>(604,645)</u>	<u>(595,247)</u>
Changes in non-cash working capital		
Accounts receivable	(34,351)	15,061
Prepaid expenses and deposits	(44,135)	(128,986)
Accounts payable and accrued liabilities	119,758	(28,648)
Deferred revenue	164,365	730,450
Deferred contributions	(10,237)	(100,237)
	<u>(409,245)</u>	<u>(107,607)</u>
Financing activity		
Capital lease repayments	<u>(9,120)</u>	<u>(28,013)</u>
Investing activities		
Purchase of tangible capital assets	(276,939)	(107,748)
Increase in development costs	-	(2,086)
(Increase) decrease in investments	325,848	(125,588)
Advances from College Place Joint Venture	154,142	164,740
	<u>203,051</u>	<u>(70,682)</u>
Decrease in cash and cash equivalents for the year	(215,314)	(206,302)
Cash and cash equivalents, beginning of year	1,146,034	1,352,336
Cash and cash equivalents, end of year	\$ 930,720	\$ 1,146,034

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

Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 29, 2020

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 29, 2020

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

The restricted reserve fund represents net assets held in reserves that 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.

Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 29, 2020

1. Summary of Significant Accounting Policies - Continued

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.

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

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

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

l) Employee Future Benefits

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

Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 29, 2020

2. Investments

Investments consist of guaranteed investment certificates ("GICs") with interest from 1.70% to 3.21% (2019 - 1.70% to 3.21%) with maturity dates from March 4, 2020 to July 9, 2024. GICs that matured between year-end and the date of the financial statement approval were reinvested under similar terms.

3. 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 \$324,000 (2019: \$295,000).

The assets, liabilities, revenues and expenses of the joint venture at February 29, 2020 and for the year then ended are as follows:

	100%	30%
	<u>Joint Venture</u>	<u>College</u>
Balance sheet		
Assets		
Current assets	\$ 548,353	\$ 164,506
Tangible capital assets and other assets	4,535,899	1,360,770
	<u>\$ 5,084,252</u>	<u>\$ 1,525,276</u>
Liabilities and equity		
Total liabilities	\$ 112,824	\$ 33,847
Total equity	4,971,428	1,491,429
	<u>\$ 5,084,252</u>	<u>\$ 1,525,276</u>
Statement of operations		
Revenues	\$ 1,177,102	\$ 353,131
Expenses	843,176	252,953
Excess of revenue over expenses	<u>\$ 333,926</u>	<u>\$ 100,178</u>

Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 29, 2020

3. Interest in College Place Joint Venture - Continued

The College has two leases which expire on August 31, 2023. Rent payments until then are as follows:

Year	Amount
2021	304,239
2022	312,063
2023	319,888
2024	161,900
	\$ 1,098,090

4. Development Costs

	Cost	Accumulated amortization	2020 Net book value	2019 Net book value
SkiSure solution	\$ 41,302	\$ 41,302	\$ -	\$ -
Technician Program	234,432	234,432	-	-
Pharmacy online renewal	62,184	62,184	-	12,436
Robbery prevention form	10,800	10,800	-	-
Mobile apps	35,000	28,000	7,000	14,000
Website	306,171	257,352	48,819	113,576
Online pre-registration	101,220	80,976	20,244	40,488
PODSA modernization	201,988	80,796	121,192	161,590
	\$ 993,097	\$ 795,842	\$ 197,255	\$ 342,090

5. Tangible Capital Assets

	Cost	Accumulated amortization	2020 Net book value	2019 Net book value
Leasehold improvements	\$ 1,243,594	\$ 780,148	\$ 463,446	\$ 343,665
Furniture and fixtures	385,271	298,791	86,480	82,950
Office equipment	227,683	188,491	39,192	68,455
Computer	485,372	392,335	93,037	72,631
Software	360,167	358,825	1,342	8,047
	\$ 2,702,087	\$ 2,018,590	\$ 683,497	\$ 575,748

Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 29, 2020

6. Accounts Payable and Accrued Liabilities

Accounts payables and accrued liabilities include GST payable amounting to \$32,532 (2019 - \$28,837) as at February 29, 2020.

7. Capital Lease Obligation

The College is committed to pay an annual lease of \$14,281 with an effective interest rate of 10% for office equipment under a lease agreement. The lease will expire in October 2023.

8. Deferred Revenue

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

9. 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.

	<u>2020</u>	<u>2019</u>
Balance, beginning of year	\$ 70,474	\$ 170,711
Grants received	-	-
Less amounts amortized to revenue	<u>(10,237)</u>	<u>(100,237)</u>
Balance, end of the year	<u>\$ 60,237</u>	<u>\$ 70,474</u>

Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 29, 2020

10. 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, 2018, the Plan has about 204,500 active members and approximately 100,000 retired members.

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, 2018, indicated a \$2.87 billion funding surplus for basic pension benefits on a going concern basis. As a result of the 2018 basic account actuarial valuation surplus, the rate stabilization account, which was set up to help offset potential future contribution rate increases, has a balance of about \$2.5 billion. The next valuation will be as at December 31, 2021.

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 \$481,957 (2019 - \$409,410) for employer contributions to the plan in fiscal 2020. These contributions have been recorded as expenses on the Statement of Operations.

Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 29, 2020

11. 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 GICs will default. However, The College believes that its exposure to credit risk in relation to cash is low, as all of its cash and GICs 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.

Financials

College of Pharmacists of British Columbia Notes to the Financial Statements

February 29, 2020

12. Commitments

The College is committed to a contract for IT maintenance services for 3 years, at a rate of \$8,790 per month, ending February 28, 2023. The College is committed to a lease agreement for a new postage machine, at a rate of \$652 per month, ending February 28, 2022.

Year	Amount
2021	113,306
2022	113,306
2023	<u>105,482</u>
	<u>\$ 332,094</u>

13. Subsequent Event - COVID 19

COVID-19, declared a global pandemic by the World Health Organization in March 2020, has had a significant impact on the Canadian economy. As the impacts of COVID-19 continue, there will be further impact on the College, its stakeholders, employees, suppliers and other third party business associates. These circumstances could impact the timing and amounts realized on the College's assets and its ability to deliver services in the future. Although the disruption from the virus is expected to be temporary, given the dynamic nature of these circumstances, the duration of disruption and the related financial impact cannot be reasonably estimated at this time.

14. Contingent Liabilities

In the regular course of operations, legal claims are initiated against the College in varying and unspecified amounts. The outcome of any potential claims cannot reasonably be determined at this time. Any ultimate settlements will be recorded in the year in which the settlement occurs.