College of Pharmacists of British Columbia

Board Meeting
June 23, 2017
Held at the College of Pharmacists of British Columbia
200-1765 West 8th Avenue, Vancouver, BC

MINUTES

Members Present:
Anar Dossa, Chair, District 6
Mona Kwong, Vice-Chair, District 1
Ming Chang, District 2
Tara Oxford, District 3
Christopher Szeman, District 4
Frank Lucarelli, District 5
Arden Barry, District 7
Sorell Wellon, District 8
Kris Gustavson, Public
George Walton, Public

Regrets:
Norman Embree, Public
Jeremy Walden, Public

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

WELCOME & CALL TO ORDER
Chair Dossa called the meeting to order at 10:01am on June 23, 2017.

1. **CONSENT AGENDA**

   a) **Items for further discussion**

   Item 2.b.ii. a) Registrar's Update – Excellence Canada was removed from the Consent Agenda and placed onto the regular Agenda under item 10.

b) Approval of Consent Items (Appendix 1)

It was moved and seconded that the Board:

Approve the Consent Agenda as amended.

CARRIED

2. CONFIRMATION OF AGENDA (Appendix 2)

It was moved and seconded that the Board:

Approve the June 23, 2017 Draft Board Meeting Agenda as circulated.

CARRIED

3. AUDITOR'S REPORT (Appendix 3)

Donna Diskos, from Grant Thornton LLP, presented.

It was moved and seconded that the Board:

Approve the audited financial statements for fiscal year 2016/17 as presented.

CARRIED

4. PRACTICE REVIEW COMMITTEE (Appendix 4)

Kris Gustavson, Chair of the Practice Review Committee, presented.

a) Phase 1 and 2 Update

b) Phase 1 – Pharmacy Professionals Review Focus Areas for Pharmacy Technicians

It was moved and seconded that the Board:

Modify the Pharmacy Professionals Review Focus Areas for Pharmacy Technicians in community practice from:

- *Patient Identification Verification*
- *Profile Check*
- *Counselling*
- *Documentation*

To:

- *Patient Identification Verification*
- *Product Distribution*
- *Collaboration*
- *Documentation*

CARRIED

5. LEGISLATION REVIEW COMMITTEE (Appendix 5)

a) PODSA ByLaws – Public Posting (Owners)

It was moved and seconded that the Board:

RESOLVED THAT, in accordance with the authority established in section 21(8) of the Pharmacy Operations and Drug Scheduling Act, the Board approve the proposed draft bylaws of the College of Pharmacists of British Columbia along with the related forms and schedules for public posting, which operationalize recent amendments made to the Pharmacy Operations and Drug Scheduling Act.

CARRIED

George Walton and Christopher Szeman asked that their negative votes be recorded.

b) HPA Bylaws – Public Posting (Board Terms of Office)

It was moved and seconded that the Board:

Amend the Health Professions Act – Bylaws, to implement a change to the board election cycle whereby elections for four electoral districts are held in each of the first two years, and in the third year, no election is held.

CARRIED

Approve the following resolution:

"RESOLVED THAT, in accordance with the authority established in section 19(1)(6.2) of the Health Professions Act, the board approve the proposed draft bylaws of the College of Pharmacists of British Columbia, regarding elected board member terms of office and the board election cycle, for public posting as circulated."

CARRIED

6. CERTIFIED PHARMACIST PRESCRIBER DRAFT FRAMEWORK UPDATE (Appendix 6)

7. INQUIRY COMMITTEE (Appendix 7)

Dorothy Barkley, Past Vice-Chair, Inquiry Committee, presented.

- Dorothy highlighted increasing numbers of complaints that the Inquiry Committee has been seeing related to both medication reviews and pharmacy managers not fully understanding the responsibilities and obligations that come with the role.

a) Standards for Medication Review Services

It was moved and seconded that the Board:

Direct the Registrar to develop bylaws and/or practice standards for Medication Reviews and require mandatory training for pharmacists who wish to conduct them. To be prioritized by the Legislation Review Committee for implementation.

CARRIED

b) Pharmacy Manager's Requirements and Training

It was moved and seconded that the Board:

Direct the Registrar to develop requirements and training tools as it pertains to the role and responsibilities of the Pharmacy Manager. To be prioritized by the Legislation Review Committee for implementation.

CARRIED

8. UBC PHARMACISTS CLINIC UPDATE (Appendix 8)

Barbara Gobis, Director, Faculty of Pharmaceutical Sciences, Pharmacists Clinic, presented.

- Request guidance for effective intra-professional interactions between pharmacists to be taken under advisement by the College.

9. NAPRA'S POSITION ON CANNABIS FOR MEDICAL AND NON-MEDICAL PURPOSES (Appendix 9)

It was moved and seconded that the Board:

Support the Cannabis for Medical and Non-Medical Purposes: NAPRA Position Statement on the Role of Pharmacy Practitioners, April 2017, as circulated.

Mona Kwong recused herself from the Board meeting due to possible conflict of interest.

CARRIED

10. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA (Appendix 10)

Registrar's Excellence Canada update

- Using the Excellence, Innovation and Wellness (EIW) Standard, the College continues to see success in ensuring its organizational needs are being addressed, and its strategic initiatives are being realized.
- The College is pursuing achieving the Silver Level of Excellence in the Canada Awards for Excellence by 2019.

ADJOURNMENT

Chair Dossa adjourned the meeting at 2:11pm.

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

2. Consent Agenda
b) Approval of Consent Items

DECISION REQUIRED

Recommended Board Motion:

Approve the Consent Agenda as circulated, or amended.

i. Chair's Report
ii. Registrar's Update
    a. Activity Report
    b. Action Items & Business Arising
iii. April 21, 2017 Draft Board Meeting Minutes **[DECISION]**
iv. Committee Updates (Links to Minutes)
v. Audit & Finance Committee
    a. Finance Report – April Financials
    b. Inspection Fee Options

vi. Application Committee Terms of Reference **[DECISION]**

vii. Inquiry Committee Membership Update

viii. Discipline Committee Membership Appointment **[DECISION]**

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

2.b.i. Chair's Report

INFORMATION ONLY

Since the April Board meeting, I have been involved in the following activities:

- Audit and Finance Committee meeting
- Governance Committee meeting
- Legislative Review Committee meeting
- Registrar, Deputy Registrar and Vice-Chair weekly meetings
- BC Health Regulator meeting

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

2.b.ii. Registrar's Update
a) Activity Report

INFORMATION ONLY

Since the April Board meeting, I have been involved in the following activities:

- Attended CPRC (as Chair) and NAPRA meetings
- Vacation (2 weeks)
- Co-chaired the NAPRA Ad Hoc Committee on Governance Implementation meetings
- Participated in a process management training with Excellence Canada and staff
- Attended the Execs and Regs luncheon – topic on "Persons with Diverse Abilities"
- Attended the Provincial Data Stewardship meeting
- Had regular meetings with the Board Chair, Vice Chair and Deputy Registrar
- Attended the BC Pharmacy Directors Council (Health Authority Directors)
- Had a Ministry of Health, MBPSD meeting re: prescription monitoring program
- Had some Ministry of Health discussions re: Point of Care Testing by pharmacies
- Had a Ministry of Health discussion re: naloxone training by pharmacists
- Had meetings with Mitch Moneo, Acting ADM, MBPSD
- Attended the BC Pharmacy Conference and presented on Hot Topics in Pharmacy 2017
- Participated in a panel at the Canadian Institute for the Advancement of Justice Roundtable on Administrative Law re: the Record on Administrative Review

Excellence Canada Update:

- Excellence Canada completed an online staff survey, so that all staff would have input into the Gap Analysis (Appendix 1).
- As a result of the survey, we added Internal Communications to the Action Plan.
- We have formed Project Teams to work on all Action Plan priorities.
- Our Excellence Canada Coach, Catherine Neville, presented an all-day workshop "Introduction to Process Improvement" on May 15th. It was well attended by approximately half of the College staff, as many of our business processes are changing / being improved.
- The Executive Team has regular phone meetings with Catherine Neville and the Excellence Council (staff) meets monthly to keep all planned activities on track.

Strategic Plan Update:

- The 2017/18 - 2019/20 Strategic Plan is well underway. The Strategy Snapshot (Appendix 2) shows that most items are on track or not, yet, due to start. There has been a lot of organizational activity to prepare for the significant goals included in this strategic plan. To ensure that we stay on track with this plan, we are using Cascade Strategy Management software. This excellent tool allows staff to monitor progress, add tasks, notes, alerts, etc. to action items. Action items can be shared or "watched" to improve communication. Reports (such as the chart included) are easily generated. Also, watch for the new Strategic Plan webpage coming soon.

Appendix	
1	Excellence Canada Online Staff Assessment Survey Result
2	Strategy Snapshot

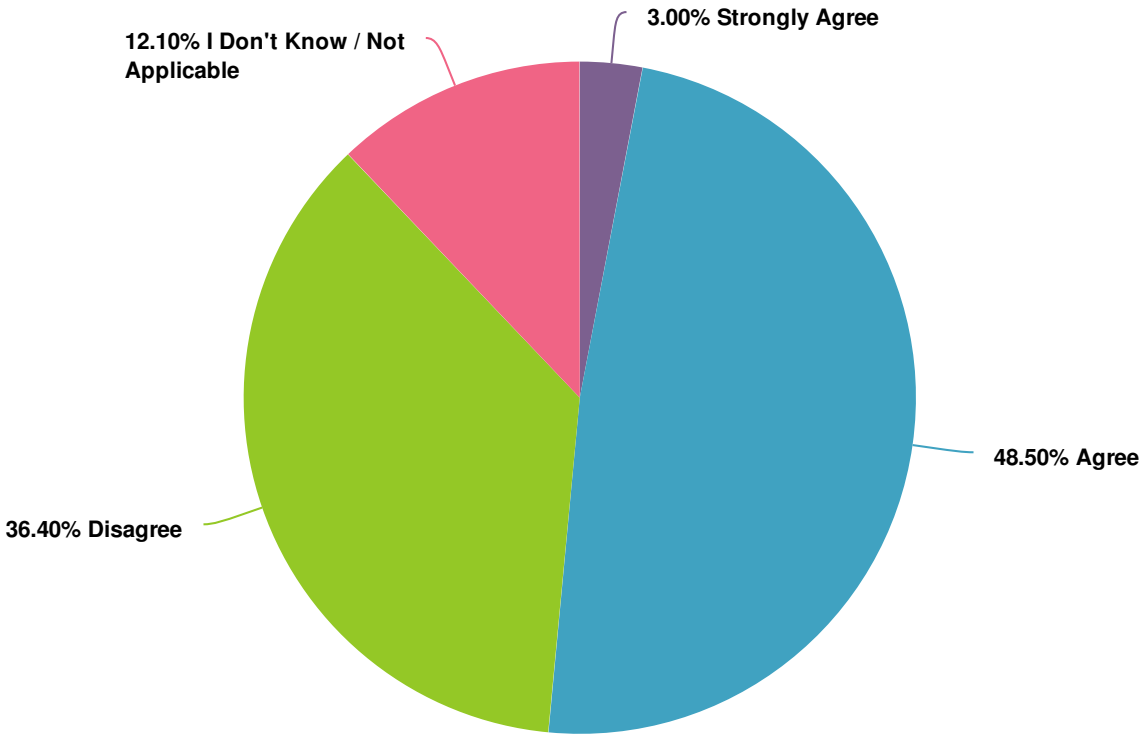
Report for Excellence, Innovation & Wellness - Silver Assessment - College of Pharmacists of British Columbia

Response Counts

Completion Rate:	**100%**		
	Complete		33

Total: 33

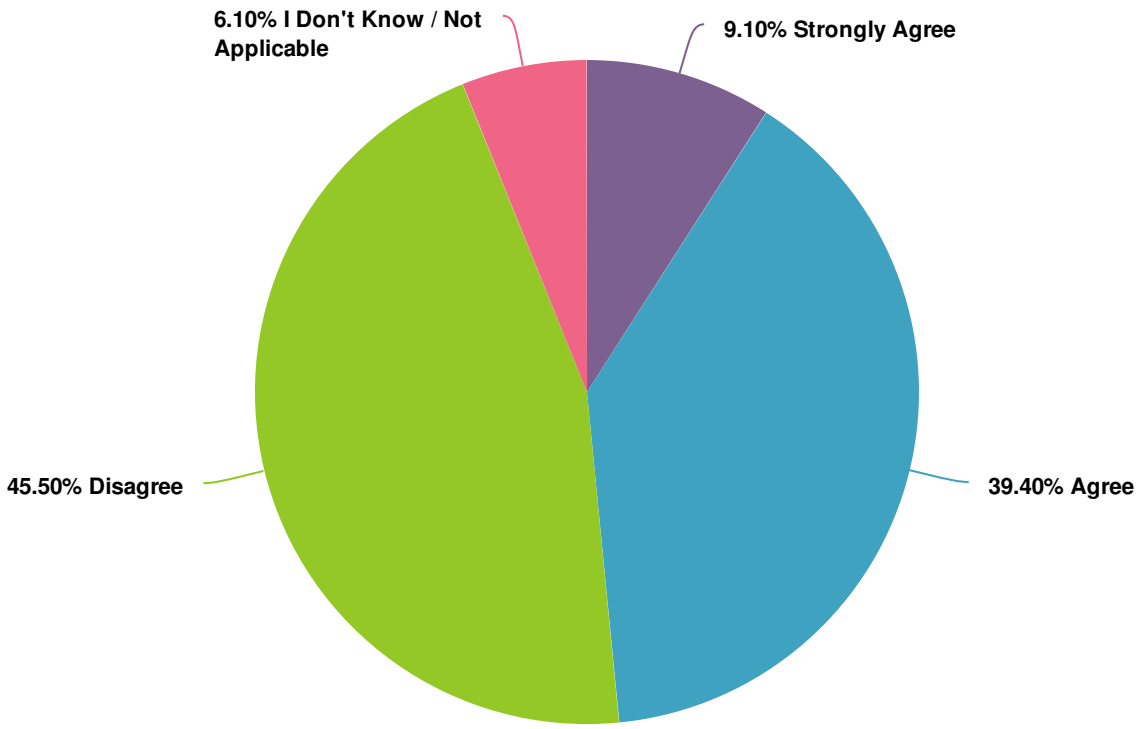
1. Our strategic plan (business and operational plan) has been communicated to all levels of the organization.



Value	Percent	Responses
Strongly Agree	3.0%	1
Agree	48.5%	16
Disagree	36.4%	12
I Don't Know / Not Applicable	12.1%	4

Total: 33

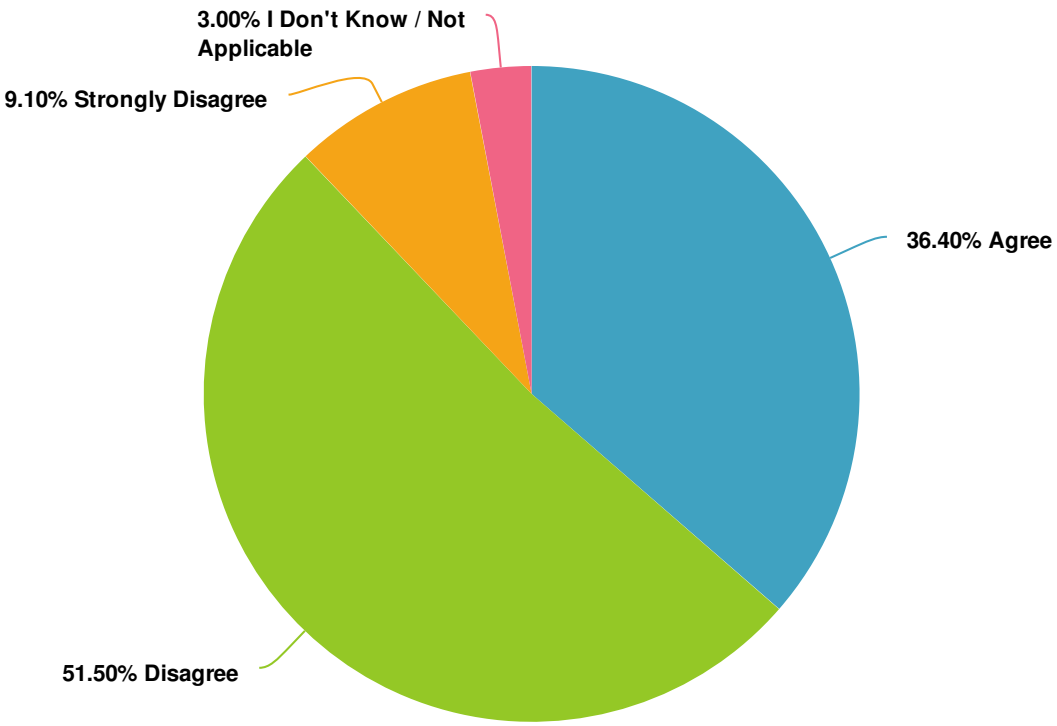
2. I am aware of our key organizational goals and some of the ways we will measure our progress (e.g., key metrics or indicators in a scorecard).



Value	Percent	Responses
Strongly Agree	9.1%	3
Agree	39.4%	13
Disagree	45.5%	15
I Don't Know / Not Applicable	6.1%	2

Total: 33

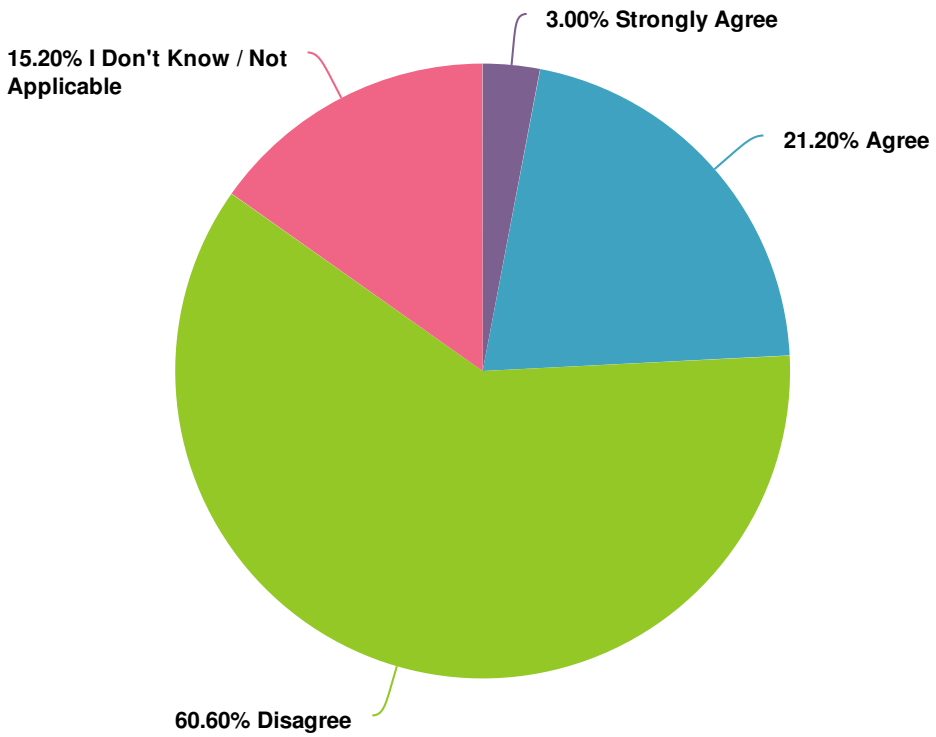
3. We work as a team to see that there is full agreement, at all levels in the organization, on the importance of customer satisfaction.



Value	Percent	Responses
Agree	36.4%	12
Disagree	51.5%	17
Strongly Disagree	9.1%	3
I Don't Know / Not Applicable	3.0%	1

Total: 33

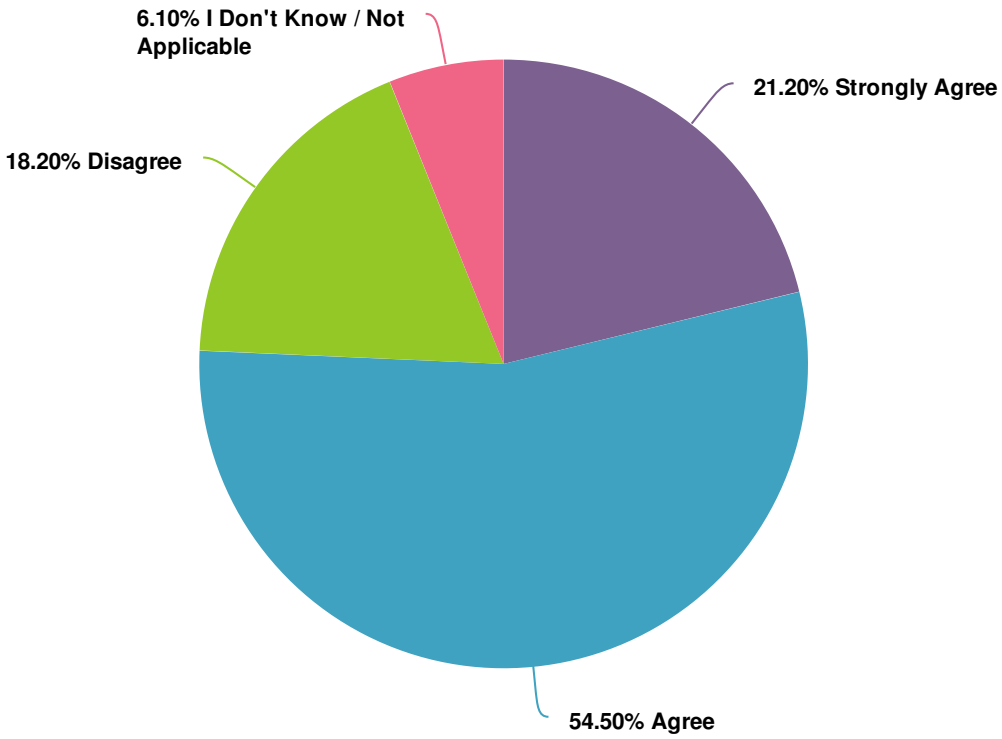
4. We focus on trends in customer satisfaction and we communicate these results to people in the organization.



Value	Percent	Responses
Strongly Agree	3.0%	1
Agree	21.2%	7
Disagree	60.6%	20
I Don't Know / Not Applicable	15.2%	5

Total: 33

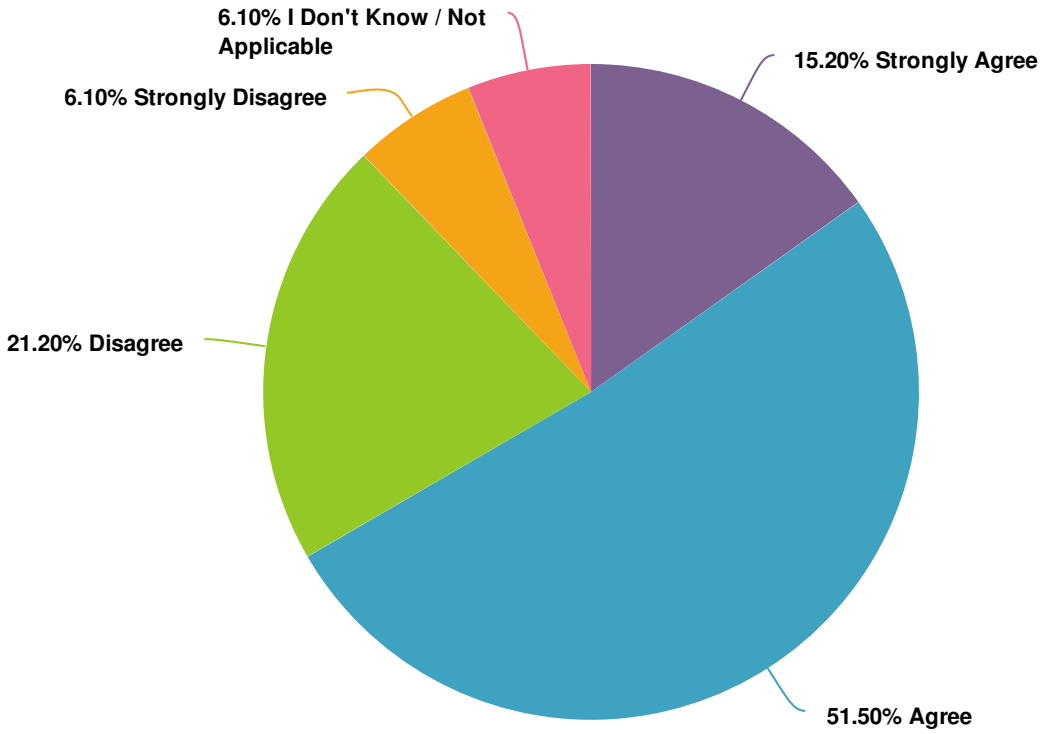
5. We have customer service standards which we strive to meet.



Value	Percent	Responses
Strongly Agree	21.2%	7
Agree	54.5%	18
Disagree	18.2%	6
I Don't Know / Not Applicable	6.1%	2

Total: 33

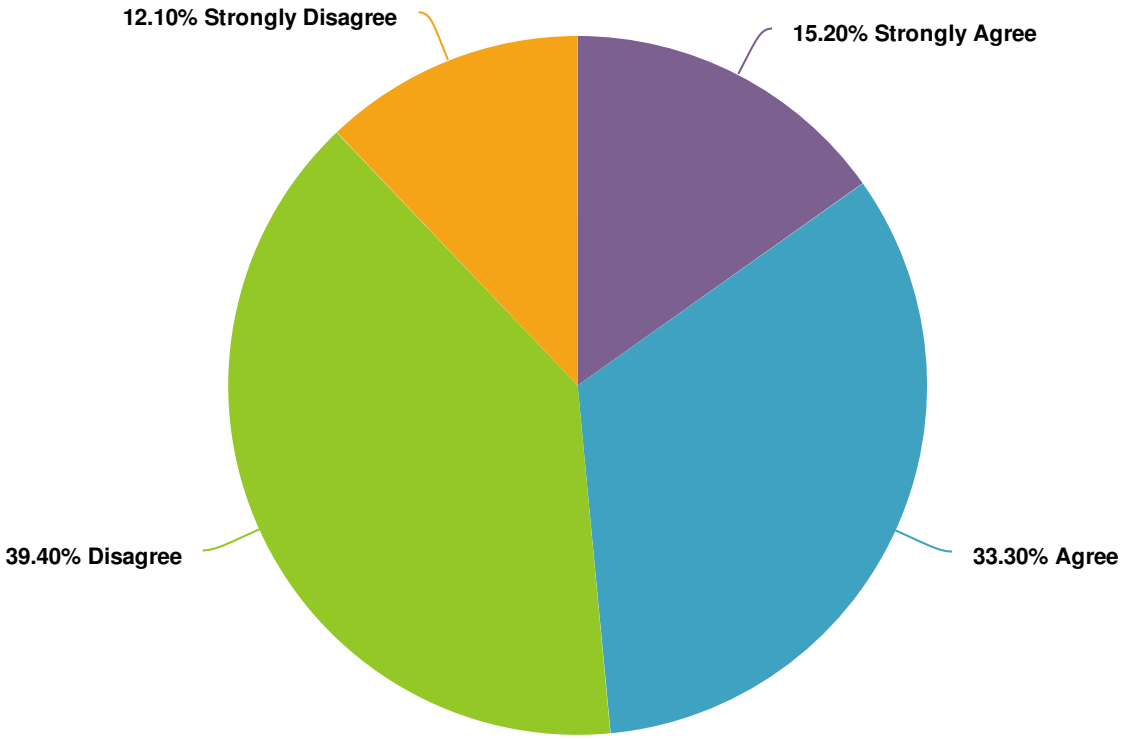
6. It is easy for customers to provide feedback to us and to seek assistance.



Value	Percent	Responses
Strongly Agree	15.2%	5
Agree	51.5%	17
Disagree	21.2%	7
Strongly Disagree	6.1%	2
I Don't Know / Not Applicable	6.1%	2

Total: 33

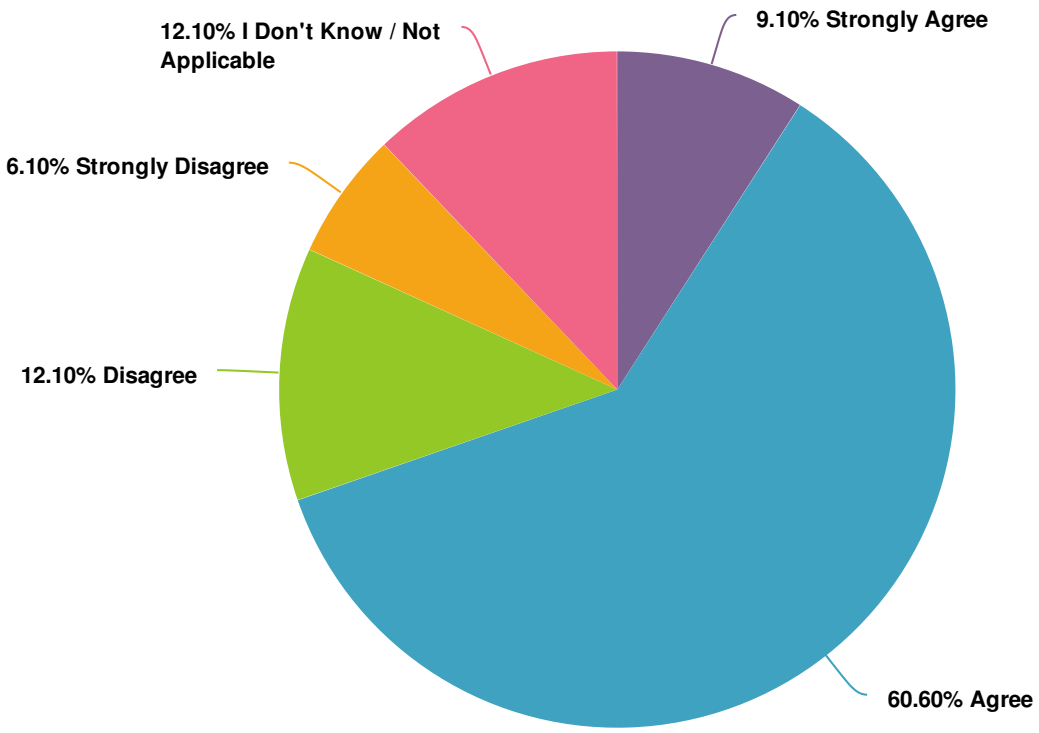
7. We have an open door environment whereby we can talk to management on issues that concern us.



Value	Percent	Responses
Strongly Agree	15.2%	5
Agree	33.3%	11
Disagree	39.4%	13
Strongly Disagree	12.1%	4

Total: 33

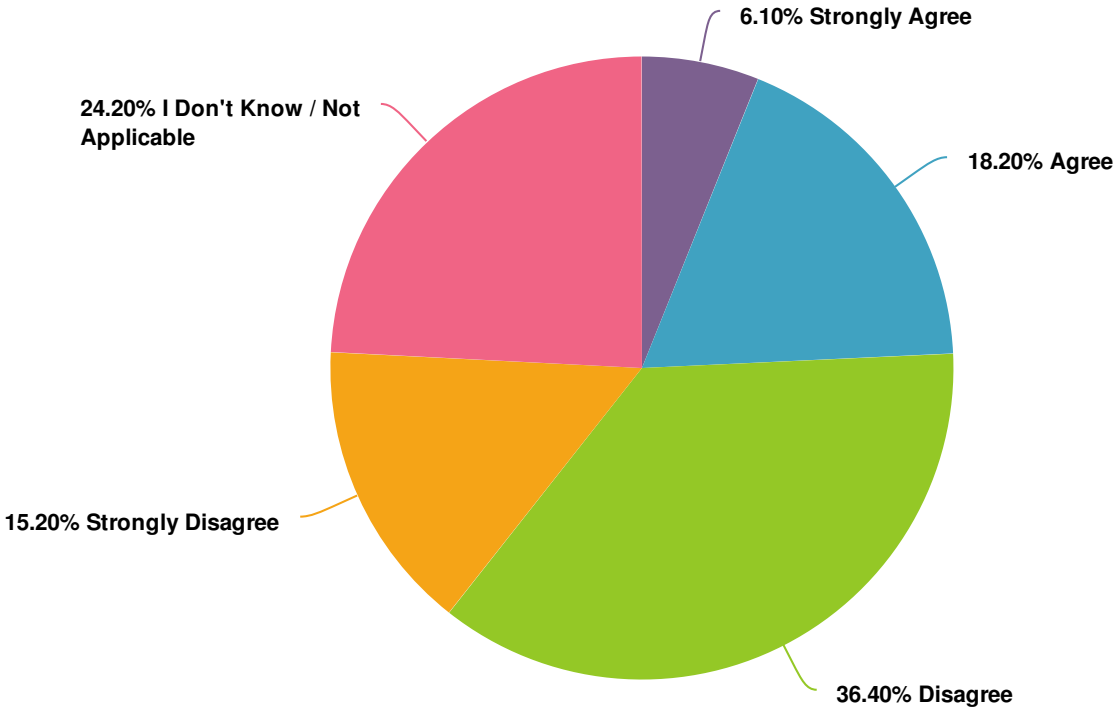
8. We have a system for monitoring and providing feedback on employee performance.



Value	Percent	Responses
Strongly Agree	9.1%	3
Agree	60.6%	20
Disagree	12.1%	4
Strongly Disagree	6.1%	2
I Don't Know / Not Applicable	12.1%	4

Total: 33

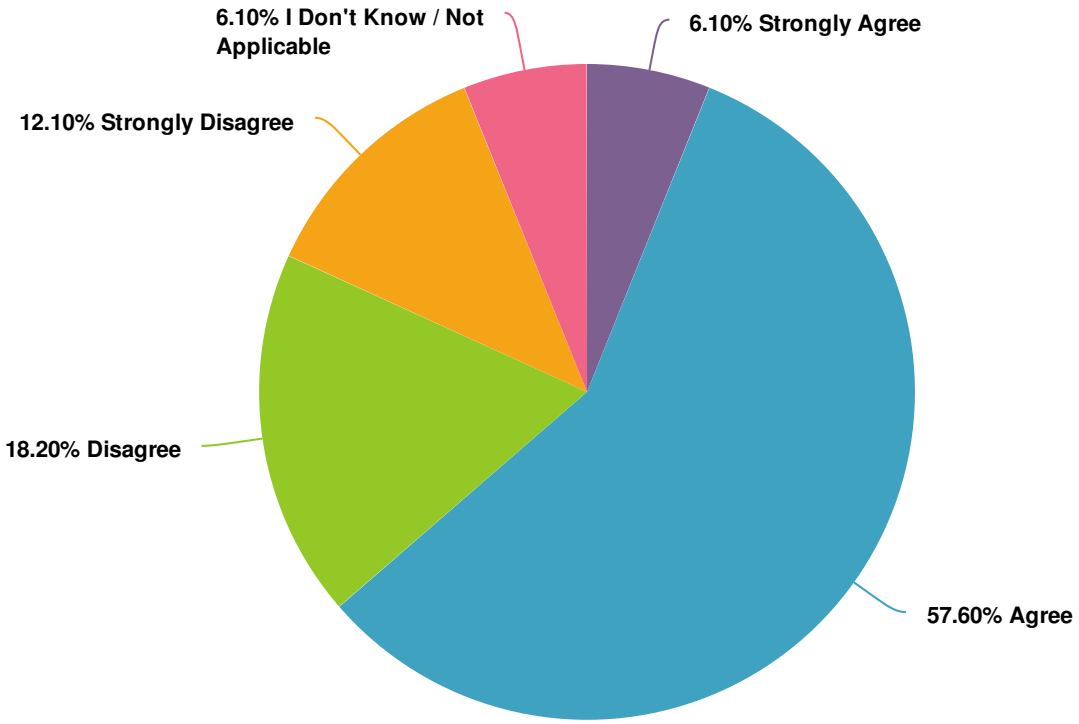
9. Training on respect for diversity has been conducted.



Value	Percent	Responses
Strongly Agree	6.1%	2
Agree	18.2%	6
Disagree	36.4%	12
Strongly Disagree	15.2%	5
I Don't Know / Not Applicable	24.2%	8

Total: 33

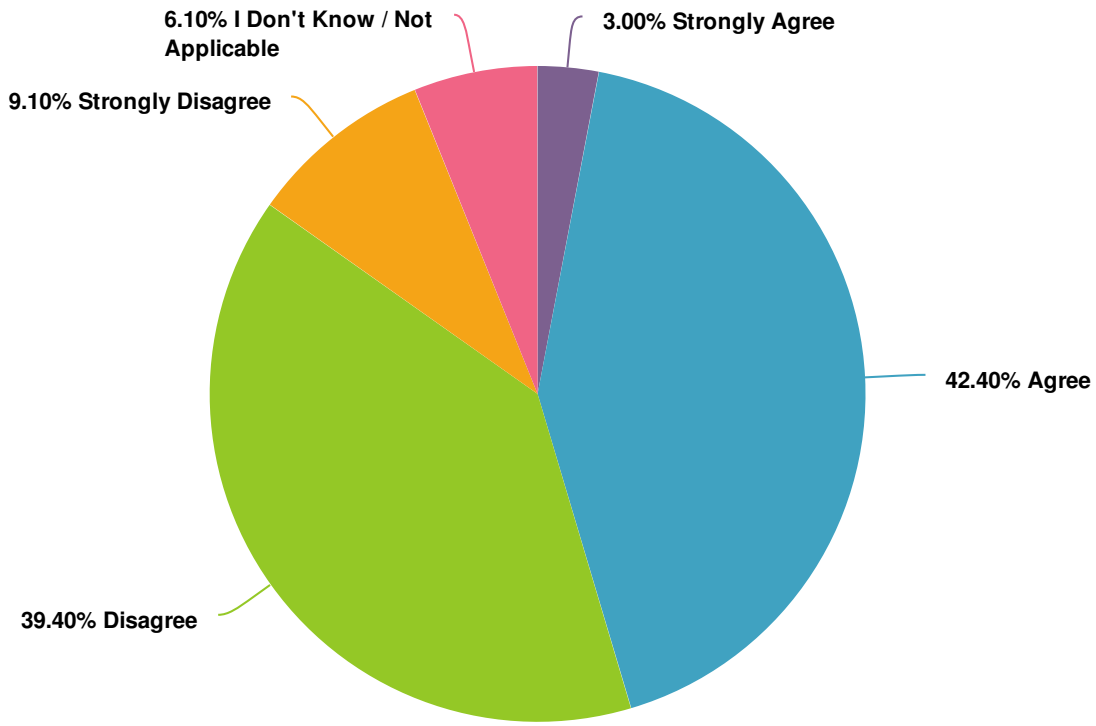
10. Teamwork is encouraged and recognized by using cross-functional working teams to solve problems.



Value	Percent	Responses
Strongly Agree	6.1%	2
Agree	57.6%	19
Disagree	18.2%	6
Strongly Disagree	12.1%	4
I Don't Know / Not Applicable	6.1%	2

Total: 33

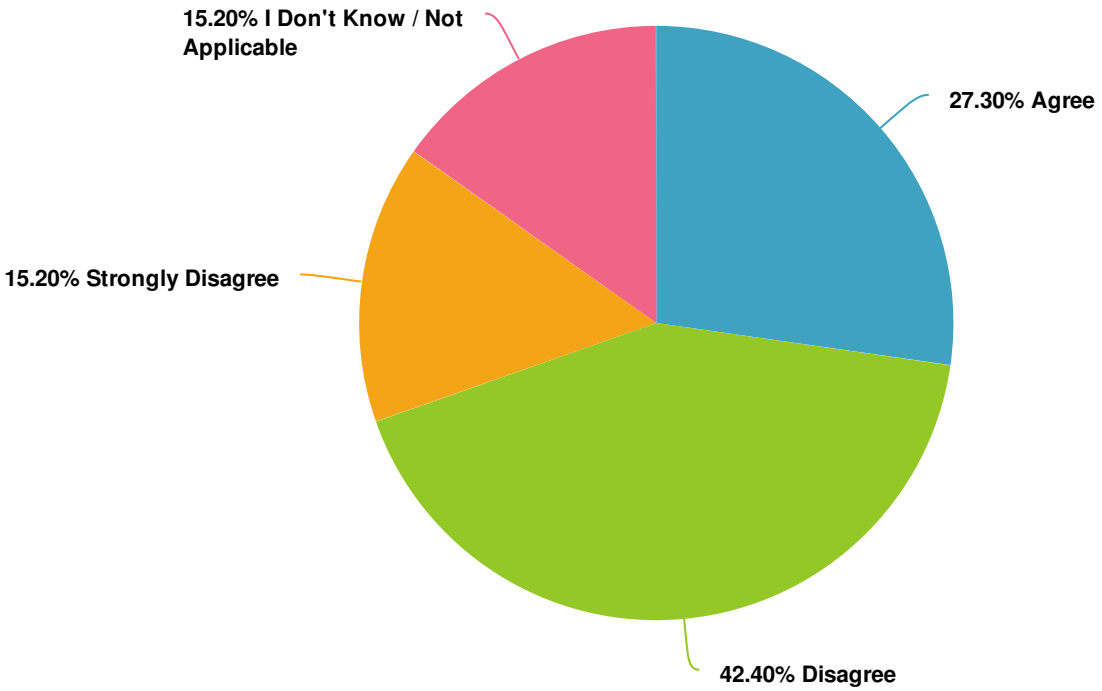
11. Our organization encourages employees to come forward with innovative and/or new ideas for improving our systems.



Value	Percent	Responses
Strongly Agree	3.0%	1
Agree	42.4%	14
Disagree	39.4%	13
Strongly Disagree	9.1%	3
I Don't Know / Not Applicable	6.1%	2

Total: 33

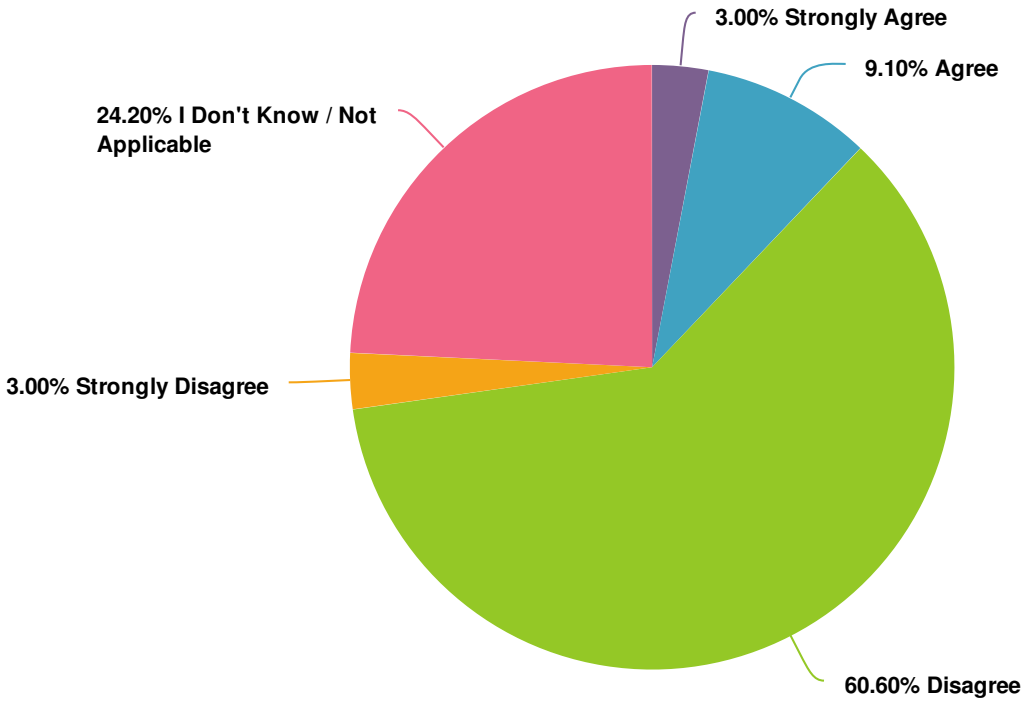
12. We measure employee satisfaction and use the feedback to improve the workplace.



Value	Percent	Responses
Agree	27.3%	9
Disagree	42.4%	14
Strongly Disagree	15.2%	5
I Don't Know / Not Applicable	15.2%	5

Total: 33

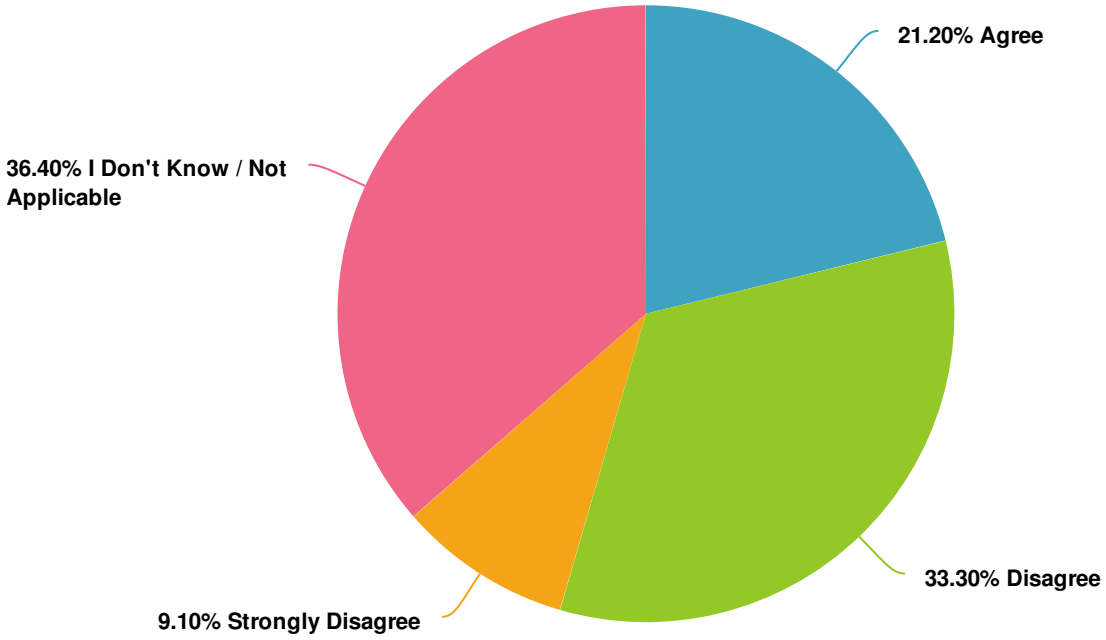
13. We have process improvement teams and we follow through on their recommendations for improvement.



Value	Percent	Responses
Strongly Agree	3.0%	1
Agree	9.1%	3
Disagree	60.6%	20
Strongly Disagree	3.0%	1
I Don't Know / Not Applicable	24.2%	8

Total: 33

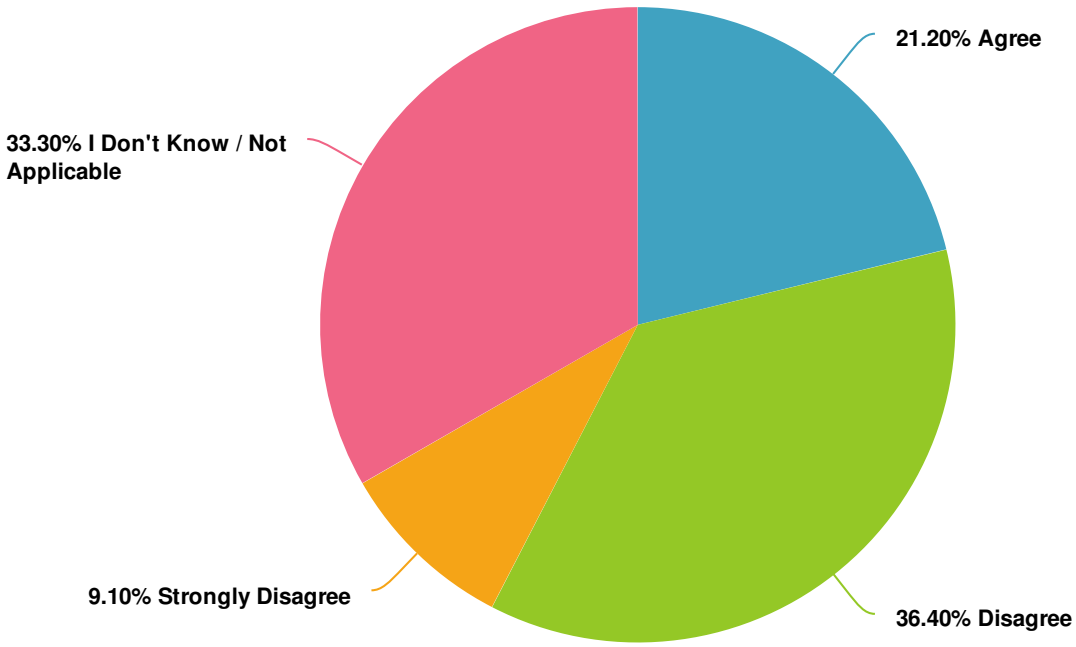
14. We document our processes using a tool such as process-mapping.



Value	Percent	Responses
Agree	21.2%	7
Disagree	33.3%	11
Strongly Disagree	9.1%	3
I Don't Know / Not Applicable	36.4%	12

Total: 33

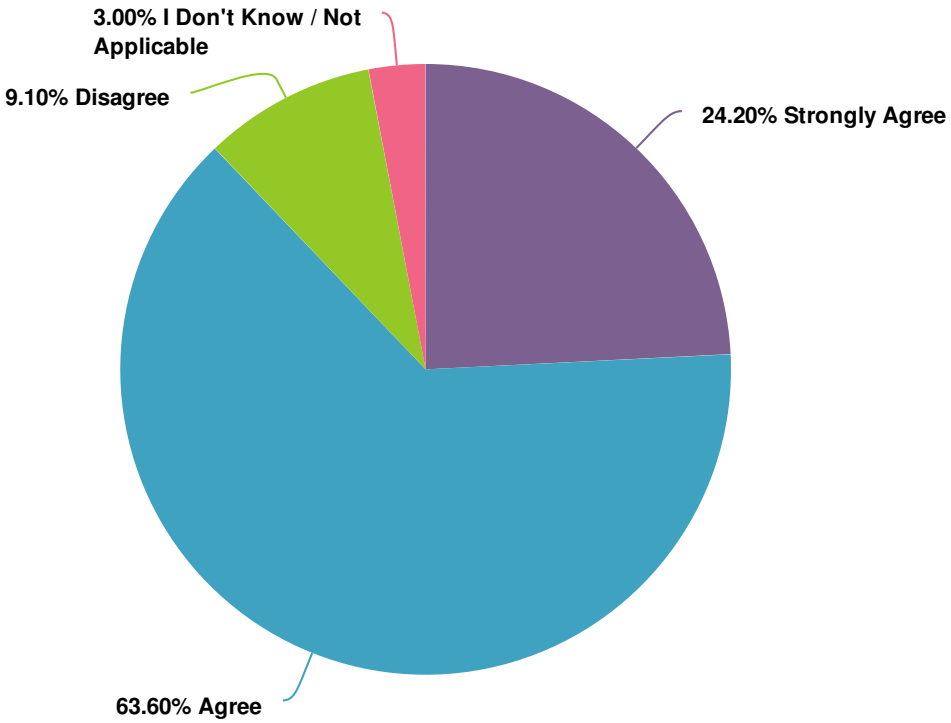
15. We have access to process maps that relate to our work.



Value	Percent	Responses
Agree	21.2%	7
Disagree	36.4%	12
Strongly Disagree	9.1%	3
I Don't Know / Not Applicable	33.3%	11

Total: 33

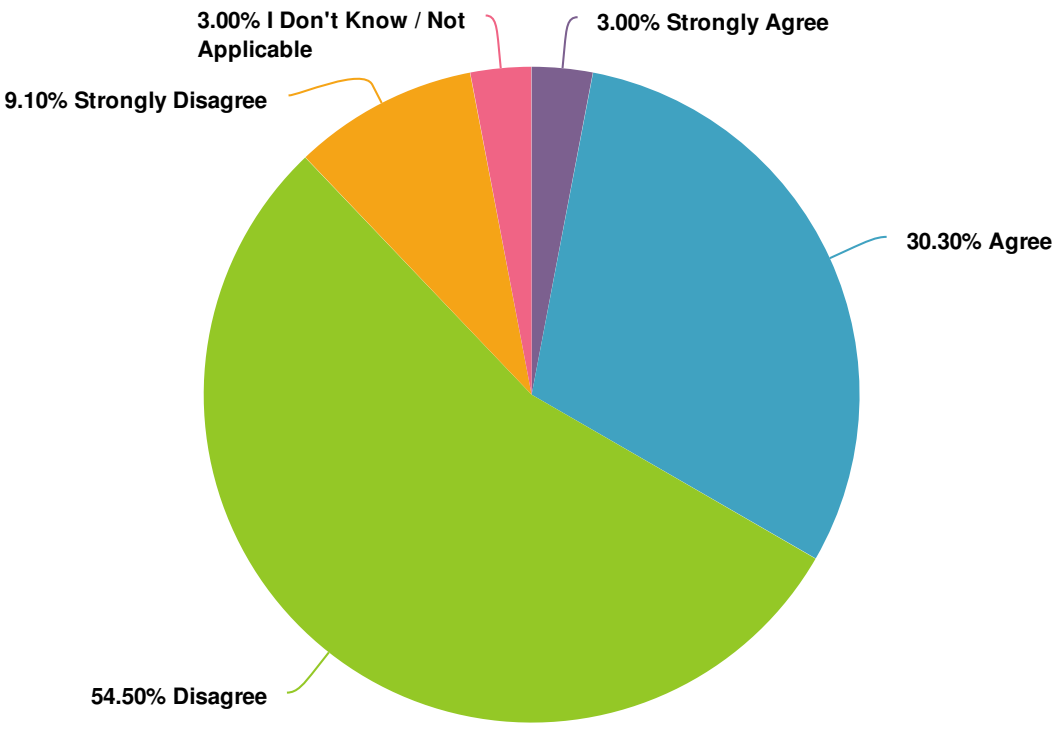
16. Our organization cares about our responsibility to society, so that we are seen as a responsible organization.



Value	Percent	Responses
Strongly Agree	24.2%	8
Agree	63.6%	21
Disagree	9.1%	3
I Don't Know / Not Applicable	3.0%	1

Total: 33

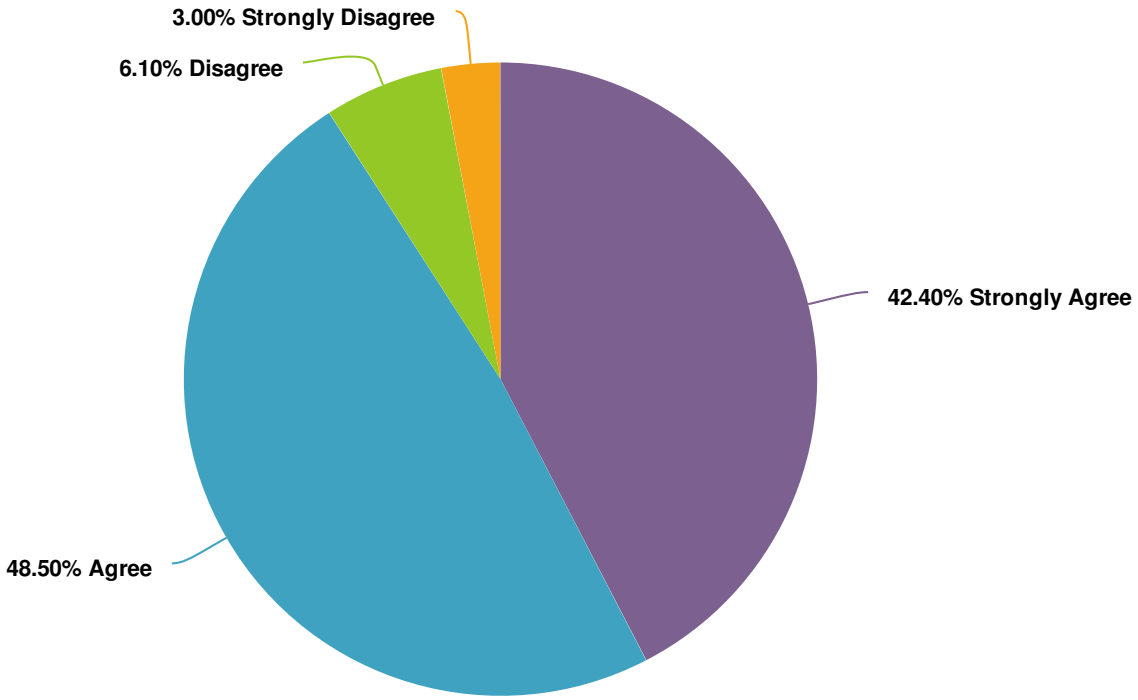
17. We have good communication across the organization.



Value	Percent	Responses
Strongly Agree	3.0%	1
Agree	30.3%	10
Disagree	54.5%	18
Strongly Disagree	9.1%	3
I Don't Know / Not Applicable	3.0%	1

Total: 33

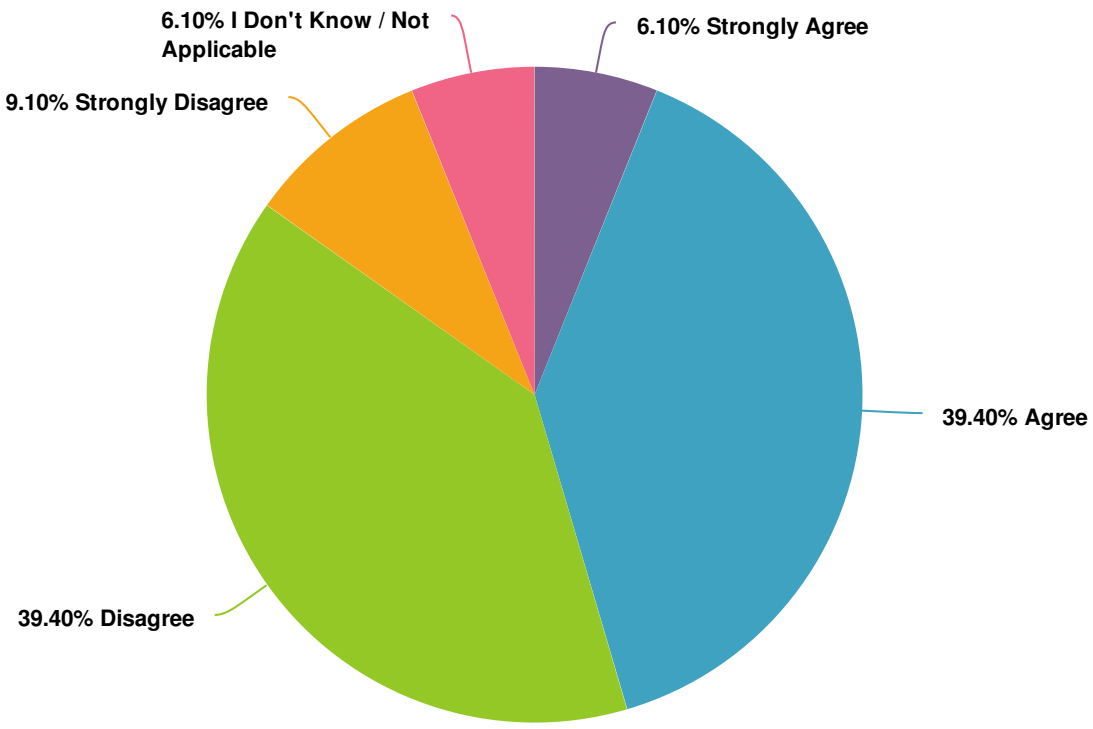
18. I have a current job description.



Value	Percent	Responses
Strongly Agree	42.4%	14
Agree	48.5%	16
Disagree	6.1%	2
Strongly Disagree	3.0%	1

Total: 33

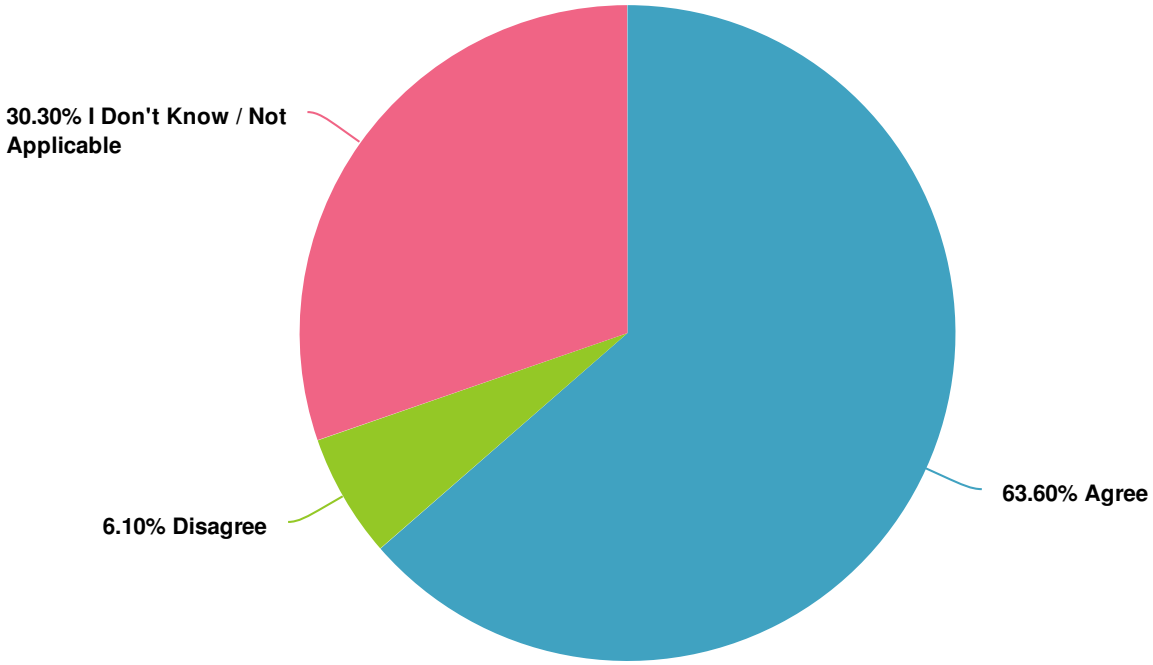
19. We have effective job training in our organization.



Value	Percent	Responses
Strongly Agree	6.1%	2
Agree	39.4%	13
Disagree	39.4%	13
Strongly Disagree	9.1%	3
I Don't Know / Not Applicable	6.1%	2

Total: 33

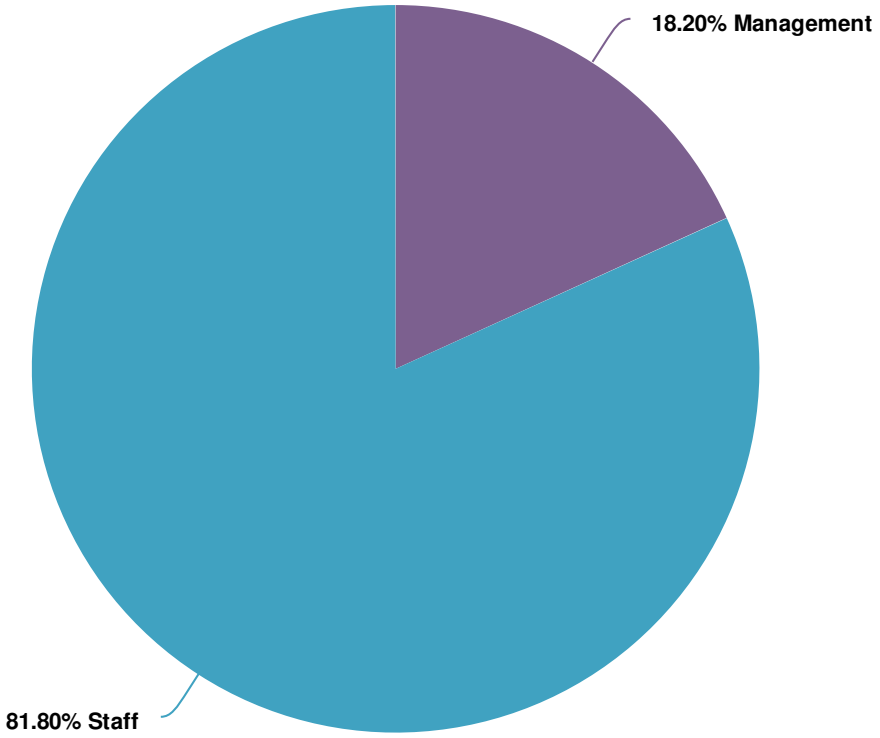
20. We have cooperative relationships with our key suppliers and partners.



Value	Percent	Responses
Agree	63.6%	21
Disagree	6.1%	2
I Don't Know / Not Applicable	30.3%	10

Total: 33

23. My role is described as:



Value	Percent	Responses
Management	18.2%	6
Staff	81.8%	27

Total: 33

STRATEGY SNAPSHOT

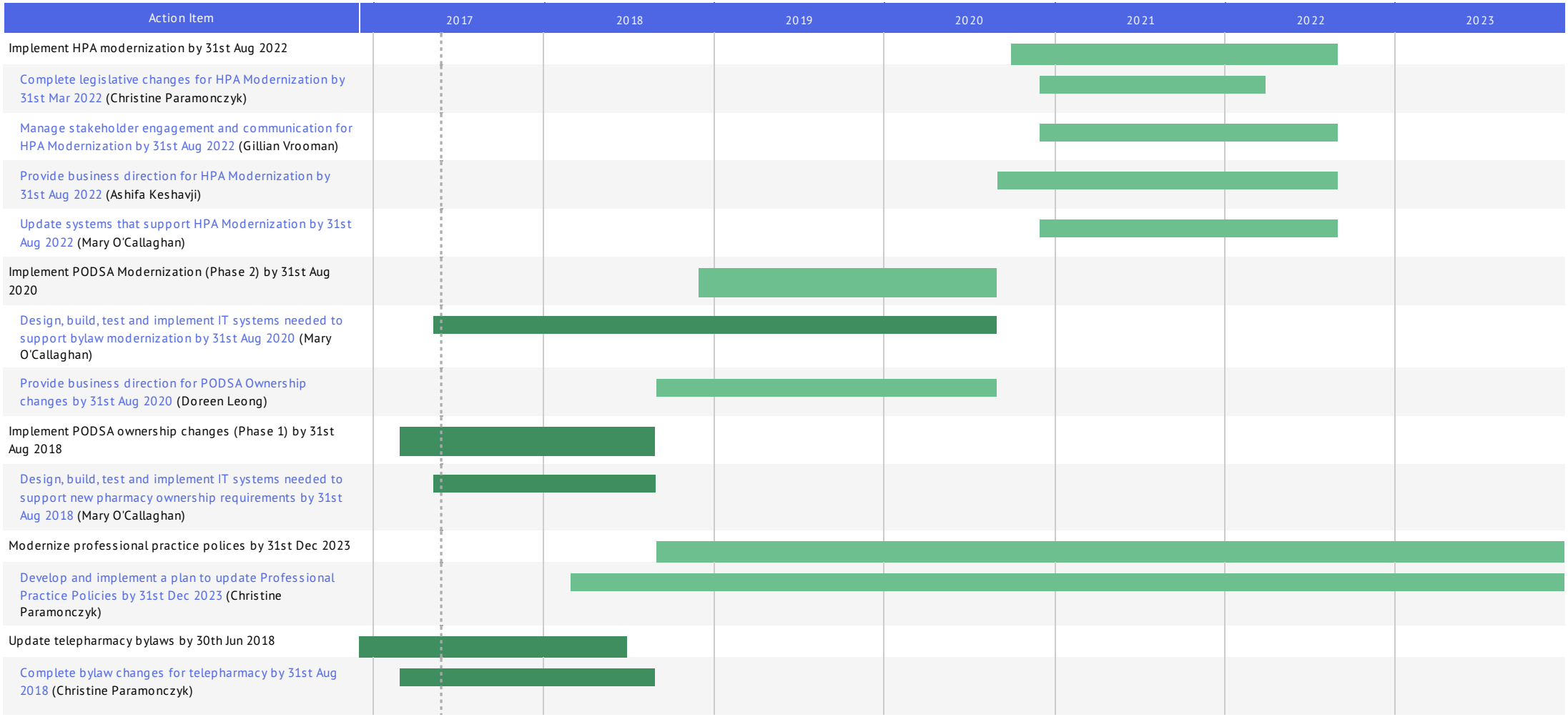
May 25, 2017 by Mary O'Callaghan

Appendix 2

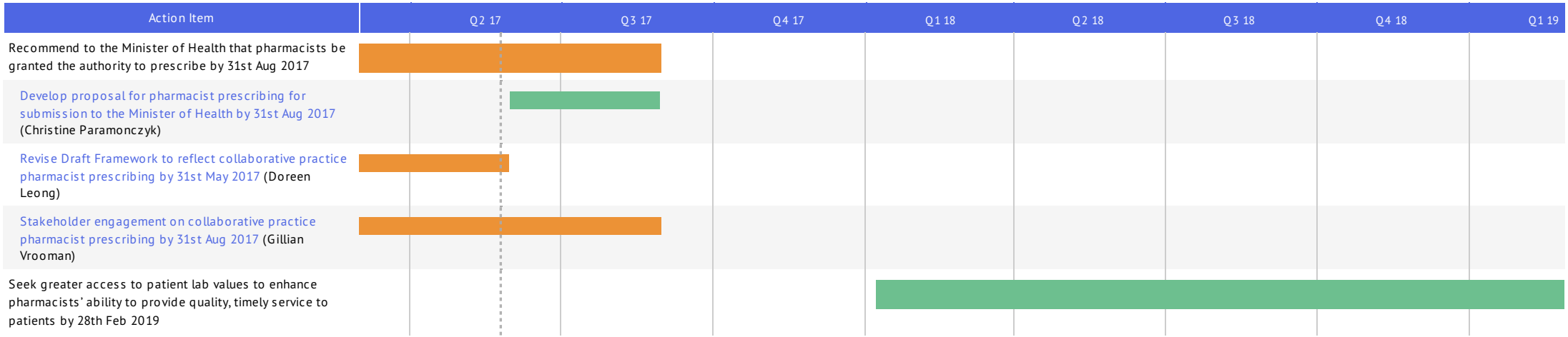
4	13	31	24%
STRATEGIC GOALS	OBJECTIVES	SUB ACTION ITEMS	OBJ COMPLETION

Draft | Not started | On Track | Behind | Overdue | Complete

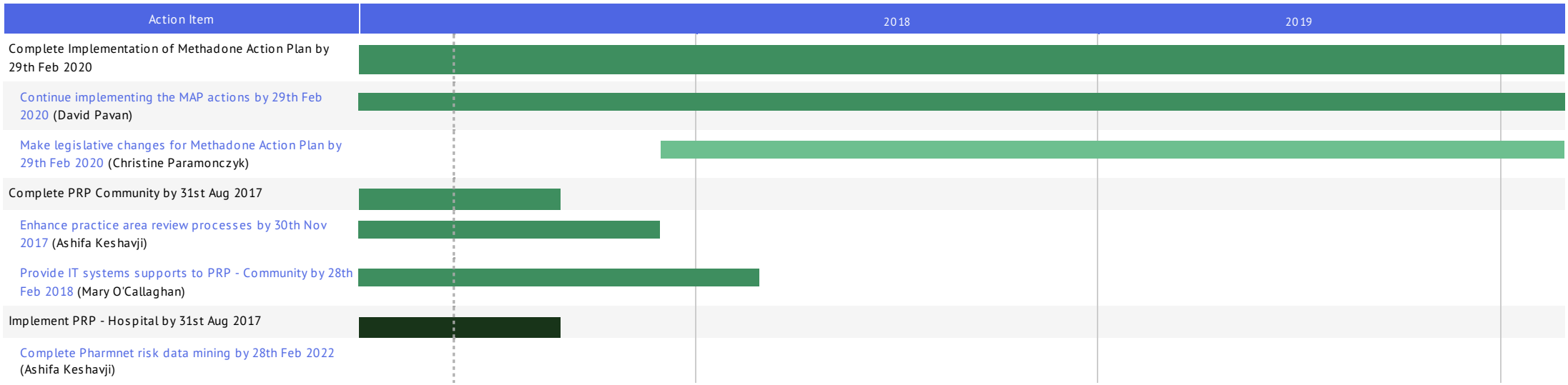
LEGISLATIVE STANDARDS & MODERNIZATION

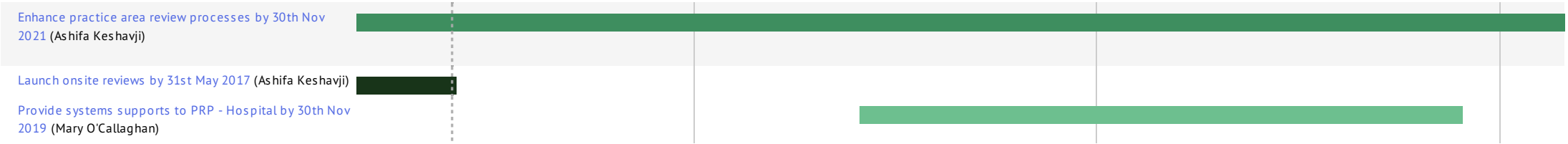


DRUG THERAPY ACCESS & MONITORING

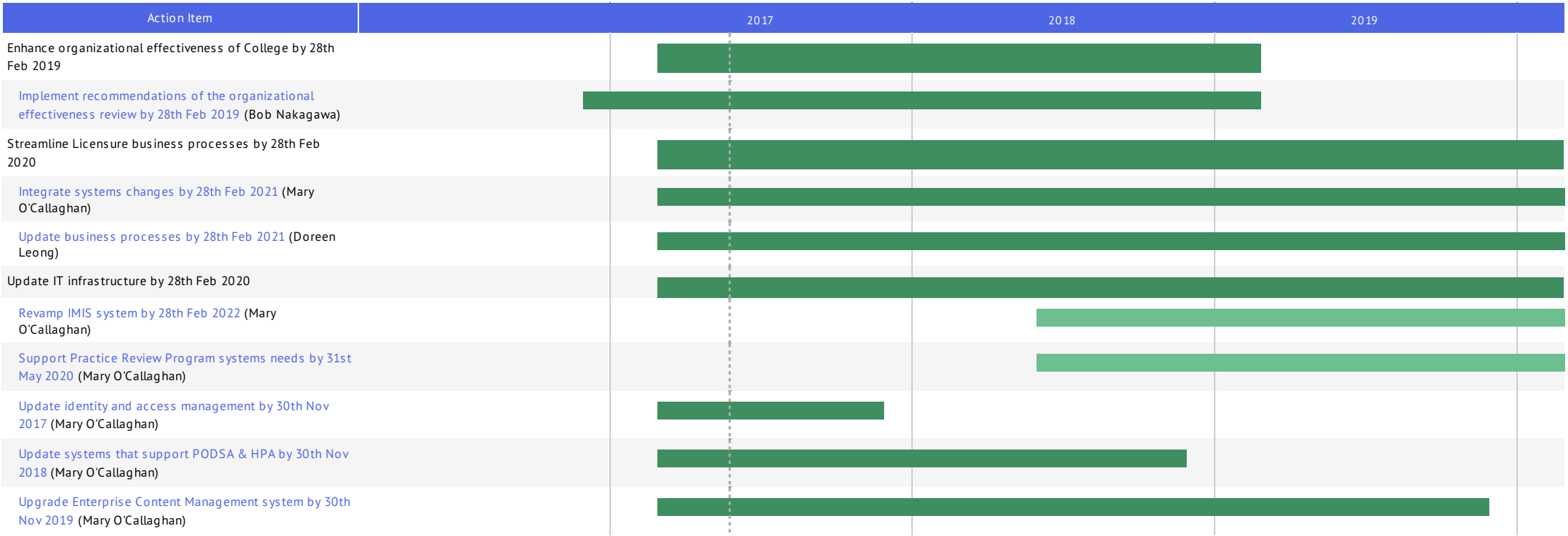


PROFESSIONAL EXCELLENCE





ORGANIZATIONAL EXCELLENCE



College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

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

INFORMATION ONLY

MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS UDPATE
Motion: Direct the Registrar to take the following actions as outlined in the MMT Action Plan: • Develop, plan and implement new undercover investigations, • Conduct priority inspection of identified MMT dispensing pharmacies, • Continue to build and maintain collaborative relationships with key stakeholders, and • Provide recommendations to the Board to strengthen legislation and licensure requirements.	Jun 2015	IN PROGRESS
Motion: Direct staff to investigate options around site inspection fees and report back to the Board by the June 2017 Board meeting.	Sep 2016	Jun 2017
Motion: Pursue officially changing the name of the College of Pharmacists of British Columbia to the College of Pharmacy of British Columbia.	Sep 2016	IN PROGRESS
Motion: Direct the Registrar to pursue a bylaw amendment that would change the term of office for elected Board members from two years to three years, and from a maximum of 3 consecutive terms to a maximum of 2 consecutive terms.	Nov 2016	Jun 2017
Motion: Direct the Registrar to amend the Certified Pharmacist Prescriber Draft Framework by narrowing the scope of pharmacist prescribing to be within collaborative practice settings.	NOV 2016	Jun 2017
Motion: Direct the Registrar to develop a proposal for pharmacist prescribing within collaborative practice settings – based on the amendment Draft Framework and results of the stakeholder engagement – to be brought to the Board for approval to submit to the Minister of Health for consideration.	NOV 2016	IN PROGRESS
Motion: Direct the Registrar to draft bylaws to adopt the *Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations and the Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations*, to be effective for May 2021, which will officially establish minimum requirements to be applied in compounding sterile preparations.	APR 2017	IN PROGRESS

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

2.b.iii. April 21, 2017 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the April 21, 2017 Draft Board Meeting Minutes as circulated.

Appendix	
1	April 21, 2017 Draft Board Meeting Minutes (and appendices)

College of Pharmacists of British Columbia

Board Meeting
April 21st, 2017
Held at the College of Pharmacists of British Columbia
200-1765 West 8th Avenue, Vancouver, BC

MINUTES

Members Present:
Anar Dossa, Chair, District 6
Mona Kwong, Vice-Chair, District 1
Ming Chang, District 2
Tara Oxford, District 3
Christopher Szeman, District 4
Frank Lucarelli, District 5
Arden Barry, District 7
Sorell Wellon, District 8
Norman Embree, Public *(via webex and teleconference)*
Kris Gustavson, Public
Jeremy Walden, Public
George Walton, Public

Staff:
Bob Nakagawa, Registrar
David Pavan, Deputy Registrar
Mary O'Callaghan, Chief Operating Officer
Ashifa Keshavji, Director of Practice Reviews and Quality Assurance
Doreen Leong, Director of Registration, Licensure and PharmaNet
Christine Paramonczyk, Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement
Lori Tanaka, Board & Legislation Coordinator
Jon Chen, Communications Project Officer
Kitty Chiu, Executive Operations Manager

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1. **WELCOME & CALL TO ORDER**
   Chair Dossa called the meeting to order at 11:15am on April 21st, 2017.

2. CONSENT AGENDA

a) Items for further discussion

No items were removed from the Consent Agenda and placed onto the regular Agenda for further discussion.

b) Approval of Consent Items (Appendix 1)

It was moved and seconded that the Board:

Approve the Consent Agenda as circulated.

CARRIED

3. CONFIRMATION OF AGENDA (Appendix 2)

The agenda was amended by adding a new item titled 4.1 Registrar's Evaluation.

It was moved and seconded that the Board:

Approve the April 21, 2017 Draft Board Meeting Agenda as amended.

CARRIED

4. LEGISLATION REVIEW COMMITTEE

Jeremy Walden, Board member and Chair of the Legislation Review Committee, presented

a) HPA Bylaws – Filing (Application Committee) (Appendix 3)

It was moved and seconded that the Board:

Approve the following resolution to amend the Health Professions Act Bylaws to establish the Application Committee:

RESOLVED THAT, in accordance with the authority established in section 19(1) of the *Health Professions Act*, and subject to filing with the Minister as required by section 19(3) of the *Health Professions Act*, the board amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution.

CARRIED

It was moved and seconded that the Board:

Approve the Terms of Reference of the Application Committee, as circulated.

CARRIED

b) Compounding – Implementation Plan (Appendix 4)

Jeremy Walden introduced presenter Dana Lyons, pharmacy technician and subject matter expert.

It was moved and seconded that the Board:

Approve the four-year implementation plan to adopt the *Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations* and the *Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations,* with the following recommended phases:

- Phase 1 (gap analysis and site plan, personnel conduct): November 2017
- Phase 2 (personnel training, policies and procedures): May 2019
- Phase 3 (beyond-use dates, verification of facilities): May 2020
- Phase 4 (facility infrastructure): May 2021

CARRIED

It was moved and seconded that the Board:

Direct the Registrar to draft bylaws to adopt the *Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations* and the *Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations,* to be effective for May 2021, which will officially establish minimum requirements to be applied in compounding sterile preparations.

CARRIED

c) Fees and Forms

i. HPA – Filing (Fees) (Appendix 5)

It was moved and seconded that the Board:

RESOLVED THAT, in accordance with the authority established in section 19(1) of the *Health Professions Act*, and subject to filing with the Minister as required by section 19(3) of the *Health Professions Act*, the board amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution.

CARRIED

ii. PODSA – Public Posting (Fees and Forms) (Appendix 6)

It was moved and seconded that the Board:

Approve the proposed draft Pharmacy Operations and Drug Scheduling Act Bylaws Schedule A – Fee Schedule and related forms for public posting, as circulated.

CARRIED

d) PODSA Bylaws – Public Posting (Telepharmacy) (Appendix 7)

It was moved and seconded that the Board:

Approve the following resolution to publicly post the draft telepharmacy bylaws:

RESOLVED THAT, in accordance with the authority established in section 21(8) of the *Pharmacy Operations and Drug Scheduling Act*, the board approve the proposed draft bylaws of the College of Pharmacists of British Columbia regarding telepharmacies, and related schedules and forms for public posting, as circulated.

CARRIED

Note: approval of the above motion imposes additional changes to PODSA Schedule A and Form 2 that were previously approved in item 4.c.ii. for public posting.

4.1 REGISTRAR'S EVALUATION

It was moved and seconded that the Board:

Approve up to $50,000.00 to hire an external consultant to start the Registrar evaluation process.

CARRIED

5. SCOPE OF PODSA MODERNIZATION – PHASE 1

Doreen Leong, Director of Registration, Licensure & PharmaNet, presented **(Appendix 8)**.

6. GOVERNANCE COMMITTEE

a) Update

Norman Embree, Board member and Chair of the Governance Committee, provided the following brief update:

- The Governance Committee met by teleconference on March 22 and discussed the following:
  - Existing committee structure and vacancies including the process followed this year for recruitment of new registrant and public members, and the desire to move towards Board members chairing all committees in an effort to streamline communication back up to the Board level. Recommendations for committee membership were circulated in the briefing package and approved with the Consent Agenda.
  - The committee also discussed Board self-evaluation, and agreed that beginning in 2018, a Board self-evaluation would be conducted on an annual basis with results being provided at each June Board meeting. It was agreed that Phase 2 of the EY review will serve as the self-evaluation for 2017.
- Update on EY – Phase 2 Review:
  - All of the information has now been collected from Board members, and individual stakeholders. Data is being analyzed to formulate key themes and findings, and a draft of the results is expected by the end of April or first week of May 2017.

b) Committee Terms of Reference (Appendix 9)

Norman Embree, Board member and Chair of the Governance Committee, provided a brief update of the ongoing priorities of the Governance Committee.

It was moved and seconded that the Board:

Approve the following amendment:

Term of Appointment

- Appointments are determined by the Board and will not exceed ~~2~~3 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.

To the following committees` terms of reference:

Audit and Finance	Jurisprudence Examination
Community Pharmacy Advisory	Legislation Review

Discipline	Practice Review
Ethics Advisory	Quality Assurance
Governance	Registration
Hospital Pharmacy Advisory	Residential Care Advisory
Inquiry	

CARRIED

It was moved and seconded that the Board:

Approve the following amendments to the Drug Administration Committee`s terms of reference:

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 or administration of drugs by the intranasal route to patients.

Term of Appointment

- Appointments are determined by the Board and will not exceed ~~2~~3 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.

CARRIED

7. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA
No items were brought forward from the consent agenda for further discussion.

ADJOURNMENT
Chair Dossa adjourned the meeting at 2:23pm.

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

2.b.iv. Committee Updates (Minutes)

INFORMATION ONLY

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

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

Appendix – available on the Board Portal under 'Committee Minutes'	
1	Audit and Finance Committee Meeting Minutes
2	Discipline Committee Update
3	Inquiry Committee Update
4	Legislation Review Committee Meeting Minutes
5	Practice Review Committee Meeting Minutes
6	Quality Assurance Committee Meeting Minutes

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

2.b.v. Audit & Finance Committee
a) Finance Report – April Financials

INFORMATION ONLY

Purpose

To report on the highlights of the April 2017 financial reports.

Background

The April 2017 financial reports reflect **two months** activity. Attached are the Statement of Financial Position, a summary Statement of Revenue and Expenditures and more detailed reports on Revenue and on Expenditures.

Statement of Financial Position
The College's cash position is well funded to meet payables owing with a balance of almost $550,000. Investments total more than $6 million. We will still receive PharmaNet revenues until later in the summer or fall which will help with cash flow for much of this coming fiscal year.

Revenue
Licensure revenues are slightly under budget, mainly due to timing. *Other revenues* (PharmaNet, administrative fees, etc.) reflect a drop in PharmaNet revenues due to some technical difficulties at the Ministry of Health which has slowed down processing of PharmaNet profiles. The issue was resolved in late May. As expenditures are under budget, we have only transferred $50,000 of the budgeted $164,278 from the Balance Sheet.

Expenses
Total Year to Date Actual expenses are lower than budget. See the variance analysis which follows for details.

Variance analysis by department:

Department	Budget	Actual	Comment
Board & Registrar's Office	$75,433	$37,539	Primarily due to timing.
Grant distribution	$31,373	$2,000	Primarily due to timing.
Registration & Licensure	$23,367	$16,857	Some expenses included in "Projects" for closer tracking. Will be re-allocated at end of the project.
Quality Assurance	$9,858	$4,814	Primarily due to timing.
Practice Review	$29,307	$15,563	Primarily due to timing. Travel costs for compliance officers are higher over the summer.
Complaints Resolution	$62,023	$25,594	Legal and outside contractors' fees depend upon the timing of Discipline Hearings.
Policy and Legislation	$11,233	$6,244	Some expenses included in "Projects" for closer tracking. Will be re-allocated at end of the project.
Communication & Engagement	$19,042	$14,389	Primarily due to timing.
Finance and Administration	$322,812	$241,028	Primarily due to timing of IT projects.
Projects	$25,000	$41,932	Timing of the PODSA program activities.
Salaries and benefits	$941,520	$897,266	Due to timing of recruitment and staff turnover.
Amortization	$66,669	$62,844	Timing – as some calculations are done at year end.
Total	$1,617,638	$1,366,070	Total variance $251,568

Appendix	
1	Statement of Financial Position
2	Statement of Revenue and Expenditures
3	Statement of Revenue
4	Statement of Expenses

College of Pharmacists of BC
Statement of Financial Position
As of April 30, 2017

ASSETS	
Current	
Cash and Cash Equivalents	547,030
Investments	6,040,446
Receivables	261,797
Prepaid and deposits	221,212
	7,070,485
Investment in College Place Joint Venture	1,610,279
Development costs	370,133
Property and Equipment	840,663
	2,821,075
Total Assets	**9,891,560**

LIABILITIES AND NET ASSETS	
Liabilities	
Current	
Payables and Accruals	589,665
Current portion of capital lease obligations	22,879
Deferred Revenue	3,246,855
Deferred Contributions	180,948
	4,040,347
Capital lease obligations	26,548
Total Liabilities	**4,066,895**
Net Assets	
Unrestricted Fund	1,321,317
Reserves - Capital Assets and Bldg	500,000
Reserves - Joint Venture	500,000
Reserves - Automation	750,000
Reserves - Legal	750,000
Reserves - Grants	500,000
Reserves - Operating	1,500,000
Retained Earnings	3,348
Total Net Assets	5,824,665
Total Liabilities and Net Assets	**9,891,560**

College of Pharmacists of BC
Statement of Revenue and Expenses
For two months ending April 30, 2017

	Budget YTD Apr 2017	Actual YTD Apr 2017	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
REVENUE				
Licensure revenue	1,064,507	1,007,258	(57,249)	(5%)
Non-licensure revenue	388,852	312,159	(76,693)	(20%)
Total Revenue Before Transfer from Balance Sheet	1,453,359	1,319,417	(133,942)	(9%)
Transfer from Balance Sheet	164,278	50,000	(114,278)	(70%)
Total Revenue	**1,617,638**	**1,369,417**	**(248,220)**	(15%)
Total Expenses Before Amortization	1,550,969	1,303,226	247,743	16%
Amortization	66,669	62,844	3,825	6%
Total Expenses Including Amortization	**1,617,638**	**1,366,070**	**251,568**	16%
Net Surplus/(Deficiency) of revenue over expenses after amortization expense	**(0)**	**3,347**	**3,347**	

College of Pharmacists of BC
Statement of Revenue
For two months ending April 30, 2017

	Budget YTD Apr 2017	Actual YTD Apr 2017	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
REVENUE				
Licensure revenue				
Pharmacy fees	368,400	354,268	(14,132)	(4%)
Pharmacists fees	583,034	557,446	(25,589)	(4%)
Technician fees	113,073	95,545	(17,528)	(16%)
	1,064,507	1,007,258	(57,249)	(5%)
Non-licensure revenue				
Other revenue	303,772	238,046	(65,726)	(22%)
Grant Revenue	27,950	11,250	(16,700)	(60%)
Investment income	15,463	22,863	7,400	48%
College Place joint venture income	41,667	40,000	(1,667)	(4%)
	388,852	312,159	(76,693)	(20%)
Total Revenue Before Transfer from Balance Sheet	1,453,359	1,319,417	(133,942)	(9%)
Transfer from Balance Sheet	164,278	50,000	(114,278)	(70%)
Total Revenue	**1,617,638**	**1,369,417**	**(248,220)**	(15%)

College of Pharmacists of BC
Statement of Expenses
For two months ending April 30, 2017

	Budget YTD Apr 2017	Actual YTD Apr 2017	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Expenses				
Board and Registrar's Office	75,433	37,539	37,894	50%
Finance and Administration	322,812	241,028	81,784	25%
Grant Distribution	31,373	2,000	29,373	94%
Registration, Licensure and Pharmanet	23,367	16,857	6,510	28%
Quality Assurance	9,858	4,814	5,045	51%
Practice Reviews	29,307	15,563	13,744	47%
Complaints Resolution	62,023	25,594	36,429	59%
Policy and Legislation	11,233	6,244	4,989	44%
Communications and Engagement	19,042	14,389	4,653	24%
Projects	25,000	41,932	(16,932)	(68%)
Salaries and Benefits	941,520	897,266	44,254	5%
Total Expenses Before Amortization	**1,550,969**	**1,303,226**	**247,743**	**16%**
Amortization	66,669	62,844	3,825	6%
Total Expenses Including Amortization	**1,617,638**	**1,366,070**	**251,568**	16%

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

2.b.v. Audit & Finance Committee
b) Inspection Fee Options

INFORMATION ONLY

Purpose

To provide the Board with an update on the charging of inspection fees related to inspections of pharmacies.

Background

Throughout 2016 the Audit and Finance Committee reviewed expenditures and revenues, making recommendations for changes to the Board. One area that was discussed was the cost of inspecting pharmacies. At the September 2016 Board meeting, it was moved that the Board "*Directs staff to investigate options around site inspection fees and report back to the Board by the June 2017 Board meeting".*

Discussion

An environmental scan of other pharmacy regulatory authorities (PRAs) across Canada was conducted to review their fee structure in relation to inspection fees and subsequent re-inspection fees. This scan showed that two types of inspection fees are charged by some PRAs.

Pre-opening Inspection fees:
Pre-opening inspection fees are charged by two PRAs:

- The College of Pharmacists of Manitoba charges $750.00
- The College of Pharmacists of PEI charges $105.00.

Follow-up Inspection fees:
The review also revealed that five Colleges charge Follow-up Inspection fees. They range from $105.00 to $2,500.00.
CPBC's fee schedule allows for a Follow-up Inspection fee of $1,000.00 where 3 or more site reviews are required to address deficiencies. From visit 3 onwards, this fee applies for each additional visit.

Considerations:

- The annual licensure fees for these Colleges are considerably less than our annual fee (generally half of our fee.)
- In 2013 the CPBC Board made the decision to increase the pharmacy licence fee considerably but, at the same time, to eliminate most administrative fees. This decision

has been reinforced over the last two years during the budget review and subsequent fee increases.

- During the budget reviews, expenditures have been examined to ensure that they meet the College's mandate. Inspections (pre-opening, to investigate a complaint and Practice Review Program) are requirements under legislation.
- Licensure revenues have been set to cover all operating expenditures. Inspections are part of a regulatory body's authority and mandate and are budgeted for under the operating expenditures.
- Given the 2013 (and subsequent) Board philosophy, the current licensure fee structure covers regular inspections. Exceptional, repeat inspections are not covered. The fee schedule authorizes charging an inspection fee of $1,000.00.

Recommendation

We recommend maintaining the existing follow-up inspection fee of $1,000.00.

We do not recommend adding any additional inspection fee.

Appendix	
1	Environmental Scan of Inspection Fees

Environmental Scan of Pharmacy Inspection Fees

Province	Register	Pharmacies				
	Pharmacies	Annual Fees	Pre-opening Inspection	Follow-up Inspection	Comments	
British Columbia	**1,301**	**$ 2,001.00**	**x**	**$ 1,000.00**	For third re-inspection as a result of deficiencies.	Annual fee to increase to $2,250.00
Alberta	1,223	$ 1,142.00	X	Cost recovery	For re-inspections	
Saskatchewan	352	$ 1,450.00	X	$ 755.00	For second inspection	
Manitoba	385	$ 1,177.05	$ 765.75	X		
Ontario	4,150	$ 940.00	X	$ 1,000.00	For third re-inspection as a result of deficiencies.	
Quebec	1,896	$ 500.00	x	x		
PEI	51	$ 1,200.00	$ 105.00	$ 105.00	For each visit	
Newfoundland	195	$ 1,045.00	X	$ 200.00	For re-visits	
Nova Scotia	303	$ 1,315.00	X	X		
New Brunswick	222	$ 1,100.00	X	$ 500.00	For second inspection	

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

2.b.vi. Application Committee Terms of Reference

DECISION REQUIRED

Recommended Board Motion:

Approve an amendment to the Terms of Reference of the Application Committee to increase the maximum term of appointments to this Committee to three years.

Purpose

To amend the Application Committee Terms of Reference to increase the maximum appointee term length to three years. This amendment is in alignment with a recent recommendation from the Governance Committee, which was approved at the April 2017 Board meeting.

Background

At their April 2017 meeting, the Board approved the Terms of Reference of the College's new Application Committee (included under Appendix 1). The Application Committee's Terms of Reference was drafted in accordance with recent amendments to the *Pharmacy Operations and Drug Scheduling Act* (PODSA) with respect to pharmacy ownership, and the development of draft bylaws which aim to operationalize those Act amendments.

At that same meeting, based on a Governance Committee recommendation, the Board approved amending the terms of most College Committees[1] to: "Appointments are determined by the Board and will not exceed 3 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years."

Discussion

The Application Committee Terms of Reference has been amended to increase the maximum term length of appointees to this Committee to three years. This amendment reflects the above-noted decision made at the April 2017 Board meeting.

[1] The Committees impacted by this change included: Audit and Finance, Community Pharmacy Advisory, Jurisprudence Examination, Legislation Review, Community Pharmacy Advisory, Discipline, Ethics Advisory, Governance, Hospital Pharmacy Advisory, Inquiry, Practice Review, Quality Assurance, Registration, and Residential Care Advisory.

The Application Committee has not yet been constituted. Staff anticipate that the Committee will be constituted in Fall 2017, to allow for training of appointees prior to March 2018 (i.e., when PODSA and PODSA-Bylaw amendments regarding pharmacy ownership will be in force).

Recommendation

That the Board approve the amended Terms of Reference of the Application Committee (included under Appendix 2) to increase the maximum appointee term length to three years.

Appendix	
1	Terms of Reference of the Application Committee (approved April 2017)
2	Terms of Reference of the Application Committee (red-lined to note amendment)

APPLICATION COMMITTEE

Background

The Board is required to establish an Application Committee.

Authority

Health Professions Act (HPA) sections 19(1)(t) and HPA Bylaws sections 15.2, 19 and 20.
Pharmacy Operations and Drug Scheduling Act (PODSA) sections 1, 4(2), 4(3), 4(4), 4(5), 4.1 and 5.1(b).

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.

Responsibilities

- Review applications for a pharmacy licence as referred by the Registrar that do not meet the eligibility criteria defined in PODSA.
- Request additional information or evidence, if required to make a decision.
- Issue, renew or reinstate a pharmacy licence, with our without conditions, to applicants who satisfy the Application Committee they are eligible to hold a pharmacy licence.
- Refuse to issue, renew or reinstate a pharmacy licence, to applicants who do not satisfy the Application Committee that they are eligible to hold the pharmacy licence.
- Develop conditions with respect to issuing, renewing and reinstating a pharmacy licence.
- Establish sub-committees and ad hoc working groups for Board appointment, to review, develop, administer and establish requirements for the purposes of the application process.
- Inform applicants, about the results of the licensure decision made by the Application Committee.

Reporting relationship

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

Membership

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

Panels

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

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

Each member, including each public representative, is entitled to one vote on all matters coming before the committee or a panel of the committee.

Meeting procedures

Schedule:	At least three times annually.
Format:	In person, by teleconference, or by videoconference.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Panels:	The committee chair, who also designates the panel chair, must appoint panel members. A panel of a committee may exercise any power, duty or function of that committee.
Attendees:	Only Application Committee members and College staff are entitled to attend committee and panel meetings, unless specifically invited by the committee or panel chair as a guest.
Quorum:	A majority of the committee or all members of a panel.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict-of-interest disclosure

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

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

Confidentiality

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

Remuneration

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

Amendment to terms of reference

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

APPLICATION COMMITTEE

Background

The Board is required to establish an Application Committee.

Authority

Health Professions Act (HPA) sections 19(1)(t) and HPA Bylaws sections 15.2, 19 and 20.
Pharmacy Operations and Drug Scheduling Act (PODSA) sections 1, 4(2), 4(3), 4(4), 4(5), 4.1 and 5.1(b).

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.

Responsibilities

- Review applications for a pharmacy licence as referred by the Registrar that do not meet the eligibility criteria defined in PODSA.
- Request additional information or evidence, if required to make a decision.
- Issue, renew or reinstate a pharmacy licence, with our without conditions, to applicants who satisfy the Application Committee they are eligible to hold a pharmacy licence.
- Refuse to issue, renew or reinstate a pharmacy licence, to applicants who do not satisfy the Application Committee that they are eligible to hold the pharmacy licence.
- Develop conditions with respect to issuing, renewing and reinstating a pharmacy licence.
- Establish sub-committees and ad hoc working groups for Board appointment, to review, develop, administer and establish requirements for the purposes of the application process.
- Inform applicants, about the results of the licensure decision made by the Application Committee.

Reporting relationship

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

Membership

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

Panels

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

Term of appointment

- Appointments are determined by the Board and will not exceed 3~~2~~ years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

Each member, including each public representative, is entitled to one vote on all matters coming before the committee or a panel of the committee.

Meeting procedures

Schedule:	At least three times annually.
Format:	In person, by teleconference, or by videoconference.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Panels:	The committee chair, who also designates the panel chair, must appoint panel members. A panel of a committee may exercise any power, duty or function of that committee.
Attendees:	Only Application Committee members and College staff are entitled to attend committee and panel meetings, unless specifically invited by the committee or panel chair as a guest.
Quorum:	A majority of the committee or all members of a panel.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict-of-interest disclosure

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

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

Confidentiality

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

Remuneration

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

Amendment to terms of reference

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

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

2.b.vii. Inquiry Committee Membership Update

INFORMATION ONLY

Joy Bhimji and Dinah Purewal were both Board appointed pharmacists, and Karen Callaway was a Board appointed pharmacy technician to the Inquiry Committee but have recently submitted their resignations due to other commitments. With their resignations, the Inquiry Committee will still be properly constituted and meet the requirements of Section 16 of the *Health Professions Act* Bylaws.

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

2.b.viii. Discipline Committee Membership Appointments

DECISION REQUIRED

Recommended Board Motion:

Re-appoint Wayne Chen and Jody Croft and appoint Dianne Cunningham as members of the Discipline Committee.

Purpose

To make a recommendation to the Board to appoint one new public representative and re-appoint two members to the Discipline Committee.

Background

Section 16 of the *Health Professions Act* Bylaws requires that:

(1) The Discipline Committee is established consisting of at least six persons appointed by the Board.

(2) At least 1/3 of the Discipline Committee must consist of public representatives, at least one of whom must be an appointed Board member.

Discussion

Wayne Chen and Jody Croft were Board appointed pharmacists on the Discipline Committee from 2009 to April 30, 2017. As they are on a panel for an ongoing discipline hearing, both members must be re-appointed in order for the hearing to continue without interruption.

James Ellsworth, a Board appointed public representative and Suzanne Coughtry, a Board appointed pharmacy technician to the Discipline Committee have both recently submitted their resignations due to other commitments. With the resignation of James Ellsworth, the Discipline Committee will not be properly constituted. In order to meet the *Health Professions Act* Bylaws requirements, the Board must appoint at least one new public representative to the Committee. Therefore, staff are recommending one public representative appointment, Ms. Dianne Cunningham to the Discipline Committee.

Dianne Cunningham has had a long career as a clinical dietician that included direct clinical care and collaboration on committees, projects, and advocacy. Ms. Cunningham has a lifelong

commitment to volunteering in both professional and community capacities. She also has experience in the regulatory profession as a Complaints Investigator with the College of Dieticians of BC.

Please see Appendix 1 for more information about Dianne Cunningham.

Recommendation

The College recommends that Wayne Chen and Jody Croft be re-appointed as members of the Discipline Committee until April 30, 2018. The College further recommends that Dianne Cunningham be appointed as a member of the Discipline Committee for a three-year term until April 30, 2020.

Appendix	
1	Committee Member Volunteer Application Form: Dianne Cunningham

COMMITTEE MEMBER VOLUNTEER APPLICATION FORM

Thank you for your interest in becoming a committee member with the College of Pharmacists of BC. Please complete this application form and provide an up-to-date resume in PDF format and email it to volunteers@bcpharmacists.org. Should you have questions, contact the College by phone: 604.733.2440 or 800.663.1940 or email: volunteers@bcpharmacists.org.

Applicant Information

■ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Dr

Name: Cunningham (*Last Name (Surname)*) Dianne (*First Name*) (*Other name(s)*)

Address: 2421 Florence St.

Victoria (*City*) BC (*Province*)

V8N 5R6 (*Postal Code*)

Registration #:

Tel *(home)*: 250-888-8568

Tel *(work)*:

Email: diannec92@gmail.com

Which committee(s) would you like to become a member of?

- ☑ Discipline
- ☐ Hospital Pharmacy Advisory
- ☐ Practice Review
- ☐ Residential Care Advisory
- ☐ Community Pharmacy Advisory
- ☑ Inquiry
- ☐ Quality Assurance
- ☑ Ethics Advisory
- ☐ Jurisprudence Examination
- ☐ Registration

For more information about committees and about serving on them as a volunteer, visit the College website at http://www.bcpharmacists.org/committees

Tell us about yourself and why you think you would be a good committee member.

I feel I bring skills and expertise which would be an asset to any one of three committes: Discipline, Ethics Advisory or Inquiry.

What I bring:
-strong collaborative and leadership skills from my career as a clinical dietitian that included direct clinical care, leadership and collaboration on committees, projects and advocacy.
-a lifelong committment to volunteering in both professional and community capacities.
-a career long interest in ethical decision-making. The nature of my clinical work involved many situations where ethical dilemmas occurred. My latter career in home care presented a number of situations related to both oral and enteral feeding. Over my career I participated in several workshops on this topic.

While I am now retired, I believe my skills and expertise are relelvant today.

COMMITTEE MEMBER VOLUNTEER APPLICATION FORM

The College considers a number of factors including expertise, experience, practice setting, demographic representation, and other special skills or attributes when selecting volunteers. Unfortunately, we are not always able to match the number of interested volunteers to the number of available vacancies.

1. Have you ever been subject to an investigation or a referral to a disciplinary hearing by the Inquiry Committee of the College of Pharmacists of British Columbia?

   ○ Yes
   ◉ No

2. Have you ever been subject to an investigation or disciplinary action by another college established under the *Health Professions Act* or a body in another province or a foreign jurisdiction that regulates a health profession in that province or foreign jurisdiction?

   ○ Yes
   ◉ No

D.E. Cunningham
Applicant Signature

March 12, 2017
Date

Please email this form and provide an up-to-date resume in PDF format to:
College of Pharmacists of BC
Email: volunteers@bcpharmacists.org

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

3. Confirmation of Agenda

DECISION REQUIRED

Recommended Board Motion:

Approve the June 23, 2017 Draft Board Meeting Agenda as circulated, or amended.

Appendix	
1	June 23, 2017 Draft Board Meeting Agenda

College of Pharmacists of British Columbia

Board Meeting

Friday, June 23, 2017

CPBC Office, 200-1765 West 8th Avenue, Vancouver

AGENDA

10:00am - 10:10am	10	**1.**	Welcome & Call to Order	Chair Dossa
		2.	Consent Agenda a) Items for Further Discussion b) Approval of Consent Items **[DECISION]**	Chair Dossa
		3.	Confirmation of Agenda **[DECISION]**	Chair Dossa
10:10am - 10:30am	20	**4.**	Auditor's Report **[DECISION]**	Donna Diskos, Grant Thornton
10:30am - 11:00am	30	**5.**	Practice Review Committee: a) Phase 1 and 2 Update b) Phase 1 - Pharmacy Professionals Review Focus Areas for Pharmacy Technicians **[DECISION]**	Kris Gustavson
11:00am - 12:00pm	60	**6.**	Legislation Review Committee: a) PODSA Bylaws - Public Posting (Owners) **[DECISION]** b) HPA Bylaws – Public Posting (Board Terms of Office) **[DECISIONS]**	Jeremy Walden
12:00pm - 12:45pm	45		***LUNCH***	
12:45pm - 1:15pm	30	**7.**	Inquiry Committee: a) Standards for Medication Review Services **[DECISION]** b) Pharmacy Manager's Requirements and Training **[DECISION]**	Ming Chang / Dorothy Barkley
1:15pm - 1:45pm	30	**8.**	UBC Pharmacists Clinic Update	Barbara Gobis, UBC
1:45pm - 2:00pm	15	**9.**	Certified Pharmacist Prescriber Draft Framework Update	Doreen Leong
2:00pm - 2:20pm	20	**10.**	NAPRA's Position on Cannabis for Medical and Non-Medical Purposes **[DECISION]**	Bob Nakagawa
2:20pm - 2:25pm	5	**11.**	Items Brought Forward from Consent Agenda	
			CLOSING COMMENTS, ROUND TABLE EVALUATION OF MEETING, AND ADJOURNMENT	

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

4. Auditor's Report

DECISION REQUIRED

Recommended Board Motion:

Approve the audited financial statements for fiscal year 2016/17 as presented.

Appendix	
1	Audited Financial Statements for Fiscal Year 2016/17
2	Report to those Charged with Governance - Communication with Audit Results

Financial Statements

College of Pharmacists of British Columbia

February 28, 2017

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Statement of Financial Position	3
Statement of Changes in Net Assets	4
Statement of Revenue and Expenditures	5
Statement of Cash Flows	6
Notes to the Financial Statements	7 - 14

Independent Auditor's Report

Grant Thornton LLP
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333 Seymour Street
Vancouver, BC
V6B 0A4

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

We have audited the accompanying financial statements of the College of Pharmacists of British Columbia (the "College"), which comprise the statement of financial position as at February 28, 2017 and the statement of changes in net assets, statement of revenue and expenditures, and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

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

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the College's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the College of Pharmacists of British Columbia as at February 28, 2017 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Vancouver, Canada
● , 2017

Chartered Professional Accountants

College of Pharmacists of British Columbia
Statement of Financial Position

February 28	2017	2016
Assets		
Current		
Cash and cash equivalents	**$ 1,018,076**	$ 742,510
Investments (Note 3)	**6,017,907**	8,115,391
Receivables (Note 4)	**258,805**	110,773
Prepaids and deposits	**111,038**	219,773
	7,405,826	9,188,447
Investment in College Place joint venture (Note 5)	**1,617,274**	1,549,610
Development costs (Note 6)	**388,832**	164,370
Property and equipment (Note 7)	**864,150**	871,591
	$ 10,276,082	$ 11,774,018
Liabilities		
Current		
Payables and accruals (Note 8)	**$ 803,792**	$ 908,175
Current portion of capital lease obligations (Note 9)	**29,786**	24,516
Deferred revenue (Note 10)	**3,505,305**	3,033,049
Deferred contributions (Note 11)	**180,948**	191,185
	4,519,831	4,156,925
Capital lease obligations (Note 9)	**26,549**	56,334
	4,546,380	4,213,259
Net assets		
Invested in property and equipment	**807,815**	790,741
Capital asset reserve	**348,105**	300,000
Legal reserve	**750,000**	500,000
Joint venture reserve	**500,000**	200,000
Automation reserve	**750,000**	-
Grants reserve	**500,000**	-
Operating reserve	**1,500,000**	-
Unrestricted net assets	**573,782**	5,770,018
	5,729,702	7,560,759
	$ 10,276,082	$ 11,774,018

On behalf of the Board

_____ Director _____ Director

See accompanying notes to the financial statements.

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

Year ended February 28, 2017

	Invested in Property and Equipment	Capital Asset Reserve	Legal Reserve	Joint Venture Reserve	Automation Reserve	Grants Reserve	Operating Reserve	Unrestricted	**2017 Total**	2016 Total
Balance, beginning of year	$ 790,741	$ 300,000	$ 500,000	$ 200,000	$ -	$ -	$ -	$ 5,770,018	**$ 7,560,759**	$ 9,231,844
Deficiency of revenue over expenditures	(280,591)	-	-	-	-	-	-	(1,550,466)	**(1,831,057)**	(1,671,085)
Investment in property and equipment	297,665	(151,895)	-	-	-	-	-	(145,770)	**-**	-
Transfers	-	200,000	250,000	300,000	750,000	500,000	1,500,000	(3,500,000)	**-**	-
Balance, end of year	$ 807,815	$ 348,105	$ 750,000	$ 500,000	$ 750,000	$ 500,000	$ 1,500,000	$ 573,782	**$ 5,729,702**	$ 7,560,759

See accompanying notes to the financial statements.

College of Pharmacists of British Columbia
Statement of Revenue and Expenditures

Year ended February 28	2017	2016
Revenue		
Pharmacy fees	**$ 1,846,129**	$ 1,796,222
Pharmacists fees	**3,247,138**	3,292,165
Technician fees	**552,499**	467,800
Other	**1,608,655**	1,478,439
College Place joint venture income	**246,047**	198,149
Grants	**165,237**	310,250
Investment income	**154,068**	217,052
Total revenue	**7,819,773**	7,760,077
Expenditures		
Board and registrar's office	**554,698**	580,700
Communications and engagement	**221,634**	331,049
Complaints resolution	**344,481**	461,003
Finance and administration	**1,828,968**	1,703,133
Grant distribution	**267,304**	299,950
Policy and legislation	**216,068**	106,218
Practice reviews	**127,167**	389,585
Quality assurance	**475,881**	504,971
Registration, licensure and Pharmanet	**281,166**	430,308
Salaries and benefits	**4,942,108**	4,373,445
Total expenditures	**9,259,475**	9,180,362
Deficiency of revenue over expenditures	**(1,439,702)**	(1,420,285)
Amortization	**391,355**	250,800
Deficiency of revenue over expenditures	**$ (1,831,057)**	$ (1,671,085)

See accompanying notes to the financial statements.

College of Pharmacists of British Columbia
Statement of Cash Flows

Year ended February 28	2017	2016
Cash derived from (used in)		
Operating		
Deficiency of revenue over expenditures	**$ (1,831,057)**	$ (1,671,085)
Amortization of property and equipment	**280,591**	225,040
Amortization of development costs	**110,764**	25,760
Share of net income of College Place joint venture	**(246,047)**	(198,149)
	(1,685,749)	(1,618,434)
Change in non-cash working capital items		
Receivables	**(148,032)**	181,712
Prepaids and deposits	**108,735**	(54,346)
Payables and accruals	**(104,383)**	(372,739)
Deferred revenue	**472,256**	112,040
Deferred contributions	**(10,237)**	(175,500)
	(1,367,410)	(1,927,267)
Financing		
Capital lease repayments	**(24,515)**	(20,266)
Investing		
Purchase of property and equipment	**(273,150)**	(359,308)
Increase in development costs	**(335,226)**	(91,134)
Decrease in investments	**2,097,484**	1,582,063
Advances from College Place Joint Venture	**178,383**	244,700
	1,667,491	1,376,321
Net increase (decrease) in cash and cash equivalents	**275,566**	(571,212)
Cash and cash equivalents, beginning of year	**742,510**	1,313,722
Cash and cash equivalents, end of year	**$ 1,018,076**	$ 742,510

See accompanying notes to the financial statements.

1. Nature of operations

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

2. Summary of significant accounting policies

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations. The following are significant accounting policies applied by the College:

Use of estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Revenue recognition

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

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

Investment in joint venture

The College accounts for its joint venture using the equity method.

Cash and cash equivalents

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

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.

2. Summary of significant accounting policies (continued)

Property and equipment

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

Leasehold improvements	Straight-line method 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

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.

Net assets held in reserves

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

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

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

The Joint Venture reserve was established to assist in funding any large capital expenditures required to maintain the upkeep of the building jointly owned by the College of Pharmacists of British Columbia and the College of Dental Surgeons of British Columbia.

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

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

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

2. Summary of significant accounting policies (continued)

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 amortized cost, except for investments, which are measured at fair value. Changes in fair value are recognized in the statement of revenue and expenditures.

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

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

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

Employee future benefits

The College and its employees make contributions to the Municipal Pension Plan which is a multi-employer joint trusteed plan. This plan is a defined benefit plan, providing pension on 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.

3. Investments

Investments consist of guaranteed investment certificates ("GICs") and mutual funds with interest rates from 2.00% to 2.85% (2016 – 2.00% to 3.25%).

4. Receivables

	2017	2016
PharmaNet receivables	**$ 255,953**	$ 105,945
Other receivables	**2,852**	4,828
	$ 258,805	$ 110,773

5. Joint venture

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

The assets, liabilities, revenues and expenses of the joint venture at February 28, 2017 and for the year then ended are as follows:

	100% Joint Venture	**30% College**
Balance sheet		
Assets		
Current assets	**$ 475,856**	**$ 142,757**
Property and equipment and other assets	**5,226,700**	**1,568,010**
	$ 5,702,556	**$ 1,710,767**
Liabilities and equity		
Total liabilities	**$ 311,642**	**$ 93,493**
Total equity	**5,390,914**	**1,617,274**
	$ 5,702,556	**$ 1,710,767**
Statement of operations		
Revenues	**$ 1,620,002**	**$ 486,001**
Expenses	**799,848**	**239,954**
Excess of revenue over expenditures	**$ 820,154**	**$ 246,047**

The College's lease expires on August 31, 2018 and annual base rent payments are as follows:

2018	248,042
2019	125,207
	$ 373,249

6. Development costs

	Cost	Accumulated Amortization	**2017 Net Book Value**	2016 Net Book Value
SkilSure Solution	$ 41,302	$ 32,542	**$ 8,760**	$ 17,020
Pharmacy Technician Bridging program	234,432	234,432	**-**	-
Pharmacy Online Renewal	62,185	24,874	**37,311**	49,748
Robbery Prevention Form	10,800	6,480	**4,320**	6,480
Mobile apps	35,000	7,000	**28,000**	35,000
Electronic records management project	301,170	76,705	**224,465**	56,122
Online Pre-registration	106,220	20,244	**85,976**	-
	$ 791,109	$ 402,277	**$ 388,832**	$ 164,370

7. Property and equipment

	Cost	Accumulated Amortization	2017 Net Book Value	2016 Net Book Value
Leasehold improvements	$ 1,043,265	$ 593,531	**$ 449,734**	$ 353,894
Furniture and fixtures	343,729	246,395	**97,334**	110,329
Office equipment	301,430	178,953	**122,477**	170,569
Computer	338,151	195,794	**142,357**	167,118
Software	338,713	286,465	**52,248**	69,681
	$ 2,365,288	$ 1,501,138	**$ 864,150**	$ 871,591

At February 28, 2017, assets under capital lease with a cost of $127,727 (2016 - $127,727) and accumulated amortization of $89,409 (2016 - $63,864) are included in office equipment.

8. Payables and accruals

Payables and accruals include GST payable amounting to $53,614 as at February 28, 2017 (2016 - $35,497).

9. Capital lease obligations

The College is committed to pay annual leases for office equipment under lease agreements. The leases will expire in fiscal 2019. Minimum annual lease commitments are as follows:

2018	$ 39,092
2019	29,319
	68,411
Less interest	(12,076)
	56,335
Less current portion	29,786
	$ 26,549

10. Deferred revenue

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

11. 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 expenditures.

	2017	2016
Balance, beginning of year	**$ 191,185**	$ 366,685
Grants received	**20,000**	-
Less amounts amortized to revenue	**(30,237)**	(175,500)
Balance, end of year	**$ 180,948**	$ 191,185

12. Pension plan

The College and its employees contribute to the Municipal Pension Plan, a jointly trusteed pension plan. The board of trustees for this plan represent plan members and employers and are responsible for the management of the pension plan including investment of the assets and administration of benefits. The pension plan is a multi-employer defined benefit pension plan. Basic pension benefits provided are based on a formula. As at December 31, 2015, the Municipal Pension Plan has approximately 188,000 active members.

The most recent actuarial valuation for the Municipal Pension Plan as at December 31, 2015 indicated a $2,224 million funding surplus for basic pension benefits. Defined contribution plan accounting is applied to the plan as the plan exposes the participating entities to actuarial risks associated with the current and former employees of other entities, with the result that there is no consistent and reliable basis for allocating the obligation, plan assets and cost to individual entities participating in the plan. The College paid $296,455 for employer contributions to the plans in fiscal 2017 (2016 - $239,291).

13. Financial instruments

The carrying amounts of financial assets measured at amortized cost are $1,276,881 as at February 28, 2017 (2016 - $853,283).

The carrying amounts of financial assets measured at fair value are $6,017,907 as at February 28, 2017 (2016 - $8,115,391).

The carrying amounts of financial liabilities measured at amortized cost are $860,127 as at February 28, 2017 (2016 - $989,025).

Market risk

Market risk is the potential for financial loss to the College from changes in the values of its financial instruments due to changes in interest rates, equity prices, currency exchange and other price risks. The investments of the College are not subject to significant market risk as substantially all of it are in GICs and denominated in Canadian dollars.

13. Financial instruments (continued)

Credit risk

The College is exposed to the risk that a counterparty defaults or becomes insolvent. The only financial instrument that potentially subjects the College to concentrations of credit risk is its receivables.

The maximum exposure to credit risk in terms of receivables is $258,805 as of February 28, 2017 (2016 - $110,773). Management believes that the College does not have a significant credit risk on their receivables.

Liquidity risk

Liquidity risk is the risk that the College cannot meet a demand for cash or fund its obligations as they come due. Maximum exposure to liquidity risk is $860,127 as at February 28, 2017 (2016 - $989,025). Except for the obligation under capital lease balance of $56,335 (2016 - $80,850), which will be paid until 2019 (Note 9), the College's liabilities are due to be paid in full before February 28, 2018.

14. Commitments

The College is committed to a contract for IT maintenance services for five years, at a rate of $15,000 per month, ending on July 6, 2021.

15. Comparative figures

Certain prior year amounts have been reclassified to conform with the financial statement presentation in the current period.

Grant Thornton

Report to those charged with governance—Communication of audit results

College of Pharmacists of British Columbia

For the year ended February 28, 2017

Grant Thornton

June 23, 2017

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To the members of the Audit Committee of the
College of Pharmacists of British Columbia

We are pleased to report that we have now substantially completed our audit of the financial statements (hereinafter the "financial statements") of the College of Pharmacists of British Columbia (hereinafter the "College") for the year ended February 28, 2017. We enclose our *Report to those charged with governance - Communication of audit results* to continue our dialogue with the committee on the audit of the College. This report provides an overview of the results of our audit including comments on misstatements, significant accounting policies, sensitive accounting estimates, and other matters that may be of interest to the committee.

This communication has been prepared to comply with the requirements outlined in CAS 260 *Communication with those Charged with Governance.* The information in this document is intended solely for the information and use of the Audit Committee, Board, and management. It is not intended to be distributed or used by anyone other than these specified parties.

We express our appreciation for the cooperation and assistance received from the management and staff of the College during the course of our audit.

If you have any particular comments or concerns, please do not hesitate to raise them at our scheduled meeting.

Yours sincerely,
Grant Thornton LLP

Grant Thornton LLP

Donna Diskos, CPA, CA
Partner

cc: Bob Nakagawa, CEO
Mary O'Callaghan, COO

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Status of the audit

Outstanding items

We have substantially completed our audit of the financial statements of the College for the year ended February 28, 2017. The results of that audit are included in this report.

Our draft auditors' report is included in the draft financial statements. We will finalize the report once the Board has approved the financial statements. The following items were outstanding as at the date of this report:

- Receipt of signed management representation letter (draft has been attached as appendix A);
- Approval of the financial statements by the Board;
- Receipt of legal confirmations; and
- Procedures regarding subsequent events.

Planned audit approach

We have successfully executed our audit strategy in accordance with the plan we designed.

Audit results

Summary of misstatements

Our audit identified the unadjusted non-trivial misstatements noted below.

	Over/(Under) statement of:			
Unadjusted misstatements	**Assets**	**Liabilities**	**Equity**	**Earnings**
To reclassify a current liability as long-term	$ -	$120,208 (120,208)	$ -	$ -
To reclassify deferred grant as long-term	-	30,711 (30,711)	-	-
Total unadjusted misstatements	**$ -**	**$ -**	**$ -**	**$ -**

We have discussed the unadjusted misstatements with management. The amounts have not been adjusted as this is a reclassification, and there is no significant impact on the financial statements.

Misstatements identified and adjusted in the financial statements by the College as a result of our audit procedures are as follows:

	Over/(Under) statement of:			
Adjusted misstatements	**Assets**	**Liabilities**	**Equity**	**Earnings**
To correct investment in Joint Venture for related party rents	$ (6,050)	$ -	$ -	$ (6,050)
To reverse regulatory fine revenue	150,000	-	-	150,000
Total	**$ 143,950**	**$ -**	**$ -**	**$ 143,950**

Summary of disclosure matters

Our audit did not identify any unadjusted non-trivial misstatements from disclosure matters.

Reportable matters

Internal control

Management is responsible for the design and operation of an effective system of internal control that provides reasonable assurance that the accounting system provides timely, accurate and reliable financial information, and safeguards the assets of the entity.

The audit is designed to express an opinion on the financial statements. Our understanding of internal control is sufficient to enable us to plan the audit and to determine the nature, timing and extent of tests to be performed. If we become aware of a deficiency in your internal controls systems, the auditing standards require us to communicate to the audit committee those deficiencies we consider significant. However, a financial statement audit is not designed to provide assurance on internal control.

During our audit, we did not note any material weaknesses or significant deficiencies.

Significant transactions

The following significant transactions were noted during the course of our audit of the financial statements:

Significant transaction	Considerations and results
Accounting policies	The College accounts for its investment in the College Place Joint Venture (the "Joint Venture") by applying the equity method of accounting. In order to reconcile its investment in the Joint Venture to the audited financial statements of the Joint Venture, the College is required to make adjustments to the accounting for related party rents.
Development costs	During the year, the College capitalized $335,226 (2016: $91,134) of program and implementation costs relating to the Online Pre-registration Project and the College's website. No disposals occurred during the year.
Regulatory fines	During the year, the College assessed and issued a three year suspension and $150,000 regulatory fine to a pharmacist. The fine is to be repaid to the College in two equal instalments of $75,000 with the first instalment due upon reinstatement of the individual and the second due one-year subsequent to reinstatement. The individual is eligible for reinstatement in 2019. Canadian accounting standards indicate that revenue may only be recognized if collection is reasonably assured. As the fine is to be repaid in three years with no assurance the individual will seek reinstatement, it was determined that collection was not reasonably assured and the revenue related to the fine should not be recognized. This resulted in a $150,000 adjustment to reverse the recognition of this revenue and the corresponding receivable.
Capital asset reserve	The capital asset reserve includes previous building assessment fees levied to new pharmacists to finance capital expenditures. During the year, the College spent $151,895 (2016: $128,885) from the capital asset reserve for the investment in property and equipment. The College also transferred $200,000 from unrestricted funds to capital asset reserve. We understand that the Board will approve this transfer upon approval of the financial statements.
Reserve balances	The College maintains five reserve funds each with a specified target balance. The balances provide the College with extra funding to manage future risks. The reserves are as follows: (1) The legal reserve has a balance of $750,000 and is maintained to provide funding for potential future litigation issues. (2) The joint venture reserve has a balance of $500,000 and is maintained to provide the College with funding related to its future involvement with the Joint Venture. (3) The automation reserve has a balance of $750,000 and is maintained to provide funding for any substantial IT maintenance, purchases or upgrades that may be required. (4) The grants reserve has a balance of $500,000 and is maintained to provide the opportunity to fund research projects or training opportunities that support the College's Strategic Plan. (5) The Operating reserve has a balance of $1,500,000 and is maintained to enable the College to sustain operations through delays in committed funding, unanticipated operating expenses, and to manage cash flow. During the year, $3,500,000 was transferred from the unrestricted fund to setup the balances of these reserves.
Municipal Pension Plan	The College joined the Municipal Pension Plan during 2015. This has been disclosed in the notes to the financial statements.
IT commitment disclosure	The College signed an IT Consulting and Maintenance contract with Xyfon on July 6, 2015, for $15,000 a month for five years. This has been disclosed as a commitment in the financial statements.

Other matters

Other matters identified during the course of our audit are as follows:

Other matters	Considerations and results
Reliance on another auditor	The financial statements of the College include its proportionate share of the net income of the College Place Joint Venture (the "Joint Venture"). We relied on the amount presented in the audited financial statements of the Joint Venture and the pertinent auditor's report issued by Smythe Ratcliffe LLP. We have also obtained a confirmation of independence from the auditor of the Joint Venture.
Legal and regulatory matters	Our audit procedures include an enquiry of management and legal counsel regarding legal contingencies. No legal claims against the College were noted. We have sent our enquiry to the legal counsel and we expect to receive a response before the audit report date. Our audit procedures also include consideration of any regulatory issues that affect the operations or financial reporting of the College. No regulatory matters were reported that require disclosure in the financial statements.
Association with annual reports	We would appreciate an opportunity to review the annual report before it is printed and distributed. Should we note any information that is inconsistent with the financial statements that requires revision, we will communicate this to management in a timely manner.
Cooperation during the audit	We received excellent cooperation from management and the employees of the College. To our knowledge, we were provided access to all necessary records and other documentation and any issues that arose as a result of our audit were discussed with management and have been resolved to our satisfaction.
Consultations with other accountants	To our knowledge, management did not seek the advice or opinion of other external accountants on financial reporting or accounting matters.
Related party transactions not in the normal course of business	During the course of our audit, we did not identify any related party transactions that were not in the normal course of operations that involve significant judgments made by management concerning measurement or disclosure. All related party transactions have been appropriately disclosed in the financial statements.
Fraud and illegal acts	Our inquiries of management did not reveal any fraud or illegal acts. Furthermore, nothing has come to our attention that indicates any director, officer or senior employee may have an interest that is in conflict with their responsibilities to the College.

Appendix A—Draft management representation letter

College of Pharmacists
of British Columbia

June 23, 2017

Grant Thornton LLP
Suite 1600, Grant Thornton Place
333 Seymour Street
Vancouver, BC V6B OA4

Dear Sir/Madam:

We are providing this letter in connection with your audit of the financial statements of the College of Pharmacists of British Columbia (the "College") for the year ended February 28, 2017, for the purpose of expressing an opinion as to whether the financial statements present fairly, in all material respects, the financial position, results of operations, and cash flows of the College in accordance with Canadian accounting standards for not-for-profit organizations.

We acknowledge that we have fulfilled our responsibilities for the preparation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations and for the design and implementation of internal controls to prevent and detect fraud and error. We have assessed the risk that the financial statements may be materially misstated as a result of fraud, and have determined such risk to be low. Further, we acknowledge that your examination was planned and conducted in accordance with Canadian generally accepted auditing standards (GAAS) so as to enable you to express an opinion on the financial statements. We understand that while your work includes an examination of the accounting system, internal controls and related data to the extent you considered necessary in the circumstances, it is not designed to identify, nor can it necessarily be expected to disclose, fraud, shortages, errors and other irregularities, should any exist.

Certain representations in this letter are described as being limited to matters that are material. An item is considered material, regardless of its monetary value, if it is probable that its omission from or misstatement in the financial statements would influence the decision of a reasonable person relying on the financial statements.

We confirm, to the best of our knowledge and belief, as of the date of this letter, the following representations made to you during your audit.

Financial statements

1 The financial statements referred to above present fairly, in all material respects, the financial position of the College as at February 28, 2017 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations, as agreed to in the terms of the audit engagement.

Completeness of Information

2 We have made available to you all financial records and related data and all minutes of the meetings of the Board and committees of the Board, as agreed in the terms of the audit engagement. Summaries of actions of recent meetings for which minutes have not yet been prepared have been provided to you. All significant board and committee actions are included in the summaries.

3 We have provided you with unrestricted access to persons within the College from whom you determined it necessary to obtain audit evidence.

4 There are no material transactions that have not been properly recorded in the accounting records underlying the financial statements. The adjusting journal entries which have been proposed by you are approved by us and will be recorded on the books of the College.

5 There were no restatements made to correct a material misstatement in the prior period financial statements that affect the comparative information.

6 We are unaware of any known or probable instances of non-compliance with the requirements of regulatory or governmental authorities, including their financial reporting requirements.

7 We are unaware of any violations or possible violations of laws or regulations the effects of which should be considered for disclosure in the financial statements or as the basis of recording a contingent loss.

8 We have disclosed to you all known deficiencies in the design or operation of internal control over financial reporting of which we are aware.

9 We have identified to you all known related parties and related party transactions, including sales, purchases, loans, transfers of assets, liabilities and services, leasing arrangements guarantees, non-monetary transactions and transactions for no consideration.

10 You provided a non-audit service by assisting us with drafting the financial statements and related notes. In connection with this non-audit service, we confirm that we have made all management decisions and performed all management functions, have the knowledge to evaluate the accuracy and completeness of the financial statements, and accept responsibility for such financial statements.

Fraud and error

11 We have no knowledge of fraud or suspected fraud affecting the College involving management; employees who have significant roles in internal control; or others, where the fraud could have a non-trivial effect on the financial statements.

12 We have no knowledge of any allegations of fraud or suspected fraud affecting the College's financial statements communicated by employees, former employees, analysts, regulators or others.

13 We acknowledge our responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud.

14 We believe that the effects of the uncorrected financial statement misstatements summarized in the accompanying schedule are immaterial, both individually and in the aggregate, to the financial statements taken as a whole. Refer to the attached schedule of passed adjusting journal entries.

Recognition, measurement and disclosure

15 We believe that the significant assumptions used by us in making accounting estimates, including those used in arriving at the fair values of financial instruments as measured and disclosed in the financial statements, are reasonable and appropriate in the circumstances.

16 We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities, both financial and non-financial, reflected in the financial statements.

17 All related party transactions have been appropriately measured and disclosed in the financial statements.

18 The nature of all material measurement uncertainties has been appropriately disclosed in the financial statements, including all estimates where it is reasonably possible that the estimate will change in the near term and the effect of the change could be material to the financial statements.

19 All outstanding and possible claims, whether or not they have been discussed with legal counsel, have been disclosed to you and are appropriately reflected in the financial statements.

20 All liabilities and contingencies, including those associated with guarantees, whether written or oral, have been disclosed to you and are appropriately reflected in the financial statements.

21 All "off-balance sheet" financial instruments have been properly recorded or disclosed in the financial statements.

22 With respect to environmental matters:

a at year end, there were no liabilities or contingencies that have not already been disclosed to you;

b liabilities or contingencies have been recognized, measured and disclosed, as appropriate, in the financial statements; and

c commitments have been measured and disclosed, as appropriate, in the financial statements.

23 The College has satisfactory title to (or lease interest in) all assets, and there are no liens or encumbrances on the College's assets nor has any been pledged as collateral.

24 We have disclosed to you, and the College has complied with, all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance, including all covenants, conditions or other requirements of all outstanding debt.

25 The Goods and Services Tax ("GST") and Harmonized Sales Tax ("HST") transactions recorded by the Society are in accordance with the federal and provincial regulations. The GST and HST liability/receivable amounts recorded by the College are considered complete.

26 Employee future benefits have been determined, accounted for and disclosed in accordance with the requirements of Section 3463 *Employee Future Benefits.*

27 There have been no events subsequent to the balance sheet date up to the date hereof that would require recognition or disclosure in the financial statements. Further, there have been no events subsequent to the date of the comparative financial statements that would require adjustment of those financial statements and related notes.

Other

28 We have considered whether or not events have occurred or conditions exist which may cast significant doubt on the College's ability to continue as a going concern and have concluded that no such events or conditions are evident.

Yours very truly,

_____

Bob Nakagawa, Registrar

_____

Mary O'Callaghan, Chief Operating Officer

Summary of misstatements

	Over/(Under) statement of:			
Unadjusted misstatements	**Assets**	**Liabilities**	**Equity**	**Earnings**
To reclassify a current liability as long-term	$ -	$120,208 (120,208)	$ -	$ -
To reclassify deferred grant as long-term	-	30,711 (30,711)	-	-
Total unadjusted misstatements	$ -	$ -	$ -	$ -

Appendix B—Accounting developments

Flash bulletins provide a summary of the most recent news and publications from standard setters on accounting standards for private enterprises (ASPE), not-for-profit organizations (NPOs) and pension plans. This special edition of Flash specifically addresses the Exposure Draft issued by the Canadian Accounting Standards Board (AcSB) in February 2017 entitled Accounting Standards Improvements for Not-for-Profit Organizations which is relevant to NPOs who report under Part III of the *CPA Canada Handbook – Accounting – Accounting Standards for NPOs* (ASNPO).

Find out what the changes are, as well as our thoughts on what's important and why.

Read the full article.

Appendix C—Publications

	**Transmitting trust and accountability: Making the financial statements of your not-for-profit organization an effective communication tool** http://insights.grantthornton.ca/i/740775-transmitting-trust-and-accountability
	**Walking the tightrope: Balancing board governance expectations** http://insights.grantthornton.ca/i/572248-walking-the-tightrope-balancing-board-governance-expectations
	**Risky business – Risk management best practices for an increasingly risky world** http://insights.grantthornton.ca/i/319479-risky-business

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

5. Practice Review Committee:
a) Phase 1 and 2 Update

INFORMATION ONLY

Purpose

To provide the Board with an update on the Practice Review Program (PRP).

Business Stream:

Update	Next Steps

Phase 1 – Community Practice
• Conducted April and May 2017 reviews (Appendix 1)
• Scheduled pharmacies for June and July 2017 reviews
• Approved new Pharmacy Professionals Review form for Pharmacy Technicians to reflect new focus areas
• Drafting reports for fiscal year 2016/17
  ○ Review Data
  ○ Registrant feedback survey results
• Forecasting program cycle
  ○ Incorporated yearly growth in pharmacy and registrant base
  ○ Determined yearly targets
	Phase 1 – Community Practice
	• Schedule pharmacies for August 2017 reviews
	• Board approval of new Pharmacy Professionals Review form for Pharmacy Technicians
	• Compliance Officer meeting
	  ○ Updates
	  ○ Training
	• Finalize reports for fiscal year 2016/17 to present to the Board
	  ○ Review Data
	  ○ Registrant feedback survey results
	• Develop Release 2 of Phase 1: Residential Care, packaging, compounding and other ancillary forms (contingent on resources)

Phase 2 – Hospital Practice
• Conducted April and May 2017 reviews (Appendix 2)
• Scheduled pharmacies for June, July and August 2017 reviews
• Approved amended Pharmacy Professionals Review form for Pharmacy Technicians
• Monitoring Risk Register to identify and track issues
	Phase 2 – Hospital Practice
	• Schedule pharmacies for September 2017 reviews
	• Compliance Officer meeting
	  ○ Updates
	  ○ Training
	• Continue to monitor Risk Register to identify and track issues

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

Communications / Stakeholder Stream:

Update	Next Steps
General • Finalized and posted new PRP video	General
Phase 1 – Community Practice • New PRP Insights articles posted (Appendix 3) • Drafting articles for the launch of the registrant support tools for preparation and remediation	Phase 1 – Community Practice • Continue to draft monthly PRP Insights articles based on findings from reviews • Post registrant support tools for preparation and remediation
Phase 2 – Hospital Practice	Phase 2 – Hospital Practice • Begin drafting PRP Insights articles

Legislation Stream:

Update	Next Steps
General • Phase 1 review forms amended to reflect new legislation (security bylaws) ○ In force as of April 21st, 2017 • Provided feedback on legislation based on findings from reviews	General • Continue to provide feedback on legislation based on findings from reviews

Enforcement Stream:

Update	Next Steps
General • Sharing PRP Information as needed • Working with Complaints Resolution team to review selected pharmacies (to prevent overlap)	General • Continue to share PRP information as needed • Continue to work with Complaints Resolution team to review selected pharmacies (to prevent overlap)

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

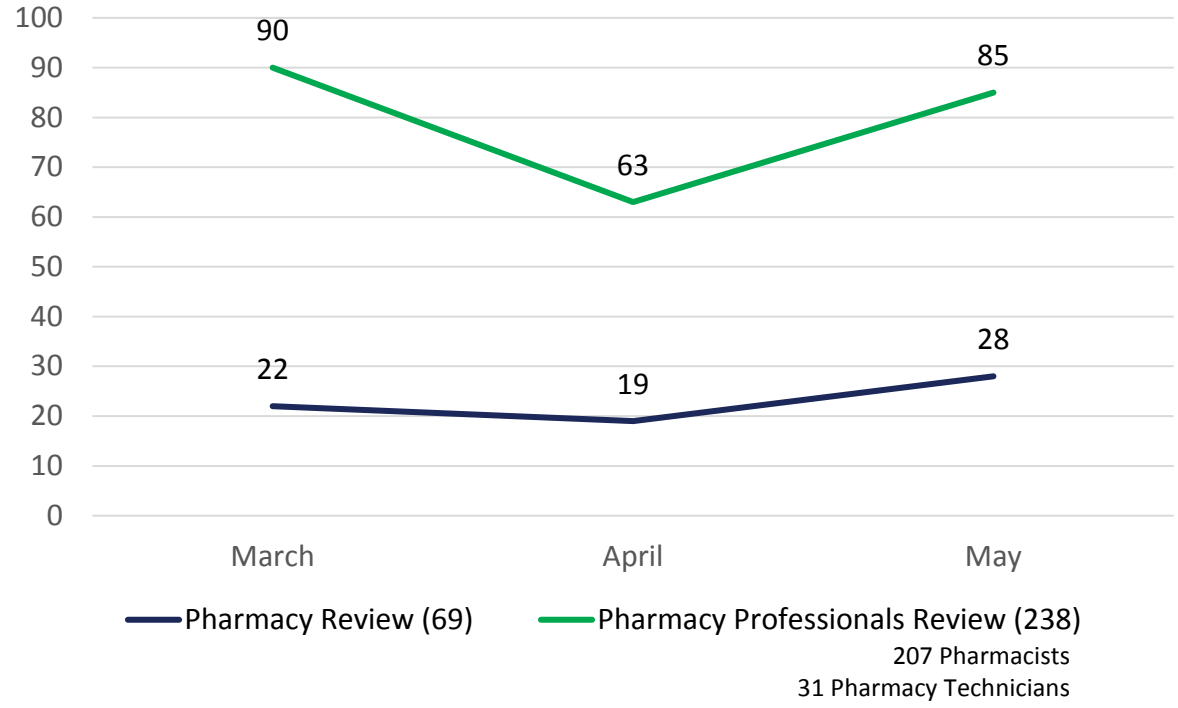
IT Stream:

Update	Next Steps
Phase 1 – Community Practice • Ongoing application enhancements ○ Made changes to the Action Item Follow Up module based on registrant feedback	Phase 1 – Community Practice • Continue with application enhancements • Build reports for administrative use
Phase 2 – Hospital Practice • Provide support as needed	Phase 2 – Hospital Practice • Provide support as needed

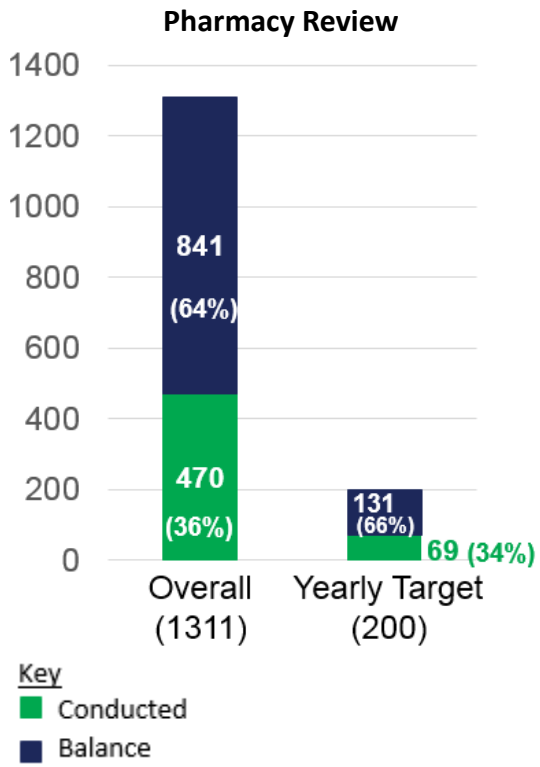
Appendix	
1	Phase 1 – Community Practice Operational Statistics
2	Phase 2 – Hospital Practice Operational Statistics
3	Phase 1 – Insights Articles for Readlinks

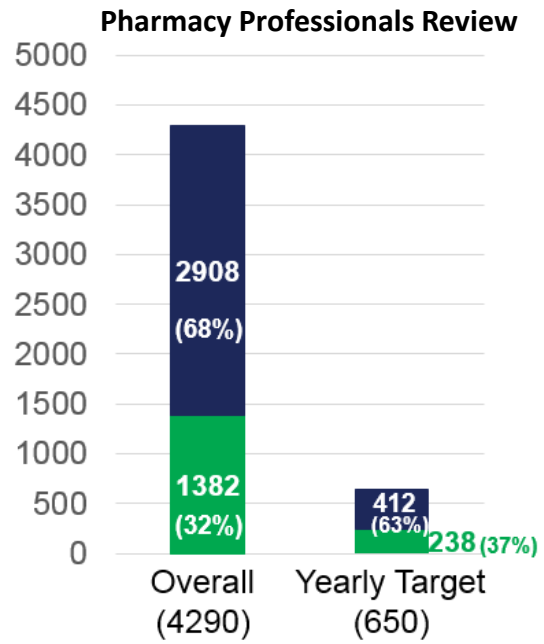
PRP Phase 1: Community Practice Operational Statistics
2017-18 Fiscal Year: March 1st – May 31st, 2017

Fiscal Year Progress:



Overall and Fiscal Year Progress:

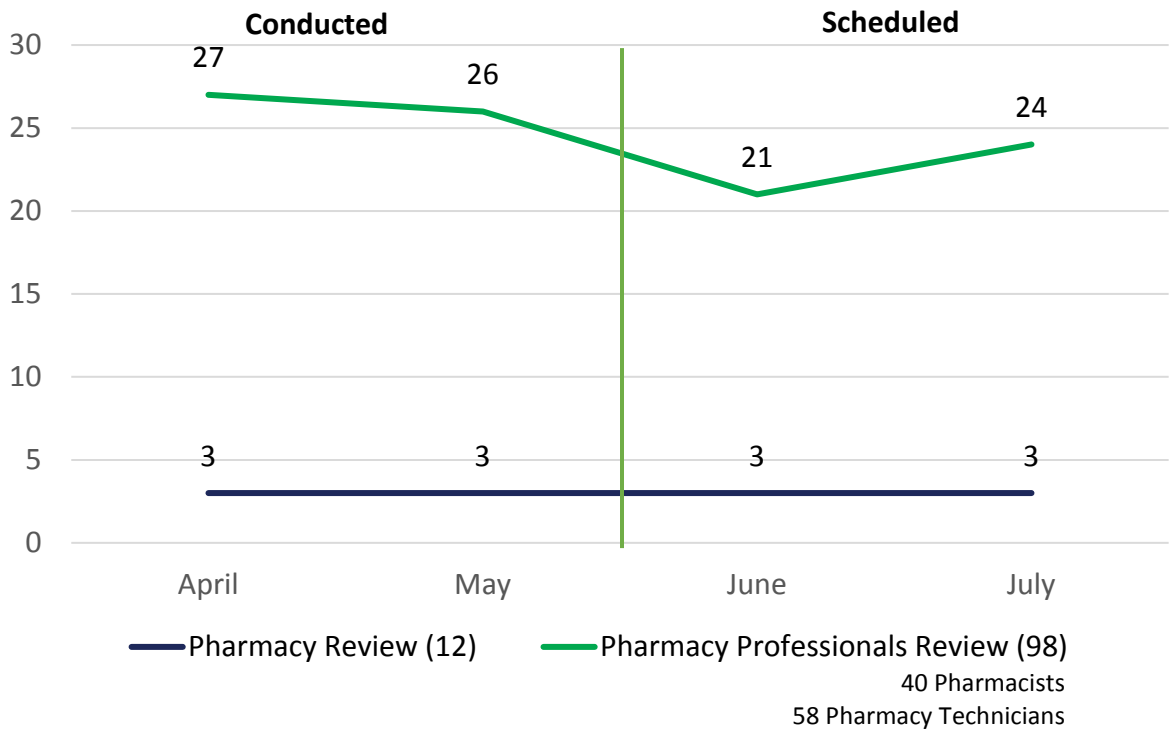




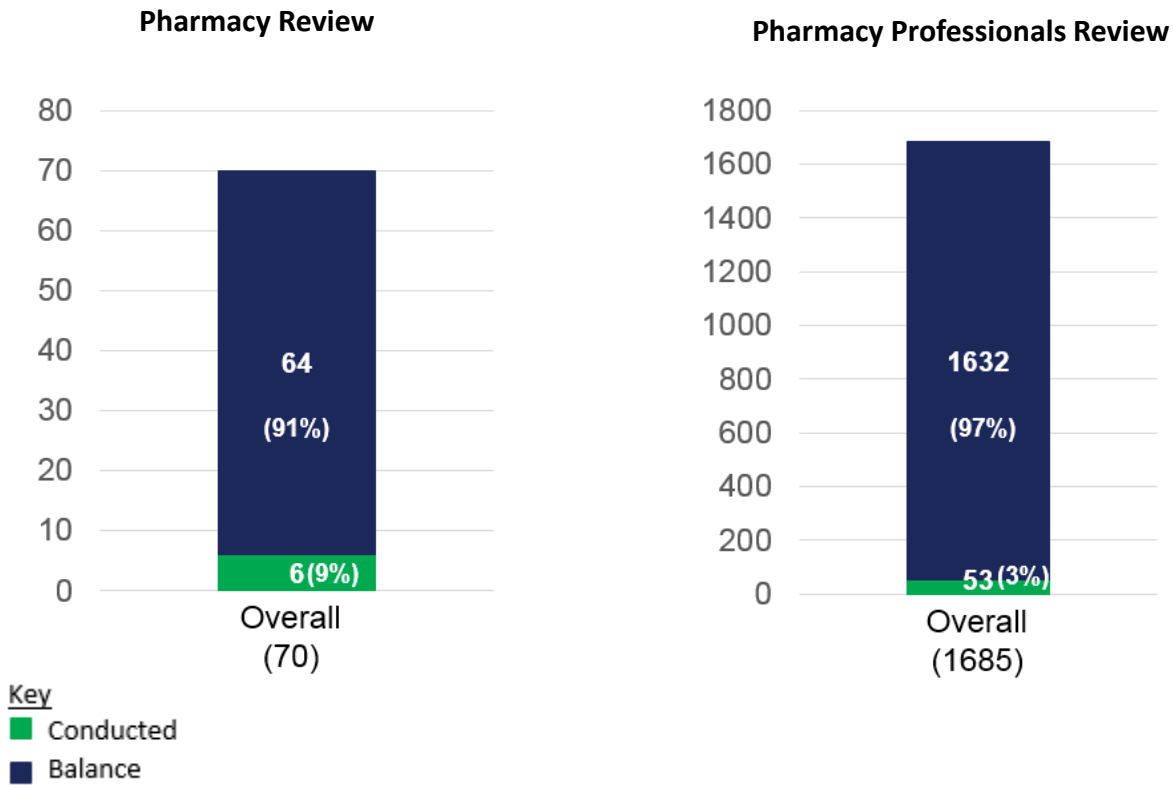
Appendix 2

PRP Phase 2: Hospital Practice Operational Statistics
2017-18 Fiscal Year: March 1st – May 31st, 2017

Fiscal Year Progress:



Overall Progress:



PRP Phase 1: Community Practice Insights Articles

New Article: April 2017 Advice from our Compliance Officers on your next review

ADVICE FROM OUR COMPLIANCE OFFICERS ON YOUR NEXT REVIEW

The College's Practice Review Program is now in effect for both Community and Hospital practice settings. Pharmacies and Pharmacy Professionals in BC will be reviewed and assessed across predetermined focus areas to ensure they are compliant with College bylaws and policies.

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

So far, Compliance Officers have completed over 1000 Pharmacy Professionals Reviews and over 300 Pharmacy Reviews in community pharmacies across BC. As we expand the Practice Review Program into hospital pharmacies, we spoke to some of our Compliance Officers to find out what advice they have for registrants on their upcoming reviews.

I would say – be yourself, don't worry - This is not a punitive program. We want everyone to view the PRP as a positive thing. It is the College's job to ensure that the people and the pharmacies they license comply with the bylaws, it's as simple as that – nothing personal. It would also be a good idea to check out the forms for your practice type prior to your review to know what to expect.

– BETHANY GAMACHE

Don't be nervous! The best way to approach a review is to practice as usual, so that the feedback can be used to help identify and correct any focus areas that would benefit from improvement (if any). For those who wish to be prepared, the Practice Review Program page on our website has resources that point to exactly what we are looking for during reviews. Our goal is to be transparent so that the standards are clear and registrants know what to expect.

– MARK CHAN

By all means, review the tools suggested by CPBC, as they are there on our website to aid each registrant in being successful in their respective reviews. Truth be told, I prefer when registrants simply "be themselves" while I am there. Do what they normally do from day to day. I am quite pleased to offer assistance and pointers on how to ensure they will be their best by the time I finish up my time at the pharmacy!

– DWAIN NOTTEBROCK

My advice is for registrants to take the opportunity to ask questions, engage your compliance officer, find out where deficiencies in your practice may be and look for solutions. One's initial reaction to a third party scrutinizing their practice may be to become defensive, or reluctant to embrace the situation to get the most out of it.

However, do not fear the work or the changes that may need to be made to your practice, but rather I encourage registrants to look forward to knowing that your pharmacy will come out of this better than ever. In the private sector, an independent review of this nature would be an extremely costly undertaking, however the PRP team is providing this service to you without the usual big bills that come afterwards.

– JAMES VAN

The best advice I can give anyone going through this process is to just be yourself and do your thing. We all know the standards we just have to do our jobs as professionals.

– DAVID MORHUN

LEARN MORE ABOUT THE PRACTICE REVIEW PROGRAM AND HOW TO PREPARE FOR A REVIEW AT

BCPHARMACISTS.ORG/PRP

Previous Articles:

March 2017: Compliance Officers on their personal approach to practice reviews

February 2017: Meet our Compliance Officers

January 2017: Managing Return-to-Stock Medications

October 2016: When Are CPP Forms Required for Residential Care Facilities, Hospices and Hospitals

June 2016: Privacy, Confidentiality and Security of Patient Health Information

March 2016: Expiry Dates of Compounding Materials and Products

November 2015: Signing Narcotic Records

August 2015: Policy and Procedure Manual

June 2015: Retaining Prescriptions

March 2015: Drug Product Distribution Requirements

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

5. Practice Review Committee:
b) Phase 1 – Pharmacy Professionals Review Focus Areas for Pharmacy

DECISION REQUIRED

Recommended Board Motion:

Modify the Pharmacy Professionals Review Focus Areas for Pharmacy Technicians in community practice from:

- *Patient Identification Verification*
- *Profile Check*
- *Counselling*
- *Documentation*

To:

- *Patient Identification Verification*
- *Product Distribution*
- *Collaboration*
- *Documentation*

Purpose

To approve the modified Pharmacy Professionals Review Focus Areas for Pharmacy Technicians in community practice as they are more applicable to their scope of practice and aligned with the focus areas for pharmacy technicians in hospital practice.

Background

Since February 2015 the launch of the Practice Review Program in community practice, Pharmacy Professionals Review focus areas for both pharmacists and pharmacy technicians are:

- Patient Identification Verification
- Profile Check
- Counselling
- Documentation

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

Discussion

To date, over 120 pharmacy technicians in community practice have undergone practice reviews. The feedback received has been consistent:

- Pharmacy technicians appreciate being included in the review process as their scope of practice was either clarified or reconfirmed
- Two of the four focus areas are not within a pharmacy technician's scope of practice and therefore do not directly apply
    - Profile Check
    - Counselling
- The current review does not assess areas that are within a pharmacy technicians scope

In September 2015, the Practice Review Committee approved the following focus areas for pharmacy technicians in hospital pharmacy practice:

- Patient Identification Verification
- Product Distribution
- Collaboration
- Documentation

Two of the focus areas were new to the Practice Review Program; Product Distribution and Collaboration. In order to implement Product Distribution as a focus area, practice standards and bylaws for all practices (hospital, community, and residential care) had to be amended to address existing gaps. The new standards and bylaws came into force in January 2017.
For the focus area Collaboration, pharmacy technicians will be reviewed against practice standards and bylaws as well as the Model Standards of Practice for Pharmacy Technicians from the National Association of Pharmacy Regulatory Authorities (NAPRA).
The Community Pharmacy Advisory Committee (CPAC) also reviewed the Practice Review Program's focus areas for pharmacy technicians. Based on the PRC's decision to have new focus areas for pharmacy technicians in hospital practice and the feedback received from those who have undergone reviews in community practice, the CPAC made the following recommendation to the PRC.

<u>It was MOVED, SECONDED and CARRIED that:</u> The Community Pharmacy Advisory Committee recommend the Practice Review Committee to modify their focus areas for pharmacy technicians in community practice to align with those in hospital practice.

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

At their March 2017 Practice Review Committee meeting, the committee reviewed the CPAC's recommendation along with feedback from pharmacy technicians who have undergone practice reviews and made the following motion:

It was MOVED, SECONDED and CARRIED that:
The Practice Review Committee modify the focus areas for pharmacy technicians in community practice to those that are more applicable to their scope of practice and to align with the focus areas for pharmacy technicians in hospital practice as follows:

- Patient Identification Verification
- Product Distribution
- Collaboration
- Documentation

A new Pharmacy Professionals Review form for pharmacy technicians (Appendix 1) has been developed based on the standards to reflect these new focus areas. The form was circulated to 40 committee members, 35 pharmacists and 5 pharmacy technicians who are in community pharmacy practice for stakeholder feedback. The final step before implementation will be approval of the new focus areas by the Board.

Appendix	
1	New Pharmacy Professionals Review for Pharmacy Technicians in community practice

COMMUNITY PHARMACY TECHNICIAN REVIEW

Patient Identification Verification

Reference	Requirement(s)
PPP-54 Policy Statement #2	Where a patient is personally known to the registrant, the registrant may positively identify the patient. In cases where the patient is not known to the registrant, positive identification is best achieved by viewing one piece of primary identification or two pieces of secondary identification.
PODSA Bylaws s.22	A registrant must take reasonable steps to confirm the identity of a patient, patient's representative, registrant or practitioner before providing any pharmacy service, including but not limited to a) establishing a patient record, b) updating a patient's clinical information, c) providing a printout of an in-pharmacy or requesting a PharmaNet patient record, d) establishing, deleting, or changing a patient keyword, e) viewing a patient record, f) answering questions regarding the existence and content of a patient record, g) correcting information, and h) disclosing relevant patient record information to another registrant for the purpose of dispensing a drug or device, and/or for the purpose of monitoring drug use.

Product Distribution

Reference	Requirement(s)
HPA Bylaws Schedule F Part 1 s.9.1 (1)	A registrant who **prepares** a prescription product must ensure that: a) the prescription product label matches the prescription information and the information on the manufacturer's label with respect to: (i) drug, (ii) dosage form, (iii) strength, (iv) quantity, (v) drug identification number; b) the prescription product label matches the prescription information with respect to the matters set out in section 6(2)(a) to (g); c) the drug is not expired and will not expire within the duration of use;
HPA Bylaws Schedule F Part 1 s.10(6)	**Before dispensing a prescription product, a registrant must perform a final check** and record his or her identity in writing.
HPA Bylaws Schedule F Part 1 s.4(1), s.6(2) and definitions	Pharmacy technicians in a community pharmacy may prepare, process and compound prescriptions, including (e) performing the final check of a prepared prescription. **"final check"** means ensuring that: (a) the prescription product and the prescription product label match the prescription information and the information on the manufacturer's label with respect to: (i) drug, (ii) dosage form, (iii) strength, (iv) quantity, and (v) drug identification number; (b) the prescription product label matches the prescription information with respect to the matters set out in section 6(2)(a) to (g); 6(2) Upon receipt from the practitioner, a prescription must include the following information: (a) the date the prescription was written; (b) the name of the patient; (c) the name of the drug or ingredients and strength if applicable; (d) the quantity of the drug; (e) the dosage instructions including the frequency, interval or maximum daily dose; (f) refill authorization if applicable, including number of refills and interval between refills;

	(g) the name and signature of the practitioner for written prescriptions; (c) the drug has not expired and will not expire within the duration of use; and (d) a pharmacist has completed a clinical assessment of the prescription after reviewing the patient profile.

Collaboration

Reference	Requirement(s)
HPA Bylaws Schedule F Part 1 s.4(3)	A pharmacy technician must identify his or her registrant class in any interaction with a patient or a practitioner.
NAPRA MSOPPT (2011) s.2	Pharmacy technicians, regardless of the role they are fulfilling, work constructively with pharmacists, students, peers and members of the interprofessional team.
NAPRA MSOPPT (2011) s.2	Pharmacy technicians, regardless of the role they are fulfilling, communicate effectively.
HPA Bylaws Schedule F Part 1 s.4(2)	Despite subsection (1), a pharmacy technician in a community pharmacy may dispense a drug but must not (a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use, or (b) do anything described in (i) sections 6(5), 6(10), 10(2), 11(3), 11(4), 12, 13(2), 13(3) or 13(4) of this Part, or (ii) Part 4 of this Schedule (Injection Administration) (c) dispense a drug pursuant to HPA Bylaws Schedule F, Part 5 (MAID)

Documentation

Reference	Requirement(s)
PODSA Bylaws s.21(1)	A registrant must enter the prescription information and transmit it to PharmaNet at the time of dispensing and keep the PharmaNet patient record current.
HPA Bylaws Schedule F Part 1 s.11(1)	A patient record must be established and maintained for each patient for whom a Schedule I drug is dispensed.

HPA Bylaws Schedule F Part 1 s.6(4)(g)	At the time of dispensing, a prescription must include the following additional information: (g) written confirmation of the registrant who (i) verified the patient identification, (ii) verified the patient allergy information, (v) performed the final check including when dispensing a balance owing
HPA Bylaws Schedule F Part 1 s.10(6)	Before dispensing a prescription product, a registrant must perform a final check and **record his or her identity in writing.**

College of Pharmacists of British Columbia

5. Practice Review Committee

Kris Gustavson

Chair, Practice Review Committee

College of Pharmacists of British Columbia

5 a) Phase 1 and 2 Update

College of Pharmacists of British Columbia

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Phase 1 – Community Practice

Update	Next Steps

• Finalized and posted new PRP video
• Launched the registrant support tools to help registrants prepare for review, complete action items, and improve their practice
• Developed Pharmacy Professionals Review form to address feedback from prior reviews
• Forecasted cycle incorporating yearly growth in pharmacy and registrant base
	• Finalize reports for fiscal year 2016/17 to present to the Board
	  ○ Review Data
	  ○ Registrant feedback survey results

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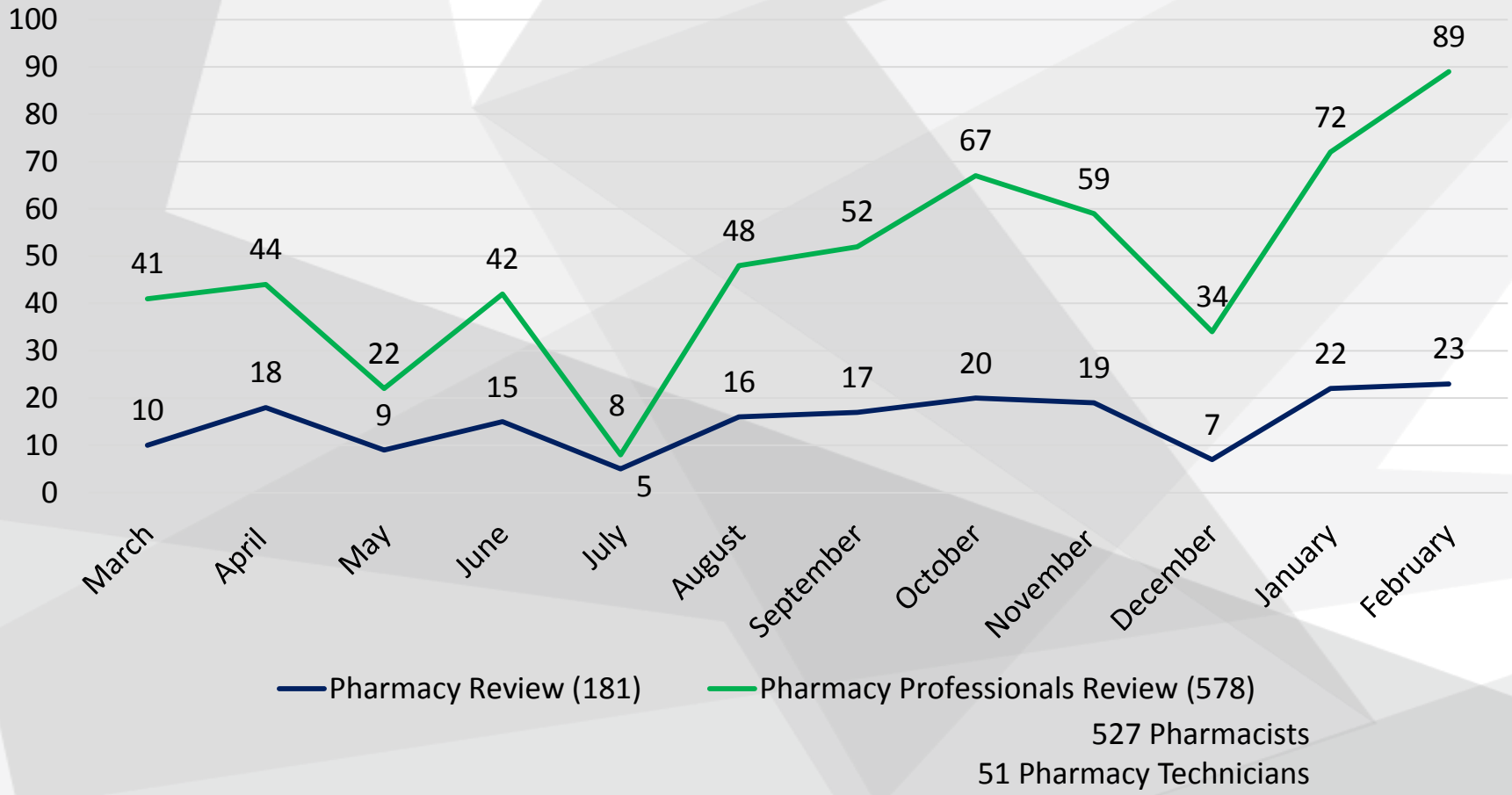
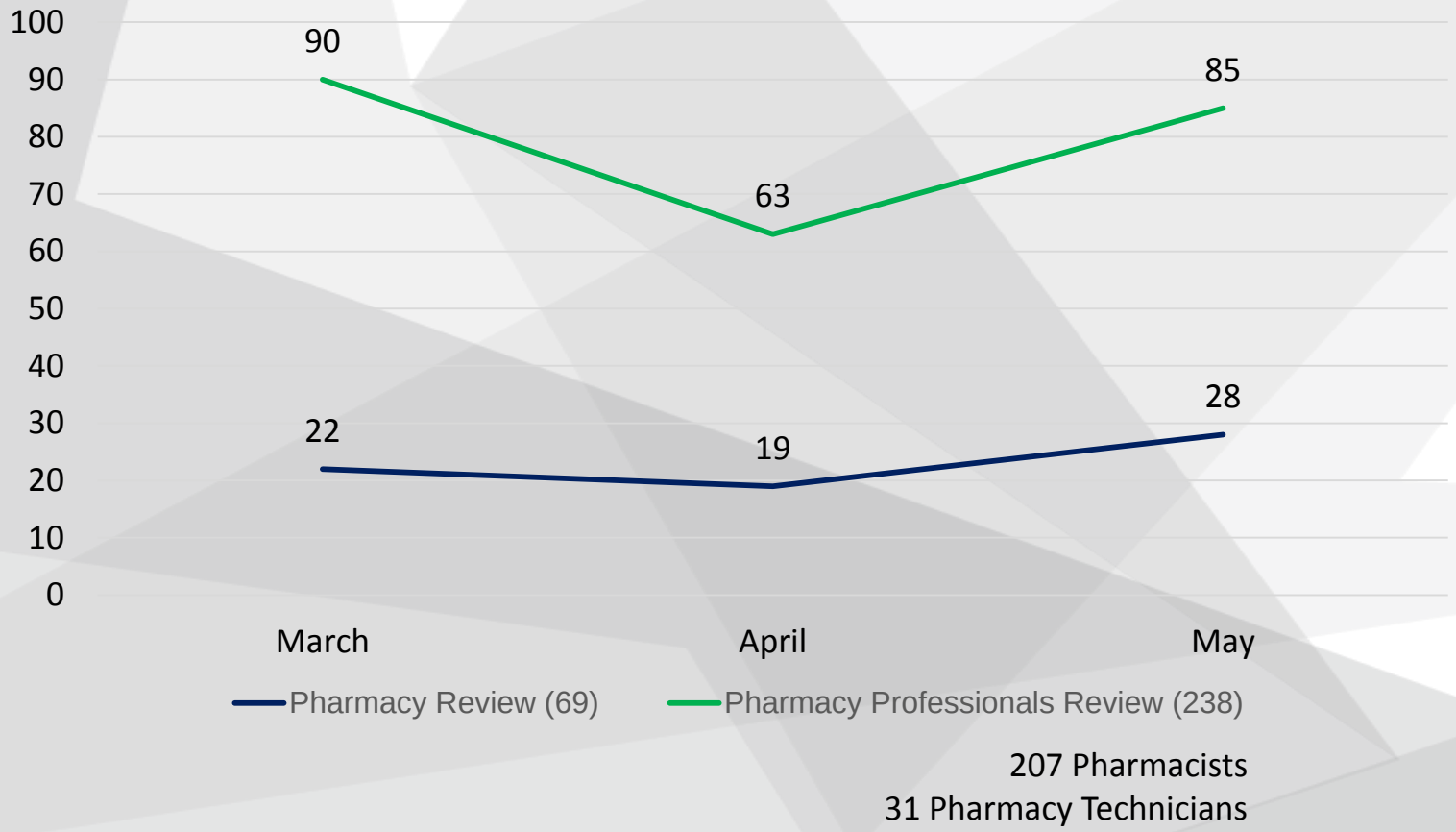
Phase 1 Fiscal Year 2016/17 Statistics



527 Pharmacists
51 Pharmacy Technicians

College of Pharmacists of British Columbia

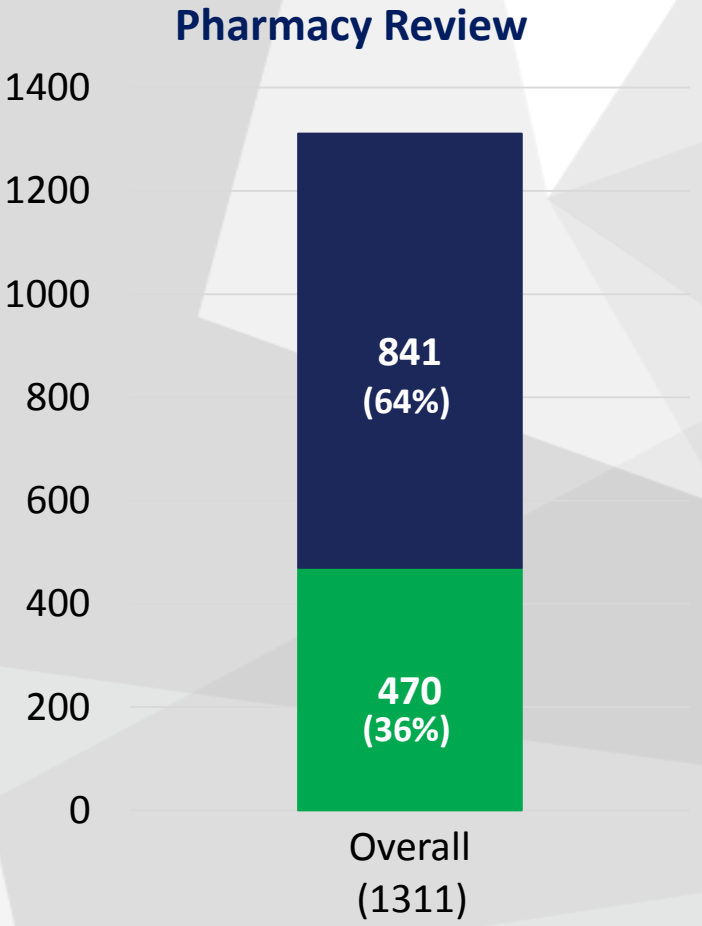
Phase 1 Fiscal Year 2017/18 Progress

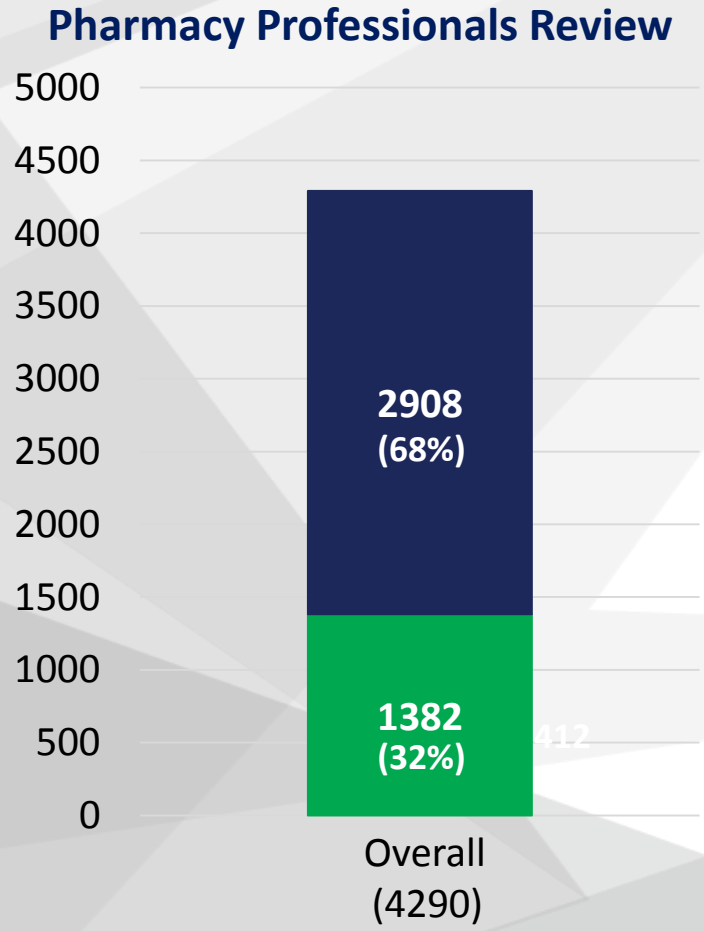


207 Pharmacists
31 Pharmacy Technicians

College of Pharmacists of British Columbia

Phase 1 Overall and Fiscal Year 2017/18 Progress





Key

- Conducted
- Balance

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Phase 2 – Hospital Practice

Update	Next Steps
• Launched in April ○ Conducted 1st review on April 3rd • Developed Risk Register to identify and track issues	• Monitoring early registrant feedback to identify areas for improvement to process • Monitoring review results to identify topics for Readlinks Insights articles

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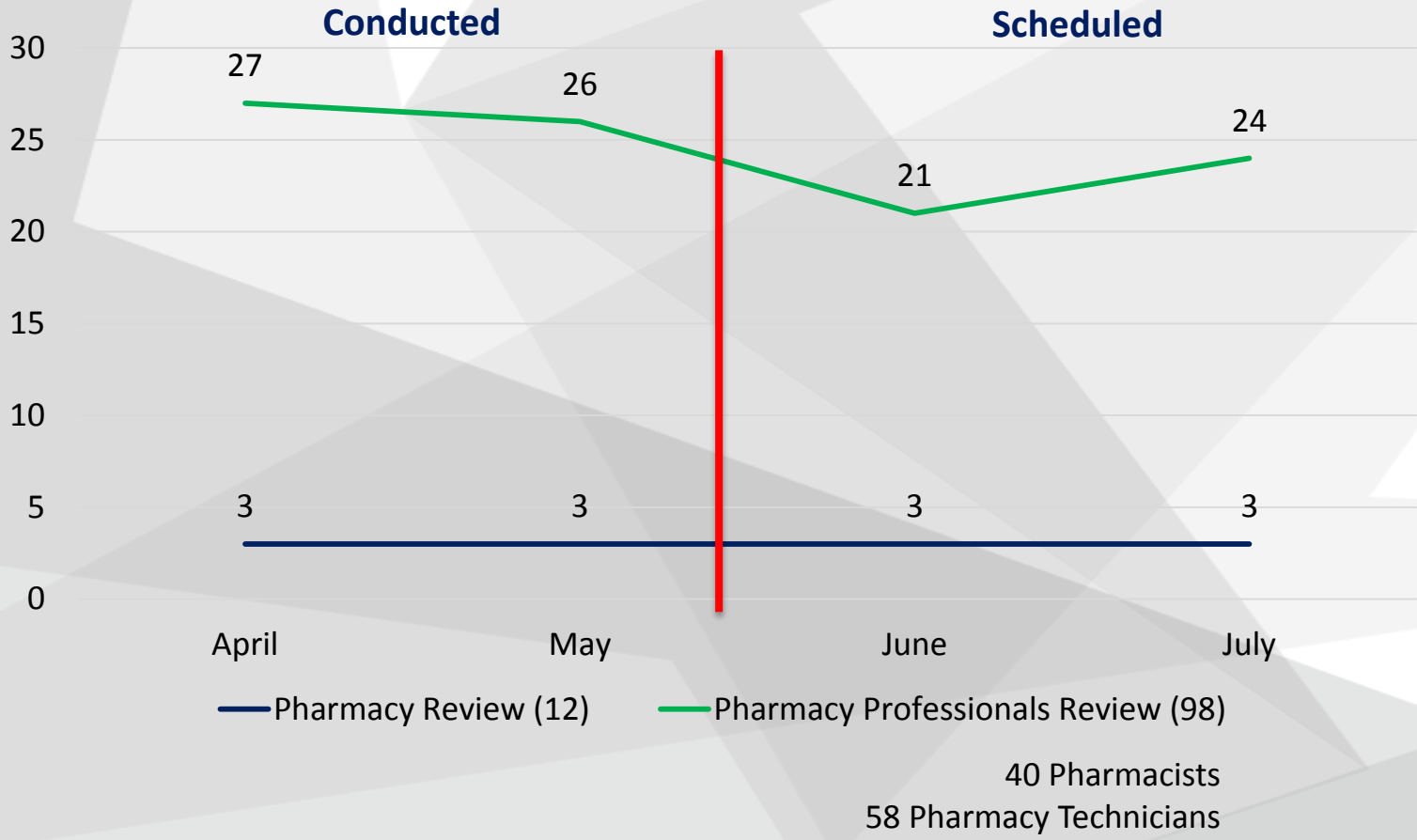
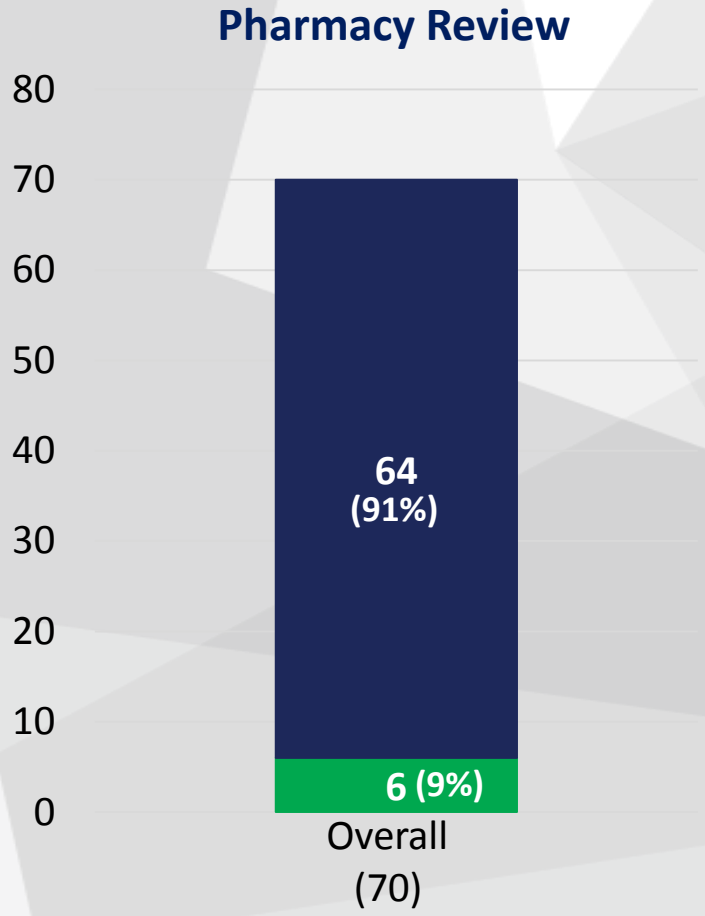
Phase 2 Fiscal Year 2017/18 Progress

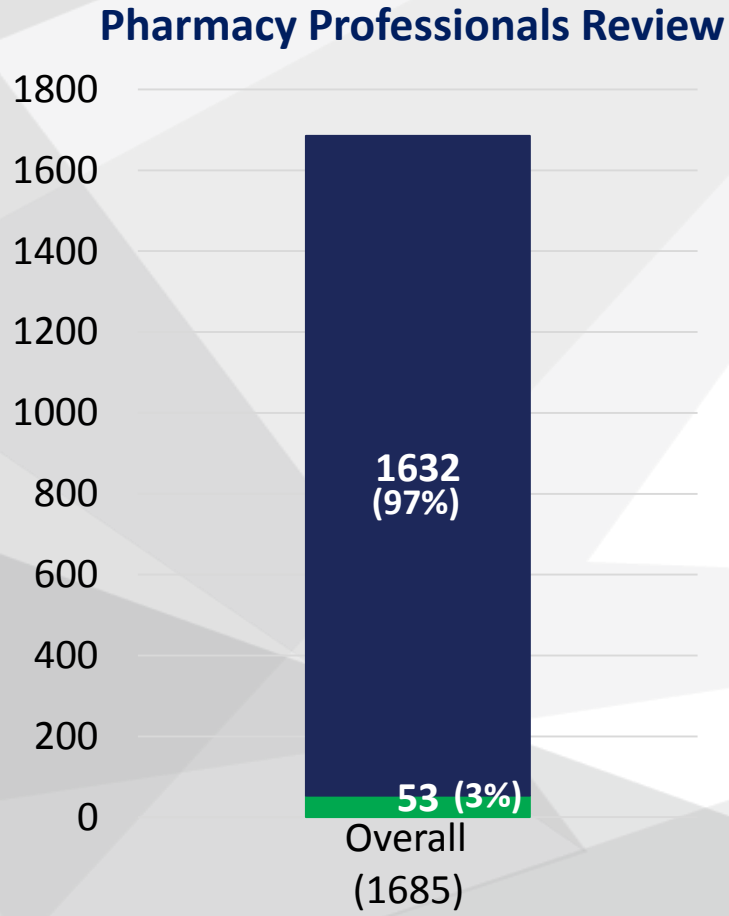


40 Pharmacists
58 Pharmacy Technicians

College of Pharmacists of British Columbia

Phase 2 Overall Progress





Key

- Conducted
- Balance

College of Pharmacists of British Columbia

5 b) Phase 1 – Pharmacy Professionals Review Focus Areas for Pharmacy Technicians

College of Pharmacists of British Columbia

Purpose

To modify the Pharmacy Professionals Review Focus Areas for Pharmacy Technicians in community practice to:

- be more applicable to their scope of practice
- align with the focus areas in hospital practice

College of Pharmacists of British Columbia

Background

Since the launch of the Practice Review Program in community practice in February 2015, Pharmacy Professionals Review focus areas for both pharmacists and pharmacy technicians are:

- Patient Identification Verification
- Profile Check
- Counselling
- Documentation

College of Pharmacists of British Columbia

Discussion

- Over 120 pharmacy technicians undergone practice reviews
- Feedback from pharmacy technicians and compliance officers:
  - Two of the four focus areas are not within a pharmacy technician's scope
    - Profile Check
    - Counselling
  - The current review does not assess areas that are within a pharmacy technicians scope

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Focus areas for Pharmacy Technicians in hospital pharmacy practice

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

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Recommendation from the Community Pharmacy Advisory Committee and the Practice Review Committee

That the Practice Review Committee modify their focus areas for pharmacy technicians in community practice to align with those in hospital practice.

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Pharmacy Professionals Review Focus Areas

	Phase 1		Phase 2	
	Pharmacists	Pharmacy Technicians	Pharmacists	Pharmacy Technicians
1	Patient ID Verification	Patient ID Verification	Patient ID Verification	Patient ID Verification
2	Profile Check	Product Distribution	Profile Check	Product Distribution
3	Counselling	Collaboration	Counselling	Collaboration
4	Documentation	Documentation	Documentation	Documentation

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Questions

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5 b) Phase 1 – Pharmacy Professionals Review Focus Areas for Pharmacy Technicians

MOTION:

Modify the Pharmacy Professionals Review Focus Areas for Pharmacy Technicians in community practice from:

- Patient Identification Verification
- Profile Check
- Counselling
- Documentation

To:

- Patient Identification Verification
- Product Distribution
- Collaboration
- Documentation

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

6. Legislation Review Committee
a. PODSA Bylaws – Public Posting (Owners)

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution:

RESOLVED THAT, in accordance with the authority established in section 21(8) of the Pharmacy Operations and Drug Scheduling Act, the Board approve the proposed draft bylaws of the College of Pharmacists of British Columbia along with the related forms and schedules for public posting, which operationalize recent amendments made to the Pharmacy Operations and Drug Scheduling Act.

Strategic Plan Goal One: Legislative Standards and Modernization
The 2017 Strategic Plan includes a goal to modernize the suite of legislative requirements under the *Pharmacy Operations and Drug Scheduling Act* (PODSA) and the *Health Professions Act* (HPA). Phase one of this goal involves developing and implementing bylaws to operationalize the recent changes enacted by the Provincial Government regarding pharmacy ownership provisions under PODSA.

Purpose
To seek approval from the Board to publicly post draft amendments to the bylaws, forms and schedules under PODSA, as circulated, for a period of ninety days.

Background
In May 2016, the Provincial Government approved amendments to PODSA (Bill 6)[1]. The amendments include significant changes regarding pharmacy ownership provisions.

[1] https://www.leg.bc.ca/parliamentary-business/legislation-debates-proceedings/40th-parliament/5th-session/bills/amended/gov06-2

Specifically, the changes permit the College to know the identity of all pharmacy owners (including non-registrants), determine their suitability for pharmacy ownership, and hold them accountable for providing safe and effective care by ensuring their pharmacies are compliant with legislative requirements for pharmacies in BC.

The key amendments to PODSA include:

- Distinguishing between "direct owners" and "indirect owners";
- Broadening the meaning of "pharmacy" and "pharmacy licence";
- Harmonizing requirements and processes for issuing, renewing and reinstating a pharmacy licence;
- Setting eligibility requirements to hold a pharmacy licence;
- Establishing a new Application Committee to review licence applications that do not meet the requirements of the Act and bylaws;
- Clarifying that ownership of a pharmacy must be direct;
- Adding requirements for direct owners, indirect owners and managers to provide a Criminal Record History;
- Requiring direct owners, indirect owners and managers to comply with duties under PODSA and HPA; and
- Requiring direct owners, indirect owners and managers to give notice to the Registrar if certain events occur.

A more a detailed summary of the PODSA amendments can be found on the College website[2].

The PODSA amendments are not yet in force. The College has been working with the Ministry of Health (MoH) to align the effective date with the implementation of the corresponding bylaws. As a result, these new requirements and bylaws are scheduled to come into effect on March 1, 2018. This date has been communicated by both the Minister of Health and the Registrar of the College[3].

It is important to note that the amendments to PODSA are set by the Provincial Government and any further amendments to that Act would follow the standard provincial legislative process. The draft PODSA bylaws, which are included for the Board's approval for public posting purposes, aim to operationalize the amendments to the Act.

[2] The College developed a dedicated resource page on its website to assist managers, direct owners and indirect owners in understanding both the amendments and corresponding draft bylaws. This website can be accessed via the following link: http://www.bcpharmacists.org/ownership

[3] http://www.bcpharmacists.org/news/new-requirements-pharmacy-ownership-begin-march-1-2018

Discussion

As previously noted, College staff have been developing bylaws to operationalize the recent PODSA amendments. These bylaws are included in Appendix 1 for the Board's approval for public posting purposes.

Overview of the Proposed PODSA Bylaw Amendments

Licensure Requirements (New, Renewal and Reinstatement)

At their April 2017 Board meeting, a presentation provided the Board with the key amendments to PODSA. This presentation included the new licensure requirements that are set out in these proposed draft PODSA bylaws. This presentation is included in this briefing package attached in Appendix 2.

The PODSA amendments and the proposed changes to the PODSA bylaws will require that as of March 1, 2018, all managers, together with direct and indirect pharmacy owners, must meet new eligibility requirements (see section titled "Eligibility" below). The PODSA changes will also require the direct owner of the pharmacy to apply for a new pharmacy licence or pharmacy licence renewal, whereas in the past this was required to be completed by managers.

New Application

The changes to PODSA state that different individuals or organizations (e.g., a corporation, a health authority, a pharmacist, etc.) are permitted to be a direct owner of a pharmacy. The type of pharmacy ownership will determine what information will be required for a new pharmacy application, according to the proposed PODSA Bylaw amendments. For example, the most common direct owner of a pharmacy is a corporation. For corporations, a copy of the BC Company Summary (amongst other documents) will be required to provide the College with details of the corporation's ownership.

The draft bylaws also include other application requirements, such as photographs or videos, to confirm how the proposed site meets the College's pharmacy premise requirements. These other application requirements have been requested as operational documents in the past, but were not formal bylaw requirements. The College is now strengthening these requirements by incorporating them into the bylaws.

Renewal

The draft bylaws also set out the information required for pharmacy licence renewals.

A transitional provision has been incorporated to help ensure that existing pharmacies meet the new requirements. During the transition period, pharmacy renewals will require more thorough information (e.g., evidence of eligibility, etc.) from applicants. This process aligns with the regular annual pharmacy licence renewal process.

Following the transition period, the process for pharmacy licence renewals will be simplified. Post the transition period, direct owners, indirect owners and managers will only be required to review and update pharmacy ownership information that has changed, and attest to still meeting the eligibility requirements.

Reinstatement

Provisions regarding the reinstatement of a pharmacy licence have been introduced with the amendments to PODSA. A licence can now be reinstated if it has been expired for 90 days or less. Therefore, new bylaws regarding the information needed to process such applications have been drafted.

Eligibility

The amendments to PODSA define the eligibility criteria to hold a pharmacy licence. With these amendments, the College will have the authority to refuse to issue, renew or reinstate a pharmacy licence, or impose conditions on a licence if pharmacy owners or the pharmacy manager do not meet the eligibility criteria.

Below are some examples of the criteria that would make an ownership application ineligible, or may require that conditions be imposed:

- Owner/manager is subject to a limitation imposed by the discipline committee that precludes them from being an owner or manager
- Owner/manager within the previous 6 years, has been convicted of an offence under the Criminal Code
- Owner/manager within the previous 6 years, has been convicted of an offence prescribed under the *Pharmaceutical Services Act*,
- Owner/manager has been subject to an information or billing contravention,
- Owner/manager, within the previous 6 years, has had their registration as a pharmacist suspended or cancelled

If the Registrar deems that an applicant for a pharmacy licence does not meet the eligibility criteria, then the application must be referred to the Application Committee. The Application Committee will review and determine whether or not to issue, renew or reinstate a licence with

or without conditions. Bylaws establishing the Application Committee were approved by the Board at the April 2017 Board meeting for filing (see Appendix 3 for more information on this Committee).

Criminal Record History

The amendments to PODSA will require pharmacy owners to complete a criminal record history during the pharmacy licencing process. The amendments to PODSA require that no direct owner, indirect owner or manager has, within the previous 6 years, been convicted of an offence under the *Criminal Code* (Canada). In order to assess this, the College will be using an external vendor, Sterling Talent Solutions (formerly known as BackCheck), to conduct a criminal record history (CRH) check on applicants for a history of charges and convictions. This CRH will be valid for 5 years from the date it was last provided. After this time, another CRH will be required from the direct owner, indirect owner and manager.

The CRH is different from a criminal record check (CRC), which is a requirement under the *Criminal Records Review Act* (CRRA) for all registrants (pharmacists and pharmacy technicians) of a College under the *Health Professions Act*. Firstly, as noted above, the CRH is required for owners (pharmacists and non-pharmacists) and managers, whereas the CRC is only for registrants. Secondly, the CRC is a review of only specific sections of the *Criminal Code*, as specified in the CRRA. As a result, the scope of this CRC is narrower than the eligibility criteria in the PODSA amendments for direct owners, indirect owners and managers. Resulting from these differences, it is important to note that College registrants who are also pharmacy owners and managers, will be required to complete both a CRC and CRH.

Forms

A number of forms that are required in the draft bylaws have also been developed (see Appendix 4). These forms include the information required in the amendments to PODSA and the draft bylaws. These forms are subject to the legislated ninety-day public posting period.

Fee Schedule

The fee schedule in the PODSA bylaws has been amended to list fees referenced in the draft bylaws that are not already listed (see Appendix 5). The referenced fees that were added include a re-instatement fee and fees related to changes to the pharmacy premise, name and indirect owner or manager. The fee for each of these additions would be $0.00 for now, as the cost for administering the new requirements has been incorporated into the application fee (the application fee was previously increased in the 2017 budget).

PODSA requires that a new pharmacy licence is required, when a change to direct owner is made. So, the applicable fee for a new licence (i.e., an annual licence fee and application fee) was added to the 'Change of Direct Owner' line item in the fee schedule. While this is a new line item, the College previously required the applicable fee for a new licence, when ownership changes were made.

The above-noted proposed amendments to the fee schedule are subject to a legislated ninety-day public posting period.

Housekeeping Amendments

In addition to drafting new requirements pertaining to the amendments to PODSA, the existing licensure bylaws were re-organized and clarified to make them more coherent. For example, specific requirements for community and hospital pharmacy diagrams are outlined in two new schedules (see Schedule C and D in Appendix 6). As a result, the PODSA bylaws have significantly changed and during the filing stage of the bylaw amendment process, and the entire PODSA bylaws document will be repealed and replaced.

Linkages with the Ministry of Health

In developing these bylaws, College staff worked closely with the MoH as similar requirements regarding ownership were recently brought forward in the Provider Regulation under the *Pharmaceutical Services Act* (PSA). The Provider Regulation gives the MoH the authority to review applications for provider[4] enrollment with the provincial PharmaCare Program. As part of this process, all applications for provider enrollment are reviewed to determine the eligibility of an applicant based on set requirements and criteria in the legislation. The Pharmacare provider application process is similar to what the College will be required to do when the new PODSA amendments take effect. Further, some of the information that the College will be requesting from pharmacy applicants is currently being requested by MoH as part of the Pharmacare enrollment process. Given these similarities, efforts are underway to streamline the two processes, where synergies exist, through an Information Sharing Agreement (ISA) between the College and the MoH. This ISA has not yet been approved.

[4] A provider is a site (e.g., pharmacy, device provider) that is enrolled in PharmaCare for the purpose of receiving payment.

Legal Consultations

In addition to working with multiple College departments and external legal counsel, College staff also consulted with legal counsel with specific expertise in corporate matters. Legal counsel reviewed the corporate documents required in the draft bylaws to ensure that the documents noted are appropriate and capture the desired information. Furthermore, a privacy consultant, David Loukidelis, the former Information and Privacy Commissioner of BC, was also consulted. Mr. Loukidelis reviewed the College's existing privacy bylaws, privacy legislation and the information the College will be collecting through the draft bylaws, to provide advice and will further be developing a privacy impact assessment.

Stakeholder Consultations

To date, the College has engaged with pharmacy owners, managers, the BC Pharmacy Association, the Neighbourhood Pharmacy Association, Hospitals and Pharmacy Education Sites through workshops, discussions and an online survey to seek their feedback. Two in-person meetings (with teleconference availability) with the BC Pharmacy Association and Neighbourhood Pharmacy Association were held, and an in-person workshop (with teleconference availability) was held with pharmacy managers and owners. Additionally, an online survey was sent out to pharmacy managers and owners on the draft provisions. A report summarizing these engagements has been prepared and attached in Appendix 7.

Many of the comments received during these consultations were operational in nature and did not require modifications to the draft bylaws. However, the feedback has been very helpful in developing the operational processes and information technology enhancements for the new requirements, which are currently underway. For example, comments have been received regarding owners of multiple pharmacies, to see if they would be able to submit the new eligibility information at one time, instead of waiting for each pharmacy renewal date. These types of operational concerns are being considered by College staff, but do not require amendments to the bylaws.

College staff did make some revisions to the draft bylaws based on feedback received during the consultations. A key example of this is regarding the roles and responsibilities of direct and indirect owners. These responsibilities were revised to be more proportionate to the level of control/involvement they have in the day to day operations of a pharmacy.

Most commonly, stakeholders raised concerns about the new CRH process. At times, stakeholders were not sure which type of charges or convictions are covered under Canada's *Criminal Code*. The feedback suggested that the bylaws include a list of specific offences that

would result in a pharmacy licence application to be provided to the Application Committee (e.g., the owner or pharmacy manager would be considered ineligible to own or manage a pharmacy, respectively). However, the draft bylaws do not specify the exact list of charges and convictions, as the eligibility criteria is outlined in the PODSA amendments. The College is working to provide further clarification on this issue via communications tools.

Next Steps

College staff are continuing to work on the operational changes (e.g., completing 'to-be' process flows, IT changes, etc.) needed to implement the new requirements. In regards to the bylaw amendments, the next steps consist of the following:

- After the 90 day public posting period, review and analyze all feedback received;
- Draft any changes with legal counsel based on feedback received;
- Finalize the bylaws for filing with MoH;
- Seek Board approval for filing of final bylaws (targeting the November 2017 Board meeting);
- File the final bylaws with the MoH; and
- Work with College staff to develop an informational guide on the new requirements.

Recommendation

The Legislation Review Committee recommends that the Board approve the amendments to PODSA bylaws, related forms and schedules for public posting, as circulated.

Appendix	
1	Proposed Draft Bylaws for Public Posting (track changes)
2	April 2017 Presentation: Scope of PODSA Modernization – Phase 1
3	April 2017 Briefing Note: HPA Bylaws Application Committee
4	Draft Forms (track changes)
5	Draft Amendments to Fee Schedule – Schedule A (track changes)
6	Draft New Schedules – Schedule B, C and D (track changes)
7	Engagement Report

Pharmacy Operations and Drug Scheduling Act - BYLAWS

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~~2.~~

~~3. Application of Part~~

~~4.~~16. Responsibilities of ~~Pharmacy~~ Manager~~s~~, Direct Owner~~ss~~, Directors, Officers and Shareholders ~~and Directors~~

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~~4. Education Site License Renewal Notice~~

Definitions

1. In these bylaws:

"*Act*" means the *Pharmacy Operations and Drug Scheduling Act*;

"attestation" means the attestation referred to in section 2(2)(d)(ii) of the *Act*;

"central pharmacy site" means a pharmacy authorized under Part IV to provide telepharmacy services;

"community pharmacy" means a pharmacy licensed to sell or dispense drugs to the public;

"*Community Pharmacy Standards of Practice*" means the standards, limits and conditions for practice established under section 19 (1) (k) of the *Health Professions Act* respecting community pharmacies;

"controlled drug substance" means a drug which includes a substance listed in the Schedules to the *Controlled Drugs and Substances Act* (Canada) or Part G of the *Food and Drug Regulations* (Canada);

"controlled prescription program" means a program approved by the board, to prevent prescription forgery and reduce inappropriate prescribing of drugs;

"criminal record history" has the same meaning as in section 1 of the *Act*;

"direct owner" has the same meaning as in section 1 of the *Act*;

"dispensary" means the area of a community pharmacy that contains Schedule I and II drugs;

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

"full pharmacist" means a member of the college who is registered in the class of registrants established in section 41(a) of the ~~*Health Professions Act*~~Bylaws under the *Health Professions Act*;

"health authority" ~~means~~ includes

(a) a regional health board designated under the *Health Authorities Act*, ~~or~~
(b) the Provincial Health Services Authority, ~~or~~
(c) First Nations Health Authority, and
~~(c)~~(d) Providence Health Care Society.~~;~~

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

"hospital pharmacy" means a pharmacy licensed to operate in or for a hospital;

"hospital pharmacy satellite" means a physically separate area on or outside the hospital premises used for the provision of pharmacy services which is dependent upon support and administrative services from the hospital pharmacy;

"Hospital Pharmacy Standards of Practice" means the standards, limits and conditions for practice established under section 19(1)(k) of the *Health Professions Act* respecting hospital pharmacies;

"incentive" has the same meaning as in Part 1 of Schedule F of the bylaws of the college under the *Health Professions Act;*

"indirect owner" has the same meaning as in section 1 of the *Act*;

"manager" has the same meaning as in section 1 of the *Act*;

"outsource prescription processing" means to request another pharmacy to prepare or process a prescription drug order;

"patient's representative" has the same meaning as in section 64 of the bylaws of the college under the *Health Professions Act*;

"personal health information" has the same meaning as in section 25.8 of the *Health Professions Act*;

"pharmacy education site" means a pharmacy

(a) that has Schedule I, II and III drugs, but no controlled drug substances,
(b) that is licensed solely for the purpose of pharmacy education, and
(c) from which pharmacy services are not provided to any person.~~;~~

"pharmacy security" means

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

"pharmacy services" has the same meaning as in section 1 of the bylaws of the college under the *Health Professions Act*;

"pharmacy technician" has the same meaning as in section 1 of the bylaws of the college under the *Health Professions Act*;

"prescription drug" means a drug referred to in a prescription;

"professional products area" means the area of a community pharmacy that contains Schedule III drugs;

"professional service area" means the area of a community pharmacy that contains Schedule II drugs;

"Residential Care Facilities and Homes Standards of Practice" means the standards, limits and conditions for practice established under section 19 (1) (k) of the *Health Professions Act* respecting residential care facilities and homes;

"Schedule I, Schedule IA, Schedule II, or Schedule III", as the case may be, refers to the drugs listed in Schedule I, IA, II or III of the *Drug Schedules Regulation*;

"telepharmacy" means the process by which a central pharmacy site operates one or more telepharmacy remote sites, all of which are connected to the central pharmacy site via computer, video and audio link;

"telepharmacy services" means prescription processing or other pharmacy services, provided by or through telepharmacy;

"telepharmacy remote site" means a pharmacy providing pharmacy services to the public, or in or for a hospital,

(a) without a full pharmacist present,
(b) in a rural or remote community, and
(c) under the supervision and direction of a full pharmacist at a central pharmacy site.

"support person" has the same meaning as in the *Act* except that it does not include a pharmacy technician.

PART I – Pharmacy Licences

Licence Types

2. (1) The registrar may issue a licence for any of the following:

(a) a community pharmacy;

(b) a hospital pharmacy;

(c) a pharmacy education site.

New Community Pharmacy Licence

3 (1) Applicants for a new community pharmacy licence must submit an application consistent with the type of ownership under section 5(2) of the *Act*.

(2) A direct owner may apply for a new community pharmacy licence by submitting:

(a) an application in Form 1A;

(b) the fee(s) specified in Schedule "A";

(c) a diagram professionally drawn to a scale of ¼ inch equals 1 foot, including the measurements and entrances of the pharmacy, confirming compliance with Schedule "C";

(d) Form 10;

(e) photographs or video confirming compliance with Schedule "C", and

(f) a copy of the pharmacy's current business licence issued by the municipality, if applicable.

(3) In addition to the requirements in subsection (2), a direct owner described in section 5(2)(b) or (c) of the *Act* must submit:

(a) Form 7;

(b) a copy of the power(s) of attorney, if applicable;

(c) a copy of the Certificate of Incorporation, and

(d) a copy of the Notice of Articles, or

(e) a copy of the British Columbia Company Summary, whichever is current;

(f) a certified true copy of the Central Securities Register if a direct owner is or includes a corporation that is not traded publicly, and

(g) a certified true copy of the Central Securities Register for a parent corporation if a direct owner is a subsidiary corporation.

(4) If an indirect owner is a company incorporated under the *Company Act* or the *Business Corporations Act* that is not traded publicly, the following must be submitted for that company:

(a) a copy of the power(s) of attorney, if applicable;

(b) a copy of the Certificate of Incorporation, and

(c) a copy of the Notice of Articles, or

(d) a copy of the British Columbia Company Summary, whichever is current, and

(e) a certified true copy of the Central Securities Register.

(5) Proof of eligibility in Form 5 and a criminal record history in accordance with section 12 must be submitted by the following:

(a) any pharmacist who is a direct owner described in section 5(2)(a) of the *Act*;

(b) indirect owner(s), and

(c) the manager.

Community Pharmacy Licence -Renewal

4. (1) A direct owner may apply to renew a community pharmacy licence no later than 30 days prior to the expiry of the existing pharmacy licence by submitting:

(a) an application in Form 2A;

(b) the fee(s) specified in Schedule "A";

(c) a copy of the pharmacy's current business licence issued by the municipality, if applicable; and

(d) a copy of the current British Columbia Company Summary, if a direct owner is or includes a corporation.

(2) At the time of the renewal application, an attestation in Form 5 must be submitted by:

(a) any pharmacist who is a direct owner described in section 5(2)(a) of the *Act*;

(b) indirect owner(s), and

(c) the manager.

(3) An application submitted later than 30 days prior to the expiry of the pharmacy licence is subject to the fee(s) specified in Schedule "A".

4.1. The first application to renew an existing licence, submitted after the *Pharmacy Operations and Drug Scheduling Amendment Act 2016* comes into force, is an application for a new community pharmacy licence under section 3 but the requirements in subsections 3(2)(c),(d) and (e) do not apply.

Community Pharmacy Licence Reinstatement

5. (1) A direct owner may apply to reinstate a community pharmacy licence that has been expired for 90 days or less by submitting:

(a) an application in Form 3A;

(b) the fee(s) specified in Schedule "A";

(c) a copy of the pharmacy's current business licence issued by the municipality, if applicable, and

(d) a copy of the current British Columbia Company Summary, if the direct owner is or includes a corporation.

(2) At the time of the reinstatement application, an attestation in Form 5 must be submitted by:

(a) any pharmacist who is a direct owner described in section 5(2)(a) of the *Act*;

(b) indirect owner(s), and

(c) the manager.

5.1. The first application to reinstate an existing licence, submitted after the *Pharmacy Operations and Drug Scheduling Amendment Act 2016* comes into force, is an application for a new community pharmacy licence under section 3 but the requirements in subsections 3(2)(c),(d) and (e) do not apply.

New Hospital Pharmacy Licence

6. (1) Applicants for a new hospital pharmacy licence must submit an application consistent with the type of ownership under section 5(2) of the *Act*.

(2) A direct owner may apply for a new hospital pharmacy licence by submitting:

(a) an application in Form 1C;

(b) the fee(s) specified in Schedule "A"; and

(c) a diagram professionally drawn to a scale of ¼ inch equals 1 foot, including the measurements and entrances of the pharmacy, confirming compliance with Schedule "D".

(3) The manager must submit an attestation in Form 5 and a criminal record history in accordance with section 12.

(4) A pharmacy located in a hospital which dispenses drugs to staff, out-patients or the public and which is not owned or operated by a health authority, must be licenced as a community pharmacy.

Hospital Pharmacy Licence Renewal

7. (1) A direct owner may apply to renew a hospital pharmacy licence no later than 30 days prior to the expiry of the existing pharmacy licence by submitting:

(a) an application in Form 2C; and

(b) the fee(s) specified in Schedule "A".

(2) At the time of the renewal application, the manager must submit an attestation in Form 5.

(3) An application submitted later than 30 days prior to the expiry of the pharmacy licence is subject to the fee(s) specified in Schedule "A".

7.1. The first application to renew an existing hospital licence, submitted after the *Pharmacy Operations and Drug Scheduling Amendment Act 2016* comes into force, is an application for a new hospital pharmacy licence under section 6 but the requirement in subsection 6(2)(c) does not apply.

Hospital Pharmacy Licence Reinstatement

8. (1) A direct owner may apply to reinstate a pharmacy licence that has been expired for 90 days or less by submitting:

(a) an application in Form 3C, and

(b) the fee(s) specified in Schedule "A".

(2) At the time of the reinstatement application, the manager must submit an attestation in Form 5.

8.1. The first application to reinstate an existing licence, submitted after the *Pharmacy Operations and Drug Scheduling Amendment Act* 2016 comes into force, is an application for a new hospital pharmacy licence under section 6 but the requirement in subsection 6(2)(c) does not apply.

New Pharmacy Education Site Licence

9. (1) Applicants for a new pharmacy education site licence must submit an application consistent with the type of ownership under section 5(2) of the *Act*.

(2) A direct owner may apply for a new pharmacy education site licence by submitting:

(a) an application in Form 1F, and

(b) the fee(s) specified in Schedule "A".

(3) The manager must submit an attestation in Form 5 and a criminal record history in accordance with section 12.

Pharmacy Education Site Licence Renewal

10. (1) A direct owner may apply to renew a pharmacy education licence no later than 30 days prior to the expiry of the existing pharmacy licence by submitting:

(a) an application in Form 2F, and

(b) the fee(s) specified in Schedule "A".

(2) At the time of the renewal application, the manager must submit an attestation in Form 5.

(3) An application submitted later than 30 days prior to the expiry of the pharmacy licence is subject to the fee(s) specified in Schedule "A".

10.1. The first application to renew an existing licence, submitted after the *Pharmacy Operations and Drug Scheduling Amendment Act* 2016 comes into force, is an application for a new pharmacy education site licence under section 9.

Pharmacy Education Site Licence Reinstatement

11. (1) A direct owner may apply to reinstate a pharmacy education site licence that has been expired for 90 days or less by submitting:

(a) an application in Form 3F; and

(b) the fee(s) specified in Schedule "A".

(2) At the time of the reinstatement application, the manager must submit an attestation in Form 5.

11.1. The first application to reinstate an existing licence, submitted after the *Pharmacy Operations and Drug Scheduling Amendment Act* 2016 comes into force, is an application for a new pharmacy education site licence under section 9.

Criminal Record History of Direct Owner, Indirect Owner(s) and Manager

12. A direct owner, indirect owner(s) and a manager must submit a criminal record history pursuant to section 5.1 of the *Act*, in the form approved by the board from time to time.

Operating without a Pharmacy Licence

13. (1) Pursuant to section 7(1) of the *Act*, persons listed in Schedule "B" are authorized under this bylaw to store, dispense or sell drugs or devices to the public.

(2) Pursuant to section 7(3) of the *Act*, the registrar may authorize the direct owner, indirect owner(s) or manager of an unlicensed pharmacy, or a full pharmacist to continue the operation of the pharmacy for a period not exceeding 90 days, for the limited purpose of transferring drugs and personal health information on the premises to another licenced pharmacy.

PART II - All Pharmacies

Change in Direct Owner, Indirect Owner(s) or Manager

14. (1) If a direct owner changes, the registrar may issue a new pharmacy licence upon receipt of the following from the new direct owner:

(a) Form 8A;

(b) the fee(s) specified in Schedule "A";

(c) a copy of the pharmacy's current business licence issued by the municipality, if applicable; and

(d) the documents listed in sections 3(3), 3(4) and 3(5) as applicable.

(2) If there is a change of indirect owner(s) the following must be submitted:

(a) Form 8B;

(b) the fee(s) specified in Schedule "A";

(c) a Notice of Change of Directors, if applicable,

(d) a certified true copy of the Central Securities Register, if there is a change of shareholder(s) of a non-publicly traded corporation, and

(e) the documents listed in sections 3(3), 3(4) and 3(5) as applicable.

(3) If the change in subsection (2) includes a new indirect owner(s), proof of eligibility in Form 5 and a criminal record history in accordance with section 12 must be submitted by the new indirect owner(s).

(4) If there is a change of manager, the registrar may issue a new pharmacy licence upon receipt of:

(a) Form 8C submitted by the direct owner;

(b) the fee(s) specified in Schedule "A", and

(c) proof of eligibility in Form 5 and a criminal record history in accordance with section 12 submitted by the new manager.

(5) In the event that a direct owner, indirect owner(s) or manager is no longer eligible under section 3 of the *Act*, the direct owner, indirect owner(s) or manager must submit a notice in Form 6.

Changes to the Pharmacy Premises and Name

15. (1) If there is a change in the name of a corporation that is a direct owner the following must be submitted:

(a) Form 8D;

(b) the fee(s) specified in Schedule "A";

(c) a copy of the pharmacy's current business licence issued by the municipality, if applicable, and

(d) a copy of the Alteration to the Notice of Articles.

(2) If there is a change in the name of a corporation that is an indirect owner, the following must be submitted:

(a) Form 8D;

(b) the fee(s) specified in Schedule "A", and

(c) a copy of the Alteration to the Notice of Articles.

(3) If there is a change in the operating name of the pharmacy, the following must be submitted:

(a) Form 8E;

(b) the fee(s) specified in Schedule "A", and

(c) a copy of the pharmacy's current business licence issued by the municipality, if applicable.

(4) If there is a change in location of the pharmacy, the registrar may issue a new pharmacy licence upon receipt of the following from the direct owner:

(a) Form 8F;

(b) the fee(s) specified in Schedule "A"; and

(c) the requirements in section 3(2)(c), (d) and (e) for a community pharmacy, or

(d) the requirements in section 6(2)(c) for a hospital pharmacy; and

(e) a copy of the pharmacy's current business licence issued by the municipality, if applicable.

(5) If there is a change in layout of the pharmacy, the direct owner must submit the following:

(a) Form 8G;

(b) the fee(s) specified in Schedule "A", and

(c) a diagram, photographs or video to demonstrate the changes in layout in accordance with section 3(2)(c),(d) and (e) for a community pharmacy, or

(d) a diagram to demonstrate the changes in layout in accordance with section 6(2)(c) for a hospital pharmacy.

~~**Application of Part**~~

~~2. This part applies to all pharmacies except pharmacy education sites.~~

Responsibilities of ~~Pharmacy~~ Manager, Direct Owners, Directors, Officers and Shareholders

~~(1)~~16. (1) A full pharmacist may not act as manager of more than one pharmacy location, unless the pharmacy of which the full pharmacist is manager includes

(a) a telepharmacy remote site,

(b) a hospital pharmacy,

(c) a hospital pharmacy satellite, or

(d) a pharmacy education site.

(2) A manager must do all of the following:

(a) actively participate in the day-to-day management of the pharmacy;

(b) confirm that the staff members who represent themselves as registrants are registrants;

(c) notify the registrar in writing of the appointments and resignations of registrants as they occur;

(d) cooperate with inspectors acting under section 17 of the *Act* or sections 28 or 29 of the *Health Professions Act*;

(e) ensure that

(i) registrant and support persons staff levels are sufficient to ensure that workload volumes and patient care requirements are met at all times in accordance with the bylaws, Code of Ethics and standards of practice,

(ii) meeting quotas, targets or similar measures do not compromise patient safety or compliance with the bylaws, Code of Ethics or standards of practice;

(f) ensure that new information directed to the pharmacy pertaining to drugs, devices and drug diversion is immediately accessible to registrants and support persons;

(g) establish policies and procedures to specify the duties to be performed by registrants and support persons;

(h) establish procedures for

(i) inventory management,

(ii) product selection, and

(iii) proper destruction of unusable drugs and devices;

(i) ensure that all records related to the purchase and receipt of controlled drug substances are signed by a full pharmacist;

(j) ensure appropriate security and storage of all Schedule I, II, and III drugs and controlled drug substances for all aspects of pharmacy practice including operation of the pharmacy without a registrant present;

(k) ensure there is a written drug recall procedure in place for pharmacy inventory;

(l) ensure that all steps in the drug recall procedure are documented, if the procedure is initiated;

(m) ensure that each individual working in the pharmacy wears a badge that clearly identifies the individual's registrant class or other status;

(n) notify the registrar as soon as possible in the event that he or she will be absent from the pharmacy for more than eight weeks;

(o) notify the registrar in writing within 48 hours of ceasing to be the pharmacy's manager;

(p) ensure the correct and consistent use of the community pharmacy operating name as it appears on the community pharmacy licence for all pharmacy identification on or in labels, directory listings, signage, packaging, advertising and stationery;

(q) establish and maintain policies and procedures respecting pharmacy security;

(r) ensure that pharmacy staff are trained in policies and procedures regarding pharmacy security;

(s) notify the registrar of any incident of loss of narcotic and controlled drug substances within 24 hours;

(t) in the event of a pharmacy closure or relocation,

~~(i) notify the registrar in writing at least thirty days before the effective date of a proposed closure or relocation, unless the registrar determines there are extenuating circumstances,~~

(i) provide for the safe transfer and appropriate storage of all Schedule I, II, and III drugs and controlled drug substances,

(ii) advise the registrar in writing of the disposition of all drugs and prescription records at the time of a closure,

(iii) provide the registrar with a copy of the return invoice and any other documentation sent to Health Canada in respect of the destruction of all controlled drug substances,

(iv) arrange for the safe transfer and continuing availability of the prescription records at another pharmacy, or an off-site storage facility that is bonded and secure, and

(v) remove all signs and advertisements from the closed pharmacy premises;

(u) in the event that a pharmacy will be closed temporarily for up to 14 consecutive days,

(i) notify patients and the public of the temporary closure at least 30 days prior to the start of the temporary closure, and

(ii) make arrangements for emergency access to the pharmacy's hard copy patient records.

~~(i) ensure sample drugs are dispensed in accordance with the requirements in the Drug Schedules Regulation;~~

~~(u)~~(v) advise the registrar if the pharmacy is providing pharmacy services over the internet, and provide to the registrar the internet address of every website operated or used by the pharmacy;

~~(v)~~(w) ensure the pharmacy contains the reference material and equipment approved by the board from time to time;

~~(w)~~(x) require ~~all registrants, owners, managers, directors, pharmaceutical representatives, support persons and computer software programmers or technicians~~ anyone who will access the in-pharmacy computer system to sign an undertaking in a form approved by the registrar to maintain the confidentiality of patient personal health information;

(y) retain the undertakings referred to in paragraph (x) in the pharmacy for 3 years after employment or any contract for services has ended;

~~(x)~~(z) provide the registrar with access to the pharmacy premises in cases where a pharmacy licence has been cancelled or suspended due to loss of eligibility under section 3 of the *Act*;

~~(y) be informed of the emergency preparedness plan in the area of the pharmacy that he or she manages and be aware of his or her responsibilities in conjunction with that plan;~~

(aa) ensure that no incentive is provided to a patient or patient's representative for the purpose of inducing the patient or patient's representative to

(a) deliver a prescription to a particular registrant or pharmacy for dispensing of a drug or device specified in the prescription, or

(b) obtain any other pharmacy service from a particular registrant or pharmacy~~,~~;

(bb) notify the registrar of persistent non-compliance by ~~owners and directors~~a direct owner and indirect owner(s) with their obligations under the bylaws to the *Act*; and

(cc) notify the registrar of any change of telephone number, fax number, electronic mail address or any other information previously provided to the registrar.

(3) Subsection (2)(p) does not apply to a hospital pharmacy, hospital pharmacy satellite or a pharmacy education site.

(4) For the purpose of subsection (2)(t), a pharmacy closure includes a suspension of the pharmacy licence for a period of more than 30 days, unless otherwise directed by the registrar.

~~(4) Owners and directors must comply with subsection (2) (d), (e), (j), (p), (q), (t), (v), (w), (x) and (aa).~~

~~(5) An owner or director must appoint a manager whenever necessary, and notify the registrar in writing of the appointment and any resignation of a manager.~~

~~(6) Owners and directors must ensure that the requirements to obtain a pharmacy licence under the *Act* are met at all times.~~

~~(7) For the purpose of subsection (2)(t), a pharmacy closure includes a suspension of the pharmacy licence for a period greater than 30 days, unless otherwise directed by the registrar.~~

(5) Subsection (2)(aa) does not prevent a manager, ~~or director, or an owner~~direct owner or indirect owner(s) ~~-~~from

(a) providing free or discounted parking to patients or patient's representatives,

(b) providing free or discounted delivery services to patients or patient's representatives, or

(c) ~~-~~accepting payment for a drug or device by a credit or debit card that is linked to an incentive.

~~3.2~~(6) Subsection (2)(aa) does not apply in respect of a Schedule III drug or an unscheduled drug, unless the drug has been prescribed by a practitioner.

(7) A pharmacy education site's manager must ensure that only registrants and instructors are present in the pharmacy education site and must also comply with subsections (2)(a), (d), (h), (o), (r) and (t)(i) and (ii).

(8) A direct owner, directors and officers must do all of the following:

(a) comply with subsections 2(d), (e), (g), (j), (k), (p), (q), (z) and (aa);

(b) ensure that the requirements to hold a pharmacy licence under the Act are met at all times;

(c) notify the registrar of any change of name, address, telephone number, electronic mail address or any other information previously provided to the registrar; and

(d) in the event of a pharmacy closure under subsection 2(t), notify the registrar in writing at least thirty days before the effective date of proposed closure in Form 4.

(9) Shareholders must comply with subsections 2(d) and 8(c).

Sale and Disposal of Drugs

~~4~~17. (1) Schedule I, II, and III drugs and controlled drug substances must only be sold or dispensed from a pharmacy.

(2) A registrant must not sell or dispense a quantity of drug that will not be used completely prior to the manufacturer's expiry date, if used according to the directions on the label.

(3) If the manufacturer's expiry date states the month and year but not the date, the expiry date is the last day of the month indicated.

(4) Every registrant practising in a pharmacy is responsible for the protection from loss, theft or unlawful sale or dispensing of all Schedule I, II, and III drugs and controlled drug substances in or from the pharmacy.

(5) A registrant must not sell, dispense, dispose of or transfer a Schedule I drug except

(a) on the prescription or order of a practitioner,

(b) for an inventory transfer to a pharmacy by order of a registrant in accordance with the policy approved by the board,

(c) by return to the manufacturer or wholesaler of the drug, or

(d) by destruction, in accordance with the policy approved by the board.

(6) Drugs included in the controlled prescription program must not be sold or dispensed unless

(a) the registrant has received the prescription on the prescription form approved by both the board and the College of Physicians and Surgeons of British Columbia, and

(b) the prescription form is signed by the patient or the patient's representative upon receipt of the dispensed drug.

(7) A new prescription from a practitioner is required each time a drug is dispensed, except for

(a) a part-fill,

(b) a prescription authorizing repeats,

(c) a full pharmacist-initiated renewal or adaptation, or

(d) an emergency supply for continuity of care.

(8) Subsection (6) does not apply to prescriptions written for

(a) residents of a facility or home subject to the requirements of the *Residential Care Facilities and Homes Standards of Practice*, or

(b) patients admitted to a hospital.

Drug Procurement/Inventory Management

~~5~~18. (1) A full pharmacist may authorize the purchase of Schedule I, II, or III drugs or controlled drug substances only from

(a) a wholesaler or manufacturer licensed to operate in Canada, or

(b) another pharmacy in accordance with the policy approved by the board.

(2) A registrant must record a transfer of drugs that occurs for any reason other than for the purpose of dispensing in accordance with a practitioner's prescription.

(3) All drug shipments must be delivered unopened to the pharmacy or a secure storage area.

(4) Non-usable and expired drugs must be stored in a separate area of the pharmacy or a secure storage area until final disposal.

(5) A full pharmacist must not purchase Schedule I, II and III drugs and controlled drug substances unless they are for sale or dispensing in or from a pharmacy.

Interchangeable Drugs

~~6~~19. When acting under section 25.91 of the *Health Professions Act,* a full pharmacist must determine interchangeability of drugs by reference to Health Canada's Declaration of Equivalence, indicated by the identification of a Canadian Reference Product in a Notice of Compliance for a generic drug.

Returned Drugs

~~7~~20. No registrant may accept for return to stock or reuse any drug previously dispensed except in accordance with section 11(3) of the *Residential Care Facilities and Homes Standards of Practice* or section 5(2) of the *Hospital Pharmacy Standards of Practice.*

Records

~~8~~21. (1) All prescriptions, patient records, invoices and documentation in respect of the purchase, receipt or transfer of Schedule I, II and III drugs and controlled drug substances must be retained for a period of not less than three years from the date

(a) a drug referred to in a prescription was last dispensed, or

(b) an invoice was received for pharmacy stock.

(2) Registrants, support persons, managers, direct owners~~ors~~, and indirect owners must not, for commercial purposes, disclose or permit the disclosure of information or an abstract of information obtained from a prescription or patient record which would permit the identity of the patient or practitioner to be determined.

(3) Despite subsection (1), a registrant must not destroy prescriptions, patient records, invoices or documentation until the completion of any audit or investigation currently underway for which the registrant has received notice.

~~**Pharmacy Licences**~~

~~9. (1) The registrar may issue a licence for any of the following:~~

~~a community pharmacy;~~

~~a hospital pharmacy;~~

~~a pharmacy education site.~~

~~(2) An applicant for a pharmacy licence must submit the following to the registrar:~~

~~(a) a completed application in Form 1;~~

~~(b) a diagram to scale of ½ inch equals 1 foot scale including the measurements, preparation, dispensing, consulting, storage, professional service area, professional products area, entrances and packaging areas of the pharmacy;~~

~~(c) the applicable fee set out in Schedule "A";~~

~~(d) for a community pharmacy, proof in a form satisfactory to the registrar that the municipality in which the pharmacy is located has issued a business licence for the pharmacy to the pharmacy's owner or manager.~~

~~(3) The registrar may renew a pharmacy licence upon receipt of the following:~~

~~(a) a completed notice in Form 4, 5 or 6, as applicable, signed by the manager;~~

~~(b) the applicable fee set out in Schedule "A".~~

~~(4) A pharmacy's manager must submit to the registrar, in writing, any proposed pharmacy design changes or structural renovations together with a new pharmacy diagram for approval before the commencement of construction or other related activities.~~

~~(5) If a pharmacy will be closed temporarily for up to 14 consecutive days, the pharmacy's manager must~~

~~(a) obtain the approval of the registrar,~~

~~(b) notify patients and the public of the closure at least 30 days prior to the start of the closure, and~~

~~(c) make arrangements for emergency access to the pharmacy's hard copy patient records.~~

~~(6) A pharmacy located in a hospital which dispenses drugs to staff, out-patients or the public and which is not owned or operated by a health authority, must be licenced as a community pharmacy.~~

~~(7) Subsections (4) to (6) do not apply to a pharmacy education site.~~

PART II~~I~~ – Community Pharmacies

Community Pharmacy's ~~Pharmacy~~ Manager – Quality Management

~~10~~22. A community pharmacy's manager must develop, document and implement an ongoing quality management program that

(a) maintains and enforces policies and procedures to comply with all legislation applicable to the operation of a community pharmacy,

(b) monitors staff performance, equipment, facilities and adherence to the *Community Pharmacy Standards of Practice*, and

(c) includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies.

Community Pharmacy Premises

~~11~~23. (1) In locations where a community pharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy's manager must ensure that

(a) the professional products area extends not more than 25 feet from the perimeter of the dispensary and is visually distinctive from the remaining areas of the premises by signage, and

(b) a sign reading "Medication Information" is clearly displayed to identify a consultation area or counter at which a member of the public can obtain a full pharmacist's advice.

(2) The dispensary area of a community pharmacy must

(a) be at least 160 square feet,

(b) be inaccessible to the public by means of gates or doors across all entrances,

(c) include a dispensing counter with at least 30 square feet of clear working space, in addition to service counters,

(d) contain adequate shelf and storage space,

(e) contain a double stainless steel sink with hot and cold running water, ~~and~~

(f) contain an adequate stock of drugs to provide full dispensing services, and~~.~~

(g) contain a refrigerator

(3) In all new and renovated community pharmacies, an appropriate area must be provided for patient consultation that

(a) ensures privacy and is conducive to confidential communication, and

(b) includes, but is not limited to, one of the following:

(i) a private consultation room;

(ii) a semiprivate area with suitable barriers.

(4) All new and renovated community pharmacies must have a separate and distinct area consisting of at least 40 square feet reserved as secure storage space.

Community Pharmacy Security

~~11.1~~24. (1) A community pharmacy must:

(a) Keep Schedule IA drugs in a locked metal safe that is secured in place and equipped with a time delay lock set at a minimum of five minutes;

(b) Install and maintain a security camera system that:

(i) has date/time stamp images that are archived and available for no less than 30 days, and

(ii) is checked daily for proper operation.

(c) Install and maintain motion sensors in the dispensary;

(2) When no full pharmacist is present and the premise is accessible to non-registrants,

(a) the dispensary area of a community pharmacy must be secured by a monitored alarm, and

(b) Subject to subsection 2.1, schedule I and II drugs, controlled drug substances and personal health information, are secured by physical barriers;

(2.1) A community pharmacy that exists on the date this provision comes into force and is not renovated during the period must comply with section ~~11~~24.~~1~~(2)(b) no later than three years after the date that provision comes into force;

(3) Subject to subsection (5), a community pharmacy must clearly display at all external entrances that identify the premises as a pharmacy, and at the dispensary counter signage provided by the College;

(4) The ~~pharmacy~~ manager, direct ~~r and~~ owner~~s~~ or indirect owner(s)~~directors~~ of a community pharmacy that does not stock IA drugs must complete a declaration attesting that Schedule IA drugs are never stocked on the premises;

(5) A pharmacy that is never open to the public and has no external signage identifying it as a pharmacy is exempt from the requirements in subsection~~s~~ (3).

Operation Without a Full Pharmacist

~~12~~25. (1) Except as provided in subsection (2), a community pharmacy must not be open to the public unless a full pharmacist is present.

(2) A community pharmacy that does not have a telepharmacy remote site licence may operate without a full pharmacist present if all the following requirements are met:

(a) the registrar is notified of the hours during which a full pharmacist is not present;

(b) a security system prevents the public, support persons and other non-pharmacy staff from accessing the dispensary, the professional service area and the professional products area;

(c) a pharmacy technician is present and ensures that the pharmacy is not open to the public;

(d) Schedule I, II, and III drugs and controlled drug substances in a secure storage area are inaccessible to support persons, other non-pharmacy staff and the public;

(e) dispensed prescriptions waiting for pickup may be kept outside the dispensary if they are inaccessible, secure and invisible to the public and the requirements of section 12 of the *Community Pharmacy Standards of Practice* have been met;

(f) the hours when a full pharmacist is on duty are posted.

(3) If the requirements of subsection (2) are met, the following activities may be performed at a community pharmacy by anyone who is not a registrant:

(a) requests for prescriptions, orders for Schedule II and III drugs and telephone requests from patients to order a certain prescription may be placed in the dispensary area by dropping them through a slot in the barrier;

(b) orders from drug wholesalers, containing Schedule I, II and III drugs, may be received but must be kept secure and remain unopened.

Outsource Prescription Processing

~~13~~26. ~~-~~ (1) A community pharmacy may outsource prescription processing if

(a) all locations involved in the outsourcing are community pharmacies,

(b) all prescriptions dispensed are labeled and include an identifiable code that provides a complete audit trail for the dispensed drug, and

(c) a notice is posted informing patients that the preparation of their prescription may be outsourced to another pharmacy.

(2) The manager of an outsourcing community pharmacy must ensure that all applicable standards of practice are met in processing prescriptions at all locations involved in the outsourcing.

(3) In this section, "community pharmacy" includes a hospital pharmacy.

PART ~~III~~ IV – Hospital Pharmacies

Hospital Pharmacy's ~~Pharmacy~~ Manager – Quality Management

~~14~~27. (1) A hospital pharmacy's manager must develop, document and implement an ongoing quality management program that

(a) maintains and enforces policies and procedures to comply with all legislation applicable to the operation of a hospital pharmacy,

(b) monitors staff performance, equipment, facilities and adherence to the *Hospital Pharmacy Standards of Practice*,

(c) includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies,

(d) documents periodic audits of the drug distribution process,

(e) includes a process to review patient-oriented recommendations,

(f) includes a process that reviews a full pharmacist's documentation notes in the hospital's medical records,

(g) includes a process to evaluate drug use, and

(h) regularly updates policies and procedures for drug use control and patient-oriented pharmacy services in collaboration with the medical and nursing staff and appropriate committees.

(2) If sample drugs are used within a hospital, the hospital pharmacy's manager must ensure that the pharmacy oversees the procurement, storage and distribution of all sample drugs.

After Hours Service

~~15~~28. (1) If continuous pharmacy services are not provided in a hospital, the hospital pharmacy's manager must ensure that urgently needed drugs and patient-oriented pharmacy services are available at all times by

(a) providing a cabinet which must

(i) be a locked cabinet or other secure enclosure located outside of the hospital pharmacy, to which only authorized persons may obtain access,

(ii) be stocked with a minimum supply of drugs most commonly required for urgent use,

(iii) not contain controlled drug substances unless they are provided by an automated dispensing system,

(iv) contain drugs that are packaged to ensure integrity of the drug and labeled with the drug name, strength, quantity, expiry date and lot number, and

(v) include a log in which drug withdrawals are documented, and

(b) arranging for a full pharmacist to be available for consultation on an on-call basis.

(2) When a hospital pharmacy or hospital pharmacy satellite is closed, the premises must be equipped with a security system that will detect unauthorized entry.

PART ~~IV~~ V – Telepharmacy

Telepharmacy Services

~~16~~29. (1) The registrar may authorize a community pharmacy or hospital pharmacy to provide telepharmacy services, upon receipt of a completed application in Form 2 and if satisfied that the requirements of this section will be met.

(2) Telepharmacy services may only be provided in or through pharmacies authorized under this Part to provide telepharmacy services.

(3) A telepharmacy remote site must be under the direct supervision of a full pharmacist at the central pharmacy site.

(4) A telepharmacy remote site must be under the responsibility of the manager of the central pharmacy site.

(5) The *Community Pharmacy Standards of Practice* apply to a telepharmacy remote site, unless it is located in, or providing pharmacy services for, a hospital in which case the *Hospital Pharmacy Standards of Practice* apply.

(6) Full pharmacists at a central pharmacy site must comply with section 12 of the *Community Pharmacy Standards of Practice* by using video and audio links.

(7) A sign must be posted at the dispensary counter of a telepharmacy remote site advising patients and staff when the site is operating in telepharmacy mode.

(8) A telepharmacy remote site must not remain open and prescriptions must not be dispensed if

(a) an interruption in data, video or audio link occurs,

(b) a pharmacy technician is not on duty at the telepharmacy remote site, or

(c) a full pharmacist is not on duty at the central pharmacy site.

(9) Prescriptions dispensed at a telepharmacy remote site must be distinguishable from a prescription dispensed at the central pharmacy site and include a unique label and a unique identifier for the prescription.

(10) The manager of a central pharmacy site must

(a) inspect and audit each affiliated telepharmacy remote site at least 3 times each year,

(b) make a written record of all inspections and audits, and

(c) provide a copy of a record described in paragraph (b) to the college on request.

(11) There must be a policy and procedure manual which describes the specific telepharmacy operations that are in place to ensure the safe and effective distribution of pharmacy products and delivery of pharmaceutical care.

~~**PART V – Pharmacy Education Sites**~~

~~**Pharmacy Education Site Manager**~~

~~17. (1) A pharmacy education site's manager must ensure that only registrants and instructors are present in the pharmacy education site.~~

~~(2) A pharmacy education site's manager must comply with section 3(2)(a), (d), (h), (o), (r) and (t)(ii) and (iii).~~

PART VI – PharmaNet

Application of Part

~~18~~30. This Part applies to every pharmacy that connects to PharmaNet.

Definitions

~~19~~31. In this Part:

"database" means those portions of the provincial computerized pharmacy network and database referred to in section 13 of the *Act*;

"in-pharmacy computer system" means the computer hardware and software utilized to support pharmacy services in a pharmacy;

"patient keyword" means an optional confidential pass code selected by the patient which limits access to the patient's PharmaNet record until the pass code is provided to the registrant;

"PharmaNet patient record" means the patient record described in section 11(2) of the *Community Pharmacy Standards of Practice* and in the PharmaNet Professional and Software Compliance Standards as the "patient profile";

"PharmaNet Professional and Software Compliance Standards" means the document provided by the Ministry of Health Services specifying the requirements of an in-pharmacy computer system to connect to PharmaNet;

"terminal" means any electronic device connected to a computer system, which allows input or display of information contained within that computer system.

Operation of PharmaNet

~~20~~32. A pharmacy must connect to PharmaNet and be equipped with the following:

(a) an in-pharmacy computer system which meets the requirements set out in the current PharmaNet Professional and Software Compliance Standards;

(b) a terminal that is capable of accessing and displaying patient records, located in an area of the pharmacy which

(i) is only accessible to registrants and support persons,

(ii) is under the direct supervision of a registrant, and

(iii) does not allow information to be visible to the public, unless intended to display information to a specific patient;

(c) the computer software upgrades necessary to comply with changes to the PharmaNet Professional and Software Compliance Standards.

Data Collection, Transmission of and Access to PharmaNet Data

~~21~~33. (1) A registrant must enter the prescription information and transmit it to PharmaNet at the time of dispensing and keep the PharmaNet patient record current.

(2) A registrant may collect and transmit patient record information to PharmaNet or access a patient's PharmaNet record only

(a) to dispense a drug,

(b) to provide patient consultation, or

(c) to evaluate a patient's drug usage.

(3) A registrant may collect and transmit patient record information to PharmaNet or access a patient's PharmaNet record only for the purposes of claims adjudication and payment by an insurer.

(4) A registrant must revise information in the PharmaNet database pertaining to corrected billings for prescriptions billed to the patient or a payment agency other

than PharmaCare and record the reason for the revision within 90 days of the original entry on PharmaNet.

(5) A registrant must reverse information in the PharmaNet database, for any drug that is not released to the patient or the patient's representative, and record the reason for the reversal no later than 30 days from the date of the original entry of the prescription information in PharmaNet.

(6) If a registrant is unable to comply with the deadlines in subsections (4) or (5), he or she must provide the information required to make the correction to the college as soon as possible thereafter.

(7) At the request of the patient, a registrant must establish, delete or change the patient keyword.

(8) Where a patient or patient's representative requests an alteration to be made to the PharmaNet information, the registrant must

(a) correct the information, or

(b) if the registrant refuses to alter the information, he or she must inform the person requesting the change of his or her right to request correction under the *Personal Information Protection Act*.

Confidentiality

~~22~~34. A registrant must take reasonable steps to confirm the identity of a patient, patient's representative, registrant or practitioner before providing any pharmacy service, including but not limited to

(a) establishing a patient record,

(b) updating a patient's clinical information,

(c) providing a printout of an in-pharmacy or requesting a PharmaNet patient record,

(d) establishing, deleting, or changing a patient keyword,

(e) viewing a patient record,

(f) answering questions regarding the existence and content of a patient record,

(g) correcting information, and

(h) disclosing relevant patient record information to another registrant for the purpose of dispensing a drug or device, and/or for the purpose of monitoring drug use.

PART VII – College

35. The Registrar may establish forms for the purposes of the *Act*.

College of Pharmacists of British Columbia

PODSA Modernization – Phase 1

April 21, 2017

Presented by:
Doreen Leong
Director, Registration, Licensure & PharmaNet

College of Pharmacists of British Columbia

New Pharmacy Ownership Requirements

Province of BC approved amendments to the *Pharmacy Operations and Drug Scheduling Act* in May 2016

Amendments require College to:

- **know identity of all pharmacy owners**
- **determine suitability for pharmacy ownership based on provincial eligibility requirements**
- **hold owners and managers accountable for ensuring pharmacies are compliant with legislative requirements (PODSA & HPA)**

New requirements come into effect March 1, 2018

College of Pharmacists of British Columbia

What's happening to prepare?

- Assessing how to operationalize new requirements, incorporating into pharmacy licensing process
- Drafting PODSA bylaw amendments to reflect new provincial pharmacy ownership requirements
- Developing new PODSA forms, business processes, IT processes
- Engaging with stakeholders to inform bylaws and licence processes
- Developing resources and information to support the transition

College of Pharmacists of British Columbia

What are the Amendments to the *Act* ?

Summary of Bill 6 Explanatory Notes

- Distinguishes between "direct owners" and "indirect owners"
- Broadens the meaning of "pharmacy" and "pharmacy licence"
- Harmonizes requirements and processes for issuing, renewing and reinstating a pharmacy licence
- Sets eligibility requirements to hold a pharmacy licence
- Establishes a new Application Committee to review licence applications that do not meet the requirements of the Act and bylaws
- Clarifies that ownership of a pharmacy must be direct
- Adds requirements for direct owners, indirect owners and managers to provide Criminal Record History
- Requires direct owners, indirect owners and managers to comply with duties under *Pharmacy Operations and Drug Scheduling Act* and *Health Professions Act*
- Requires direct owners, indirect owners and managers to give notice to the Registrar if certain events occur
- Applications received before the amendments come into force for pharmacy licences on or after March 1, 2018 will need to meet the new requirements

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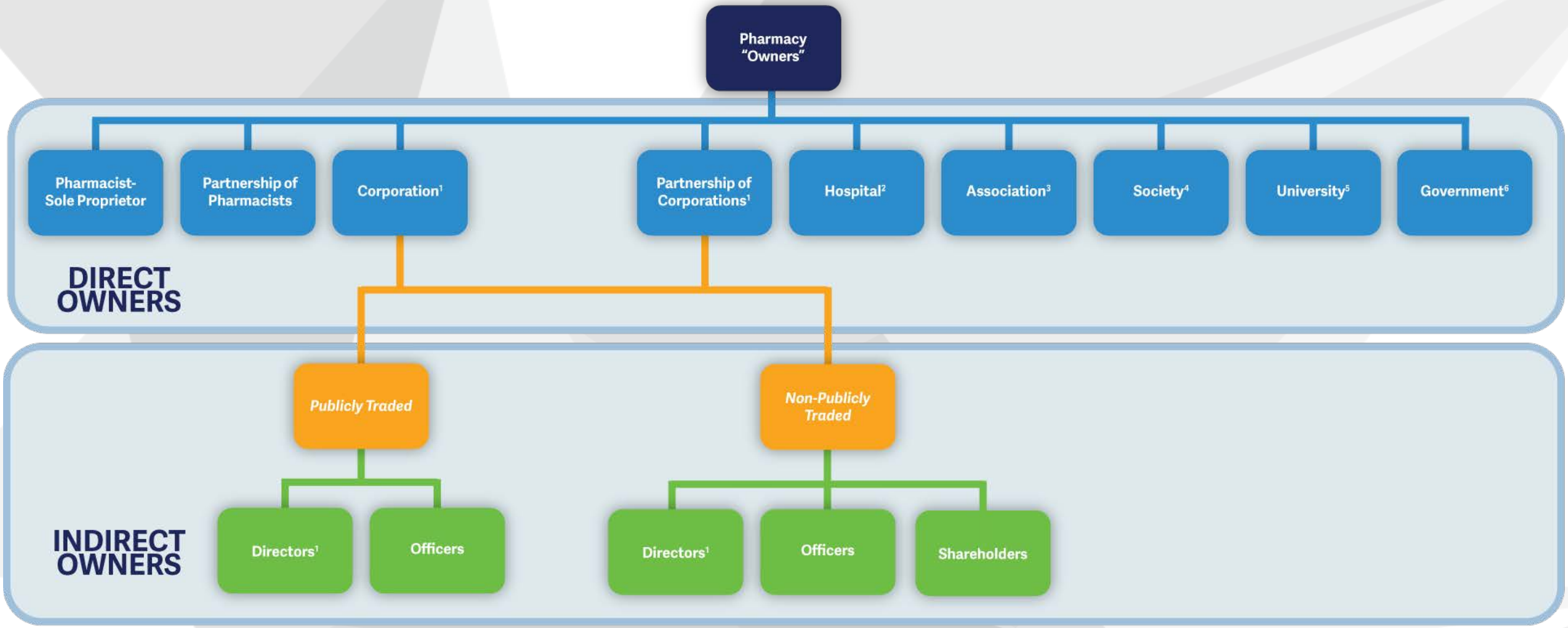
Types of Pharmacy Ownership

- Types of pharmacy ownership allowed in BC are set in the amendments to the *Act*
- *Act* distinguishes between direct owners and indirect owners
- Information required for pharmacy licensure depends on a pharmacy's ownership type
- Majority of pharmacies are owned by corporations (or partnerships of corporations)
- Important for owners to be able to determine ownership type to ensure they meet requirements for opening a new pharmacy or renewing a pharmacy licence



1 incorporated under the *Company Act* or the *Business Corporations Act* in which the majority of the directors in the corporation are pharmacists
2 as defined in the *Hospital Act* (including health authorities)
3 incorporated under the *Cooperative Association Act*
4 defined in the *Societies Act*
5 defined in the *University Act* or Thompson Rivers University
6 the City of Vancouver or a municipality, or the government

College of Pharmacists of British Columbia

Roles and Responsibilities of Direct Owners, Indirect Owners and Managers

- Direct owners, indirect owners and managers must comply with duties under the *Pharmacy Operations and Drug Scheduling Act* and *Health Professions Act* and the College's bylaws under these acts
- Direct owners, indirect owners and managers are all responsible for ensuring their pharmacies are compliant with legislative requirements
- Non-registrant direct and indirect owners will also be subject to inquiry and discipline
- Managers will continue to actively participate in the day-to-day management of the pharmacy

College of Pharmacists of British Columbia

Eligibility Criteria

- New pharmacy ownership requirements set by the Province of BC establish clear eligibility criteria to hold a pharmacy licence
- Owners and managers need to meet the eligibility criteria in the *Act*, in addition to requirements in the College's bylaws
- Allows the College to better protect the public by determining the suitability of an owner or manager based on eligibility criteria

College of Pharmacists of British Columbia

Who would be ineligible?

Direct owners, indirect owners and managers would be ineligible if any of the following apply:

- subject to a limitation imposed by the discipline committee that precludes them from being an owner or manager
- has been subject to an information or billing contravention
- within the previous 6 years, had a judgment entered against him or her in a court proceeding related to commercial or business activities that occurred in relation to the provision of drugs or devices, or substances or related services within the meaning of the *Pharmaceutical Services Act*
- within the previous 6 years, has had their registration as a pharmacist suspended or cancelled or has had limits or conditions imposed on their practice of pharmacy
- within the previous 6 years, has been convicted of an offence under the Criminal Code
- within the previous 6 years, has been convicted of an offence prescribed under the *Pharmaceutical Services Act*

College of Pharmacists of British Columbia

Application Committee

Where an application for a pharmacy licence does not meet the eligibility criteria in the *Act* and the requirements in the bylaws, the Registrar must refer the application to the Application Committee.

Application Committee can:

- request additional information or evidence from the direct owner, indirect owner and proposed manager
- issue, renew or reinstate the pharmacy licence
- issue, renew or reinstate the pharmacy licence with conditions
- refuse to issue, renew, or reinstate the pharmacy licence

College of Pharmacists of British Columbia

Criminal Record History

- Criminal Record History required under PODSA is different from Criminal Record Check (under HPA) that is required for registrants
- PODSA requires a more comprehensive criminal record history be provided
  - Criminal Records Review Program only provides confirmation of a check done for a registrant under the *Criminal Records Review Act*
  - Does not meet new PODSA requirements, and does not allow for Criminal Record History of non-registrants
- Criminal Record History will be required every 5 years for direct owners, indirect owners and managers

- Pharmacists who are owners (direct or indirect) or managers will need to provide a Criminal Record History for pharmacy licence (PODSA requirements) AND undergo a Criminal Record Check for Pharmacist Registration (HPA requirements)
- College will use a vendor that will meet the new requirements while supporting a timely and efficient process for obtaining a Criminal Record History

College of Pharmacists of British Columbia

Pharmacy Licensing Process

- New pharmacy licensing requirements come into effect March 1, 2018
- Direct owners, indirect owners and managers are required to meet new eligibility requirements and College bylaws once changes come into effect
- Direct owner must apply for a new pharmacy licence or renewal
- Responsibility of renewing a pharmacy licence shifts from manager to the direct owner

College of Pharmacists of British Columbia

Transition Period (March 2018 - February 2019)

- To bring all pharmacies into compliance with new requirements, pharmacies will initially need to submit the information necessary to demonstrate they meet the new eligibility criteria
- Type of pharmacy ownership will determine what information is required as part of pharmacy licence renewal process
- Transition process will be established to bring all pharmacies into compliance with the new requirements through the annual pharmacy licence renewal
- Criminal Record History will be required for direct owners, indirect owners and managers

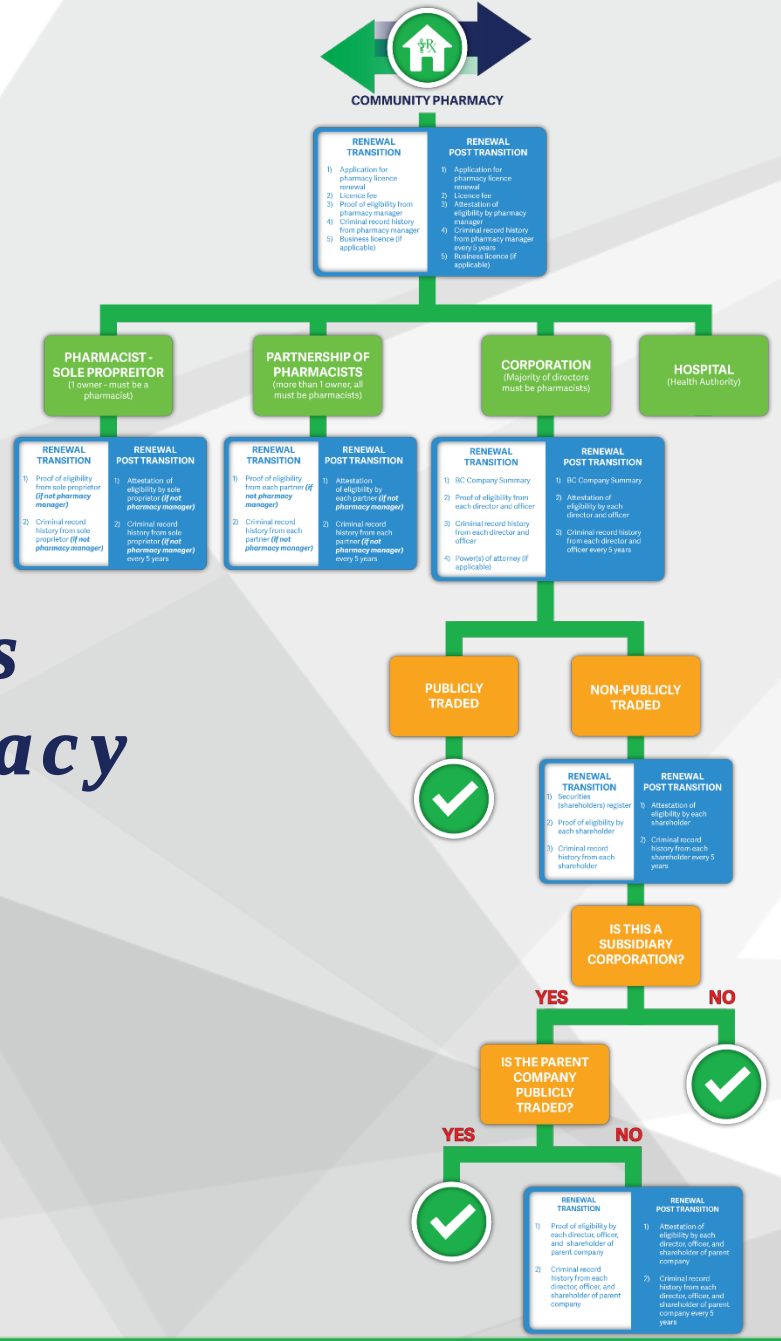
College of Pharmacists of British Columbia

Renewals (March 1, 2019 onwards)

- Following transition period, process for pharmacy licence renewals will be streamlined
- Information provided previously through transition period will be available to review
- Direct owners, indirect owners and managers will only be required to review and update pharmacy ownership information and attest to meeting the eligibility requirements
- Every 5 years direct owners, indirect owners and managers are required to provide new Criminal Record History

College of Pharmacists of British Columbia

What information is required for Pharmacy Licence Renewal?



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of British Col

RENEWAL TRANSITION

March 2018 - February 2019

1) Application for pharmacy licence renewal
2) Licence fee
3) Proof of eligibility from pharmacy manager
4) Criminal record history from pharmacy manager
5) Business licence (if applicable)

RENEWAL POST TRANSITION

1) Application for pharmacy licence renewal
2) Licence fee
3) Attestation of eligibility by pharmacy manager
4) Criminal record history from pharmacy manager every 5 years
5) Business licence (if applicable)

PHARMACIS
SOLE PROPRE
(1 owner - must b
pharmacist)

College of Pharmacists of British Columbia

CORPORATION
(Majority of directors must be pharmacists)

PHARMACIST - SOLE PROPREITOR
(1 owner - must be a pharmacist)

RENEWAL TRANSITION

1) Proof of eligibility from sole proprietor ***(if not pharmacy manager)***
2) Criminal record history from sole proprietor ***(if not pharmacy manager)***

RENEWAL POST TRANSITION

1) Attestation of eligibility by sole proprietor ***(if not pharmacy manager)***
2) Criminal record history from sole proprietor ***(if not pharmacy manager)*** every 5 years

PARTNERSHIP OF PHARMACISTS
(more than 1 owner, all

RENEWAL TRANSITION

1) Proof of
2) Crimina

CORPORATION
(Majority of directors

RENEWAL TRANSITION
March 2018 - February 2019

1) BC Company Summary
2) Proof of eligibility from each director and officer
3) Criminal record history from each director and officer
4) Power(s) of attorney (if applicable)

RENEWAL POST TRANSITION

1) BC Company Summary
2) Attestation of eligibility by each director and officer
3) Criminal record history from each director and officer every 5 years

HOSPITAL
(Health Authority)

College of Pharmaci
of British Columbia

RENEWAL TRANSITION

March 2018 - February 2019

1) Securities (shareholders) register
2) Proof of eligibility by each shareholder
3) Criminal record history from each shareholder

RENEWAL POST TRANSITION

1) Attestation of eligibility by each shareholder
2) Criminal record history from each shareholder every 5 years

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of British Columbia

RENEWAL TRANSITION

March 2018 - February 2019

1) Proof of eligibility by each director, officer, and shareholder of parent company

2) Criminal record history from each director, officer, and shareholder of parent company

RENEWAL POST TRANSITION

1) Attestation of eligibility by each director, officer, and shareholder of parent company

2) Criminal record history from each director, officer, and shareholder of parent company every 5 years

College of Pharmacists of British Columbia

New Pharmacy Applications

- All new pharmacy licence applications must be made by the direct owner and must meet the new requirements starting March 1, 2018
- Type of pharmacy ownership will determine what information is required as part of pharmacy licensing process
- Identity of all pharmacy owners (direct and indirect) and their Criminal Record History required
- All pharmacy managers also need to provide Criminal Record History
- Information will be used to determine suitability for pharmacy ownership based on eligibility criteria

College of Pharmacists of British Columbia

What information is required for New Pharmacy Licence Applications?

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NEW APPLICATION

1) Application for new pharmacy licence
2) Fee(s)
3) Diagram
4) Proof of eligibility from pharmacy manager
5) Criminal record history from pharmacy manager
6) Pre-opening report and photos
7) Business licence (if applicable)

PHARMACIST - SOLE PROPREITOR
(1 owner - must be a pharmacist)

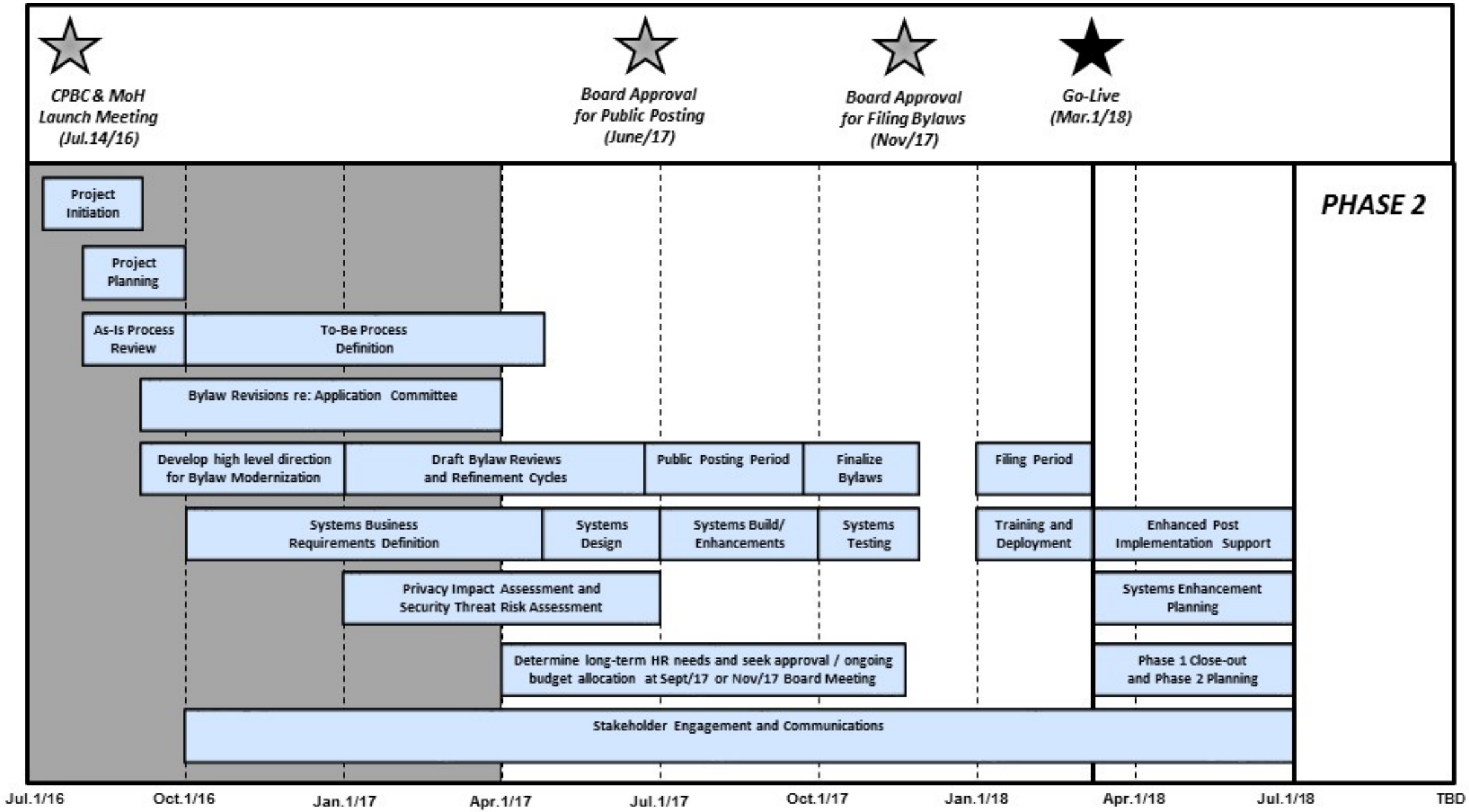
HOSPITAL
(Health Authority)

College of Pharmacists of British Columbia

Summary of Changes

- All direct owners and indirect owners to be identified as part of pharmacy licensing process
- Direct owners must apply for a new pharmacy licence and for a pharmacy licence renewal
- Direct owners, indirect owners and managers must meet the eligibility criteria
- Criminal Record History required for all direct owners, indirect owners and managers
- Pharmacists who are owners and managers will need to provide both a Criminal Record History (PODSA) and undergo a Criminal Record Check (HPA)

Overall Timeline (as of April 2017)



College of Pharmacists of British Columbia

Project Status Updates

- **Overall scope, schedule and budget are currently on track**
- **Deliverables completed to date include:**
  - Project Charter and Plan
  - Engagement & Communications Strategies
  - As-Is Process Flows
  - Application Committee added to HPA Bylaws
  - Drafted PODSA Bylaws, Forms and Schedules
  - Stakeholder engagement

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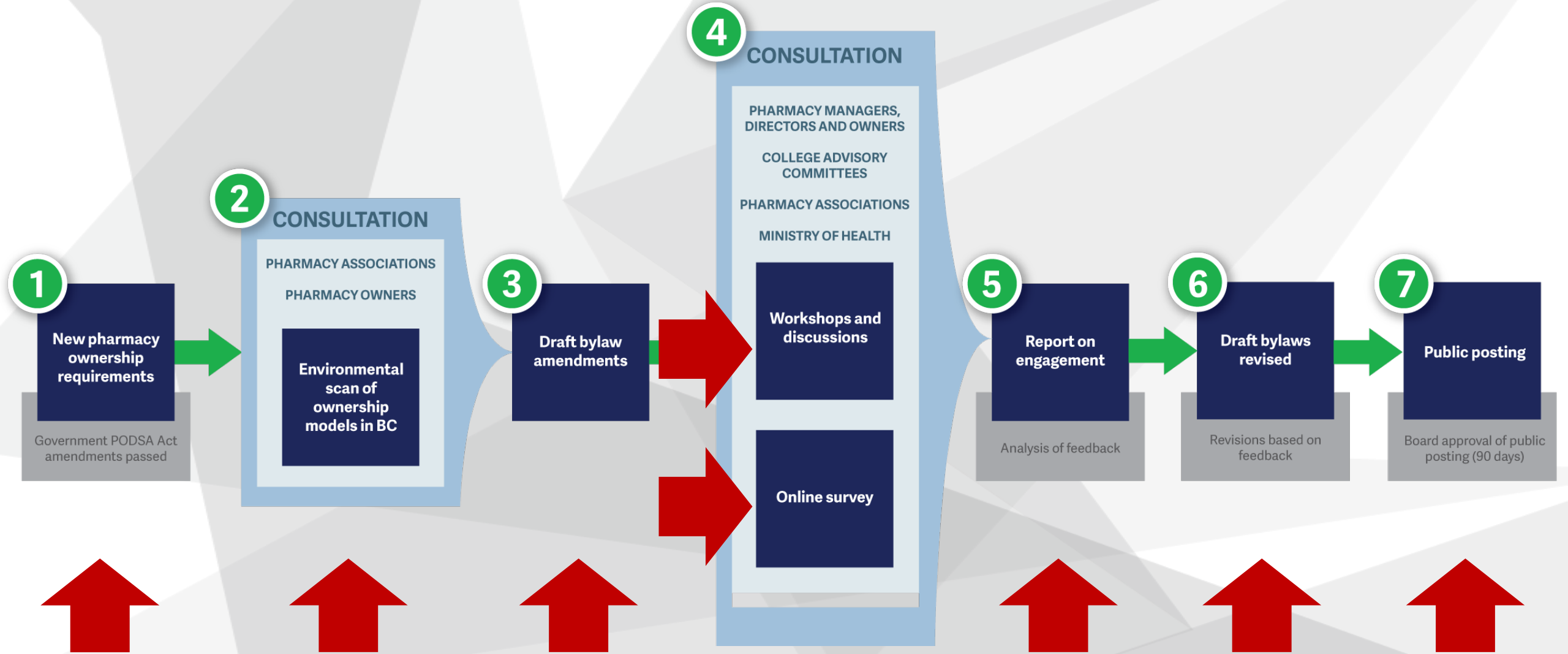
Engagement Process



College of Pharmacists of British Columbia

Key Next Steps

- Refine draft Bylaws, Forms and Schedules following stakeholder engagement; seeking Board approval in June
- Complete To-Be Process Flows
- Complete Systems Requirements and engage consultants for development
- Complete Privacy Impact Assessment
- Review Information Sharing Agreement with Ministry of Health, if applicable
- Analyze long-term human resource needs
- Develop resources to support owners and pharmacy managers during and after the transition period

College of Pharmacists of British Columbia

Questions

ownership@bcpharmacists.org

BCPharmacists.org/ownership

College of Pharmacists of British Columbia

BOARD MEETING
April 21, 2017

4a. Legislation Review Committee
Amendments to HPA bylaws – Application Committee

DECISION REQUIRED

Recommended Board Motion:

1) *Approve the following resolution to amend the Health Professions Act Bylaws to establish the Application Committee:*

RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act, and subject to filing with the Minister as required by section 19(3) of the Health Professions Act, the board amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution.

2) *Approve the Terms of Reference of the Application Committee, as circulated.*

Purpose

To approve amendments to the *Health Professions Act* (HPA) bylaws, for filing with the Ministry of Health and to approve the Terms of Reference of the Application Committee, as circulated.

Background

On May 19, 2016 amendments to the *Pharmacy Operations and Drug Scheduling Act* (PODSA) received Royal Assent[1]. The amendments to PODSA permit the College to know the identity of all pharmacy owners, determine their suitability for pharmacy ownership and hold them accountable for providing safe and effective care by ensuring their pharmacies are compliant with legislative requirements for pharmacies in British Columbia. [2]

[1] Pharmacy Operations and Drug Scheduling Amendment Act, 2016, https://www.leg.bc.ca/parliamentary-business/legislation-debates-proceedings/40th-parliament/5th-session/bills/progress-of-bills

[2] http://www.bcpharmacists.org/news/new-requirements-pharmacy-ownership-begin-march-1-2018

The PODSA amendments include the definition of a new committee called the Application Committee. Additionally, the amendments outline the powers and duties of that Committee. However, that Committee must be established and its composition must be determined in the HPA bylaws, in accordance with the bylaw making authority in section 19(1)(t) of the HPA. Accordingly, bylaws were drafted and at their November 2016 meeting, the Board approved publicly posting those proposed bylaws a for a ninety day period.

Discussion

The proposed bylaws were subsequently posted for the ninety day public posting period on the College's website. The public posting period ended on February 16, 2017. No comments were received during this time; therefore, no further amendments are being proposed (see Appendix 1).

The Terms of Reference of the Application Committee (Appendix 2) have been drafted in accordance with the amendments to PODSA and the bylaws.

Next Steps

As per section 19(3) of HPA, the next step in the process to finalize the bylaws, is that they must be filed with the Minister of Health. Once filed, the bylaws will come into effect sixty days from the filing request date to the Ministry of Health. If approved by the Board, the bylaw amendments will be in effect by mid-June 2017.

Recommendation

The Board approve the amendments to the HPA bylaws (by approving the schedule to the resolution in Appendix 3), that establish and determine the composition of the Application Committee, for filing with the Ministry of Health. Additionally, to approve the Terms of Reference of the Application Committee, as circulated.

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1	HPA Bylaws Application Committee (track changes)
2	Terms of Reference of the Application Committee
3	Schedule to the Resolution

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Definitions

1. In these bylaws:

"*Act*" means the *Health Professions Act*;

"appointed board member" means

(a) a person appointed to the board under section 17(3)(b) of the *Act,* or

(b) prior to the first election referred to in section 17(2)(a) of the *Act*, a person appointed under section 17(2)(a) of the *Act* to represent the public on the first board;

"ballot" means an electronic ballot;

"board" means the board of the college;

"board member" means an appointed board member or an elected board member;

"chair" means the chair of the board elected under section 12;

"child-resistant package" means a package that complies with the requirements of the Canadian Standards Association Standard CAN/CSA-Z76.1-06, published in 2006 as amended from time to time;

"controlled drug substance" means a drug which includes a controlled substance listed in Schedule I, II, III, IV or V of the *Controlled Drugs and Substances Act* (Canada);

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

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

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

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

"drug" has the same meaning as in section 1 of the *Pharmacy*

Operations and Drug Scheduling Act;

"elected board member" means a full pharmacist board member or a pharmacy technician board member;

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

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

"full pharmacist board member" means

(a) a full pharmacist elected to the board under section 17(3)(a) of the *Act* or appointed to the board under section 10, or

(b) prior to the first election referred to in section 17(2)(a) of the *Act*, a person appointed under section 17(2)(a) of the *Act* to represent the health profession on the first board;

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

"in good standing" in respect of a registrant means

(a) the registration of the registrant is not suspended under the *Act*, and

(b) no limits or conditions are imposed on the registrant's practice of pharmacy under section 20(2.1), 20(3), 32.2, 32.3, 33, 35, 36, 37.1, 38, 39, or 39.1 of the *Act*;

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

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

"medication" has the same meaning as "drug";

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

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

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

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

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

"pharmacy technician" means a member of the college who is

registered in the class of registrants established in section 41(e);

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

"practising pharmacist" means a full pharmacist, limited pharmacist, temporary pharmacist or student pharmacist;

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

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

"public representative" means a person who

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

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

and includes an appointed board member;

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

"record" means a "record" as defined in Schedule 1 of the *Freedom of Information and Protection of Privacy Act*;

"Regulation" means the Pharmacists Regulation, B.C. Reg. 417/2008;

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

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

"vice-chair" means the vice-chair of the board elected under section 12 of the *Act*.

PART I – College Board, Committees and Panels
Composition of Board

2. The board consists of

(a) 7 full pharmacist board members,

(b) 1 pharmacy technician board member, and

(c) the appointed board members.

Composition of the Board – Transitional

2.1 Despite section 2, until the start of the November 2010 board meeting, the board consists of

(a) 7 full pharmacist board members, and

(b) the appointed board members

Electoral Districts

3. (1) For the purpose of elections of full pharmacist board members under section 17(3)(a) of the *Act*, electoral districts are established as follows:

(a) the province of British Columbia is divided into 7 electoral districts, the boundaries of which are set out in Schedule "B";

(b) the number of full pharmacist board members elected from each electoral district is 1;

(c) electoral district boundaries described in paragraph (a) may be changed only by special resolution amending Schedule "B";

(d) a full pharmacist who has only 1 place of practice which is not a hospital must be assigned to an electoral district from among Districts 1 to 5, according to the location of the full pharmacist's place of practice;

(e) a full pharmacist who has only 1 place of practice which is a hospital must be assigned to District 6 or 7, according to the location of the hospital;

(f) a full pharmacist who practices in more than 1 electoral district must be assigned to the electoral district in which the full pharmacist's primary place of practice is located;

(g) a full pharmacist who does not practice must be assigned to the electoral district within which he or she resides.

(2) For the purpose of election of pharmacy technician board members under section 17(3)(a) of the *Act*, the electoral district is the province of British Columbia.

Notice of Election

4. (1) An election under section 17(3)(a) of the *Act* must be held in each calendar year, by electronic means approved by the registrar, at a date determined by the registrar that is at least 21 days prior to the date of the November board meeting in that year.

(2) The registrar must deliver a notice of election in Form 1 to every full pharmacist and pharmacy technician assigned to the electoral districts which are to elect board members in the election, at least 60 days prior to the election date.

(3) The accidental omission to deliver notice of an election to, or the non-receipt of such a notice, by any person entitled to receive notice does not invalidate the election, any proceedings in relation thereto, or the results thereof.

Eligibility and Nominations

5. (1) To be eligible for election to the board under section 17(3)(a) of the *Act*, a registrant must be

(a) a full pharmacist or pharmacy technician,

(b) in good standing, and

(c) assigned to the electoral district in which he or she is nominated.

(2) A full pharmacist or pharmacy technician is not eligible to be elected to the board if he or she is employed by the college or is engaged in a contract or assignment providing goods or services to the college.

(3) A nomination for a full pharmacist board member must be endorsed by 3 full pharmacists who are in good standing and are assigned to the electoral district in which the nominee is standing for election.

(4) A nomination for a pharmacy technician board member must be endorsed by 3 pharmacy technicians who are in good standing.

(5) A nomination must be delivered to the registrar at least 45 days prior to the election date.

(6) A nomination must be in Form 2.

Election Procedure

6. (1) If there is only 1 nominee for a vacant position at the close of nominations, the nominee for that position is elected by acclamation.

(2) Only full pharmacists and pharmacy technicians, who are in good standing, are eligible to vote in an election under section 17(3)(a) of the *Act.*

(3) A full pharmacist or pharmacy technician eligible to vote under subsection (2) is eligible to vote only in the electoral district to which he or she is assigned for an election.

(4) The registrar must deliver to each full pharmacist and pharmacy technician who is eligible to vote the instructions for voting electronically in the election at least 30 days prior to the election date.

(5) Each full pharmacist and pharmacy technician who is eligible to vote is entitled to 1 ballot and may vote in favour of 1 candidate for the

vacant position.

(6) A ballot does not count unless it is cast no later than 5:00 p.m. Pacific Time on the election date.

(7) The candidate for a vacant position receiving the most votes on the return of the ballots is elected.

(8) In the case of a tie vote, the registrar must select the successful candidate by random draw.

(9) In the event that there are no nominees for a vacant position, the board may fill the vacant position in accordance with section 10.

(10) The registrar must supervise and administer all elections under section 17(3)(a) of the *Act* and may establish additional procedures consistent with these bylaws for that purpose.

(11) The registrar may determine any dispute or irregularity with respect to any nomination, ballot or election.

(12) The registrar must use Form 3 to certify newly elected members of the board under section 17.1(1) of the *Act*.

(13) If there is an interruption of electronic service during the nomination period or election, the registrar may extend the deadline for delivery of nominations or casting of ballots for such period of time as the registrar considers necessary in the circumstances.

Terms of Office

7. (1) The term of office for an elected board member is 2 years, commencing at the start of the November board meeting following that board member's election.

(2) An elected board member may serve a maximum of 3 consecutive terms.

(3) The terms of office of the elected board members from odd-numbered electoral districts must commence and end in odd-numbered years, and the terms of office of elected board members from even-numbered electoral districts must commence and end in even-numbered years.

(4) Subsections (1) to (3) do not apply prior to the first election referred to in section 17(2)(a) of the *Act*.

Ceasing to Hold Office as a Board Member

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

(a) ceases to be a full pharmacist or pharmacy technician, in good

standing,

(b) submits a written resignation to the chair,

(c) becomes an employee of the college or engaged in a contract or assignment providing goods or services to the college,

(d) is removed by a special resolution of the board, if notice of the proposal to remove the elected board member has been included with the notice of the board meeting, or

(e) is absent from 3 or more consecutive board meetings for reasons which the board finds unacceptable.

(2) Subsection (1) does not apply prior to the first election referred to in section 17(2)(a) of the *Act*.

First Election and Terms of Office

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

Vacancy

10. (1) In the event of a vacancy in an elected board member position, the board may, by special resolution, appoint a full pharmacist or pharmacy technician, as applicable, eligible under section 5 for election to fill the position until the next election.

(2) Subsection (1) does not apply prior to the first election referred to in section 17(2)(a) of the *Act*.

Remuneration of Board and Committee Members

11. All board members and committee members are equally entitled to be

(a) remunerated for time spent on business of the college in the amount approved by the board from time to time, and

(b) reimbursed by the college for reasonable expenses necessarily incurred in connection with the business of the college.

Chair and Vice-Chair

12. (1) The chair must

(a) preside at all board meetings,

(b) sign certificates, diplomas and other instruments executed on behalf of the college as required, and

(c) act in accordance with the requirements of his or her office for the proper carrying out of the duties of the board.

(2) At the November board meeting in each calendar year, the board members must elect a chair by a majority vote in accordance with the following procedure:

(a) the acting chair for the meeting must call for nominations;

(b) if there is only 1 nominee, he or she is elected by acclamation;

(c) if there is more than 1 nominee, an election must be held by secret ballot, and the person with the most votes is elected;

(d) if there is a tie vote, there must be a second vote immediately following the first vote;

(e) if there is a second tie vote, the new chair must be selected by random draw.

(3) The chair's term of office as chair is 1 year, commencing at the election of the vice-chair under subsection (4), and ending at the start of the November board meeting in the next calendar year.

(4) Immediately following the election of the chair under subsection (2), the board members must elect a vice-chair by a majority vote in accordance with the procedure set out in subsection (2).

(5) The vice-chair's term of office as vice-chair is 1 year, commencing at his or her election under subsection (4), and ending at the start of the November board meeting in the next calendar year.

(6) The vice-chair must perform the duties of the chair in the chair's absence.

(7) In the absence of both the chair and the vice-chair, an acting chair for a board meeting must be elected by a majority vote of the board members present.

(8) Despite subsections (2) to (5), the board members must elect a chair and vice-chair in accordance with the procedure set out in subsection (2), each to serve a term ending at the start of the November 2009 board meeting.

Board Meetings

13. (1) The board must meet at least 4 times in each calendar year, including one meeting in November, and must provide reasonable notice of board meetings to board members, registrants and the public.

(2) The accidental omission to deliver notice of a board meeting to, or the non-receipt of a notice by, any person entitled to receive notice does not invalidate proceedings at that meeting.

(3) Despite subsection (1), the chair or registrar may call a meeting of the board without providing notice to registrants or the public if necessary

to conduct urgent business.

(4) The registrar must call a board meeting at the request of the chair or any 3 board members.

(5) The registrar must provide the following to members of the public on request:

(a) details of the time and place of a board meeting;

(b) a copy of the agenda;

(c) a copy of the minutes of any preceding board meeting.

(6) Subject to subsection (7), board meetings must be open to registrants and the public.

(7) The board may exclude any person from any part of a board meeting if it is satisfied that

(a) financial, personal or other matters may be disclosed of such a nature that the desirability of avoiding public disclosure of them in the interest of any person affected or in the public interest outweighs the desirability of adhering to the principle that meetings be open to the public,

(b) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced,

(c) personnel matters or property acquisitions will be discussed,

(d) the contents of examinations will be discussed,

(e) communications with the Office of the Ombudsman will be discussed, or

(f) instructions will be given to or opinions received from legal counsel for the college, the board, or a committee.

(8) If the board excludes any person from a part of a board meeting, it must have its reasons for doing so noted in the minutes of the meeting.

(9) The registrar must ensure that minutes are taken at each board meeting and retained on file, and must publish them on the college website.

(10) A majority of the total number of board members constitutes a quorum.

(11) The chair is entitled to vote on all motions, and is also entitled to speak in debate, but not in preference to other board members.

(12) A written resolution signed by all board members is valid and binding

and of the same effect as if such resolution had been duly passed at a board meeting.

(13) In case of an equality of votes the chair does not have a casting or second vote in addition to the vote to which he or she is entitled as a board member and the proposed resolution does not pass.

(14) The board may meet and conduct business using video-conferencing or tele-conference connections or by other electronic means when some or all of the board members are unable to meet in person.

(15) Except as otherwise provided in the *Act*, the regulations, or these bylaws, the most recent edition of Robert's Rules of Order governs the procedures at meetings of the board.

Registration Committee

14. (1) The registration committee is established consisting of at least 6 persons appointed by the board.

(2) At least 1/3 of the registration committee must consist of public representatives, at least one of whom must be an appointed board member.

Inquiry Committee

15. (1) The inquiry committee is established consisting of at least 6 persons appointed by the board.

(2) At least 1/3 of the inquiry committee must consist of public representatives, at least one of whom must be an appointed board member.

Practice Review Committee

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

(2) At least 1/3 of the practice review committee must consist of public representatives, at least one of whom must be an appointed board member.

(3) The practice review committee is responsible for monitoring standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants.

(4) The practice review committee may receive reports made to the registrar, inquiry committee or discipline committee in respect of

(a) matters specified in section 17(1) of the *Pharmacy Operations and Drug Scheduling Act,* including without limitation reports under section 18 of that Act, and

(b) matters specified in section 28(1) of the *Health Professions Act*, including without limitation reports under section 28(3) of that Act.

(5) Upon receipt of a report described in subsection (4), the practice review committee may

(a) review the report, and

(b) as it considers appropriate in the circumstances, refer a matter arising from that review to the inquiry committee, quality assurance committee or registrar.

Application Committee

15.2 (1) The application committee within the meaning of section 1 of the *Pharmacy Operations and Drug Scheduling Act [SBC 2003] c.77* is established consisting of at least 6 persons appointed by the board.

(2) At least 1/3 of the application committee must consist of public representatives, at least one of whom must be an appointed board member.

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Discipline Committee

16. (1) The discipline committee is established consisting of at least 6 persons appointed by the board.

(2) At least 1/3 of the discipline committee must consist of public representatives, at least one of whom must be an appointed board member.

Quality Assurance Committee

17. (1) The quality assurance committee is established consisting of at least 6 persons appointed by the board.

(2) At least 1/3 of the quality assurance committee must consist of public representatives, at least one of whom must be an appointed board member.

Drug Administration Committee

18. (1) The drug administration committee is established consisting of at least 4 and no more than 7 persons appointed by the board.

(2) The committee must include

(a) one full pharmacist,

(b) one medical practitioner confirmed by the College of Physicians and Surgeons of British Columbia as suitable for membership

on the committee,

(c) one registered nurse confirmed by the College of Registered Nurses of British Columbia as suitable for membership on the committee, and

(d) one person nominated by the Ministry of Health Services.

(3) The drug administration committee

(a) must review, develop and recommend to the board standards, limits and conditions respecting the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Regulation for the purposes of preventing diseases, disorders and conditions, and

(b) may

(i) review the role of practising pharmacists in regard to the performance of restricted activities under section 4(1) (c.1) of the Regulation, and

(ii) make recommendations to the board, for submission to the Ministry of Health Services, respecting the standards, limits and conditions for practice and any other requirements it considers necessary or appropriate to support the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Regulation for the purposes of treating diseases, disorders and conditions.

(4) The committee may consult, as it considers necessary or appropriate, with registrants or other individuals who have expertise relevant to drug administration or on any other matter considered by the committee.

Committees

19. (1) A person appointed to a committee established under these bylaws

(a) serves for a term determined by the board not exceeding 2 years, and

(b) is eligible for reappointment but may not serve more than 3 consecutive terms.

(2) A committee member may be removed by a majority vote of the board.

(3) The board must appoint a committee chair and a committee vice-chair from among the members of the committee.

(4) Each committee must submit a report of its activities to the board

annually or as required by the board.

(5) The registrar is an ex officio non-voting member of the committees established under these bylaws.

(6) The chair is a non-voting ex-officio member of all committees, except in respect of a committee to which he or she has been appointed under these bylaws, in which case he or she has the right to vote.

Committee Panels

20. (1) The registration committee, inquiry committee, practice review committee, application committee, discipline committee and quality assurance committee may meet in panels of at least 3 but not more than 5 persons, and each panel must include at least 1/3 public representatives.

(2) The chair of a committee referred to in subsection (1) must appoint the members of a panel and must designate a chair of the panel.

(3) A panel of a committee referred to in subsection (1) may exercise any power or perform any duty of that committee.

Meetings of a Committee or Panel

21. (1) A majority of a committee constitutes a quorum.

(2) All members of a panel constitute a quorum.

PART II – College Administration
Registrar/Deputy Registrar

22. (1) The registrar is authorized to establish, by bylaw, forms for the purposes of the bylaws, and to require the use of such forms by registrants.

(2) If a deputy registrar is appointed by the board,

(a) the deputy registrar is authorized to perform all duties and exercise all powers of the registrar, subject to the direction of the registrar, and

(b) if the registrar is absent or unable to act for any reason, the deputy registrar is authorized to perform all duties and exercise all powers of the registrar.

Seal

23. (1) The board must approve a seal for the college.

(2) The seal of the college must be affixed, by those persons designated by the board, to the documents determined by the board.

Fiscal Year

24. The fiscal year of the college commences on March 1st and ends on the last day of February of the following year.

Banking

25. The board must establish and maintain such accounts with a chartered bank, trust company or credit union as the board determines to be necessary from time to time.

Payments and Commitments

26. The board must approve an operating and capital budget for each fiscal year, and may amend the approved budget from time to time.

Investments

27. The board may invest funds of the college in accordance with the board's investment policy which must be consistent with sections 15.1 and 15.2 of the *Trustee Act.*

Auditor

28. (1) The board must appoint a chartered accountant or a certified general accountant to be the auditor.

(2) The registrar must submit the financial statement to the auditor within 60 days of the end of the fiscal year.

(3) A copy of the auditor's report must be included in the annual report.

Legal Counsel

29. The board or, with the approval of the registrar, a committee or panel, may retain legal counsel for the purpose of assisting the board, a committee or a panel in exercising any power or performing any duty under the *Act*.

General Meetings

30. (1) General meetings of the college must be held in British Columbia at a time and place determined by the board.

(2) The first annual general meeting must be held before October 1, 2010, and after that an annual general meeting must be held at least once in every calendar year and not more than 20 months after the holding of the last preceding annual general meeting.

(3) The following matters must be considered at an annual general meeting:

(a) the financial statements of the college;

(b) the annual report of the board;

(c) the report of the auditor.

(4) Every general meeting, other than an annual general meeting, is an extraordinary general meeting.

(5) The board

(a) may convene an extraordinary general meeting by resolution of the board, and

(b) must convene an extraordinary general meeting within 60 days after receipt by the registrar of a request for such a meeting signed by at least ten percent of all full pharmacists and pharmacy technicians, who are in good standing.

Notice of General Meetings

31. (1) The registrar must deliver notice of an annual or extraordinary general meeting to every board member and registrant at least 21 days prior to the meeting.

(2) Notice of a general meeting must include

(a) the place, day and time of the meeting,

(b) the general nature of the business to be considered at the meeting,

(c) any resolutions proposed by the board, and

(d) any resolutions proposed under section 32 and delivered to the registrar prior to the mailing of the notice.

(3) The accidental omission to deliver notice of a general meeting to, or the non-receipt of a notice by, any person entitled to receive notice does not invalidate proceedings at that meeting.

(4) General meetings must be open to the public.

(5) The registrar must

(a) provide reasonable notice of each general meeting to the public, and

(b) provide to members of the public on request a copy of the notice given under subsection (1) in respect of the meeting.

Resolutions

32. Any 3 full pharmacists or pharmacy technicians, who are in good

standing, may deliver a written notice to the registrar at least 60 days prior to the date of an annual or an extraordinary general meeting requesting the introduction of a resolution.

Voting at a General Meeting

33. (1) A full pharmacist or pharmacy technician present at a general meeting is entitled to 1 vote at the meeting.

(2) In case of an equality of votes the chair of the general meeting does not have a casting or second vote in addition to the vote to which he or she is entitled as a full pharmacist or pharmacy technician, if any, and the proposed resolution does not pass.

(3) Except as these bylaws otherwise provide, the most recent edition of Robert's Rules of Order governs the procedures at an annual or extraordinary general meeting.

(4) A resolution passed at an annual or extraordinary general meeting is not binding on the board.

Proceedings at General Meetings

34. (1) Quorum is 25 registrants consisting of full pharmacists or pharmacy technicians, or both.

(2) No business, other than the adjournment or termination of the meeting, may be conducted at a general meeting at a time when a quorum is not present.

(3) If at any time during a general meeting there ceases to be a quorum present, business then in progress must be suspended until there is a quorum present.

(4) In the case of a general meeting other than an extraordinary general meeting under section 30(5)(b),

(a) if there is no quorum within 30 minutes from the time appointed for the start of the meeting, or

(b) if there is no quorum within 30 minutes from any time when there is no quorum during the meeting,

the meeting must be adjourned to one month later, at the same time and place, and those full pharmacists and pharmacy technicians who attend that later meeting will be deemed to be a quorum for that meeting.

(5) In the case of an extraordinary general meeting under section 30(5)(b),

(a) if there is no quorum within 30 minutes from the time appointed

for the start of the meeting, or

(b) if there is no quorum within 30 minutes from any time when there is no quorum during the meeting,

the meeting must be adjourned and cancelled and no further action may be taken in respect of the request under section 30(5)(b) for that meeting.

(6) In the absence of both the chair and the vice-chair of the board, an acting chair for a general meeting must be elected by a majority vote of the full pharmacists and pharmacy technicians present.

(7) A general meeting may be adjourned from time to time and from place to place, but no business may be transacted at an adjourned meeting other than the business left unfinished at the meeting from which the adjournment took place.

(8) When a meeting is adjourned in accordance with subsection (4) or by resolution, notice of the rescheduled meeting must be delivered in accordance with section 31.

Notice to Public Representatives

35. Every notice or mailing to registrants must also be provided to public representatives serving on the board or a committee.

PART III – College Records
Body Responsible for Administering the *Freedom of Information and Protection of Privacy Act*

36. (1) The registrar is the "head" of the college for the purposes of the *Freedom of Information and Protection of Privacy Act.*

(2) The registrar may authorize the deputy registrar, a person employed by the college or a person who has contracted to perform services for the college to perform any duty or exercise any function of the registrar that arises under the *Freedom of Information and Protection of Privacy Act.*

Fees for Information Requests

37. Subject to section 75 of the *Freedom of Information and Protection of Privacy Act*, an applicant who requests access to a college record under section 5 of the *Freedom of Information and Protection of Privacy Act* must pay the fees set out in the Schedule of Maximum Fees in B.C. Reg. 323/93 for services required to comply with the information request.

Disclosure of Annual Report

38. The registrar must make each annual report under section 18(2) of

the *Act* available electronically and free of charge on the college website, must notify registrants that the report is available, and must provide a paper copy of the report to any person on request upon payment of the fee set out in Schedule "D".

Disclosure of Registration Status

39. (1) If an inquiry about the registration status of a person is received by the board or the registrar, the registrar must disclose, in addition to the matters required by section 22 of the *Act*,

(a) whether the discipline committee has ever made an order relating to the person under section 39 of the *Act* and the details of that order,

(b) whether the person has ever consented to an order under section 37.1 of the *Act* and the details of that order, and

(c) whether the person has ever given an undertaking or consented to a reprimand under section 36 of the *Act* and the details of that undertaking or reprimand.

(2) When acting under subsection (1), the registrar must not release the name of, or information which might enable a person to identify

(a) a patient, or

(b) another person, other than the registrant, affected by the matter,

except with the consent of the patient or the other person.

Manner of Disposal of College Records Containing Personal Information

40. The board must ensure that a college record containing personal information is disposed of only by

(a) effectively destroying a physical record by utilizing a shredder or by complete burning,

(b) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the information cannot be reconstructed,

(c) returning the record to the person the information pertains to, or

(d) returning the record to the registrant who compiled the information.

PART IV – Registration
Classes of Registrants

41. The following classes of registrants are established:

(a) full pharmacist;

(b) limited pharmacist;

(c) temporary registrant;

(d) student pharmacist;

(e) pharmacy technician;

(f) non-practising registrant.

Full Pharmacist Registration

42. (1) For the purposes of section 20(2) of the *Act*, the requirements for full pharmacist registration are

(a) graduation with a degree or equivalent qualification from a pharmacy education program recognized by the board for the purpose of full pharmacist registration and specified in Schedule "C",

(b) successful completion of the jurisprudence examination required by the registration committee,

(c) successful completion of an English language proficiency examination acceptable to the registration committee, if the person has not graduated from a pharmacy education program in Canada or the United States accredited by the Canadian Council for Accreditation of Pharmacy Programs or the Accreditation Council for Pharmacy Education,

(d) successful completion of the structured practical training required by the registration committee, if any,

(e) successful completion of the Pharmacy Examining Board of Canada Evaluating Examination, if the person has not graduated from a pharmacy education program in Canada or the United States accredited by the Canadian Council for Accreditation of Pharmacy Programs or the Accreditation Council for Pharmacy Education,

(f) successful completion of the Pharmacy Examining Board of Canada Qualifying Examination - Part I and Part II,

(g) evidence satisfactory to the registration committee that the person is of good character and fit to engage in the practice of pharmacy, and

(h) receipt by the registrar of

(i) a signed application for full pharmacist registration in

Form 4,

(ii) the application fee specified in Schedule “D”,

(iii) a notarized copy, or other evidence satisfactory to the registration committee, of the person’s degree or equivalent qualification, and that he or she is the person named therein,

(iv) a statutory declaration in Form 5,

(v) if applicable, the fee for the jurisprudence examination specified in Schedule “D”,

(vi) a criminal record check authorization in the form required by the *Criminal Records Review Act*,

(vii) if the person has engaged in the practice of pharmacy or another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,

(viii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person’s good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession,

(ix) a certified passport size photograph of the person taken within one year prior to the date of application,

(x) a notarized copy, or other evidence satisfactory to the registration committee, of the person’s Canadian citizenship or authorization to work in Canada, and

(xi) proof of professional liability insurance as required under section 81.

(1.1) If an applicant for registration does not complete the requirements for full registration in subsection (1) within 12 months from the date of application, the applicant must provide

(a) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of full registration, of the person’s good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession, and

(b) a notarized copy, or other evidence satisfactory to the

registration committee, of the person's Canadian citizenship or authorization to work in Canada.

(2) Despite subsection (1), the person may be granted full pharmacist registration if he or she

(a) is registered in another Canadian jurisdiction as the equivalent of a full pharmacist and has provided notarized evidence, or other evidence satisfactory to the registration committee, of such registration and that he or she is the person named therein, and

(b) meets the requirements established in subsection (1)(g) and (h)(i) to (iv) and (vi) to (xi).

(3) Despite subsection (1), the registration committee has discretion, in satisfying itself under section 20 of the *Act* that the person meets the conditions or requirements for registration as a full pharmacist member of the college, to consider whether the person's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (1)(a), and to grant full pharmacist registration on that basis, if the person also meets the requirements established in subsection (1)(b) to (h).

(4) A full pharmacist may use only the abbreviation "R.Ph.".

(5) A full pharmacist must not

(a) delegate any aspect of practice to a pharmacy technician, or

(b) authorize a pharmacy technician to perform or provide any aspect of practice under supervision.

Certification of Practising Pharmacists for Drug Administration

43. (1) A practising pharmacist may apply to the registrar under this section for certification that the practising pharmacist is qualified and competent to perform a restricted activity under section 4(1) (c.1) of the Regulation.

(2) The registrar must grant certification under this section if the practising pharmacist has

(a) provided evidence satisfactory to the registrar that the practising pharmacist has

(i) successfully completed within the year prior to application an education program in drug administration, approved by the board for the purposes of section 4.1(c) of the Regulation and specified in Schedule "C",

(ii) a current certificate in cardiopulmonary resuscitation from a program approved by the board and specified in Schedule “C”, and

(iii) a current certificate in first aid from a program approved by the board and specified in Schedule “C”,

(b) submitted a signed application for certification in Form 13, and

(c) paid the fee specified in Schedule “D”.

(3) If certification is granted under this section, the registrar must enter a notation of certification for drug administration in the register in respect of the practising pharmacist.

(4) To maintain certification under this section, a practising pharmacist must declare upon registration renewal

(a) that he or she has successfully completed a continuing education program in drug administration approved by the board and specified in Schedule “C” if an injection has not been administered in the preceding three years, and

(b) that he or she has successfully completed a continuing education program in administering a drug by intranasal route approved by the board and specified in Schedule “C” if a drug has not been administered by intranasal route in the preceding three years, and

(c) maintain current certification in cardiopulmonary resuscitation from a program approved by the board and specified in Schedule “C”, and

(d) maintain current certification in first aid from a program approved by the board and specified in Schedule “C”.

(5) The registrar must remove a practising pharmacist’s notation of certification from the register if the practising pharmacist fails to meet any of the requirements in subsection (4), and the practising pharmacist must not again perform a restricted activity under section 4(1) (c.1) of the Regulation until

(a) the requirements in subsection (4) are met to the satisfaction of the registrar, and

(b) the registrar has re-entered a notation of certification for drug administration in the register in respect of the practising pharmacist.

Intranasal Drug Administration

43.1 A practising pharmacist who has been certified under section 43(1) must complete the program specified in Schedule C on intranasal

drug administration prior to administering an intranasal drug.

Limited Pharmacist Registration

44. (1) An applicant under section 42 or 52 may be granted limited pharmacist registration for a period of up to one year if

(a) the applicant

(i) does not meet the requirements established in section 42(1)(b)(c)(e) and (f) or (3), or section 52(2)(a) and (c), as applicable,

(ii) meets the requirements established in section 42(1)(d), or section 52(2)(b), as applicable, and

(iii) is capable, in the opinion of the registration committee, of practising as a limited pharmacist without any risk to public health and safety, or

(b) the applicant

(i) meets the requirements established in section 42(1)(b)(c)(e) and (f) or (3), or section 52(2)(a) and (c), as applicable,

(ii) does not meet the requirements established in section 42(1)(d), or section 52(2)(b), as applicable, and

(iii) is capable, in the opinion of the registration committee, of practising as a limited pharmacist without any risk to public health and safety.

(2) Limited pharmacist registration may be renewed twice, but in any case, the total period of registration in this class must not exceed 3 years.

(3) Full pharmacist registration may be granted to a limited pharmacist who has met all the requirements in section 42(1) or (3), or section 52, as applicable.

(4) A limited pharmacist may provide pharmacy services as if he or she is a full pharmacist, but only under the supervision of a full pharmacist approved by the registration committee for that purpose.

(5) A limited pharmacist must not delegate any aspect of practice.

(6) A limited pharmacist may use only the title “pharmacist (limited)” and must not use any abbreviations.

Temporary Registration

45. (1) Despite sections 42 and 47, a person may be granted temporary pharmacist registration or temporary pharmacy technician

registration, for a period of up to 90 days, if

(a) an emergency has been declared by the registrar in accordance with criteria established by the board,

(b) the person

(i) is registered in another jurisdiction in Canada or the United States as the equivalent of a full pharmacist or a pharmacy technician, and

(ii) has provided notarized evidence, or other evidence satisfactory to the registration committee, of such registration and that the person is the person named therein.

(2) The registration of a temporary pharmacist or temporary pharmacy technician may be renewed once for an additional period of up to 90 days.

(3) A temporary pharmacist may provide services as if he or she is a full pharmacist, and may apply for certification, and be certified, under section 43.

(4) A temporary pharmacy technician may provide services as if he or she is a pharmacy technician,

(5) A temporary pharmacist may use only the title “pharmacist (temporary)” and must not use any abbreviations.

(6) A temporary pharmacy technician may use only the title “pharmacy technician (temporary)” and must not use any abbreviations.

Student Pharmacist Registration

46. (1) A person may be granted student pharmacist registration if the person

(a) is enrolled as a student in a pharmacy education program recognized by the board for the purpose of full pharmacist registration and specified in Schedule ”C”,

(b) provides evidence satisfactory to the registration committee that the person is of good character and fit to engage in the practice of pharmacy, and

(c) has delivered to the registrar

(i) a signed application for registration in Form 6,

(ii) the application fee specified in Schedule “D”,

(iii) a notarized copy, or other evidence satisfactory to the registration committee of the person’s enrolment and

educational standing, and that he or she is the person named therein,

(iv) a statutory declaration in Form 5,

(v) a criminal record check authorization in the form required under the *Criminal Records Review Act*,

(vi) if the person has engaged in the practice of pharmacy or another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,

(vii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession,

(viii) a certified passport size photograph of the person taken within one year prior to the date of application, and

(ix) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada.

(2) A person described in subsection (1)(a) must be registered under this section

(a) within 6 months of their enrolment as a student in the pharmacy education program, and

(b) before undertaking a period of structured practical training or providing pharmacy services.

(3) A person who is enrolled as a student in a pharmacy education program that is not recognized by the board for the purpose of registration may be granted student registration if the applicant meets all requirements established in subsection (1)(b) and (c).

(4) A person described in subsection (3) must be registered under this section before undertaking a period of structured practical training, or providing pharmacy services.

(5) A student pharmacist may only provide pharmacy services while under the supervision of a full pharmacist

(5.1) Despite subsection (5), a student pharmacist may only perform a restricted activity under section 4(1)(c.1) of the Regulation while under the supervision of

(a) a full pharmacist who is certified under section 43, or

(b) a person who is

(i) not a member of the college,

(ii) registered as a member of another college established or continued under the Act, and

(iii) authorized under the Act to perform the restricted activity in the course of practising the designated health profession for which the other college is established or continued.

(6) The registration of a student pharmacist may be renewed if he or she

(a) remains enrolled in a pharmacy education program described in subsection 1(a),

(b) applies in writing in a form acceptable to the registration committee,

(c) pays any outstanding fine, fee, debt or levy owed to the college, and

(d) pays the fee specified in Schedule "D".

(7) A student pharmacist must not delegate any aspect of practice.

(8) A student registrant may use only the title "pharmacist (student)" and must not use any abbreviations.

Pharmacy Technician Registration

47. (1) For the purposes of section 20(2) of the *Act,* the requirements for pharmacy technician registration are

(a) graduation with a diploma or certificate from a pharmacy technician education program recognized by the board for the purpose of pharmacy technician registration and specified in Schedule "C",

(b) successful completion of the jurisprudence examination required by the registration committee,

(c) successful completion of an English language proficiency examination acceptable to the registration committee, if the person has not graduated from a pharmacy technician education program in Canada accredited by the Canadian Council for Accreditation of Pharmacy Programs.

(d) successful completion of the structured practical training required by the registration committee, if any,

(e) successful completion of the Pharmacy Examining Board of

Canada Evaluating Examination, if the person has not graduated from a pharmacy technician education program in Canada accredited by the Canadian Council for Accreditation of Pharmacy Programs.

(f) successful completion of the Pharmacy Examining Board of Canada Pharmacy Technician Qualifying Examination – Part I and Part II,

(g) evidence satisfactory to the registration committee that the person is of good character and fit to engage in practice as a pharmacy technician, and

(h) receipt by the registrar of

(i) a signed application for registration in Form 7,

(ii) the application fee specified in Schedule "D",

(iii) a notarized copy, or other evidence satisfactory to the registration committee, of the person's diploma, certificate or equivalent qualification, and that he or she is the person named therein,

(iv) a statutory declaration in Form 5,

(v) if applicable, the fee for the jurisprudence examination specified in Schedule "D",

(vi) a criminal record check authorization in the form required by the *Criminal Records Review Act*,

(vii) if the person has practised as a pharmacy technician or in another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,

(viii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to practise as a pharmacy technician or in another health profession,

(ix) a certified passport size photograph of the person taken within one year prior to the date of application,

(x) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada, and

(xi) proof of professional liability insurance as required under

section 81.

(1.1) If an applicant for registration does not complete the requirements for full registration in subsection (1) within 12 months from the date of application, the applicant must provide

(a) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of full registration, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession, and

(b) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada.

(2) Despite subsection (1), the person may be granted pharmacy technician registration if he or she

(a) is registered in another Canadian jurisdiction as the equivalent of a pharmacy technician and has provided evidence, satisfactory to the registration committee, of such authorization and that he or she is the person named therein, and

(b) meets the requirements established in subsection (1)(g) and (h)(i) to (iv) and (vi) to (xi).

(3) Despite subsection (1), the registration committee has discretion, in satisfying itself under section 20 of the *Act* that the person meets the conditions or requirements for registration as a pharmacy technician member of the college, to consider whether the person's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (1)(a), and to grant full pharmacy technician registration on that basis, if the person also meets the requirements established in subsection (1)(b) to (h).

(4) Despite subsection (1), the person may be granted pharmacy technician registration if he or she

(a) applies on or before December 31, 2015,

(b) has worked for at least 2000 hours as the equivalent of a pharmacy assistant in the 3 year period immediately preceding the date of application,

(c) has

(i) successfully completed the Pharmacy Examining Board of Canada Evaluating Examination, or

(ii) been certified as the equivalent of a pharmacy technician in

the Province of Ontario or Province of Alberta prior to January 1, 2009, or in another jurisdiction recognized by the registration committee, or

(iii) successfully completed an accredited pharmacist degree program in Canada or in the continental United States,

(d) has successfully completed the pharmacy technician bridging programs, and

(e) meets the requirements in subsection (1)(b) to (d) and (f) to (h).

(5) A pharmacy technician must not

(a) perform a restricted activity under section 4(1)(a) or (c.1) of the Regulation,

(b) act under section 25.92 of the *Act,* or

(c) be appointed as a pharmacy manager.

(6) A pharmacy technician may use only the title "pharmacy technician" and may use only the abbreviation "R.Ph.T.".

Non-Practising Registration

48. (1) A full pharmacist or pharmacy technician may be granted non-practising registration if the registrar has received

(a) a signed application for non-practising registration in Form 8,

(b) the registration fee specified in Schedule "D",

(c) a statutory declaration in Form 5, and

(d) a criminal record check authorization in the form required under the *Criminal Records Review Act*.

(2) A non-practising registrant must not provide pharmacy services in British Columbia.

(3) A non-practising registrant who was formerly a full pharmacist may use only the title "pharmacist (non-practising)" and must not use any abbreviations.

(4) A non-practising registrant who was formerly a pharmacy technician may use only the title "pharmacy technician (non-practising)" or "technician (non-practising)" and must not use any abbreviations.

Certificate of Registration and Registration Card

49. (1) The registrar must issue a certificate in Form 9 to a person who is granted full pharmacist or pharmacy technician registration.

(2) A registration card must be issued to a person who is granted

registration, and is valid from the date issued until the date shown on the card.

Examinations

50. (1) An applicant who fails a required examination under this Part, may write the examination again to a maximum of 4 times except where the Pharmacy Examining Board of Canada for its examinations, determines otherwise.

(2) If an invigilator has reason to believe that an applicant has engaged in improper conduct during the course of an examination, the invigilator must make a report to the registration committee, and may recommend that the registration committee take one or more of the following courses of action:

(a) fail the applicant;

(b) pass the applicant;

(c) require the applicant to rewrite the examination;

(d) disqualify the applicant from participating in any examination for a period of time.

(3) After considering a report made under subsection (2), the registration committee may take one or more of the courses of action specified in subsection (2).

(4) An applicant disqualified under subsection 2(d) must be provided with written reasons for disqualification.

Registration Renewal

51. (1) To be eligible for a renewal of registration, a registrant must

(a) provide the registrar with a completed Form 10,

(b) pay the registration renewal fee specified in Schedule “D”,

(c) pay any other outstanding fine, fee, debt or levy owed to the college,

(d) attest that he or she is in compliance with the *Act*, the regulations, and these bylaws, and is in compliance with any limits or conditions imposed on his or her practice under the *Act*,

(e) meet all applicable requirements of the quality assurance program under Part V,

(f) if certified under section 43, meet all applicable requirements of section 43(4),

(g) provide proof of professional liability insurance as required

under section 81, and

(h) provide an authorization for a criminal record check in the form required under the *Criminal Records Review Act*, if the college does not have a valid authorization on file.

(2) Form 10 must be delivered to each registrant no later than 30 days before the registration renewal date and must describe the consequences of late payment and non-payment of fees.

(3) Each registrant must submit the monies required under subsection (1) and a completed Form 10 to the college on or before the registration expiry date.

(4) On receipt of the monies required under subsection (1) and a completed Form 10, the registrar must issue a receipt stating that the registrant is, subject to his or her compliance with the *Act*, the regulations, and the bylaws, entitled to practice the profession of pharmacy or practise as a pharmacy technician, as applicable, in the Province of British Columbia as a member of the college.

(5) If a registrant fails to submit the monies required under subsection (1) and a completed Form 10 on or before the registration expiry date, he or she ceases to be registered.

(6) In this section, ”registrant” does not include a student pharmacist.

Reinstatement

52. (1) The registration of a former registrant or a non-practising registrant, whose registration is not suspended or cancelled under the *Act* and who has been out of practice for more than 90 days but less than 6 years must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant or non-practising registrant

(a) has met all the applicable requirements of the quality assurance program approved by the board, and

(b) has delivered to the registrar

(i) a signed application for reinstatement in Form 11,

(ii) a statutory declaration in Form 5,

(iii) an authorization for a criminal record check in the form required by the *Criminal Records Review Act*, and

(iv) the registration reinstatement fee and transfer fee, if applicable, specified in Schedule “D”.

(2) The registration of a former registrant or a non-practising registrant, whose registration is not suspended or cancelled under the *Act* and

who has been out of practice for 6 years or more must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant or non-practising registrant

(a) successfully completes the jurisprudence examination required by the registration committee,

(b) successfully completes the structured practical training required by the registration committee,

(c) successfully completes the Pharmacy Examining Board of Canada Qualifying Examination - Part II, and

(d) has delivered to the registrar

(i) a signed application for reinstatement in Form 11,

(ii) a statutory declaration in Form 5,

(iii) an authorization for a criminal record check in the form required by the *Criminal Records Review Act*, and

(iv) the registration reinstatement and transfer fee, if applicable specified in Schedule "D".

Reinstatement Following Late Registration Renewal

53. The registration of a former registrant who ceased to be registered under section 51(5) must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant

(a) applies for reinstatement in Form 11 not later than 90 days following the expiry of his or her registration,

(b) meets the requirements of section 52(1),

(c) is not in contravention of the *Act*, the regulations, or these bylaws, and

(d) pays the registration reinstatement and late registration renewal fees specified in Schedule "D".

Registration Information

54. (1) For the purposes of section 21(2)(f) of the *Act*, the registrar must enter and maintain on the register the most recent electronic mail address for each registrant.

(2) A registrant must notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

PART V – Quality Assurance

Quality Assurance Program

55. (1) In this Part, **"program"** means the quality assurance program established by the board in accordance with this section.

(2) The program consists of the following:

(a) continuing professional development;

(b) assessment of professional performance.

Continuing Professional Development

56. (1) Each full pharmacist and pharmacy technician must complete learning activities for the purpose of continuing professional development, in accordance with the policy approved by the board.

(2) Each full pharmacist and pharmacy technician must

(a) keep records in a form satisfactory to the quality assurance committee of the learning activities that the full pharmacist or pharmacy technician undertakes for the purpose of meeting the requirement established in subsection (1), and

(b) provide, on the request of and in accordance with the direction of the quality assurance committee, copies of the records referred to in paragraph (a).

(3) The quality assurance committee may conduct a review of the records provided under subsection 2(b).

Assessment of Professional Performance

56.1 (1) The quality assurance committee may require a full pharmacist or pharmacy technician to undergo an assessment of professional performance

(a) upon referral from the practice review committee under section 15.1(5), or

(b) if the quality assurance committee determines an assessment is appropriate in the circumstances upon a review of records conducted under section 56(3).

(2) For the purpose of an assessment under subsection (1) the quality assurance committee or an assessor appointed by the quality assurance committee may do one or more of the following:

(a) conduct an interview of the full pharmacist or pharmacy technician;

(b) assess the practice competency of the full pharmacist or pharmacy technician;

(c) require the full pharmacist or pharmacy technician to undergo any other type of assessment determined by the quality assurance committee to be appropriate in the circumstances.

PART VI – Inquiries and Discipline
Consent Orders

57. The record of an undertaking or consent given under section 36 of the *Act*, a consent order under section 37.1 of the *Act*, or an agreement under section 32.2(4)(b) or 32.3(3)(b) of the *Act*, must

(a) include any consent to a reprimand or to any other action made by the registrant under section 32.2(4)(b), 32.3(3)(b), 36 or 37.1 of the *Act*,

(b) include any undertaking made by the registrant under section 36 of the *Act*,

(c) specify the length of time that an undertaking specified in paragraph (b) is binding on the registrant,

(d) specify the procedure that the registrant may follow to be released from an undertaking specified in paragraph (b), and

(e) subject to sections 22 and 39.3 of the *Act* and sections 39(1) and 60(1), specify which limits or conditions of the undertaking, consent order or agreement may be published, disclosed to the public, or both.

Notice of Disciplinary Committee Action Under Section 39.1 of *Act*

57.1 The discipline committee must deliver notice to a registrant not fewer than 14 days before making an order under section 39.1 of the *Act* in respect of the registrant.

Citation for Disciplinary Hearing

58. (1) On the direction of a panel of the discipline committee, the registrar may join one or more complaints or other matters which are to be the subject of a discipline hearing in one citation as appropriate in the circumstances.

(2) On the direction of a panel of the discipline committee, the registrar may sever one or more complaints or other matters which are to be the subject of a discipline hearing as appropriate in the circumstances.

(3) On the direction of a panel of the discipline committee, the registrar may amend a citation issued under section 37 of the *Act*.

(4) If a citation is amended under subsection (3) prior to a discipline hearing, the amended citation must be delivered to the respondent by personal service or sent by registered mail to the respondent at the

last address for the respondent recorded in the register not fewer than 14 days before the date of the hearing.

(5) If a citation is amended under subsection (3) prior to a discipline hearing, and the amended citation changes the date, time or place of the hearing, the registrar must notify any complainant of the amendment not fewer than 14 days before the date of the hearing.

Hearings of Discipline Committee

59. (1) No person may sit on the discipline committee while he or she is a member of the inquiry committee.

(2) No member of the discipline committee may sit on the panel hearing a matter in which he or she:

(a) was involved as a member of the inquiry committee, or

(b) has had any prior involvement.

(3) Information about the date, time and subject matter of the hearing must be provided to any person on request.

(4) The discipline committee must provide notice by registered mail or by personal service to a person who is required to attend a hearing under section 38(6) of the *Act* in Form 12.

(5) All discipline hearings must be recorded and any person may obtain, at his or her expense, a transcript of any part of the hearing which he or she was entitled to attend.

Notice of Disciplinary Decision

60. (1) In addition to any notification required under section 39.3 of the *Act* with respect to any of the actions referred to in section 39.3(1)(a) to (e) of the *Act*, the registrar

(a) must notify all registrants,

(b) must notify the regulatory bodies governing the practice of pharmacy or the services of pharmacy technicians in every other Canadian jurisdiction, and

(c) may notify any other governing body of a health profession inside or outside of Canada.

(2) Notification provided to all registrants under subsection (1)(a)

(a) must include all information included in the public notification under section 39.3 of the *Act*, and

(b) unless otherwise directed by the inquiry committee or the discipline committee, as the case may be, must exclude any information withheld from the public notification under section

39.3(3) or (4) of the *Act*.

(3) Unless otherwise directed by the inquiry committee or the discipline committee, as the case may be, notification provided to other regulatory or governing bodies under subsection (1)(b) or (c) may include information that has been withheld from the public notification under section 39.3(3) or (4) of the *Act*.

Retention of Discipline Committee and Inquiry Committee Records

61. Records of the inquiry committee and discipline committee must be retained permanently.

Registrant Under Suspension

62. (1) If the registration of a registrant is suspended, the registrant must

(a) not engage in the practice of pharmacy or provide the services of a pharmacy technician,

(b) not hold himself or herself out as a registrant,

(c) not hold office in the college,

(d) not be a manager,

(e) not make appointments for patients or prospective patients,

(f) remove the registrant's name and any sign relating to the registrant's practice from any premises where the registrant practiced pharmacy or provided the services of a pharmacy technician and any building in which any such premises are located,

(g) not contact or communicate with patients or prospective patients, except for the following purposes:

(i) to advise a patient or a prospective patient of the fact and duration of the suspension, and

(ii) to advise a patient or prospective patient that another registrant will continue to act or provide services in the suspended registrant's place, or

(iii) to refer a patient or prospective patient to another registrant, who is in good standing.

(h) pay any fee required by the college when due in order to remain a registrant and any other outstanding fine, fee, debt or levy owed to the college, and

(i) immediately surrender his or her registration card to the registrar.

(2) No registrant or former registrant is entitled to any refund of any fine, fee, debt or levy paid to the college solely on the basis that it was paid during or in relation to a period of suspension from practice.

(3) During the period of suspension,

(a) a suspended full pharmacist may permit another full pharmacist in good standing to practice pharmacy, and

(b) a suspended pharmacy technician may permit a full pharmacist or another pharmacy technician, in good standing, to provide pharmacy services,

in the premises where the full pharmacist or pharmacy technician formerly practiced pharmacy or provided pharmacy services, as applicable.

Fines

63. The maximum amount of a fine that may be ordered by the discipline committee under section 39(2)(f) of the *Act* is $100,000.

PART VII –Registrant Records
Definitions

64. In this Part, **"patient's representative"** means

(a) a "committee of the patient" under the *Patient's Property Act*,

(b) the parent or guardian of a patient who is under 19 years of age,

(c) a representative authorized by a representation agreement under the *Representation Agreement Act* to make or help in making decisions on behalf of a patient,

(d) a decision maker or guardian appointed under section 10 of the *Adult Guardianship Act*, or

(e) a temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*.

Purpose for which Personal Information may be Collected

65. No registrant may collect personal information regarding a patient without the patient's consent unless

(a) the information relates directly to and is necessary for providing health care services to the patient or for related administrative purposes, or

(b) the collection of that information is expressly authorized by or under an enactment.

Source of Personal Information

66. (1) A registrant must collect personal information about a patient directly from the patient, unless the patient otherwise consents.

(2) Despite subsection (1), a registrant may collect personal information about a patient from another person if he or she has reasonable grounds to believe

(a) that the patient has been made aware of the matters set out in section 67(1) and has authorized collection of the personal information from another person,

(b) that the patient is unable to give his or her authority and the registrant, having made the patient's representative aware of the matters set out in section 67(1), collects the information from the representative or the representative authorizes collection from another person,

(c) that compliance with subsection (1) would:

(i) prejudice the best interests of the patient,

(ii) defeat the purpose or prejudice the use for which the information is collected, or

(iii) prejudice the safety of any person,

(d) that compliance with subsection (1) is not reasonably practicable in the circumstances of the particular case,

(e) that the collection is for the purpose of assembling a family or genetic history of a person and is collected directly from that person,

(f) that the information is publicly available,

(g) that the information:

(i) will not be used in a form in which the patient concerned is identified, or

(ii) will be used for statistical or research purposes and will not be published in a form that could reasonably be expected to identify the patient.

(h) that non-compliance with subsection (1) is necessary if the information is about law enforcement or anything referred to in sections 15(1) or (2) of the *Freedom of Information and Protection of Privacy Act*.

Collection of Personal Information

67. (1) If a registrant collects personal information directly from a patient, or from a patient's representative, the registrant must take such steps as

are, in the circumstances, reasonable to ensure that the patient or patient's representative is aware of

(a) the fact that the personal information is being collected,

(b) the purpose for which the personal information is being collected,

(c) the intended recipients of the personal information,

(d) whether or not the supply of the personal information is voluntary or mandatory and, if mandatory, the legal authority for collecting the personal information,

(e) the consequences, if any, for that patient if all or any part of the requested personal information is not provided, and

(f) the rights of access to personal information provided in section 80.

(2) The steps referred to in subsection (1) must be taken before the personal information is collected or, if that is not practicable, as soon as practicable after the personal information is collected.

(3) A registrant is not required to take the steps referred to in subsection (1) in relation to the collection of personal information from a patient, or the patient's representative, if the registrant has taken those steps in relation to the collection, from the patient or patient's representative, of the same information or information of the same kind for the same or a related purpose, on a recent previous occasion.

(4) Despite subsection (1), a registrant is not required to comply with subsection (1) if the registrant believes on reasonable grounds

(a) that non-compliance is authorized by the patient concerned,

(b) that compliance would:

(i) prejudice the interests of the patient concerned, or

(ii) defeat the purpose or prejudice the use for which the information is collected,

(c) that compliance is not reasonably practicable in the circumstances of the particular case, or

(d) that the information is about law enforcement or anything referred to in sections 15(1) or (2) of the *Freedom of Information and Protection of Privacy Act*.

Manner of Collection of Personal Information

68. Personal information must not be collected by a registrant

(a) by unlawful means, or

(b) by means that in the circumstances intrude to an unreasonable extent upon the personal affairs of the patient concerned.

Accuracy of Personal Information

69. The registrant must make every reasonable effort to ensure that personal information collected about patients is current and is legibly, accurately and completely recorded.

Right to Request Correction of Personal Information

70. (1) A person who believes there is an error or omission in a record containing his or her personal information may request that the registrant having the record in his or her custody or control correct the information.

(2) If, after receiving a request for correction under subsection (1), the registrant disagrees that there is an error or omission in the record, the registrant must note the request in the record with particulars of the correction that was sought.

Use of Personal Information

71. A registrant may use personal information about a patient only

(a) for the purpose of providing health care services to, or performing health, care services for, the patient, or for a related administrative purpose, or

(b) for a use or disclosure consistent with a purpose specified in paragraph (a)

(i) if the patient has consented to the use, or

(ii) for a purpose for which that information may be disclosed by the registrant under section 72 or otherwise under the *Act*.

Disclosure of Personal Information

72. A registrant must maintain confidentiality of personal information about a patient, and may disclose personal information about a patient only

(a) if the patient concerned has consented to the disclosure,

(b) for the purpose of providing health care services to, or performing health care services for, the patient, or for a related administrative purpose, or for a disclosure consistent with either purpose,

(c) for the purpose of complying with an enactment of, or an

arrangement or agreement made under an enactment of, British Columbia or Canada,

(d) for the purpose of complying with a subpoena, warrant or order issued or made by a court, person or body with jurisdiction to compel the production of information,

(e) to an employee of, or contractor providing services to, the registrant, if the information is necessary for the performance of the duties of, or for the protection of the health or safety of, the employee or contractor,

(f) to a lawyer acting for the registrant, for use in civil or criminal proceedings involving the registrant,

(g) if necessary to comply with the *Coroners Act*,

(h) if necessary to comply with the *Ombudsman Act*,

(i) for the purposes of

(i) collecting a debt or fine owing by a patient to the registrant, or

(ii) making a payment owing by the patient to a registrant,

(j) to an auditor, the college or any other person or body authorized by law, for audit purposes,

(k) if the registrant believes on reasonable grounds that there is a risk of significant harm to the health or safety of any person and that the use or disclosure of the information would reduce that risk,

(l) so that the next of kin or a friend of an injured, ill or deceased individual may be contacted,

(m) in accordance with the *Act*, the regulation, or these bylaws, or

(n) as otherwise required by law.

Definition of Consistent Purpose

73. A use or disclosure of personal information is consistent with the purposes of providing health care services to a patient or related administrative purposes under sections 71 and 72 if the use or disclosure has a reasonable and direct connection to either purpose.

Storage of Personal Information

74. A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored

(a) at the pharmacy, or

(b) off site.

Manner of Disposal of Records

75. A registrant must ensure that records referred to in section 74 are disposed of only by

(a) transferring the record to another registrant, or

(b) effectively destroying a physical record by utilizing a shredder or by complete burning, or

(c) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the information cannot be reconstructed.

Registrant Ceasing to Practice

76. (1) Except where records must be retained for the purpose of Part 3 of the *Act* and Part 3 of the *Pharmacy Operations and Drug Scheduling* Act, in any case where a pharmacy is closed or a registrant ceases to practise, for any reason, the records referred to in section 74 must be transferred in accordance with this Part, and the college must be notified and provided with a written summary of the steps taken to transfer those records.

(2) A registrant must make appropriate arrangements to ensure that, in the event that the registrant dies or becomes unable to practise for any reason and is unable to dispose of records referred to in section 74 those records will be safely and securely transferred to another registrant.

(3) A registrant who transfers records containing personal information about a patient transferred in accordance with subsection (1) or (2) must notify the patient.

Protection of Personal Information

77. (1) A registrant must protect personal information about patients by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal.

(2) A registrant must take reasonable measures to ensure that a third party, including a volunteer, employee or contractor of the registrant, or a limited pharmacist does not access, collect, use, disclose, store or dispose of personal information about patients except in accordance with this Part.

Contracts for Handling Personal Information

78. A registrant must ensure that, if personal information about patients is transferred to any person or service organization for processing, storage or disposal, a contract is made with that person which

includes an undertaking by the recipient that confidentiality and physical security will be maintained.

Remedying a Breach of Security

79. A registrant must take appropriate measures to remedy any unauthorized access, use, disclosure or disposal of personal information about patients under this Part as soon as possible after the breach is discovered, including

(a) taking steps to recover the personal information or to ensure its disposal if it cannot be recovered,

(b) taking steps to ensure that any remaining personal information is secured,

(c) notifying

(i) anyone affected by the unauthorized access including patients and other health care providers,

(ii) the college, and

(iii) law enforcement officials, if criminal action may have contributed to the unauthorized action, and

(d) modifying existing security arrangements to prevent a re-occurrence of the unauthorized access.

Patient Access to Personal Information

80. (1) For the purposes of this section, **"**access to" means the opportunity to examine or make copies of the original record containing personal information about a patient.

(2) If a patient or a patient's representative makes a request for access to personal information about the patient, the registrant must comply as soon as practical but not more than 45 days following the request by

(a) providing access to the patient or patient's representative,

(b) providing access to the remainder of the personal information if that information excepted from disclosure under subsection (3) can reasonably be severed, or

(c) providing written reasons for the refusal of access to the personal information or to any portion thereof.

(3) The registrant may refuse to disclose personal information to a patient or a patient's representative

(a) if there is a significant likelihood of a substantial adverse effect on the physical, mental or emotional health of the patient,

(b) if there is a significant likelihood of harm to a third party, or

(c) if the disclosure could reasonably be expected to disclose personal information regarding another individual.

(4) If a patient or a patient's representative requests a copy of an original record containing personal information about the patient to which a registrant has given the patient or patient's representative access, a copy must be provided if it can reasonably be reproduced.

(5) A registrant may charge a reasonable fee for the reproduction of personal information which does not exceed the fee specified in Schedule "G".

(6) Subject to subsection (3), a patient under 19 years of age may have access to a record if, in the opinion of the registrant, the patient is capable of understanding the subject matter of the record.

(7) Except if authorized by the patient, a registrant must not provide access to the records of a patient who is under 19 years of age to the guardian or parent of the patient if the subject matter of the record is health care which was provided without the consent of a parent or guardian in accordance with the requirements of section 17 of the *Infants Act.*

Part VIII – General
Liability Insurance

81. (1) Each registrant, other than a student registrant or a non-practising registrant, must obtain and at all times maintain professional liability insurance coverage with a limit of liability not less than $2,000,000 insuring against liability arising from an error, omission or negligent act of the registrant.

(2) Each registrant, other than a student registrant or a non-practising registrant, must obtain and at all times maintain professional liability insurance coverage with a limit of liability not less than $2,000,000 insuring against liability arising from an error, omission or negligent act of an employee of the registrant.

Part IX – Marketing and Advertising

Definitions

82. In this Part:

"advertisement" means the use of space or time in a public medium, or the use of a commercial publication such as a brochure or handbill, to communicate with the general public, or a segment thereof, for the purpose of promoting professional services or enhancing the image of the advertiser;

"marketing" includes

(a) an advertisement,

(b) any publication or communication in any medium with any patient, prospective patient or the public generally in the nature of an advertisement, promotional activity or material, a listing in a directory, a public appearance or any other means by which professional services are promoted, and

(c) contact with a prospective client initiated by or under the direction of a registrant.

Marketing and Advertising

83. (1) When advertising pharmacy services that are required by legislation, the statement, “Required in all British Columbia Pharmacies”, must accompany the advertising and must be of the same size and prominence as all other print in the advertising.

(2) Schedule I drug price advertising must include

(a) the proprietary (brand) name, if any, for the drug and/or the device,

(b) the drug product’s generic name and the manufacturer’s name,

(c) the dosage form and strength,

(d) total price for a specific number of dosage units or quantity of the drug product, and

(e) the phrase “only available by prescription”.

(3) Where Schedule I drug price advertising includes direct or indirect reference to a professional fee charged, the total prescription price must also be incorporated into the advertisement, and both figures must be featured equally.

(4) Schedule I drug price advertising must not include any reference to the safety, effectiveness or indications for use of the advertised prescription drug products or compare the fees charged by the registrant with those charged by another registrant.

(5) Any marketing undertaken or authorized by a registrant in respect of his or her professional services must not be

(a) false,

(b) inaccurate,

(c) reasonably expected to mislead the public, or

(d) unverifiable.

(6) Marketing violates subsection (5) if it

(a) is calculated or likely to take advantage of the weakened state, either physical, mental or emotional, of the recipient or intended recipient,

(b) is likely to create in the mind of the recipient or intended recipient an unjustified expectation about the results which the registrant can achieve,

(c) implies that the registrant can obtain results

(i) not achievable by other registrants,

(ii) by improperly influencing a public body or official, or any corporation, agency or person having any interest in the welfare of the recipient,

(iii) by any other improper means, or

(d) compares the quality of services provided with those provided by another registrant, or a person authorized to provide health care services under another enactment, or another health profession.

(7) The home page of any pharmacy that advertises on a website must clearly show

(a) that the pharmacy is licensed in British Columbia,

(b) the contact information for the college,

(c) a notice to patients that pharmacy practice issues may be reported to the college,

(d) the physical location of the pharmacy operation,

(e) the 10 digit pharmacy telephone number, and

(f) the name of the pharmacy's manager.

Part X – Patient Relations
Patient Relations Program

84. (1) The board must establish a patient relations program to seek to prevent professional misconduct, including professional misconduct of a sexual nature.

(2) For the purposes of the patient relations program, the board must

(a) establish and maintain procedures by which the college deals with complaints of professional misconduct of a sexual nature,

(b) monitor and periodically evaluate the operation of procedures established under subsection (a), and

(c) develop guidelines for the conduct of registrants with their patients.

(3) The registrar must provide information to the public regarding the college's complaint, investigation, and discipline processes.

(4) In this section, "**professional misconduct of a sexual nature**" means

(a) sexual intercourse or other forms of physical sexual relations between the registrant and the patient,

(b) touching of a sexual nature, of the patient by the registrant, or

(c) behavior or remarks of a sexual nature by the registrant towards the patient,

but does not include touching, behavior and remarks by the registrant towards the patient that are of a clinical nature appropriate to the service being provided.

Part XI – Standards of Practice

Community Pharmacy, Hospital Pharmacy, Residential Care Facilities and Homes

85. Standards, limits, and conditions for the practice of the health profession of pharmacy and the provision of pharmacy technician services by registrants, referred to in section 19(1)(k) of the *Act* are established in Parts 1 to 3 of Schedule "F".

Drug Administration

86. Standards, limits, and conditions respecting practising pharmacists and drug administration, referred to in section 19(1)(k) of the *Act*, are established in Part 4 of Schedule "F".

Part XII – Standards of Professional Ethics
Code of Ethics

87. Standards of professional ethics for registrants, including standards for the avoidance of conflicts of interest, referred to in section 19(1)(l) of the *Act,* are established in Schedule "A".

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY

Community

APPLICANT INFORMATION

☐ Corporation ☐ Sole proprietor / Partnership

Cert. of Incorporation # _____ Incorporation Date _____

Company name _____

Address _____ Tel _____

_____ Fax _____

_____ _____ Email _____

Postal code

*Director **	*Pharmacist*	*Director **	*Pharmacist*
_____	☐	_____	☐
_____	☐	_____	☐

* Majority must be BC registered pharmacists

PROPOSED PHARMACY INFORMATION

Operating name _____

Address _____ Tel _____

_____ Fax _____

_____ _____ Manager _____

Postal code

Contact [+] _____

Opening date _____ Tel [+] _____

Software Vendor _____ Fax [+] _____

[+] *Only if manager not available before opening*

I attest that:

☐ The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

☐ I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

☐ I will maintain a valid business licence for the duration of the pharmacy licence.

_____ _____

Name (please print) Signature

_____ _____

Position Date

College of Pharmacists of British Columbia

~~APPLICATION FOR NEW PHARMACY~~

~~Community~~

~~APPLICATION REQUIREMENT CHECKLIST~~

~~Application must be received by the College Office at least 10 weeks prior to the proposed opening date.~~

~~The following must be submitted together with this application:~~

- ☐ ~~Diagram detailing the layout (see diagram requirement checklist below)~~
- ☐ ~~Copy of the Certificate of Incorporation~~
- ☐ ~~Copy of the certified Incorporation Application~~
- ☐ ~~Copy of the certified Notice of Articles~~

~~The following must be submitted at least 2 weeks prior to opening:~~

- ☐ ~~Acknowledgement of Completion of Confidentiality Form~~
- ☐ ~~Copy of valid business licence~~

~~DIAGRAM REQUIREMENT CHECKLIST~~

~~The following information must be included on the diagram:~~

~~scale: ½ inch = 1 foot~~

- ☐ ~~Dispensary area size – minimum 15 m^2 (160 sq ft)~~
- ☐ ~~Dispensary area counters – minimum 3 m^2 (30 sq ft)~~
- ☐ ~~Storeroom space – minimum 4 m^2 (40 sq ft) of shelf space~~
- ☐ ~~Description of the front counter and shelf height~~
- ☐ ~~Location of the double stainless steel sink~~
- ☐ ~~Location of the refrigerator~~
- ☐ ~~Location and type of consultation area (semi-private or private)~~
- ☐ ~~Drug storage cabinet and/or safe~~
- ☐ ~~Type of security system~~
- ☐ ~~Location of Professional Service Area or Schedule 2 items, if applicable~~
- ☐ ~~Location of Professional Product Area or Schedule 3 items – visible and up to 7.6 m (25 ft) from dispensary, if applicable~~
- ☐ ~~Location of "Medication Information" sign, if applicable~~

~~The following information must be provided:~~

- ☐ ~~Description of how the professional service area is made visually distinctive or indicate location of Pharmacy signs:~~

_____

_____

- ☐ ~~Description of the method used to make the dispensary inaccessible to the public~~

_____

College of Pharmacists of British Columbia

~~APPLICATION FOR NEW PHARMACY~~

~~Community~~

PAYMENT OPTION

~~Pharmacy Name~~ _____

☐ ~~Cheque/Money order *(payable to College of Pharmacists of BC)*~~ ☐ ~~VISA~~ ☐ ~~MasterCard~~

~~Card #~~ _____ ~~Exp~~ _____ / _____

~~Cardholder name~~ _____

~~Cardholder signature~~ _____

Application fee	~~$525.00~~ 550.00
Initial licence fee	~~2001.00~~ 2250.00
GST	~~126.30~~ 140.00
Total	**~~$2652.30~~ 2940.00**
	GST # R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY LICENCE
Community

Form 1A

1. PHARMACY INFORMATION

Proposed Operating Name		**Proposed Opening Date** MMM | DD | YYYY	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Mailing Address (if different from above)	**City**	**Province**	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Website		**Software Vendor (for dispensing)**	
Manager Name		**Registration Number (BC)**	

2. OWNERSHIP INFORMATION

Type of Ownership

☐ *Sole Proprietorship (Single pharmacist, unincorporated)* –

a) Pharmacist's legal name: (First name) _____ (Last name) _____ Registration number (BC): _____

b) Registered business name (if applicable): _____

☐ *Partnership of Pharmacists (≥2 pharmacists, unincorporated)* – Total number of partners: _____

a) Each pharmacist's full legal name and registration number (BC): _____

_____

b) Registered business name (if applicable): _____

☐ *Corporation* – BC Incorporation Number: _____ Incorporation Date: _____

"Name of Company" on *Notice of Articles/BC Company Summary*: _____

a) Is your corporation publicly traded or not? Select one below:

☐ Publicly Traded – Total number of: ☐ Directors: _____ ☐ Officers: _____

☐ Not Publicly Traded – Total number of: ☐ Directors: _____ ☐ Officers: _____ ☐ Shareholders: _____

b) Is the corporation named above a **subsidiary corporation**? ☐ Yes – complete (c) below ☐ No – go to section 3

c) Is the parent corporation **publicly traded?** ☐ Yes – go to section 3 ☐ No – complete (d) below

d) Parent corporation - Incorporation Number: _____ Incorporation Date: _____

Name of company/corporation as provided in incorporation document(s): _____

Total number of: ☐ Directors: _____ ☐ Officers: _____ ☐ Shareholders: _____

☐ *Health Authority/Organization* – Select one: ☐ FHA ☐ IHA ☐ NHA ☐ VCH ☐ VIHA ☐ PHSA ☐ FNHA ☐ PHC

☐ *Other* – Specify: _____

tel 604.733.2440 800.663.1940 *fax* 604.733.2493 800.377.8129 200 / 1765 WEST 8TH AVE VANCOUVER BC V6J 5C6 BCPHARMACISTS.ORG

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY LICENCE
Community

Form 1A

3. PRIMARY CONTACT PERSON

Name	Position/Title	
Email Address	Phone Number	Fax Number

4. APPLICANT (DIRECT OWNER) INFORMATION

Mailing Address of Direct Owner ☐ Check this box if lawyer/accountant's address	City	Province	Postal Code
Email Address	Phone Number	Fax Number	
Name of Authorized Representative	Position/Title of Authorized Representative		
Signature	Sign Date MMM | DD | YYYY		

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College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY LICENCE
Community

Form 1A

5. PAYMENT INFORMATION

Proposed Operating Name
(Auto-populate)

Method of Payment: ☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card Number	**Expiry Date (MM/YY)**
Cardholder Name	
Cardholder Signature	

Application fee	$550.00
Initial licence fee	$2,250.00
GST	$140.00
Total	**$2,940.00**
GST #	R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____

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College of Pharmacists of British Columbia

Form 1BC

APPLICATION FOR NEW PHARMACY
Hospital

APPLICANT INFORMATION

☐ Corporation _____

Cert. of Incorporation # _____ Incorporation Date _____

Hospital name _____

Address _____ Tel _____

_____ Fax _____

_____ _____ Email _____

Postal code

*Director **	*Pharmacist*	*Director **	*Pharmacist*
_____	☐ _____		☐ _____
_____	☐ _____		☐ _____

* Majority must be BC registered pharmacists

PROPOSED PHARMACY INFORMATION

Operating name _____

Address _____ Tel _____

_____ Fax _____

_____ _____ Manager _____

Postal code

Contact [+] _____

Opening date _____ Tel [+] _____

Software Vendor _____ Fax [+] _____

[+] *Only if manager not available before opening*

I attest that:

☐ The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

☐ I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

_____ _____

Name (please print) Signature

_____ _____

Position Date

College of Pharmacists of British Columbia

APPLICATION REQUIREMENT CHECKLIST
APPLICATION FOR NEW PHARMACY
Hospital

Application must be received by the College Office at least 8 weeks prior to the proposed opening date.

The following must be submitted together with this application:

- ☐ Diagram detailing the layout (see diagram requirement checklist below)
- ☐ Copy of the Certificate of Incorporation
- ☐ Copy of the certified Incorporation Application
- ☐ Copy of the certified Notice of Articles

The following must be submitted at least 2 weeks prior to opening:

- ☐ Acknowledgement of Completion of Confidentiality Form

DIAGRAM REQUIREMENT CHECKLIST

The following information must be included on the diagram:

scale: ¼ inch = 1 foot

- ☐ Dispensary area size - minimum 15 m^2 (160 sq ft)
- ☐ Dispensary area counters - minimum 3 m^2 (30 sq ft)
- ☐ Storeroom space – minimum 4 m^2 (40 sq ft) of shelf space
- ☐ Description of the front counter and shelf height
- ☐ Location of the double stainless steel sink
- ☐ Location of the refrigerator
- ☐ Location and type of consultation area (semi-private or private)
- ☐ Drug storage cabinet and/or safe
- ☐ Type of security system
- ☐ Location of Professional Service Area or Schedule 2 items, if applicable
- ☐ Location of Professional Product Area or Schedule 3 items - visible and up to 7.6 m (25 ft) from dispensary, if applicable
- ☐ Location of "Medication Information" sign, if applicable

The following information must be provided:

- ☐ Description of how the professional service area is made visually distinctive or indicate location of Pharmacy signs:

  _____

  _____

- ☐ Description of the method used to make the dispensary inaccessible to the public

  _____

College of Pharmacists of British Columbia

~~APPLICATION FOR NEW PHARMACY~~

~~Hospital~~

~~PAYMENT OPTION~~

~~Pharmacy Name~~ _____

☐ ~~Cheque/Money order *(payable to College of Pharmacists of BC)*~~ ☐ ~~VISA~~ ☐ ~~MasterCard~~

~~Card #~~ _____ ~~Exp~~ ~~_____~~ ~~/~~

~~Cardholder name~~ _____

~~Cardholder signature~~ _____

Application fee	~~$525.00~~ 550.00
Initial licence fee	~~2001.00~~ 2250.00
GST	~~126.30~~ 140.00
Total	**~~$2652.30~~ 2940.00**
	GST # R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY LICENCE
Hospital

Form 1C

1. PHARMACY INFORMATION

Proposed Operating Name		**Proposed Opening Date** MMM | DD | YYYY	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Mailing Address (if different from above)	**City**	**Province**	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	

Software Vendor (for PharmaNet connection)

PharmaNet Connection Required

☐ Inpatient (Read-only access to patient records with ability to update clinical information and adverse reactions)

☐ Outpatient (PharmaCare adjudication of prescriptions and update of patient records)

☐ Inpatient & Outpatient (Inpatient and outpatient dispensing using the same software)

Manager Name	**Registration Number (BC)**

2. PRIMARY CONTACT PERSON

Name	**Position/Title**	
Email Address	**Phone Number**	**Fax Number**

3. APPLICANT (DIRECT OWNER) INFORMATION

Hospital Name

Hospital Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	

Health Organization

☐ Fraser Health ☐ Interior Health ☐ Island Health ☐ Northern Health ☐ Vancouver Coastal Health

☐ Provincial Health Services Authority ☐ First Nations Health Authority ☐ Providence Healthcare ☐ Other: _____

Name of Authorized Representative	**Position/Title of Authorized Representative**
Signature	**Sign Date** MMM | DD | YYYY

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College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY LICENCE
Hospital

Form 1C

4. PAYMENT INFORMATION

Proposed Operating Name
(Auto-populate)

Method of Payment: ☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card Number	**Expiry Date (MM/YY)**
Cardholder Name	
Cardholder Signature	

Application fee	$550.00
Initial licence fee	$2,250.00
GST	$140.00
Total	**$2,940.00**
GST #	R106953920

For office use ONLY

iMIS ID: Finance stamp:

Lic initials:

Date to Finance:

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APPLICATION FOR HOSPITAL SATELLITE

APPLICANT INFORMATION

Company name _____

Central pharmacy _____

Pharmacy manager _____

Address _____ Tel _____

_____ Fax _____

_____ _____ Email _____

Postal Code

PROPOSED REMOTE SITE

Remote site address, including name of pharmacy _____ Tel _____

_____ Fax _____

_____ Email _____

_____ _____

Postal Code

Hours of operation for Satellite _____

_____

~~PAYMENT OPTION~~

~~☐ Cheque/Money order *(payable to College of Pharmacists of BC)*~~ ~~☐ VISA~~ ~~☐ MasterCard~~

~~Card #~~ _____ ~~Exp _____ / _____~~

~~Cardholder name~~ _____

~~Cardholder signature~~ _____

~~Initial licence fee~~	~~210.00~~
~~GST~~	~~10.50~~
~~**Total**~~	~~**$220.50**~~

~~GST # R106953920~~

I attest that:

- ☐ The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- ☐ I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

_____ _____
Name (please print) Signature

_____ _____
Position Date

The College collects the personal information on this application form to process the application and administer the College's related activities. The collection is authorized by the *Pharmacy Operations and Drug Scheduling Act*, *Health Professions Act*, and *Freedom of Information and Protection of Privacy Act*. Should you have any questions about the collection, please contact the College's Privacy Officer at 604-733-2440 or 1-800-663-1940 or privacy@bcpharmacists.org

APPLICATION FOR HOSPITAL SATELLITE

APPLICATION REQUIREMENT CHECKLIST

Application must be received by the College Office <u>at least 60 days</u> prior to the planned operation of the hospital satellite.

Application must be approved PRIOR to commencement of hospital satellite service.

The following must be submitted together with this application:

- Diagram detailing the layout of the telepharmacy services at the remote site
- Copy of the final Policy and Procedure Manual which outlines specific telepharmacy operations (see template on College website at www.bcpharmacists.org)

PharmaNet connection for both sites? ☐ Yes ☐ No

APPLICATION FOR HOSPITAL SATELLITE

PAYMENT OPTION

Pharmacy Name _____

☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Initial Licence fee	~~210.00~~ 300.00
GST	~~10.50~~ 15.00
Total	**~~$220.50~~ 315.00**
	GST # R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____

APPLICATION FOR NEW PHARMACY
Education Site

APPLICANT INFORMATION

☐ Corporation ☐ Sole proprietor/Partnership Cert. of Incorporation # _____

Company name _____ Incorporation date _____

Address _____ Tel _____

_____ Fax _____

_____ Email _____

_____ _____
Postal Code

PROPOSED PHARMACY INFORMATION

Institution name _____ Tel _____

Address _____ Fax _____

_____ Manager _____

_____ _____ Contact* _____
Postal Code

Opening date _____ Tel _____

Fax _____

*If manager is not available before opening

PAYMENT OPTION

☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card # _____ Exp _____/_____

Cardholder name _____

Cardholder signature _____

Initial licence fee	315.00
GST	15.75
Total	**$330.75**

GST # R106953920

I attest that:

- ☐ The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- ☐ I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

_____ _____
Name (please print) Signature

_____ _____
Position Date

The College collects the personal information on this application form to process the application and administer the College's related activities. The collection is authorized by the *Pharmacy Operations and Drug Scheduling Act*, *Health Professions Act*, and *Freedom of Information and Protection of Privacy Act*. Should you have any questions about the collection, please contact the College's Privacy Officer at 604-733-2440 or 1-800-663-1940 or privacy@bcpharmacists.org

APPLICATION FOR NEW PHARMACY
Education Site

PAYMENT OPTION

Pharmacy Name _____

☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Initial licence fee	315.00 550.00
GST	15.75 27.50
Total	**$330.75 577.50**

GST # R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY LICENCE

Pharmacy Education Site

Form 1F

1. EDUCATION SITE INFORMATION

Proposed Operating Name		**Proposed Opening Date** MMM | DD | YYYY	
Address	**City**	**Province** BC	**Postal Code**
Mailing Address (if different from above)	**City**	**Province**	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Manager Name		**Registration Number (BC)**	
Program Coordinator Name		**Registration Number (BC)**	

Program Offered

☐ CCAPP Accredited Pharmacy Program (Pharmacists) ☐ CCAPP Accredited Pharmacy Technician Program

2. PRIMARY CONTACT PERSON

Name	**Position/Title**	
Email Address	**Phone Number**	**Fax Number**

3. APPLICANT (DIRECT OWNER) INFORMATION

Type of Ownership

☐ Public Post-Secondary Education Institution ☐ Private Post-Secondary Education Institution

Institution Name			
Institution Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	

☐ I attest that this pharmacy education site 1) will not have controlled drug substances, 2) will be licensed solely for the purpose of pharmacy education, and 3) will not provide pharmacy services to any person.

Name of Authorized Representative	**Position/Title of Authorized Representative**
Signature	**Sign Date** MMM | DD | YYYY

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College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY LICENCE

Pharmacy Education Site

Form 1F

4. PAYMENT INFORMATION

Proposed Operating Name
(Auto-populate)

Method of Payment: ☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card Number	**Expiry Date (MM/YY)**
Cardholder Name	
Cardholder Signature	

Application fee	$0.00
Initial licence fee	$550.00
GST	$27.50
Total	**$577.50**
GST #	R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____

tel 604.733.2440 800.663.1940 fax 604.733.2493 800.377.8129 200 / 1765 WEST 8TH AVE VANCOUVER BC V6J 5C6 BCPHARMACISTS.ORG

College of Pharmacists of British Columbia

FORM 4 2A

Page 1

COMMUNITY PHARMACY LICENCE RENEWAL NOTICE

ID # -	
Pharmacare # -	
Current licence expires	

PHARMACY

Pharmacy Manager
Pharmacy
Address
City, Prov Postal Code

Tel: *
Fax: *
Email: *

* required information - please provide update

OWNER

Name of Owner
(Corporation or Sole Proprietor)

Corporate Director(s)

Has there been a change of directors? If yes, a copy of Notice of Articles / Notice of Directors must be provided.

STAFF REGISTRANTS

Confirm if the following are still employed at this pharmacy by checking one of the checkboxes

Current employee?	Name	Reg #	Status	Renewed To
☐ Yes ☐ No				
☐ Yes ☐ No				

Add registrants not listed above in the following table. Attach additional sheet if necessary

Name	Reg #	Full-time	Part-time	Casual

☐ I attest that:

- The Pharmacy is in compliance with the Health Professions Act (HPA), the Pharmacy Operations and Drug Scheduling Act (PODSA), the Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I understand my obligations as described in Part I of the PODSA bylaws: "Responsibilities of the Pharmacy Managers, Owners and Directors."

☐ I attach a copy of the pharmacy's valid business licence.

Date _____ Pharmacy Manager _____

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over >>>

FORM 4 2A

Page 2

COMMUNITY PHARMACY LICENCE RENEWAL NOTICE

College of Pharmacists of British Columbia

ID #	
Pharmacare #	
Current licence expires	

PAYMENT OPTION

Pharmacy Name _____

☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Licence fee	2001.00 2250.00
GST	100.05 112.50
Total	**$2101.05 2362.50**

GST # R106953920

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____

College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE RENEWAL
Community

Form 2A

1. PHARMACY INFORMATION

Operating Name		**Pharmacy Licence Number**	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Website		**Software Vendor (for dispensing)**	
Manager Name		**Registration Number (BC)**	

2. OWNERSHIP INFORMATION

Type of Ownership

☐ *Sole Proprietorship (Single pharmacist, unincorporated)* –

a) Pharmacist's legal name: (First name) _____ (Last name) _____ Registration number (BC): _____

b) Registered business name (if applicable): _____

☐ *Partnership of Pharmacists (≥2 pharmacists, unincorporated)* – Total number of partners: _____

a) Each pharmacist's full legal name and registration number (BC): _____

_____

b) Registered business name (if applicable): _____

☐ *Corporation* – BC Incorporation Number: _____ Incorporation Date: _____

"Name of Company" on *Notice of Articles/BC Company Summary*: _____

a) Is your corporation publicly traded or not? Select one below:

☐ Publicly Traded – Total number of: ☐ Directors: _____ ☐ Officers: _____

☐ Not Publicly Traded – Total number of: ☐ Directors: _____ ☐ Officers: _____ ☐ Shareholders: _____

b) Is the corporation named above a **subsidiary corporation**? ☐ Yes – complete (c) below ☐ No – go to section 3

c) Is the parent corporation **publicly traded?** ☐ Yes – go to section 3 ☐ No – complete (d) below

d) Parent corporation - Incorporation Number: _____ Incorporation Date: _____

Name of company/corporation as provided in incorporation document(s): _____

Total number of: ☐ Directors: _____ ☐ Officers: _____ ☐ Shareholders: _____

☐ *Health Authority/Organization* – Select one: ☐ FHA ☐ IHA ☐ NHA ☐ VCH ☐ VIHA ☐ PHSA ☐ FNHA ☐ PHC

☐ *Other* – Specify: _____

3. ADDITIONAL INFORMATION

Do you have other community pharmacies that are 1) owned by the same direct owner above and 2) due for pharmacy licence renewal this month? ☐ Yes – Also complete **Form 9** ☐ No

College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE RENEWAL
Community

Form 2A

4. APPLICANT (DIRECT OWNER) INFORMATION

Mailing Address of Direct Owner ☐ Check this box if lawyer/accountant's address	**City**	**Province**	**Postal Code**

Email Address	**Phone Number**	**Fax Number**

☐ I have reviewed the hours of operation and the roster for this pharmacy on eServices and confirmed that the information is correct and up- to-date.

Name of Authorized Representative	**Position/Title of Authorized Representative**
Signature	**Sign Date**
	MMM | DD | YYYY

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College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE RENEWAL
Community

Form 2A

5. PAYMENT INFORMATION

Operating Name
(Auto-populate)

Method of Payment: ☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card Number	**Expiry Date (MM/YY)**
Cardholder Name	
Cardholder Signature	

Licence fee	$2,250.00
GST	$112.50
Total	**$2,362.50**
GST #	R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____

College of Pharmacists of British Columbia

FORM 5 2C

Page 1

HOSPITAL PHARMACY LICENCE RENEWAL NOTICE

ID # -	
Pharmacare # -	
Current licence expires	

PHARMACY

Pharmacy Manager

Pharmacy

Address

City, Prov Postal Code

Tel: *

Fax: *

Email: *

* required information - please provide update

HEALTH AUTHORITY

Name of Health Authority

STAFF REGISTRANTS

Name	Reg#	Status	Renewed To	Name	Reg#	Status	Renewed To

Add registrants not listed above in the following table. Attach additional sheet if necessary

Name	Reg #	Full time	Part time	Casual

☐ I attest that:

- The Pharmacy is in compliance with the Health Professions Act (HPA), the Pharmacy Operations and Drug Scheduling Act (PODSA), the Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I understand my obligations as described in Part I of the PODSA bylaws: "Responsibilities of the Pharmacy Managers, Owners and Directors."

Date Pharmacy Manager

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over >>>

HOSPITAL PHARMACY LICENCE RENEWAL NOTICE

College of Pharmacists of British Columbia

ID #	
Pharmacare #	
Current licence expires	

PAYMENT OPTION

Pharmacy Name _____

☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card # _____ Exp ____/____

Cardholder name _____

Cardholder signature _____

Licence fee	2001.00 2250.00
GST	100.05 112.50
Total	**$2101.05 2362.50**

GST # R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____

College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE RENEWAL
Hospital

Form 2C

1. PHARMACY INFORMATION

Operating Name		**Pharmacy Licence Number**	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Manager Name		**Registration Number (BC)**	

2. APPLICANT (DIRECT OWNER) INFORMATION

Hospital Name			
Hospital Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	

Health Organization

☐ Fraser Health ☐ Interior Health ☐ Island Health ☐ Northern Health ☐ Vancouver Coastal Health
☐ Provincial Health Services Authority ☐ First Nations Health Authority ☐ Providence Healthcare ☐ Other: _____

☐ I have reviewed the hours of operation and the roster for this pharmacy on eServices and confirmed that the information is correct and up- to-date.

Name of Authorized Representative	**Position/Title of Authorized Representative**
Signature	**Sign Date** MMM | DD | YYYY

The College collects the personal information on this application form to process the application and administer the College's related activities. The collection is authorized by the Pharmacy Operations and Drug Scheduling Act, Health Professions Act, and Freedom of Information and Protection of Privacy Act. Should you have any questions about the collection, please contact the College's Privacy Officer at 604-733-2440 or 1-800-663-1940 or privacy@bcpharmacists.org

College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE RENEWAL
Hospital

Form 2C

3. PAYMENT INFORMATION

Operating Name
(Auto-populate)

Method of Payment: ☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card Number	**Expiry Date (MM/YY)**
Cardholder Name	
Cardholder Signature	

Licence fee	$2,250.00
GST	$112.50
Total	**$2,362.50**
GST #	R106953920

For office use ONLY

iMIS ID: Finance stamp:

Lic initials:

Date to Finance:

EDUCATION SITE LICENCE RENEWAL

Date

Pharmacy Manager
Pharmacy
Address
City, Prov Postal Code

Dear Pharmacy Manager,

Education Site Licensure Expiry:

Enclosed please find your Education Site Licence Renew[illegible]s of information are mandatory. Terms of an Education [illegible]found in the Bylaws of the Pharmacy Operations and Drug S[illegible]ion 5.

Pages 1 and 2 must be completed, sig[illegible]ent on or before your licence expiry date.

If you have any questi[illegible]el free to contact:

Renew[illegible]

[illegible]g or (604) 733-2440

Delete this page

Registrar

FORM 6 2F

EDUCATION SITE LICENCE RENEWAL NOTICE

ID #	
Pharmacare #	
Current licence expires	

PHARMACY

Pharmacy Manager
Pharmacy
Address
City, Prov Postal Code

Tel: *
Fax: *
Email: *

* *required information - please provide update*

SITE OWNER

Name of Site Owner

PAYMENT ADVICE

	FEE	GST	TOTAL
Pharmacy Licence fee	$315.00	+ $15.75 =	**$330.75**

$330.75

Payment option

Total payment **$**

☐ Cheque/Money order *(payable to College of Pharmacists of BC)*

☐ VISA ☐ MasterCard

Card # _____ Exp ____/____

Cardholder _____

Cardholder signature _____

GST # R106953920

Please return this notice with payment

over >>>

H0034-10212009

FORM 6 2F

EDUCATION SITE LICENCE RENEWAL NOTICE

ID #	
Pharmacare #	
Current licence expires	

STAFF PHARMACISTS REGISTRANTS

Name	Reg #	Status	Renewed To	Name	Reg #	Status	Renewed To

Add Pharmacists registrants not listed above in the following table. Attach additional sheet if necessary

Name	Reg #	Full time	Part time	Casual

☐ I attest that:

- The Pharmacy is in compliance with the Health Professions Act (HPA), the Pharmacy Operations and Drug Scheduling Act (PODSA), the Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I understand my obligations as described in Part I of the PODSA bylaws: "Responsibilities of the Pharmacy Managers, Owners and Directors."

Date Pharmacy Manager

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FORM ~~6~~ 2F

~~EDUCATION SITE LICENCE RENEWAL NOTICE~~

~~ID #~~	-
~~Pharmacare #~~	-
~~Current licence expires~~	

~~PAYMENT OPTION~~

~~Pharmacy Name~~ _____

☐ ~~Cheque/Money order~~ *~~(payable to College of Pharmacists of BC)~~* ☐ ~~VISA~~ ☐ ~~MasterCard~~

~~Card #~~ _____ ~~Exp~~ _____/_____

~~Cardholder name~~ _____

~~Cardholder signature~~ _____

Licence fee	~~315.00~~ 550.00
GST	~~15.75~~ 27.50
Total	**$~~330.75~~ 577.50**

GST # R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____

College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE RENEWAL

Pharmacy Education Site

Form 2F

1. EDUCATION SITE INFORMATION

Operating Name		**Pharmacy Licence Number**	
Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Manager Name		**Registration Number (BC)**	
Program Coordinator Name		**Registration Number (BC)**	

Program Offered

☐ CCAPP Accredited Pharmacy Program (Pharmacists) ☐ CCAPP Accredited Pharmacy Technician Program

2. APPLICANT (DIRECT OWNER) INFORMATION

Type of Ownership

☐ Public Post-Secondary Education Institution ☐ Private Post-Secondary Education Institution

Institution Name			
Institution Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	

☐ I attest that this pharmacy education site 1) does not have controlled drug substances, 2) is licensed solely for the purpose of pharmacy education, and 3) does not provide pharmacy services to any person.

Name of Authorized Representative	**Position/Title of Authorized Representative**
Signature	**Sign Date** MMM | DD | YYYY

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tel 604.733.2440 800.663.1940 *fax* 604.733.2493 800.377.8129 200 / 1765 WEST 8TH AVE VANCOUVER BC V6J 5C6 BCPHARMACISTS.ORG

College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE RENEWAL

Pharmacy Education Site

Form 2F

3. PAYMENT INFORMATION

Operating Name
(Auto-populate)

Method of Payment: ☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card Number	**Expiry Date (MM/YY)**
Cardholder Name	
Cardholder Signature	

Licence fee	$550.00
GST	$27.50
Total	**$577.50**
GST #	R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____

tel 604.733.2440 800.663.1940 *fax* 604.733.2493 800.377.8129 200 / 1765 WEST 8TH AVE VANCOUVER BC V6J 5C6 BCPHARMACISTS.ORG

College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE REINSTATEMENT
Community

Form 3A

1. PHARMACY INFORMATION

Operating Name		**Pharmacy Licence Number**	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Website		**Software Vendor (for dispensing)**	
Manager Name		**Registration Number (BC)**	

2. OWNERSHIP INFORMATION

Type of Ownership

☐ *Sole Proprietorship (Single pharmacist, unincorporated)* –

a) Pharmacist's legal name: (First name) _____ (Last name) _____ Registration number (BC): _____

b) Registered business name (if applicable): _____

☐ *Partnership of Pharmacists (≥2 pharmacists, unincorporated)* – Total number of partners: _____

a) Each pharmacist's full legal name and registration number (BC): _____

_____

b) Registered business name (if applicable): _____

☐ *Corporation* – BC Incorporation Number: _____ Incorporation Date: _____

"Name of Company" on *Notice of Articles/BC Company Summary*: _____

a) Is your corporation publicly traded or not? Select one below:

☐ Publicly Traded – Total number of: ☐ Directors: _____ ☐ Officers: _____

☐ Not Publicly Traded – Total number of: ☐ Directors: _____ ☐ Officers: _____ ☐ Shareholders: _____

b) Is the corporation named above a **subsidiary corporation**? ☐ Yes – complete (c) below ☐ No – go to section 3

c) Is the parent corporation **publicly traded?** ☐ Yes – go to section 3 ☐ No – complete (d) below

d) Parent corporation - Incorporation Number: _____ Incorporation Date: _____

Name of company/corporation as provided in incorporation document(s): _____

Total number of: ☐ Directors: _____ ☐ Officers: _____ ☐ Shareholders: _____

☐ *Health Authority/Organization* – Select one: ☐ FHA ☐ IHA ☐ NHA ☐ VCH ☐ VIHA ☐ PHSA ☐ FNHA ☐ PHC

☐ *Other* – Specify: _____

College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE REINSTATEMENT
Community

Form 3A

3. APPLICANT (DIRECT OWNER) INFORMATION

Mailing Address of Direct Owner ☐ Check this box if lawyer/accountant's address	**City**	**Province**	**Postal Code**

Email Address	**Phone Number**	**Fax Number**

☐ I have reviewed the hours of operation and the roster for this pharmacy on eServices and confirmed that the information is correct and up- to-date.

Name of Authorized Representative	**Position/Title of Authorized Representative**
Signature	**Sign Date**
	MMM | DD | YYYY

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College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE REINSTATEMENT

Community

Form 3A

4. PAYMENT INFORMATION

Operating Name
(Auto-populate)

Method of Payment: ☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card Number	**Expiry Date (MM/YY)**
Cardholder Name	
Cardholder Signature	

Reinstatement fee	$0.00
Licence fee	$2,250.00
GST	$112.50
Total	**$2,362.50**
GST #	R106953920

For office use ONLY

iMIS ID: Finance stamp:

Lic initials:

Date to Finance:

College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE REINSTATEMENT

Hospital

Form 3C

1. PHARMACY INFORMATION

Operating Name		**Pharmacy Licence Number**	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Manager Name		**Registration Number (BC)**	

2. APPLICANT (DIRECT OWNER) INFORMATION

Hospital Name			
Hospital Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	

Health Organization

☐ Fraser Health ☐ Interior Health ☐ Island Health ☐ Northern Health ☐ Vancouver Coastal Health
☐ Provincial Health Services Authority ☐ First Nations Health Authority ☐ Providence Healthcare ☐ Other: _____

☐ I have reviewed the hours of operation and the roster for this pharmacy on eServices and confirmed that the information is correct and up- to-date.

Name of Authorized Representative	**Position/Title of Authorized Representative**
Signature	**Sign Date** MMM | DD | YYYY

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College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE REINSTATEMENT

Hospital

Form 3C

3. PAYMENT INFORMATION

Operating Name
(Auto-populate)

Method of Payment: ☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card Number	**Expiry Date (MM/YY)**
Cardholder Name	
Cardholder Signature	

Reinstatement fee	$0.00
Licence fee	$2,250.00
GST	$112.50
Total	**$2,362.50**
GST #	R106953920

For office use ONLY

iMIS ID: Finance stamp:

Lic initials:

Date to Finance:

College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE REINSTATEMENT

Pharmacy Education Site

Form 3F

1. EDUCATION SITE INFORMATION

Operating Name		**Pharmacy Licence Number**	
Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Manager Name		**Registration Number (BC)**	
Program Coordinator Name		**Registration Number (BC)**	

Program Offered

☐ CCAPP Accredited Pharmacy Program (Pharmacists) ☐ CCAPP Accredited Pharmacy Technician Program

2. APPLICANT (DIRECT OWNER) INFORMATION

Type of Ownership

☐ Public Post-Secondary Education Institution ☐ Private Post-Secondary Education Institution

Institution Name			
Institution Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	

☐ I attest that this pharmacy education site 1) does not have controlled drug substances, 2) is licensed solely for the purpose of pharmacy education, and 3) does not provide pharmacy services to any person.

Name of Authorized Representative	**Position/Title of Authorized Representative**
Signature	**Sign Date** MMM | DD | YYYY

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College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY LICENCE REINSTATEMENT

Pharmacy Education Site

Form 3F

3. PAYMENT INFORMATION

Operating Name
(Auto-populate)

Method of Payment: ☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card Number	**Expiry Date (MM/YY)**
Cardholder Name	
Cardholder Signature	

Reinstatement fee	$0.00
Licence fee	$550.00
GST	$27.50
Total	**$577.50**
GST #	R106953920

For office use ONLY

iMIS ID: Finance stamp:

Lic initials:

Date to Finance:

College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY CLOSURE

Form 4

1. INFORMATION OF CLOSING PHARMACY

Operating Name	**Pharmacy Licence Number**	**Closing Date** MMM | DD | YYYY	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	

PHARMACY MANAGER

Manager Name	**Registration Number (BC)**

☐ I have read and understand my duties and responsibilities for closing my pharmacy described in section 16(2)(t) of the *PODSA* Bylaws.

Signature of Pharmacy Manager	**Sign Date** MMM | DD | YYYY

DIRECT OWNER

Name of Authorized Representative	**Position/Title of Authorized Representative**

☐ I have read and understand my duties and responsibilities for closing my pharmacy described in section 16(8)(d) of the *PODSA* Bylaws.

Signature of Authorized Representative	**Sign Date** MMM | DD | YYYY

The first half of the following section must be completed by the closing pharmacy. If more than one receiving pharmacy is involved, complete a separate form for each receiving pharmacy to indicate the items that will be transferred to the receiving pharmacy.

2. INFORMATION OF RECEIVING PHARMACY

Operating Name ☐ Community Pharmacy ☐ Hospital Pharmacy ☐ Education Site ☐ Other: _____	**Manager Name**	
Pharmacy Address	**City**	**Province** BC | **Postal Code**
Email Address	**Phone Number**	**Fax Number**

Items that will be transferred to the receiving pharmacy

☐ Prescription drugs (including controlled drug substances)
☐ Non-prescription drugs (including exempted codeine products)
☐ Medical devices
☐ Patient medication records and prescription records

The subsection below can be completed and submitted later by the receiving pharmacy manager upon receipt of the items.

☐ I have received all the items checked above on (received date): _____.

☐ I have faxed a copy of the inventory of narcotics, controlled drugs, targeted substances and benzodiazepines received to the College.

Manager Name	**CPBC Registration Number**
Signature of Manager from the Receiving Pharmacy	**Sign Date** MMM | DD | YYYY

College of Pharmacists of British Columbia

MANAGER/DIRECT OWNER/INDIRECT OWNER - PROOF OF ELIGIBILITY

FORM 5

The pharmacy manager and each direct/indirect owner applying/renewing for a pharmacy license must complete this form. Only one form is required per person per pharmacy.

1. PHARMACY INFORMATION

[Proposed] Operating Name	**Pharmacy Licence Number (if issued)**

Your Relationship to the Pharmacy Named above (Select all that apply):

- ☐ Pharmacy Manager
- ☐ Direct Owner – Sole Proprietor (Single pharmacist, unincorporated)
- ☐ Direct Owner – Pharmacist Partner (≥2 pharmacists, unincorporated)
- ☐ Indirect Owner – Director of Corporation
- ☐ Indirect Owner – Officer of Corporation
- ☐ Indirect Owner – Shareholder of Corporation
- ☐ Indirect Owner – Director of PARENT Corporation
- ☐ Indirect Owner – Officer of PARENT Corporation
- ☐ Indirect Owner – Shareholder of PARENT Corporation

2. PERSONAL INFORMATION

☐ Dr ☐ Mr ☐ Ms ☐ Mrs ☐ Miss	**Last Name**	**Date of Birth (MMM/DD/YYYY)**	
First Name	**Middle Name**	**Informal Name (if any)**	
Address ☐ Home ☐ Mailing	**City**	**Province**	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	

Registration Class

Are you a PHARMACIST or PHARMACY TECHNICIAN registered in BC, another province, or a foreign jurisdiction?

☐ Yes – Complete ALL sections below

☐ No – Provide the following information and complete ALL sections below EXCEPT Section 3

a) If you have a CPBC eServices ID, enter here: _____

b) Identification document

i) Type of government issued ID (select ANY one of the following):

- ☐ Canadian citizenship card/certificate
- ☐ Passport (Country issued if outside Canada: _____)
- ☐ Canadian driver's licence (Province issued if outside BC: _____)
- ☐ BC Identification Card

ii) Document number of the selected document above: _____

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College of Pharmacists of British Columbia

MANAGER/DIRECT OWNER/INDIRECT OWNER - PROOF OF ELIGIBILITY

FORM 5

3. ATTESTATION FOR PHARMACISTS AND PHARMACY TECHNICIANS ONLY

Registration Information

I am a: ☐ Pharmacist ☐ Pharmacy Technician

Registered in: ☐ BC ☐ Other province: _____ ☐ Foreign jurisdiction: _____

Registration/Licence Number: _____

I attest that, within the previous 6 years:

☐	I have never been suspended nor has my registration been cancelled by the College of Pharmacists of British Columbia, or by a body, in another province or in a foreign jurisdiction, that regulates the practice of pharmacy in that other province or foreign jurisdiction.
☐	No limits or conditions have been imposed on my practice of pharmacy as a result of disciplinary action taken by the College of Pharmacists of British Columbia, or by a body, in another province or in a foreign jurisdiction, that regulates the practice of pharmacy in that other province or foreign jurisdiction.

NOTE: Failure to attest to any of the above would result in my application being sent to the Application Committee. The Application Committee may request additional information.

4. ATTESTATION

I attest that:

☐	I am not authorized by an enactment to prescribe drugs (not applicable to pharmacists).
☐	I have never been subject to a limitation imposed by the College's discipline committee that precludes me from being a direct owner, an indirect owner, or a manager.
☐	I have never been the subject of an order or a conviction for an information or billing contravention.

I also attest that, within the previous 6 years:

☐	I have not been convicted of an offence prescribed under section 45(1)(a)(ii) of the *Pharmaceutical Services Act*.
☐	I have not been convicted of an offence under the *Criminal Code* (Canada).
☐	I have not had a judgment entered against me in a court proceeding related to commercial or business activities that occurred in relation to the provision of drugs or devices, or substances or related services.

NOTE: Failure to attest to any of the above would result in my application being sent to the Application Committee. The Application Committee may request additional information.

5. DECLARATION

☐	I understand that I must comply with all applicable duties imposed under the *Pharmacy Operations and Drug Scheduling Act (PODSA)*, the *Health Professions Act*, the regulations and the bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts and any subsequent amendments.
☐	I declare the facts set out herein to be true.

Applicant Signature	**Applicant Position/Title**	**Sign Date**
Witness Signature	**Witness Name**	**Witness Date**

College of Pharmacists of British Columbia

MANAGER/DIRECT OWNER/INDIRECT OWNER - NOTICE OF INELIGBILITY

Form 6

1. REASON FOR COMPLETING THIS FORM (Select all that apply)

☐	To report that the person named below is no longer eligible to be the **manager** of the pharmacy named below.
☐	To report that the person named below is no longer eligible to be a **direct** or **indirect owner** of the pharmacy/corporation named below.

2. INFORMATION OF THE PERSON IN SECTION 3

☐ **Dr** ☐ **Mr** ☐ **Ms** ☐ **Mrs** ☐ **Miss**	**Last Name**	
First Name	**Informal Name**	**Date of Birth (MMM/DD/YYYY)**
Name of Affiliated Organization: ☐ Pharmacy Operating Name ☐ Corporation Name		

3. ADDITIONAL INFORMATION RELATED TO THE PERSON NAMED ABOVE

Matter related to a(n):

- ☐ Order or conviction **FOR/UNDER**:
  - ☐ Information contravention
  - ☐ Billing contravention
  - ☐ Section 45(1)(a)(ii) of the *Pharmaceutical Services Act*
  - ☐ *Criminal Code* (Canada)
  - ☐ Other – Specify: _____
- ☐ Suspension or cancellation of registration as a pharmacy technician or pharmacist;
- ☐ Limits or conditions being imposed on (select one):
  - ☐ Practice of pharmacy
  - ☐ Being a direct owner, indirect owner, or a manager of a pharmacy
- ☐ Judgement issued in a court proceeding related to commercial or business activities that occurred in relation to the provision of drugs or devices, or substances or related device
- ☐ Other – Specify: _____

Description of the events that resulted in the matter above.	
Date/period of the above events occurred.	

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Name of the entity/court/governing body that: • Issued the order or conviction • Suspended/cancelled billing privileges or registration as a pharmacist or pharmacy technician; OR • Imposed limits or conditions	
Date (or period, when specified) of: • Order or conviction; • Suspension (period) or cancellation of billing privileges or registration as a pharmacist or pharmacy technician; OR • Limits or conditions being imposed	
Disposition of charge including details of penalty-imposed (e.g. fine, imprisonment, limits and conditions imposed)	
Extenuating circumstances you wish taken into account for your application.	
Other	

*Attach a separate sheet if you need more space

☐ **I understand that I may have to provide additional information if requested by the Application Committee, the Discipline Committee or the Inquiry Committee, within the time requested.**

4. INFORMATION OF THE PERSON WHO COMPLETED THIS FORM

Name	**Signature**	**Sign Date**
Email	**Phone Number**	**Fax Number**

Relationship to the Pharmacy: ☐ Direct/Indirect Owner ☐ Pharmacy Manager ☐ Other: _____

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College of Pharmacists
of British Columbia

INDIRECT OWNER – EMAIL CONTACTS

Form 7

Instructions to complete *Form 5: Manager/Direct Owner/Indirect Owner – Proof of Eligibility* and the *Criminal Record History* will be sent to the email address of each indirect owner provided below. Ensure that the information is current, correct and legible. On page 1, list all the indirect owners of the corporation that is the direct owner. If applicable, complete page 2 for each shareholder which is a corporation that is not publicly traded. Make a copy of any of these two pages if you need more space.

1. INFORMATION OF THE CORPORATION THAT IS THE DIRECT OWNER

Name of Company on *Notice of Articles/BC Company Summary*	BC Incorporation Number

INFORMATION OF EACH INDIRECT OWNER (INDIVIDUALS) UNDER THIS CORPORATION

Type of Indirect Owner	BC Pharmacist (Y/N)	Last Name	First Name	Email Address
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			

*if known

INDIRECT OWNER – EMAIL CONTACTS

Form 7

If a shareholder is a corporation, complete the information below for EACH corporation that is a shareholder. Make a copy of this page if you need more space or there are more than one corporation that is a shareholder.

2. INFORMATION OF THE CORPORATION THAT IS A SHAREHOLDER

Name of Company/Corporation as Provided in Incorporation Document(s)	Incorporation Number

INFORMATION OF EACH INDIRECT OWNER (INDIVIDUALS) UNDER THIS CORPORATION

Type of Indirect Owner	BC Pharmacist (Y/N)	Last Name	First Name	Email Address
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			
☐ Director ☐ Officer ☐Shareholder	☐ Y – Registration #: _________ ☐ N – eService ID*: __________			

***if known**

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College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF OWNERSHIP

CURRENT PHARMACY INFORMATION

PharmaCare code _____

Operating name _____

Owner _____

Manager _____

Address _____ Tel _____

_____ Fax _____

_____ _____ Email _____

Postal code

PROPOSED PHARMACY INFORMATION

Operating name _____

Manager _____ Tel _____

Effective Date _____ Fax _____

Software Vendor _____ Email _____

☐ Corporation ☐ Sole proprietor / Partnership

Cert. of Incorporation # _____ Incorporation Date _____

Company name _____

Tel _____

Fax _____

Email _____

Director *	Pharmacist	Director *	Pharmacist
_____	☐		☐
_____	☐		☐

* Majority must be BC registered pharmacists

I attest that:

☐ The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

☐ I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

☐ I will maintain a valid business licence for the duration of the pharmacy licence.

_____ _____

Name (please print) Signature

_____ _____

Position Date

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College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF OWNERSHIP

Application must be received by the College Office at least 10 weeks prior to the proposed opening date.

The following must be submitted together with this application:

- ☐ Diagram detailing the layout (see diagram requirement checklist below)
- ☐ Copy of the Certificate of Incorporation
- ☐ Copy of the certified Incorporation Application
- ☐ Copy of the certified Notice of Articles

The following must be submitted at least 2 weeks prior to opening:

- ☐ Acknowledgement of Completion of Confidentiality Form
- ☐ Copy of valid business licence

DIAGRAM REQUIREMENT CHECKLIST

The following information must be included on the diagram:

scale: ¼ inch = 1 foot

- ☐ Dispensary area size - minimum 15 m^2 (160 sq ft)
- ☐ Dispensary area counters - minimum 3 m^2 (30 sq ft)
- ☐ Storeroom space - minimum 4 m^2 (40 sq ft) of shelf space
- ☐ Description of the front counter and shelf height
- ☐ Location of the double stainless steel sink
- ☐ Location of the refrigerator
- ☐ Location and type of consultation area (semi-private or private)
- ☐ Drug storage cabinet and/or safe
- ☐ Type of security system
- ☐ Location of Professional Service Area or Schedule 2 items, if applicable
- ☐ Location of Professional Product Area or Schedule 3 items - visible and up to 7.6 m (25 ft) from dispensary, if applicable
- ☐ Location of "Medication Information" sign, if applicable

The following information must be provided:

- ☐ Description of how the professional service area is made visually distinctive or indicate location of Pharmacy signs:

  _____

  _____

- ☐ Description of the method used to make the dispensary inaccessible to the public

  _____

College of Pharmacists of British Columbia

~~APPLICATION FOR CHANGE OF OWNERSHIP~~

PAYMENT OPTION

~~Pharmacy Name~~ _____

☐ ~~Cheque/Money order *(payable to College of Pharmacists of BC)*~~ ☐ ~~VISA~~ ☐ ~~MasterCard~~

~~Card #~~ _____ Exp _____ /_____

~~Cardholder name~~ _____

~~Cardholder signature~~ _____

Application fee	~~$525.00~~ 550.00
Licence fee	~~2001.00~~ 2250.00
GST	~~126.30~~ 140.00
Total	**~~$2652.30~~ 2940.00**

GST # R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____

College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF DIRECT OWNER

Form 8A

1. CURRENT PHARMACY INFORMATION

Operating Name		**Pharmacy Licence Number**	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Manager Name		**Registration Number (BC)**	

2. NEW OWNERSHIP INFORMATION

Effective Date of Change (MMM-DD-YYYY)

Type of Ownership

☐ *Sole Proprietorship (Single pharmacist, unincorporated)* –

a) Pharmacist's legal name: (First name) _____ (Last name) _____ Registration number (BC): _____

b) Registered business name (if applicable): _____

☐ *Partnership of Pharmacists (≥2 pharmacists, unincorporated)* – Total number of partners: _____

a) Each pharmacist's full legal name and registration number (BC): _____

_____

b) Registered business name (if applicable): _____

☐ *Corporation* – BC Incorporation Number: _____ Incorporation Date: _____

"Name of Company" on *Notice of Articles/BC Company Summary*: _____

a) Is your corporation publicly traded or not? Select one below:

☐ Publicly Traded – Total number of: ☐ Directors: _____ ☐ Officers: _____

☐ Not Publicly Traded – Total number of: ☐ Directors: _____ ☐ Officers: _____ ☐ Shareholders: _____

b) Is the corporation named above a **subsidiary corporation**? ☐ Yes – complete (c) below ☐ No – go to section 3

c) Is the parent corporation **publicly traded?** ☐ Yes – go to section 3 ☐ No – complete (d) below

d) Parent corporation - Incorporation Number: _____ Incorporation Date: _____

Name of company/corporation as provided in incorporation document(s): _____

Total number of: ☐ Directors: _____ ☐ Officers: _____ ☐ Shareholders: _____

☐ *Health Authority/Organization* – Select one: ☐ FHA ☐ IHA ☐ NHA ☐ VCH ☐ VIHA ☐ PHSA ☐ FNHA ☐ PHC

☐ *Other* – Specify: _____

3. PRIMARY CONTACT PERSON

Name	**Position/Title**	
Email Address	**Phone Number**	**Fax Number**

College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF DIRECT OWNER

Form 8A

4. ADDITIONAL INFORMATION

As a result of this change (direct owner):

a)	Will the **manager** also be changed at the same time?	☐ Yes – Also complete **Form 8C**	☐ No
b)	Will the **pharmacy operating name** also be changed at the same time?	☐ Yes – Also complete **Form 8E**	☐ No
c)	Will the **pharmacy layout** also be changed at the same time?	☐ Yes – Also complete **Form 8G**	☐ No
d)	Will **other pharmacies** be affected by the same change?	☐ Yes – Also complete **Form 9** (optional⌘)	☐ No

⌘You may fill this form for each pharmacy being affected by this change, or fill this form only once for one of the pharmacies plus form 9 to include other pharmacies.

5. APPLICANT (DIRECT OWNER) INFORMATION

Mailing Address of Direct Owner ☐ Check this box if lawyer/accountant's address	**City**	**Province**	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Name of Authorized Representative	**Position/Title of Authorized Representative**		
Signature	**Sign Date** MMM | DD | YYYY		

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College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF DIRECT OWNER

Form 8A

6. PAYMENT INFORMATION

Operating Name
(Auto-populate)

Method of Payment: ☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card Number	**Expiry Date (MM/YY)**
Cardholder Name	
Cardholder Signature	

Application fee	$550.00
Initial licence fee	$2,250.00
GST	$140.00
Total	**$2,940.00**
GST #	R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____

College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF INDIRECT OWNER(S)

Form 8B

1. CURRENT PHARMACY INFORMATION

Operating Name			Pharmacy Licence Number	
Pharmacy Address	**City**		**Province** BC	**Postal Code**
Email Address	**Phone Number**		**Fax Number**	
Manager Name			**Registration Number (BC)**	

2. DEPARTING INDIRECT OWNER(S)

Type	Corporation Name	Name of Indirect Owner	Pharmacist (Y/N)	Effective Date of Change (MMM-DD-YYYY)
☐ Director ☐ Officer ☐ Shareholder			☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	
☐ Director ☐ Officer ☐ Shareholder			☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	
☐ Director ☐ Officer ☐ Shareholder			☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	
☐ Director ☐ Officer ☐ Shareholder			☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	
☐ Director ☐ Officer ☐ Shareholder			☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	
☐ Director ☐ Officer ☐ Shareholder			☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	
☐ Director ☐ Officer ☐ Shareholder			☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	
☐ Director ☐ Officer ☐ Shareholder			☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	
☐ Director ☐ Officer ☐ Shareholder			☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	
☐ Director ☐ Officer ☐ Shareholder			☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	
☐ Director ☐ Officer ☐ Shareholder			☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	
☐ Director ☐ Officer ☐ Shareholder			☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	

*If known

College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF INDIRECT OWNER(S)

Form 8B

3. NEW INDIRECT OWNER(S)

Type	Corporation Name	Indirect Owner	Pharmacist (Y/N)	Effective Date of Change (MMM-DD-YYYY)
☐ Director ☐ Officer ☐ Shareholder		**Name:** **Email:**	☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	
☐ Director ☐ Officer ☐ Shareholder		**Name:** **Email:**	☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	
☐ Director ☐ Officer ☐ Shareholder		**Name:** **Email:**	☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	
☐ Director ☐ Officer ☐ Shareholder		**Name:** **Email:**	☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	
☐ Director ☐ Officer ☐ Shareholder		**Name:** **Email:**	☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	
☐ Director ☐ Officer ☐ Shareholder		**Name:** **Email:**	☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	
☐ Director ☐ Officer ☐ Shareholder		**Name:** **Email:**	☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	
☐ Director ☐ Officer ☐ Shareholder		**Name:** **Email:**	☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	
☐ Director ☐ Officer ☐ Shareholder		**Name:** **Email:**	☐ Y – Registration #: _______ ☐ N – eServices ID*: _______	

*If known

4. ADDITIONAL INFORMATION

As a result of this change (indirect owner):

a)	Will the **pharmacy operating name** also be changed at the same time?	☐ Yes – Also complete **Form 8E**	☐ No
b)	Will the **pharmacy layout** also be changed at the same time?	☐ Yes – Also complete **Form 8G**	☐ No
c)	Will **other pharmacies** be affected by the same change?	☐ Yes – Also complete **Form 9** (optional⌘)	☐ No

⌘You may fill this form for each pharmacy being affected by this change, or fill this form only once for one of the pharmacies plus form 9 to include other pharmacies.

5. APPLICANT (DIRECT OWNER) INFORMATION

Name of Authorized Representative	**Position/Title of Authorized Representative**	
Email Address	**Phone Number**	**Fax Number**
Signature	**Sign Date** MMM | DD | YYYY	

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College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF MANAGER

Form 8C

1. CURRENT PHARMACY INFORMATION

Operating Name		**Pharmacy Licence Number**	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	

2. MANAGER INFORMATION

DEPARTING MANAGER

Last Name	**First Name**	**Registration Number (BC)**

NEW MANAGER

Last Name	**First Name**	**Registration Number (BC)**
Effective Date of Change (MMM-DD-YYYY)		

3. APPLICANT (DIRECT OWNER) INFORMATION

Name of Authorized Representative	**Position/Title of Authorized Representative**	
Email Address	**Phone Number**	**Fax Number**
Signature	**Sign Date** MMM | DD | YYYY	

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College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF CORPORATION NAME

Form 8D

1. CURRENT PHARMACY INFORMATION

Operating Name		**Pharmacy Licence Number**	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Type of Change ☐ Name of the Corporation that is the Direct Owner – Complete sections 2, 4 and 5 ☐ Name of the Corporation that is a Shareholder – Complete sections 3, 4 and 5		**Effective Date of Change** MMM | DD | YYYY	

2. DIRECT OWNER INFORMATION

FORMER CORPORATION NAME	
Name of Company on *Notice of Articles/BC Company Summary*	**BC Incorporation Number***
NEW CORPORATION NAME	
Name of Company on *Notice of Articles/BC Company Summary*	**BC Incorporation Number***

*If the numbers are different, DO NOT submit this form but complete Form 8A (Change of Direct Owner) instead.

3. SHAREHOLDER INFORMATION

FORMER CORPORATION NAME	
Name of Company/Corporation as Provided in Incorporation Document	**Incorporation Number****
NEW CORPORATION NAME	
Name of Company/Corporation as Provided in Incorporation Document	**Incorporation Number****

**If the numbers are different, DO NOT submit this form but complete Form 8B (Change of Indirect Owner) instead.

4. ADDITIONAL INFORMATION

As a result of this change (corporation name):

a)	Will the **indirect owner(s)** also be changed at the same time?	☐ Yes – Also complete **Form 8B**	☐ No
b)	Will the **pharmacy operating name** also be changed at the same time?	☐ Yes – Also complete **Form 8E**	☐ No
c)	Will the **pharmacy layout** also be changed at the same time?	☐ Yes – Also complete **Form 8G**	☐ No
d)	Will **other pharmacies** be affected by the same change?	☐ Yes – Also complete **Form 9** (optional⌘)	☐ No

⌘You may fill this form for each pharmacy being affected by this change, or fill this form only once for one of the pharmacies plus form 9 to include other pharmacies.

College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF CORPORATION NAME

Form 8D

5. APPLICANT (DIRECT OWNER) INFORMATION

Name of Authorized Representative	**Position/Title of Authorized Representative**	
Email Address	**Phone Number**	**Fax Number**
Signature	**Sign Date** MMM | DD | YYYY	

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College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF OPERATING NAME

Form 8E

1. PHARMACY INFORMATION

Current Operating Name		**Pharmacy Licence Number**	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Manager Name		**Registration Number (BC)**	
PROPOSED NEW OPERATING NAME			
Proposed Operating Name		**Effective Date of Change** MMM | DD | YYYY	

2. OTHER TYPES OF CHANGES

As a result of this change (operating name):

a) Will the **manager** also be changed at the same time? ☐ Yes – Also complete **Form 8C** ☐ No

b) Will the **pharmacy layout** also be changed at the same time? ☐ Yes – Also complete **Form 8G** ☐ No

3. APPLICANT (DIRECT OWNER) INFORMATION

Name of Authorized Representative	**Position/Title of Authorized Representative**	
Email Address	**Phone Number**	**Fax Number**
Signature	**Sign Date** MMM | DD | YYYY	

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College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF LOCATION

Form 8F

1. PHARMACY INFORMATION

Operating Name			**Pharmacy Licence Number**
Manager Name			**Registration Number (BC)**
CURRENT INFORMATION			
Current Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Website		**Software Vendor (for dispensing)**	
RELOCATION INFORMATION			
New Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address ☐ No Change	**Phone Number** ☐ No Change	**Fax Number** ☐ No Change	
Website ☐ No Change	**Software Vendor** ☐ No Change	**Expected Opening Date** MMM | DD | YYYY	

2. APPLICANT (DIRECT OWNER) INFORMATION

Name of Authorized Representative	**Position/Title of Authorized Representative**	
Email Address	**Phone Number**	**Fax Number**
Signature	**Sign Date** MMM | DD | YYYY	

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College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF LAYOUT

Form 8G

1. CURRENT PHARMACY INFORMATION

Operating Name		**Pharmacy Licence Number**	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Manager Name		**Registration Number (BC)**	

2. RENOVATION INFORMATION

PharmaNet Router

☐ No change ☐ Moving/disconnection required – Distance of router move: _____

Expected Completion Date

MMM | DD | YYYY

Areas Affected by Renovation

☐ External to the Dispensary (up to 25 feet from the dispensary) ☐ Dispensary area

☐ Other area(s) on the premises – Specify: _____

3. APPLICANT (DIRECT OWNER) INFORMATION

Name of Authorized Representative	**Position/Title of Authorized Representative**	
Email Address	**Phone Number**	**Fax Number**
Signature	**Sign Date** MMM | DD | YYYY	

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College of Pharmacists of British Columbia

MULTIPLE PHARMACIES

Form 9

1. LIST OF ALL PHARMACIES

Operating Name	Pharmacy Licence Number
Operating Name	Pharmacy Licence Number
Operating Name	Pharmacy Licence Number
Operating Name	Pharmacy Licence Number
Operating Name	Pharmacy Licence Number
Operating Name	Pharmacy Licence Number
Operating Name	Pharmacy Licence Number
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Operating Name	Pharmacy Licence Number
Operating Name	Pharmacy Licence Number
Operating Name	Pharmacy Licence Number
Operating Name	Pharmacy Licence Number

tel 604.733.2440 800.663.1940 *fax* 604.733.2493 800.377.8129 200 / 1765 WEST 8TH AVE VANCOUVER BC V6J 5C6 BCPHARMACISTS.ORG

College of Pharmacists of British Columbia

PHARMACY PRE-OPENING INSPECTION REPORT

COMMUNITY

1. PHARMACY INFORMATION				
Operating Name		**PharmaCare Code**		**Proposed Opening Date** MMM | DD | YYYY
Pharmacy Address	**City**	**Province** BC	**Postal Code**	**Software Vendor (for dispensing)**
Email Address	**Phone Number**	**Fax Number**		**Website**

2. PHARMACY SERVICES						
TYPE	**YES**	**NO**	**TYPE**	**YES**	**NO**	**If "YES", PROVIDE PHARMACY NAME(S) INVOLVED**
Methadone (Pain)			**Contracts - BC Transplant**			
Methadone (Maintenance)			**Contracts - Center for Excellence**			
Compounding (Specialty)			**Other - Delivery**			
Compounding (Sterile Product)			**Other - Internet**			
Compliance Packaging			**Other - Drive Thru**			
Clinical - Injection Drug Administration			**Residential Care Services**			
Clinical - Medication Management/Review			**Centralized Prescription Processing Services**			**Provided to:**
Clinical - Education Clinics			**Outsourced Prescription Processing Services**			**Received from:**
Contracts - Renal Agencies			**Telepharmacy Services (Central Pharmacy)**			**Provided to:**

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3. HOURS OF OPERATION							
TYPE	SUN	MON	TUE	WED	THU	FRI	SAT
Pharmacy Hours							
Lock & Leave Hours							

4. PHARMACY ROSTER				
STAFF	REGISTRATION #	FIRST NAME/INFORMAL NAME	LAST NAME	REGISTRATION CLASS
Pharmacy Manager				☒ Pharmacist ☐ Pharmacy Technician
Staff #1				☐ Pharmacist ☐ Pharmacy Technician
Staff #2				☐ Pharmacist ☐ Pharmacy Technician
Staff #3				☐ Pharmacist ☐ Pharmacy Technician
Staff #4				☐ Pharmacist ☐ Pharmacy Technician
Staff #5				☐ Pharmacist ☐ Pharmacy Technician
Staff #6				☐ Pharmacist ☐ Pharmacy Technician
Staff #7				☐ Pharmacist ☐ Pharmacy Technician
Staff #8				☐ Pharmacist ☐ Pharmacy Technician
Staff #9				☐ Pharmacist ☐ Pharmacy Technician
Staff #10				☐ Pharmacist ☐ Pharmacy Technician

tel 604.733.2440 800.663.1940 fax 604.733.2493 800.377.8129 200 / 1765 WEST 8TH AVE VANCOUVER BC V6J 5C6 BCPHARMACISTS.ORG

5. PRE-OPENING INSPECTION

Confirm whether your new pharmacy currently complies with each of the following requirements.

- **If compliant, mark "✓" under the "Compliant" column and submit digital evidence (e.g. photos/videos) along with this form. Refer to the Licensure Guide for further details.**
- **If not applicable, enter "N/A" under the "Compliant" column and provide the reason in the comment field.**

External to Dispensary

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
1a	**External view of the pharmacy (street view including the external signage)**	***PODSA Bylaws* s.16(2)(p)** The manager must ensure the correct and consistent use of the community pharmacy operating name as it appears on the community pharmacy licence for all pharmacy identification on or in labels, directory listings, signage, packaging, advertising and stationery.			
1b	**Hours of operation sign**	***PODSA Bylaws* s.25(2)(f)** The hours when a full pharmacist is on duty are posted.			
1c	**Professional products area for schedule 3 drugs** **(+ Lock-and-Leave barriers if the premise is open for business while the pharmacy is closed)** **OR N/A**	***PODSA Drug Schedule Regulations* s.2(3)** Schedule III drugs may be sold by a pharmacist to any person from the self-selection Professional Products Area of a licensed pharmacy. ***PODSA Bylaws* s.23(1)(a)** In locations where a community pharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy's manager must ensure that the professional products area extends not more than 25 feet from the perimeter of the dispensary. ***PODSA Bylaws* s.16(2)(j)** The manager must ensure appropriate security and storage of all Schedule I, II, and III drugs and controlled drug substances for all aspects of pharmacy practice including operation of the pharmacy without a registrant present.			
1d	**Signage at 25 feet from dispensary** **OR N/A**	***PODSA Bylaws* s.23(1)(a)** In locations where a community pharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy's manager must ensure that the professional products area is visually distinctive from the remaining areas of the premises by signage.			
1e	**"Medication Information" Sign** **OR N/A**	***PODSA Bylaws* s.23(1)(b)** In locations where a community pharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy's manager must ensure that a sign reading "Medication Information" is clearly displayed to identify a consultation area or counter at which a member of the public can obtain a full pharmacist's advice.			

Dispensary

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
2a	**Dispensary area**	***PODSA Bylaws* s.23(2)(a)** The dispensary area of a community pharmacy must be at least 160 square feet.			

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#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
2b	Gate/door at the entrance into the dispensary	***PODSA Bylaws* s.23(2)(b)** The dispensary area of a community pharmacy must be inaccessible to the public by means of gates or doors across all entrances.			
2c	Placeholder for College license	***PODSA* s.2(4)** The manager must display the College license in a place within the pharmacy where it is conspicuous to the public.			
2d	Professional service area for Schedule 2 drugs	***PODSA Drug Schedule Regulations* s.2(3)** Schedule II drugs may be sold by a pharmacist on a non-prescription basis and which must be retained within the Professional Service Area of the pharmacy where there is no public access and no opportunity for patient self-selection.			
2e	Patient consultation area	***PODSA Bylaws* s.23(3)(b)** In all new and renovated community pharmacies or telepharmacies, an appropriate area must be provided for patient consultation that (a) ensures privacy and is conducive to confidential communication, and (b) includes, but is not limited to, one of the following: (i) a private consultation room, or (ii) a semiprivate area with suitable barriers.			
2f	Dispensing counter and service counter	***PODSA Bylaws* s.23(2)(c)** The dispensary area of a community pharmacy must include a dispensing counter with at least 30 square feet of clear working space, in addition to service counters.			
2g	Computer terminals for prescription processing	***PODSA Bylaws* s.32(b)** A pharmacy must connect to PharmaNet and be equipped with a terminal that is capable of accessing and displaying patient records, located in an area of the pharmacy which (i) is only accessible to registrants and support persons, (ii) is under the direct supervision of a registrant, and (iii) does not allow information to be visible to the public, unless intended to display information to a specific patient.			
2f	Shelving	***PODSA Bylaws* s.23(2)(d)** The dispensary area of a community pharmacy must contain adequate shelf and storage space.			

Security

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
3a	Secure storage space	***PODSA Bylaws* s.23(4)** All new and renovated community pharmacies must have a separate and distinct area consisting of at least 40 square feet reserved as secure storage space.			
3b	☐ Locked metal safe OR ☐ Safe declaration	***PODSA Bylaws* s.23.1(1)(a)** A community pharmacy must keep Schedule IA drugs in a locked metal safe that is secured in place and equipped with a time delay lock set at a minimum of five minutes. ***PPP-74 Policy Statement #4*** The safe must be an actual metal safe, a "narcotics cabinet" is not sufficient. The safe must be securely anchored in place, preferably to the floor. ***PODSA Bylaws* s.23.1(4)**			

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#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
		The pharmacy manager and owners or directors of a community pharmacy that does not stock IA drugs must complete a declaration attesting that Schedule IA drugs are never stocked on the premises.			
3c	**Security camera system AND Surveillance signage**	***PODSA Bylaws* s.23.1(1)(b)** A community pharmacy must install and maintain a security camera system that: (i) has date/time stamp images that are archived and available for no less than 30 days, and (ii) is checked daily for proper operation. ***PPP-74 Policy Statement #4*** Under the Personal Information Protection Act (PIPA) pharmacies are required to post visible and clear signage informing customers that the premise is monitored by cameras.			
3d	**Motion sensors**	***PODSA Bylaws* s.23.1(1)(c)** A community pharmacy must install and maintain motion sensors in the dispensary.			
3e	**Monitored alarm OR N/A**	***PODSA Bylaws* s.23.1(2)(a)** When no full pharmacist is present and the premise is accessible to non-registrants, the dispensary area of a community pharmacy must be secured by a monitored alarm. ***PPP-74 Policy Statement #4*** Independent alarms for the dispensary are optional, when a full pharmacist is present at all times and the premise is accessible by non-registrants.			
3f	**Physical barriers OR N/A**	***PODSA Bylaws* s.23.1(2)(b)** When no full pharmacist is present and the premise is accessible to non-registrants, schedule I and II drugs, controlled drug substances and personal health information, are secured by physical barriers. ***PPP-74 Policy Statement #4*** Physical barriers provide an additional layer of security and deter: 1. Unauthorized access to drugs, including but not limited to: • All Schedule I, and II and, controlled drug substances and personal health information. 2. Unauthorized access to personal health information, including but not limited to: • Hard copies of prescriptions, • Filled prescriptions waiting to be picked up, and/or • Labels, patient profiles, and any other personal health information documents waiting for disposal. Physical barriers can be tailored to the needs and structure of the particular community pharmacy. Examples of physical barriers include: locked gates, grillwork, locked cabinets, locked doors, and locked shelving units. When a full pharmacist is present at all times, physical barriers are optional.			

Equipment and References

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
4a	**Double stainless steel sink**	***PODSA Bylaws* s.23(2)(e)** The dispensary area of a community pharmacy must contain a double stainless steel sink with hot and cold running water. ***PPP-59* Policy Statement #1** The dispensary of all community pharmacies at a minimum must have the following equipment as per PODSA Bylaw 3(2)(w):			

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#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
		(n) double sink with running hot and cold water;			
4b	**Equipment:** 1. Telephone 2. Refrigerator 3. Rx filing supplies 4. Rx balance 5. Metric weights 6. Glass graduates 7. Mortar 8. Pestle 9. Spatulas 10. Funnels 11. Stirring rods 12. Ointment slab/ parchment paper 13. Counting tray 14. Disposable drinking cups 15. Soap dispenser 16. Paper towel dispenser 17. Plastic/metal garbage containers 18. Plastic lining 19. Fax machine	***PODSA Bylaws* s.16(2)(w)** The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time. ***PPP-59* Policy Statement #1**; The dispensary of all community pharmacies at a minimum must have the following equipment as per PODSA Bylaw 3(2)(w): (a) telephone; (b) refrigerator; (c) prescription filing supplies; ***PPP-12* Policy Statement #3** All prescription hard copies are to be bundled, pegged or otherwise grouped into manageable groups of prescriptions, and are to be enclosed within a jacket or cover. (d) prescription balance having a sensitivity rating of 0.01; (e) metric weights (10 mg to 50 g) for balances requiring weights or instruments with equivalent capability; (f) metric scale glass graduates (a selection, including 10 ml size); (g) mortar and pestle; (h) Spatulas (metal and non-metallic); (i) funnels (glass or plastic); (j) stirring rods (glass or plastic); (k) ointment slab or parchment paper; (l) counting tray; (m) disposable drinking cups; (o) soap dispenser and paper towel dispenser; (p) plastic or metal garbage containers to be used with plastic liners; (q) fax machine ***HPA Schedule F Part 1 s. 7(1)(b)*** The facsimile equipment is located within a secure area to protect the confidentiality of the prescription information.			A B C D E F G H I J K L M O P Q
4c	**Equipment (Cold Chain)** 1. Thermometer 2. Temperature log	***PPP-68* Policy Statement:** The Board of the College of Pharmacists of BC adopts the BCCDC guidelines on the Cold Chain Management of Biologicals. Refer to BCCDC's Communicable Disease Control Immunization Program: Section VI – Management of Biologicals. ***Communicable Disease Control Immunization Program Section VI – Management of Biologicals (2015)* s.3.3.2** Use a constant temperature-recording device or digital minimum/maximum thermometer (with probe) to monitor both the current refrigerator temperature and the minimum/maximum temperatures reached. At the start and end of each work day, record the minimum and maximum temperatures reached since the last monitoring, on the Temperature Form. On the Temperature Log, record the date, time and three temperatures (the current refrigerator temperature, the minimum temperature reached since last check, and the maximum temperature reached since last check.) Also record the refrigerator dial setting.			TMM TLOG

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#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
4d	**Equipment (Methadone)** 1. Calibrated device 2. Auxiliary labels 3. Containers for daily dose 4. Patient/Rx Log **OR N/A**	***PPP-66 Policy Guide MMT (2013)* Principle 3.1.1** Methadone doses must be accurately measured in a calibrated device that minimizes the error rate to no greater than 0.1 ml. ***PPP-66 Policy Guide MMT (2013)* Principle 3.3.1 Guidelines** All devices used to measure the methadone 10 mg/ml solutions should be distinctive and recognizable and must be used only to measure methadone solutions. Devices must be labeled with a "methadone only" label and a "poison" auxiliary label with the international symbol of the skull and cross bones. ***PPP-66 Policy Guide MMT (2013)* Principle 4.1.6** With respect to take-home doses the first dose (whether it is stated on the prescription or not) must be a witnessed ingestion with all subsequent take-home doses dispensed in child-resistant containers with an explicit warning label indicating that the amount of drug in the container could cause serious harm or toxicity if taken by someone other than the patient. ***PPP-66 Policy Guide MMT (2013)* Principle 4.1.6 Guidelines** Each dose must be dispensed in an individual, appropriately sized, child-resistant container. ***PPP-66 Policy Guide MMT (2013)* Principle 4.1.3** Prior to releasing a methadone prescription, the patient and pharmacist must acknowledge receipt by signing a patient/ prescription-specific log.			DEV AUX1 AUX 2 DOSE MLOG
4e	**References (CPBC)** 1. BC Pharmacy Practice Manual 2. ReadLinks	***PODSA Bylaws* s.16(2)(w)** The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time. ***PPP-3* Electronic Database References** Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements. ***PPP-3* Policy Statement 1st Paragraph** All community pharmacies are required to have the most current versions of the BC Pharmacy Practice Manual. All community pharmacies are required to have the most recent three years of Read Links.			BPPM RL
4f	**References (General)** 1. Compendium 2. Complementary/ Alternative 3. Dispensatory 4. Drug Interactions 5. Nonprescription Medication (2x) 6. Medical Dictionary 7. Pregnancy and Lactation 8. Pediatrics 9. Therapeutics	***PODSA Bylaws* s.16(2)(w)** The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time. ***PPP-3* Electronic Database References** Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements. ***PPP-3* Page 2** All community pharmacies at a minimum must have one of the following authorized library references in each of the categories listed as per PODSA Bylaw 3(2)(w). [which are: 1. Compendium (current year); 2. Complementary/Alternative (within the last 4 years); 3. Dispensatory (within last 9 years); 4. Drug Interactions (in its entirety every 2 years, or continual updates); 5. Nonprescription Medication (most current issue of BOTH references required); 6. Medical Dictionary (within the last 15 years); 7. Pregnancy and Lactation (within the last 3 years); 8. Pediatrics (within the last 4 years); 9. Therapeutics (within last 4 years)]			CPS ALT DIS DI OTC1 OTC2 MD P/L PED TH

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#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
4g	**References (if applicable)** ☐ Veterinary ☐ Psychiatric ☐ Geriatric ☐ Specialty compounding ☐ Methadone o PPP-66 o CSPBC o CAMH o Monograph **OR N/A**	***PODSA Bylaws* s.16(2)(w)** The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time. ***PPP-3* Electronic Database References** Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements. ***PPP-3* Page 2** In addition to the above list, pharmacies must be equipped with references relevant to their practices (e.g. Veterinary, Psychiatric, Geriatric). ***PPP-66* Required References** In addition to the currently required pharmacy reference materials (PPP-3), pharmacies providing methadone maintenance treatment services must also maintain as required references the following: (1) CPBC Methadone Maintenance Treatment Policy Guide (2013) and subsequent revisions, (2) most recent version of the CPSBC Methadone and Buprenorphine: Clinical Practice Guideline for Opioid Use Disorder, (3) most current edition of Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorders, and (4) product monographs for the commercially available 10mg/ml methadone oral preparations.			VET PSY GER CMP MET1 MET2 MET3 MET4

Prescription

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
5a	**Prescription hardcopy (i.e. the label/paper attached to the original prescription, which contains prescription information generated after transmitting to PharmaNet)**	***HPA Bylaws Schedule F Part 1 s.6(4)(a) to (f)*** At the time of dispensing, a prescription must include the following additional information: (a) the address of the patient; (b) the identification number from the practitioner's regulatory college; (c) the prescription number; (d) the date on which the prescription was dispensed; (e) the manufacturer's drug identification number or the brand name of the product dispensed; (f) the quantity dispensed.			A B C D E F

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Confidentiality

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
6a	☐ Shredder OR ☐ Contract with a document destruction company	***HPA Bylaws* s.75** A registrant must ensure that records referred to in section 74 are disposed of only by (a) transferring the record to another registrant, or (b) effectively destroying a physical record by utilizing a shredder or by complete burning, or by (c) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the information cannot be reconstructed. ***HPA Bylaws* s.78** A registrant must ensure that, if personal information about patients is transferred to any person or service organization for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that confidentiality and physical security will be maintained.			
6b	Offsite storage contract OR N/A	***HPA Bylaws* s.74(b)** A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored off site.			

Inventory Management

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
7a	Drug receiving area	***PODSA Bylaws* s.18(3)** All drug shipments must be delivered unopened to the pharmacy or a secure storage area.			
7b	Drugs	***PODSA Bylaws* s.23(2)(f)** The dispensary area of a community pharmacy must contain an adequate stock of drugs to provide full dispensing services.			
7c	Storage area for non-usable and expired drugs	***PODSA Bylaws* s.18(4)** Non-usable and expired drugs must be stored in a separate area of the pharmacy or a secure storage area until final disposal.			

Dispensed Products

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
8a	Prescription product label 1. Single entity product 2. Multiple-entity product	***HPA Bylaws Schedule F Part 1* s.9(2)** The label for all prescription drugs must include (a) the name, address and telephone number of the pharmacy, (b) the prescription number and dispensing date, (c) the full name of the patient, (d) the name of the practitioner, (e) the quantity and strength of the drug, (f) the practitioner's directions for use, and (g) any other information required by good pharmacy practice.			A B C D E F G

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#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
		***HPA Bylaws Schedule F Part 1* s.9(3)** For a single-entity product, the label must include (a) the generic name, and (b) at least one of (i) the brand name, (ii) the manufacturer's name, or (iii) the drug identification number (DIN). ***HPA Bylaws Schedule F Part 1* s.9(4)** For a multiple-entity product, the label must include (a) the brand name, or (b) all active ingredients and at least one of (i) the manufacturer's name or (ii) the drug identification number (DIN).			A B --- A B
8b	**Filling supplies (e.g. vials and bottles including caps)**	***HPA Bylaws Schedule F Part 1* s.10(4)** All drugs must be dispensed in a container that is certified as child-resistant unless….			

Pharmacy Manager's Responsibilities

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
9a	**Name badge**	***PODSA Bylaws* s.16(2)(m)** A manager must ensure that each individual working in the pharmacy wears a badge that clearly identifies the individual's registrant class or other status.			
9b	**Policy & procedure manual**	***PODSA Bylaws* s.16(2)(g)** A manager must establish policies and procedures to specify the duties to be performed by registrants and pharmacy assistants. ***PODSA Bylaws* s.16(2)(h)** A manager must establish procedures for (i) inventory management, (ii) product selection, and (iii) proper destruction of unusable drugs and devices. ***PODSA Bylaws* s.16(2)(k)** A manager must ensure there is a written drug recall procedure in place for pharmacy Inventory. ***PODSA Bylaws* s.16(2)(q)** A manager must establish and maintain policies and procedures respecting pharmacy security. ***PPP-74 Policy Statement #1*** Pharmacy security policies and procedures should be included in the pharmacy's policy and procedure document. The policies and procedures should contain information on the following: • Training, • Pharmacy security equipment, • Emergency responses, • Incident review, and • Pharmacy security evaluation			R/PA INV SEL DES R/C SEC

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#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
		PPP-74 Policy Statement #5 An emergency response kit should include a step-by-step guide on what to do in the event of a robbery or break and enter and be available to all pharmacy staff. ***PODSA Bylaws* s.22(c)** A community pharmacy's manager must develop, document and implement an ongoing quality management program that includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies. ***HPA Bylaws* s.79** A registrant must take appropriate measures to remedy any unauthorized access, use, disclosure or disposal of personal information about patients under this Part as soon as possible after the breach is discovered.			QMP BRE

6. INFORMATION OF THE PERSON WHO COMPLETED THE PRE-OPENING INSPECTION

Last Name	First Name	Completion Date

Relationship of the Named Person above to the Pharmacy

☐ Pharmacy Manager ☐ Owner (Registrant) ☐ Owner (Non-Registrant) ☐ College Inspector

Email Address of the Person Named above	Phone Number of the Person Named above	Fax Number of the Person Named above

☐ I hereby declare that the information provided above including the accompanying digital evidence is true and correct to the best of my knowledge. If any of the above information is found to be false, untrue, misleading or misrepresenting, I am aware that I may be referred to the Inquiry Committee and the pharmacy licence may not be issued.

Signature	Sign Date
	MMM | DD | YYYY

The College collects the personal information on this application form to process the application and administer the College's related activities. The collection is authorized by the Pharmacy Operations and Drug Scheduling Act, Health Professions Act, and Freedom of Information and Protection of Privacy Act. Should you have any questions about the collection, please contact the College's Privacy Officer at 604-733-2440 or 1-800-663-1940 or privacy@bcpharmacists.org

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College of Pharmacists of B.C.
FEE SCHEDULE
PODSA Bylaw "Schedule A"

PHARMACY

LICENSURE FEES

Community Pharmacy Licence	Annual licence fee.	~~$ 2,001.00~~	$	2,250.00
Hospital Pharmacy Licence	Annual licence fee.	~~$ 2,001.00~~	$	2,250.00
Pharmacy Education Site Licence	Annual licence fee.	~~$ 315.00~~	$	550.00
Telepharmacy	Annual licence fee.	-	$	2,250.00
~~Telepharmacy Service~~	~~Annual fee for each site receiving service, to be charged to Pharmacy providing service.~~	~~$ 210.00~~		
Hospital Pharmacy Satellite	Annual fee for each satellite site, to be charged to Hospital Pharmacy.	~~$ 210.00~~	$	300.00
Application for New Pharmacy Licen~~sure~~ (Community, Hospital and Telepharmacy)	Application valid for up to three years. Includes change of ownership.	~~$ 525.00~~	$	550.00
Reinstatement of Pharmacy Licence	For re-instatement of a pharmacy licence that has been expired for 90 days or less.	$ 0.00		
Change of direct owner		$ 0.00	$	2,800.00
Change of indirect owner		$ 0.00		
Change of manager		$ 0.00		
Change in corporation name		$ 0.00		
Change in operating name of the pharmacy		$ 0.00		
Change in location of the pharmacy		$ 0.00		
Change in layout of the pharmacy		$ 0.00		
Criminal Record History (CRH)	*Fee charged by Sterling Talent Solutions (formerly known as BackCheck)	$ -		

***changes in green font were approved at the April 2017 meeting of the Board and are posted for public comment until July 23, 2017.**
*** the fee for change of direct owner (annual licence fee + application for new pharmacy licence fee) was formerly referenced in the "Change of Ownership Form", for ease of reference this fee is now depicted as a line item in this fee schedule.**

INSPECTION FEE

Follow-up site review(s)	Where 3 or more site reviews are required to address deficiencies. From visit 3 onwards, this fee applies for each additional visit.	$ 1,000.00

NOTES:

1) Fees are non-refundable.

2) Fees are subject to GST.

3) Annual renewal notices of pharmacy licensure are sent at least thirty (30) days prior to the expiry date.

College of Pharmacists of B.C.

Exemptions to Act

PODSA Bylaw "Schedule B"

1. **The following Health Professions under the *Health Professions Act* are exempted from section 7(1) of the *Pharmacy Operations and Drug Scheduling Act*:**

Dental Hygienists
Dentists
Dietitians
Medical Practitioners
Midwives
Naturopathic Physicians
Licenced Practical Nurses
Registered Nurses and Nurse Practitioners
Registered Psychiatric Nurses
Optometrists
Podiatrists
Speech and Hearing Pathologists
Traditional Chinese Medicine Practitioners and Acupuncturists Regulation

2. **The following persons are exempted from section 7(1) of the *Pharmacy Operations and Drug Scheduling Act*:**

"veterinary drug dispenser" under the *Veterinary Drugs Act*
“emergency medical assistants” under the *Emergency Health Services Act*

College of Pharmacists of B.C.

COMMUNITY PHARMACY DIAGRAM AND PHOTOS/VIDEOS

PODSA Bylaw "Schedule C"

ITEMS

Indicate the location of the following items on the diagram and/or submit photos or videos of the following items with Form 10:

Category	Item	Legislation	Diagram	Photo/Video
External to Dispensary	External View of the Pharmacy (Street view including the External Signage)	***PODSA Bylaws* s.16(2)(p)** The pharmacy manager ensure the correct and consistent use of the community pharmacy operating name as it appears on the community pharmacy licence for all pharmacy identification on or in labels, directory listings, signage, packaging, advertising and stationery.	(Entrance to the pharmacy)	✓
	Hours of operation sign	***PODSA Bylaws* s.25(2)(f)** The hours when a full pharmacist is on duty are posted.		✓
	Professional products area for schedule 3 drugs (+ Lock and Leave barriers if the premises is opened for business while the pharmacy is closed) OR N/A	***PODSA Drug Schedule Regulations* s.2(3)** Schedule III drugs may be sold by a pharmacist to any person from the self-selection Professional Products Area of a licensed pharmacy. **AND** ***PODSA Bylaws* s.23(1)(a)** In locations where a community pharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy's manager must ensure that the professional products area extends not more than 25 feet from the perimeter of the dispensary. **AND** ***PODSA Bylaws* s.16(2)(j)** The manager must ensure appropriate security and storage of all Schedule I, II, and III drugs and controlled drug substances for all aspects of pharmacy practice including operation of the pharmacy without a registrant present.	✓	✓
	Signage at 25 feet from dispensary OR N/A	***PODSA Bylaws* s.23(1)(a)** In locations where a community pharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy's manager must ensure that the professional products area is visually distinctive from the remaining areas of the premises by signage.	✓	✓
	"Medication Information" Sign OR N/A	***PODSA Bylaws* s.23(1)(b)** In locations where a community pharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy's manager must ensure that a sign reading "Medication Information" is clearly displayed to identify a consultation area or counter at which a member of the public can obtain a full pharmacist's advice.	✓	✓
Dispensary	Dispensary area	***PODSA Bylaws* s.23(2)(a)** The dispensary area of a community pharmacy must be at least 160 square feet.		✓
	Gate/door at the entrance into the dispensary	***PODSA Bylaws* s.23(2)(b)** The dispensary area of a community pharmacy must be inaccessible to the public by means of gates or doors across all entrances.	✓	✓
	Placeholder for College license	***PODSA* s.2(4)** The manager must display the College license in a place within the pharmacy where it is conspicuous to the public.		✓
	Professional Service Area for Schedule 2 drugs	***PODSA Drug Schedule Regulations* s.2(3)** Schedule II drugs may be sold by a pharmacist on a non-prescription basis and which must be retained within the Professional Service Area of the pharmacy where there is no public access and no opportunity for patient self-selection.	(Shelving)	✓
	Consultation area	***PODSA Bylaws* s.23(3)(b)** In all new and renovated community pharmacies, an appropriate area must be provided for patient consultation that includes, but is not limited to, one of the following: (i) a private consultation room; (ii) a semiprivate area with suitable barriers.	✓	✓
	Dispensing counter and service counter	***PODSA Bylaws* s.23(2)(c)** The dispensary area of a community pharmacy must include a dispensing counter with at least 30 square feet of clear working space, in addition to service counters.	✓	✓

	Computer terminals for prescription processing	***PODSA Bylaws* s.32(b)** A pharmacy must connect to PharmaNet and be equipped with a terminal that is capable of accessing and displaying patient records, located in an area of the pharmacy which (i) is only accessible to registrants and support persons, (ii) is under the direct supervision of a registrant, and (iii) does not allow information to be visible to the public, unless intended to display information to a specific patient.	✓	✓
	Shelving	***PODSA Bylaws* s.23(2)(d)** The dispensary area of a community pharmacy must contain adequate shelf and storage space.	✓	✓
Security	**Secure storage space**	***PODSA* s.11(4)** All new and renovated community pharmacies must have a separate and distinct area consisting of at least 40 square feet reserved as secure storage space.	✓	✓
	Locked Metal Safe **OR** **Safe Declaration**	***PODSA Bylaws* s.24(1)(a)** A community pharmacy must keep Schedule IA drugs in a locked metal safe that is secured in place and equipped with a time delay lock set at a minimum of five minutes. **AND** ***PPP-74 Policy Statement #4*** The safe must be an actual metal safe, a "narcotics cabinet" is not sufficient. The safe must be securely anchored in place, preferably to the floor. **OR** ***PODSA Bylaws* s.24(4)** The pharmacy manager and owners or directors of a community pharmacy that does not stock IA drugs must complete a declaration attesting that Schedule IA drugs are never stocked on the premises.	✓	✓
	Security camera system AND surveillance signage	***PODSA Bylaws* s.24(1)(b)** A community pharmacy must install and maintain a security camera system that: (i) has date/time stamp images that are archived and available for no less than 30 days, and (ii) is checked daily for proper operation. **AND** ***PPP-74 Policy Statement #4*** Under the Personal Information Protection Act (PIPA) pharmacies are required to post visible and clear signage informing customers that the premise is monitored by cameras.		✓
	Motion sensors	***PODSA Bylaws* s.24(1)(c)** A community pharmacy must install and maintain motion sensors in the dispensary.		✓
	Monitored alarm OR N/A	***PODSA Bylaws* s.24(2)(a)** When no full pharmacist is present and the premise is accessible to non-registrants, the dispensary area of a community pharmacy must be secured by a monitored alarm. **AND** ***PPP-74 Policy Statement #4*** Independent alarms for the dispensary are optional, when a full pharmacist is present at all times and the premise is accessible by non-registrants.		✓
	Physical barriers OR N/A	***PODSA Bylaws* s.24(2)(b)** When no full pharmacist is present and the premise is accessible to non-registrants, schedule I and II drugs, controlled drug substances and personal health information, are secured by physical barriers. **AND** ***PPP-74 Policy Statement #4*** Physical barriers provide an additional layer of security and deter: 1. Unauthorized access to drugs, including but not limited to: • All Schedule I, and II and, controlled drug substances and personal health information. 2. Unauthorized access to personal health information, including but not limited to: • Hard copies of prescriptions, • Filled prescriptions waiting to be picked up, and/or • Labels, patient profiles, and any other personal health information documents waiting for disposal. Physical barriers can be tailored to the needs and structure of the particular community pharmacy. Examples of physical barriers include: locked gates, grillwork, locked cabinets, locked doors, and locked shelving units. When a full pharmacist is present at all times, physical barriers are optional.	✓	✓
Equipment & Reference	**Double stainless steel sink**	***PODSA Bylaws* s.23(2)(e)** The dispensary area of a community pharmacy must contain a double stainless steel sink with hot and cold running water. **AND**	✓	✓

		***PPP-59* Policy Statement #1** The dispensary of all community pharmacies at a minimum must have the following equipment as per PODSA Bylaw 16(2): (n) double sink with running hot and cold water;		
	Equipment (basic): • **Telephone** • **Refrigerator** • **Rx filing supplies** • **Rx balance** • **Metric weights** • **Glass graduates** • **Mortar** • **Pestle** • **Spatulas** • **Funnels** • **Stirring rods** • **Ointment slab/ parchment paper** • **Counting tray** • **Disposable drinking cups** • **Soap dispenser** • **Paper towel dispenser** • **Plastic/metal garbage containers** • **Plastic lining** • **Fax machine**	***PODSA Bylaws* s.16(2)(w)** The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time. **AND** ***PPP-59* Policy Statement #1**; The dispensary of all community pharmacies at a minimum must have the following equipment as per PODSA Bylaw 16(2): (a) telephone; (b) refrigerator; (c) prescription filing supplies; **AND** ***PPP-12* Policy Statement #3** All prescription hard copies are to be bundled, pegged or otherwise grouped into manageable groups of prescriptions, and are to be enclosed within a jacket or cover. (d) prescription balance having a sensitivity rating of 0.01; (e) metric weights (10 mg to 50 g) for balances requiring weights or instruments with equivalent capability; (f) metric scale glass graduates (a selection, including 10 ml size); (g) mortar and pestle; (h) Spatulas (metal and nonmetallic); (i) funnels (glass or plastic); (j) stirring rods (glass or plastic); (k) ointment slab or parchment paper; (l) counting tray; (m) disposable drinking cups; (o) soap dispenser and paper towel dispenser; (p) plastic or metal garbage containers to be used with plastic liners; (q) fax machine **AND** ***HPA Schedule F Part 1 s. 7(1)(b)*** The facsimile equipment is located within a secure area to protect the confidentiality of the prescription information	✓ Fridge only	✓
	Equipment (Cold Chain) • **Thermometer** • **Temperature log**	***PPP-68* Policy Statement:** The Board of the College of Pharmacists of BC adopts the BCCDC guidelines on the Cold Chain Management of Biologicals. Refer to BCCDC's Communicable Disease Control Immunization Program: Section VI – Management of Biologicals. **AND** ***Communicable Disease Control Immunization Program Section VI – Management of Biologicals (2015)* s.3.3.2** Use a constant temperature-recording device or digital minimum/maximum thermometer (with probe) to monitor both the current refrigerator temperature and the minimum/maximum temperatures reached. **AND** At the start and end of each work day, record the minimum and maximum temperatures reached since the last monitoring, on the Temperature Form. On the Temperature Log, record the date, time and three temperatures (the current refrigerator temperature, the minimum temperature reached since last check, and the maximum temperature reached since last check.) Also record the refrigerator dial setting.		✓
	Equipment (Methadone) • **Calibrated device** • **Auxiliary labels** • **Containers for daily dose** • **Patient/Rx Log** **OR N/A**	***PPP-66 Policy Guide MMT (2013)* Principle 3.1.1** Methadone doses must be accurately measured in a calibrated device that minimizes the error rate to no greater than 0.1 ml. **AND** ***PPP-66 Policy Guide MMT (2013)* Principle 3.3.1 Guidelines** All devices used to measure the methadone 10 mg/ml solutions should be distinctive and recognizable and must be used only to measure methadone solutions. Devices must be labeled with a "methadone only" label and a "poison" auxiliary label with the international symbol of the skull and cross bones. **AND** ***PPP-66 Policy Guide MMT (2013)* Principle 4.1.6** With respect to take-home doses the first dose (whether it is stated on the prescription or not) must be a witnessed ingestion with all subsequent take-home doses dispensed in child-resistant containers with an explicit warning label indicating that the amount of drug in the container could cause serious harm or toxicity if taken by someone other than the patient. **AND** ***PPP-66 Policy Guide MMT (2013)* Principle 4.1.6 Guidelines** Each dose must be dispensed in an individual, appropriately sized, child-resistant container. **AND** ***PPP-66 Policy Guide MMT (2013)* Principle 4.1.3** Prior to releasing a methadone prescription, the patient and pharmacist must acknowledge receipt by signing a patient/ prescription-specific log.		✓

	References (CPBC - Print/Electronic) • **BC Pharmacy Practice Manual** • **ReadLinks**	***PODSA Bylaws* s.16(2)(w)** The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time. **AND** ***PPP-3* Policy Statement 1st Paragraph** All community pharmacies are required to have the most current versions of the BC Pharmacy Practice Manual. All community pharmacies are required to have the most recent three years of Read Links.		✓
	References (General - Print/Electronic) • **Compendium** • **Complementary/ Alternative** • **Dispensatory** • **Drug Interactions** • **Nonprescription Medication (2x)** • **Medical Dictionary** • **Pregnancy and Lactation** • **Pediatrics** • **Therapeutics**	***PODSA Bylaws* s.16(2)(w)** The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time. **AND** ***PPP-3* Page 2** All community pharmacies at a minimum must have one of the following authorized library references in each of the categories listed as per PODSA Bylaw 16(2)(w). [which are: 1. Compendium (current year); 2. Complementary/Alternative (within the last 4 years); 3. Dispensatory (within last 9 years); 4. Drug Interactions (in its entirety every 2 years, or continual updates); 5. Nonprescription Medication (most current issue of BOTH references required); 6. Medical Dictionary (within the last 15 years); 7. Pregnancy and Lactation (within the last 3 years); 8. Pediatrics (within the last 4 years); 9. Therapeutics (within last 4 years)]		✓
	References (Print/Electronic, if applicable) OR N/A • **Veterinary** • **Psychiatric** • **Geriatric** • **Specialty compounding** • **Methadone** o **PPP-66** o **CSPBC** o **CAMH** o **Monograph**	***PODSA Bylaws* s.16(2)(w)** The manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time. **AND** ***PPP-3* Page 2** In addition to the above list, pharmacies must be equipped with references relevant to their practices (e.g. Veterinary, Psychiatric, Geriatric). **AND** ***PPP-66* Required References** In addition to the currently required pharmacy reference materials (PPP-3), pharmacies providing methadone maintenance treatment services must also maintain as required references the following: (1) CPBC Methadone Maintenance Treatment Policy Guide (2013) and subsequent revisions, (2) most recent version of the CPSBC Methadone and Buprenorphine: Clinical Practice Guideline for Opioid Use Disorder, (3) most current edition of Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorders, and (4) product monographs for the commercially available 10mg/ml methadone oral preparations.		✓
Prescriptions	**Prescription hardcopy (i.e. the label/paper attached to the original prescription, which contains prescription information generated after transmitting to PharmaNet)**	***HPA Bylaws Schedule F Part 1 s.6(4)(a) to (f)*** At the time of dispensing, a prescription must include the following additional information: (a) the address of the patient; (b) the identification number from the practitioner's regulatory college; (c) the prescription number; (d) the date on which the prescription was dispensed; (e) the manufacturer's drug identification number or the brand name of the product dispensed; (f) the quantity dispensed.		✓
Confidentiality	**Shredder** **OR** **Contract with a Document Destruction Company**	***HPA Bylaws* s.75** A registrant must ensure that records referred to in section 74 are disposed of only by (a) transferring the record to another registrant, or (b) effectively destroying a physical record by utilizing a shredder or by complete burning, or by (c) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the information cannot be reconstructed. **OR** ***HPA Bylaws* s.78** A registrant must ensure that, if personal information about patients is transferred to any person or service organization for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that confidentiality and physical security will be maintained.		✓
	Offsite Storage Contract **OR N/A**	***HPA Bylaws* s.74(b)** A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored off site.		✓
Inventory Management	**Drug Receiving Area**	***PODSA Bylaws* s.18(3)** All drug shipments must be delivered unopened to the pharmacy or a secure storage area.	✓	✓
	Drugs	***PODSA Bylaws* s.23(2)(f)** The dispensary area of a community pharmacy must contain an adequate stock of drugs to provide full dispensing services.		✓

	Storage area for non-usable and expired drugs	***PODSA Bylaws* s.18(4)** Non-usable and expired drugs must be stored in a separate area of the pharmacy or a secure storage area until final disposal.		✓
Dispensed Products	**Prescription product label** • **Single entity product** • **Multiple-entity product**	***HPA Bylaws Schedule F Part 1* s.9(2)** The label for all prescription drugs must include (a) the name, address and telephone number of the pharmacy, (b) the prescription number and dispensing date, (c) the full name of the patient, (d) the name of the practitioner, (e) the quantity and strength of the drug, (f) the practitioner's directions for use, and (g) any other information required by good pharmacy practice. **AND** ***HPA Bylaws Schedule F Part 1* s.9(3)** For a single-entity product, the label must include (a) the generic name, and (b) at least one of (i) the brand name, (ii) the manufacturer's name, or (iii) the drug identification number (DIN). **AND** ***HPA Bylaws Schedule F Part 1* s.9(4)** For a multiple-entity product, the label must include (a) the brand name, or (b) all active ingredients and at least one of (i) the manufacturer's name or (ii) the drug identification number (DIN).		✓
	Filling supplies (e.g. vials and bottles including caps)	***HPA Bylaws Schedule F Part 1* s.10(4)** All drugs must be dispensed in a container that is certified as child-resistant unless….		✓
Pharmacy Manager's Responsibilities	**Name Badge**	***PODSA Bylaws* s.16(2)(m)** A manager must ensure that each individual working in the pharmacy wears a badge that clearly identifies the individual's registrant class or other status.		✓
	Police & Procedure Manual	***PODSA Bylaws* s.16(2)(g)** A manager must establish policies and procedures to specify the duties to be performed by registrants and pharmacy assistants. **AND** ***PODSA Bylaws* s.16(2)(h)** A manager must establish procedures for (i) inventory management, (ii) product selection, and (iii) proper destruction of unusable drugs and devices. **AND** ***PODSA Bylaws* s.16(2)(k)** A manager must ensure there is a written drug recall procedure in place for pharmacy Inventory. **AND** ***PODSA Bylaws* s.16(2)(q)** A manager must establish and maintain policies and procedures respecting pharmacy security. **AND** ***PPP-74 Policy Statement #1*** Pharmacy security policies and procedures should be included in the pharmacy's policy and procedure document. The policies and procedures should contain information on the following: • Training, • Pharmacy security equipment, • Emergency responses, • Incident review, and • Pharmacy security evaluation **AND** ***PPP-74 Policy Statement #5*** An emergency response kit should include a step-by-step guide on what to do in the event of a robbery or break and enter and be available to all pharmacy staff.		✓ (or document file)

		AND ***PODSA Bylaws* s.22(c)** A community pharmacy's manager must develop, document and implement an ongoing quality management program that includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies **AND** ***HPA Bylaws* s.79** A registrant must take appropriate measures to remedy any unauthorized access, use, disclosure or disposal of personal information about patients under this Part as soon as possible after the breach is discovered.		

College of Pharmacists of B.C.
HOPSITAL PHARMACY DIAGRAM
PODSA Bylaw "Schedule D"

ITEMS

Indicate the location of the following items on the diagram:

1. Medication refrigerator(s)
2. Narcotic storage equipment, and
3. Any of the following where applicable:
    a. Automated dispensing cabinet(s) or unit(s);
    b. Packaging area;
    c. Consultation area;
    d. Bulk or batch packaging area;
    e. Non-sterile compounding area;
    f. Sterile compounding (hazardous and non-hazardous) area; and/or
    g. Hazardous drugs storage area.

College of Pharmacists
of British Columbia

NEW PHARMACY OWNER REQUIREMENTS ENGAGEMENT REPORT

May 26, 2017

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INTRODUCTION

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

These changes permit the College to know the identity of all pharmacy owners, determine their suitability for pharmacy ownership and hold them accountable for providing safe and effective care by ensuring their pharmacies are compliant with legislative requirements for pharmacies in BC.

The College is currently drafting amendments to the *Pharmacy Operations* and *Drug Scheduling Act* Bylaws and forms, and updating its pharmacy licensure processes to incorporate the new pharmacy ownership requirements.

The new requirements are scheduled to come into effect on March 1, 2018.

Feedback through stakeholder engagement is needed to help inform the College's approach to operationalizing the new pharmacy ownership requirements.

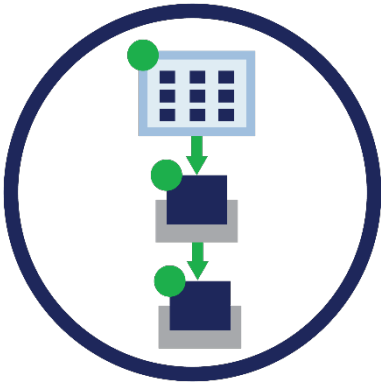
More information about the new pharmacy ownership requirements is available at bcpharmacists.org/ownership.

Purpose

The College drafted amendments to the *Pharmacy Operations and Drug Scheduling Act* Bylaws and forms to incorporate the new pharmacy ownership requirements. Engagement was needed to help inform the College's approach to operationalizing the new pharmacy ownership requirements through its bylaws, pharmacy licensure process and communications.

Specifically, the engagement was conducted to:

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



ENGAGEMENT PROCESS

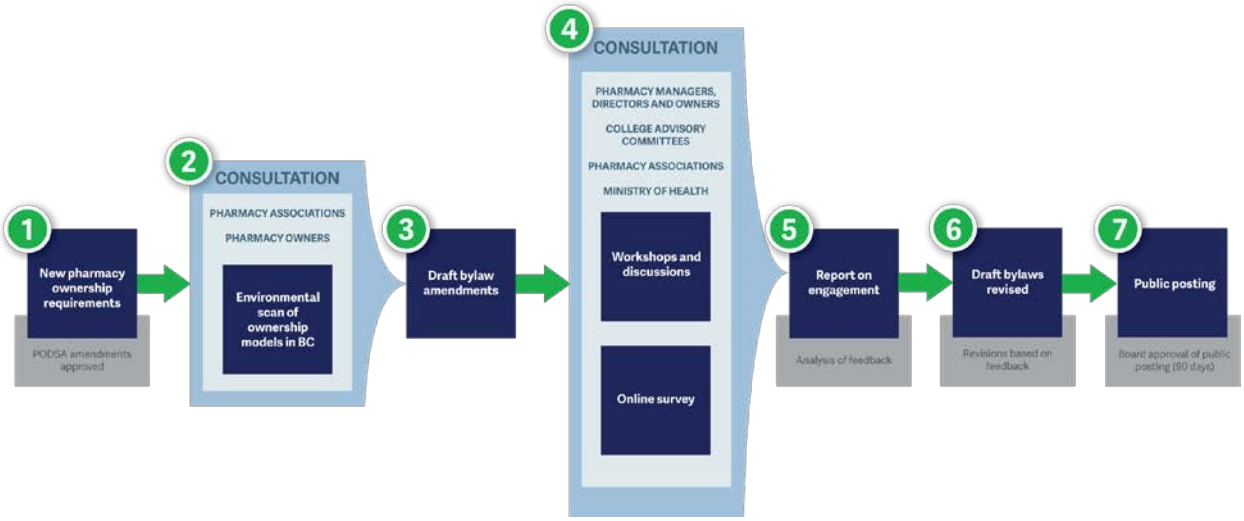
The College followed International Association for Public Participation (IAP2) best practices in planning and developing the new pharmacy ownership requirements. The College clearly communicated the engagement process to stakeholders, including identifying how the feedback received would be used and how the results of the engagement would be shared – this is an essential part of an effective and transparent engagement strategy and following IAP2 Core Values.

A dedicated New Pharmacy Ownership Requirements web page was published on the College's website which provided an overview of the new requirements, the purpose of the engagement and the engagement process. The page was also intended to include the results of the engagement with the publication of this report.

The New Pharmacy Ownership Requirements Engagement ran from April 4, 2017 to May 1, 2017. The College received feedback on draft bylaws, which outline the new requirements, through a variety of methods ranging from an in-person workshop, and meetings with stakeholder group representatives, to responses through an online survey. The College continues to welcome stakeholders to contribute further feedback through the engagement's dedicated email ownership@bcpharmacists.org. Analysis and reporting on the results of the engagement occurred in May, 2017.

The resulting Engagement Report was prepared by College staff and shared with the College Board to aid in decision making. The Engagement Report was also made available on the College's website – an important step in providing the results of the engagement back to participants, demonstrating transparency and following IAP2 best practices.

NEW PHAMACY OWNERSHIP REQUIREMENTS ENGAGEMENT PROCESS



The amendments to the *Pharmacy Operations and Drug Scheduling Act* bylaws will also be posted on the College's website for a 90-day public posting period. This is required as part of the College's bylaw making authority under section 21(1)(8) of the *Pharmacy Operations and Drug Scheduling Act*.

WHO WE HEARD FROM

The College reached out to pharmacy owners, managers and related stakeholder groups as part of the New Pharmacy Ownership Engagement. We would like to thank everyone who provided feedback during the consultation period as well as those who helped build awareness of the opportunity to provide input.

Engagement Overview

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

Consultation focused solely on the application of the Act changes to the College's pharmacy licensure process, as the new pharmacy ownership requirements have already been set by the Provincial Government.

The College reached out to all registrant pharmacy managers and directors with the opportunity to provide feedback on draft bylaws and to help inform them of the new pharmacy licensure process. Recognizing that the College does not have contact information for non-registrant pharmacy owners, the College also encouraged pharmacy managers and directors to share consultation opportunities with non-registrant pharmacy owners. An in-person/online workshop and an online survey provided multiple opportunities to contribute feedback, and an overview of the changes together with draft bylaws were shared with participants.

The College also invited the BC Pharmacy Association and Neighbourhood Pharmacy Association of Canada to participate in discussions with the College to provide feedback on the draft bylaws. The College also welcomed the insights into pharmacy ownership in BC provided by the pharmacy associations. The pharmacy associations also helped encourage pharmacy owners and managers to participate in the consultation process by share the online survey with their members.

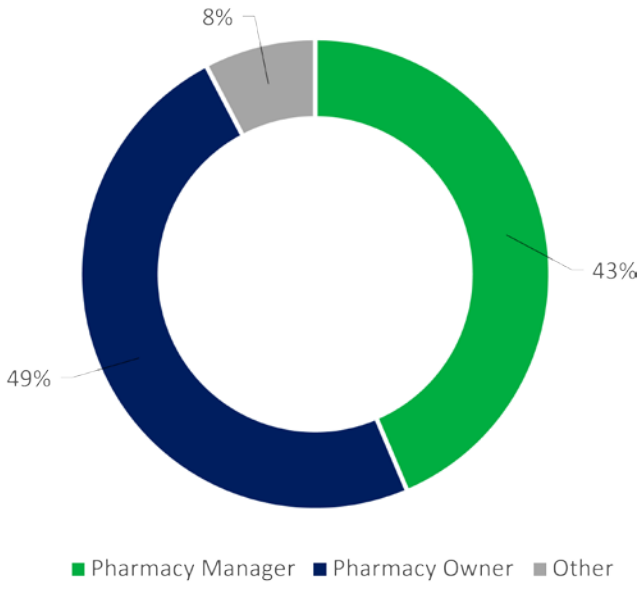
Participation in the New Pharmacy Ownership Requirements Engagement

- 60 respondents providing 314 comments through an online survey
- 35 participants in an in-person/web-conference workshop
- Meetings with pharmacy associations (BC Pharmacy Association, Neighbourhood Pharmacy Association of Canada)

Online Survey Demographics

The College heard from 60 respondents through our New Pharmacy Ownership Requirements online survey. Almost all the respondents (97%) indicated they were a pharmacist registered with the College. Only 2 respondents indicated they were not a College registrant. This is not surprising given that the College's primary pharmacy contacts are pharmacy professionals registered with the College.

Almost 50% indicated they were pharmacy owners, while just over 40% indicated they were pharmacy managers. Just over 40% of pharmacy owners also indicated they were pharmacy managers. Other respondents included pharmacy head office respondents, pharmacists and other types of directors.



CLARITY OF THE NEW REQUIREMENTS

The College sought feedback on the clarity of the new requirements. This included confirming with stakeholders that the draft bylaws developed by the College clearly describe the requirements direct owners, indirect owners and managers must meet for a new pharmacy licence or pharmacy licence renewal. In particular, the College wanted to hear from stakeholders about any requirements that may be confusing or difficult to understand.

Overall Clarity of Requirements

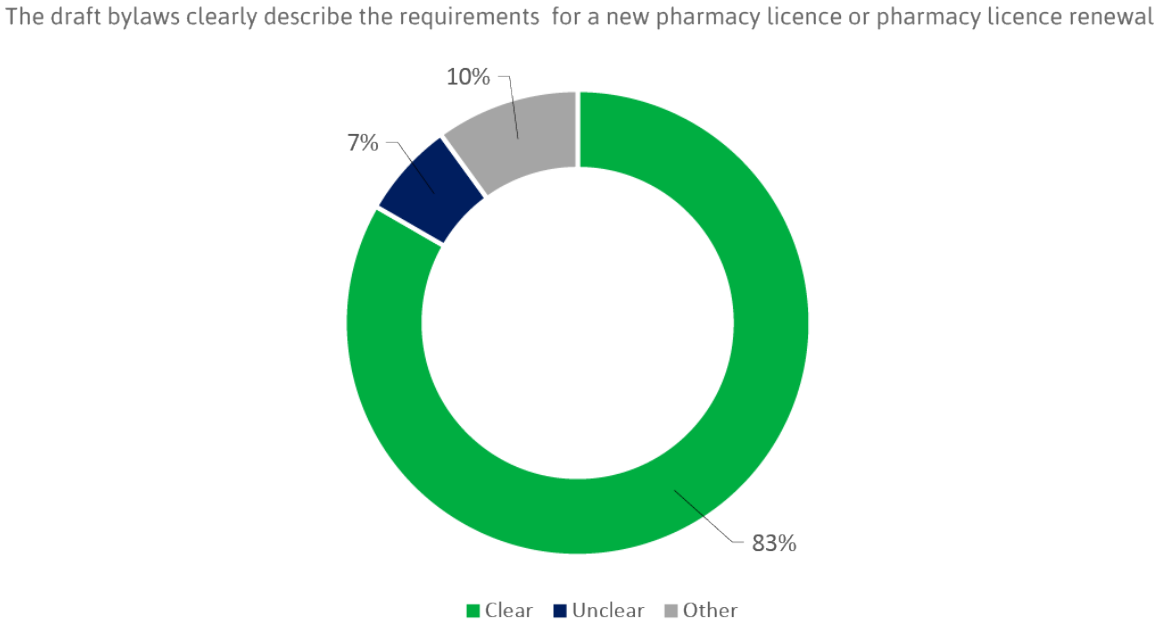
Overall, respondents indicated that the draft bylaws clearly describe the requirements direct owners, indirect owners and managers must meet for a new pharmacy licence or pharmacy licence renewal. Some respondents also stressed the importance of the new requirements to better protect the public.

"The draft bylaws are clear. Any registrant…should be able to understand the meaning and intent of the draft bylaw requirements that direct owners, indirect owners and managers must meet for a new pharmacy license or pharmacy licence renewal."
– Pharmacy Owner

"Looks clear to me." – Pharmacy Owner

"This is important legislation. In hindsight, this is something that should have been done when non-pharmacists were permitted to own pharmacies."
– Pharmacy Owner

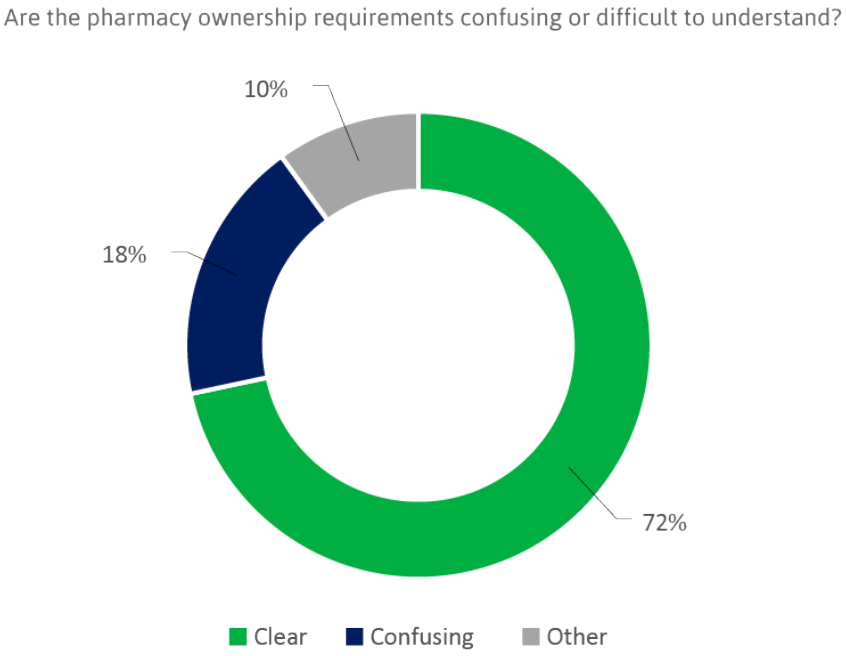
Out of the 60 responses to the online survey, over 80% indicated that the draft bylaws clearly described the requirements for a new pharmacy license or renewal. Six respondents highlighted specific scenarios that they felt needed further clarification, while four respondents indicated the requirements were unclear.



"The ownership requirements are clear for the independent pharmacy owners. I'd like to see more details that describe the application of the new bylaws towards the pharmacy chains and the big corporations. It would be fair to be transparent about those big players as well." – Pharmacy Owner

"Yes [the requirements are clear], but I have to admit I had to read them over a few times to sort through the legalese." – Pharmacy Manager

Similarly, 72% indicated that the pharmacy ownership requirements were not confusing or difficult to understand. However, 18% (11 respondents) felt the new requirements were confusing. Another six respondents provided comments highlighting specific scenarios they felt needed further clarification or on the possible operational impact of the changes.



"I think the ownership requirements are quite clear but it would be helpful to have some FAQ's ready to go." – Pharmacy Owner

"I find the definitions confusing. I need some examples." – Pharmacy Owner

Respondents felt that the following issues require further clarification: the Criminal Record History requirement; roles and responsibilities of direct and indirect owners; ensuring appropriate privacy safeguards; how to identify indirect owners; and other eligibility criteria questions.

Roles and Responsibilities of Direct and Indirect Owners

The new pharmacy ownership requirements bring new roles and responsibilities to pharmacy owners. In particular, many expressed concerns or had questions about what role indirect owners, such as non-pharmacist shareholders, should have in ensuring a pharmacy is compliant with legislative requirements. Questions were raised about how a shareholder, who is not involved in the day-to-day operations of a pharmacy and who is not a registered pharmacy professional, would know if all the College's requirements were being met. Related to this, respondents were concerned that non-pharmacist shareholders could seek to become more involved with the operations of the pharmacy, which could have a perceived negative impact. Some also suggested it would be important for managers and owners to have training available on the responsibilities of being a manager or owner.

"Role and responsibilities of Pharmacist Director (who is not owner) of Pharmacy (corporation) owned by holding corporations should be more clear. For Example Is Director responsible for everything including operational and financial responsibilities of pharmacy? -A Pharmacy (corporation) owned by 4 corporations. Will it be required for all 4 holding corporations to have their director be a pharmacist? or Just the company owning the Pharmacy?"
– Pharmacy Manager

"Provide clarity around a situation where the pharmacy owner is also the pharmacy manager. How will this affect the pharmacy renewal process?" – Pharmacy Owner

"This has the potential to create all kinds of operational problems for pharmacies and because it makes non-pharmacists legally obliged to manage critical high-risk aspects of pharmacy operations." – Pharmacy Association

The suggestion was also made that pharmacy owners should be able to access the completed Pharmacy Review Report when a pharmacy is reviewed through the College's Practice Review Program to help owners gain greater insight into the compliance of the pharmacy. Similarly, the suggestion was also made to notify registrants of any complaints related to the pharmacy.

"Since the College bylaws would hold the owners more accountable for maintenance and renewal of pharmacy licenses, the bylaws should require Registrants to inform the owners of any complaints against or the College enquiries of the Registrants." – Pharmacy Owner

Some respondents also asked about the requirement for the majority of directors in a corporation (or partnership of corporations) to be pharmacists. This is a specific ownership requirement under section 5(2)(b) and (c) of the *Pharmacy Operations and Drug Scheduling Act*. This requirement has not changed as part of the new amendments to the Act. However, with the additional responsibilities and accountabilities added to direct and indirect owners with the new Act amendments, questions were raised about the legislative requirement for the majority of directors in pharmacy corporations to be pharmacists.

For instance, some wondered if this requirement would extend to all indirect owners, including parent corporations. Some also suggested that this requirement is no longer needed if all owners are held accountable for the pharmacy's compliance with legislated requirements. Others suggested that all directors should be required to be a pharmacist.

"I'm not sure what an indirect owner is and if they need to be a pharmacist."
– Pharmacy Owner

"…Since the College will now have oversight including criminal history checks for direct and indirect owners, the requirement for non-publicly traded companies to have majority of directors to be pharmacists should be removed."
– Pharmacy Owner

"Consider allowing ONLY pharmacists to be owners or directors of a pharmacy. Hopefully we can rid the profession of both unscrupulous owners AND the pitfalls associated with being part of a large, corporate retail chain." – Pharmacy Manager

"Non-pharmacist owners should not be allowed. It is bringing down the job. Even directors at corporate level is putting too much pressure on pharmacist." – Pharmacy Manager

Criminal Record History

The College received a number of questions and comments regarding the new Criminal Record History requirements.

Under the eligibility requirements for pharmacy ownership, if within the previous 6 years the owner (direct or indirect) or manager has been convicted of an offence under the Criminal Code (Canada), the ownership application could be ineligible, or may require further information, or that conditions be imposed. These applications must be referred to the College's new Application Committee for review. The Application Committee could take a number of next steps, including refusing the application, allowing the application with conditions, or requesting further information, etc.

To determine if an owner (direct or indirect) or manager has been convicted of an offense under the Criminal Code, the draft bylaws include new Criminal Record History requirements. Respondents in the survey and participants in the workshop were not clear on what the College would be reviewing as part of the Criminal Record History check. They were also unclear on what constitutes an offense under the Criminal Code.

For example, questions were raised if a speeding ticket is a Criminal Code offense. Questions were also raised about if the College would differentiate between *any* Criminal Code offence, and those that specifically relate to pharmacy practice and the safety of patients. Additionally, operational questions were raised including, how long a Criminal Record History check would be valid. This feedback identifies the importance of clearly communicating the Criminal Record History requirements and what information will be reviewed.

"I would like to know exactly what criminal convictions could be used to prevent the ownership of a pharmacy. Just to be clear I have no criminal convictions of any sort. But I as a matter of human rights those convictions that do not relate to pharmacy ownership should not have the potential of interfering with pharmacy ownership." – Pharmacy Manager

"What information will be searched in "history of charges and convictions"?" (Pharmacy Association)

"It should clearly describe the impact it would have on a registrant that the college already penalized for past actions and criminal records that are not related to the profession of pharmacy or billing contraventions." – Pharmacy Owner

"How far in advance of the application/renewal can the check be done and still be accepted by the College? (Applications must be submitted no later than 30 days prior to license expiry, but how early can they be submitted?) What happens if there are delays?" – Pharmacy Association

"The College should notify (in writing) the registrant whenever they are conducting a Criminal background check or now this Criminal History check, as 5 years can go by extremely fast… once the information has been received, I think the College should be letting the registrant know there are no issues and the check has been completed." – Pharmacy Owner

Information and Billing Contraventions

Under the eligibility requirements for pharmacy ownership, an application would be ineligible or may require conditions to be imposed, if the owner (direct or indirect) or manager has been subject to an order or conviction for an information or billing contravention. Unlike offenses under the Criminal Code, there is no timeframe set for this requirement. Applications where an owner or manager was subject to an order or conviction for an information or billing contravention must be referred to the Application Committee for review.

Some respondents were unclear about what constitutes an order or conviction for an information or billing contravention. For example, questions were raised if this would include billing and paperwork errors, or other issues that might be identified and resolved through a PharmaCare audit. They stressed the importance of considering the difference between "errors and paperwork" and purposeful acts that do not comply with requirements.

"'An order or a conviction for an information or billing contravention' this requires a clear description and it should make a distinction between errors and paper work mistakes in a pharmacy which can be addressed by implementing new procedures and training on one hand from DISHONEST , CHEATING AND FABRICATIONS IN BILLINGS. In my opinion the errors and paper work mistakes should not be considered 'billing Contravention'". – Pharmacy Owner

"The 'billing intervention' requirement is confusing, and could be better detailed so that pharmacy owners can better understand what qualifies as a billing intervention that would render an owner ineligible." – Pharmacy Owner

"[For the requirement] 'Owner/manager has been subject to an information or billing contravention,'
Is there a time limit (say in last 6 years) or is it indefinite. Does it matter if there's a pending application for review or appeal made to the said contravention? – Pharmacy Owner

Privacy

Questions were also raised about the privacy of the information collected through the pharmacy licensure process, such as the Criminal Record History, and the retention schedules for the information required through the pharmacy licensure process. The College is currently working with a privacy and security expert to ensure best practices and privacy and security requirements (FIPPA) are incorporated into the pharmacy licensure process.

"How long will the College retain the background check information? Does it have a way to ensure that the information is destroyed if the individual ceases holding an interest in a pharmacy?" – Pharmacy Association

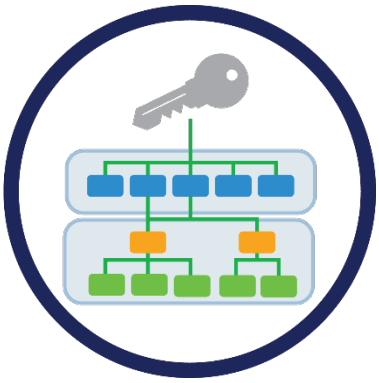
Other Eligibility Questions

Other questions were raised about the eligibility criteria. These include: what would the appeal process be if an applicant disagrees with a decision made by the Application Committee; how issues being appealed in court relate to the eligibility requirements would be considered in a pharmacy licence application; and how owners can proactively ensure all the owners of a pharmacy meet the eligibility criteria.

"[The requirements are clear] except as regards to:
'owner/manager has, within the previous 6 years, had a judgment entered against him or her in a court proceeding related to commercial or business activities that occurred in relation to the provision of drugs or devices, or substances or related services within the meaning of the Pharmaceutical Services Act.'

Does it matter if the said Judgement has been appealed in a higher court?"
– Pharmacy Owner

"I would be interested to discuss a situation where I am a very minor shareholder in a company that is full or part owner of 30+ stores. Want to make sure that potential issues that occur in that group does not adversely affect my pharmacy business…" – Pharmacy Owner



CLARITY OF PHARMACY OWNERSHIP TYPES

The College sought feedback on the clarity of the pharmacy ownership types. This included confirming with stakeholders were able to identify their ownership type. This was also an opportunity to hear from stakeholders about how to more clearly communicate information about the different ownership types.

The type of ownership of a pharmacy determines what information is required as part of the pharmacy licensing process. This makes it important for owners to be able to identify their ownership type to ensure they meet the requirements for renewing their pharmacy licence or opening a new pharmacy. As a result, helping owners identify their ownership type will aid in the efficiency of the new pharmacy licensing process for both owners and the College.

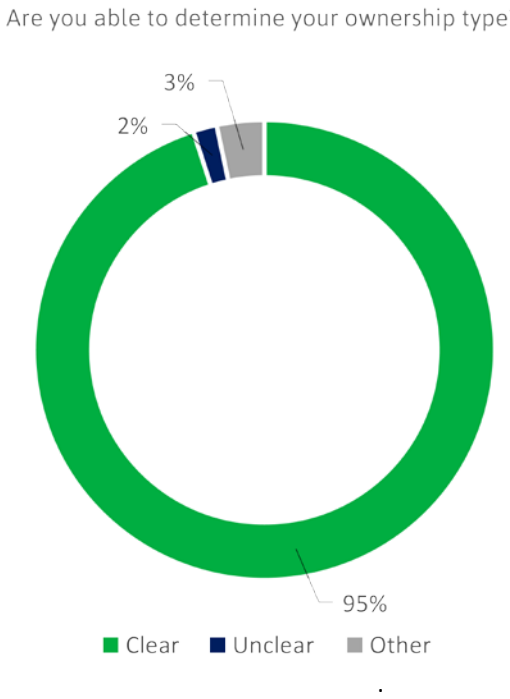
Overall Clarity of Ownership Types

Overall, respondents indicated that they were able to identify their ownership type as defined under the new requirements. Some did cite specific examples where they were uncertain about which ownership type would apply. Questions and comments primarily focused on indirect ownership.

"I thought it was quite straight forward." – Pharmacy Owner

"I thought it was quite straight forward." – Pharmacy Manager

Out of the 60 responses to the online survey, 95% indicated that the draft bylaws were clear. The remaining respondents highlighted specific ownership type scenarios that they felt needed further clarification, or indicated they were not certain of their ownership type.



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PHARMACY OWNER

"Yes it's clear for only the independent pharmacies. I would like to see more details on the corporate chains especially [associate owner] business model." – Pharmacy Owner

"Yes we are able to determine our ownership type; however, for a non-publicly traded company (which is the type of ownership for majority of independent pharmacies in the province), you can make a clearer distinction between a direct owner (the company) and indirect owners (director, officers and shareholders)." – Pharmacy Owner

PHARMACY OWNER

PHARMACY OWNER

"Yes [I can determine my ownership type] because I'm a pharmacist and the sole director of the company." – Pharmacy Owner

"I am not 100% sure of my company's ownership type. Is there any way that you could place "examples" under the different ownership types?" – Pharmacy Manager

PHARMACY MANAGER

Indirect Ownership

Indirect owners for publicly traded and non-publically traded corporations (or partnership of corporations) are defined in the amendments to the *Pharmacy Operations and Drug Scheduling Act*. However, with complex pharmacy corporate ownership structures, questions have been raised about the many different types of indirect owners. Hearing questions from managers and owners about indirect ownership is important as the College works to operationalize the new requirements.

"For Pharmacy License Renewal, an Indirect shareholder such as an existing cooperation with no pharmacist director in place has not been clarified. This requirement can cause financial issues, tax liabilities responsibilities for a cooperation that is an existing shareholder and does not have majority of directors to be pharmacists!!"
– Pharmacy Owner

I am still unclear about the differentiation between an indirect owner (corporation) versus a direct owner. For example, I am a pharmacist. I have a corporation that includes myself, another pharmacist, and her non-pharmacist husband. I own the corporation 50-50 with the pair of them. Only the other pharmacist and myself have voting rights for the corporation. Who is the direct owner? Who is the indirect owner? I interpret that none of us are direct owners because we are all owning under the corporation. Or do you interpret this as the two pharmacists are direct owners? – Pharmacy Owner

"My reading of the draft bylaws suggests that any indirect owner must comply with the ownership requirements and I'm prepared to abide by the new requirement. What do you do with a privately held corporation of 1000 shareholders? You need to clearly and emphatically state that owners of common voting, non-voting preference or virtually any other class of shares in a privately held corporation will need to comply." – Pharmacy Owner

"I have a corporation that operates my pharmacy. I am the sole director but my spouse is also a shareholder, does that make her an indirect owner?" – Pharmacy Owner

Trustees as Pharmacy Owners

Several questions were raised about trusts. Under the new *Pharmacy Operations and Drug Scheduling Act* amendments, shareholders of non-publicly traded corporations are identified as indirect owners. Questions have been raised regarding instances when shares are held in a trust. Questions focused on whether trustees or beneficiaries of trusts would be considered indirect owners.

"[The requirements are] pretty simple. The flow chart makes it easy. Except as regards to a corporation where one of the share holders is a private corporation owned by a non discretionary family trust. Non discretionary family trust usually have beneficiaries ranging from children to adults, to other corporations or organizations who would (in this case) be indirect shareholders."
– Pharmacy Owner

"What documentation is required if a shareholder is a Trust? As an owner of a corporation that operates a […]Franchise, what documentation is required? How does my relationship with [the corporation] factor into this."
– Pharmacy Owner

INFORMATION NEEDED IN PHARMACY LICENSING PROCESSS

The College sought feedback on the information that will be needed as part of pharmacy license applications under the new requirements. This included asking stakeholders if they would face any challenges in obtaining the information and documents required for pharmacy license applications. In particular, the College wanted to hear what information would be challenging to obtain, and why.

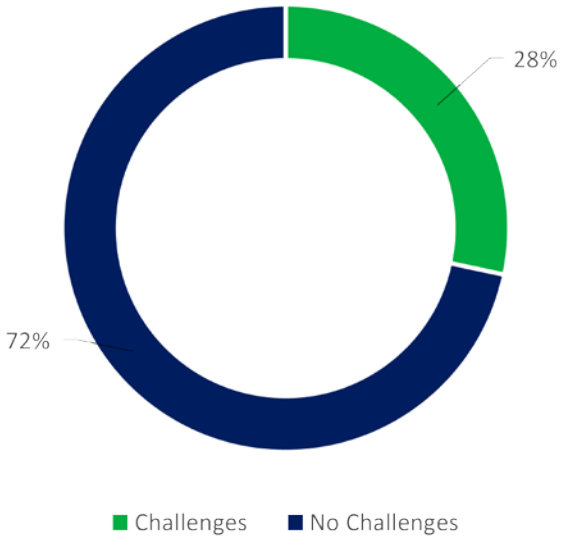
To bring all pharmacies into compliance with the new requirements, pharmacies will initially need to submit the information necessary to demonstrate that they meet the new eligibility requirements, as part of the pharmacy licence renewal process. Pharmacy renewals starting March 1, 2018 will be part of a transition process designed to bring all pharmacies into compliance with the new requirements. The transition period renewal, which is only required once, resembles the more detailed process for new pharmacy license applications. Pharmacy diagrams, photos and videos are not required to be submitted during the transition period renewal.

The College recognizes that additional work will be needed during this transition period. Hearing from stakeholders about any challenges they may face in obtaining new information and documentation requirements is helpful as the College updates its pharmacy licensure process and develops resources to support the new requirements.

Overall Ability to Provide Information Required for a Pharmacy Licence Application

Overall, pharmacy owners and managers indicated they would be able to provide the information required. However, some expressed that they would face challenges in co-ordinating the collection of the information required or cited concerns about additional operational costs associated with collecting and submitting all the necessary information.

Will you face any challenges in obtaining the information and documents required for pharmacy license applications?



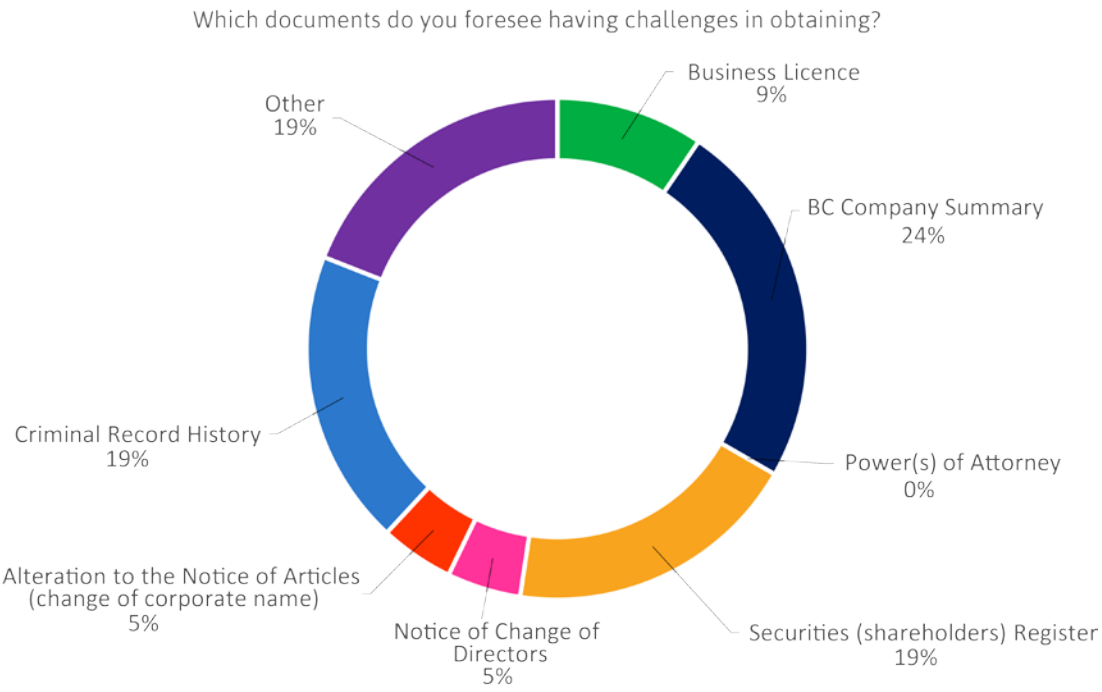
Over 70% of respondents to the online survey indicated they would not face any challenges in obtaining the information and documents required for pharmacy license applications. And, 23% of respondents indicated they would they would face challenges in obtaining the information required.

"It is not that they are difficult to obtain, it is the complexity of multiple shareholders owning stores in different ownership groups and getting the shareholders to obtain the criminal record check due to age of shareholder, lack of computer or email, lack of scanner for sending validation id for crc [Criminal Record History]. Also complexity going forward of getting attestations every month from 40 plus people who are mostly not registrants." – Pharmacy Owner

"I don't think any would be difficult to obtain." – Pharmacy Owner

Challenges in Obtaining Information Needed for Pharmacy Licence Applications

The College asked survey respondents who expressed they would face challenges to identify which specific pieces of information or documentation would be challenging to obtain.



Of the 17 respondents, 24% selected the “BC Company Summary”, 19% specified “Other”, and 19% identified “Securities (shareholders) Register and “Criminal Record History” each. Only 9% identified “Business Licence”. Very few respondents identified an Alteration to the Notice of Articles (change of corporate name) (5%) or Notice of Change of Directors (5%).

“Other” items respondents indicated would be difficult to obtain, included:

- Proof of eligibility
- Pharmacy diagrams, photos or videos of existing pharmacies
- Pharmacy layout drawing (that are imperial not metric)
- Change to an existing corporation in place as shareholder

Respondents also expressed concerns about the costs associated with collecting and providing the information required for a pharmacy application. They also conveyed concerns about the challenges they may experience in attempting to reach all indirect owners, especially those who are elderly and may be difficult to contact by email. Others indicated that it may be difficult to change a shareholder if they do not meet the eligibility criteria.

"I worry that there will be individuals "missed" in needing to submit the appropriate documentation to the College in order to apply for a license renewal. I think the college needs to list "who" belongs to a certain group like "officers" of a company." – Pharmacy Manager

"These documents are kept filed at my lawyers office, not necessarily difficult to obtain, but not readily available to me either." – Pharmacy Owner

"They will cost me $$. Why does every change the college makes cost me more money." – Pharmacy Owner

"One of our directors, a retired pharmacist and majority shareholder, is 87 years old." – Pharmacy Owner

"It is not possible to change an existing corporation's ownership that is shareholder of an existing pharmacy for many years." – Pharmacy Owner

"Many of these documents take time to obtain and are often in the possession of lawyers. There is an extra cost associated with obtaining all of these items." – Pharmacy Owner

"There is no description of how this proof [of eligibility] is to be provided." – Regional Office Pharmacy Support

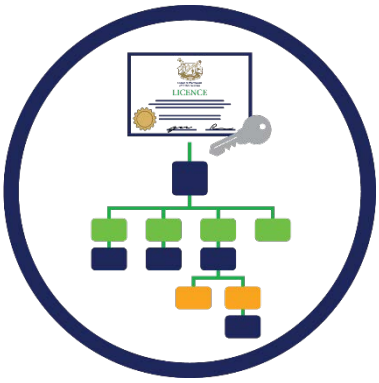
Pharmacy Diagrams

The College has an existing requirement for pharmacy diagrams and pre-opening inspection reports (including photos and videos) to be provided as part of new pharmacy license applications (or renovations). However, some respondents suggested that these items may be difficult to obtain. Additionally, while these documents will not be required for pharmacy renewals during the transition period, there appears to be a misconception that these documents would be required.

"Pharmacy diagrams, phot[os] or videos of existing pharmacies; most have already gone through this process at opening or last renovation; it is additional burden." – Pharmacy Owner

It was also suggested the imperial units specified in the bylaws (rather than metric) may present challenges if architecturally drawn diagrams are provided using metric measurements. However, this is a current College operational requirement and concerns have not been commonly raised about it. In such cases, the College could work directly with applicants to resolve this issue.

"Our pharmacy layout drawing is in metric not imperial as that is how architects in Canada draw plans." – Pharmacy Manager



PHARMACY LICENSURE PROCESS

The College sought feedback on the pharmacy licensure process. The College is updating the online pharmacy license application process to reflect the new requirements. Where possible, the College is working to find efficiencies that will optimize the application process for both the College and applicants. In particular, the College wanted to hear about who should have access to the College's web services (eServices) for a series of different functions associated with the pharmacy licence.

Finding Efficiencies

The College is in the process of developing an online application process using the College's (eServices) site to support the new licensure processes. The eServices secure site is already used for pharmacy licence renewal applications, and the College intends develop out further functionality to support the new requirements. Information provided by pharmacy owners will be associated with a pharmacy owner profile in eServices. Where possible, information provided during one application will be already available for subsequent applications that require the same information.

Stakeholders suggested that the ability to submit necessary information or review and attest to information early – such as up to 6-12 months ahead of the required deadline – would improve efficiency and reduce redundancy for pharmacy licence renewals. Similarly, it was suggested that those who may be identified as an owner of more than one pharmacy, such as shareholders of non-publicly traded companies, could be provided once and applied to multiple pharmacies. It was also suggested that the College look into how to improve the efficiency of attestations for owners of more than one pharmacy. For example, the College could look into allowing an owner of multiple pharmacies to review and attest to ownership and eligibility information for all of the pharmacies they own, at one time per year.

Others suggested that an owner and/or director should be able to review the overall status of their pharmacy license application. The status information should clearly identify which components (e.g., a shareholder who has not submitted a Criminal Record History check) are yet to be completed. This would help pharmacies in coordinating the completion of pharmacy licence applications.

"Will these forms be online and will they auto-populate so that an individual can provide one attestation for multiple pharmacies?" – Pharmacy Association

"There needs to be a way to only have to attest once per year for the indirect owners that nothing has changed that impacts their ability to own a pharmacy for multi store owners where the registration for different stores comes up on a monthly basis." – Pharmacy Owner

"I would like to know if we will be prompted before our license renew date to provide the all the documents required or should we collect them all up and provide them ASAP."
– Pharmacy Manager

"How far in advance can renewal applications be submitted (can larger companies do it eg. quarterly?)" – Pharmacy Association

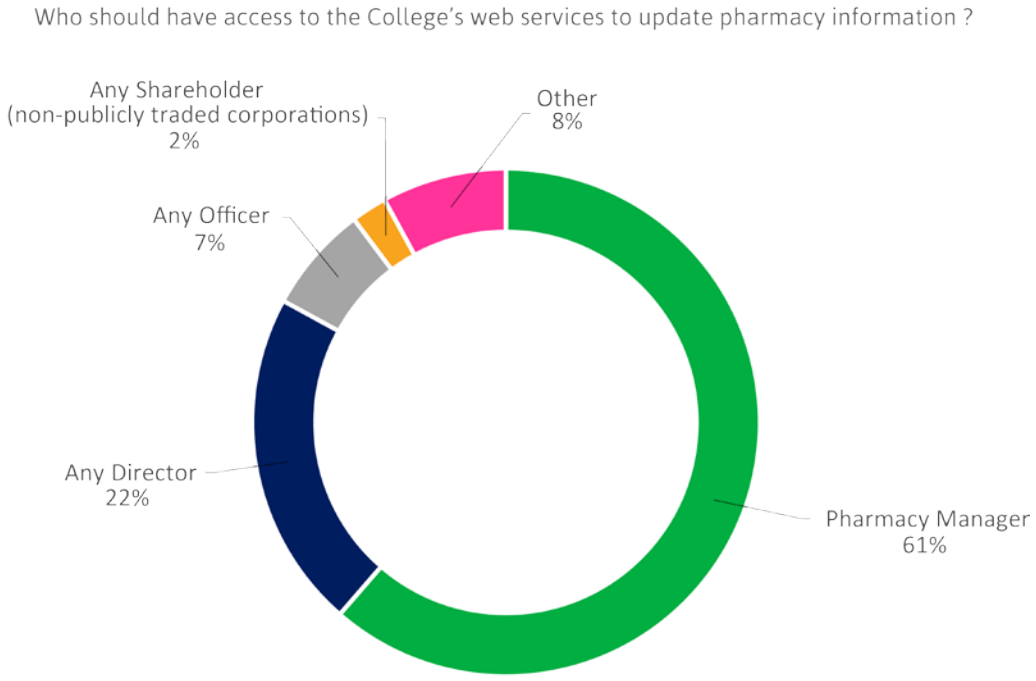
"Communication on where the individual's registration is at (whether it is their practice license or pharmacy license) will be key to the success of a smooth implementation of these new requirements." – Pharmacy Manager

Some also noted that a significant amount of information is also provided as part of PharmaCare Enrollment applications. Suggestions were made to look into opportunities to share information with PharmaCare to reduce duplication. The College is open to considering information sharing agreements to improve efficiency, where the information required by the College and PharmaCare is the same. However, some information requirements are significantly different, requiring the College to obtain that information directly from applicants. Additionally, the development and approval of an information sharing agreement with PharmaCare will likely take time; so, the College has developed bylaws requiring relevant information should such an agreement not be reached prior to March 2018.

"Seems to duplicate the exact paperwork for the recent Pharmacare application all stores were mandated to complete." – Pharmacy Owner

Updating Pharmacy Information

The College sought to hear from stakeholders on who should have access to the College's web services (eServices) to update pharmacy information such as, hours of operation and who works at the pharmacy. Overall, the majority of respondents indicated that the pharmacy manager should be responsible and have access to eServices to update this kind of information. However, over 20% suggested that a director should be able to update this kind of information. Additionally, some respondents suggested that only a single individual should be responsible for updating this information.



"Should be one person only to avoid conflict/confusion - should be the pharmacy manager who reports directly to owner/shareholders." – Pharmacy Owner

PHARMACY OWNER

PHARMACY OWNER

"Any directors or officers have chosen a pharmacy manager to be responsible for the day to day management of the pharmacy. It should be only one person who makes changes on eservices to avoid miscommunication. If you can't trust your pharmacy manager to do a simple task like changing hours of operation, they should not hold that position." – Pharmacy Owner

"Only one individual should be responsible for and answer for pertinent information such as hours of operation and pharmacy roster. The pharmacy manager is the only individual that is aware of the day to day operations." – Pharmacy Owner

PHARMACY OWNER

"Other" suggestions for who should have access to update this information, included:

- Designated directors, officers, owners or shareholders (not automatically granted)
- A pharmacy manager, director or officer designated by the owner
- Any registrant attached to the pharmacy
- Chief Executive Officer of the Corporation
- Owner pharmacist
- Pharmacist Only
- Any Director of the pharmacy company only (not a parent company)

"Currently as a director I cannot access this part of the e-services and must rely upon pharmacy managers who are not necessarily owners keeping this up to date. As an owner I should have access to it as I am signing documents saying it is accurate."
– Pharmacy Owner

"The CEO of a corporation should have the power to designate a pharmacy manager (so long as the manager is compliance with all legal requirements of a pharmacy manager)."
– Pharmacy Owner

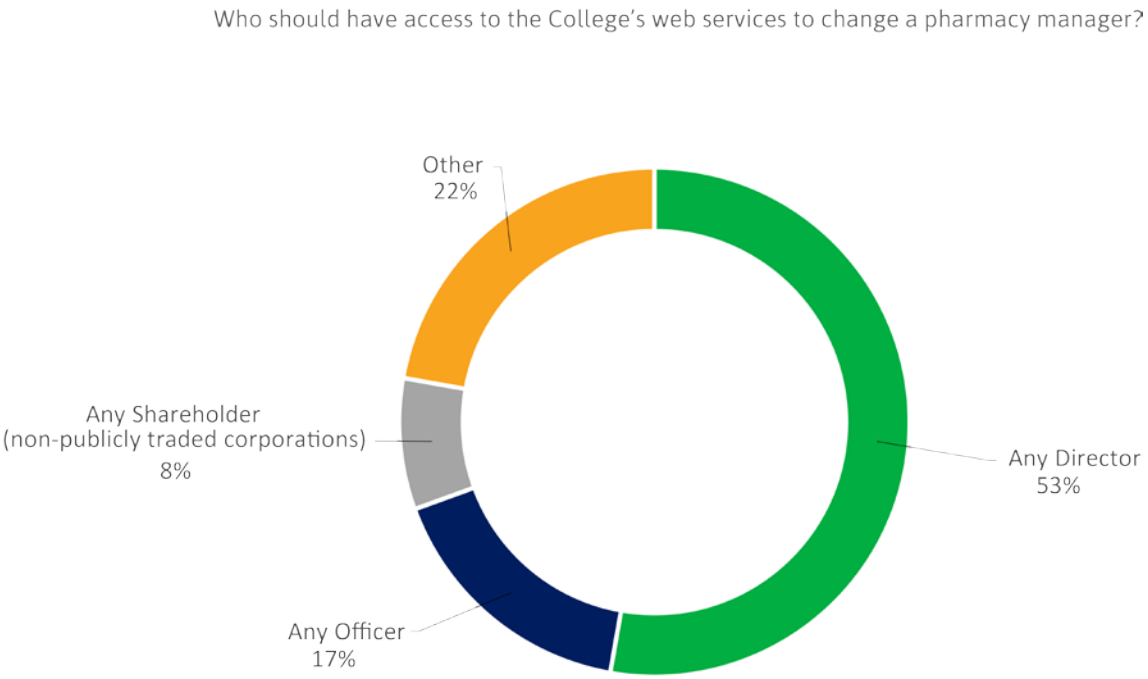
"If the pharmacy manager is not an owner then it would be helpful to allow directors to be able to access that information." – Pharmacy Owner

"Pharmacy managers as well as corporate officers should have access to the College's eservices website in order to ensure that all applicable operational details and documentation relevant to the day-to-day operations of the pharmacy are correct, up-to-date and readily accessible to the College Registrar." – Pharmacy Owner

"Pharmacist owners should not access e-service because they will abuse this information for their profit and make difficult for manager to operate pharmacy." – Pharmacy Manager

Change of Pharmacy Manager

The College sought to hear from stakeholders on who should have access to the College's web services (eServices) to change a pharmacy manager. The majority of respondents (53% of 56 respondents) indicated that this should be done by a director. Twenty-two percent provided alternative options, while 17% indicated that an Officer should be able to update the pharmacy manager. Only 8% felt that the shareholder should have access for this purpose.



"Other" suggestions for who should have access to update this information included:

- Designated directors, officers or owners
- A director or officer designated by the owner
- Pharmacy manager who is taking over the position
- Any director or any one listed with the College as a "special designate" not just any company officer
- Manager or director
- One officer or director assigned to staff hiring and firing
- Registrants only
- Chairman of the board or CEO of a corporation
- Only pharmacist director
- Pharmacist only
- Director not from a parent company but the pharmacy company only
- Pharmacy manager

"Owners who are not part of a company may need access also."
– Regional Office Pharmacy Support

"Should be only one person - president or another designate from the officers."
– Pharmacy Owner

"To have just any director or officer accessing this website would not be in the best interests of that college or the pharmacy." – Pharmacy Manager

"Any officer that is a licensed pharmacist." – Pharmacy Owner

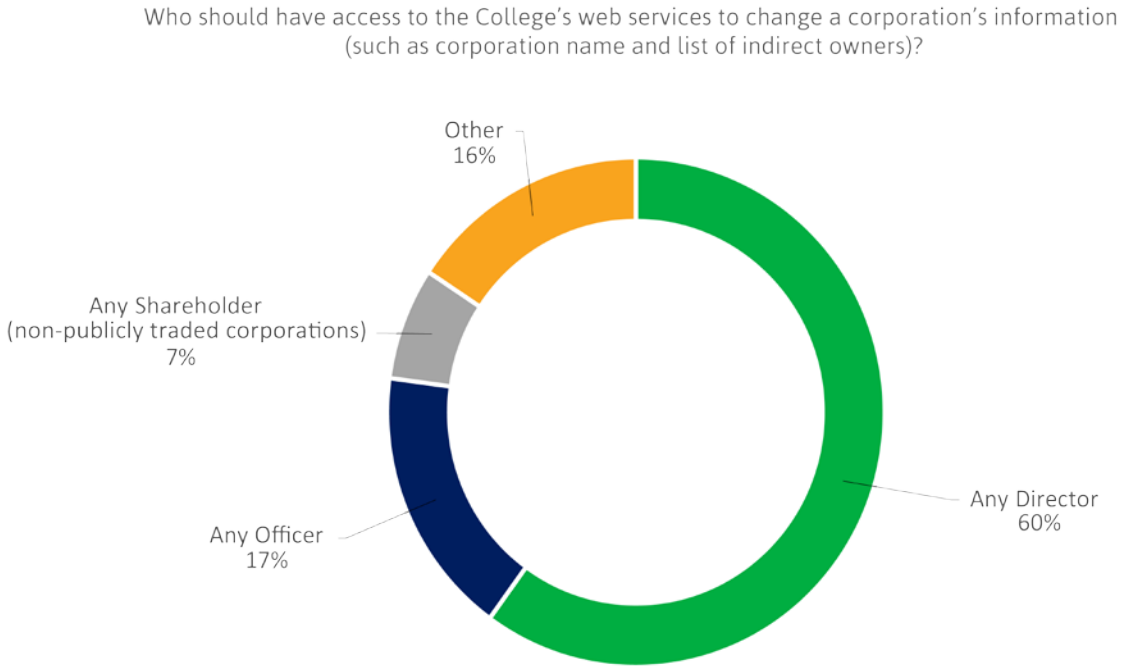
"The current pharmacy manager should have this capability too." – Pharmacy Manager

"Since pharmacy managers and directors can often be employees of the pharmacy (as well as have shareholder stakes), only officers should have access to the college's eservices website in order to ensure that details applicable to the pharmacy's current management are up-to-date and readily accessible to the college registrar."
– Pharmacy Owner

"Ideally the pharmacy manager should be involved in changing this information also."
– Pharmacy Manager

Updating Corporate Information

The College sought to hear from stakeholders on who should have access to the College's web services (eServices) to change a corporation's information such as, corporation name and list of indirect owners. The majority of respondents (60% of 56 respondents) indicated that this should be done by a director. Seventeen percent indicated that an officer should be given access to update this information. Sixteen percent provided specific alternatives as to who should have access to update this information. Only 7% indicated that shareholders of non-publically traded corporations should have access to update the pharmacy's corporate information. Some suggested that it would be important to also involve the manager.



"Other" suggestions for who should have access to update this information included:

- Director or officer designated by the owner
- Director or officer listed with the college as having been specially designated for this function
- Board chairman or officer appointed who is responsible specifically for this
- Any registrant attached to the pharmacy with access to e-services
- Chairman of the board or CEO of a corporation
- Only pharmacist director
- Pharmacist only
- Pharmacy manager
- Manager only

"I still believe only pharmacists should have direct authority on any pharmacy ownership changes, so would prefer only directors who are pharmacists have access to anything to do with the College." – Pharmacy Owner

"The pharmacy manager should be aware of all this and should be involved." – Pharmacy Manager

"I read this as allowing someone who can login anytime and change name of corporation name, owners, etc. It might circumvent some of the checks ie. criminal record checks that are normally required for registration. Should be a formal process ie. legal documents would need to be presented showing the changes." – Pharmacy Owner

"Any officer that is a licensed pharmacist." – Pharmacy Owner

"Since pharmacy directors can often be employees of the pharmacy with no access to the pharmacy's corporate registry which is often only accessible to the corporation's officer; only officers should have access to the College's eServices website to ensure that all ownership details and documentation is correct, up-to-date and easily accessible to the College Registrar." – Pharmacy Owner

REACHING PHARMACY OWNERS IN BC

The College sought feedback on how to best reach pharmacy owners who are not pharmacists, to ensure they are aware of the new requirements. Existing requirements under the *Pharmacy Ownership and Drug Scheduling Act* do not require the identification of all direct and indirect pharmacy owners. As a result, the College only has contact information for pharmacy owners who are also registered pharmacy professionals with the College. This makes it challenging for the College to reach out to non-registrant pharmacy owners to notify them of the new requirements.

Stakeholders also suggested that reaching these pharmacy owners may be difficult. With a range of demographic profiles possible for non-registrant owners, effective communication methods will vary depending on the individual. For example, for some individuals, email is an effective tool, while for others, especially in the case of elderly owners, phone calls, physical mail or in-person meetings may work better. It's also clear that managers as well as directors who are pharmacists will be essential in helping communicate the new requirements to non-registrant owners.

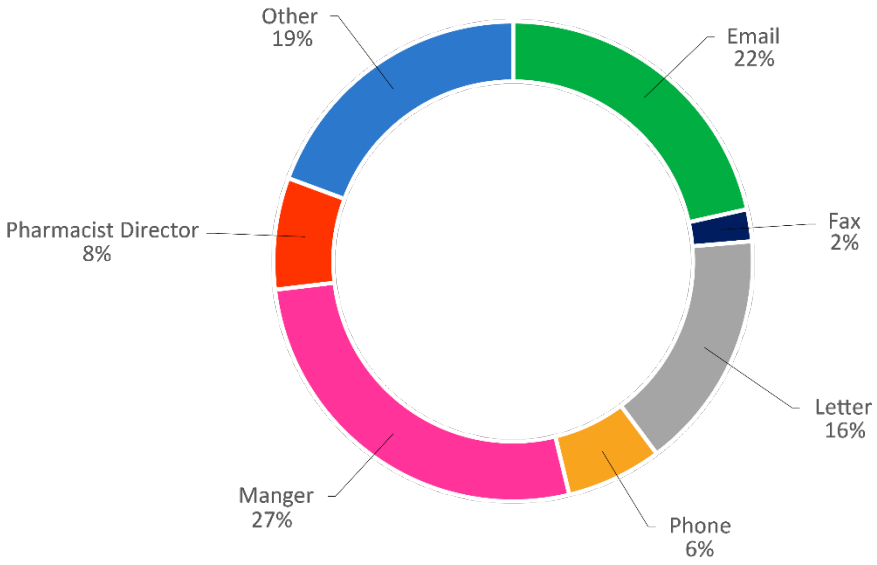
"That is going to be a very difficult process for the college to do. It will need to be done by the directors of the corporation." – Pharmacy Owner

"Have pharmacist owners notify any non-pharmacist owners of their business." – Pharmacy Owner

"One of our directors, a retired pharmacist and majority shareholder, is 87 years old." – Pharmacy Owner

Just over a quarter of respondents (27% of 55 responses) indicated that working through the manager would be the best approach to reaching out to non-registrant owners. While managers may not have contact information for all the indirect owners of a pharmacy, they were identified as a useful starting point. Over 20% indicated that email was a key tool to use in communicating with pharmacy owners.. However, pairing email with a physical address based mail or registered mail was also suggested. Some respondents made other suggestions, such as finding names and contact information through the BC Business Corporations Register and contacting the owners directly, or provided comments suggesting the College should already have this information. Only 8% specifically suggested working directly with a pharmacist director. Phone calls were only highlighted as an effective tool by 8% of respondents, while fax was an even less popular (2% of respondents).

How can the College best reach pharmacy owners who are not pharmacists to ensure they are aware of the new requirements?



"This could be done through the pharmacy managers. Responsibility for compliance with bylaws already falls on their shoulders so this isn't really big new burden and each location already has a manager attached to it." – Pharmacy Owner

PHARMACY OWNER

PHARMACY OWNER

"Either an email or traditional mail notification sent to the pharmacy manager to be forwarded to the appropriate person(s)." – Pharmacy Owner

"Registered mail." – Pharmacy Owner

"Canada Post mail followed by email." – Pharmacy Owner

We also heard that providing information and renewal notices early will be important part of the communications strategy for the new pharmacy ownership requirements.

"Although agree new requirements are a good idea, difficult to understand how to implement. [I] hope we will be informed of new requirements well before renewal date." – Pharmacy Owner

Some respondents were also surprised the College did not already have the contact information of all pharmacy owners regardless of whether they are pharmacy owners. Others suggested this contact information is already publically available.

"I'm surprised that the name of the ownership group isn't on file with the College. The registrar of companies should have names and contact info for officers and directors. For non corporate ownership the pharmacy manager could be made responsible to pass the information along. – Pharmacy Owner

"All corporations doing business in BC must be registered under the Business Corporations Act, so I would think that the College need only search the Business Corporations Register and look for the registered addresses of any companies that own pharmacies and send notices." – Pharmacy Owner

"Write to the direct owners e.g. the record office of the company." – Pharmacy Owner

"Those individuals should be known to the college through licensing with their current address, phone number, email required." – Pharmacy Owner

CONCLUSION

It was important to hear from pharmacy managers and owners with respect to the College's draft amendments to the *Pharmacy Operations* and *Drug Scheduling Act* Bylaws and forms, and its proposed pharmacy licensure processes to incorporate the new pharmacy ownership requirements. These new requirements will result in significant changes to the pharmacy licensure process, making it important to receive feedback. Feedback provided through the in-person/web-conference workshops and online survey was very constructive and valuable in helping inform the College's approach to operationalizing the new pharmacy ownership requirements through its bylaws, pharmacy licensure process and communications. The College would like to thank everyone who participated in the engagement.

The College continues to welcome comments, questions and suggestions from stakeholders through ownership@bcpharmpharmacists.org. More information about the new pharmacy ownership requirements is available at bcpharmacists.org/ownership.

College of Pharmacists of British Columbia

Board Meeting
June 23, 2017

6. Legislation Review Committee
b. HPA Bylaws – Public Posting (Board Terms of Office)

DECISIONS REQUIRED

Recommended Board Motions:

(1) Amend the Health Professions Act – Bylaws, to implement a change to the board election cycle whereby elections for four electoral districts are held in each of the first two years, and in the third year, no election is held.

(2) Approve the following resolution:

"RESOLVED THAT, in accordance with the authority established in section 19(1)(6.2) of the Health Professions Act, the board approve the proposed draft bylaws of the College of Pharmacists of British Columbia, regarding elected board member terms of office and the board election cycle, for public posting as circulated."

Purpose

To seek Board approval on, (1) policy direction on changing Board terms of office as well as the Board election cycle; and, (2) approval to publicly post the corresponding proposed bylaws to implement the Board term and election cycle decision.

Background

Currently, elected College Board members are drawn from eight geographical districts and, according to s. 7(1) of the *Health Professions Act* (HPA) – Bylaws, are elected for two-year terms. Section 7(2) of the HPA Bylaws limits elected Board members' tenure to three consecutive terms.

On November 18, 2016, as recommended by the Governance Committee, the Board directed, "*the Registrar to pursue a bylaw amendment that would change the term of office for elected Board members from two years to three years, and from a maximum of three consecutive terms to a maximum of two consecutive terms*."

At the February 2017 Board meeting, a status update on the terms of office project was provided in the consent agenda. In that update, it was noted that a change to the Board member terms of office would not be feasible for the 2017 election. More specifically, it was noted that:

- The HPA requires that any amendments to the bylaws (subject to limited exemptions, such as fee amendments, etc.) must include a 90-day public posting period, along with a 60-day filing period with the Minister of Health.
- The planning and operational processes for annual elections begins in mid-summer.
- Given the above-noted legislative timelines along with the operational capacity and time needed to organize elections, it is not feasible for the Board member term of office amendments to take effect for the 2017 elections.

As such, the options outlined below assume that any proposed Board term of office and election schedule changes will be made effective for the 2018 election.

Discussion

An amendment to ss. 7(1) and 7(2) of the HPA Bylaws to change the term length and maximum number of consecutive terms of elected Board members, is a straightforward amendment. However, such changes impact s.7(3) of the HPA Bylaws regarding the Board election cycle.

Currently, s.7(3) of the HPA Bylaws states that the terms of elected Board members from odd-numbered electoral districts must commence and end in odd-numbered years, and the terms of elected Board members from even-numbered electoral districts must commence and end in even-numbered years. Amending the terms of office of elected Board members from two to three years, will require an amendment to s.7(3), as it would not be possible to meet the timeline requirements set out in that section.

In order to seek a bylaw amendment to s.7(3), a policy decision is first required with respect to the election cycle process. The following three potential options have been identified:

- The College holds an election every three years (i.e., the whole Board is elected, and no staggering of elections is permitted).
- The College holds an election each year (i.e., an election for three districts is held in each of the first two years, and an election for two districts is held in the third year).
- The College holds an election in each of two years, and in the third year there is no election held (i.e., elections for four districts is held in each of first two years, and then there is a year without elections).

With respect to the above-noted options, the first option was not considered suitable, as all elected Board members would be up for election at the same time. This could significantly limit consistency in decision-making and the ability of more experienced elected Board members to provide mentorship to new members. As such, College staff have explored the other two options.

Options

Option One: The College Holds an Election Each Year

- In this option, the Board elections would follow a three year cycle: an election for three districts is held in each of the first two years, and an election for two districts is held in the third year.
- Districts 2, 4, and 6 would begin the cycle, as those districts are due for election in 2018. As such, commencing in 2018, elections for districts 2, 4 and 6 would be held in the first year of the cycle, and elections for districts 1, 3 and 5 would be held in the second year of the cycle. Elections for districts 7 and 8 would be held in the third year of the cycle.
- In order to have districts 7 and 8 track to the correct schedule of elections, transition elections would be needed for those districts. The election for district 8 would be held in November 2018 to elect a member from that district to a two-year term and an election for district 7 would be held in November 2019 to elect a member from that district to a one-year term. The election cycle is further outlined in Appendix 1.
- Limiting the number of consecutive terms to two consecutive terms, would limit the ability of existing Board members to serve up to six years on the Board. An overview, which assumes that all existing Board members will seek re-election and be re-elected, is attached in Appendix 1.
- Draft bylaws outlining this option are attached in Appendix 2.

Pros:

- Addresses the Board's direction to change the terms to three years.
- Allows for election staggering, so that all elected Board members are not elected at one time.
- Consistent with s.4(1) of the HPA Bylaws that requires an election to be held every year.

Cons:

- This option does result in a more complex election schedule, due to the short-term need for a transition period for two electoral districts.
- Would limit the ability of current Board members, who are eligible to seek re-election, from serving on the Board for six years. However, newer Board members would not face these same restrictions.

Option Two: The College Holds an Election in Each of Two Years; No Election is Held in the Third Year

- Elections would be on a three year cycle, with elections for four districts being held in each of first two years, and in the third year, no election is held.
- Commencing with the November 2018 elections, Board members from even-numbered electoral districts (i.e., districts 2, 4, 6 and 8) would be elected in the first year of the cycle, and Board members from odd-numbered electoral districts (i.e., districts 1, 3, 5, and 7) would be elected in the second year of the cycle. No election would be held in the third year of the cycle. The election cycle is further outlined in Appendix 3.
- The provisions limiting the number of consecutive terms to two terms, would also limit the ability of existing Board member to serve up to six years on the Board. An overview, which assumes that all existing Board members will seek re-election and be re-elected, is attached in Appendix 3.
- This option will require a further amendment to s.4(1) of the HPA-Bylaws that requires an election to be held every calendar year.

- Draft bylaws outlining this approach are attached in Appendix 4.

  Pros:
  - Addresses the Board's direction to change the terms to three years.
  - Allows for staggering of elections, so that all elected Board members are not elected at one time.
  - Fairly consistent with the current election schedule, where four districts are elected at one time.
  - A less complex election schedule than outlined in Option 1, as no transition election is required.

  Cons:
  - Would limit the ability of current Board members, who are eligible to seek re-election, from serving on the Board for six years. However, newer Board members would not face these same restrictions.
  - Would require an additional amendment to s.4(1) of the HPA Bylaws that requires an election to be held every calendar year. However, that is not expected to raise significant stakeholder concerns.

Other Considered Options

Staff considered other potential options to implement the requested changes, including:

- Appointing existing Board members who complete two terms, but not six years of service on the Board. This would be done so that these members could serve six years on the Board. However, staff recommend not proceeding with this option. While the Board is able, under s.10(1) of the HPA-Bylaws, to appoint a member due to a position vacancy, the Board would be appointing a majority of the Board membership. This approach may receive negative stakeholder reaction, as a democratic Board election process is expected by registrants.
- Removing the requirement for maximum of consecutive *terms*, and instead, inserting a maximum number of consecutive *years* that a member can serve on the Board. However, staff recommend not proceeding with this option. Such an approach makes it very difficult to have a consistent election schedule, as a number of Board appointments may be needed.
- Delaying the implementation date of the term and election schedule changes to 2020 or 2021. This option could limit the impact on existing Board members (assuming all elected Board members who are eligible to run for election, do run, and are elected). However, this option is not recommended. Should Board membership change prior to 2020 or 2021, newly elected Board members, who did not vote in support of the change, would be impacted. See Appendix 5 for further information.

Recommendation

It is recommended that the Board choose Option 2 for the following reasons:

- Addresses the Board's direction to amend the terms of office for elected Board members, from two to three years, and to a maximum of two consecutive terms.
- Fairly consistent with the current election schedule, whereby four electoral districts are "up" for election at one time.

- Does not require a transition schedule for specific electoral districts, and as such, is a more straightforward and consistently applied approach.

Appendix	
1	Overview of Option 1
2	HPA Bylaws – Track Changes Outlining Option 1
3	Overview of Option 2
4	HPA Bylaws – Track Changes Outlining Option 2
5	Overview of Delayed Implementation (i.e., 2020 or 2021)

Appendix 1

Option 1: Have an Election Each Year (e.g., elections for three districts in each of the first two years, and two elections in the third year)*

Proposed Corresponding Election Cycle

Election Calendar*									
Electoral District	2017	2018**	2019	2020	2021	2022	2023	2024	2025
District 1	X		X			X			X
District 2		X			X			X	
District 3	X		X			X			X
District 4		X			X			X	
District 5	X		X			X			X
District 6		X			X			X	
District 7	X		X	X			X		
District 8		X		X			X		

** X - indicates an election*

*** Beginning of the new Board term of office cycle*

Potential Impact on Existing Board Members*

	Current Term Information			Years									
Elected Board Member	Start	End	On Term #	2017	2018*	2019	2020	2021	2022	2023	2024	2025	Total Maximum Years Served
Mona Kwong (District 1)	21-Nov-15	20-Nov-17	1	X		***X***							Served 4 years (two terms)
Ming Chang (District 2)	21-Nov-14	20-Nov-18	2		***X***								Served 4 years (two terms)
Tara Oxford (District 3)	21-Nov-15	20-Nov-17	1	X		***X***							Served 4 years (two terms)
Christopher Szeman (District 4)	18-Nov-16	17-Nov-18	1		X			***X***					Served 5 years (two terms)
Frank Lucarelli (District 5)	21-Nov-15	20-Nov-17	1	X		***X***							Served 4 years (two terms)
Anar Dossa (District 6)	16-Nov-12	14-Nov-18	3		***X***								Served 6 years (three terms)
Arden Barry (District 7)	21-Nov-15	20-Nov-17	1	X		***X***							Served 4 years (two terms)
Sorell Wellon (District 8)	4-Apr-16	18-Nov-18	1		X		***X***						Served 4 years (two terms)

** Assumes that eligible elected Board members run for election and become elected.*

*** Beginning of the new Board term of office cycle*

X *Indicates the final year that the elected Board member would be eligible to serve*

Health Professions Act – BYLAWS

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Definitions

1. In these bylaws:

"*Act*" means the *Health Professions Act*;

"appointed board member" means

(a) a person appointed to the board under section 17(3)(b) of the *Act,* or

(b) prior to the first election referred to in section 17(2)(a) of the *Act*, a person appointed under section 17(2)(a) of the *Act* to represent the public on the first board;

"ballot" means an electronic ballot;

"board" means the board of the college;

"board member" means an appointed board member or an elected board member;

"chair" means the chair of the board elected under section 12;

"child-resistant package" means a package that complies with the requirements of the Canadian Standards Association Standard CAN/CSA-Z76.1-06, published in 2006 as amended from time to time;

"controlled drug substance" means a drug which includes a controlled substance listed in Schedule I, II, III, IV or V of the *Controlled Drugs and Substances Act* (Canada);

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

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

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

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

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

"elected board member" means a full pharmacist board member or a pharmacy technician board member;

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

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

"full pharmacist board member" means

(a) a full pharmacist elected to the board under section 17(3)(a) of the *Act* or appointed to the board under section 10, or

(b) prior to the first election referred to in section 17(2)(a) of the *Act*, a person appointed under section 17(2)(a) of the *Act* to represent the health profession on the first board;

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

"in good standing" in respect of a registrant means

(a) the registration of the registrant is not suspended under the *Act*, and

(b) no limits or conditions are imposed on the registrant's practice of pharmacy under section 20(2.1), 20(3), 32.2, 32.3, 33, 35, 36, 37.1, 38, 39, or 39.1 of the *Act*;

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

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

"medication" has the same meaning as "drug";

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

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

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

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

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

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

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

"practising pharmacist" means a full pharmacist, limited pharmacist, temporary pharmacist or student pharmacist;

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

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

"public representative" means a person who

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

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

and includes an appointed board member;

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

"record" means a "record" as defined in Schedule 1 of the *Freedom of Information and Protection of Privacy Act*;

"Regulation" means the Pharmacists Regulation, B.C. Reg. 417/2008;

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

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

"vice-chair" means the vice-chair of the board elected under section 12 of the *Act*.

PART I – College Board, Committees and Panels
Composition of Board

2. The board consists of

(a) 7 full pharmacist board members,

(b) 1 pharmacy technician board member, and

(c) the appointed board members.

Composition of the Board – Transitional

2.1 Despite section 2, until the start of the November 2010 board meeting, the board consists of

(a) 7 full pharmacist board members, and

(b) the appointed board members

Electoral Districts

3. (1) For the purpose of elections of full pharmacist board members under section 17(3)(a) of the *Act*, electoral districts are established as follows:

(a) the province of British Columbia is divided into 7 electoral districts, the boundaries of which are set out in Schedule "B";

(b) the number of full pharmacist board members elected from each electoral district is 1;

(c) electoral district boundaries described in paragraph (a) may be changed only by special resolution amending Schedule "B";

(d) a full pharmacist who has only 1 place of practice which is not a hospital must be assigned to an electoral district from among Districts 1 to 5, according to the location of the full pharmacist's place of practice;

(e) a full pharmacist who has only 1 place of practice which is a hospital must be assigned to District 6 or 7, according to the location of the hospital;

(f) a full pharmacist who practices in more than 1 electoral district must be assigned to the electoral district in which the full pharmacist's primary place of practice is located;

(g) a full pharmacist who does not practice must be assigned to the electoral district within which he or she resides.

(2) For the purpose of election of pharmacy technician board members under section 17(3)(a) of the *Act*, the electoral district is the province of British Columbia.

Notice of Election

4. (1) An election under section 17(3)(a) of the *Act* must be held in each calendar year, by electronic means approved by the registrar, at a date determined by the registrar that is at least 21 days prior to the date of the November board meeting in that year.

(2) The registrar must deliver a notice of election in Form 1 to every full pharmacist and pharmacy technician assigned to the electoral districts which are to elect board members in the election, at least 60 days prior to the election date.

(3) The accidental omission to deliver notice of an election to, or the non-receipt of such a notice, by any person entitled to receive notice does not invalidate the election, any proceedings in relation thereto, or the results thereof.

Eligibility and Nominations

5. (1) To be eligible for election to the board under section 17(3)(a) of the *Act*, a registrant must be

(a) a full pharmacist or pharmacy technician,

(b) in good standing, and

(c) assigned to the electoral district in which he or she is nominated.

(2) A full pharmacist or pharmacy technician is not eligible to be elected to the board if he or she is employed by the college or is engaged in a contract or assignment providing goods or services to the college.

(3) A nomination for a full pharmacist board member must be endorsed by 3 full pharmacists who are in good standing and are assigned to the electoral district in which the nominee is standing for election.

(4) A nomination for a pharmacy technician board member must be endorsed by 3 pharmacy technicians who are in good standing.

(5) A nomination must be delivered to the registrar at least 45 days prior to the election date.

(6) A nomination must be in Form 2.

Election Procedure

6. (1) If there is only 1 nominee for a vacant position at the close of nominations, the nominee for that position is elected by acclamation.

(2) Only full pharmacists and pharmacy technicians, who are in good standing, are eligible to vote in an election under section 17(3)(a) of the *Act.*

(3) A full pharmacist or pharmacy technician eligible to vote under subsection (2) is eligible to vote only in the electoral district to which he or she is assigned for an election.

(4) The registrar must deliver to each full pharmacist and pharmacy technician who is eligible to vote the instructions for voting electronically in the election at least 30 days prior to the election date.

(5) Each full pharmacist and pharmacy technician who is eligible to vote is entitled to 1 ballot and may vote in favour of 1 candidate for the

vacant position.

(6) A ballot does not count unless it is cast no later than 5:00 p.m. Pacific Time on the election date.

(7) The candidate for a vacant position receiving the most votes on the return of the ballots is elected.

(8) In the case of a tie vote, the registrar must select the successful candidate by random draw.

(9) In the event that there are no nominees for a vacant position, the board may fill the vacant position in accordance with section 10.

(10) The registrar must supervise and administer all elections under section 17(3)(a) of the *Act* and may establish additional procedures consistent with these bylaws for that purpose.

(11) The registrar may determine any dispute or irregularity with respect to any nomination, ballot or election.

(12) The registrar must use Form 3 to certify newly elected members of the board under section 17.1(1) of the *Act*.

(13) If there is an interruption of electronic service during the nomination period or election, the registrar may extend the deadline for delivery of nominations or casting of ballots for such period of time as the registrar considers necessary in the circumstances.

Terms of Office

7. (1) Subject to section 7.1(2), t~~T~~he term of office for an elected board member is 3~~2~~ years, commencing at the start of the November board meeting following that board member's election.

(2) An elected board member may serve a maximum of 2~~3~~ consecutive terms.

~~(3) The terms of office of the elected board members from odd-numbered electoral districts must commence and end in odd-numbered years, and the terms of office of elected board members from even-numbered electoral districts must commence and end in even-numbered years.~~

~~(4)~~ (3) Subsections (1) and~~to~~ (2~~3~~) do not apply prior to the first election referred to in section 17(2)(a) of the *Act*.

Election Cycle

7.1 (1) Commencing with the 2018 elections and subject to subsection (2), elections shall follow a three-year cycle pursuant to which elections for Districts 2, 4 and 6 shall be held in the first year of the cycle, elections for

Districts 1, 3 and 5 shall be held in the second year of the cycle, and elections for Districts 7 and 8 shall be held in the third year of the cycle.

(2) Notwithstanding subsection (1) and section 7(1), an election for District 8 shall be held in 2018 to elect a representative for that district to a two-year term and an election for District 7 shall be held in 2019 to elect a representative for that district to a one-year term.

Ceasing to Hold Office as a Board Member

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

(a) ceases to be a full pharmacist or pharmacy technician, in good standing,

(b) submits a written resignation to the chair,

(c) becomes an employee of the college or engaged in a contract or assignment providing goods or services to the college,

(d) is removed by a special resolution of the board, if notice of the proposal to remove the elected board member has been included with the notice of the board meeting, or

(e) is absent from 3 or more consecutive board meetings for reasons which the board finds unacceptable.

(2) Subsection (1) does not apply prior to the first election referred to in section 17(2)(a) of the *Act*.

First Election and Terms of Office

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

Vacancy

10. (1) In the event of a vacancy in an elected board member position, the board may, by special resolution, appoint a full pharmacist or pharmacy technician, as applicable, eligible under section 5 for election to fill the position until the next election.

(2) Subsection (1) does not apply prior to the first election referred to in section 17(2)(a) of the *Act*.

Remuneration of Board and Committee Members

11. All board members and committee members are equally entitled to be

(a) remunerated for time spent on business of the college in the amount approved by the board from time to time, and

(b) reimbursed by the college for reasonable expenses necessarily

incurred in connection with the business of the college.

Chair and Vice-Chair

12. (1) The chair must

(a) preside at all board meetings,

(b) sign certificates, diplomas and other instruments executed on behalf of the college as required, and

(c) act in accordance with the requirements of his or her office for the proper carrying out of the duties of the board.

(2) At the November board meeting in each calendar year, the board members must elect a chair by a majority vote in accordance with the following procedure:

(a) the acting chair for the meeting must call for nominations;

(b) if there is only 1 nominee, he or she is elected by acclamation;

(c) if there is more than 1 nominee, an election must be held by secret ballot, and the person with the most votes is elected;

(d) if there is a tie vote, there must be a second vote immediately following the first vote;

(e) if there is a second tie vote, the new chair must be selected by random draw.

(3) The chair's term of office as chair is 1 year, commencing at the election of the vice-chair under subsection (4), and ending at the start of the November board meeting in the next calendar year.

(4) Immediately following the election of the chair under subsection (2), the board members must elect a vice-chair by a majority vote in accordance with the procedure set out in subsection (2).

(5) The vice-chair's term of office as vice-chair is 1 year, commencing at his or her election under subsection (4), and ending at the start of the November board meeting in the next calendar year.

(6) The vice-chair must perform the duties of the chair in the chair's absence.

(7) In the absence of both the chair and the vice-chair, an acting chair for a board meeting must be elected by a majority vote of the board members present.

(8) Despite subsections (2) to (5), the board members must elect a chair and vice-chair in accordance with the procedure set out in subsection (2), each to serve a term ending at the start of the November 2009

board meeting.

Board Meetings

13. (1) The board must meet at least 4 times in each calendar year, including one meeting in November, and must provide reasonable notice of board meetings to board members, registrants and the public.

(2) The accidental omission to deliver notice of a board meeting to, or the non-receipt of a notice by, any person entitled to receive notice does not invalidate proceedings at that meeting.

(3) Despite subsection (1), the chair or registrar may call a meeting of the board without providing notice to registrants or the public if necessary to conduct urgent business.

(4) The registrar must call a board meeting at the request of the chair or any 3 board members.

(5) The registrar must provide the following to members of the public on request:

(a) details of the time and place of a board meeting;

(b) a copy of the agenda;

(c) a copy of the minutes of any preceding board meeting.

(6) Subject to subsection (7), board meetings must be open to registrants and the public.

(7) The board may exclude any person from any part of a board meeting if it is satisfied that

(a) financial, personal or other matters may be disclosed of such a nature that the desirability of avoiding public disclosure of them in the interest of any person affected or in the public interest outweighs the desirability of adhering to the principle that meetings be open to the public,

(b) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced,

(c) personnel matters or property acquisitions will be discussed,

(d) the contents of examinations will be discussed,

(e) communications with the Office of the Ombudsman will be discussed, or

(f) instructions will be given to or opinions received from legal counsel for the college, the board, or a committee.

(8) If the board excludes any person from a part of a board meeting, it

must have its reasons for doing so noted in the minutes of the meeting.

(9) The registrar must ensure that minutes are taken at each board meeting and retained on file, and must publish them on the college website.

(10) A majority of the total number of board members constitutes a quorum.

(11) The chair is entitled to vote on all motions, and is also entitled to speak in debate, but not in preference to other board members.

(12) A written resolution signed by all board members is valid and binding and of the same effect as if such resolution had been duly passed at a board meeting.

(13) In case of an equality of votes the chair does not have a casting or second vote in addition to the vote to which he or she is entitled as a board member and the proposed resolution does not pass.

(14) The board may meet and conduct business using video-conferencing or tele-conference connections or by other electronic means when some or all of the board members are unable to meet in person.

(15) Except as otherwise provided in the *Act*, the regulations, or these bylaws, the most recent edition of Robert's Rules of Order governs the procedures at meetings of the board.

Registration Committee

14. (1) The registration committee is established consisting of at least 6 persons appointed by the board.

(2) At least 1/3 of the registration committee must consist of public representatives, at least one of whom must be an appointed board member.

Inquiry Committee

15. (1) The inquiry committee is established consisting of at least 6 persons appointed by the board.

(2) At least 1/3 of the inquiry committee must consist of public representatives, at least one of whom must be an appointed board member.

Practice Review Committee

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

(2) At least 1/3 of the practice review committee must consist of public representatives, at least one of whom must be an appointed board member.

(3) The practice review committee is responsible for monitoring standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants.

(4) The practice review committee may receive reports made to the registrar, inquiry committee or discipline committee in respect of

(a) matters specified in section 17(1) of the *Pharmacy Operations and Drug Scheduling Act,* including without limitation reports under section 18 of that Act, and

(b) matters specified in section 28(1) of the *Health Professions Act*, including without limitation reports under section 28(3) of that Act.

(5) Upon receipt of a report described in subsection (4), the practice review committee may

(a) review the report, and

(b) as it considers appropriate in the circumstances, refer a matter arising from that review to the inquiry committee, quality assurance committee or registrar.

Application Committee

15.2 (1) The application committee within the meaning of section 1 of the *Pharmacy Operations and Drug Scheduling Act [SBC 2003] c.77 is established consisting of at least 6 persons appointed by the board.*

(2) At least 1/3 of the application committee must consist of public representatives, at least one of whom must be an appointed board member.

Discipline Committee

16. (1) The discipline committee is established consisting of at least 6 persons appointed by the board.

(2) At least 1/3 of the discipline committee must consist of public representatives, at least one of whom must be an appointed board member.

Quality Assurance Committee

17. (1) The quality assurance committee is established consisting of at least 6 persons appointed by the board.

(2) At least 1/3 of the quality assurance committee must consist of public representatives, at least one of whom must be an appointed board member.

Drug Administration Committee

18. (1) The drug administration committee is established consisting of at least 4 and no more than 7 persons appointed by the board.

(2) The committee must include

(a) one full pharmacist,

(b) one medical practitioner confirmed by the College of Physicians and Surgeons of British Columbia as suitable for membership on the committee,

(c) one registered nurse confirmed by the College of Registered Nurses of British Columbia as suitable for membership on the committee, and

(d) one person nominated by the Ministry of Health Services.

(3) The drug administration committee

(a) must review, develop and recommend to the board standards, limits and conditions respecting the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Regulation for the purposes of preventing diseases, disorders and conditions, and

(b) may

(i) review the role of practising pharmacists in regard to the performance of restricted activities under section 4(1) (c.1) of the Regulation, and

(ii) make recommendations to the board, for submission to the Ministry of Health Services, respecting the standards, limits and conditions for practice and any other requirements it considers necessary or appropriate to support the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Regulation for the purposes of treating diseases, disorders and conditions.

(4) The committee may consult, as it considers necessary or appropriate, with registrants or other individuals who have expertise relevant to drug administration or on any other matter considered by the committee.

Committees

19. (1) A person appointed to a committee established under these bylaws

(a) serves for a term determined by the board not exceeding 2 years, and

(b) is eligible for reappointment but may not serve more than 3 consecutive terms.

(2) A committee member may be removed by a majority vote of the board.

(3) The board must appoint a committee chair and a committee vice-chair from among the members of the committee.

(4) Each committee must submit a report of its activities to the board annually or as required by the board.

(5) The registrar is an ex officio non-voting member of the committees established under these bylaws.

(6) The chair is a non-voting ex-officio member of all committees, except in respect of a committee to which he or she has been appointed under these bylaws, in which case he or she has the right to vote.

Committee Panels

20. (1) The registration committee, inquiry committee, practice review committee, application committee, discipline committee and quality assurance committee may meet in panels of at least 3 but not more than 5 persons, and each panel must include at least 1/3 public representatives.

(2) The chair of a committee referred to in subsection (1) must appoint the members of a panel and must designate a chair of the panel.

(3) A panel of a committee referred to in subsection (1) may exercise any power or perform any duty of that committee.

Meetings of a Committee or Panel

21. (1) A majority of a committee constitutes a quorum.

(2) All members of a panel constitute a quorum.

PART II – College Administration
Registrar/Deputy Registrar

22. (1) The registrar is authorized to establish, by bylaw, forms for the purposes of the bylaws, and to require the use of such forms by registrants.

(2) If a deputy registrar is appointed by the board,

(a) the deputy registrar is authorized to perform all duties and exercise all powers of the registrar, subject to the direction of the registrar, and

(b) if the registrar is absent or unable to act for any reason, the deputy registrar is authorized to perform all duties and exercise all powers of the registrar.

Seal

23. (1) The board must approve a seal for the college.

(2) The seal of the college must be affixed, by those persons designated by the board, to the documents determined by the board.

Fiscal Year

24. The fiscal year of the college commences on March 1st and ends on the last day of February of the following year.

Banking

25. The board must establish and maintain such accounts with a chartered bank, trust company or credit union as the board determines to be necessary from time to time.

Payments and Commitments

26. The board must approve an operating and capital budget for each fiscal year, and may amend the approved budget from time to time.

Investments

27. The board may invest funds of the college in accordance with the board's investment policy which must be consistent with sections 15.1 and 15.2 of the *Trustee Act.*

Auditor

28. (1) The board must appoint a chartered accountant or a certified general accountant to be the auditor.

(2) The registrar must submit the financial statement to the auditor within 60 days of the end of the fiscal year.

(3) A copy of the auditor's report must be included in the annual report.

Legal Counsel

29. The board or, with the approval of the registrar, a committee or panel, may retain legal counsel for the purpose of assisting the board, a

committee or a panel in exercising any power or performing any duty under the *Act*.

General Meetings

30. (1) General meetings of the college must be held in British Columbia at a time and place determined by the board.

(2) The first annual general meeting must be held before October 1, 2010, and after that an annual general meeting must be held at least once in every calendar year and not more than 20 months after the holding of the last preceding annual general meeting.

(3) The following matters must be considered at an annual general meeting:

(a) the financial statements of the college;

(b) the annual report of the board;

(c) the report of the auditor.

(4) Every general meeting, other than an annual general meeting, is an extraordinary general meeting.

(5) The board

(a) may convene an extraordinary general meeting by resolution of the board, and

(b) must convene an extraordinary general meeting within 60 days after receipt by the registrar of a request for such a meeting signed by at least ten percent of all full pharmacists and pharmacy technicians, who are in good standing.

Notice of General Meetings

31. (1) The registrar must deliver notice of an annual or extraordinary general meeting to every board member and registrant at least 21 days prior to the meeting.

(2) Notice of a general meeting must include

(a) the place, day and time of the meeting,

(b) the general nature of the business to be considered at the meeting,

(c) any resolutions proposed by the board, and

(d) any resolutions proposed under section 32 and delivered to the registrar prior to the mailing of the notice.

(3) The accidental omission to deliver notice of a general meeting to, or

the non-receipt of a notice by, any person entitled to receive notice does not invalidate proceedings at that meeting.

(4) General meetings must be open to the public.

(5) The registrar must

(a) provide reasonable notice of each general meeting to the public, and

(b) provide to members of the public on request a copy of the notice given under subsection (1) in respect of the meeting.

Resolutions

32. Any 3 full pharmacists or pharmacy technicians, who are in good standing, may deliver a written notice to the registrar at least 60 days prior to the date of an annual or an extraordinary general meeting requesting the introduction of a resolution.

Voting at a General Meeting

33. (1) A full pharmacist or pharmacy technician present at a general meeting is entitled to 1 vote at the meeting.

(2) In case of an equality of votes the chair of the general meeting does not have a casting or second vote in addition to the vote to which he or she is entitled as a full pharmacist or pharmacy technician, if any, and the proposed resolution does not pass.

(3) Except as these bylaws otherwise provide, the most recent edition of Robert's Rules of Order governs the procedures at an annual or extraordinary general meeting.

(4) A resolution passed at an annual or extraordinary general meeting is not binding on the board.

Proceedings at General Meetings

34. (1) Quorum is 25 registrants consisting of full pharmacists or pharmacy technicians, or both.

(2) No business, other than the adjournment or termination of the meeting, may be conducted at a general meeting at a time when a quorum is not present.

(3) If at any time during a general meeting there ceases to be a quorum present, business then in progress must be suspended until there is a quorum present.

(4) In the case of a general meeting other than an extraordinary general meeting under section 30(5)(b),

(a) if there is no quorum within 30 minutes from the time appointed for the start of the meeting, or

(b) if there is no quorum within 30 minutes from any time when there is no quorum during the meeting,

the meeting must be adjourned to one month later, at the same time and place, and those full pharmacists and pharmacy technicians who attend that later meeting will be deemed to be a quorum for that meeting.

(5) In the case of an extraordinary general meeting under section 30(5)(b),

(a) if there is no quorum within 30 minutes from the time appointed for the start of the meeting, or

(b) if there is no quorum within 30 minutes from any time when there is no quorum during the meeting,

the meeting must be adjourned and cancelled and no further action may be taken in respect of the request under section 30(5)(b) for that meeting.

(6) In the absence of both the chair and the vice-chair of the board, an acting chair for a general meeting must be elected by a majority vote of the full pharmacists and pharmacy technicians present.

(7) A general meeting may be adjourned from time to time and from place to place, but no business may be transacted at an adjourned meeting other than the business left unfinished at the meeting from which the adjournment took place.

(8) When a meeting is adjourned in accordance with subsection (4) or by resolution, notice of the rescheduled meeting must be delivered in accordance with section 31.

Notice to Public Representatives

35. Every notice or mailing to registrants must also be provided to public representatives serving on the board or a committee.

PART III – College Records
Body Responsible for Administering the *Freedom of Information and Protection of Privacy Act*

36. (1) The registrar is the "head" of the college for the purposes of the *Freedom of Information and Protection of Privacy Act.*

(2) The registrar may authorize the deputy registrar, a person employed by the college or a person who has contracted to perform services for the college to perform any duty or exercise any function of the registrar that arises under the *Freedom of Information and Protection*

of Privacy Act.

Fees for Information Requests

37. Subject to section 75 of the *Freedom of Information and Protection of Privacy Act*, an applicant who requests access to a college record under section 5 of the *Freedom of Information and Protection of Privacy Act* must pay the fees set out in the Schedule of Maximum Fees in B.C. Reg. 323/93 for services required to comply with the information request.

Disclosure of Annual Report

38. The registrar must make each annual report under section 18(2) of the *Act* available electronically and free of charge on the college website, must notify registrants that the report is available, and must provide a paper copy of the report to any person on request upon payment of the fee set out in Schedule "D".

Disclosure of Registration Status

39. (1) If an inquiry about the registration status of a person is received by the board or the registrar, the registrar must disclose, in addition to the matters required by section 22 of the *Act*,

(a) whether the discipline committee has ever made an order relating to the person under section 39 of the *Act* and the details of that order,

(b) whether the person has ever consented to an order under section 37.1 of the *Act* and the details of that order, and

(c) whether the person has ever given an undertaking or consented to a reprimand under section 36 of the *Act* and the details of that undertaking or reprimand.

(2) When acting under subsection (1), the registrar must not release the name of, or information which might enable a person to identify

(a) a patient, or

(b) another person, other than the registrant, affected by the matter,

except with the consent of the patient or the other person.

Manner of Disposal of College Records Containing Personal Information

40. The board must ensure that a college record containing personal information is disposed of only by

(a) effectively destroying a physical record by utilizing a shredder or by complete burning,

(b) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the

information cannot be reconstructed,

(c) returning the record to the person the information pertains to, or

(d) returning the record to the registrant who compiled the information.

PART IV – Registration
Classes of Registrants

41. The following classes of registrants are established:

(a) full pharmacist;

(b) limited pharmacist;

(c) temporary registrant;

(d) student pharmacist;

(e) pharmacy technician;

(f) non-practising registrant.

Full Pharmacist Registration

42. (1) For the purposes of section 20(2) of the *Act*, the requirements for full pharmacist registration are

(a) graduation with a degree or equivalent qualification from a pharmacy education program recognized by the board for the purpose of full pharmacist registration and specified in Schedule "C",

(b) successful completion of the jurisprudence examination required by the registration committee,

(c) successful completion of an English language proficiency examination acceptable to the registration committee, if the person has not graduated from a pharmacy education program in Canada or the United States accredited by the Canadian Council for Accreditation of Pharmacy Programs or the Accreditation Council for Pharmacy Education,

(d) successful completion of the structured practical training required by the registration committee, if any,

(e) successful completion of the Pharmacy Examining Board of Canada Evaluating Examination, if the person has not graduated from a pharmacy education program in Canada or the United States accredited by the Canadian Council for Accreditation of Pharmacy Programs or the Accreditation Council for Pharmacy Education,

(f) successful completion of the Pharmacy Examining Board of

Canada Qualifying Examination - Part I and Part II,

(g) evidence satisfactory to the registration committee that the person is of good character and fit to engage in the practice of pharmacy, and

(h) receipt by the registrar of

(i) a signed application for full pharmacist registration in Form 4,

(ii) the application fee specified in Schedule "D",

(iii) a notarized copy, or other evidence satisfactory to the registration committee, of the person's degree or equivalent qualification, and that he or she is the person named therein,

(iv) a statutory declaration in Form 5,

(v) if applicable, the fee for the jurisprudence examination specified in Schedule "D",

(vi) a criminal record check authorization in the form required by the *Criminal Records Review Act*,

(vii) if the person has engaged in the practice of pharmacy or another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,

(viii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession,

(ix) a certified passport size photograph of the person taken within one year prior to the date of application,

(x) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada, and

(xi) proof of professional liability insurance as required under section 81.

(1.1) If an applicant for registration does not complete the requirements for full registration in subsection (1) within 12 months from the date of application, the applicant must provide

(a) a letter or certificate, in a form satisfactory to the registration

committee and dated within three months prior to the date of full registration, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession, and

(b) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada.

(2) Despite subsection (1), the person may be granted full pharmacist registration if he or she

(a) is registered in another Canadian jurisdiction as the equivalent of a full pharmacist and has provided notarized evidence, or other evidence satisfactory to the registration committee, of such registration and that he or she is the person named therein, and

(b) meets the requirements established in subsection (1)(g) and (h)(i) to (iv) and (vi) to (xi).

(3) Despite subsection (1), the registration committee has discretion, in satisfying itself under section 20 of the *Act* that the person meets the conditions or requirements for registration as a full pharmacist member of the college, to consider whether the person's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (1)(a), and to grant full pharmacist registration on that basis, if the person also meets the requirements established in subsection (1)(b) to (h).

(4) A full pharmacist may use only the abbreviation "R.Ph.".

(5) A full pharmacist must not

(a) delegate any aspect of practice to a pharmacy technician, or

(b) authorize a pharmacy technician to perform or provide any aspect of practice under supervision.

Certification of Practising Pharmacists for Drug Administration

43. (1) A practising pharmacist may apply to the registrar under this section for certification that the practising pharmacist is qualified and competent to perform a restricted activity under section 4(1) (c.1) of the Regulation.

(2) The registrar must grant certification under this section if the practising pharmacist has

(a) provided evidence satisfactory to the registrar that the practising pharmacist has

(i) successfully completed within the year prior to application an education program in drug administration, approved by the board for the purposes of section 4.1(c) of the Regulation and specified in Schedule "C",

(ii) a current certificate in cardiopulmonary resuscitation from a program approved by the board and specified in Schedule "C", and

(iii) a current certificate in first aid from a program approved by the board and specified in Schedule "C",

(b) submitted a signed application for certification in Form 13, and

(c) paid the fee specified in Schedule "D".

(3) If certification is granted under this section, the registrar must enter a notation of certification for drug administration in the register in respect of the practising pharmacist.

(4) To maintain certification under this section, a practising pharmacist must declare upon registration renewal

(a) that he or she has successfully completed a continuing education program in drug administration approved by the board and specified in Schedule "C" if an injection has not been administered in the preceding three years, and

(b) that he or she has successfully completed a continuing education program in administering a drug by intranasal route approved by the board and specified in Schedule "C" if a drug has not been administered by intranasal route in the preceding three years, and

(c) maintain current certification in cardiopulmonary resuscitation from a program approved by the board and specified in Schedule "C", and

(d) maintain current certification in first aid from a program approved by the board and specified in Schedule "C".

(5) The registrar must remove a practising pharmacist's notation of certification from the register if the practising pharmacist fails to meet any of the requirements in subsection (4), and the practising pharmacist must not again perform a restricted activity under section 4(1) (c.1) of the Regulation until

(a) the requirements in subsection (4) are met to the satisfaction of the registrar, and

(b) the registrar has re-entered a notation of certification for drug

administration in the register in respect of the practising pharmacist.

Intranasal Drug Administration

43.1 A practising pharmacist who has been certified under section 43(1) must complete the program specified in Schedule C on intranasal drug administration prior to administering an intranasal drug.

Limited Pharmacist Registration

44. (1) An applicant under section 42 or 52 may be granted limited pharmacist registration for a period of up to one year if

(a) the applicant

(i) does not meet the requirements established in section 42(1)(b)(c)(e) and (f) or (3), or section 52(2)(a) and (c), as applicable,

(ii) meets the requirements established in section 42(1)(d), or section 52(2)(b), as applicable, and

(iii) is capable, in the opinion of the registration committee, of practising as a limited pharmacist without any risk to public health and safety, or

(b) the applicant

(i) meets the requirements established in section 42(1)(b)(c)(e) and (f) or (3), or section 52(2)(a) and (c), as applicable,

(ii) does not meet the requirements established in section 42(1)(d), or section 52(2)(b), as applicable, and

(iii) is capable, in the opinion of the registration committee, of practising as a limited pharmacist without any risk to public health and safety.

(2) Limited pharmacist registration may be renewed twice, but in any case, the total period of registration in this class must not exceed 3 years.

(3) Full pharmacist registration may be granted to a limited pharmacist who has met all the requirements in section 42(1) or (3), or section 52, as applicable.

(4) A limited pharmacist may provide pharmacy services as if he or she is a full pharmacist, but only under the supervision of a full pharmacist approved by the registration committee for that purpose.

(5) A limited pharmacist must not delegate any aspect of practice.

(6) A limited pharmacist may use only the title “pharmacist (limited)” and must not use any abbreviations.

Temporary Registration

45. (1) Despite sections 42 and 47, a person may be granted temporary pharmacist registration or temporary pharmacy technician registration, for a period of up to 90 days, if

(a) an emergency has been declared by the registrar in accordance with criteria established by the board,

(b) the person

(i) is registered in another jurisdiction in Canada or the United States as the equivalent of a full pharmacist or a pharmacy technician, and

(ii) has provided notarized evidence, or other evidence satisfactory to the registration committee, of such registration and that the person is the person named therein.

(2) The registration of a temporary pharmacist or temporary pharmacy technician may be renewed once for an additional period of up to 90 days.

(3) A temporary pharmacist may provide services as if he or she is a full pharmacist, and may apply for certification, and be certified, under section 43.

(4) A temporary pharmacy technician may provide services as if he or she is a pharmacy technician,

(5) A temporary pharmacist may use only the title “pharmacist (temporary)” and must not use any abbreviations.

(6) A temporary pharmacy technician may use only the title “pharmacy technician (temporary)” and must not use any abbreviations.

Student Pharmacist Registration

46. (1) A person may be granted student pharmacist registration if the person

(a) is enrolled as a student in a pharmacy education program recognized by the board for the purpose of full pharmacist registration and specified in Schedule ”C”,

(b) provides evidence satisfactory to the registration committee that the person is of good character and fit to engage in the practice of pharmacy, and

(c) has delivered to the registrar

(i) a signed application for registration in Form 6,

(ii) the application fee specified in Schedule "D",

(iii) a notarized copy, or other evidence satisfactory to the registration committee of the person's enrolment and educational standing, and that he or she is the person named therein,

(iv) a statutory declaration in Form 5,

(v) a criminal record check authorization in the form required under the *Criminal Records Review Act*,

(vi) if the person has engaged in the practice of pharmacy or another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,

(vii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession,

(viii) a certified passport size photograph of the person taken within one year prior to the date of application, and

(ix) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada.

(2) A person described in subsection (1)(a) must be registered under this section

(a) within 6 months of their enrolment as a student in the pharmacy education program, and

(b) before undertaking a period of structured practical training or providing pharmacy services.

(3) A person who is enrolled as a student in a pharmacy education program that is not recognized by the board for the purpose of registration may be granted student registration if the applicant meets all requirements established in subsection (1)(b) and (c).

(4) A person described in subsection (3) must be registered under this section before undertaking a period of structured practical training, or

providing pharmacy services.

(5) A student pharmacist may only provide pharmacy services while under the supervision of a full pharmacist

(5.1) Despite subsection (5), a student pharmacist may only perform a restricted activity under section 4(1)(c.1) of the Regulation while under the supervision of

(a) a full pharmacist who is certified under section 43, or

(b) a person who is

(i) not a member of the college,

(ii) registered as a member of another college established or continued under the Act, and

(iii) authorized under the Act to perform the restricted activity in the course of practising the designated health profession for which the other college is established or continued.

(6) The registration of a student pharmacist may be renewed if he or she

(a) remains enrolled in a pharmacy education program described in subsection 1(a),

(b) applies in writing in a form acceptable to the registration committee,

(c) pays any outstanding fine, fee, debt or levy owed to the college, and

(d) pays the fee specified in Schedule "D".

(7) A student pharmacist must not delegate any aspect of practice.

(8) A student registrant may use only the title "pharmacist (student)" and must not use any abbreviations.

Pharmacy Technician Registration

47. (1) For the purposes of section 20(2) of the *Act,* the requirements for pharmacy technician registration are

(a) graduation with a diploma or certificate from a pharmacy technician education program recognized by the board for the purpose of pharmacy technician registration and specified in Schedule "C",

(b) successful completion of the jurisprudence examination required by the registration committee,

(c) successful completion of an English language proficiency examination acceptable to the registration committee, if the person has not graduated from a pharmacy technician education program in Canada accredited by the Canadian Council for Accreditation of Pharmacy Programs.

(d) successful completion of the structured practical training required by the registration committee, if any,

(e) successful completion of the Pharmacy Examining Board of Canada Evaluating Examination, if the person has not graduated from a pharmacy technician education program in Canada accredited by the Canadian Council for Accreditation of Pharmacy Programs.

(f) successful completion of the Pharmacy Examining Board of Canada Pharmacy Technician Qualifying Examination – Part I and Part II,

(g) evidence satisfactory to the registration committee that the person is of good character and fit to engage in practice as a pharmacy technician, and

(h) receipt by the registrar of

(i) a signed application for registration in Form 7,

(ii) the application fee specified in Schedule "D",

(iii) a notarized copy, or other evidence satisfactory to the registration committee, of the person's diploma, certificate or equivalent qualification, and that he or she is the person named therein,

(iv) a statutory declaration in Form 5,

(v) if applicable, the fee for the jurisprudence examination specified in Schedule "D",

(vi) a criminal record check authorization in the form required by the *Criminal Records Review Act*,

(vii) if the person has practised as a pharmacy technician or in another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,

(viii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to practise as a pharmacy

technician or in another health profession,

(ix) a certified passport size photograph of the person taken within one year prior to the date of application,

(x) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada, and

(xi) proof of professional liability insurance as required under section 81.

(1.1) If an applicant for registration does not complete the requirements for full registration in subsection (1) within 12 months from the date of application, the applicant must provide

(a) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of full registration, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession, and

(b) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada.

(2) Despite subsection (1), the person may be granted pharmacy technician registration if he or she

(a) is registered in another Canadian jurisdiction as the equivalent of a pharmacy technician and has provided evidence, satisfactory to the registration committee, of such authorization and that he or she is the person named therein, and

(b) meets the requirements established in subsection (1)(g) and (h)(i) to (iv) and (vi) to (xi).

(3) Despite subsection (1), the registration committee has discretion, in satisfying itself under section 20 of the *Act* that the person meets the conditions or requirements for registration as a pharmacy technician member of the college, to consider whether the person's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (1)(a), and to grant full pharmacy technician registration on that basis, if the person also meets the requirements established in subsection (1)(b) to (h).

(4) Despite subsection (1), the person may be granted pharmacy technician registration if he or she

(a) applies on or before December 31, 2015,

(b) has worked for at least 2000 hours as the equivalent of a pharmacy assistant in the 3 year period immediately preceding the date of application,

(c) has

(i) successfully completed the Pharmacy Examining Board of Canada Evaluating Examination, or

(ii) been certified as the equivalent of a pharmacy technician in the Province of Ontario or Province of Alberta prior to January 1, 2009, or in another jurisdiction recognized by the registration committee, or

(iii) successfully completed an accredited pharmacist degree program in Canada or in the continental United States,

(d) has successfully completed the pharmacy technician bridging programs, and

(e) meets the requirements in subsection (1)(b) to (d) and (f) to (h).

(5) A pharmacy technician must not

(a) perform a restricted activity under section 4(1)(a) or (c.1) of the Regulation,

(b) act under section 25.92 of the *Act,* or

(c) be appointed as a pharmacy manager.

(6) A pharmacy technician may use only the title "pharmacy technician" and may use only the abbreviation "R.Ph.T.".

Non-Practising Registration

48. (1) A full pharmacist or pharmacy technician may be granted non-practising registration if the registrar has received

(a) a signed application for non-practising registration in Form 8,

(b) the registration fee specified in Schedule "D",

(c) a statutory declaration in Form 5, and

(d) a criminal record check authorization in the form required under the *Criminal Records Review Act*.

(2) A non-practising registrant must not provide pharmacy services in British Columbia.

(3) A non-practising registrant who was formerly a full pharmacist may use only the title "pharmacist (non-practising)" and must not use any abbreviations.

(4) A non-practising registrant who was formerly a pharmacy technician

may use only the title “pharmacy technician (non-practising)” or “technician (non-practising)” and must not use any abbreviations.

Certificate of Registration and Registration Card

49. (1) The registrar must issue a certificate in Form 9 to a person who is granted full pharmacist or pharmacy technician registration.

(2) A registration card must be issued to a person who is granted registration, and is valid from the date issued until the date shown on the card.

Examinations

50. (1) An applicant who fails a required examination under this Part, may write the examination again to a maximum of 4 times except where the Pharmacy Examining Board of Canada for its examinations, determines otherwise.

(2) If an invigilator has reason to believe that an applicant has engaged in improper conduct during the course of an examination, the invigilator must make a report to the registration committee, and may recommend that the registration committee take one or more of the following courses of action:

(a) fail the applicant;

(b) pass the applicant;

(c) require the applicant to rewrite the examination;

(d) disqualify the applicant from participating in any examination for a period of time.

(3) After considering a report made under subsection (2), the registration committee may take one or more of the courses of action specified in subsection (2).

(4) An applicant disqualified under subsection 2(d) must be provided with written reasons for disqualification.

Registration Renewal

51. (1) To be eligible for a renewal of registration, a registrant must

(a) provide the registrar with a completed Form 10,

(b) pay the registration renewal fee specified in Schedule “D”,

(c) pay any other outstanding fine, fee, debt or levy owed to the college,

(d) attest that he or she is in compliance with the *Act*, the regulations, and these bylaws, and is in compliance with any

limits or conditions imposed on his or her practice under the *Act*,

(e) meet all applicable requirements of the quality assurance program under Part V,

(f) if certified under section 43, meet all applicable requirements of section 43(4),

(g) provide proof of professional liability insurance as required under section 81, and

(h) provide an authorization for a criminal record check in the form required under the *Criminal Records Review Act*, if the college does not have a valid authorization on file.

(2) Form 10 must be delivered to each registrant no later than 30 days before the registration renewal date and must describe the consequences of late payment and non-payment of fees.

(3) Each registrant must submit the monies required under subsection (1) and a completed Form 10 to the college on or before the registration expiry date.

(4) On receipt of the monies required under subsection (1) and a completed Form 10, the registrar must issue a receipt stating that the registrant is, subject to his or her compliance with the *Act*, the regulations, and the bylaws, entitled to practice the profession of pharmacy or practise as a pharmacy technician, as applicable, in the Province of British Columbia as a member of the college.

(5) If a registrant fails to submit the monies required under subsection (1) and a completed Form 10 on or before the registration expiry date, he or she ceases to be registered.

(6) In this section, "registrant" does not include a student pharmacist.

Reinstatement

52. (1) The registration of a former registrant or a non-practising registrant, whose registration is not suspended or cancelled under the *Act* and who has been out of practice for more than 90 days but less than 6 years must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant or non-practising registrant

(a) has met all the applicable requirements of the quality assurance program approved by the board, and

(b) has delivered to the registrar

(i) a signed application for reinstatement in Form 11,

(ii) a statutory declaration in Form 5,

(iii) an authorization for a criminal record check in the form required by the *Criminal Records Review Act*, and

(iv) the registration reinstatement fee and transfer fee, if applicable, specified in Schedule "D".

(2) The registration of a former registrant or a non-practising registrant, whose registration is not suspended or cancelled under the *Act* and who has been out of practice for 6 years or more must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant or non-practising registrant

(a) successfully completes the jurisprudence examination required by the registration committee,

(b) successfully completes the structured practical training required by the registration committee,

(c) successfully completes the Pharmacy Examining Board of Canada Qualifying Examination - Part II, and

(d) has delivered to the registrar

(i) a signed application for reinstatement in Form 11,

(ii) a statutory declaration in Form 5,

(iii) an authorization for a criminal record check in the form required by the *Criminal Records Review Act*, and

(iv) the registration reinstatement and transfer fee, if applicable specified in Schedule "D".

Reinstatement Following Late Registration Renewal

53. The registration of a former registrant who ceased to be registered under section 51(5) must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant

(a) applies for reinstatement in Form 11 not later than 90 days following the expiry of his or her registration,

(b) meets the requirements of section 52(1),

(c) is not in contravention of the *Act*, the regulations, or these bylaws, and

(d) pays the registration reinstatement and late registration renewal fees specified in Schedule "D".

Registration Information

54. (1) For the purposes of section 21(2)(f) of the *Act*, the registrar must enter and maintain on the register the most recent electronic mail

address for each registrant.

(2) A registrant must notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

PART V – Quality Assurance
Quality Assurance Program

55. (1) In this Part, **"program"** means the quality assurance program established by the board in accordance with this section.

(2) The program consists of the following:

(a) continuing professional development;

(b) assessment of professional performance.

Continuing Professional Development

56. (1) Each full pharmacist and pharmacy technician must complete learning activities for the purpose of continuing professional development, in accordance with the policy approved by the board.

(2) Each full pharmacist and pharmacy technician must

(a) keep records in a form satisfactory to the quality assurance committee of the learning activities that the full pharmacist or pharmacy technician undertakes for the purpose of meeting the requirement established in subsection (1), and

(b) provide, on the request of and in accordance with the direction of the quality assurance committee, copies of the records referred to in paragraph (a).

(3) The quality assurance committee may conduct a review of the records provided under subsection 2(b).

Assessment of Professional Performance

56.1 (1) The quality assurance committee may require a full pharmacist or pharmacy technician to undergo an assessment of professional performance

(a) upon referral from the practice review committee under section 15.1(5), or

(b) if the quality assurance committee determines an assessment is appropriate in the circumstances upon a review of records conducted under section 56(3).

(2) For the purpose of an assessment under subsection (1) the quality assurance committee or an assessor appointed by the quality assurance committee may do one or more of the following:

(a) conduct an interview of the full pharmacist or pharmacy technician;

(b) assess the practice competency of the full pharmacist or pharmacy technician;

(c) require the full pharmacist or pharmacy technician to undergo any other type of assessment determined by the quality assurance committee to be appropriate in the circumstances.

PART VI – Inquiries and Discipline
Consent Orders

57. The record of an undertaking or consent given under section 36 of the *Act*, a consent order under section 37.1 of the *Act*, or an agreement under section 32.2(4)(b) or 32.3(3)(b) of the *Act*, must

(a) include any consent to a reprimand or to any other action made by the registrant under section 32.2(4)(b), 32.3(3)(b), 36 or 37.1 of the *Act*,

(b) include any undertaking made by the registrant under section 36 of the *Act*,

(c) specify the length of time that an undertaking specified in paragraph (b) is binding on the registrant,

(d) specify the procedure that the registrant may follow to be released from an undertaking specified in paragraph (b), and

(e) subject to sections 22 and 39.3 of the *Act* and sections 39(1) and 60(1), specify which limits or conditions of the undertaking, consent order or agreement may be published, disclosed to the public, or both.

Notice of Disciplinary Committee Action Under Section 39.1 of *Act*

57.1 The discipline committee must deliver notice to a registrant not fewer than 14 days before making an order under section 39.1 of the *Act* in respect of the registrant.

Citation for Disciplinary Hearing

58. (1) On the direction of a panel of the discipline committee, the registrar may join one or more complaints or other matters which are to be the subject of a discipline hearing in one citation as appropriate in the circumstances.

(2) On the direction of a panel of the discipline committee, the registrar

may sever one or more complaints or other matters which are to be the subject of a discipline hearing as appropriate in the circumstances.

(3) On the direction of a panel of the discipline committee, the registrar may amend a citation issued under section 37 of the *Act*.

(4) If a citation is amended under subsection (3) prior to a discipline hearing, the amended citation must be delivered to the respondent by personal service or sent by registered mail to the respondent at the last address for the respondent recorded in the register not fewer than 14 days before the date of the hearing.

(5) If a citation is amended under subsection (3) prior to a discipline hearing, and the amended citation changes the date, time or place of the hearing, the registrar must notify any complainant of the amendment not fewer than 14 days before the date of the hearing.

Hearings of Discipline Committee

59. (1) No person may sit on the discipline committee while he or she is a member of the inquiry committee.

(2) No member of the discipline committee may sit on the panel hearing a matter in which he or she:

(a) was involved as a member of the inquiry committee, or

(b) has had any prior involvement.

(3) Information about the date, time and subject matter of the hearing must be provided to any person on request.

(4) The discipline committee must provide notice by registered mail or by personal service to a person who is required to attend a hearing under section 38(6) of the *Act* in Form 12.

(5) All discipline hearings must be recorded and any person may obtain, at his or her expense, a transcript of any part of the hearing which he or she was entitled to attend.

Notice of Disciplinary Decision

60. (1) In addition to any notification required under section 39.3 of the *Act* with respect to any of the actions referred to in section 39.3(1)(a) to (e) of the *Act*, the registrar

(a) must notify all registrants,

(b) must notify the regulatory bodies governing the practice of pharmacy or the services of pharmacy technicians in every other Canadian jurisdiction, and

(c) may notify any other governing body of a health profession inside or outside of Canada.

(2) Notification provided to all registrants under subsection (1)(a)

(a) must include all information included in the public notification under section 39.3 of the *Act*, and

(b) unless otherwise directed by the inquiry committee or the discipline committee, as the case may be, must exclude any information withheld from the public notification under section 39.3(3) or (4) of the *Act*.

(3) Unless otherwise directed by the inquiry committee or the discipline committee, as the case may be, notification provided to other regulatory or governing bodies under subsection (1)(b) or (c) may include information that has been withheld from the public notification under section 39.3(3) or (4) of the *Act*.

Retention of Discipline Committee and Inquiry Committee Records

61. Records of the inquiry committee and discipline committee must be retained permanently.

Registrant Under Suspension

62. (1) If the registration of a registrant is suspended, the registrant must

(a) not engage in the practice of pharmacy or provide the services of a pharmacy technician,

(b) not hold himself or herself out as a registrant,

(c) not hold office in the college,

(d) not be a manager,

(e) not make appointments for patients or prospective patients,

(f) remove the registrant's name and any sign relating to the registrant's practice from any premises where the registrant practiced pharmacy or provided the services of a pharmacy technician and any building in which any such premises are located,

(g) not contact or communicate with patients or prospective patients, except for the following purposes:

(i) to advise a patient or a prospective patient of the fact and duration of the suspension, and

(ii) to advise a patient or prospective patient that another registrant will continue to act or provide services in the

suspended registrant's place, or

(iii) to refer a patient or prospective patient to another registrant, who is in good standing.

(h) pay any fee required by the college when due in order to remain a registrant and any other outstanding fine, fee, debt or levy owed to the college, and

(i) immediately surrender his or her registration card to the registrar.

(2) No registrant or former registrant is entitled to any refund of any fine, fee, debt or levy paid to the college solely on the basis that it was paid during or in relation to a period of suspension from practice.

(3) During the period of suspension,

(a) a suspended full pharmacist may permit another full pharmacist in good standing to practice pharmacy, and

(b) a suspended pharmacy technician may permit a full pharmacist or another pharmacy technician, in good standing, to provide pharmacy services,

in the premises where the full pharmacist or pharmacy technician formerly practiced pharmacy or provided pharmacy services, as applicable.

Fines

63. The maximum amount of a fine that may be ordered by the discipline committee under section 39(2)(f) of the *Act* is $100,000.

PART VII –Registrant Records
Definitions

64. In this Part, **"patient's representative"** means

(a) a "committee of the patient" under the *Patient's Property Act*,

(b) the parent or guardian of a patient who is under 19 years of age,

(c) a representative authorized by a representation agreement under the *Representation Agreement Act* to make or help in making decisions on behalf of a patient,

(d) a decision maker or guardian appointed under section 10 of the *Adult Guardianship Act*, or

(e) a temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*.

Purpose for which Personal Information may be Collected

65. No registrant may collect personal information regarding a patient without the patient's consent unless

(a) the information relates directly to and is necessary for providing health care services to the patient or for related administrative purposes, or

(b) the collection of that information is expressly authorized by or under an enactment.

Source of Personal Information

66. (1) A registrant must collect personal information about a patient directly from the patient, unless the patient otherwise consents.

(2) Despite subsection (1), a registrant may collect personal information about a patient from another person if he or she has reasonable grounds to believe

(a) that the patient has been made aware of the matters set out in section 67(1) and has authorized collection of the personal information from another person,

(b) that the patient is unable to give his or her authority and the registrant, having made the patient's representative aware of the matters set out in section 67(1), collects the information from the representative or the representative authorizes collection from another person,

(c) that compliance with subsection (1) would:

(i) prejudice the best interests of the patient,

(ii) defeat the purpose or prejudice the use for which the information is collected, or

(iii) prejudice the safety of any person,

(d) that compliance with subsection (1) is not reasonably practicable in the circumstances of the particular case,

(e) that the collection is for the purpose of assembling a family or genetic history of a person and is collected directly from that person,

(f) that the information is publicly available,

(g) that the information:

(i) will not be used in a form in which the patient concerned is identified, or

(ii) will be used for statistical or research purposes and will not be published in a form that could reasonably be expected

to identify the patient.

(h) that non-compliance with subsection (1) is necessary if the information is about law enforcement or anything referred to in sections 15(1) or (2) of the *Freedom of Information and Protection of Privacy Act*.

Collection of Personal Information

67. (1) If a registrant collects personal information directly from a patient, or from a patient's representative, the registrant must take such steps as are, in the circumstances, reasonable to ensure that the patient or patient's representative is aware of

(a) the fact that the personal information is being collected,

(b) the purpose for which the personal information is being collected,

(c) the intended recipients of the personal information,

(d) whether or not the supply of the personal information is voluntary or mandatory and, if mandatory, the legal authority for collecting the personal information,

(e) the consequences, if any, for that patient if all or any part of the requested personal information is not provided, and

(f) the rights of access to personal information provided in section 80.

(2) The steps referred to in subsection (1) must be taken before the personal information is collected or, if that is not practicable, as soon as practicable after the personal information is collected.

(3) A registrant is not required to take the steps referred to in subsection (1) in relation to the collection of personal information from a patient, or the patient's representative, if the registrant has taken those steps in relation to the collection, from the patient or patient's representative, of the same information or information of the same kind for the same or a related purpose, on a recent previous occasion.

(4) Despite subsection (1), a registrant is not required to comply with subsection (1) if the registrant believes on reasonable grounds

(a) that non-compliance is authorized by the patient concerned,

(b) that compliance would:

(i) prejudice the interests of the patient concerned, or

(ii) defeat the purpose or prejudice the use for which the information is collected,

(c) that compliance is not reasonably practicable in the circumstances of the particular case, or

(d) that the information is about law enforcement or anything referred to in sections 15(1) or (2) of the *Freedom of Information and Protection of Privacy Act*.

Manner of Collection of Personal Information

68. Personal information must not be collected by a registrant

(a) by unlawful means, or

(b) by means that in the circumstances intrude to an unreasonable extent upon the personal affairs of the patient concerned.

Accuracy of Personal Information

69. The registrant must make every reasonable effort to ensure that personal information collected about patients is current and is legibly, accurately and completely recorded.

Right to Request Correction of Personal Information

70. (1) A person who believes there is an error or omission in a record containing his or her personal information may request that the registrant having the record in his or her custody or control correct the information.

(2) If, after receiving a request for correction under subsection (1), the registrant disagrees that there is an error or omission in the record, the registrant must note the request in the record with particulars of the correction that was sought.

Use of Personal Information

71. A registrant may use personal information about a patient only

(a) for the purpose of providing health care services to, or performing health, care services for, the patient, or for a related administrative purpose, or

(b) for a use or disclosure consistent with a purpose specified in paragraph (a)

(i) if the patient has consented to the use, or

(ii) for a purpose for which that information may be disclosed by the registrant under section 72 or otherwise under the *Act*.

Disclosure of Personal Information

72. A registrant must maintain confidentiality of personal information

about a patient, and may disclose personal information about a patient only

(a) if the patient concerned has consented to the disclosure,

(b) for the purpose of providing health care services to, or performing health care services for, the patient, or for a related administrative purpose, or for a disclosure consistent with either purpose,

(c) for the purpose of complying with an enactment of, or an arrangement or agreement made under an enactment of, British Columbia or Canada,

(d) for the purpose of complying with a subpoena, warrant or order issued or made by a court, person or body with jurisdiction to compel the production of information,

(e) to an employee of, or contractor providing services to, the registrant, if the information is necessary for the performance of the duties of, or for the protection of the health or safety of, the employee or contractor,

(f) to a lawyer acting for the registrant, for use in civil or criminal proceedings involving the registrant,

(g) if necessary to comply with the *Coroners Act*,

(h) if necessary to comply with the *Ombudsman Act*,

(i) for the purposes of

(i) collecting a debt or fine owing by a patient to the registrant, or

(ii) making a payment owing by the patient to a registrant,

(j) to an auditor, the college or any other person or body authorized by law, for audit purposes,

(k) if the registrant believes on reasonable grounds that there is a risk of significant harm to the health or safety of any person and that the use or disclosure of the information would reduce that risk,

(l) so that the next of kin or a friend of an injured, ill or deceased individual may be contacted,

(m) in accordance with the *Act*, the regulation, or these bylaws, or

(n) as otherwise required by law.

Definition of Consistent Purpose

73. A use or disclosure of personal information is consistent with the purposes of providing health care services to a patient or related

administrative purposes under sections 71 and 72 if the use or disclosure has a reasonable and direct connection to either purpose.

Storage of Personal Information

74. A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored

(a) at the pharmacy, or

(b) off site.

Manner of Disposal of Records

75. A registrant must ensure that records referred to in section 74 are disposed of only by

(a) transferring the record to another registrant, or

(b) effectively destroying a physical record by utilizing a shredder or by complete burning, or

(c) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the information cannot be reconstructed.

Registrant Ceasing to Practice

76. (1) Except where records must be retained for the purpose of Part 3 of the *Act* and Part 3 of the *Pharmacy Operations and Drug Scheduling* Act, in any case where a pharmacy is closed or a registrant ceases to practise, for any reason, the records referred to in section 74 must be transferred in accordance with this Part, and the college must be notified and provided with a written summary of the steps taken to transfer those records.

(2) A registrant must make appropriate arrangements to ensure that, in the event that the registrant dies or becomes unable to practise for any reason and is unable to dispose of records referred to in section 74 those records will be safely and securely transferred to another registrant.

(3) A registrant who transfers records containing personal information about a patient transferred in accordance with subsection (1) or (2) must notify the patient.

Protection of Personal Information

77. (1) A registrant must protect personal information about patients by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal.

(2) A registrant must take reasonable measures to ensure that a third party, including a volunteer, employee or contractor of the registrant, or a limited pharmacist does not access, collect, use, disclose, store or dispose of personal information about patients except in accordance with this Part.

Contracts for Handling Personal Information

78. A registrant must ensure that, if personal information about patients is transferred to any person or service organization for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that confidentiality and physical security will be maintained.

Remedying a Breach of Security

79. A registrant must take appropriate measures to remedy any unauthorized access, use, disclosure or disposal of personal information about patients under this Part as soon as possible after the breach is discovered, including

(a) taking steps to recover the personal information or to ensure its disposal if it cannot be recovered,

(b) taking steps to ensure that any remaining personal information is secured,

(c) notifying

(i) anyone affected by the unauthorized access including patients and other health care providers,

(ii) the college, and

(iii) law enforcement officials, if criminal action may have contributed to the unauthorized action, and

(d) modifying existing security arrangements to prevent a re-occurrence of the unauthorized access.

Patient Access to Personal Information

80. (1) For the purposes of this section, **"**access to" means the opportunity to examine or make copies of the original record containing personal information about a patient.

(2) If a patient or a patient's representative makes a request for access to personal information about the patient, the registrant must comply as soon as practical but not more than 45 days following the request by

(a) providing access to the patient or patient's representative,

(b) providing access to the remainder of the personal information if

that information excepted from disclosure under subsection (3) can reasonably be severed, or

(c) providing written reasons for the refusal of access to the personal information or to any portion thereof.

(3) The registrant may refuse to disclose personal information to a patient or a patient's representative

(a) if there is a significant likelihood of a substantial adverse effect on the physical, mental or emotional health of the patient,

(b) if there is a significant likelihood of harm to a third party, or

(c) if the disclosure could reasonably be expected to disclose personal information regarding another individual.

(4) If a patient or a patient's representative requests a copy of an original record containing personal information about the patient to which a registrant has given the patient or patient's representative access, a copy must be provided if it can reasonably be reproduced.

(5) A registrant may charge a reasonable fee for the reproduction of personal information which does not exceed the fee specified in Schedule "G".

(6) Subject to subsection (3), a patient under 19 years of age may have access to a record if, in the opinion of the registrant, the patient is capable of understanding the subject matter of the record.

(7) Except if authorized by the patient, a registrant must not provide access to the records of a patient who is under 19 years of age to the guardian or parent of the patient if the subject matter of the record is health care which was provided without the consent of a parent or guardian in accordance with the requirements of section 17 of the *Infants Act.*

Part VIII – General
Liability Insurance

81. (1) Each registrant, other than a student registrant or a non-practising registrant, must obtain and at all times maintain professional liability insurance coverage with a limit of liability not less than $2,000,000 insuring against liability arising from an error, omission or negligent act of the registrant.

(2) Each registrant, other than a student registrant or a non-practising registrant, must obtain and at all times maintain professional liability insurance coverage with a limit of liability not less than $2,000,000 insuring against liability arising from an error, omission or negligent act of an employee of the registrant.

Part IX – Marketing and Advertising

Definitions

82. In this Part:

"advertisement" means the use of space or time in a public medium, or the use of a commercial publication such as a brochure or handbill, to communicate with the general public, or a segment thereof, for the purpose of promoting professional services or enhancing the image of the advertiser;

"marketing" includes

(a) an advertisement,

(b) any publication or communication in any medium with any patient, prospective patient or the public generally in the nature of an advertisement, promotional activity or material, a listing in a directory, a public appearance or any other means by which professional services are promoted, and

(c) contact with a prospective client initiated by or under the direction of a registrant.

Marketing and Advertising

83. (1) When advertising pharmacy services that are required by legislation, the statement, “Required in all British Columbia Pharmacies”, must accompany the advertising and must be of the same size and prominence as all other print in the advertising.

(2) Schedule I drug price advertising must include

(a) the proprietary (brand) name, if any, for the drug and/or the device,

(b) the drug product’s generic name and the manufacturer’s name,

(c) the dosage form and strength,

(d) total price for a specific number of dosage units or quantity of the drug product, and

(e) the phrase “only available by prescription”.

(3) Where Schedule I drug price advertising includes direct or indirect reference to a professional fee charged, the total prescription price must also be incorporated into the advertisement, and both figures must be featured equally.

(4) Schedule I drug price advertising must not include any reference to the safety, effectiveness or indications for use of the advertised prescription drug products or compare the fees charged by the

registrant with those charged by another registrant.

(5) Any marketing undertaken or authorized by a registrant in respect of his or her professional services must not be

(a) false,

(b) inaccurate,

(c) reasonably expected to mislead the public, or

(d) unverifiable.

(6) Marketing violates subsection (5) if it

(a) is calculated or likely to take advantage of the weakened state, either physical, mental or emotional, of the recipient or intended recipient,

(b) is likely to create in the mind of the recipient or intended recipient an unjustified expectation about the results which the registrant can achieve,

(c) implies that the registrant can obtain results

(i) not achievable by other registrants,

(ii) by improperly influencing a public body or official, or any corporation, agency or person having any interest in the welfare of the recipient,

(iii) by any other improper means, or

(d) compares the quality of services provided with those provided by another registrant, or a person authorized to provide health care services under another enactment, or another health profession.

(7) The home page of any pharmacy that advertises on a website must clearly show

(a) that the pharmacy is licensed in British Columbia,

(b) the contact information for the college,

(c) a notice to patients that pharmacy practice issues may be reported to the college,

(d) the physical location of the pharmacy operation,

(e) the 10 digit pharmacy telephone number, and

(f) the name of the pharmacy's manager.

Part X – Patient Relations

Patient Relations Program

84. (1) The board must establish a patient relations program to seek to prevent professional misconduct, including professional misconduct of a sexual nature.

(2) For the purposes of the patient relations program, the board must

(a) establish and maintain procedures by which the college deals with complaints of professional misconduct of a sexual nature,

(b) monitor and periodically evaluate the operation of procedures established under subsection (a), and

(c) develop guidelines for the conduct of registrants with their patients.

(3) The registrar must provide information to the public regarding the college's complaint, investigation, and discipline processes.

(4) In this section, "**professional misconduct of a sexual nature**" means

(a) sexual intercourse or other forms of physical sexual relations between the registrant and the patient,

(b) touching of a sexual nature, of the patient by the registrant, or

(c) behavior or remarks of a sexual nature by the registrant towards the patient,

but does not include touching, behavior and remarks by the registrant towards the patient that are of a clinical nature appropriate to the service being provided.

Part XI – Standards of Practice

Community Pharmacy, Hospital Pharmacy, Residential Care Facilities and Homes

85. Standards, limits, and conditions for the practice of the health profession of pharmacy and the provision of pharmacy technician services by registrants, referred to in section 19(1)(k) of the *Act* are established in Parts 1 to 3 of Schedule "F".

Drug Administration

86. Standards, limits, and conditions respecting practising pharmacists and drug administration, referred to in section 19(1)(k) of the *Act*, are established in Part 4 of Schedule "F".

Part XII – Standards of Professional Ethics
Code of Ethics

87. Standards of professional ethics for registrants, including standards

for the avoidance of conflicts of interest, referred to in section 19(1)(l) of the *Act,* are established in Schedule "A".

Appendix 3

Option 2: Two years with Elections and One Without (e.g., four districts in each of first two years, and then a year without elections).

Proposed Corresponding Election Cycle

Election Calendar									
Electoral District	**2017**	**2018****	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
District 1	X		X			X			X
District 2		X			X			X	
District 3	X		X			X			X
District 4		X			X			X	
District 5	X		X			X			X
District 6		X			X			X	
District 7	X		X			X			X
District 8		X			X			X	

** X indicates an election*

*** Beginning of the new Board term of office cycle*

Potential Impact on Existing Board Members*

	Current Term Information			Years									
Elected Board Member	**Start**	**End**	**On Term #**	**2017**	**2018****	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**Total Maximum Years Served**
Mona Kwong (District 1)	21-Nov-15	20-Nov-17	1	X		***X***							Served 4 years (two terms)
Ming Chang (District 2)	21-Nov-14	20-Nov-18	2		***X***								Served 4 years (two terms)
Tara Oxford (District 3)	21-Nov-15	20-Nov-17	1	X		***X***							Served 4 years (two terms)
Christopher Szeman (District 4)	18-Nov-16	17-Nov-18	1		X			***X***					Served 5 years (two terms)
Frank Lucarelli (District 5)	21-Nov-15	20-Nov-17	1	X		***X***							Served 4 years (two terms)
Anar Dossa (District 6)	16-Nov-12	14-Nov-18	3		***X***								Served 6 years (three terms)
Arden Barry (District 7)	21-Nov-15	20-Nov-17	1	X		***X***							Served 4 years (two terms)
Sorell Wellon (District 8)	4-Apr-16	18-Nov-18	1		X			***X***					Served 5 years (two terms)

** Assumes that eligible elected Board members run for election and become elected.*

*** Beginning of the new Board term of office cycle*

X *Indicates the final year that the elected Board member would be eligible to serve*

Health Professions Act – BYLAWS

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Definitions

1. In these bylaws:

"*Act*" means the *Health Professions Act*;

"appointed board member" means

(a) a person appointed to the board under section 17(3)(b) of the *Act,* or

(b) prior to the first election referred to in section 17(2)(a) of the *Act*, a person appointed under section 17(2)(a) of the *Act* to represent the public on the first board;

"ballot" means an electronic ballot;

"board" means the board of the college;

"board member" means an appointed board member or an elected board member;

"chair" means the chair of the board elected under section 12;

"child-resistant package" means a package that complies with the requirements of the Canadian Standards Association Standard CAN/CSA-Z76.1-06, published in 2006 as amended from time to time;

"controlled drug substance" means a drug which includes a controlled substance listed in Schedule I, II, III, IV or V of the *Controlled Drugs and Substances Act* (Canada);

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

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

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

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

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

"elected board member" means a full pharmacist board member or a pharmacy technician board member;

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

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

"full pharmacist board member" means

(a) a full pharmacist elected to the board under section 17(3)(a) of the *Act* or appointed to the board under section 10, or

(b) prior to the first election referred to in section 17(2)(a) of the *Act*, a person appointed under section 17(2)(a) of the *Act* to represent the health profession on the first board;

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

"in good standing" in respect of a registrant means

(a) the registration of the registrant is not suspended under the *Act*, and

(b) no limits or conditions are imposed on the registrant's practice of pharmacy under section 20(2.1), 20(3), 32.2, 32.3, 33, 35, 36, 37.1, 38, 39, or 39.1 of the *Act*;

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

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

"medication" has the same meaning as "drug";

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

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

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

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

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

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

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

"practising pharmacist" means a full pharmacist, limited pharmacist, temporary pharmacist or student pharmacist;

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

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

"public representative" means a person who

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

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

and includes an appointed board member;

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

"record" means a "record" as defined in Schedule 1 of the *Freedom of Information and Protection of Privacy Act*;

"Regulation" means the Pharmacists Regulation, B.C. Reg. 417/2008;

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

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

"vice-chair" means the vice-chair of the board elected under section 12 of the *Act*.

PART I – College Board, Committees and Panels
Composition of Board

2. The board consists of

(a) 7 full pharmacist board members,

(b) 1 pharmacy technician board member, and

(c) the appointed board members.

Composition of the Board – Transitional

2.1 Despite section 2, until the start of the November 2010 board meeting, the board consists of

(a) 7 full pharmacist board members, and

(b) the appointed board members

Electoral Districts

3. (1) For the purpose of elections of full pharmacist board members under section 17(3)(a) of the *Act*, electoral districts are established as follows:

(a) the province of British Columbia is divided into 7 electoral districts, the boundaries of which are set out in Schedule "B";

(b) the number of full pharmacist board members elected from each electoral district is 1;

(c) electoral district boundaries described in paragraph (a) may be changed only by special resolution amending Schedule "B";

(d) a full pharmacist who has only 1 place of practice which is not a hospital must be assigned to an electoral district from among Districts 1 to 5, according to the location of the full pharmacist's place of practice;

(e) a full pharmacist who has only 1 place of practice which is a hospital must be assigned to District 6 or 7, according to the location of the hospital;

(f) a full pharmacist who practices in more than 1 electoral district must be assigned to the electoral district in which the full pharmacist's primary place of practice is located;

(g) a full pharmacist who does not practice must be assigned to the electoral district within which he or she resides.

(2) For the purpose of election of pharmacy technician board members under section 17(3)(a) of the *Act*, the electoral district is the province of British Columbia.

Notice of Election

4. (1) An election under section 17(3)(a) of the *Act* must be held ~~in each calendar year,~~ by electronic means approved by the registrar, at a date determined by the registrar that is at least 21 days prior to the date of the November board meeting in ~~that~~ each year that an election is held.

(2) The registrar must deliver a notice of election in Form 1 to every full pharmacist and pharmacy technician assigned to the electoral districts which are to elect board members in the election, at least 60

days prior to the election date.

(3) The accidental omission to deliver notice of an election to, or the non-receipt of such a notice, by any person entitled to receive notice does not invalidate the election, any proceedings in relation thereto, or the results thereof.

Eligibility and Nominations

5. (1) To be eligible for election to the board under section 17(3)(a) of the *Act*, a registrant must be

(a) a full pharmacist or pharmacy technician,

(b) in good standing, and

(c) assigned to the electoral district in which he or she is nominated.

(2) A full pharmacist or pharmacy technician is not eligible to be elected to the board if he or she is employed by the college or is engaged in a contract or assignment providing goods or services to the college.

(3) A nomination for a full pharmacist board member must be endorsed by 3 full pharmacists who are in good standing and are assigned to the electoral district in which the nominee is standing for election.

(4) A nomination for a pharmacy technician board member must be endorsed by 3 pharmacy technicians who are in good standing.

(5) A nomination must be delivered to the registrar at least 45 days prior to the election date.

(6) A nomination must be in Form 2.

Election Procedure

6. (1) If there is only 1 nominee for a vacant position at the close of nominations, the nominee for that position is elected by acclamation.

(2) Only full pharmacists and pharmacy technicians, who are in good standing, are eligible to vote in an election under section 17(3)(a) of the *Act.*

(3) A full pharmacist or pharmacy technician eligible to vote under subsection (2) is eligible to vote only in the electoral district to which he or she is assigned for an election.

(4) The registrar must deliver to each full pharmacist and pharmacy technician who is eligible to vote the instructions for voting electronically in the election at least 30 days prior to the election date.

(5) Each full pharmacist and pharmacy technician who is eligible to vote is entitled to 1 ballot and may vote in favour of 1 candidate for the vacant position.

(6) A ballot does not count unless it is cast no later than 5:00 p.m. Pacific Time on the election date.

(7) The candidate for a vacant position receiving the most votes on the return of the ballots is elected.

(8) In the case of a tie vote, the registrar must select the successful candidate by random draw.

(9) In the event that there are no nominees for a vacant position, the board may fill the vacant position in accordance with section 10.

(10) The registrar must supervise and administer all elections under section 17(3)(a) of the *Act* and may establish additional procedures consistent with these bylaws for that purpose.

(11) The registrar may determine any dispute or irregularity with respect to any nomination, ballot or election.

(12) The registrar must use Form 3 to certify newly elected members of the board under section 17.1(1) of the *Act*.

(13) If there is an interruption of electronic service during the nomination period or election, the registrar may extend the deadline for delivery of nominations or casting of ballots for such period of time as the registrar considers necessary in the circumstances.

Terms of Office

7. (1) The term of office for an elected board member is 3~~2~~ years, commencing at the start of the November board meeting following that board member's election.

(2) An elected board member may serve a maximum of 2~~3~~ consecutive terms.

~~(3) The terms of office of the elected board members from odd-numbered electoral districts must commence and end in odd-numbered years, and the terms of office of elected board members from even-numbered electoral districts must commence and end in even-numbered years.~~

~~(4)~~ (3) Subsections (1) and~~to~~ (2~~3~~) do not apply prior to the first election referred to in section 17(2)(a) of the *Act*.

Election Cycle

7.1 Commencing with the 2018 elections, elections shall follow a three-

year cycle, pursuant to which board members from even-numbered electoral districts are elected in the first year of the cycle, board members from odd-numbered electoral districts are elected in the second year of the cycle, and no election is held in the third year of the cycle.

Ceasing to Hold Office as a Board Member

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

(a) ceases to be a full pharmacist or pharmacy technician, in good standing,

(b) submits a written resignation to the chair,

(c) becomes an employee of the college or engaged in a contract or assignment providing goods or services to the college,

(d) is removed by a special resolution of the board, if notice of the proposal to remove the elected board member has been included with the notice of the board meeting, or

(e) is absent from 3 or more consecutive board meetings for reasons which the board finds unacceptable.

(2) Subsection (1) does not apply prior to the first election referred to in section 17(2)(a) of the *Act*.

First Election and Terms of Office

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

Vacancy

10. (1) In the event of a vacancy in an elected board member position, the board may, by special resolution, appoint a full pharmacist or pharmacy technician, as applicable, eligible under section 5 for election to fill the position until the next election.

(2) Subsection (1) does not apply prior to the first election referred to in section 17(2)(a) of the *Act*.

Remuneration of Board and Committee Members

11. All board members and committee members are equally entitled to be

(a) remunerated for time spent on business of the college in the amount approved by the board from time to time, and

(b) reimbursed by the college for reasonable expenses necessarily incurred in connection with the business of the college.

Chair and Vice-Chair

12. (1) The chair must

(a) preside at all board meetings,

(b) sign certificates, diplomas and other instruments executed on behalf of the college as required, and

(c) act in accordance with the requirements of his or her office for the proper carrying out of the duties of the board.

(2) At the November board meeting in each calendar year, the board members must elect a chair by a majority vote in accordance with the following procedure:

(a) the acting chair for the meeting must call for nominations;

(b) if there is only 1 nominee, he or she is elected by acclamation;

(c) if there is more than 1 nominee, an election must be held by secret ballot, and the person with the most votes is elected;

(d) if there is a tie vote, there must be a second vote immediately following the first vote;

(e) if there is a second tie vote, the new chair must be selected by random draw.

(3) The chair's term of office as chair is 1 year, commencing at the election of the vice-chair under subsection (4), and ending at the start of the November board meeting in the next calendar year.

(4) Immediately following the election of the chair under subsection (2), the board members must elect a vice-chair by a majority vote in accordance with the procedure set out in subsection (2).

(5) The vice-chair's term of office as vice-chair is 1 year, commencing at his or her election under subsection (4), and ending at the start of the November board meeting in the next calendar year.

(6) The vice-chair must perform the duties of the chair in the chair's absence.

(7) In the absence of both the chair and the vice-chair, an acting chair for a board meeting must be elected by a majority vote of the board members present.

(8) Despite subsections (2) to (5), the board members must elect a chair and vice-chair in accordance with the procedure set out in subsection (2), each to serve a term ending at the start of the November 2009 board meeting.

Board Meetings

13. (1) The board must meet at least 4 times in each calendar year, including one meeting in November, and must provide reasonable notice of board meetings to board members, registrants and the public.

(2) The accidental omission to deliver notice of a board meeting to, or the non-receipt of a notice by, any person entitled to receive notice does not invalidate proceedings at that meeting.

(3) Despite subsection (1), the chair or registrar may call a meeting of the board without providing notice to registrants or the public if necessary to conduct urgent business.

(4) The registrar must call a board meeting at the request of the chair or any 3 board members.

(5) The registrar must provide the following to members of the public on request:

(a) details of the time and place of a board meeting;

(b) a copy of the agenda;

(c) a copy of the minutes of any preceding board meeting.

(6) Subject to subsection (7), board meetings must be open to registrants and the public.

(7) The board may exclude any person from any part of a board meeting if it is satisfied that

(a) financial, personal or other matters may be disclosed of such a nature that the desirability of avoiding public disclosure of them in the interest of any person affected or in the public interest outweighs the desirability of adhering to the principle that meetings be open to the public,

(b) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced,

(c) personnel matters or property acquisitions will be discussed,

(d) the contents of examinations will be discussed,

(e) communications with the Office of the Ombudsman will be discussed, or

(f) instructions will be given to or opinions received from legal counsel for the college, the board, or a committee.

(8) If the board excludes any person from a part of a board meeting, it must have its reasons for doing so noted in the minutes of the

meeting.

(9) The registrar must ensure that minutes are taken at each board meeting and retained on file, and must publish them on the college website.

(10) A majority of the total number of board members constitutes a quorum.

(11) The chair is entitled to vote on all motions, and is also entitled to speak in debate, but not in preference to other board members.

(12) A written resolution signed by all board members is valid and binding and of the same effect as if such resolution had been duly passed at a board meeting.

(13) In case of an equality of votes the chair does not have a casting or second vote in addition to the vote to which he or she is entitled as a board member and the proposed resolution does not pass.

(14) The board may meet and conduct business using video-conferencing or tele-conference connections or by other electronic means when some or all of the board members are unable to meet in person.

(15) Except as otherwise provided in the *Act*, the regulations, or these bylaws, the most recent edition of Robert's Rules of Order governs the procedures at meetings of the board.

Registration Committee

14. (1) The registration committee is established consisting of at least 6 persons appointed by the board.

(2) At least 1/3 of the registration committee must consist of public representatives, at least one of whom must be an appointed board member.

Inquiry Committee

15. (1) The inquiry committee is established consisting of at least 6 persons appointed by the board.

(2) At least 1/3 of the inquiry committee must consist of public representatives, at least one of whom must be an appointed board member.

Practice Review Committee

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

(2) At least 1/3 of the practice review committee must consist of public

representatives, at least one of whom must be an appointed board member.

(3) The practice review committee is responsible for monitoring standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants.

(4) The practice review committee may receive reports made to the registrar, inquiry committee or discipline committee in respect of

(a) matters specified in section 17(1) of the *Pharmacy Operations and Drug Scheduling Act,* including without limitation reports under section 18 of that Act, and

(b) matters specified in section 28(1) of the *Health Professions Act*, including without limitation reports under section 28(3) of that Act.

(5) Upon receipt of a report described in subsection (4), the practice review committee may

(a) review the report, and

(b) as it considers appropriate in the circumstances, refer a matter arising from that review to the inquiry committee, quality assurance committee or registrar.

Application Committee

15.2 (1) The application committee within the meaning of section 1 of the *Pharmacy Operations and Drug Scheduling Act [SBC 2003] c.77 is established consisting of at least 6 persons appointed by the board.*

(2) At least 1/3 of the application committee must consist of public representatives, at least one of whom must be an appointed board member.

Discipline Committee

16. (1) The discipline committee is established consisting of at least 6 persons appointed by the board.

(2) At least 1/3 of the discipline committee must consist of public representatives, at least one of whom must be an appointed board member.

Quality Assurance Committee

17. (1) The quality assurance committee is established consisting of at least 6 persons appointed by the board.

(2) At least 1/3 of the quality assurance committee must consist of public representatives, at least one of whom must be an appointed board

member.

Drug Administration Committee

18. (1) The drug administration committee is established consisting of at least 4 and no more than 7 persons appointed by the board.

(2) The committee must include

(a) one full pharmacist,

(b) one medical practitioner confirmed by the College of Physicians and Surgeons of British Columbia as suitable for membership on the committee,

(c) one registered nurse confirmed by the College of Registered Nurses of British Columbia as suitable for membership on the committee, and

(d) one person nominated by the Ministry of Health Services.

(3) The drug administration committee

(a) must review, develop and recommend to the board standards, limits and conditions respecting the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Regulation for the purposes of preventing diseases, disorders and conditions, and

(b) may

(i) review the role of practising pharmacists in regard to the performance of restricted activities under section 4(1) (c.1) of the Regulation, and

(ii) make recommendations to the board, for submission to the Ministry of Health Services, respecting the standards, limits and conditions for practice and any other requirements it considers necessary or appropriate to support the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Regulation for the purposes of treating diseases, disorders and conditions.

(4) The committee may consult, as it considers necessary or appropriate, with registrants or other individuals who have expertise relevant to drug administration or on any other matter considered by the committee.

Committees

19. (1) A person appointed to a committee established under these bylaws

(a) serves for a term determined by the board not exceeding 2

years, and

(b) is eligible for reappointment but may not serve more than 3 consecutive terms.

(2) A committee member may be removed by a majority vote of the board.

(3) The board must appoint a committee chair and a committee vice-chair from among the members of the committee.

(4) Each committee must submit a report of its activities to the board annually or as required by the board.

(5) The registrar is an ex officio non-voting member of the committees established under these bylaws.

(6) The chair is a non-voting ex-officio member of all committees, except in respect of a committee to which he or she has been appointed under these bylaws, in which case he or she has the right to vote.

Committee Panels

20. (1) The registration committee, inquiry committee, practice review committee, application committee, discipline committee and quality assurance committee may meet in panels of at least 3 but not more than 5 persons, and each panel must include at least 1/3 public representatives.

(2) The chair of a committee referred to in subsection (1) must appoint the members of a panel and must designate a chair of the panel.

(3) A panel of a committee referred to in subsection (1) may exercise any power or perform any duty of that committee.

Meetings of a Committee or Panel

21. (1) A majority of a committee constitutes a quorum.

(2) All members of a panel constitute a quorum.

PART II – College Administration
Registrar/Deputy Registrar

22. (1) The registrar is authorized to establish, by bylaw, forms for the purposes of the bylaws, and to require the use of such forms by registrants.

(2) If a deputy registrar is appointed by the board,

(a) the deputy registrar is authorized to perform all duties and exercise all powers of the registrar, subject to the direction of the

registrar, and

(b) if the registrar is absent or unable to act for any reason, the deputy registrar is authorized to perform all duties and exercise all powers of the registrar.

Seal

23. (1) The board must approve a seal for the college.

(2) The seal of the college must be affixed, by those persons designated by the board, to the documents determined by the board.

Fiscal Year

24. The fiscal year of the college commences on March 1st and ends on the last day of February of the following year.

Banking

25. The board must establish and maintain such accounts with a chartered bank, trust company or credit union as the board determines to be necessary from time to time.

Payments and Commitments

26. The board must approve an operating and capital budget for each fiscal year, and may amend the approved budget from time to time.

Investments

27. The board may invest funds of the college in accordance with the board's investment policy which must be consistent with sections 15.1 and 15.2 of the *Trustee Act.*

Auditor

28. (1) The board must appoint a chartered accountant or a certified general accountant to be the auditor.

(2) The registrar must submit the financial statement to the auditor within 60 days of the end of the fiscal year.

(3) A copy of the auditor's report must be included in the annual report.

Legal Counsel

29. The board or, with the approval of the registrar, a committee or panel, may retain legal counsel for the purpose of assisting the board, a committee or a panel in exercising any power or performing any duty under the *Act*.

General Meetings

30. (1) General meetings of the college must be held in British Columbia at a time and place determined by the board.

(2) The first annual general meeting must be held before October 1, 2010, and after that an annual general meeting must be held at least once in every calendar year and not more than 20 months after the holding of the last preceding annual general meeting.

(3) The following matters must be considered at an annual general meeting:

(a) the financial statements of the college;

(b) the annual report of the board;

(c) the report of the auditor.

(4) Every general meeting, other than an annual general meeting, is an extraordinary general meeting.

(5) The board

(a) may convene an extraordinary general meeting by resolution of the board, and

(b) must convene an extraordinary general meeting within 60 days after receipt by the registrar of a request for such a meeting signed by at least ten percent of all full pharmacists and pharmacy technicians, who are in good standing.

Notice of General Meetings

31. (1) The registrar must deliver notice of an annual or extraordinary general meeting to every board member and registrant at least 21 days prior to the meeting.

(2) Notice of a general meeting must include

(a) the place, day and time of the meeting,

(b) the general nature of the business to be considered at the meeting,

(c) any resolutions proposed by the board, and

(d) any resolutions proposed under section 32 and delivered to the registrar prior to the mailing of the notice.

(3) The accidental omission to deliver notice of a general meeting to, or the non-receipt of a notice by, any person entitled to receive notice does not invalidate proceedings at that meeting.

(4) General meetings must be open to the public.

(5) The registrar must

(a) provide reasonable notice of each general meeting to the public, and

(b) provide to members of the public on request a copy of the notice given under subsection (1) in respect of the meeting.

Resolutions

32. Any 3 full pharmacists or pharmacy technicians, who are in good standing, may deliver a written notice to the registrar at least 60 days prior to the date of an annual or an extraordinary general meeting requesting the introduction of a resolution.

Voting at a General Meeting

33. (1) A full pharmacist or pharmacy technician present at a general meeting is entitled to 1 vote at the meeting.

(2) In case of an equality of votes the chair of the general meeting does not have a casting or second vote in addition to the vote to which he or she is entitled as a full pharmacist or pharmacy technician, if any, and the proposed resolution does not pass.

(3) Except as these bylaws otherwise provide, the most recent edition of Robert's Rules of Order governs the procedures at an annual or extraordinary general meeting.

(4) A resolution passed at an annual or extraordinary general meeting is not binding on the board.

Proceedings at General Meetings

34. (1) Quorum is 25 registrants consisting of full pharmacists or pharmacy technicians, or both.

(2) No business, other than the adjournment or termination of the meeting, may be conducted at a general meeting at a time when a quorum is not present.

(3) If at any time during a general meeting there ceases to be a quorum present, business then in progress must be suspended until there is a quorum present.

(4) In the case of a general meeting other than an extraordinary general meeting under section 30(5)(b),

(a) if there is no quorum within 30 minutes from the time appointed for the start of the meeting, or

(b) if there is no quorum within 30 minutes from any time when

there is no quorum during the meeting,

the meeting must be adjourned to one month later, at the same time and place, and those full pharmacists and pharmacy technicians who attend that later meeting will be deemed to be a quorum for that meeting.

(5) In the case of an extraordinary general meeting under section 30(5)(b),

(a) if there is no quorum within 30 minutes from the time appointed for the start of the meeting, or

(b) if there is no quorum within 30 minutes from any time when there is no quorum during the meeting,

the meeting must be adjourned and cancelled and no further action may be taken in respect of the request under section 30(5)(b) for that meeting.

(6) In the absence of both the chair and the vice-chair of the board, an acting chair for a general meeting must be elected by a majority vote of the full pharmacists and pharmacy technicians present.

(7) A general meeting may be adjourned from time to time and from place to place, but no business may be transacted at an adjourned meeting other than the business left unfinished at the meeting from which the adjournment took place.

(8) When a meeting is adjourned in accordance with subsection (4) or by resolution, notice of the rescheduled meeting must be delivered in accordance with section 31.

Notice to Public Representatives

35. Every notice or mailing to registrants must also be provided to public representatives serving on the board or a committee.

PART III – College Records
Body Responsible for Administering the *Freedom of Information and Protection of Privacy Act*

36. (1) The registrar is the “head” of the college for the purposes of the *Freedom of Information and Protection of Privacy Act.*

(2) The registrar may authorize the deputy registrar, a person employed by the college or a person who has contracted to perform services for the college to perform any duty or exercise any function of the registrar that arises under the *Freedom of Information and Protection of Privacy Act.*

Fees for Information Requests

37. Subject to section 75 of the *Freedom of Information and Protection of Privacy Act*, an applicant who requests access to a college record under section 5 of the *Freedom of Information and Protection of Privacy Act* must pay the fees set out in the Schedule of Maximum Fees in B.C. Reg. 323/93 for services required to comply with the information request.

Disclosure of Annual Report

38. The registrar must make each annual report under section 18(2) of the *Act* available electronically and free of charge on the college website, must notify registrants that the report is available, and must provide a paper copy of the report to any person on request upon payment of the fee set out in Schedule "D".

Disclosure of Registration Status

39. (1) If an inquiry about the registration status of a person is received by the board or the registrar, the registrar must disclose, in addition to the matters required by section 22 of the *Act*,

(a) whether the discipline committee has ever made an order relating to the person under section 39 of the *Act* and the details of that order,

(b) whether the person has ever consented to an order under section 37.1 of the *Act* and the details of that order, and

(c) whether the person has ever given an undertaking or consented to a reprimand under section 36 of the *Act* and the details of that undertaking or reprimand.

(2) When acting under subsection (1), the registrar must not release the name of, or information which might enable a person to identify

(a) a patient, or

(b) another person, other than the registrant, affected by the matter,

except with the consent of the patient or the other person.

Manner of Disposal of College Records Containing Personal Information

40. The board must ensure that a college record containing personal information is disposed of only by

(a) effectively destroying a physical record by utilizing a shredder or by complete burning,

(b) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the information cannot be reconstructed,

(c) returning the record to the person the information pertains to, or

(d) returning the record to the registrant who compiled the information.

PART IV – Registration
Classes of Registrants

41. The following classes of registrants are established:

(a) full pharmacist;

(b) limited pharmacist;

(c) temporary registrant;

(d) student pharmacist;

(e) pharmacy technician;

(f) non-practising registrant.

Full Pharmacist Registration

42. (1) For the purposes of section 20(2) of the *Act*, the requirements for full pharmacist registration are

(a) graduation with a degree or equivalent qualification from a pharmacy education program recognized by the board for the purpose of full pharmacist registration and specified in Schedule "C",

(b) successful completion of the jurisprudence examination required by the registration committee,

(c) successful completion of an English language proficiency examination acceptable to the registration committee, if the person has not graduated from a pharmacy education program in Canada or the United States accredited by the Canadian Council for Accreditation of Pharmacy Programs or the Accreditation Council for Pharmacy Education,

(d) successful completion of the structured practical training required by the registration committee, if any,

(e) successful completion of the Pharmacy Examining Board of Canada Evaluating Examination, if the person has not graduated from a pharmacy education program in Canada or the United States accredited by the Canadian Council for Accreditation of Pharmacy Programs or the Accreditation Council for Pharmacy Education,

(f) successful completion of the Pharmacy Examining Board of Canada Qualifying Examination - Part I and Part II,

(g) evidence satisfactory to the registration committee that the person is of good character and fit to engage in the practice of

pharmacy, and

(h) receipt by the registrar of

(i) a signed application for full pharmacist registration in Form 4,

(ii) the application fee specified in Schedule "D",

(iii) a notarized copy, or other evidence satisfactory to the registration committee, of the person's degree or equivalent qualification, and that he or she is the person named therein,

(iv) a statutory declaration in Form 5,

(v) if applicable, the fee for the jurisprudence examination specified in Schedule "D",

(vi) a criminal record check authorization in the form required by the *Criminal Records Review Act*,

(vii) if the person has engaged in the practice of pharmacy or another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,

(viii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession,

(ix) a certified passport size photograph of the person taken within one year prior to the date of application,

(x) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada, and

(xi) proof of professional liability insurance as required under section 81.

(1.1) If an applicant for registration does not complete the requirements for full registration in subsection (1) within 12 months from the date of application, the applicant must provide

(a) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of full registration, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction

where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession, and

(b) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada.

(2) Despite subsection (1), the person may be granted full pharmacist registration if he or she

(a) is registered in another Canadian jurisdiction as the equivalent of a full pharmacist and has provided notarized evidence, or other evidence satisfactory to the registration committee, of such registration and that he or she is the person named therein, and

(b) meets the requirements established in subsection (1)(g) and (h)(i) to (iv) and (vi) to (xi).

(3) Despite subsection (1), the registration committee has discretion, in satisfying itself under section 20 of the *Act* that the person meets the conditions or requirements for registration as a full pharmacist member of the college, to consider whether the person's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (1)(a), and to grant full pharmacist registration on that basis, if the person also meets the requirements established in subsection (1)(b) to (h).

(4) A full pharmacist may use only the abbreviation "R.Ph.".

(5) A full pharmacist must not

(a) delegate any aspect of practice to a pharmacy technician, or

(b) authorize a pharmacy technician to perform or provide any aspect of practice under supervision.

Certification of Practising Pharmacists for Drug Administration

43. (1) A practising pharmacist may apply to the registrar under this section for certification that the practising pharmacist is qualified and competent to perform a restricted activity under section 4(1) (c.1) of the Regulation.

(2) The registrar must grant certification under this section if the practising pharmacist has

(a) provided evidence satisfactory to the registrar that the practising pharmacist has

(i) successfully completed within the year prior to application

an education program in drug administration, approved by the board for the purposes of section 4.1(c) of the Regulation and specified in Schedule "C",

(ii) a current certificate in cardiopulmonary resuscitation from a program approved by the board and specified in Schedule "C", and

(iii) a current certificate in first aid from a program approved by the board and specified in Schedule "C",

(b) submitted a signed application for certification in Form 13, and

(c) paid the fee specified in Schedule "D".

(3) If certification is granted under this section, the registrar must enter a notation of certification for drug administration in the register in respect of the practising pharmacist.

(4) To maintain certification under this section, a practising pharmacist must declare upon registration renewal

(a) that he or she has successfully completed a continuing education program in drug administration approved by the board and specified in Schedule "C" if an injection has not been administered in the preceding three years, and

(b) that he or she has successfully completed a continuing education program in administering a drug by intranasal route approved by the board and specified in Schedule "C" if a drug has not been administered by intranasal route in the preceding three years, and

(c) maintain current certification in cardiopulmonary resuscitation from a program approved by the board and specified in Schedule "C", and

(d) maintain current certification in first aid from a program approved by the board and specified in Schedule "C".

(5) The registrar must remove a practising pharmacist's notation of certification from the register if the practising pharmacist fails to meet any of the requirements in subsection (4), and the practising pharmacist must not again perform a restricted activity under section 4(1) (c.1) of the Regulation until

(a) the requirements in subsection (4) are met to the satisfaction of the registrar, and

(b) the registrar has re-entered a notation of certification for drug administration in the register in respect of the practising pharmacist.

Intranasal Drug Administration

43.1 A practising pharmacist who has been certified under section 43(1) must complete the program specified in Schedule C on intranasal drug administration prior to administering an intranasal drug.

Limited Pharmacist Registration

44. (1) An applicant under section 42 or 52 may be granted limited pharmacist registration for a period of up to one year if

(a) the applicant

(i) does not meet the requirements established in section 42(1)(b)(c)(e) and (f) or (3), or section 52(2)(a) and (c), as applicable,

(ii) meets the requirements established in section 42(1)(d), or section 52(2)(b), as applicable, and

(iii) is capable, in the opinion of the registration committee, of practising as a limited pharmacist without any risk to public health and safety, or

(b) the applicant

(i) meets the requirements established in section 42(1)(b)(c)(e) and (f) or (3), or section 52(2)(a) and (c), as applicable,

(ii) does not meet the requirements established in section 42(1)(d), or section 52(2)(b), as applicable, and

(iii) is capable, in the opinion of the registration committee, of practising as a limited pharmacist without any risk to public health and safety.

(2) Limited pharmacist registration may be renewed twice, but in any case, the total period of registration in this class must not exceed 3 years.

(3) Full pharmacist registration may be granted to a limited pharmacist who has met all the requirements in section 42(1) or (3), or section 52, as applicable.

(4) A limited pharmacist may provide pharmacy services as if he or she is a full pharmacist, but only under the supervision of a full pharmacist approved by the registration committee for that purpose.

(5) A limited pharmacist must not delegate any aspect of practice.

(6) A limited pharmacist may use only the title “pharmacist (limited)” and must not use any abbreviations.

Temporary Registration

45. (1) Despite sections 42 and 47, a person may be granted temporary pharmacist registration or temporary pharmacy technician registration, for a period of up to 90 days, if

(a) an emergency has been declared by the registrar in accordance with criteria established by the board,

(b) the person

(i) is registered in another jurisdiction in Canada or the United States as the equivalent of a full pharmacist or a pharmacy technician, and

(ii) has provided notarized evidence, or other evidence satisfactory to the registration committee, of such registration and that the person is the person named therein.

(2) The registration of a temporary pharmacist or temporary pharmacy technician may be renewed once for an additional period of up to 90 days.

(3) A temporary pharmacist may provide services as if he or she is a full pharmacist, and may apply for certification, and be certified, under section 43.

(4) A temporary pharmacy technician may provide services as if he or she is a pharmacy technician,

(5) A temporary pharmacist may use only the title “pharmacist (temporary)” and must not use any abbreviations.

(6) A temporary pharmacy technician may use only the title “pharmacy technician (temporary)” and must not use any abbreviations.

Student Pharmacist Registration

46. (1) A person may be granted student pharmacist registration if the person

(a) is enrolled as a student in a pharmacy education program recognized by the board for the purpose of full pharmacist registration and specified in Schedule ”C”,

(b) provides evidence satisfactory to the registration committee that the person is of good character and fit to engage in the practice of pharmacy, and

(c) has delivered to the registrar

(i) a signed application for registration in Form 6,

(ii) the application fee specified in Schedule “D”,

(iii) a notarized copy, or other evidence satisfactory to the registration committee of the person’s enrolment and educational standing, and that he or she is the person named therein,

(iv) a statutory declaration in Form 5,

(v) a criminal record check authorization in the form required under the *Criminal Records Review Act*,

(vi) if the person has engaged in the practice of pharmacy or another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,

(vii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person’s good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession,

(viii) a certified passport size photograph of the person taken within one year prior to the date of application, and

(ix) a notarized copy, or other evidence satisfactory to the registration committee, of the person’s Canadian citizenship or authorization to work in Canada.

(2) A person described in subsection (1)(a) must be registered under this section

(a) within 6 months of their enrolment as a student in the pharmacy education program, and

(b) before undertaking a period of structured practical training or providing pharmacy services.

(3) A person who is enrolled as a student in a pharmacy education program that is not recognized by the board for the purpose of registration may be granted student registration if the applicant meets all requirements established in subsection (1)(b) and (c).

(4) A person described in subsection (3) must be registered under this section before undertaking a period of structured practical training, or providing pharmacy services.

(5) A student pharmacist may only provide pharmacy services while under the supervision of a full pharmacist

(5.1) Despite subsection (5), a student pharmacist may only perform a restricted activity under section 4(1)(c.1) of the Regulation while under the supervision of

(a) a full pharmacist who is certified under section 43, or

(b) a person who is

(i) not a member of the college,

(ii) registered as a member of another college established or continued under the Act, and

(iii) authorized under the Act to perform the restricted activity in the course of practising the designated health profession for which the other college is established or continued.

(6) The registration of a student pharmacist may be renewed if he or she

(a) remains enrolled in a pharmacy education program described in subsection 1(a),

(b) applies in writing in a form acceptable to the registration committee,

(c) pays any outstanding fine, fee, debt or levy owed to the college, and

(d) pays the fee specified in Schedule "D".

(7) A student pharmacist must not delegate any aspect of practice.

(8) A student registrant may use only the title "pharmacist (student)" and must not use any abbreviations.

Pharmacy Technician Registration

47. (1) For the purposes of section 20(2) of the *Act,* the requirements for pharmacy technician registration are

(a) graduation with a diploma or certificate from a pharmacy technician education program recognized by the board for the purpose of pharmacy technician registration and specified in Schedule "C",

(b) successful completion of the jurisprudence examination required by the registration committee,

(c) successful completion of an English language proficiency examination acceptable to the registration committee, if the person has not graduated from a pharmacy technician education program in Canada accredited by the Canadian Council for

Accreditation of Pharmacy Programs.

(d) successful completion of the structured practical training required by the registration committee, if any,

(e) successful completion of the Pharmacy Examining Board of Canada Evaluating Examination, if the person has not graduated from a pharmacy technician education program in Canada accredited by the Canadian Council for Accreditation of Pharmacy Programs.

(f) successful completion of the Pharmacy Examining Board of Canada Pharmacy Technician Qualifying Examination – Part I and Part II,

(g) evidence satisfactory to the registration committee that the person is of good character and fit to engage in practice as a pharmacy technician, and

(h) receipt by the registrar of

(i) a signed application for registration in Form 7,

(ii) the application fee specified in Schedule "D",

(iii) a notarized copy, or other evidence satisfactory to the registration committee, of the person's diploma, certificate or equivalent qualification, and that he or she is the person named therein,

(iv) a statutory declaration in Form 5,

(v) if applicable, the fee for the jurisprudence examination specified in Schedule "D",

(vi) a criminal record check authorization in the form required by the *Criminal Records Review Act*,

(vii) if the person has practised as a pharmacy technician or in another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,

(viii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to practise as a pharmacy technician or in another health profession,

(ix) a certified passport size photograph of the person taken within one year prior to the date of application,

(x) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada, and

(xi) proof of professional liability insurance as required under section 81.

(1.1) If an applicant for registration does not complete the requirements for full registration in subsection (1) within 12 months from the date of application, the applicant must provide

(a) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of full registration, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession, and

(b) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada.

(2) Despite subsection (1), the person may be granted pharmacy technician registration if he or she

(a) is registered in another Canadian jurisdiction as the equivalent of a pharmacy technician and has provided evidence, satisfactory to the registration committee, of such authorization and that he or she is the person named therein, and

(b) meets the requirements established in subsection (1)(g) and (h)(i) to (iv) and (vi) to (xi).

(3) Despite subsection (1), the registration committee has discretion, in satisfying itself under section 20 of the *Act* that the person meets the conditions or requirements for registration as a pharmacy technician member of the college, to consider whether the person's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (1)(a), and to grant full pharmacy technician registration on that basis, if the person also meets the requirements established in subsection (1)(b) to (h).

(4) Despite subsection (1), the person may be granted pharmacy technician registration if he or she

(a) applies on or before December 31, 2015,

(b) has worked for at least 2000 hours as the equivalent of a pharmacy assistant in the 3 year period immediately preceding the date of application,

(c) has

(i) successfully completed the Pharmacy Examining Board of Canada Evaluating Examination, or

(ii) been certified as the equivalent of a pharmacy technician in the Province of Ontario or Province of Alberta prior to January 1, 2009, or in another jurisdiction recognized by the registration committee, or

(iii) successfully completed an accredited pharmacist degree program in Canada or in the continental United States,

(d) has successfully completed the pharmacy technician bridging programs, and

(e) meets the requirements in subsection (1)(b) to (d) and (f) to (h).

(5) A pharmacy technician must not

(a) perform a restricted activity under section 4(1)(a) or (c.1) of the Regulation,

(b) act under section 25.92 of the *Act,* or

(c) be appointed as a pharmacy manager.

(6) A pharmacy technician may use only the title "pharmacy technician" and may use only the abbreviation "R.Ph.T.".

Non-Practising Registration

48. (1) A full pharmacist or pharmacy technician may be granted non-practising registration if the registrar has received

(a) a signed application for non-practising registration in Form 8,

(b) the registration fee specified in Schedule "D",

(c) a statutory declaration in Form 5, and

(d) a criminal record check authorization in the form required under the *Criminal Records Review Act*.

(2) A non-practising registrant must not provide pharmacy services in British Columbia.

(3) A non-practising registrant who was formerly a full pharmacist may use only the title "pharmacist (non-practising)" and must not use any abbreviations.

(4) A non-practising registrant who was formerly a pharmacy technician may use only the title "pharmacy technician (non-practising)" or "technician (non-practising)" and must not use any abbreviations.

Certificate of Registration and Registration Card

49. (1) The registrar must issue a certificate in Form 9 to a person who is granted full pharmacist or pharmacy technician registration.

(2) A registration card must be issued to a person who is granted registration, and is valid from the date issued until the date shown on the card.

Examinations

50. (1) An applicant who fails a required examination under this Part, may write the examination again to a maximum of 4 times except where the Pharmacy Examining Board of Canada for its examinations, determines otherwise.

(2) If an invigilator has reason to believe that an applicant has engaged in improper conduct during the course of an examination, the invigilator must make a report to the registration committee, and may recommend that the registration committee take one or more of the following courses of action:

(a) fail the applicant;

(b) pass the applicant;

(c) require the applicant to rewrite the examination;

(d) disqualify the applicant from participating in any examination for a period of time.

(3) After considering a report made under subsection (2), the registration committee may take one or more of the courses of action specified in subsection (2).

(4) An applicant disqualified under subsection 2(d) must be provided with written reasons for disqualification.

Registration Renewal

51. (1) To be eligible for a renewal of registration, a registrant must

(a) provide the registrar with a completed Form 10,

(b) pay the registration renewal fee specified in Schedule “D”,

(c) pay any other outstanding fine, fee, debt or levy owed to the college,

(d) attest that he or she is in compliance with the *Act*, the regulations, and these bylaws, and is in compliance with any limits or conditions imposed on his or her practice under the *Act*,

(e) meet all applicable requirements of the quality assurance

program under Part V,

(f) if certified under section 43, meet all applicable requirements of section 43(4),

(g) provide proof of professional liability insurance as required under section 81, and

(h) provide an authorization for a criminal record check in the form required under the *Criminal Records Review Act*, if the college does not have a valid authorization on file.

(2) Form 10 must be delivered to each registrant no later than 30 days before the registration renewal date and must describe the consequences of late payment and non-payment of fees.

(3) Each registrant must submit the monies required under subsection (1) and a completed Form 10 to the college on or before the registration expiry date.

(4) On receipt of the monies required under subsection (1) and a completed Form 10, the registrar must issue a receipt stating that the registrant is, subject to his or her compliance with the *Act*, the regulations, and the bylaws, entitled to practice the profession of pharmacy or practise as a pharmacy technician, as applicable, in the Province of British Columbia as a member of the college.

(5) If a registrant fails to submit the monies required under subsection (1) and a completed Form 10 on or before the registration expiry date, he or she ceases to be registered.

(6) In this section, "registrant" does not include a student pharmacist.

Reinstatement

52. (1) The registration of a former registrant or a non-practising registrant, whose registration is not suspended or cancelled under the *Act* and who has been out of practice for more than 90 days but less than 6 years must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant or non-practising registrant

(a) has met all the applicable requirements of the quality assurance program approved by the board, and

(b) has delivered to the registrar

(i) a signed application for reinstatement in Form 11,

(ii) a statutory declaration in Form 5,

(iii) an authorization for a criminal record check in the form required by the *Criminal Records Review Act*, and

(iv) the registration reinstatement fee and transfer fee, if applicable, specified in Schedule “D”.

(2) The registration of a former registrant or a non-practising registrant, whose registration is not suspended or cancelled under the *Act* and who has been out of practice for 6 years or more must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant or non-practising registrant

(a) successfully completes the jurisprudence examination required by the registration committee,

(b) successfully completes the structured practical training required by the registration committee,

(c) successfully completes the Pharmacy Examining Board of Canada Qualifying Examination - Part II, and

(d) has delivered to the registrar

(i) a signed application for reinstatement in Form 11,

(ii) a statutory declaration in Form 5,

(iii) an authorization for a criminal record check in the form required by the *Criminal Records Review Act*, and

(iv) the registration reinstatement and transfer fee, if applicable specified in Schedule “D”.

Reinstatement Following Late Registration Renewal

53. The registration of a former registrant who ceased to be registered under section 51(5) must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant

(a) applies for reinstatement in Form 11 not later than 90 days following the expiry of his or her registration,

(b) meets the requirements of section 52(1),

(c) is not in contravention of the *Act*, the regulations, or these bylaws, and

(d) pays the registration reinstatement and late registration renewal fees specified in Schedule “D”.

Registration Information

54. (1) For the purposes of section 21(2)(f) of the *Act*, the registrar must enter and maintain on the register the most recent electronic mail address for each registrant.

(2) A registrant must notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names

and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

PART V – Quality Assurance
Quality Assurance Program

55. (1) In this Part, **"program"** means the quality assurance program established by the board in accordance with this section.

(2) The program consists of the following:

(a) continuing professional development;

(b) assessment of professional performance.

Continuing Professional Development

56. (1) Each full pharmacist and pharmacy technician must complete learning activities for the purpose of continuing professional development, in accordance with the policy approved by the board.

(2) Each full pharmacist and pharmacy technician must

(a) keep records in a form satisfactory to the quality assurance committee of the learning activities that the full pharmacist or pharmacy technician undertakes for the purpose of meeting the requirement established in subsection (1), and

(b) provide, on the request of and in accordance with the direction of the quality assurance committee, copies of the records referred to in paragraph (a).

(3) The quality assurance committee may conduct a review of the records provided under subsection 2(b).

Assessment of Professional Performance

56.1 (1) The quality assurance committee may require a full pharmacist or pharmacy technician to undergo an assessment of professional performance

(a) upon referral from the practice review committee under section 15.1(5), or

(b) if the quality assurance committee determines an assessment is appropriate in the circumstances upon a review of records conducted under section 56(3).

(2) For the purpose of an assessment under subsection (1) the quality assurance committee or an assessor appointed by the quality assurance committee may do one or more of the following:

(a) conduct an interview of the full pharmacist or pharmacy technician;

(b) assess the practice competency of the full pharmacist or pharmacy technician;

(c) require the full pharmacist or pharmacy technician to undergo any other type of assessment determined by the quality assurance committee to be appropriate in the circumstances.

PART VI – Inquiries and Discipline
Consent Orders

57. The record of an undertaking or consent given under section 36 of the *Act*, a consent order under section 37.1 of the *Act*, or an agreement under section 32.2(4)(b) or 32.3(3)(b) of the *Act*, must

(a) include any consent to a reprimand or to any other action made by the registrant under section 32.2(4)(b), 32.3(3)(b), 36 or 37.1 of the *Act*,

(b) include any undertaking made by the registrant under section 36 of the *Act*,

(c) specify the length of time that an undertaking specified in paragraph (b) is binding on the registrant,

(d) specify the procedure that the registrant may follow to be released from an undertaking specified in paragraph (b), and

(e) subject to sections 22 and 39.3 of the *Act* and sections 39(1) and 60(1), specify which limits or conditions of the undertaking, consent order or agreement may be published, disclosed to the public, or both.

Notice of Disciplinary Committee Action Under Section 39.1 of *Act*

57.1 The discipline committee must deliver notice to a registrant not fewer than 14 days before making an order under section 39.1 of the *Act* in respect of the registrant.

Citation for Disciplinary Hearing

58. (1) On the direction of a panel of the discipline committee, the registrar may join one or more complaints or other matters which are to be the subject of a discipline hearing in one citation as appropriate in the circumstances.

(2) On the direction of a panel of the discipline committee, the registrar may sever one or more complaints or other matters which are to be the subject of a discipline hearing as appropriate in the circumstances.

(3) On the direction of a panel of the discipline committee, the registrar may amend a citation issued under section 37 of the *Act*.

(4) If a citation is amended under subsection (3) prior to a discipline hearing, the amended citation must be delivered to the respondent by personal service or sent by registered mail to the respondent at the last address for the respondent recorded in the register not fewer than 14 days before the date of the hearing.

(5) If a citation is amended under subsection (3) prior to a discipline hearing, and the amended citation changes the date, time or place of the hearing, the registrar must notify any complainant of the amendment not fewer than 14 days before the date of the hearing.

Hearings of Discipline Committee

59. (1) No person may sit on the discipline committee while he or she is a member of the inquiry committee.

(2) No member of the discipline committee may sit on the panel hearing a matter in which he or she:

(a) was involved as a member of the inquiry committee, or

(b) has had any prior involvement.

(3) Information about the date, time and subject matter of the hearing must be provided to any person on request.

(4) The discipline committee must provide notice by registered mail or by personal service to a person who is required to attend a hearing under section 38(6) of the *Act* in Form 12.

(5) All discipline hearings must be recorded and any person may obtain, at his or her expense, a transcript of any part of the hearing which he or she was entitled to attend.

Notice of Disciplinary Decision

60. (1) In addition to any notification required under section 39.3 of the *Act* with respect to any of the actions referred to in section 39.3(1)(a) to (e) of the *Act*, the registrar

(a) must notify all registrants,

(b) must notify the regulatory bodies governing the practice of pharmacy or the services of pharmacy technicians in every other Canadian jurisdiction, and

(c) may notify any other governing body of a health profession inside or outside of Canada.

(2) Notification provided to all registrants under subsection (1)(a)

(a) must include all information included in the public notification under section 39.3 of the *Act*, and

(b) unless otherwise directed by the inquiry committee or the discipline committee, as the case may be, must exclude any information withheld from the public notification under section 39.3(3) or (4) of the *Act*.

(3) Unless otherwise directed by the inquiry committee or the discipline committee, as the case may be, notification provided to other regulatory or governing bodies under subsection (1)(b) or (c) may include information that has been withheld from the public notification under section 39.3(3) or (4) of the *Act*.

Retention of Discipline Committee and Inquiry Committee Records

61. Records of the inquiry committee and discipline committee must be retained permanently.

Registrant Under Suspension

62. (1) If the registration of a registrant is suspended, the registrant must

(a) not engage in the practice of pharmacy or provide the services of a pharmacy technician,

(b) not hold himself or herself out as a registrant,

(c) not hold office in the college,

(d) not be a manager,

(e) not make appointments for patients or prospective patients,

(f) remove the registrant's name and any sign relating to the registrant's practice from any premises where the registrant practiced pharmacy or provided the services of a pharmacy technician and any building in which any such premises are located,

(g) not contact or communicate with patients or prospective patients, except for the following purposes:

(i) to advise a patient or a prospective patient of the fact and duration of the suspension, and

(ii) to advise a patient or prospective patient that another registrant will continue to act or provide services in the suspended registrant's place, or

(iii) to refer a patient or prospective patient to another

registrant, who is in good standing.

(h) pay any fee required by the college when due in order to remain a registrant and any other outstanding fine, fee, debt or levy owed to the college, and

(i) immediately surrender his or her registration card to the registrar.

(2) No registrant or former registrant is entitled to any refund of any fine, fee, debt or levy paid to the college solely on the basis that it was paid during or in relation to a period of suspension from practice.

(3) During the period of suspension,

(a) a suspended full pharmacist may permit another full pharmacist in good standing to practice pharmacy, and

(b) a suspended pharmacy technician may permit a full pharmacist or another pharmacy technician, in good standing, to provide pharmacy services,

in the premises where the full pharmacist or pharmacy technician formerly practiced pharmacy or provided pharmacy services, as applicable.

Fines

63. The maximum amount of a fine that may be ordered by the discipline committee under section 39(2)(f) of the *Act* is $100,000.

PART VII –Registrant Records
Definitions

64. In this Part, **"patient's representative"** means

(a) a "committee of the patient" under the *Patient's Property Act*,

(b) the parent or guardian of a patient who is under 19 years of age,

(c) a representative authorized by a representation agreement under the *Representation Agreement Act* to make or help in making decisions on behalf of a patient,

(d) a decision maker or guardian appointed under section 10 of the *Adult Guardianship Act*, or

(e) a temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*.

Purpose for which Personal Information may be Collected

65. No registrant may collect personal information regarding a patient

without the patient's consent unless

(a) the information relates directly to and is necessary for providing health care services to the patient or for related administrative purposes, or

(b) the collection of that information is expressly authorized by or under an enactment.

Source of Personal Information

66. (1) A registrant must collect personal information about a patient directly from the patient, unless the patient otherwise consents.

(2) Despite subsection (1), a registrant may collect personal information about a patient from another person if he or she has reasonable grounds to believe

(a) that the patient has been made aware of the matters set out in section 67(1) and has authorized collection of the personal information from another person,

(b) that the patient is unable to give his or her authority and the registrant, having made the patient's representative aware of the matters set out in section 67(1), collects the information from the representative or the representative authorizes collection from another person,

(c) that compliance with subsection (1) would:

(i) prejudice the best interests of the patient,

(ii) defeat the purpose or prejudice the use for which the information is collected, or

(iii) prejudice the safety of any person,

(d) that compliance with subsection (1) is not reasonably practicable in the circumstances of the particular case,

(e) that the collection is for the purpose of assembling a family or genetic history of a person and is collected directly from that person,

(f) that the information is publicly available,

(g) that the information:

(i) will not be used in a form in which the patient concerned is identified, or

(ii) will be used for statistical or research purposes and will not be published in a form that could reasonably be expected to identify the patient.

(h) that non-compliance with subsection (1) is necessary if the information is about law enforcement or anything referred to in sections 15(1) or (2) of the *Freedom of Information and Protection of Privacy Act*.

Collection of Personal Information

67. (1) If a registrant collects personal information directly from a patient, or from a patient's representative, the registrant must take such steps as are, in the circumstances, reasonable to ensure that the patient or patient's representative is aware of

(a) the fact that the personal information is being collected,

(b) the purpose for which the personal information is being collected,

(c) the intended recipients of the personal information,

(d) whether or not the supply of the personal information is voluntary or mandatory and, if mandatory, the legal authority for collecting the personal information,

(e) the consequences, if any, for that patient if all or any part of the requested personal information is not provided, and

(f) the rights of access to personal information provided in section 80.

(2) The steps referred to in subsection (1) must be taken before the personal information is collected or, if that is not practicable, as soon as practicable after the personal information is collected.

(3) A registrant is not required to take the steps referred to in subsection (1) in relation to the collection of personal information from a patient, or the patient's representative, if the registrant has taken those steps in relation to the collection, from the patient or patient's representative, of the same information or information of the same kind for the same or a related purpose, on a recent previous occasion.

(4) Despite subsection (1), a registrant is not required to comply with subsection (1) if the registrant believes on reasonable grounds

(a) that non-compliance is authorized by the patient concerned,

(b) that compliance would:

(i) prejudice the interests of the patient concerned, or

(ii) defeat the purpose or prejudice the use for which the information is collected,

(c) that compliance is not reasonably practicable in the

circumstances of the particular case, or

(d) that the information is about law enforcement or anything referred to in sections 15(1) or (2) of the *Freedom of Information and Protection of Privacy Act*.

Manner of Collection of Personal Information

68. Personal information must not be collected by a registrant

(a) by unlawful means, or

(b) by means that in the circumstances intrude to an unreasonable extent upon the personal affairs of the patient concerned.

Accuracy of Personal Information

69. The registrant must make every reasonable effort to ensure that personal information collected about patients is current and is legibly, accurately and completely recorded.

Right to Request Correction of Personal Information

70. (1) A person who believes there is an error or omission in a record containing his or her personal information may request that the registrant having the record in his or her custody or control correct the information.

(2) If, after receiving a request for correction under subsection (1), the registrant disagrees that there is an error or omission in the record, the registrant must note the request in the record with particulars of the correction that was sought.

Use of Personal Information

71. A registrant may use personal information about a patient only

(a) for the purpose of providing health care services to, or performing health, care services for, the patient, or for a related administrative purpose, or

(b) for a use or disclosure consistent with a purpose specified in paragraph (a)

(i) if the patient has consented to the use, or

(ii) for a purpose for which that information may be disclosed by the registrant under section 72 or otherwise under the *Act*.

Disclosure of Personal Information

72. A registrant must maintain confidentiality of personal information about a patient, and may disclose personal information about a

patient only

(a) if the patient concerned has consented to the disclosure,

(b) for the purpose of providing health care services to, or performing health care services for, the patient, or for a related administrative purpose, or for a disclosure consistent with either purpose,

(c) for the purpose of complying with an enactment of, or an arrangement or agreement made under an enactment of, British Columbia or Canada,

(d) for the purpose of complying with a subpoena, warrant or order issued or made by a court, person or body with jurisdiction to compel the production of information,

(e) to an employee of, or contractor providing services to, the registrant, if the information is necessary for the performance of the duties of, or for the protection of the health or safety of, the employee or contractor,

(f) to a lawyer acting for the registrant, for use in civil or criminal proceedings involving the registrant,

(g) if necessary to comply with the *Coroners Act*,

(h) if necessary to comply with the *Ombudsman Act*,

(i) for the purposes of

(i) collecting a debt or fine owing by a patient to the registrant, or

(ii) making a payment owing by the patient to a registrant,

(j) to an auditor, the college or any other person or body authorized by law, for audit purposes,

(k) if the registrant believes on reasonable grounds that there is a risk of significant harm to the health or safety of any person and that the use or disclosure of the information would reduce that risk,

(l) so that the next of kin or a friend of an injured, ill or deceased individual may be contacted,

(m) in accordance with the *Act*, the regulation, or these bylaws, or

(n) as otherwise required by law.

Definition of Consistent Purpose

73. A use or disclosure of personal information is consistent with the purposes of providing health care services to a patient or related administrative purposes under sections 71 and 72 if the use or

disclosure has a reasonable and direct connection to either purpose.

Storage of Personal Information

74. A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored

(a) at the pharmacy, or

(b) off site.

Manner of Disposal of Records

75. A registrant must ensure that records referred to in section 74 are disposed of only by

(a) transferring the record to another registrant, or

(b) effectively destroying a physical record by utilizing a shredder or by complete burning, or

(c) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the information cannot be reconstructed.

Registrant Ceasing to Practice

76. (1) Except where records must be retained for the purpose of Part 3 of the *Act* and Part 3 of the *Pharmacy Operations and Drug Scheduling* Act, in any case where a pharmacy is closed or a registrant ceases to practise, for any reason, the records referred to in section 74 must be transferred in accordance with this Part, and the college must be notified and provided with a written summary of the steps taken to transfer those records.

(2) A registrant must make appropriate arrangements to ensure that, in the event that the registrant dies or becomes unable to practise for any reason and is unable to dispose of records referred to in section 74 those records will be safely and securely transferred to another registrant.

(3) A registrant who transfers records containing personal information about a patient transferred in accordance with subsection (1) or (2) must notify the patient.

Protection of Personal Information

77. (1) A registrant must protect personal information about patients by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal.

(2) A registrant must take reasonable measures to ensure that a third

party, including a volunteer, employee or contractor of the registrant, or a limited pharmacist does not access, collect, use, disclose, store or dispose of personal information about patients except in accordance with this Part.

Contracts for Handling Personal Information

78. A registrant must ensure that, if personal information about patients is transferred to any person or service organization for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that confidentiality and physical security will be maintained.

Remedying a Breach of Security

79. A registrant must take appropriate measures to remedy any unauthorized access, use, disclosure or disposal of personal information about patients under this Part as soon as possible after the breach is discovered, including

(a) taking steps to recover the personal information or to ensure its disposal if it cannot be recovered,

(b) taking steps to ensure that any remaining personal information is secured,

(c) notifying

(i) anyone affected by the unauthorized access including patients and other health care providers,

(ii) the college, and

(iii) law enforcement officials, if criminal action may have contributed to the unauthorized action, and

(d) modifying existing security arrangements to prevent a re-occurrence of the unauthorized access.

Patient Access to Personal Information

80. (1) For the purposes of this section, **"**access to" means the opportunity to examine or make copies of the original record containing personal information about a patient.

(2) If a patient or a patient's representative makes a request for access to personal information about the patient, the registrant must comply as soon as practical but not more than 45 days following the request by

(a) providing access to the patient or patient's representative,

(b) providing access to the remainder of the personal information if that information excepted from disclosure under subsection (3)

can reasonably be severed, or

(c) providing written reasons for the refusal of access to the personal information or to any portion thereof.

(3) The registrant may refuse to disclose personal information to a patient or a patient's representative

(a) if there is a significant likelihood of a substantial adverse effect on the physical, mental or emotional health of the patient,

(b) if there is a significant likelihood of harm to a third party, or

(c) if the disclosure could reasonably be expected to disclose personal information regarding another individual.

(4) If a patient or a patient's representative requests a copy of an original record containing personal information about the patient to which a registrant has given the patient or patient's representative access, a copy must be provided if it can reasonably be reproduced.

(5) A registrant may charge a reasonable fee for the reproduction of personal information which does not exceed the fee specified in Schedule "G".

(6) Subject to subsection (3), a patient under 19 years of age may have access to a record if, in the opinion of the registrant, the patient is capable of understanding the subject matter of the record.

(7) Except if authorized by the patient, a registrant must not provide access to the records of a patient who is under 19 years of age to the guardian or parent of the patient if the subject matter of the record is health care which was provided without the consent of a parent or guardian in accordance with the requirements of section 17 of the *Infants Act.*

Part VIII – General
Liability Insurance

81. (1) Each registrant, other than a student registrant or a non-practising registrant, must obtain and at all times maintain professional liability insurance coverage with a limit of liability not less than $2,000,000 insuring against liability arising from an error, omission or negligent act of the registrant.

(2) Each registrant, other than a student registrant or a non-practising registrant, must obtain and at all times maintain professional liability insurance coverage with a limit of liability not less than $2,000,000 insuring against liability arising from an error, omission or negligent act of an employee of the registrant.

Part IX – Marketing and Advertising

Definitions

82. In this Part:

"advertisement" means the use of space or time in a public medium, or the use of a commercial publication such as a brochure or handbill, to communicate with the general public, or a segment thereof, for the purpose of promoting professional services or enhancing the image of the advertiser;

"marketing" includes

(a) an advertisement,

(b) any publication or communication in any medium with any patient, prospective patient or the public generally in the nature of an advertisement, promotional activity or material, a listing in a directory, a public appearance or any other means by which professional services are promoted, and

(c) contact with a prospective client initiated by or under the direction of a registrant.

Marketing and Advertising

83. (1) When advertising pharmacy services that are required by legislation, the statement, “Required in all British Columbia Pharmacies”, must accompany the advertising and must be of the same size and prominence as all other print in the advertising.

(2) Schedule I drug price advertising must include

(a) the proprietary (brand) name, if any, for the drug and/or the device,

(b) the drug product’s generic name and the manufacturer’s name,

(c) the dosage form and strength,

(d) total price for a specific number of dosage units or quantity of the drug product, and

(e) the phrase “only available by prescription”.

(3) Where Schedule I drug price advertising includes direct or indirect reference to a professional fee charged, the total prescription price must also be incorporated into the advertisement, and both figures must be featured equally.

(4) Schedule I drug price advertising must not include any reference to the safety, effectiveness or indications for use of the advertised prescription drug products or compare the fees charged by the registrant with those charged by another registrant.

(5) Any marketing undertaken or authorized by a registrant in respect of his or her professional services must not be

(a) false,

(b) inaccurate,

(c) reasonably expected to mislead the public, or

(d) unverifiable.

(6) Marketing violates subsection (5) if it

(a) is calculated or likely to take advantage of the weakened state, either physical, mental or emotional, of the recipient or intended recipient,

(b) is likely to create in the mind of the recipient or intended recipient an unjustified expectation about the results which the registrant can achieve,

(c) implies that the registrant can obtain results

(i) not achievable by other registrants,

(ii) by improperly influencing a public body or official, or any corporation, agency or person having any interest in the welfare of the recipient,

(iii) by any other improper means, or

(d) compares the quality of services provided with those provided by another registrant, or a person authorized to provide health care services under another enactment, or another health profession.

(7) The home page of any pharmacy that advertises on a website must clearly show

(a) that the pharmacy is licensed in British Columbia,

(b) the contact information for the college,

(c) a notice to patients that pharmacy practice issues may be reported to the college,

(d) the physical location of the pharmacy operation,

(e) the 10 digit pharmacy telephone number, and

(f) the name of the pharmacy's manager.

Part X – Patient Relations
Patient Relations Program

84. (1) The board must establish a patient relations program to seek to prevent professional misconduct, including professional misconduct of a sexual nature.

(2) For the purposes of the patient relations program, the board must

(a) establish and maintain procedures by which the college deals with complaints of professional misconduct of a sexual nature,

(b) monitor and periodically evaluate the operation of procedures established under subsection (a), and

(c) develop guidelines for the conduct of registrants with their patients.

(3) The registrar must provide information to the public regarding the college's complaint, investigation, and discipline processes.

(4) In this section, "**professional misconduct of a sexual nature**" means

(a) sexual intercourse or other forms of physical sexual relations between the registrant and the patient,

(b) touching of a sexual nature, of the patient by the registrant, or

(c) behavior or remarks of a sexual nature by the registrant towards the patient,

but does not include touching, behavior and remarks by the registrant towards the patient that are of a clinical nature appropriate to the service being provided.

Part XI – Standards of Practice

Community Pharmacy, Hospital Pharmacy, Residential Care Facilities and Homes

85. Standards, limits, and conditions for the practice of the health profession of pharmacy and the provision of pharmacy technician services by registrants, referred to in section 19(1)(k) of the *Act* are established in Parts 1 to 3 of Schedule "F".

Drug Administration

86. Standards, limits, and conditions respecting practising pharmacists and drug administration, referred to in section 19(1)(k) of the *Act*, are established in Part 4 of Schedule "F".

Part XII – Standards of Professional Ethics
Code of Ethics

87. Standards of professional ethics for registrants, including standards for the avoidance of conflicts of interest, referred to in section 19(1)(l) of the *Act,* are established in Schedule "A".

Appendix 5

Overview of Delayed Implementation

A. Implementing HPA Bylaw Amendments in 2020

Proposed Corresponding Election Cycle

Election Calendar									
Electoral District	**2017**	**2018**	**2019**	**2020****	**2021**	**2022**	**2023**	**2024**	**2025**
District 1	X		X		X			X	
District 2		X		X			X		
District 3	X		X		X			X	
District 4		X		X			X		
District 5	X		X		X			X	
District 6		X		X			X		
District 7	X		X		X			X	
District 8		X		X			X		

** X indicates an election*

*** Beginning of the new Board term of office cycle*

Potential Impact on Existing Board Members*

	Current Term Information			Years									
Elected Board Member	**Start**	**End**	**On Term #**	**2017**	**2018**	**2019**	**2020****	**2021**	**2022**	**2023**	**2024**	**2025**	**Total Maximum Years**
Mona Kwong (District 1)	21-Nov-15	20-Nov-17	1	X		X		X					Served 6 years (three terms)
Ming Chang (District 2)	21-Nov-14	20-Nov-18	2		X		X						Served 6 years (three terms)
Tara Oxford (District 3)	21-Nov-15	20-Nov-17	1	X		X		X					Served 6 years (three terms)
Christopher Szeman (District 4)	18-Nov-16	17-Nov-18	1		X		X						Served 4 years (two terms)
Frank Lucarelli (District 5)	21-Nov-15	20-Nov-17	1	X		X		X					Served 6 years (three terms)
Anar Dossa (District 6)	16-Nov-12	14-Nov-18	3		X								Served 6 years (three terms)
Arden Barry (District 7)	21-Nov-15	20-Nov-17	1	X		X		X					Served 6 years (three terms)
Sorell Wellon (District 8)	4-Apr-16	18-Nov-18	1		X		X						Served 4 years (two terms)

** Assumes that eligible elected Board members run for election and become elected.*

*** Beginning of the new Board term of office cycle*

X *Indicates the final year that the elected Board member would be eligible to serve*

Appendix 5

Overview of Delayed Implementation

B. Implementing HPA Bylaw Amendments in 2021

Proposed Corresponding Election Cycle

Election Calendar									
Electoral District	**2017**	**2018****	**2019**	**2020**	**2021****	**2022**	**2023**	**2024**	**2025**
District 1	X		X		X			X	
District 2		X		X		X			X
District 3	X		X		X			X	
District 4		X		X		X			X
District 5	X		X		X			X	
District 6		X		X		X			X
District 7	X		X		X			X	
District 8		X		X		X			X

** X indicates an election*

*** Beginning of the new Board term of office cycle*

Potential Impact on Existing Board Members*

	Current Term Information			Years									
Elected Board Member	**Start**	**End**	**On Term #**	**2017**	**2018**	**2019**	**2020**	**2021****	**2022**	**2023**	**2024**	**2025**	**Total Maximum Years Served**
Mona Kwong (District 1)	21-Nov-15	20-Nov-17	1	X		X		X					Served 6 years (three terms)
Ming Chang (District 2)	21-Nov-14	20-Nov-18	2		X		X						Served 6 years (three terms)
Tara Oxford (District 3)	21-Nov-15	20-Nov-17	1	X		X		X					Served 6 years (three terms)
Christopher Szeman (District 4)	18-Nov-16	17-Nov-18	1		X		X		X				Served 6 years (three terms)
Frank Lucarelli (District 5)	21-Nov-15	20-Nov-17	1	X		X		X					Served 6 years (three terms)
Anar Dossa (District 6)	16-Nov-12	14-Nov-18	3		X								Served 6 years (three terms)
Arden Barry (District 7)	21-Nov-15	20-Nov-17	1	X		X		X					Served 6 years (three terms)
Sorell Wellon (District 8)	4-Apr-16	18-Nov-18	1		X		X		X				Served 6 years (three terms)

** Assumes that eligible elected Board members run for election and become elected.*

*** Beginning of the new Board term of office cycle*

X *Indicates the final year that the elected Board member would be eligible to serve*

College of Pharmacists of British Columbia

6. Legislation Review Committee

Mona Kwong

Vice - Chair, Legislation Review Committee

Doreen Leong

Director of Registration, Licensure & PharmaNet

Christine Paramonczyk

Director of Policy & Legislation

College of Pharmacists of British Columbia

6 a) PODSA Bylaws – Public Posting (Owners)

College of Pharmacists of British Columbia

Amendments to *Pharmacy Operations and Drug Scheduling Act* (PODSA)

- In May 2016, the Province of BC approved amendments to PODSA (the *Act*).
- The amendments significantly change pharmacy ownership provisions.
- At the April 2017 Board meeting, a presentation on the changes was made.
- Key amendments include, permitting the College to:
  - Know the identity of all pharmacy owners;
  - Determine suitability for pharmacy ownership based on provincial eligibility requirements; and
  - Hold owners and managers accountable for ensuring pharmacies are compliant with legislative requirements.
- These new requirements come into effect March 1, 2018.

College of Pharmacists of British Columbia

Amendments to PODSA Bylaws

2017 Strategic Plan:

- Includes a goal to modernize legislative requirements under PODSA and the *Health Professions Act* (HPA).
- Phase 1 of this goal involves implementing bylaws to operationalize the recent PODSA changes on pharmacy ownership.

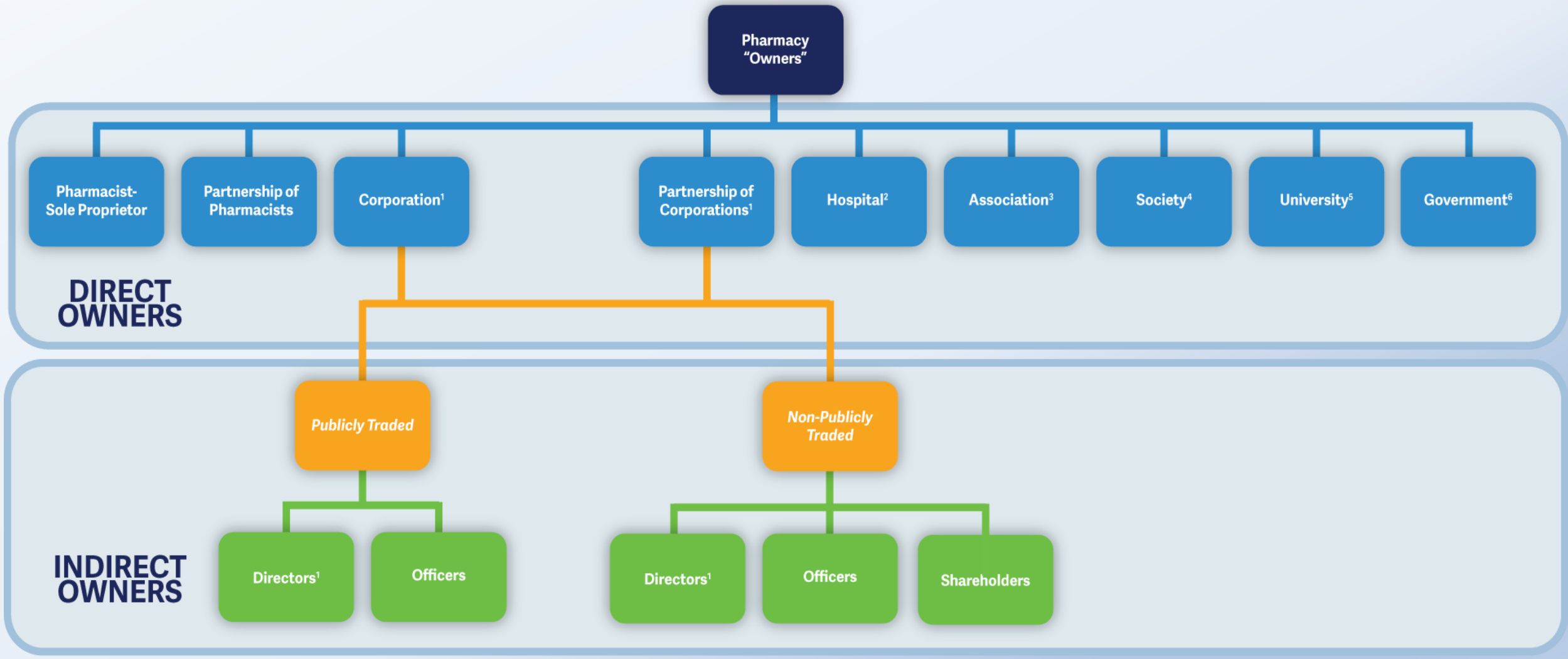
Amendments to PODSA Bylaws:

- To operationalize the amendments to PODSA, bylaw amendments are also required.
- These bylaw amendments have been drafted and require the Board's approval for a legislated 90 day public posting period.

College of Pharmacists of British Columbia

New Definitions– Direct and Indirect Owners

- Types of pharmacy ownership allowed in BC are set out in the amendments to the *Act*.
- Ownership of a pharmacy must be **direct** or **indirect**.
- "**Direct owners**" are defined as specific individuals (e.g., a pharmacist) or organizations (e.g., hospital).
  - Example: a corporation incorporated under the *Company Act* or the *Business Corporations Act* in which the majority of the directors in the corporation are pharmacists.
  - The majority of pharmacies follow this type of direct ownership.
- "**Indirect owners**" are broadly defined and include:
  - Directors and officers of a publicly traded corporation; and
  - Directors, officers and shareholders of a non-publicly traded corporation.



1 incorporated under the *Company Act* or the *Business Corporations Act* in which the majority of the directors in the corporation are pharmacists

2 as defined in the *Hospital Act* (including health authorities)

3 incorporated under the *Cooperative Association Act*

4 defined in the *Societies Act*

5 defined in the *University Act* or Thompson Rivers University

6 the City of Vancouver or a municipality, or the government

College of Pharmacists of British Columbia

Amendments to PODSA Bylaws

- Draft PODSA bylaw amendments have been developed to reflect these new ownership definitions, and other related *Act* amendments.
    - For example: Existing bylaws on the roles and responsibilities of owners and managers were revised, to reflect the new roles of direct and indirect owners.
    - For example: New bylaws were developed to outline what information the College needs when there are changes of direct owner, indirect owners or managers of a pharmacy.

College of Pharmacists of British Columbia

New Eligibility Criteria in PODSA Amendments

- The PODSA amendments establish eligibility criteria for direct owners, indirect owners, and managers to hold a pharmacy licence.
- All owners and managers must meet the eligibility criteria in the *Act*, in addition to licensure requirements in the College's bylaws.
- An example of the eligibility criteria found in the *Act* amendments is:
    - No direct owner, indirect owner or manager has, within the previous 6 years, been convicted of an offence under the *Criminal Code* (Canada).
- If the Registrar is not satisfied that an application for a pharmacy licence meets this eligibility criteria, then the application must be referred to the Application Committee for decision.

College of Pharmacists of British Columbia

Amendments to PODSA Bylaws

- New bylaws referencing how proof of eligibility must be provided by direct owners, indirect owners and managers have been drafted.
- All direct owners, indirect owners and managers must attest to meeting the new eligibility criteria.

College of Pharmacists of British Columbia

New Criminal Record History Requirement

- PODSA amendments require that no direct owner, indirect owner or manager has, within the previous 6 years, been convicted of an offence under the *Criminal Code* (Canada).
- Direct owners, indirect owners and managers must provide the Registrar with the information specified in the bylaws about their history of charges and convictions.

College of Pharmacists of British Columbia

Criminal Record History versus Criminal Record Check

Criteria	CRH	CRC
Applies To:	Direct owner, indirect owners and managers	Registrants of a College under the HPA only
Offences Reviewed under Criminal Code:	Any offence in previous 6 years	Specified offences in Act

- The existing CRC cannot be used for the new PODSA amendments:
  - The CRC only applies to registrants; and
  - The CRC is narrower than the CRH; it does not meet the requirements in the PODSA amendments.
- Non-registrant direct owners and indirect owners will need to complete a CRH.
- Registrants that are pharmacy owners and managers will be required to complete *both* a CRC and CRH.

College of Pharmacists of British Columbia

New PODSA Bylaws

- Research and analysis of possible options was conducted to determine how CRH information should be provided to the College:
  - Possible options included police information checks and private vendors.
  - Sterling Talent Solutions (formerly known as BackCheck) has since been secured as the vendor.
  - Sterling Talent Solutions provides similar services to other organizations, including the Alberta College of Pharmacists.
- New bylaws have been drafted to enable the College to adopt this vendor as the provider of criminal record history information. The bylaws refer to a new policy.
- The policy itself will be brought forward with the final bylaws (filing package).

College of Pharmacists of British Columbia

Licensure Requirements in PODSA

Summary of key new licensure requirements:

- All managers, together with direct and indirect owners, must meet the new eligibility criteria and criminal record history requirements in the PODSA amendments.
- A new provision has been introduced: reinstating a pharmacy licence. A pharmacy licence can be reinstated if it has been expired for 90 days or less.
- Only a direct owner can apply for a new pharmacy licence, a renewal of an existing pharmacy licence or to reinstate a pharmacy licence. In the past, pharmacy managers applied.
- A transition provision has also been included: existing pharmacies must meet the requirements of a new pharmacy application, for their first renewal under the amended *Act*.

College of Pharmacists of British Columbia

What information is required for Pharmacy Licence Renewal?

College of Pha
of British Col

RENEWAL TRANSITION

March 2018 - February 2019

1) Application for pharmacy licence renewal
2) Licence fee
3) Proof of eligibility from pharmacy manager
4) Criminal record history from pharmacy manager
5) Business licence (if applicable)

RENEWAL POST TRANSITION

1) Application for pharmacy licence renewal
2) Licence fee
3) Attestation of eligibility by pharmacy manager
4) Criminal record history from pharmacy manager every 5 years
5) Business licence (if applicable)

PHARMACIS
SOLE PROPRE
(1 owner - must b
pharmacist)

College of Pharmacists of British Columbia

CORPORATION
(Majority of directors must be pharmacists)

PHARMACIST - SOLE PROPREITOR
(1 owner - must be a pharmacist)

RENEWAL TRANSITION
1) Proof of eligibility from sole proprietor ***(if not pharmacy manager)***
2) Criminal record history from sole proprietor ***(if not pharmacy manager)***

RENEWAL POST TRANSITION
1) Attestation of eligibility by sole proprietor ***(if not pharmacy manager)***
2) Criminal record history from sole proprietor ***(if not pharmacy manager)*** every 5 years

PARTNERSHIP OF PHARMACISTS
(more than 1 owner, all

RENEWAL TRANSITION
1) Proof of
2) Crimina

CORPORATION
(Majority of directors

RENEWAL TRANSITION
March 2018 - February 2019
1) BC Company Summary
2) Proof of eligibility from each director and officer
3) Criminal record history from each director and officer
4) Power(s) of attorney (if applicable)

RENEWAL POST TRANSITION
1) BC Company Summary
2) Attestation of eligibility by each director and officer
3) Criminal record history from each director and officer every 5 years

HOSPITAL
(Health Authority)

College of Pharmaci
of British Columbia

RENEWAL TRANSITION

March 2018 - February 2019

1) Central Securities Register

2) Proof of Eligibility by each shareholder

3) Criminal Record History from each shareholder

RENEWAL POST TRANSITION

1) Attestation of eligibility by each shareholder

2) Criminal Record History from each shareholder every 5 years

College of Pharmac
of British Columbia

RENEWAL TRANSITION

March 2018 - February 2019

1) Proof of eligibility by each director, officer, and shareholder of parent company

2) Criminal record history from each director, officer, and shareholder of parent company

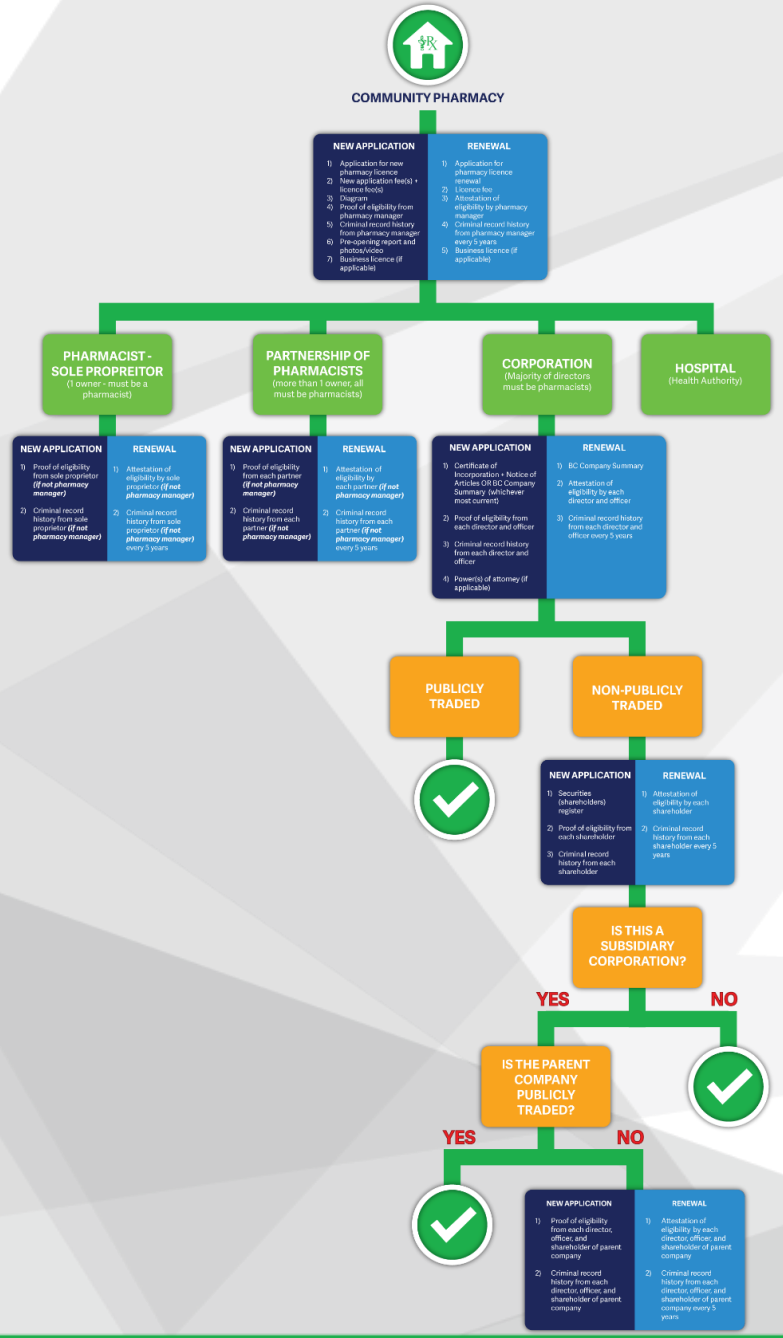
RENEWAL POST TRANSITION

1) Attestation of eligibility by each director, officer, and shareholder of parent company

2) Criminal record history from each director, officer, and shareholder of parent company every 5 years

College of Pharmacists of British Columbia

What information is required for New Pharmacy Licence Applications?



College of Pharmacists of British Columbia

NEW APPLICATION

1) Application for new pharmacy licence
2) Fee(s)
3) Diagram
4) Proof of eligibility from pharmacy manager
5) Criminal record history from pharmacy manager
6) Pre-opening report and photos
7) Business licence (if applicable)

PHARMACIST - SOLE PROPREITOR
(1 owner - must be a pharmacist)

HOSPITAL
(Health Authority)

College of Pharmacists of British Columbia

Housekeeping Amendments

- Existing licensure bylaws were re-organized and clarified to be more coherent.
- Two new schedules outlining the requirements for community and hospital pharmacy diagrams were created.
- As a result, the bylaws have significantly changed and will be repealed and replaced at the filing stage of the bylaw development process.

College of Pharmacists of British Columbia

Forms

- A number of forms that are required in the draft bylaws have been developed.
- These forms include the information required in the amendments to the Act and the draft bylaws.
- As legislated under PODSA, these forms are required to be publicly posted on the College's website for a 90 day public posting period.

College of Pharmacists of British Columbia

Amendment to Schedule “A” – Fee Schedule

- Amendments to the PODSA bylaws Schedule “A” – Fee Schedule have also been made.
- The amendments do not include any new fee increases. They simply outline fee categories referenced in the draft bylaws not previously listed.
- New fee categories are listed as $0.00.
- Amendments to the fee schedule will be publicly posted for a 90 day period, as legislated.

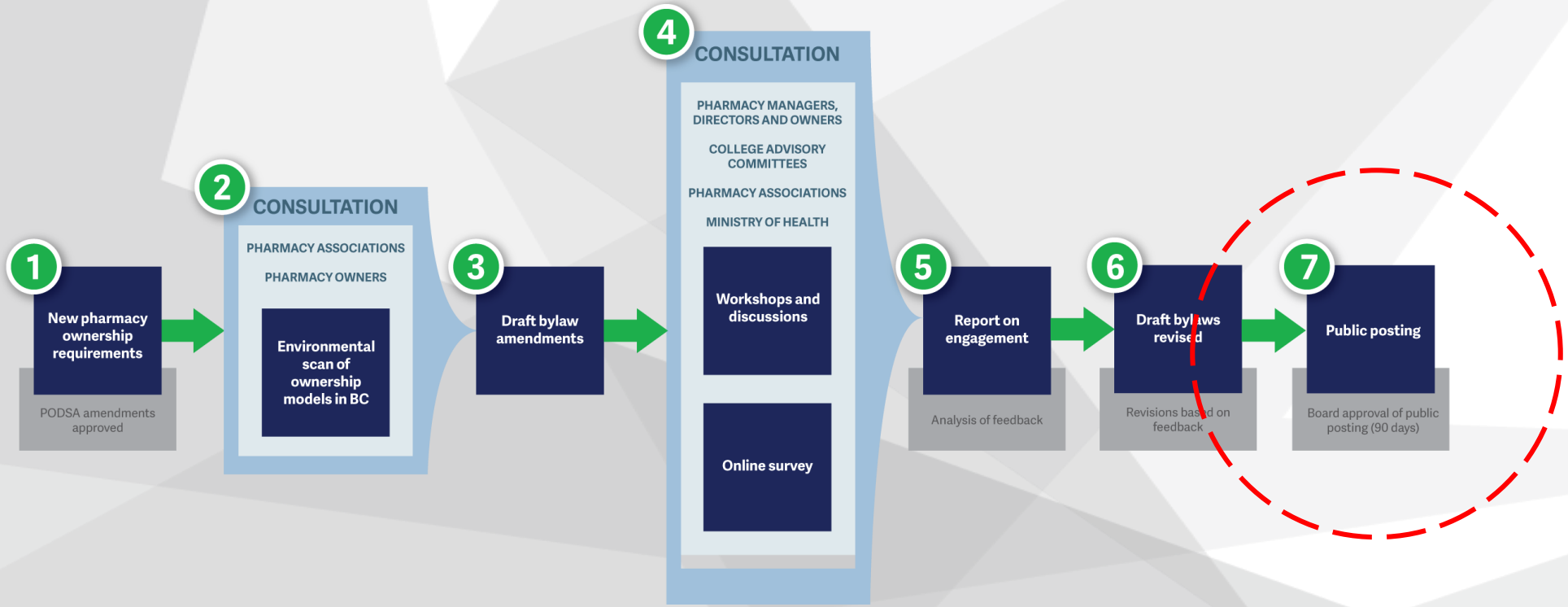
College of Pharmacists of British Columbia

Engagement and Consultations

- College staff has engaged with pharmacy owners, managers, the BC Pharmacy Association, the Neighbourhood Pharmacy Association, hospitals and pharmacy education sites, through:
    - Workshops;
    - discussions; and
    - an online survey.
- Comments received tended to be operational in nature, and did not suggest bylaw changes.
- Some revisions were made to the bylaws based on this feedback:
    - For example: The roles and responsibilities of direct and indirect owners were revised to be more proportionate to the level of control/involvement they each have in the day-to-day operations of a pharmacy.

College of Pharmacists of British Columbia

Summary of Engagement and Consultations Process



College of Pharmacists of British Columbia

Next Steps

- College staff are continuing to work on the operational changes (e.g., completing "to-be" process flows and IT changes).
- College staff are also working with a privacy consultant on preparing a Privacy Impact Assessment and to proactively engage with the Information and Privacy Commissioner of BC.
- In regards to the bylaws, forms and fee schedule amendments:
  - If approved by the Board, the draft bylaws, forms and fee schedule will be posted on the College's website for the legislated 90 day public posting period;
  - After public posting, any feedback received will be reviewed and analyzed;
  - Any resulting changes will be drafted with legal counsel; and
  - The bylaws will be finalized for filing with the Ministry of Health, subject to Board approval.

College of Pharmacists of British Columbia

Questions

ownership@bcpharmacists.org

BCPharmacists.org/ownership

College of Pharmacists of British Columbia

6 a) PODSA Bylaws - Public Posting (Owners)

MOTION:

RESOLVED THAT, in accordance with the authority established in section 21(8) of the *Pharmacy Operations and Drug Scheduling Act*, the Board approve the proposed draft bylaws of the College of Pharmacists of British Columbia along with the related forms and schedules for public posting, which operationalize recent amendments made to the *Pharmacy Operations and Drug Scheduling Act*.

College of Pharmacists of British Columbia

6 b) HPA Bylaws – Public Posting (Terms of Office)

College of Pharmacists of British Columbia

November 2016 Board Direction

It was moved and seconded that the Board:

Directs the Registrar to pursue a bylaw amendment that would change the term of office for elected Board members from two years to three years, and from a maximum of 3 consecutive terms to a maximum of 2 consecutive terms.

College of Pharmacists of British Columbia

February 2017 Board Update

- Outlined the results of a jurisdictional scan:
  - The existing College requirements and the approach directed at the November 2016 meeting are both commonplace.
- Due to legislative timelines and operational election processes, changing the terms of office for 2017 is not feasible:
  - The *Health Professions* Act (HPA) requires that the bylaw amendments include a 90-day public posting period, along with a 60-day filing period with the Minister of Health.
  - The planning and operational processes for annual elections begins in mid-summer.

College of Pharmacists of British Columbia

Board Election Cycle

- Elected Board member term length and maximum number of consecutive term requirements are outlined in s.7(1) and s.7(2) of the HPA-Bylaws.
- Amending the term length provisions to three years requires an additional change to the election cycle (s.7(3)):
  - Currently, the terms of elected Board members from odd-numbered districts must start and end in odd-numbered years (and vice-versa for even-numbered districts). It is not possible to meet this requirement if the term length is 3 years.

College of Pharmacists of British Columbia

Board Election Cycle, continued

- Currently, the College holds elections each year, with half of the elected Board members "up for" election in each year.
- A decision is required on how to change the Board election cycle:

Board Election Cycle Options	Implication
Election Held Each Year	An election for three districts are held in each of the first two years, and an election for two districts is held in the third year.
Election in Each of Two Years, and No Election in the Third Year	Elections for four districts are held in each of first two years, and then there is a year without elections.
Election Held Every Three Years	All elected board members elected at one time.

College of Pharmacists of British Columbia

Board Election Cycle, continued

Option 1: Election Held Each Year

- Three year cycle: Elections for three districts are held in the first two years; and, an election for two districts is held in the third year.
  - Districts 2, 4, and 6 would begin the cycle in 2018.
  - Districts 1, 3 and 5 elections would be held in the second year.
  - Districts 7 and 8 elections would be held in the third year.
- Transition elections would be needed for Districts 7 and 8:
  - A District 8 election would be held in 2018, for a two-year term.
  - A District 7 election would be held in 2019, for a one-year term.
- Would limit the ability of existing Board members to serve up to six years on the Board.

College of Pharmacists of British Columbia

Board Election Cycle, continued

Option 1: Election Held Each Year

Start of new election cycle

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

X = an Election

College of Pharmacists of British Columbia

Board Election Cycle, continued

Option 2: Election Held in Each of Two Years; No Election Held in the Third Year

- Three year cycle: Elections for four districts are held in each of first two years, and in the third year, no election is held.
  - Even-numbered Districts (i.e., 2, 4, 6 and 8) would begin election cycle in 2018.
  - Odd-numbered Districts (i.e., 1, 3, 5, and 7) would "be up" for election in the second year of the cycle.
  - No election would be held in the third year of the cycle.
- Would limit the ability of existing Board member to serve up to six years on the Board.
- Would require an amendment to s.4(1) of the HPA-Bylaws that requires an election every calendar year.

College of Pharmacists of British Columbia

Board Election Cycle, continued

Option 2: Election Held in Each of Two Years; No Election is Held in the Third Year

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

Start of new election cycle

X = an Election

College of Pharmacists of British Columbia

Board Election Cycle, continued

Option 3: Election Held Every Three Years

- The ‘every three year’ election option is not recommended:
  - All elected Board members would be up for election at the same time, which could limit consistency in decision-making and mentorship opportunities.

College of Pharmacists of British Columbia

Recommendation

Option 2 (Election Held in Each of Two Years; No Election is Held in the Third Year):

- Amends the terms of office for elected Board members consistent with previous Board direction.
- Fairly consistent with the current election schedule.
- Does not require a transition schedule for specific electoral districts.

College of Pharmacists of British Columbia

6 b) HPA Bylaws – Public Posting (Board Terms of Office)

MOTION 1:

Amend the *Health Professions Act* – Bylaws, to implement a change to the board election cycle whereby elections for four electoral districts are held in each of the first two years, and in the third year, no election is held.

College of Pharmacists of British Columbia

6 b) HPA Bylaws – Public Posting (Board Terms of Office)

MOTION 2:

Approve the following resolution:

"RESOLVED THAT, in accordance with the authority established in section 19(1)(6.2) of the *Health Professions Act*, the board approve the proposed draft bylaws of the College of Pharmacists of British Columbia, regarding elected board member terms of office and the board election cycle, for public posting as circulated."

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

9. Certified Pharmacist Prescriber Draft Framework Update

INFORMATION ONLY

Purpose

As directed by the Board, to provide an update on the work to revise the Certified Pharmacist Prescriber Engagement Draft Framework to narrow the scope of pharmacist prescribing to be within collaborative practice.

Background

The development of a framework and proposal for pharmacist prescribing stretches back to 2010 when the Board first decided to move forward with a feasibility study. It was later included in the College's 2014/15 – 2016/17 Strategic Plan and a dedicated task group was formed to lead the initiative.

In May 2015, the Advanced Practice Pharmacist Task Group (later re-named to Certified Pharmacist Prescriber Task Group) developed "Establishing Advanced Practice Pharmacists in British Columbia" which proposed moving forward with obtaining pharmacist prescribing authority, in response to the Ministry of Health's call for feedback on several cross sector policy discussion papers. In response to the College's submission, the Ministry of Health requested additional information on societal need, eligibility criteria, and managing perverse incentives to prescribe in addition to further stakeholder engagement.

As a result, the Task Group developed the Certified Pharmacist Prescriber Draft Framework (Draft Framework), which includes information on societal need, proposed eligibility criteria and standards limits and conditions, as well as practical use cases, and used the Draft Framework to help facilitate stakeholder engagement.

The Draft Framework was approved for stakeholder engagement by the College Board at the November 2015 Board meeting, and a series of consultations were held in Spring/Summer 2016.

The level of participation during the Certified Pharmacists Prescriber Engagement was one of the largest the College has ever experienced.

The College completed its engagement on pharmacist prescribing, including analyzing the extensive feedback received (over 11,000 comments), and prepared a report on the results of

the engagement which was published on the College's website following the November 2016 Board meeting.

At the November 2016 Board Meeting, after reviewing the results of the engagement, the College Board directed the Registrar to amend the Certified Pharmacist Prescriber Draft Framework by narrowing the scope of pharmacist prescribing to within collaborative practice.

The Board also directed the Registrar to develop a proposal for pharmacist prescribing within collaborative practice – based on the amended Draft Framework and results of the stakeholder engagement – to be brought to the Board for approval to submit to the Minister of Health for consideration.

Collaborative Practice Pharmacist Prescribing

Pharmacist prescribing within collaborative practice settings would take place in interdisciplinary team-based settings where physicians and nurse practitioners would continue to be responsible for the diagnosis. Access to health records and diagnostics, including lab tests, would be facilitated. Certified Pharmacist Prescribers would also be restricted from dispensing medications they prescribed for a patient.

Reasons for restricting pharmacist prescribing to collaborative practice include:

- **Interdisciplinary team-based settings**
  Collaborative practice settings involve working closely in an interdisciplinary team to care for patients. In this setting, physicians or nurse practitioners provide the diagnosis – an area many other prescribers felt pharmacist prescribers would not have the expertise to do.
- **Access to patient health information and lab tests**
  Pharmacists working in collaborative practice settings already have access to patient health information and lab tests. Lack of access to patient information, and diagnostic tests (including lab tests) outside of interdisciplinary settings was a key point of concern identified by many pharmacists and other prescribers.
- **Conflict of Interest**
  Separating pharmacist prescribing from dispensing and business interests removes the concern for a potential business conflict of interest – a frequent point of concern for respondents.

Developing a Draft Framework for Collaborative Practice Pharmacist Prescribing

Based on the College Board's direction, the Draft Framework needs to be updated to reflect the revised scope and collaborative practice setting requirements. Feedback on other areas of the Draft Framework, such as eligibility requirements, will also be used to further develop the Draft Framework. It will also be revised to focus more closely on the benefit to patient care.

The College has reviewed the draft Framework to assess the work and time required to revise the Draft Framework to reflect pharmacist prescribing in collaborative practice and develop a proposal for submission to the Minister of Health.

While many of the standards, limits and conditions may remain the same, significant work is required to narrow the scope of the framework for collaborative practice and better frame the framework in terms of preventing patient harm and improving patient outcomes. How pharmacist prescribing would operate within collaborative practice, including defining what would be considered collaborative practice, is also necessary to include in the Draft Framework.

More recent evidence of the role of pharmacist prescribing in preventing patient harm and improving health outcomes has been released since the development of the initial Draft Framework. This information is important to reflect in the revised Draft Framework. For example, the recent study by Rosenthal and Tsuyuki ", entitled: A community-based approach to dyslipidemia management: pharmacist prescribing to achieve cholesterol targets" (RxACT Study) which was based on a randomized controlled trial in 14 community pharmacies in Alberta, Canada. Other studies of note to reflect on include the RxING Study (improved glycemic control in poorly controlled Type 2 diabetes patients) and the RxACTION Study (improved blood pressure in poorly controlled hypertensive patients). A further study on patients' perspectives of pharmacist prescribing provides important patient insights which should be considered. Additional background and evidence of the benefits of prescribing within interdisciplinary team-based settings also needs to be added to the Draft Framework.

The Pharmacist Prescribing Use Case illustrations in the Draft Framework also need to be revised to reflect collaborative practice and illustrate the processes involved in pharmacist prescribing under this narrower scope.

Engagement on Collaborative Practice Pharmacist Prescribing

The College needs to engage with stakeholders (pharmacists and pharmacy technicians, other prescribers, and the public) to solicit feedback on the revised Draft Framework. The decision by the College Board to narrow the scope of the Draft Framework to within collaborative practice was informed by the extensive feedback received through the engagement on the initial Draft Framework.

With this significant change in scope for the proposal for pharmacist prescribing in BC, the College needs to hear from stakeholders on the revised Draft Framework.

Engagement is required to:

- Learn how stakeholders feel about introducing pharmacist prescribing within collaborative practice in British Columbia.
- Hear from stakeholders on any risks that have not been identified and planned for in the revised Draft Framework, and identify any gaps that have not been addressed.
- Validate that by narrowing the scope of pharmacist prescribing to within collaborative practice addresses initial concerns raised.
- Receive feedback on how pharmacist prescribing could work in BC within collaborative practice.
- Provide the College Board with feedback on how stakeholders feel about pharmacist prescribing within collaborative practice, to help in decision making on next steps.

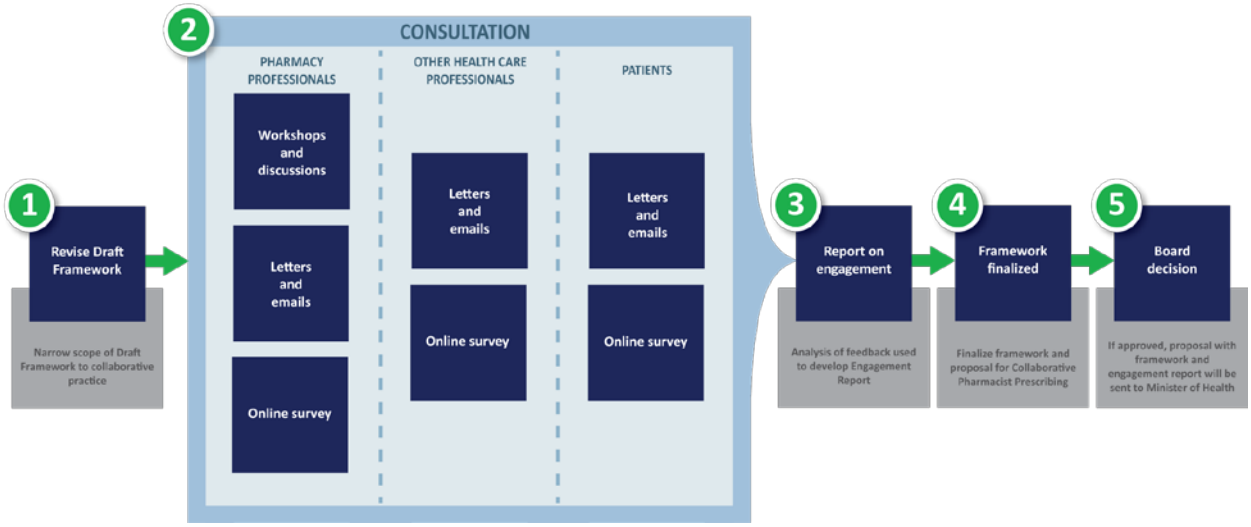
The College will follow International Association for Public Participation (IAP2) best practices in planning and executing the pharmacist prescribing engagement on Pharmacist Prescribing within Collaborative Practice. This includes clearly communicating the engagement process to stakeholders, including identifying how the feedback received will be used and how the results of the engagement will be shared – this is an essential part of an effective and transparent engagement strategy and following IAP2 Core Values.

The College will seek feedback on the Draft Framework for Collaborative Practice Pharmacist Prescribing through a variety of methods ranging from in-person workshops, and meetings with stakeholder group representatives, to online survey responses and further feedback through letters and emails. Pharmacy professionals, other prescribers, and the public will be invited to participate. See the full process in the Engagement Process diagram below.

Analysis on the results of the engagement will be summarized in an Engagement Report and presented to the College Board at the September 2017 Board Meeting.

The Engagement Report will also be made available on the College's website – an important step in providing the results of the engagement back to participants, demonstrating transparency and following IAP2 best practices.

Engagement Process



Next Steps

College staff are in the process of revising the Draft Framework based on the Board's direction and feedback provided through the initial engagement on pharmacist prescribing in BC. Engagement with the stakeholders is planned through the summer of 2017. The final Framework for Collaborative Practice Pharmacist Prescribing and proposal for the Minister of Health will be presented to the Board together with the results of the Engagement in the Fall.

College of Pharmacists
of British Columbia

CERTIFIED PHARMACIST PRESCRIBER

Pharmacist Prescribing in Collaborative Practice Relationships (Update)

College of Pharmacists of British Columbia

15 workshops & meetings with 200+ people

11,400+ comments

1,500+ survey responses

College of Pharmacists of British Columbia

Feedback revealed…
(a refresher on the results)

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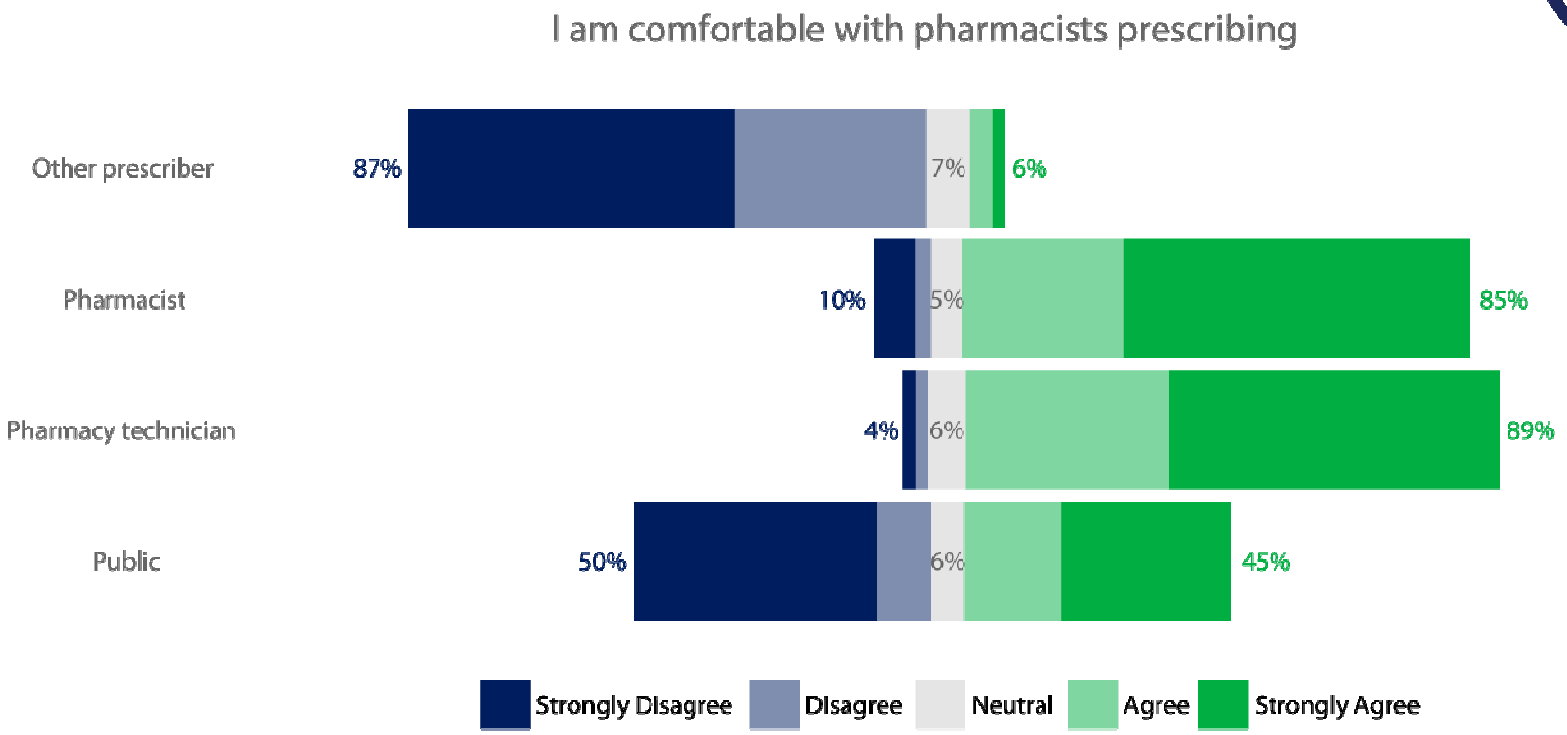
Confidence in Pharmacists Prescribing



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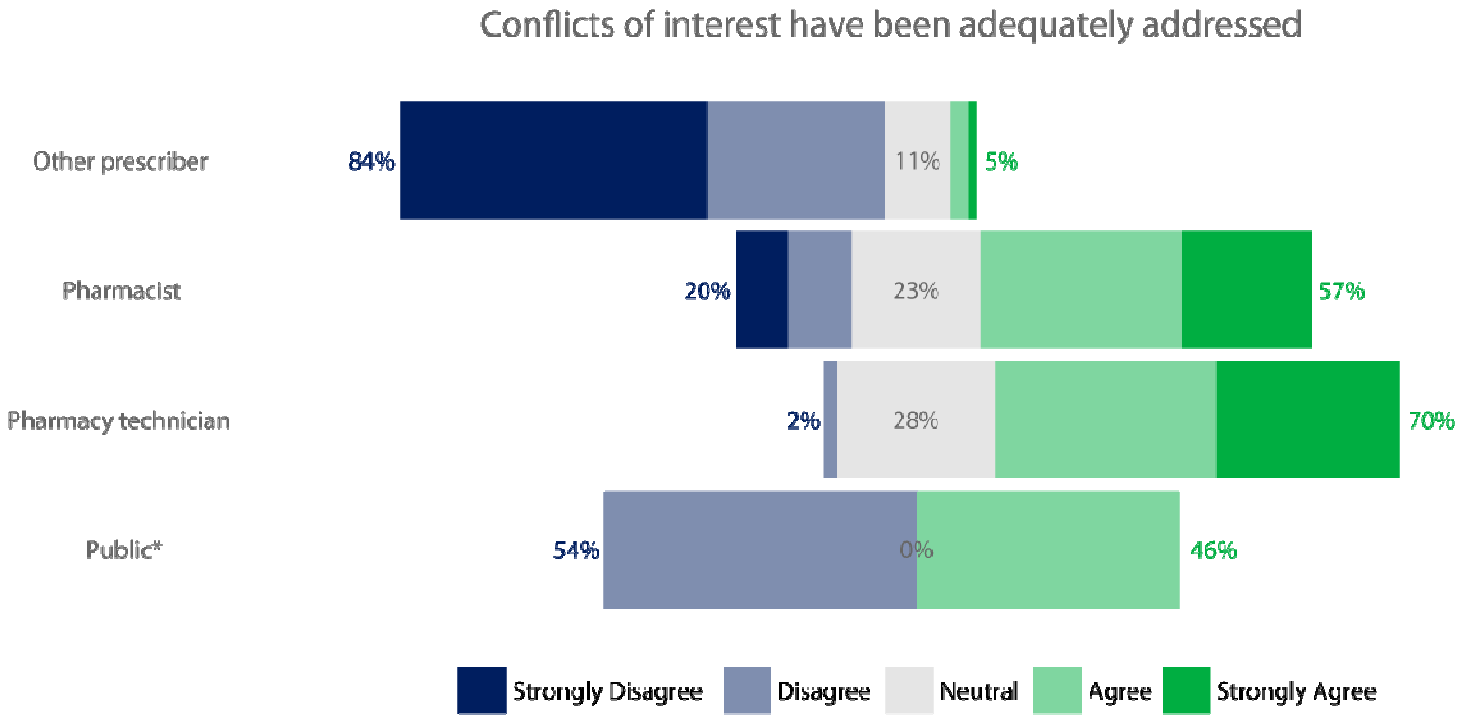
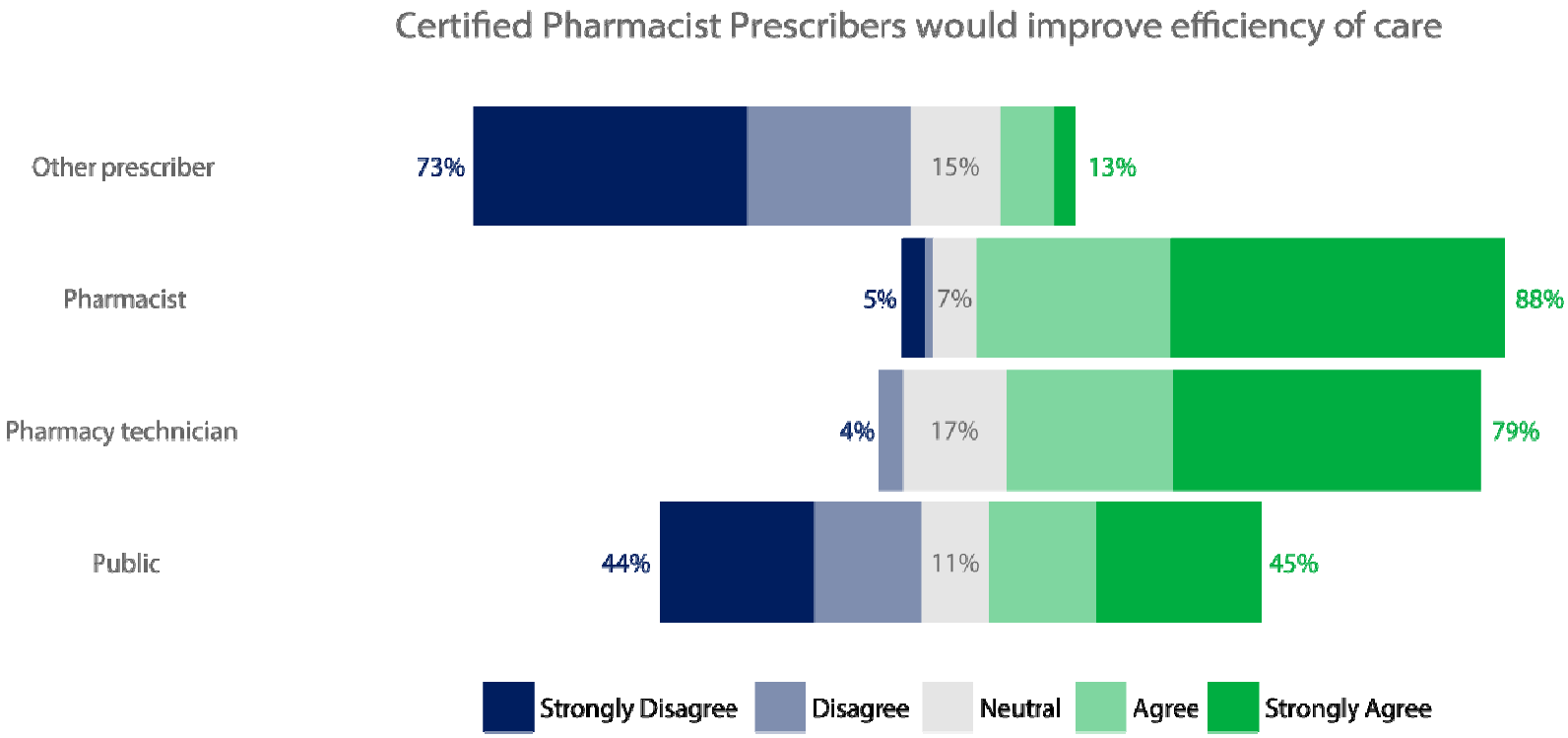
Conflicts of Interest



* Public respondents were asked a yes–no question. In the graph, 'Disagree' corresponds to 'No', and 'Agree' corresponds to 'Yes'.

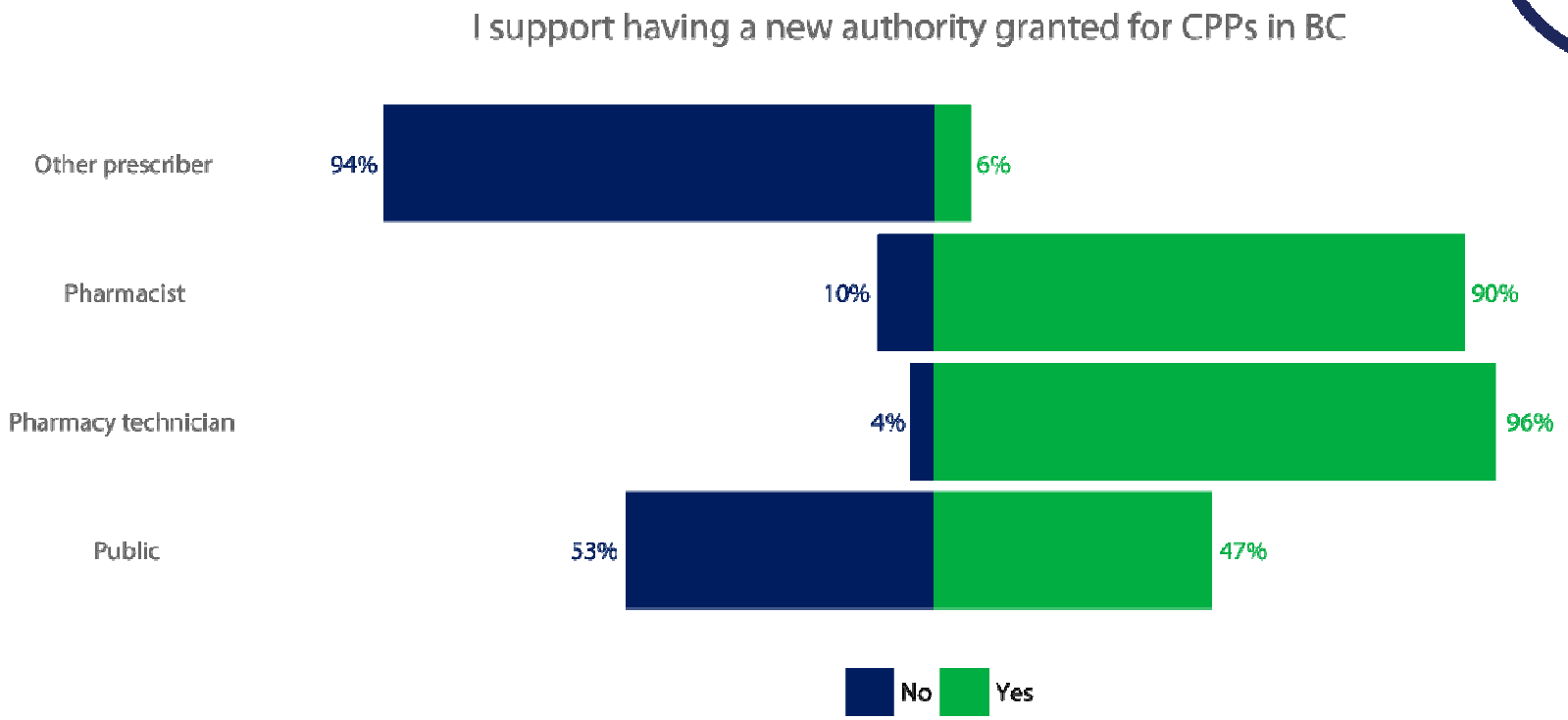
College of Pharmacists of British Columbia

Improving Care



College of Pharmacists of British Columbia

Levels of Support for the Initiative



College of Pharmacists of British Columbia

Board Direction

Amend the Certified Pharmacist Prescriber Draft Framework by narrowing the scope of pharmacist prescribing to within collaborative practice.

College of Pharmacists of British Columbia

Collaborative Practice Pharmacist Prescribing

Reasons for restricting pharmacist prescribing to collaborative practice

- **Conflict of Interest** – separating pharmacist prescribing from dispensing and business interests removes concern for a potential business conflict of interest
- **Interdisciplinary Team-based Care** – involves working closely in an interdisciplinary team to care for patients where physicians or nurse practitioners provide diagnosis
- **Access to Patient Health Information and Lab Tests** – interdisciplinary practice settings provide access to patient health information and lab tests that are needed to provide safe and effective care

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What About Minor Ailments and Refills?

Many identified opportunities for pharmacist prescribing to improve patient access to care for minor ailments, refills and renewals.

Significant concerns were also raised:

- Lack of access to electronic health records
- Lack of access to and ability to order lab tests
- Conflict of interest and business pressure concerns (with lack of separation between prescribing and dispensing)
- Physicians or nurse practitioners not available to provide diagnosis

College could also look at how authority in Professional Practice Policy 58 (adapting prescriptions) could help improve access to care.

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Moving forward…

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Developing the Framework for Pharmacist Prescribing in BC

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Collaborative Practice Pharmacist Prescribing

Pharmacist prescribing within collaborative practice would…

- Take place through interdisciplinary team-based care
- Have diagnosis provided by physicians and nurse practitioners
- Require access to electronic health records and diagnostics, including lab tests
- Restrict pharmacist prescribers from dispensing medications they prescribed for a patient

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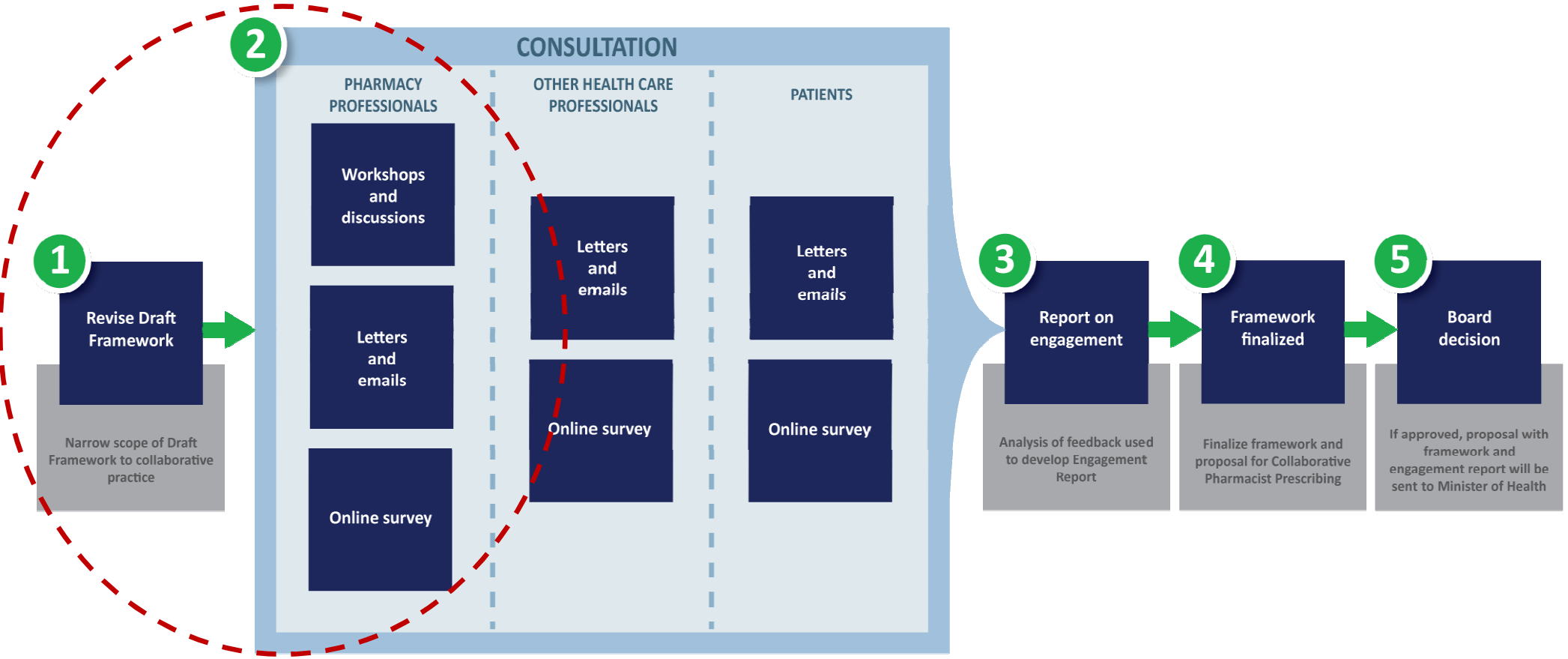
Engagement Process (Phase 2)



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Areas of Focus in Revising Framework

- Narrowing scope to collaborative practice
- Addressing conflict of interest through removal of any opportunity to prescribe and dispense
- Greater focus on benefits of preventing patient harm and improving patient outcomes
- Including more recent studies on pharmacist prescribing
- Updating education program and eligibility requirements based on stakeholder feedback
- Updating access to information requirements based on stakeholder feedback

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Increased focus on patient safety…

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Greater Focus on Preventing Patient Harm

- Greater emphasis on the role of the pharmacist in preventing patient harm and improving patient outcomes.
- Additional examples of improved patient outcomes by pharmacist prescribers
  - Improved blood glucose (RxING Study)
  - Improved blood pressure (RxACTION Study)
  - Improved lipid levels (RxACT Study)
  - Reduced risk for major cardiovascular events (RxEACH Study)
  - Formal medicine reconciliation within the emergency department reduces the medication error rates for emergency admissions (UK)
  - Medication reconciliation in Canada: Raising the Bar Progress to date and the course ahead

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Reflect clinical need and evidence-informed prescribing

12. Pharmacists must have a monitoring and follow-up plan in place to monitor the outcomes of the drug therapy.

15. Pharmacists must only prescribe where there is a genuine clinical need for treatment, and should only prescribe medication to meet identified needs of patients and never for convenience, or because patients demand the medication.

17. Pharmacists engages in evidence-informed prescribing and considers best practice guidelines and other relevant guidelines and resources when prescribing for patients, including when recommending complementary or alternative health therapies.

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Addressing Conflict of Interest

Limits

3. A Certified Pharmacist Prescriber that prescribes a medication for a patient must not dispense that medication.

Ensuring that important check at dispensing continues occur

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Narrowing the scope to collaboration…

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Collaborative Practice Relationship

Two or more regulated health professionals who develop a collaborative relationship to:

- Establish the expectations of each regulated health professional when working with a mutual patient
- Determine mutual goals of therapy that are acceptable to the patient
- Facilitate communication
- Share relevant health information

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Collaborative Practice Relationship

- Collaborative practice relationships are not tied to a specific environment or practice setting
- Sets requirements for what must be established to prescribe through working with others on a patient's care team
- Diagnosis provided by physicians and nurse practitioners
- Some environments may be more easily be able support requirements for collaborative relationships than others

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Access to Relevant Health Information

Info from the patient – current medications, medications take recently, previous reactions, adherence.

Info from PharmaNet – medication history including dates of filled and adverse reactions.

Info from patient medical pecords – medications prescribed (not necessarily filled), previous adverse reactions, diagnostics including laboratory tests history including dates of filled and adverse reactions.

Info from others involved in care – case notes, goals of drug therapy, history of effectiveness in meeting patient's goals, any other relevant insights into patient's ongoing care and condition(s)

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Eligibility and competency evaluation…

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Proposed Eligibility Requirements

Eligibility requirements based on:

- Direction from the Board
- Feedback received from pharmacists, other prescribers and patients in BC
- A review of the pharmacist prescribing requirements in other jurisdictions.

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Eligibility Criteria

Pharmacists must meet the following criteria to be eligible to become a Certified Pharmacist Prescriber:

- Be in good standing.
- Have at least one year of full-time experience in direct patient care.
- Have strong collaborative relationships with other regulated health professionals.
- Have and maintain the necessary knowledge, skills, abilities and clinical judgment to enhance patient care.
- Have the required supports in the practice environment to enable safe and effective management of drug therapy.

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Self-Assessment

- Pharmacists will need to (or optionally) complete a self-assessment to assess their own knowledge skills and abilities and their readiness to prescribe in a collaborative environment.
- Alberta College of Pharmacists and the Pharmacy Examining Board of Canada use self-assessments to help applicants determine if they have the knowledge skills and abilities to practice.

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Evidence Based Competency Evaluation

Competency Indicators for Pharmacist Prescribing in Collaborative Practice Relationships

- Form and maintain a professional relationship with a patient
- Patient assessment
- Develop care plan and follow-up
- Collaboration
- Documentation
- Judgment

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Evidence Based Competency Evaluation

Submission of three patient cases within the last 2 years that show:

- Collaboration (including the elements required in a collaborative relationship)
- Assessment and synthesis
- Drug therapy care plan development and implementation
- Monitoring and follow-up
- Documentation and communication

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Evidence Based Competency Evaluation

Demonstrate understanding of patient care process

- Describe collaborative relationship with other regulated health professional on patient's care team with supporting examples.
- Describe how patient information is gathered with supporting examples.
- Describe process of patient assessment, synthesis, development of care plans and prescribing decisions with supporting examples.
- Describe monitoring and follow-up to ensure continuity of care with supporting examples.
- Describe documentation of care provided with supporting examples.

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Evidence Based Competency Evaluation

Preparatory Courses for Certified Pharmacist Prescribers (optional)

- Collaboration (including inter/intra professional collaboration, and collaborative practice)
- Patient Interviewing and assessment (including physical assessment)
- Diagnostic interpretations (including laboratory results)
- Evidence-based clinical decision making
- Documentation
- Patient Care skills

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Evidence Based Competency Evaluation

Pharmacist Prescribing Course Program (required)

- Prescribing responsibilities (including standards, limits and conditions)
- Patient informed consent
- Collaborative practice relationships
- Sharing and accessing relevant health information
- Medication history and medication management role in pharmacists prescribing
- Patient assessment
- Patient follow-up and progress reporting
- Documentation and communication

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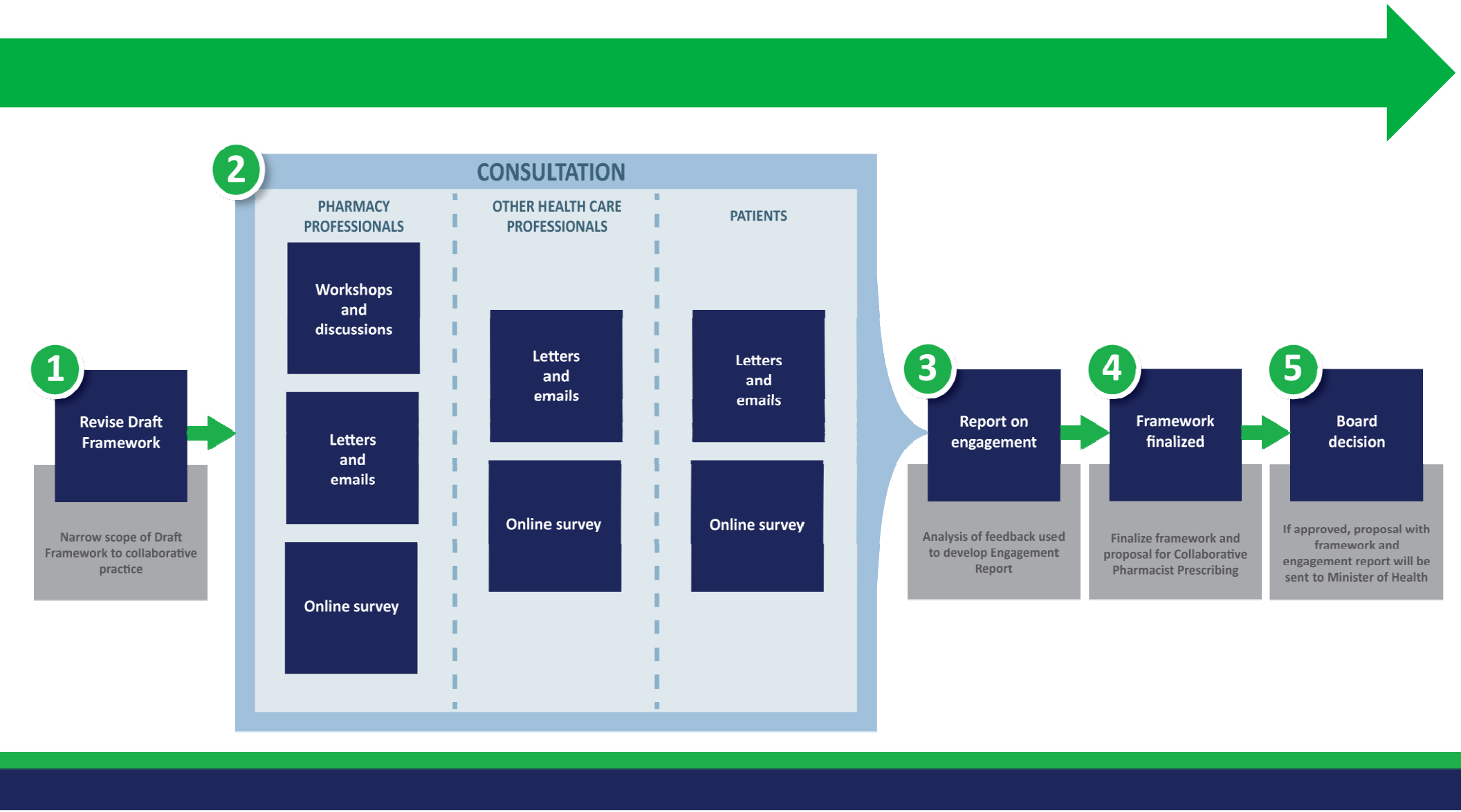
Proposed Renewal Requirements

- Proof of an additional 15 units of continuing education.
- Annual self-declaration - declare they understand the responsibilities and have knowledge, skills, abilities and collaborative relationships to prescribe.
- May want to consider courses identified in the educational program as having the greatest relevance to pharmacist prescribers as part of professional development.
- Can also continue focus on areas of expertise most relevant to their practice


1
Revise Draft Framework
Narrow scope of Draft Framework to collaborative practice
2
CONSULTATION
PHARMACY PROFESSIONALS
OTHER HEALTH CARE PROFESSIONALS
PATIENTS
Workshops and discussions
Letters and emails
Online survey
Letters and emails
Online survey
Letters and emails
Online survey
3
Report on engagement
Analysis of feedback used to develop Engagement Report
4
Framework finalized
Finalize framework and proposal for Collaborative Pharmacist Prescribing
5
Board decision
If approved, proposal with framework and engagement report will be sent to Minister of Health

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Questions

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Follow progress and continue to provide input…

BCPharmacists.org/prescribing

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BOARD MEETING
June 23, 2017

7. Inquiry Committee:
a) Standards for Medication Review Services

DECISION REQUIRED

Recommended Board Motion:

Direct the Register to develop bylaws and/or practice standards for Medication Reviews and require mandatory training for pharmacists who wish to conduct them. To be prioritized by the Legislation Review Committee for implementation.

Purpose

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

Background

Medication Review services were introduced by PharmaCare in April 2011, with the objective to have pharmacists assist patients to better understand their medications and through this improve their health outcomes. The service aims to benefit patients who have been prescribed at least five medications in the last six months, and is supposed to be a one-on-one consultation with a pharmacist in a semi-private area of the pharmacy to discuss their prescription medications, as well as any over-the-counter medications, including vitamins and natural health products they are taking. At the end of the consultation, the pharmacist is required to provide the patient with a document that lists all medications and summarizes the contents of the consultation. This service is of no cost to patients, but the pharmacy providing the service can claim a fee from PharmaCare by entering a record of a Medication Review on a patient's PharmaNet record. PharmaCare has published very clear policies and procedures with regards to eligibility criteria and conducting and billing for Medication Reviews. One of the eligibility criteria is that patients must have had five different qualifying medications (all prescription medications qualify) within the last six months. After having reviewed hundreds of

Medication Review documents that were subject of complaints, the Inquiry Committee has observed an apparent pattern of the Medication Review service being abused. The College's investigations have identified pharmacists being more concerned with determining whether the patient has the requisite number of medications to meet the eligibility criteria to bill for a Medication Review, rather than whether the patient actually has a clinical need for a Medication Review. In addition, many incidents of patients receiving a medication review without their knowledge or without giving consent.

Appendix	
1	Inquiry Committee Letter re: Standards for Medication Review Services

College of Pharmacists
of British Columbia

CONFIDENTIAL May 24, 2016

Board Members
College of Pharmacists of British Columbia
1765 West 8th Avenue
Vancouver, BC V6J 5C6

RE: Standards for Medication Review Services

The Inquiry Committee is mandated under the *Health Professions Act* to investigate complaints and concerns regarding registrant conduct, competency and/or ability to practice and decide on an appropriate course of action pursuant to legislation.

On behalf of all Inquiry Committee members, I am writing to bring your attention to a growing concern in the Inquiry Committee that we feel impacts both the Inquiry Committee's and the Board's priority to promote and protect the best interest of the public.

At recent Inquiry Committee meetings, the Committee members have reviewed many complaints relating to Medication Reviews. As you know, Medication Review services were introduced by PharmaCare in April 2011, with the objective to have pharmacists assist patients to better understand their medications and through this improve their health outcomes. The service aims to benefit patients who have been prescribed at least five medications in the last six months, and is supposed to be a one-on-one consultation with a pharmacist in a semi-private area of the pharmacy to discuss their prescription medications, as well as any over-the-counter medications, including vitamins and natural health products they are taking. At the end of the consultation, the pharmacist is required to provide the patient with a document that lists all medications and summarizes the contents of the consultation.

This service is of no cost to patients, but the pharmacy providing the service can claim a fee from PharmaCare by entering a record of a Medication Review on a patient's PharmaNet record. PharmaCare has published very clear policies and procedures with regards to eligibility criteria and conducting and billing for Medication Reviews. One of the eligibility criteria is that patients must have had five different qualifying medications (all prescription medications qualify) within the last six months.

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

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whether the patient actually has a clinical need for a Medication Review. The Inquiry Committee has also noted the following trends in relation to Medication Review services, which further suggests that pharmacists may prioritize claiming a fee for the Medication Review service as a priority over acting in the best interest of patients:

- Pharmacists conducting and billing for Medication Reviews for patients without the patient's informed consent,

- Pharmacists billing for Medication Reviews after having only conducted what would be considered basic patient counselling at the pharmacy counter,

- Pharmacists including discontinued and acute medications (eg. antibiotics) as part of the five medications to meet patient eligibility criteria,

- Pharmacists completing Medication Review documents that may pass a PharmaCare audit, but on closer examination the documentation is not clinically sound. For example, the Inquiry Committee has reviewed Medication Review documents where:

    - Drug interactions were not caught
    - Allergies were not documented
    - Incorrect or poor instructions for use of medications were documented

- Pharmacists selecting patients without chronic issues or clinical need (but whose PharmaNet record contained five different medications within the last six months) to conduct Medication Reviews, and/or

- Corporate head offices and/or employers allegedly implementing "quotas" and/or "targets" for the number of Medication Reviews billed over a certain period of time, creating undue pressure for pharmacists.

The consequences for performing Medication Reviews that are not in accordance with the legislated professional and ethical standards enshrined in the *Health Professions Act* Bylaws are serious and Inquiry Committee dispositions for these complaints have included verbal reprimands before the Inquiry Committee, limits and conditions on billing PharmaCare for Medication Reviews, and fines of up to $20,000.

Currently, in its dispositions relating to these complaints the Inquiry Committee is restricted to enforcing the general language of the *Code of Ethics* and Section 6(5), 11 and 12 of the *Health Professions Act* Bylaws. While relevant to documentation and patient counselling standards which are elements of a Medication Review service, these pieces of legislation

do not speak specifically to practice standards relating to an actual Medication Review. The Committee feels that in order to strengthen our position of enforcing the best standards of practice, there needs to be practice standards set specifically for the conducting of Medication Reviews that is in the best interests of the patients.

The Inquiry Committee therefore respectfully requests that the Board consider drafting bylaws and/or practice standards relating specifically to Medication Reviews. Similar to pharmacists who wish to dispense Methadone, the Inquiry Committee recommends that once practice standards have been established that there also be mandatory training for pharmacists who wish to conduct Medication Reviews.

Yours truly,

John Hope,
Chair, Inquiry Committee

cc: Bob Nakagawa, Registrar
Suzanne Solven, Deputy Registrar

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

7. Inquiry Committee:
b) Pharmacy Manager's Requirements and Training

DECISION REQUIRED

Recommended Board Motion:

Direct the Register to develop requirements and training tools as it pertains to the role and responsibilities of the Pharmacy Manager. To be prioritized by the Legislation Review Committee for implementation.

Purpose

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

Background

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

Appendix	
1	Inquiry Committee Letter re: Pharmacy Manager Role

College of Pharmacists
of British Columbia

CONFIDENTIAL May 5, 2016

Board Members
College of Pharmacists of British Columbia
1765 West 8th Avenue
Vancouver, BC V6J 5C6

RE: Pharmacy Manager's Role and Responsibilities

As Chair of the Inquiry Committee panel, I am writing about a recurrent issue that the Committee has seen on files being reviewed regarding pharmacy managers. The Committee has noticed that many registrants who hold this position do not fully understand all of their responsibilities or the legislative requirements involved when running the operations of a pharmacy.

A pharmacy manager's role holds significant responsibilities and cannot be taken lightly. Without a pharmacy manager, a pharmacy cannot operate. That person must personally manage and be responsible for the operation of the pharmacy.

Under *Pharmacy Operations and Drug Scheduling Act,* ("*PODSA*"), Bylaws, Part II, s.10, the pharmacy manager is accountable for maintaining and enforcing policies and procedures to comply with all legislation applicable to running a community pharmacy, monitoring staff performance, equipment, facilities and adherence to *Health Professions Act*, Bylaws, Schedule F, Part 1 - Community Pharmacy Standards of Practice, as well as ensuring there is a process for reporting, documenting and following up on errors, incidents and discrepancies. Specific duties under *PODSA*, Bylaws, Part 1, s.3, include but not limited to, such items as participating in the day-to-day management of the pharmacy, having proper documentation for handling all pharmacy services, ensuring that staff levels are commensurate with workload, inventory management, protecting patient personal and confidential information from unauthorized access, collection, use, disclosure and disposal and ensuring no incentives are provided to a patient/representative for prescription or other pharmacy service.

In the process of reviewing files, the Inquiry Committee has come across situations where it is obvious that many pharmacy managers do not understand their responsibilities and the implications that can ensue when they aren't monitoring policies and procedures or understanding all of their obligations to comply with the legislation. They are accountable for all aspects of the pharmacy and yet there are cases of unscrupulous owners who may appoint a recent grad or International Pharmacy Graduate (IPG) pharmacist or other individual in name only in that position. These individuals are then on record with the College as the "pharmacy manager" and the Inquiry Committee must hold that individual responsible for contravened professional practices that may occur at that pharmacy. This may then impact that individual's registration record.

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There have also been situations where a pharmacy manager claims they are a “part-time manager” and may not be aware of what is happening at the pharmacy. For example, these individuals may not be monitoring policies or procedures that may result in drug diversion. Again there is a lack of properly understanding the pharmacy manager’s role and how important this role is to ensure accountability, proper management and operation of a pharmacy.

It is therefore the recommendation of the Inquiry Committee to the Board that the Board consider a more stringent or rigorous training be undertaken for any registrant in the role of pharmacy manager to ensure that they are in compliance with all of their ethical and legislative requirements. This might include an interview, online questionnaire (with scenarios) to assess the knowledge, understanding, and comprehension of the responsibilities of a registrant in this position, and a written undertaking or acknowledgement that they have read, understood and accept the responsibilities of their position in the operation of the pharmacy.

Yours truly,

John Hope,
Chair, Inquiry Committee

cc: Bob Nakagawa, Registrar
Suzanne Solven, Deputy Registrar

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

8. UBC Pharmacists Clinic Update

INFORMATION ONLY

Presenter's Biography

Barbara Gobis BSc(Pharm), RPh, ACPR, MScPhm, PCC
Director, Faculty of Pharmaceutical Sciences, Pharmacists Clinic
The University of British Columbia

Having worked for the past 25 years as an executive, consultant and agent of change, Barbara's specialty is in developing, implementing and managing large-scale change initiatives within pharmacy organizations and front-line pharmacist practice.

Barbara joined the Faculty in April 2013 to develop, establish and oversee the on-going success of UBC Pharm Sci's Pharmacists Clinic. Her teaching interests relate to pharmacists' roles in the health care system, optimal uptake of the pharmacist's scope of practice, interprofessional collaboration in health care and effective interactions between pharmacists and patients in front-line practice.

Barbara completed her undergraduate pharmacy degree at UBC, her residency at Sunnybrook Health Sciences Centre in Toronto, ON, and her masters of science in clinical pharmacy at the University of Toronto.

Background

Patient care and safety: Pharmacist intra-professional collaboration is key.

The College of Pharmacists of BC has identified strong interdisciplinary relationships as a strategic priority to enable optimal patient care and safety. Effective intra-professional collaboration between pharmacists across the patient care continuum is also critical. This presentation summarizes the literature and practical learnings from the UBC Pharmacists Clinic team. Challenges and opportunities will be shared to stimulate discussion on how best to support pharmacists working together for the benefit of their mutual patients.

Patient Care and Safety

Pharmacist Intra-Professional Collaboration is Key

BARBARA GOBIS, BSC(PHARM), RPH, ACPR, MSCPHM, PCC
DIRECTOR, UBC PHARMACISTS CLINIC

JUNE 23, 2017

TODAY

- Intra-professional collaboration in pharmacy
- Learnings
- Experience at the UBC Pharmacists Clinic
- Challenges and Opportunities

STRATEGIC AREA 2 – INTERDISCIPLINARY RELATIONSHIPS

- Strong relationships between healthcare professionals can have a very positive impact on the quality of care that patients receive.

http://www.qualitypharmacy.ca/

- This includes relationships between pharmacists across the patient care continuum.

HEALTH PROFESSIONS ACT

- Disclosure of personal health information 25.94 (3)

  …a pharmacist, on request, must disclose relevant personal health information to:

  (a) another pharmacist for the purpose of dispensing a drug or device,

  (b) another pharmacist or a practitioner for the purpose of monitoring drug use…

http://www.bclaws.ca/Recon/document/ID/freeside/00_96183_01#section25.94

CIRCLE OF CARE

- Relevant information needs to flow between HCPs to ensure the best level of patient care
  - Caveat - unless the information provider is aware the patient has expressly withheld or withdrawn consent

- For patient care/treatment and services with benefit to the patient
  - Includes diagnostic information & case consultation

- HCPs within the circle of care should be obvious to the patient and reflect common practices.

https://www.oipc.bc.ca/guidance-documents/1470

CPSBC

- Referral & consultation is part of effective health care delivery

- Requires collegial relationships, mutual trust, respect and knowledge

- Guidance for effective interactions articulated
  - Communication requirements
  - Relevant information
  - Timeliness
  - Mutual agreement on managing the patient care transition
  - Patient understanding of expectations

https://www.cpsbc.ca/files/pdf/PSG-Expectations-of-the-Relationship-Between-Physicians.pdf

TRANSITIONS IN CARE

- Continuity of Care in Medication Management (CCMM) requires a common data-set
- Issues:
  - Lack of system linkages
  - Information needs to be usable
  - Patient relationships required to accurately interpret data

ASHP Continuity of Care Task Force 2005

https://tools.patientsafetyinstitute.ca/Communities/MedRec/Shared%20Documents/Articles/Across%20Care%20Settings%20-%20Transitions%20of%20Care/Ashp%20continuity%20of%20care%20report.pdf

ONTARIO COLLEGE OF PHARMACISTS

- 2017 – A shared responsibility for ethical and effective pharmacy services
  - Pharmacist A did not consult/request patient records from Pharmacist B prior to providing services
  - Pharmacist A did not have the appropriate information necessary for optimal patient care

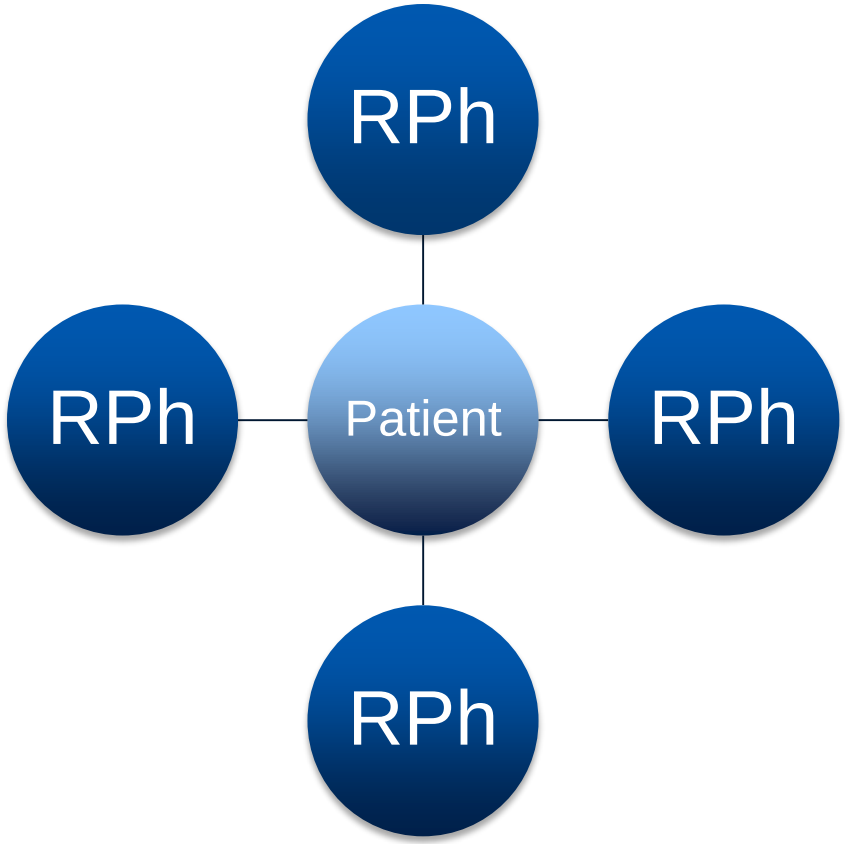
http://www.ocpinfo.com/library/pharmacy-connection/download/OCP_PharmacyConnection_Winter2017_CloseUp_Complaints.pdf

ACC-LINK

- Process for hospital & community RPh information-sharing
  - Discharge Rx and summary faxed to pharmacy
  - Phone follow-up within 24 hours
- Preliminary findings
  - Urban vs rural
  - Language issues (verbal and written)
  - Patient attachment to pharmacist vs pharmacy
  - Communication needed within the drugstore team

Personal communication: L McCarthy May 25, 2017

CURRENT



UBC PHARMACISTS CLINIC (EST 2013)

- Mandate – in service to patients
  - Model of pharmacists practicing to maximum scope
  - Skill development of learners
  - Tools and resources for optimal practice

- Focus on relationships, trust, respectful collaboration
  - Existing relationships are supported and enhanced

METRICS (TO MAR 31/17)

Fiscal Year (Apr-Mar)	2013–14	2014–15	2015–16	2016-17	Cumulative
Months in operation	5	12	12	12	41
Clinical pharmacists	1.2 FTE	1.8FTE	2.8 FTE	3.2 FTE	3.2 FTE
Patients *	512	1112	1694	2086	5404
Patients/month (av)	102	93	141	174	132
Referral source	64% physician, 36% other				

* Most patients have multiple appointments

PC APPROACH TO COLLABORATION BETWEEN PHARMACISTS

- Mindset
  - Shared responsibility in caring for patients
  - Positive, respectful & collaborative care for patients

- Awareness
  - Patient we care for today has/will receive care from other pharmacists also
  - We do not practice in a vacuum
  - Care integration needed

PC APPROACH TO COLLABORATION BETWEEN PHARMACISTS

- Identification
  - Where are the other RPh on the patient care team
  - How to connect with them

- Curiosity
  - When drug therapy doesn’t make sense
  - Suspend judgement and ask questions to understand
  - Patient cases are dynamic and don’t follow the rule book

PC APPROACH TO COLLABORATION BETWEEN PHARMACISTS

- Connection
  - Use PharmaNet to record benefit & non-benefit claims
  - Pharmacists not using PharmaNet need to let others know of their involvement

- Collaboration
  - Context from prior pharmacist
  - Context and current situation considerations
  - Who is in the best position to continue care for a patient

CHALLENGES

- Storage of patient care records for use and retrieval
- Patient attachment to the pharmacy vs pharmacist
- Response time to information requests
- Usefulness of shared information

OPPORTUNITIES

- Patients want their health team to collaborate
- Patients have better outcomes when their team collaborate*
- Increased access to clinical information/context
- Economics of medication review vs follow-up services
- Case discussions for CE
- Leverage the benefits of pharmacists across the care continuum
- Pharmacy software with clinical care modules can be turned on

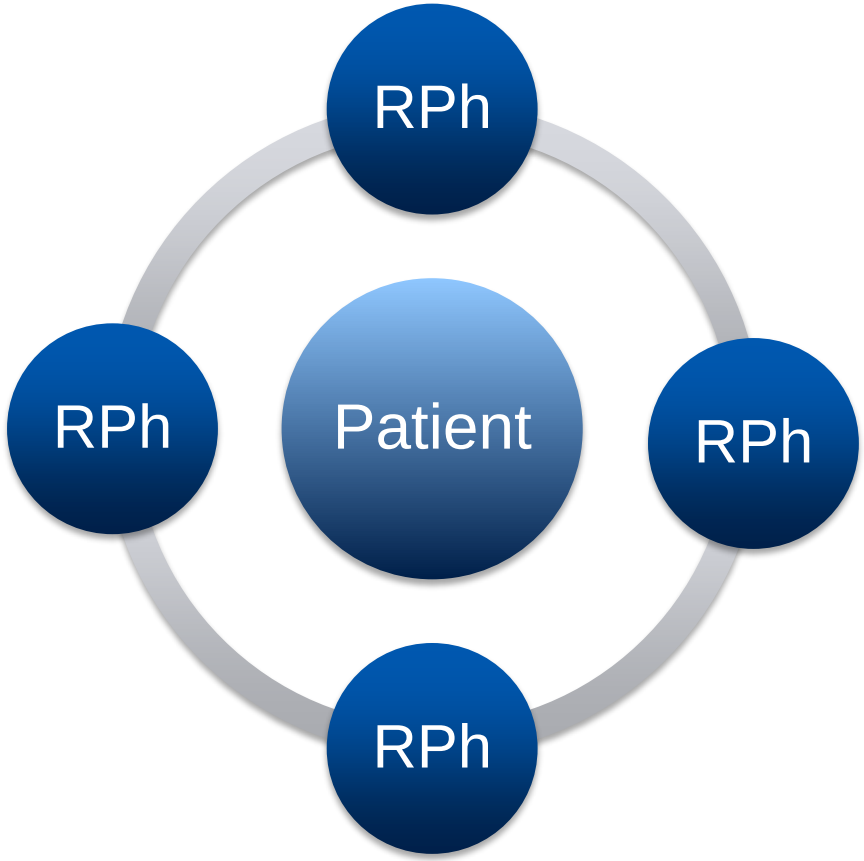
* https://www.ncbi.nlm.nih.gov/books/NBK2637/

STRATEGIC AREA 2 – INTERDISCIPLINARY RELATIONSHIPS

- Request guidance for effective intra-professional interactions between pharmacists

- CPSBC example as the starting point:
  - https://www.cpsbc.ca/files/pdf/PSG-Expectations-of-the-Relationship-Between-Physicians.pdf

INTRAPROFESSIONAL COLLABORATION



Discussion

barbara.gobis@ubc.ca
https://pharmsci.ubc.ca/pharmacists-clinic

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

10. NAPRA's Position on Cannabis for Medical and Non-Medical Purposes

DECISION REQUIRED

Recommended Board Motion:

Support the Cannabis for Medical and Non-Medical Purposes: NAPRA Position Statement on the Role of Pharmacy Practitioners, April 2017, as circulated.

Purpose

To consider and support the position of National Association of Pharmacy Regulatory Authorities ("NAPRA") set out in Cannabis for Medical and Non-Medical Purposes: NAPRA Position Statement on the Role of Pharmacy Practitioners, April 2017 (the "Position Statement").

Background

Canadians have been able to access cannabis for medical purposes for more than 15 years, with access having been established in response to a series of Supreme Court rulings and Charter challenges. Most recently, the *Access to Cannabis for Medical Purposes Regulations* ("ACMPR") were introduced in 2016. Pharmacies and pharmacy professionals are not part of the distribution framework for cannabis through the ACMPR.

On April 13, 2017, the Government of Canada introduced the Cannabis Act, which would create a strict legal framework for controlling the production, distribution, sale and possession of cannabis across Canada. The proposed legislation focuses primarily on cannabis for non-medical purposes; the current program for accessing cannabis for medical purposes would continue under the new Act. The Act is currently not in force; it is being debated in the House of Commons.

NAPRA issued a memorandum (the "Memorandum") dated May 31, 2017 to its member organizations entitled NAPRA Statement on Cannabis, which sets out NAPRA's position on the role of pharmacy practitioners in the distribution of cannabis for medical and non-medical purposes and summarizes the discussions of a meeting of the Council of Pharmacy Registrars of Canada ("CPRC") on March 30, 2017. NAPRA's key position is that pharmacy practitioners must not be involved in the distribution of cannabis for non-medical purposes. See Appendix 1 –

Memorandum from NAPRA to member organizations dated May 31, 2017. The Position Statement is attached as Appendix A to the Memorandum.

The NAPRA Board approved the above-noted Position Statement, in principle, at its meeting on April 26, 2017. The approval was provided with the caveat that NAPRA consult with its member organizations on the Position Statement, before it is finalized and released.

Discussion

NAPRA Memorandum

Key highlights from NAPRA's Memorandum are as follows:

Evidence and Therapeutics

- Pharmacy regulators, although they do not establish treatment guidelines, need to be confident in the products that pharmacists dispense.
- Although NAPRA acknowledges that there is some evidence supporting the therapeutic use of cannabis, it believes that such evidence is generally incomplete or inconclusive and additional research is needed.
- CPRC heard views that, in order to advance knowledge of cannabis, researchers need to collect information. While there is no way to collect such information under the current ACMPR, pharmacies dispensing cannabis could be well positioned to collect data as part of a credible, controlled research project.

Counselling of Patients

- Patients indicated to the Task Force on Cannabis Legalization and Regulation, which was appointed by the Canadian government, that they want cannabis to be considered a medicine so that they can consult a medical professional about it.
- Currently, pharmacists already counsel patients who are cannabis users. Once cannabis is legalized, more patients may seek advice from pharmacists.
- Including the topic of cannabis in curricula for both entry-to-practice and continuing education is essential.

Pharmacists Prescribing

- Pharmacist prescribing could lead to increased demand and pressures on pharmacists, creating a situation where the public might see the pharmacy as their source for cannabis.

Distribution

- Because the role of the pharmacist is to provide healthcare, CPRC generally agreed that pharmacies and pharmacists should not be involved in the distribution of recreational (non-medical) cannabis.
- Current evidence suggests that smoked cannabis carries some of the same cancer risks as tobacco, and inhaled cannabis is more quickly absorbed and, therefore, more likely to be

used for high-seeking behaviour. For these reasons, CPRC supported that pharmacists discourage the smoking of cannabis as they have discouraged tobacco smoking, and, if at some point there is pharmacy distribution of cannabis, the preference was that only non-smokeable forms be sold.
- It would be important to consider similar or equivalent standards and safeguards for pharmacy distribution of cannabis, as there are currently in place for other drugs.

NAPRA Position Statement

Key highlights from NAPRA's Position Statement are as follows:
- Pharmacy practitioners must not be involved in the distribution of cannabis for non-medical purposes.
- Distribution sites for non-medical cannabis must not be permitted to use terms such as "dispensary" or pharmacy-related symbols such as a green cross, which may lead the public to believe that the distribution site is a pharmacy or that it has professional oversight from pharmacy practitioners.
- Suppliers of cannabis for any purpose must follow the federal Good Production Practices required by the ACMPR, or equivalent quality standards yet to be developed. Packaging, labelling, and shipping standards must also be equivalent to those set out in the ACMPR in order to ensure secure supply chains, appropriate product labelling, and child-resistant packaging.
- NAPRA urges decision-makers to restrict advertising and marketing of cannabis, so as not to promote consumption.
- In addition to any cannabis-specific legislation, smoked cannabis products should be subject to the same provincial or territorial legislation as smoked tobacco products.

Next Steps

NAPRA has requested that each of its member organizations support the Position Statement and/or provide feedback on it, by June 30, 2017. Any significant concerns will be raised with the NAPRA Board. In addition, NAPRA intends to release the statement in summer 2017, and it would be used with all key stakeholders (e.g., NAPRA membership, pharmacy associations, and government, etc.).

Recommendation

The College recommends that the Board support the Position Statement, as circulated.

Appendix	
1	Memorandum from NAPRA to member organizations dated May 31, 2017 and Position Statement (attached as Appendix A to Memorandum)
2	NAPRA Cannabis Strategy Session Report dated March 30, 2017

NAPRA ANORP
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Memorandum to: **NAPRA Member Organizations - Boards and Executives**

Date: **May 31, 2017**

Subject: **NAPRA Statement on Cannabis**

Context

The landscape related to cannabis in Canada is evolving.

Canadians have been able to access cannabis for medical purposes for more than 15 years, with access having been established in response to a series of Supreme Court rulings and Charter challenges. Most recently, the *Access to Cannabis for Medical Purposes Regulations (ACMPR)* were introduced in 2016. Pharmacies and pharmacy professionals are not part of the distribution framework for cannabis through the ACMPR.

Last year the Canadian government also appointed a Task Force on Cannabis Legalization and Regulation. Its mandate was to provide advice on the design of a new legislative and regulatory framework for legal access to cannabis, consistent with the Government's commitment to "legalize, regulate, and restrict access." The Task Force released its official report in December 2016, a *Framework for the Legalization and Regulation of Cannabis in Canada*. The report captured the findings of extensive consultations, distilled expert and public opinions, and provided advice to federal government ministers.

With the landscape around cannabis evolving rapidly, NAPRA recognized the need to have a current position on cannabis. Therefore, on March 30, 2017, the Council of Pharmacy Registrars of Canada (CPRC) held a one-day strategy session to review the issues related to cannabis and to develop a position to present to the NAPRA Board of Directors for possible adoption as a NAPRA position.

Meanwhile, on April 13, 2017, the federal government introduced its legislation to legalize cannabis by July 2018 (Bill C-45, *An Act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts*). As was recommended by the Task Force, there is no change to access cannabis for medical purposes for now. Access will continue to follow the ACMPR, although the Task Force does recommend monitoring access for medical purposes in the coming years as cannabis

for recreational purposes unfolds and to reassess it in five years. However, it is recognized that numerous stakeholders are actively lobbying for pharmacy distribution of cannabis for medical purposes now, and want it sooner rather than later.

CPRC Strategy Session

At its cannabis strategy session, CPRC discussed a wide range of topics pertaining to cannabis under the topics of evidence and therapeutics, pharmacy practice, and distribution***. Some of the highlights of those discussions are shared in this section for information and additional context but are not part of NAPRA's position.***

The strategy session included input from: Dr. Mark Ware, former Vice-Chair of the Task Force on Cannabis Legalization and Regulation; Jenna Hall, Director of Policy - Office of Medical Cannabis with Health Canada; George Kitchen, Policy Analyst, Health Canada; and Dr. Phil Emberley, Director of Professional Affairs, CPhA. Those perspectives were highly valued and set the stage for CPRC to have robust discussions on this complex issue.

Underpinning discussion of **evidence and therapeutics** was that pharmacy regulators, although they do not establish treatment guidelines, need to be confident in the products that pharmacists dispense.

In the case of cannabis, evidence is generally incomplete or inconclusive and additional research is needed. In Canada, only two products with cannabinoids are currently approved under the *Food & Drug Act and Regulations*. Having said that, cannabis is not completely untested and without evidence supporting its use in treatment - for example, the National Academies of Sciences, Engineering, and Medicine in the US indicates there is conclusive or substantial evidence that cannabis or cannabinoids are effective for chronic pain, spasticity, and as an anti-emetic.

CPRC discussed a number of specific issues around the therapeutic basis for cannabis such as whether cannabis, as a less harmful product, could replace some of the opioids prescribed to a patient, or, conversely, whether cannabis, being prone to addiction and misuse, could be the new opioid of the future. While discussion of therapeutics was valuable, it was recognized that it was outside the scope of NAPRA to comment on whether cannabis should be used therapeutically.

However, given the need for surveillance of cannabis use for medical purposes and more research over the longer term, CPRC considered what role pharmacists might play in cannabis research as part of a collaborative health team. CPRC heard views that in order to advance knowledge of cannabis, researchers need to collect information, and while there is no way to collect such information under the current ACMPR, pharmacies dispensing cannabis could be well positioned to collect data as part of a credible, controlled research project aimed at establishing the safety and efficacy of cannabis for medical purposes.

In **professional practice** today pharmacists already counsel patients who are cannabis users. Once cannabis is legalized, more patients may disclose being users of cannabis (either recreationally or for medical purposes). Just as pharmacists need to understand the effects and interactions of alcohol and tobacco in order to give clinical advice, they need to know about the effects and interactions of cannabis. Including the topic of cannabis in curricula for both entry-to-practice and continuing education is essential.

Current evidence suggests that smoked cannabis carries some of the same cancer risks as tobacco, and inhaled cannabis is more quickly absorbed and, therefore, more likely to be used for high-seeking behaviour. For these reasons, CPRC supported that pharmacists discourage the smoking of cannabis as they have discouraged tobacco smoking for decades, and, if at some point there is pharmacy distribution of cannabis, the preference was that only non-smokeable forms be sold.

On the issue of prescribing cannabis, the Federation of Medical Regulatory Authorities of Canada (FMRAC) has indicated that physicians do not wish to be gatekeepers for cannabis and do not believe that there is enough clinical evidence to support its use for medical purposes. However, CPRC heard that patients seeking cannabis for medical purposes may have difficulty managing conditions that could benefit from the advice and guidance of a multidisciplinary health team. Currently under the ACMPR, patients need to provide a medical document authorizing use of cannabis by a healthcare professional. Pharmacist prescribing could lead to increased demand and pressures on pharmacists, creating a situation where the public might see the pharmacy as their source for cannabis.

Even if cannabis were also available to the general public for recreational purposes, there would be certain expectations of pharmacies were they to dispense it for medical purposes. This is the case with Natural Health Products today where a product is available in pharmacies and elsewhere (health food stores, etc.), but it is understood that pharmacists have greater responsibilities to the public when it comes to selling those products.

Patients indicated to the Task Force that they want cannabis to be considered a medicine so that they can consult a medical professional about it, get counselling regarding any interactions with other medicine, and access strains and potencies appropriate for them which may not be supplied by the recreational market. Conversely, having cannabis available through a pharmacy may lend cannabis a legitimacy that it has not yet earned and add pressure on health care practitioners to prescribe.

CPRC considered whether pharmacists could provide advice on cannabis without dispensing it. CPRC heard concerns that if advice is separated from where it is dispensed, then people may bypass the advice and use the internet for information. In fact, with the existing mail-order system under ACMPR, producers are the ones who dispense and act as *de facto* advice givers despite the fact that they are not drug experts or healthcare professionals.

In regards to the **distribution** of cannabis, CPRC generally agreed that pharmacies and pharmacists should not be involved in the distribution of recreational (non-medical) cannabis. Even when recreational cannabis becomes widely available, it was emphasized that the role of the pharmacist is health, and for that reason, they should not sell the product for recreational purposes.

Grey-market storefronts selling cannabis have become a common sight in Canadian cities, and often describe themselves as “dispensaries,” and have the signage of a green cross. The term “dispensary” is another word for pharmacy, especially the physical area within the pharmacy where medications are dispensed and the green cross is a recognized symbol for pharmacies. Therefore, in order to not confuse and mislead the public, CPRC agreed that use of the term “dispensary” and the green cross symbol should only be permitted when referring to a pharmacy and should not be permitted for use by distribution sites for non-medical cannabis.

Generally, in regards to advertising, CPRC agreed that advertising of recreational cannabis should be restricted, for public health reasons, and that there should be no advertising of cannabis for medical purposes, similar to other medications in Canada.

There is and will continue to be external pressure on the health care system to bypass its well-established system of checks and balances to facilitate access to cannabis. Pharmacy professionals must practice in accordance with their code of ethics and must put quality of care and patient safety above all other considerations.

CPRC discussed the kinds of important safeguards currently in place for drugs, including a Health Canada product approval process, good manufacturing processes, product quality assurance, medical oversight of patients, and systems to manage substances within a pharmacy (including tracking, surveillance, storage, etc). It would be important to consider similar or equivalent standards and safeguards for pharmacy distribution of cannabis. These types of conditions, as well as the potential for pharmacy involvement in robust research protocols, will be further explored by CPRC in order to provide guidance to NAPRA to allow it to continue to evolve its position.

NAPRA wishes to release an initial statement around the areas of clear consensus of CPRC which also reiterates NAPRA's commitment to not bypassing safeguards for public protection. NAPRA's position is expected to continue to evolve with continuing deliberations on areas mentioned above.

Recommendations and Next Steps

NAPRA seeks the support of Member Organizations for the **NAPRA position appended below in Appendix A.**

The Board approved the NAPRA position in principle at its meeting on April 26, 2017, with the caveat that the statement will next go through internal consultations with member organizations, before it becomes final and is released.

The position would be used with all NAPRA stakeholders including NAPRA members, pharmacy and healthcare associations, pharmacy educators and researchers, governments and the public.

To allow us to release a NAPRA statement during the summer, we are seeking each Member organization's feedback on the statement **by June 30, 2017.**

Any significant concerns raised would be brought back to the NAPRA Board before the statement is released.

In the meantime, our Executive Director, Adele Fifield, or I are available to assist. Please reach out to either of us if you have any questions as you consider the content of this memorandum. We look forward to hearing from you.

Anjli Acharya
President, NAPRA

Appendix A

Cannabis for Medical and Non-Medical Purposes: NAPRA Position Statement on the Role of Pharmacy Practitioners April 2017

On April 13, 2017, the Government of Canada proposed the Cannabis Act, which would create a strict legal framework for controlling the production, distribution, sale and possession of cannabis across Canada. The proposed legislation focuses primarily on cannabis for non-medical purposes; the current program for accessing cannabis for medical purposes would continue under the new Act.

NAPRA's position is that pharmacy practitioners must not be involved in the distribution of cannabis for non-medical purposes. Distribution sites for non-medical cannabis must not be permitted to use terms such as "dispensary" or pharmacy-related symbols such as a green cross, which may lead the public to believe that the distribution site is a pharmacy or that it has professional oversight from pharmacy practitioners.

Suppliers of cannabis for any purpose must follow the federal Good Production Practices required by the Access to Cannabis for Medical Purposes Regulations (ACMPR), or equivalent quality standards yet to be developed. Packaging, labelling, and shipping standards must also be equivalent to those set out in the ACMPR in order to ensure secure supply chains, appropriate product labelling, and child-resistant packaging.

NAPRA also urges decision-makers to restrict advertising and marketing of cannabis, so as not to promote consumption.

For many years, pharmacists have been at the forefront of smoking cessation, helping patients to quit using tobacco. Cannabis smoke contains many of the same carcinogenic chemicals found in tobacco smoke. NAPRA's position is that smoked cannabis products should be subject to the same provincial or territorial legislation as smoked tobacco products.

On November 30, 2016, the final report of the Task Force on Cannabis Legalization and Regulation was published. In addition to recommending that access to cannabis for medical purposes continue to be made available through the ACMPR, the report discussed the future possibility of pharmacy distribution of cannabis for medical purposes. We are aware that some pharmacy groups are advocating for this. As pharmacy regulators, we insist that external pressures must not result in the bypassing of critical checks and balances that preserve the integrity of our health care system, and ultimately, the health of Canadians. NAPRA's members continue to discuss the regulatory safeguards necessary for pharmacy professionals to dispense cannabis for medical purposes. In the interim, pharmacists will continue to be involved in providing patients with information and guidance.

NAPRA members urge the federal government to consult with NAPRA, early in the process, if there is consideration of pharmacy distribution in the future.

NAPRA's members are Canada's provincial and territorial pharmacy regulatory bodies as well as the Canadian Forces Pharmacy Services. Our members regulate the practice of pharmacy and operation of pharmacies in their respective jurisdictions in Canada and their primary mandate is to protect the public.

NAPRA ANORP

National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

REPORT

NAPRA CANNABIS STRATEGY SESSION

March 30th, 2017

Prepared by

THE ACCOUNTABILITY GROUP

• SUPPORTING PURPOSEFUL LEADERSHIP

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Attendees

Director of Pharmacy, Government of Nunavut	Donna Mulvey (on behalf of Barbara Harvey)
Registrar, Nova Scotia College of Pharmacists	Bev Zwicker
Policy Analyst, Nova Scotia College of Pharmacies	Dr. Amanda Porter
Registrar, College of Pharmacists of British Columbia	Bob Nakagawa
Registrar, Ordre des pharmaciens du Québec	Manon Lambert
Directrice des services professionnels, Ordre des pharmaciens du Quebec	Danielle Fagnan
Registrar, Alberta College of Pharmacists	Greg Eberhart
Registrar, Newfoundland & Labrador Pharmacy Board	Margot Priddle
Registrar, Ontario College of Pharmacists	Nancy Lum-Wilson
Director of Professional Practice, Ontario College of Pharmacists	Anne Resnick
Registrar, Prince Edward Island College of Pharmacists	Michelle Wyand
Registrar, Saskatchewan College of Pharmacy Professionals	Ray Joubert
Registrar, New Brunswick College of Pharmacists	Sam Lanctin
Registrar, College of Pharmacists of Manitoba	Susan Lessard-Friesen
Commander, Canadian Forces Pharmacy Service	Sylvain Grenier
Executive Director, NAPRA	Adele Fifield
Acting Manager, Professional and Regulatory Affairs, NAPRA	Sarah Jennings
Manager of Gateway Operations, NAPRA	Theresa Schopf

Panel

Former Vice-Chair of the Task Force on Cannabis Legalization and Regulation	Dr. Mark Ware
Director of Policy - Office of Medical Cannabis	Jenna Hall (by phone)
Policy Analyst, Health Canada	George Kitchen (by phone)
Director of Professional Affairs, CPhA	Dr. Phil Emberley

Introduction

Background

In December 2016, a task force appointed by the Canadian government to study the legalization of marijuana released its official report. The report, a Framework for the Legalization and Regulation of Cannabis in Canada, captured the findings of extensive consultations, distilled expert and public opinions, and provided advice to federal government ministers. Its recommendations included a call for ongoing research and surveillance, and a flexible approach to adapt to and respond to ongoing and emerging policy needs.

NAPRA recognized the need to update its position on cannabis and engaged The Accountability Group (TAG) to facilitate this process. Pharmacies and pharmacists are not currently part of the distribution framework for cannabis. Cannabis for medical purposes is currently covered under the Access to Cannabis for Medical Purposes Regulations (ACMPR).[1]

A strategy session with members of the Council of Pharmacy Registrars of Canada (CPRC) was organized on March 30, 2017 to develop a point of view unique to NAPRA. In advance, TAG worked with NAPRA to conduct a survey. The goal of the survey was to gauge CPRC members' opinions on cannabis distribution through pharmacies to provide a high-level view of the areas of agreement and divergence. Results of the survey were distributed to all participants, along with relevant background documents from Health Canada, panelists, related professional organizations and NAPRA.

The strategy session took place over the course of a day at Toronto's Sheraton Gateway hotel, with 15 CPRC members and 3 NAPRA staff present. Lyn McDonell of TAG facilitated the session assisted by Milena Kras-Claydon and Eric Lothman, an intern.

Setting the Stage

Following opening remarks from Bob Nakagawa, the Chair of the CPRC, and introductions, the context of the day was set out. The goal was to reach consensus on the perspective of pharmacy regulators with respect to cannabis. Session conclusions will inform the development of an official NAPRA position statement on the role of pharmacy professionals in the changing landscape of cannabis, from both health and recreational perspectives. This position will be recommended to the Board of NAPRA and used with both internal and external stakeholders.

Participants identified the intended audiences for NAPRA's position statement. These included:

- Internal: NAPRA members (regulators in each province/territory), their regulated pharmacists and staff
- External Related Stakeholders: pharmacy owners and managers, pharmacy professional associations, pharmacy educators and researchers, related healthcare professions.

[1] Individuals can apply to receive cannabis for personal use if they have a medical note stating that they have a certain medical condition and conventional treatments have failed. Limited amounts of cannabis can be grown by individuals for personal use, grown for them by a designated person, or purchased by mail order from a government-licensed producer. This legislation was put in place in response to a series of court rulings, and was never intended to be a permanent solution to the production and distribution of Cannabis for medical purposes.

- Other: governments (especially legislators), patients, the general public.

Participants were asked to offer a phrase or word that they hoped would describe this meeting, and/or a group norm they hoped to achieve. Responses were about the desire for a productive meeting, consensus ("a position that we can all live with"), crafting a well-justified rationale, and reflecting a patient-focus. The goal: to develop a national approach, recognizing jurisdictional approaches may reflect some differences.

Sarah Jennings introduced definitions of cannabis and some of its components, particularly Delta-9-Tetrahydrocannabinol (THC) and Cannabidiol (CBD). She also listed the most common strains, the range of potencies available, and the forms cannabis can take. Participants noted that the term "medical cannabis" is misleading. It implies that there is a difference between the products used for medical and recreational purposes whereas, in fact, today it is all the same product. It is therefore more appropriate to refer to the use of "cannabis for medical purposes".

There was then consensus that NAPRA's position statement would weigh in on the separation of medical and recreational distribution, voice the opinion that pharmacies should not be involved in distribution of recreational cannabis, and speak to the pharmacists' role in distribution of cannabis.

Panel Discussion

The panel segment followed. The panel was comprised of:

- Dr. Mark Ware, Associate Professor, McGill University
- Jenna Hall, Director of Policy of the Office of Medical Cannabis and George Kitchen, Policy Analyst of Health Canada, and
- Dr. Phil Emberley of CPhA.

Following introductions of the invited guests, each panelist presented their unique perspective on medical cannabis and legalization. These remarks were followed by a question period led by the facilitator.

Dr. Mark Ware

Vice Chair, Task Force on Cannabis Legalization and Regulation

Dr. Ware was the Vice Chair of the Task Force on Cannabis Legalization and Regulation, and co-author of the official report.

He explained that this role is now over and his remarks would also speak to his experience as a researcher and clinician – as Associate Professor in Family Medicine and Anesthesia at McGill University, Director of Clinical Research of the Alan Edwards Pain Management Unit at the McGill University Health Centre, co-Director of the Quebec Pain Research Network, and Executive Director of the non-profit Canadian Consortium for the Investigation of Cannabinoids (CCIC). He is also a family physician and practices pain medicine at the Montreal General Hospital and at the primary care pain clinic of the West Island of Montreal.

His presentation provided an overview of the existing medical cannabis framework, background information on the plant (including its medical uses, and medicinal and psychoactive properties), the current state of research, and patterns of use.

In his discussion of cannabis' characteristics, Dr. Ware acknowledged that "cannabis" is a family of products – a plant with hundreds of different strains. Cannabinoids are compounds present in, and derived from, cannabis. They can include synthetic compounds, and can be made into various products. Dr. Ware highlighted the challenges of conducting research, dosing, and regulating a group of organic products with hundreds of strains, variance in THC and CBD levels between (and within) strains and products, and a general lack of oversight.

Dr. Ware pointed out that cannabis is not completely untested and without evidence supporting its use in treatment. The National Academies of Sciences, Engineering, and Medicine in the US recently stated that "There is conclusive or substantial evidence that cannabis or cannabinoids are effective" for chronic pain, spasticity, and as an anti-emetic. Three cannabinoid-based drugs have passed the necessary trials, are available for prescription and are being dispensed in pharmacies. These are:

- Dronabinol (Δ-9 tetrahydrocannabinol – THC) (2.5 - 10mg), an oral capsule approved for chemotherapy-induced nausea and vomiting and anorexia associated with HIV/AIDS
- Nabilone (0.25 - 1.0mg), an oral capsule approved for chemotherapy-induced nausea and vomiting
- Nabiximols (2.7mg THC + 2.5mg CBD), an oromucosal spray approved in Canada for multiple sclerosis-associated neuropathic pain, spasticity and advanced cancer pain

Of these, Nabilone has seen prescriptions in Canada increase by over 100% between 2011 and 2016. Dr. Ware notes that many of these prescriptions are likely off-label. The increase demonstrates the great market demand for cannabinoid drugs - yet without the medical community having clarity around cannabis and its uses.

Dr. Ware discussed the thinking behind some of the Task force recommendations for full cannabis legalization. Principal concerns were to minimize harm and ensure public safety, and thus provide secure supply and distribution channels. Patients had told the task force that they want marijuana to be considered a medicine so that they can consult a medical professional about it. Some want access to particular strains that may run out. They have concern that the recreational market likely to focus on high THC strains and less on CBD, which is important therapeutically. There may also be benefits to the patient if treated as a medicine – GST rebates, insurance coverage, and access to larger quantities.

The current system is in place because use of cannabis is illegal when not for medical purposes. Yet, the panel heard too that physicians do not want to be gatekeepers for cannabis, as they are with approved medications.

On balance, the task force recommended that a separate channel for medical purpose distribution be maintained for a period and then reassessed.

On the topic of potential pharmacy distribution, Dr. Ware noted that there are opportunities to gather more data to support research if cannabis is distributed through pharmacies.

Jenna Hall

Director of Policy - Office of Medical Cannabis

Jenna Hall outlined Health Canada's current access framework, *Access to Cannabis for Medical Purposes Regulations* (AMCPR).

Jenna explained that the framework did not come out of evidence-based processes. Rather it was a response to a series of Supreme Court rulings and Charter challenges. The process started with a Section 56 exemption from the *Controlled Drugs and Substances Act* (CDSA) for cannabis users, followed by licenses for personal and "designated person" cultivation under *Marijuana Medical Access Regulations* (MMAR) in 2001, then in 2013 licenses for producing and distributing via mail under the *Marijuana for Medical Purposes Regulations* (MMPR), and finally the current *Access to Cannabis for Medical Purposes Regulations* (ACMPR) following a February 2016 court ruling. Individuals (or a designated person) are allowed to cultivate for personal use, and licensed producers are able to produce and distribute cannabis a mail order system. Only medical notes (not prescriptions) are required.

With regards to the drug approval process, Jenna noted the differences. Only two cannabinoids have submitted evidence and been approved under the *Food & Drug Act and Regulations*. The process for cannabis under the ACMPR has taken a different path.

Jenna shared Health Canada's intention to continue medical access for now, regardless of a general legalization, and reassess in five years. She noted the explosion in licenses, with a 42% increase since August 2016, and the anecdotal evidence of possible strain-specific supply shortages.

George Kitchen

Policy Analyst, Health Canada

George Kitchen provided a policy-focused perspective. He emphasized that the approach to legalization should consider the impact on patients, and pharmacists supporting patients making informed choices. He confirmed that the legislation will come this spring (by June 21th 2017), and that the provinces/territories are being consulted.

Dr. Phil Emberley

Director of Professional Affairs, CPhA

Speaking from the Canadian Pharmacists Association's (CPhA) perspective, Dr. Emberley said that his organization has had a position on cannabis for over a year. Cannabis is a very potent substance and should be treated as such. Marijuana for medical purposes is part of an overall drug regimen. An individual may have different physicians. Pharmacists have a role to play in overseeing the individual's drug program.

Commenting on the existing framework, Dr. Emberley expects ACMPR to continue after cannabis legalization. CPhA's position is that the best way to enhance patient safety, education, and appropriate access is through pharmacist dispensing and management of medical marijuana. Pharmacists should promote the use of non-smokeable products as opposed to smokeable forms. CPhA does not have a position on cannabis use for recreational purposes.

Dr. Emberley noted that patients do derive therapeutic benefits from cannabinoids and that they could be a viable opioid-sparing strategy. There is a lack of solid evidence for cannabis, but therapeutic benefits will undoubtedly be reduced if healthcare professionals are not involved. He concluded by acknowledging that CPhA's position statement on cannabis has been endorsed by 26 stakeholders.

Q&A/Discussion

Participants queried the distinction between recreational and medical cannabis. Dr. Emberley clarified that "medical" implies that it's part of a treatment plan of a person who is working with health professionals. A follow-up question set out the fact that there is just one product and no approved use of cannabis for specific medical purposes, so why should health professionals be involved? Dr. Ware responded that healthcare professionals must be able to counsel patients (and parents, and teens) on use, doses for harm reduction, and regarding dependency issues. Dr. Emberley said that pharmacists can reduce harm by suggesting non-smokeable forms and easing transition.

Questioning then moved specifically to the role of the pharmacist in this new paradigm.

Dr. Ware stated that nurses want to and should play a role rather than only physicians. The question arose if it must be mandatory for pharmacists to dispense in order to play a role? Dr. Emberley responded making the point that, if advice is separated from where it is dispensed, then people may bypass the advice and go only to the internet for information. Dr. Ware agreed and noted that with the existing mail-order system, producers are the ones who dispense and not healthcare professionals. He added that the panel had heard that "patients do not want to buy the product at a liquor store." Further, patients on other medications need counselling regarding any interactions.

At one point, the panel was asked about dual access. Why is a pharmacist necessary if the public has access? Conversely, why not identify pharmacists as the point of all distribution? Dr. Ware responded that there is a need for people with conditions to have access to professionals who can assess treatment. Having a single point of access through pharmacy may lend cannabis a legitimacy that it has not yet earned and add pressure on physicians to prescribe.

Another common theme in the question period was highlighting problematic areas in pharmacist participation. If pharmacists prescribe products lacking efficacy, safety standards, and with variance in potency, how do regulators address the pharmacists' responsibility to individuals and society? Dr. Ware noted that this question underscores the importance of a DIN or some sort of regulatory product number.

Jenna Hall agreed noting that AMCPR does not provide a solution or guidance on this and that there is a need for some sort of DIN process. Dispensaries are of particular concern for Health Canada. There are concerns over the source and quality of product.

If there is a Health Canada approved product, would there be any rationale for restricting access to it? Dr. Ware responded that the restrictions would be on health claims, not quality. Cannabinoid safety is similar to other drugs but the health claim information is missing. Dr. Ware noted that clinical trials are expensive and slow and that a process through pharmacies may allow for more useable data.

Regarding lot information, expiry, tracking etc. for recall, Jenna agreed that inventory control is important. Some recalls have been done and are possible now. Information of THC and CBD levels and strain, this information is currently provided.

There was a discussion of smoked cannabis and its place. Dr. Ware responded that there has been a huge increase in demand for oils. Vaporized options are in clinical trial. Other products (topical creams and patches) are evolving.

The panel members were thanked for their perspective.

Key Panel Take-Aways

Session participants were asked regarding their personal takeaways and there was a short discussion. Themes were that:

- There may be a place for non-smokeable products
- There is a need for a longer, step-wise view
- Pharmacists can meet a need in terms of being part of an inter-professional team providing professional oversight
- There are outstanding questions relating to efficacy - health claims vs quality of product
- Pharmacists should dispense so we can gather data to learn whether we should be dispensing!
- What pharmacists can do and will do -- currently there is minimal post-market surveillance; data is not structured. AMCPR has no data to help understand legitimacy
- How to ensure quality standards? Pharmacists would be more comfortable dispensing if Health Canada has the research to ensure safety

In the plenary discussion, it was concluded that pharmacists find themselves in a difficult position. They face possibly distributing a product for which there is little solid evidence of effectiveness and safety. The absence of clinical proof of efficacy means that the grounds for giving clinical advice, filling prescriptions, and educating patients are uncertain, and even at odds with best practice. Of great concern is the safety of the product.

Despite this dilemma, participants heard from the panel that cannabis is coming regardless and that there is a potential role for pharmacists to play in ensuring the best in patient care and public health outcomes.

Towards a Position on the Issues

The group then moved on to discuss the various questions underlying the development of a position statement for NAPRA and its member pharmacy regulators.

Evidence & Therapeutics

Pharmacy professionals need to be confident in the products they dispense, though they do not establish treatment guidelines. In the case of cannabis, evidence is generally incomplete or inconclusive.

It was suggested that focus may be on where there is evidence for the effectiveness of cannabinoids (as specified by Dr. Ware) in the areas of chronic pain, spasticity in MS, as an anti-emetic, and possibly for seizures. On the other hand, it noted that the Federation of Medical Regulatory Authorities of Canada (FMRAC) opposes prescribing of cannabis by physicians, citing insufficient testing.

Clearly, the quantity and quality of existing research is limited. Furthermore, the herbal product needs controls in terms of quality, potency, safety from contamination, traceability, etc. that would allow pharmacists to be reasonably confident in dispensing it. As oils and other forms are developed, they too will need to be subjected to rigorous quality controls.

The comparison with opioids has been suggested (by the CPhA, for example) as an argument for the medical use of cannabis: that cannabis, as a less harmful product, could replace some or all of the opioids prescribed to a patient. CPRC members at this session offered a different perspective on this issue. Cannabis, being prone to addiction and misuse, could be "the new opioid" of the future. There has not been enough testing to determine that cannabis is safe over the long term. The concern is that pharmacists will play a part in providing a substance that may have negative downstream effects. It is essential to maintain a safe system for Canadians – ensuring safety through rigour and working in a framework of treatments with proven efficacy.

It was decided that it was outside the scope of NAPRA to comment on whether cannabis should be used therapeutically.

Enabling Research

Additional research is clearly needed. There were divergent views on its financial support. It was debated that government should "facilitate and monitor" (not necessarily financially support) or perhaps "promote and support." It was acknowledged that there may not be enough incentives (patent potential, ability to recover investment) for the private sector to undertake research.

The focus turned to what the profession needs. At a minimum, the profession and its regulators need assurance of product quality and safety from Health Canada and safeguards regarding availability and access to drugs in the Canadian healthcare system. This would ensure that the product is both safe and efficacious.

The group determined that commenting on research *funding* is outside the purview of NAPRA and is more properly the concern of other entities.

However given the need for surveillance of cannabis use for medical purposes and more research, it was acknowledged that pharmacists, while following ethical guidelines for public protection, may take part in cannabis research as members of a collaborative health team.

Professional Practice

What is NAPRA's responsibility as pharmacy regulators? What do pharmacy professionals need given the new reality of forthcoming cannabis legalization? These are some on the questions the CPRC considered in this segment.

Professional Education

It was noted that, once cannabis is legalized, members of the public entering a pharmacy will be more likely to disclose being users of cannabis (either recreationally or for medical purposes). This puts it in a category similar to alcohol and tobacco. Pharmacists need to understand the effects and interactions of alcohol and tobacco in order to give clinical advice. This obligation would apply to cannabis. Even today, of course, pharmacists counsel patients who are cannabis users. Pharmacy educators need to add the topic of cannabis to curricula for both entry-to-practice and continuing education.

Smokeable product

Current evidence suggests that smoked cannabis carries some of the same cancer risks as tobacco. In addition, inhaled cannabis (whether smoked or vaporized) is more quickly absorbed and therefore more likely to be used for high-seeking behaviour. For these reasons, participants agreed that pharmacists should discourage the smoking of cannabis, as they have discouraged tobacco smoking for decades. If at some point cannabis is approved as a drug and is sold in pharmacies, only non-smokeable forms should be sold.

Prescribing cannabis

If pharmacies were to dispense cannabis, who would authorize it? Is a prescription required?

It is generally understood that physicians do not want to be responsible for prescribing for medical indications without more robust scientific data. Dr. Ware had mentioned that nurses might step in, but that is not the current practice. Regulators have advised physicians to conduct a thorough assessment and to try conventional alternatives before providing a medical document for cannabis. Currently under the ACMPR, patients need only to provide a note from the physician outlining the diagnosis and the fact that conventional treatments have not been effective.

Patients looking to cannabis for medical purposes generally have complex conditions requiring teams of medical professionals who work with them collaboratively. The team together needs to ensure cannabis is part of a holistic treatment plan under medical supervision. In this regard, the pharmacist is, or could be, part of such a team as a "learned intermediary."

The group discussed whether pharmacists should be able to actually prescribe cannabis. After all, with legalization, cannabis will be widely available, and pharmacists may have the best understanding of the pharmacology of the substance. However, pharmacists are not diagnosticians or gatekeepers. That is the physician's role. In addition, allowing pharmacists to prescribe could lead to an increased demand and pressures

on pharmacists, creating a situation where the public sees the community pharmacy as their source for cannabis.

Controlling cannabis

Questions remain as to Health Canada's intentions for approving and controlling cannabis. Will it be but into an FDA schedule, with a DIN like other drugs? Will it remain a controlled substance, perhaps under a new Cannabis Control Act? If the latter, pharmacies would likely handle cannabis as they do other controlled substances (including tracking, surveillance, storage and so on). The goal for pharmacies is to ensure security, accountability and appropriateness in dispensing a drug.

Unlike other controlled substances, cannabis will be legally available to the general public (within certain restrictions). Is it reasonable to suggest such tight controls on a substance that can be purchased elsewhere for recreational use without similar controls? There are cases, such as with Natural Health Products, where a product is available in pharmacies and elsewhere (health food stores, etc.), but it is understood that the pharmacists have greater responsibilities to the public when it comes to selling those products.

Professional Standards vs Business Interests

Pharmacists, like other health care professionals, must at all times practice in accordance within their code of ethics. There is and will continue to be external pressure on the health care system to bypass its well-established system of checks and balances to facilitate access to cannabis. In addition, pharmacies as for-profit entities welcome this new line of products that will add to their profitability. That said, pharmacy professionals must put quality of care and patient safety above all other considerations.

Distribution

Protection of the Term "Dispensary"

Grey-market storefronts selling cannabis have become a common sight in Canadian cities, and often describe themselves as "dispensaries," and have the signage of a green cross. The group discussed their concern about the usage of these terms and symbols. The term "dispensary" is another word for pharmacy, especially the physical area within the pharmacy where medications are dispensed. The green cross is a recognized symbol for pharmacies. Storefronts with these terms and symbols give an impression of legitimacy and may mislead the public into associating them with actual pharmacies. The group agreed that use of the term "dispensary" and the green cross symbol should only be permitted when referring to a licenced pharmacy.

Recreational Cannabis

Participants generally agreed that pharmacies and pharmacists should not be involved in the distribution of recreational cannabis. To the question if recreational cannabis becomes widely available, and whether pharmacies should carry it, it is the view that the role of the pharmacist is health, not sales. For that reason, they should not be profiting from a product that is known to have adverse health effects.

Compounding

Once cannabis is legal regardless of medical justification, will a pharmacist be allowed to transform it for therapeutic use (i.e. compounding)? The view of this group was that they should not, under their profes-

sional obligations, do so. Providing a cannabis compound for medical use would amount to dispensing cannabis for medical purposes without a prescription, which goes against the public health protection mandate of NAPRA and its constituent regulators.

Hospital Settings

Should cannabis be handled differently in a hospital pharmacy as opposed to a community pharmacy? Under the Hospital Act, hospitals are not required to provide all drugs – most carry only a limited formulary. Individuals who are using cannabis for medical purposes may be admitted to hospital, and can currently bring their own cannabis supply into the hospital and use it as an in-patient. Hospitals have already been mandated to dispense cannabis for in-patients by a Quebec court. This ruling may be extended to the rest of Canada. NAPRA members must adhere to court rulings and Narcotic Control Regulations; therefore, developments in this area may lead to different practices within hospital pharmacies.

Advertising

All agreed to recommend that government restrict advertising of recreational cannabis for public health reasons. There should be no advertising of cannabis for medical purposes, similar to other medications in Canada.

Dispensing Cannabis for Medical Purposes

If cannabis were, at some point, given full approval by Health Canada under the FDA, then it would be dispensed in pharmacies, with prescription, like any other drug. This assumes that cannabis would have been subject to the same controlled trials as other drugs have met for approval. This may take years or even decades.

However currently, given the known risks associated with cannabis and the fact that it has not met Canada's well-established standards for drug approval, the CPRC group was of this view: that NAPRA should not support pharmacy distribution of cannabis.

However there was an exception: access of marijuana products for medical indications through a pharmacy was acceptable if under robust research protocols.

The following is a summary of the dimensions discussed to come at this view:

Follow Established Protocol

The Federation of Medical Regulatory Authorities has recently confirmed its position that cannabis is an untested drug and should not be prescribed by physicians (except in the form of Health Canada approved cannabinoid drugs). NAPRA should follow the same path as it is consistent with established practice and evidence. The current safeguards and processes that exist for drug approval in Canada should not be bypassed or undermined: this sets a potentially dangerous precedent. Short of Health Canada approval, pharmacists should not dispense cannabis.

Oversight May Reduce Risk

Patients demand access. It would be safer for them to access the drug through pharmacies, where a greater level of oversight and medical advice could be obtained as compared with other sources of cannabis. Otherwise, patients will be forced into the recreational market where they may get poor advice and a less well-

controlled product. The group discussed the pharmacist's clinical role as part of a health team. Beyond dispensing, pharmacists provide essential advice on methods of ingestion, dosages (especially tricky to calculate with herbal cannabis), interactions, monitoring side effects, and so on.

Support Research

In order to advance knowledge of cannabis, researchers need to collect information along various measures of safety and effectiveness. There is no way to collect such information under the current ACMPR. Unless there is a change in the process, the distribution of an untested drug without medical oversight and progress towards a better understanding of it may be perpetuated. Pharmacies dispensing cannabis would be well positioned to collect data for research. A patient profile is maintained at the pharmacy.

Pharmacies have tools at their disposal for tracking products dispensed, and in some cases tracking follow-ups to identify side-effects, perceived benefit, and other metrics. This data could be valuable for research. A research study is currently under way in Quebec where 1200 patients are taking cannabis under the supervision of a medical team, and with pharmacies dispensing and assisting with data collection. Could this be a model for a pharmacy role in helping to advance research, while not fully embracing cannabis as a drug that pharmacists can dispense?

Participants agreed that, given certain conditions, pharmacists could dispense cannabis in the context of a credible, controlled research project aimed at establishing the safety and efficacy of cannabis for medical purposes. This framework would contribute to the provision of more robust scientific data.

Participants discussed the risk that the research exception would weaken their central position statement and open a loophole that could cause pharmacy distribution to proliferate. A number of conditions would therefore need to be in place for this to be acceptable:

1. Product quality must be ensured.

- A federal process must be in place to ensure that producers follow good practices in terms of growing, handling and processing the product. It must be free of contamination.
- To ensure that pharmacy professionals know exactly what they are dispensing, the doses of cannabinoid compounds must be standardized and verified.

2. Inhaled forms are not to be dispensed in pharmacies

- Herbal forms of cannabis (ingested by smoking of vaporizing) are less amenable to standardization.
- Evidence indicates that cannabis smoke is carcinogenic (similar to tobacco).
- Inhaled forms produce the quick "high" that recreational users seek and are therefore more likely to be misused.

3. Patients have medical oversight and a prescription

- Any product dispensed under a research program should be prescribed in accordance with the prescribing best practices outlined by the College of Family Physicians of Canada (CFPC)
- Pharmacists will contribute to ensuring that existing treatments are not replaced inappropriately with cannabis.

4. The research project is credible

- The project must be sponsored by a credible researcher and approved by an established research institution, to ensure that it will be structured so as to give useful evidence regarding the safety and efficacy of cannabis.
- It must include post-market surveillance.
- It must meet tri-council ethical standards, including informed consent.

Given that all these conditions are satisfied, within the parameters of a research project, NAPRA would support the limited distribution of cannabis through pharmacies.

Next Steps

Participants concluded by reflecting on the session and expressing their support for the day's process, and the fact that all voices were heard. To arrive at consensus, the various issues were discussed in small groups, then brought to the plenary session for comment, and voted on by the participants. Dissenting views were heard. Through this method, the group was able to reach agreement on the positions NAPRA should take on various dimensions.

The Executive Director, Adele Fifield, outlined critical dates ahead and next steps. She noted recent news that legislation will be announced during the week of April 10 and is expected to broadly follow the recommendation of the task force. There will be increased interest that NAPRA express its view.

The NAPRA Board will be presented with the outcome of this session as the basis for the official position statement of the organization. Between now and then a draft position statement will be circulated to all participants.

All noted the urgency of this task. On the other hand, the consultative process with the member boards and councils of the provincial and territorial regulating bodies is important. Even with a general statement, it may be that each province and territory will adjust the policy to reflect its unique conditions and requirements.

Parting thoughts were exchanged on the value of the process for learning, dialogue and consensus building. All were thanked for their time, participation and insights.

College of Pharmacists of British Columbia

10. NAPRA's Position on Cannabis for Medical and Non-Medical Purposes

Bob Nakagawa

Registrar

College of Pharmacists of British Columbia

Background

- Cannabis for medical purposes has been available for over 15 years.
- Pharmacies and pharmacy professionals are not currently part of the distribution framework for medical cannabis.
- Proposed federal legislation: *Cannabis Act*.
- Cannabis for non-medical purposes may be legalized in the near future.

College of Pharmacists of British Columbia

Background, continued

- NAPRA's Memorandum and Position Statement sets out its position on the role of pharmacy practitioners in relation to cannabis for medical and non-medical purposes.
- Key position: Pharmacy practitioners must not be involved in the distribution of cannabis for non-medical purposes.
- NAPRA is consulting with, and seeking support from, member organizations prior to releasing its final Position Statement.

College of Pharmacists of British Columbia

NAPRA Memorandum: Highlights

- Evidence and therapeutics: More research is required to support the therapeutic use of cannabis.
- Counselling of patients: Include the topic of cannabis in curricula for both entry-to-practice and continuing education.
- Pharmacists prescribing: Pharmacists prescribing cannabis could lead to increased demands and pressures on pharmacists.
- Distribution:
  - Pharmacies and pharmacists should not be involved in the distribution of non-medical cannabis.
  - If there is pharmacy distribution of cannabis in future, the sale of non-smokeable forms is preferred.
  - Similar or equivalent standards and safeguards for pharmacy distribution of cannabis, as there are currently in place for other drugs, should be considered.

College of Pharmacists of British Columbia

NAPRA Position Statement: Highlights

- Pharmacy practitioners must not be involved in the distribution of cannabis for non-medical purposes.
- Distribution sites for non-medical cannabis should not use terms such as “dispensary” or use pharmacy-related symbols such as a green cross.
- Cannabis suppliers must follow the federal Good Production Practices required by the ACMPR, or equivalent quality standards.
- Packaging, labelling, and shipping standards must also be equivalent to those in ACMPR.
- Decision-makers should restrict advertising and marketing of cannabis.
- Smoked cannabis products should be subject to the same provincial or territorial legislation as smoked tobacco products.

College of Pharmacists of British Columbia

10. NAPRA's Position on Cannabis for Medical and Non-Medical Purposes

MOTION:

Support the Cannabis for Medical and Non-Medical Purposes: NAPRA Position Statement on the Role of Pharmacy Practitioners, April 2017, as circulated.

College of Pharmacists of British Columbia

11. Items Brought Forward from Consent Agenda

Anar Dossa

Chair

College of Pharmacists of British Columbia

Adjournment

Closing comments, round table evaluation of meeting, and adjournment.

Anar Dossa
Chair

College of Pharmacists of British Columbia

BOARD MEETING
June 23, 2017

2.b.ii. Registrar's Update
a) Activity Report

INFORMATION ONLY

Since the April Board meeting, I have been involved in the following activities:

- Attended CPRC (as Chair) and NAPRA meetings
- Vacation (2 weeks)
- Co-chaired the NAPRA Ad Hoc Committee on Governance Implementation meetings
- Participated in a process management training with Excellence Canada and staff
- Attended the Execs and Regs luncheon – topic on "Persons with Diverse Abilities"
- Attended the Provincial Data Stewardship meeting
- Had regular meetings with the Board Chair, Vice Chair and Deputy Registrar
- Attended the BC Pharmacy Directors Council (Health Authority Directors)
- Had a Ministry of Health, MBPSD meeting re: prescription monitoring program
- Had some Ministry of Health discussions re: Point of Care Testing by pharmacies
- Had a Ministry of Health discussion re: naloxone training by pharmacists
- Had meetings with Mitch Moneo, Acting ADM, MBPSD
- Attended the BC Pharmacy Conference and presented on Hot Topics in Pharmacy 2017
- Participated in a panel at the Canadian Institute for the Advancement of Justice Roundtable on Administrative Law re: the Record on Administrative Review

Excellence Canada Update:

- Excellence Canada completed an online staff survey, so that all staff would have input into the Gap Analysis (Appendix 1).
- As a result of the survey, we added Internal Communications to the Action Plan.
- We have formed Project Teams to work on all Action Plan priorities.
- Our Excellence Canada Coach, Catherine Neville, presented an all-day workshop "Introduction to Process Improvement" on May 15th. It was well attended by approximately half of the College staff, as many of our business processes are changing / being improved.
- The Executive Team has regular phone meetings with Catherine Neville and the Excellence Council (staff) meets monthly to keep all planned activities on track.

Strategic Plan Update:

- The 2017/18 - 2019/20 Strategic Plan is well underway. The Strategy Snapshot (Appendix 2) shows that most items are on track or not, yet, due to start. There has been a lot of organizational activity to prepare for the significant goals included in this strategic plan. To ensure that we stay on track with this plan, we are using Cascade Strategy Management software. This excellent tool allows staff to monitor progress, add tasks, notes, alerts, etc. to action items. Action items can be shared or "watched" to improve communication. Reports (such as the chart included) are easily generated. Also, watch for the new Strategic Plan webpage coming soon.

Appendix	
1	Excellence Canada Online Staff Assessment Survey Result
2	Strategy Snapshot

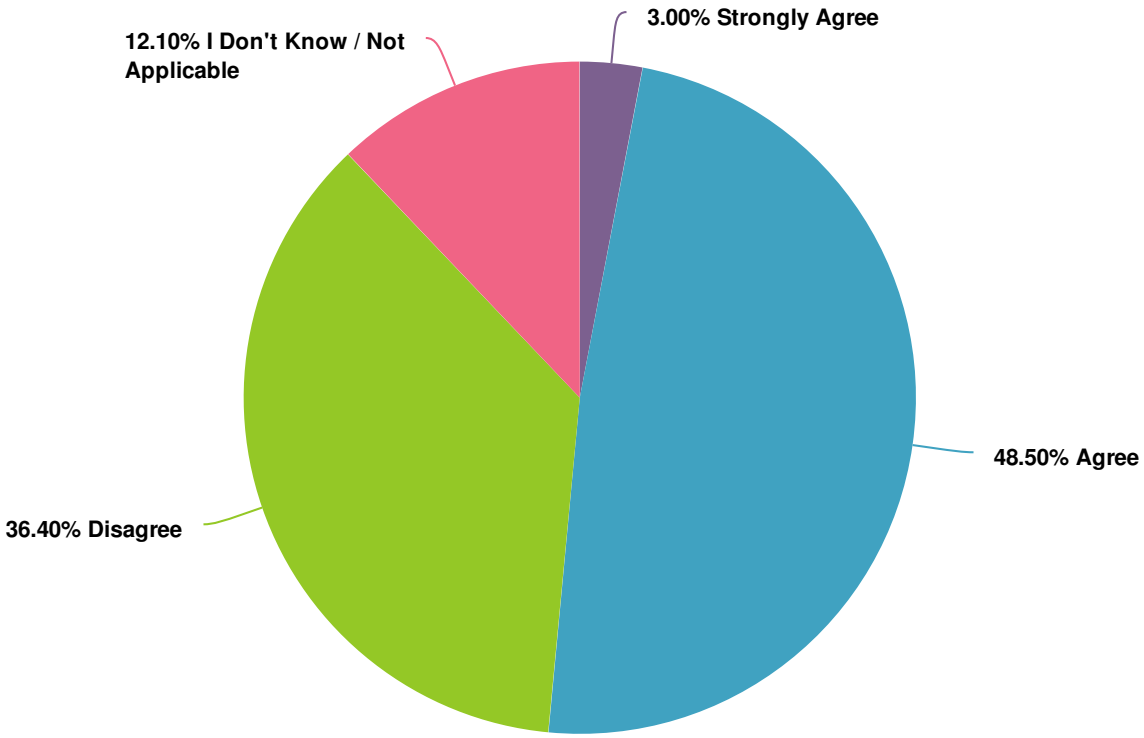
Report for Excellence, Innovation & Wellness - Silver Assessment - College of Pharmacists of British Columbia

Response Counts

Completion Rate:	**100%**		
	Complete		33

Total: 33

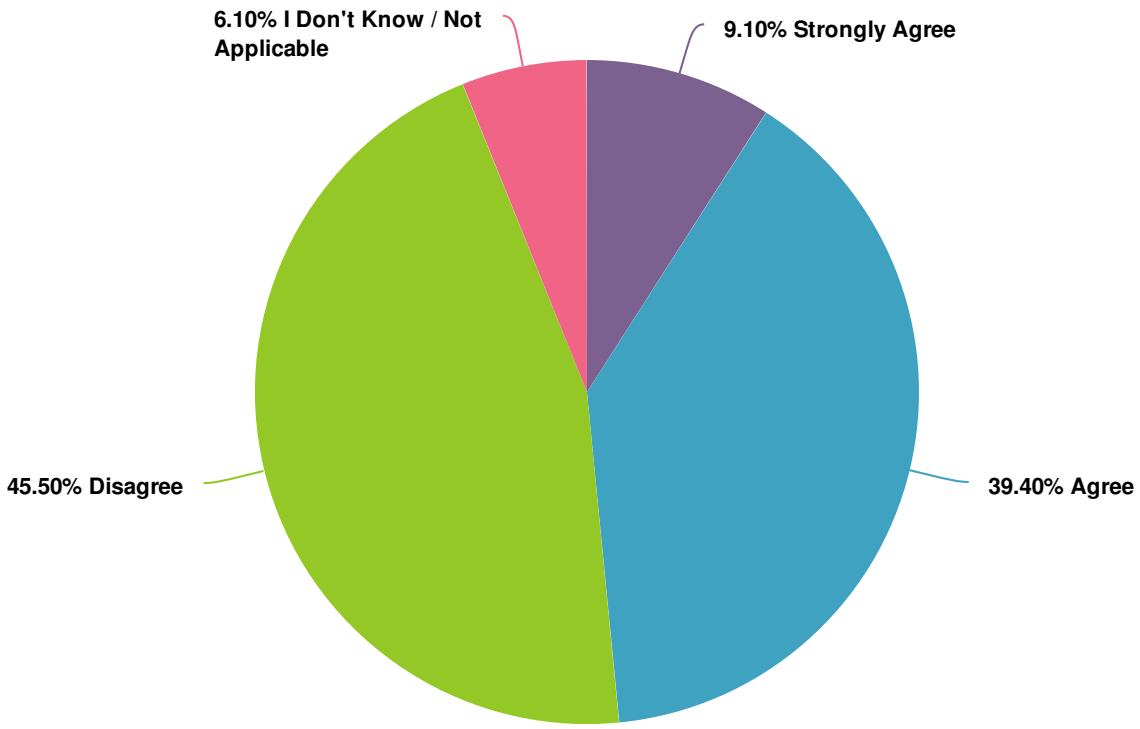
1. Our strategic plan (business and operational plan) has been communicated to all levels of the organization.



Value	Percent	Responses
Strongly Agree	3.0%	1
Agree	48.5%	16
Disagree	36.4%	12
I Don't Know / Not Applicable	12.1%	4

Total: 33

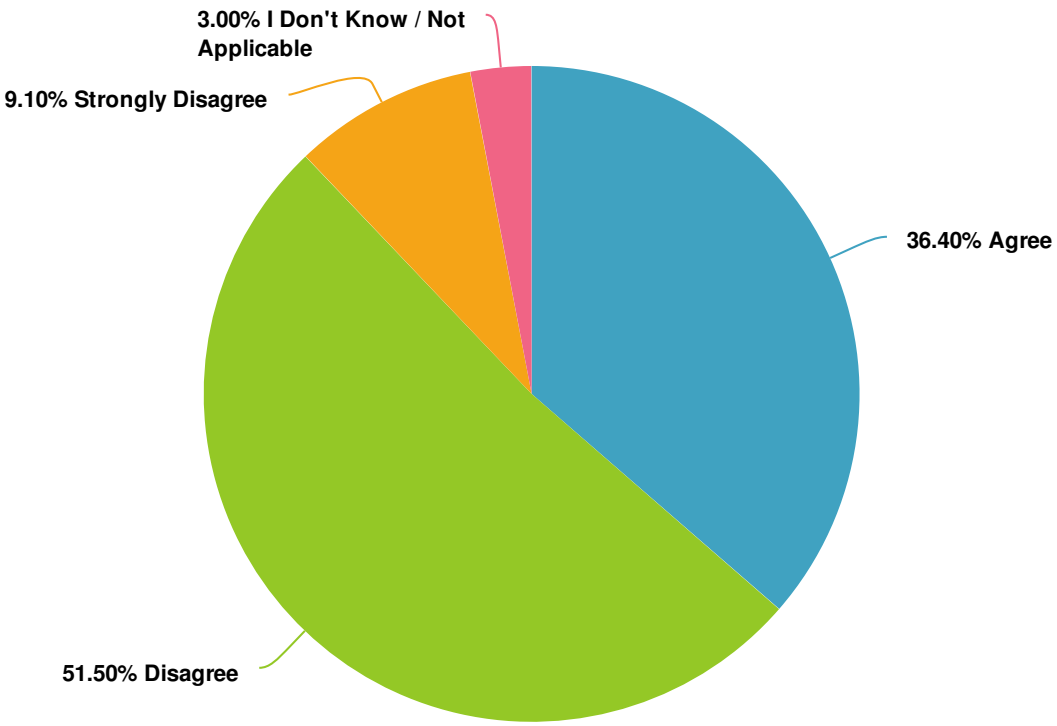
2. I am aware of our key organizational goals and some of the ways we will measure our progress (e.g., key metrics or indicators in a scorecard).



Value	Percent	Responses
Strongly Agree	9.1%	3
Agree	39.4%	13
Disagree	45.5%	15
I Don't Know / Not Applicable	6.1%	2

Total: 33

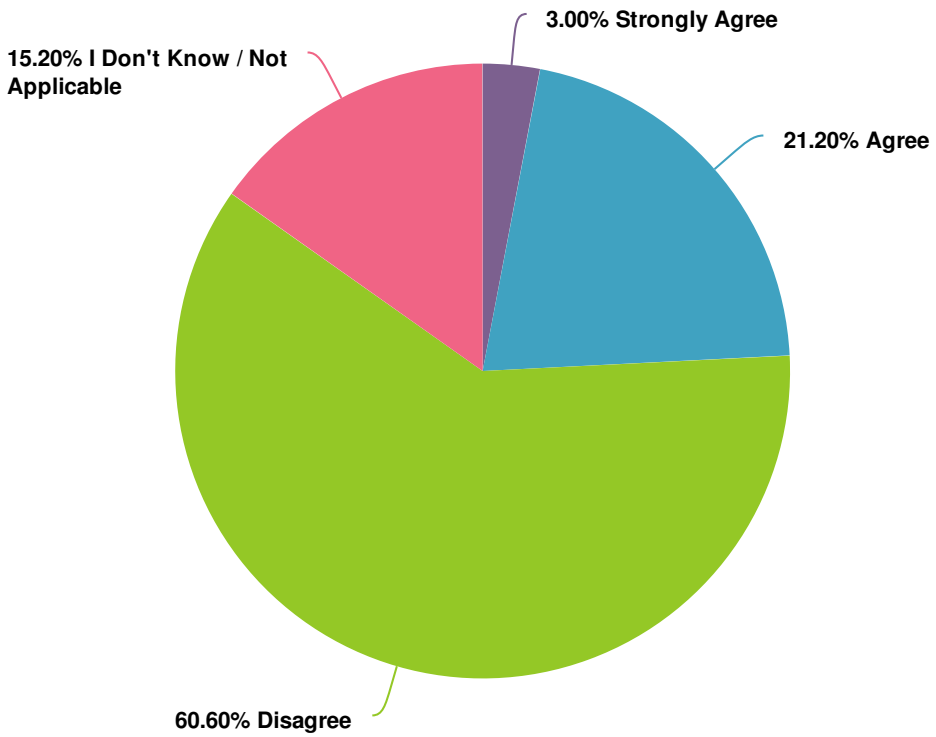
3. We work as a team to see that there is full agreement, at all levels in the organization, on the importance of customer satisfaction.



Value	Percent	Responses
Agree	36.4%	12
Disagree	51.5%	17
Strongly Disagree	9.1%	3
I Don't Know / Not Applicable	3.0%	1

Total: 33

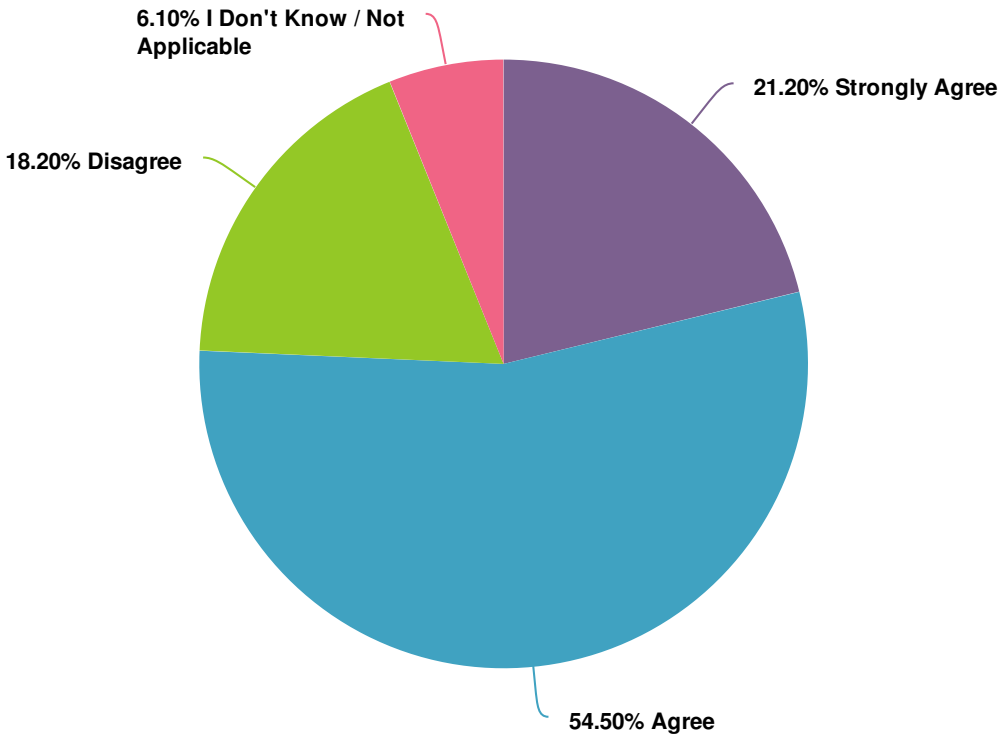
4. We focus on trends in customer satisfaction and we communicate these results to people in the organization.



Value	Percent	Responses
Strongly Agree	3.0%	1
Agree	21.2%	7
Disagree	60.6%	20
I Don't Know / Not Applicable	15.2%	5

Total: 33

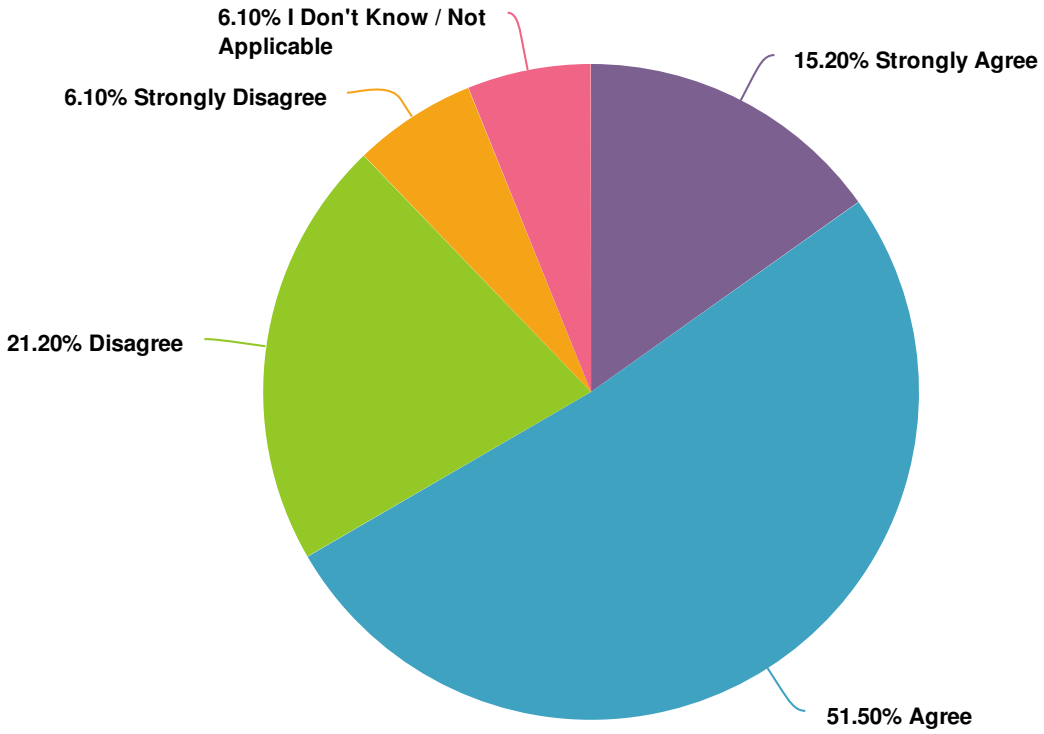
5. We have customer service standards which we strive to meet.



Value	Percent	Responses
Strongly Agree	21.2%	7
Agree	54.5%	18
Disagree	18.2%	6
I Don't Know / Not Applicable	6.1%	2

Total: 33

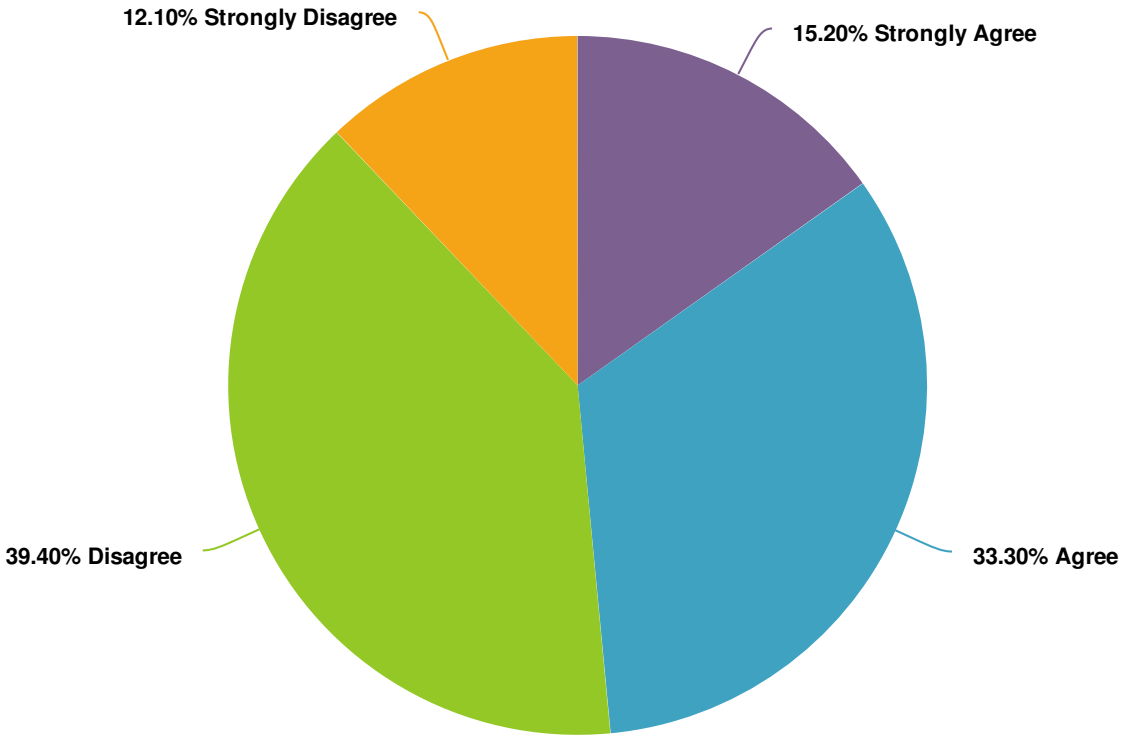
6. It is easy for customers to provide feedback to us and to seek assistance.



Value	Percent	Responses
Strongly Agree	15.2%	5
Agree	51.5%	17
Disagree	21.2%	7
Strongly Disagree	6.1%	2
I Don't Know / Not Applicable	6.1%	2

Total: 33

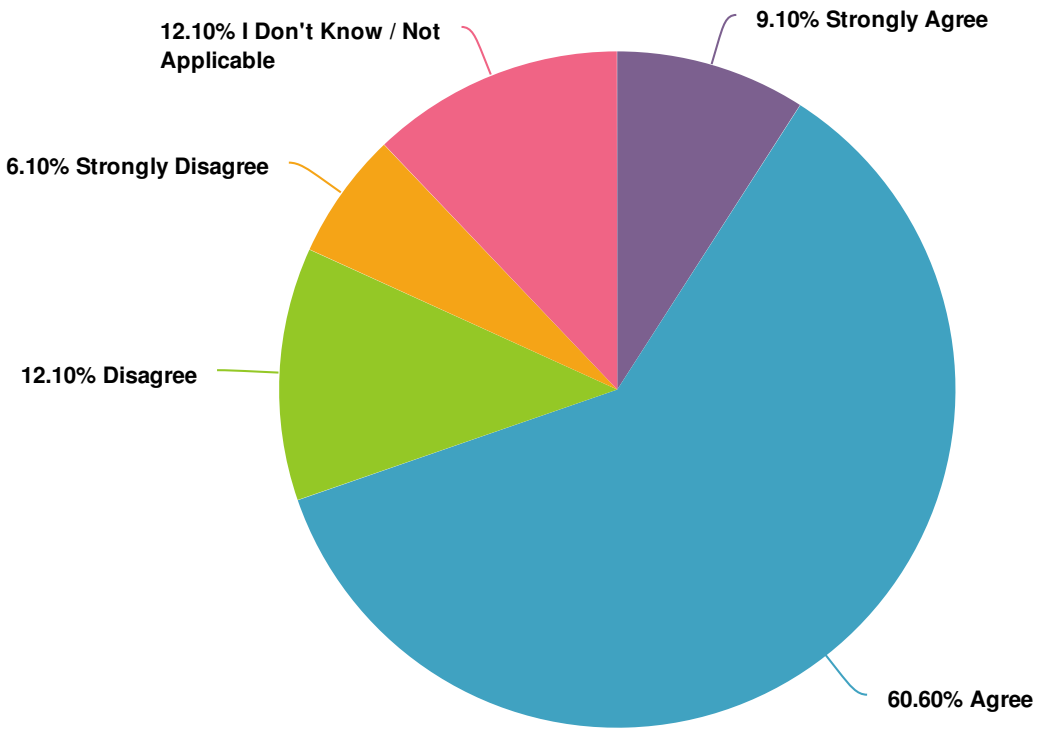
7. We have an open door environment whereby we can talk to management on issues that concern us.



Value	Percent	Responses
Strongly Agree	15.2%	5
Agree	33.3%	11
Disagree	39.4%	13
Strongly Disagree	12.1%	4

Total: 33

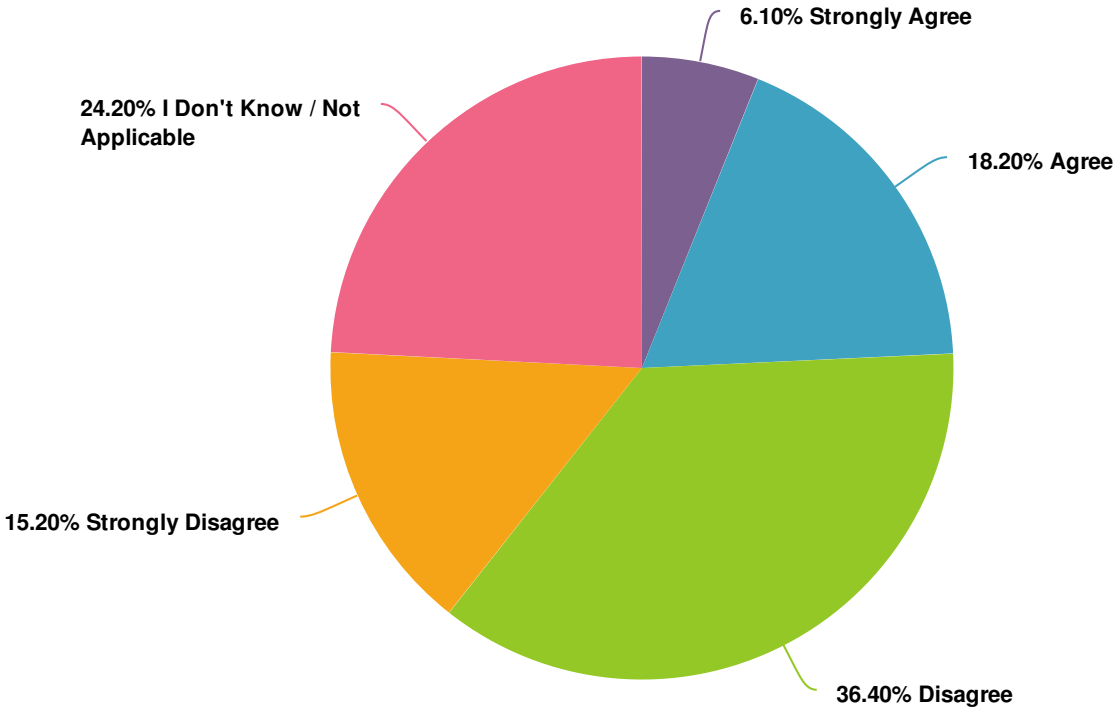
8. We have a system for monitoring and providing feedback on employee performance.



Value	Percent	Responses
Strongly Agree	9.1%	3
Agree	60.6%	20
Disagree	12.1%	4
Strongly Disagree	6.1%	2
I Don't Know / Not Applicable	12.1%	4

Total: 33

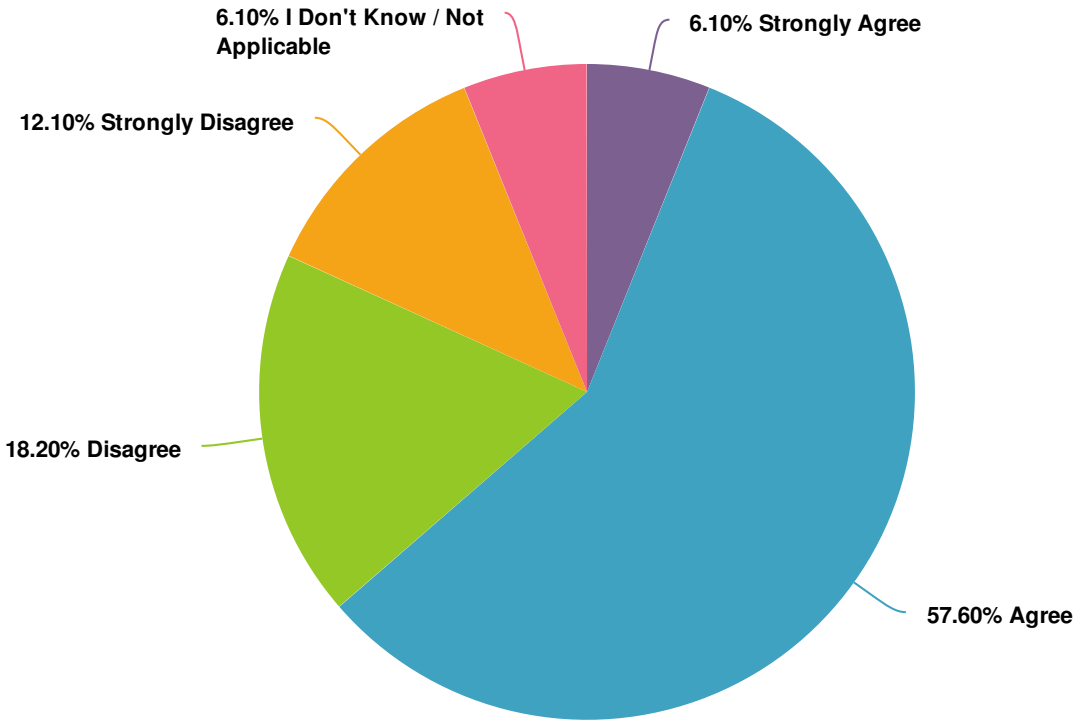
9. Training on respect for diversity has been conducted.



Value	Percent	Responses
Strongly Agree	6.1%	2
Agree	18.2%	6
Disagree	36.4%	12
Strongly Disagree	15.2%	5
I Don't Know / Not Applicable	24.2%	8

Total: 33

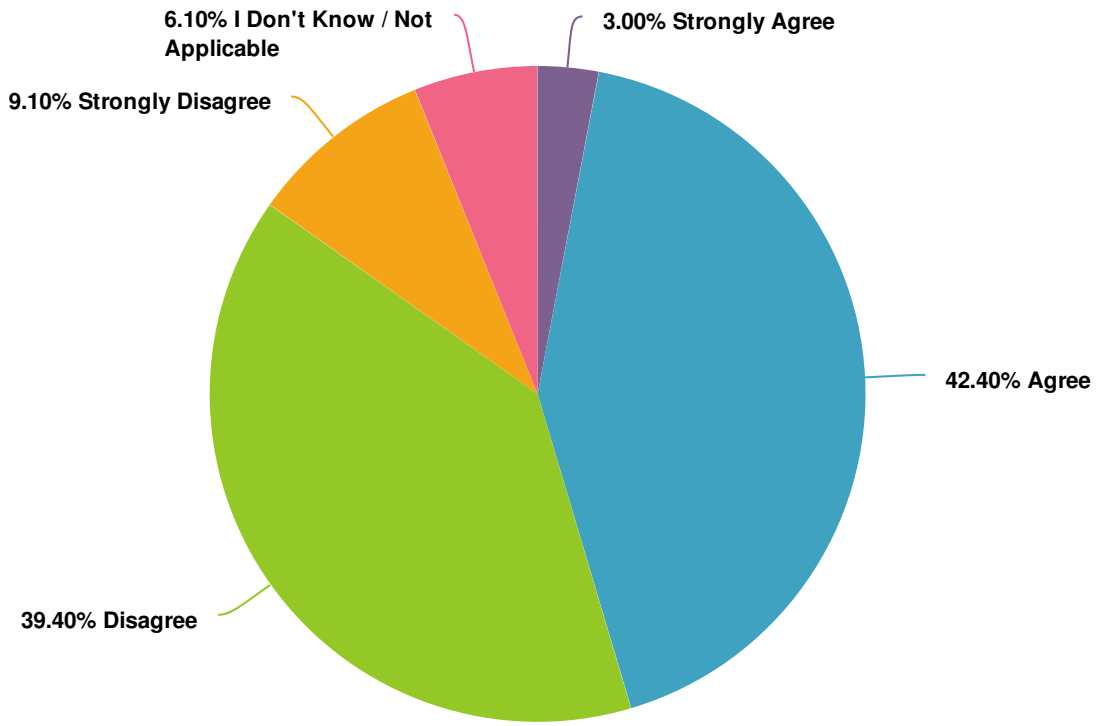
10. Teamwork is encouraged and recognized by using cross-functional working teams to solve problems.



Value	Percent	Responses
Strongly Agree	6.1%	2
Agree	57.6%	19
Disagree	18.2%	6
Strongly Disagree	12.1%	4
I Don't Know / Not Applicable	6.1%	2

Total: 33

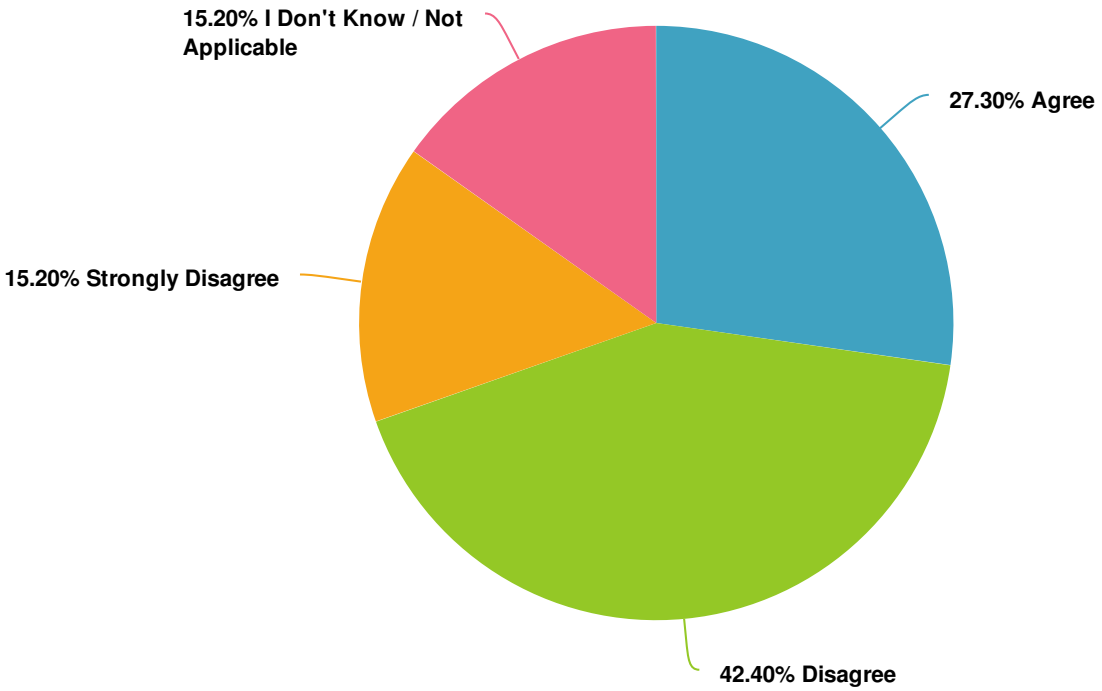
11. Our organization encourages employees to come forward with innovative and/or new ideas for improving our systems.



Value	Percent	Responses
Strongly Agree	3.0%	1
Agree	42.4%	14
Disagree	39.4%	13
Strongly Disagree	9.1%	3
I Don't Know / Not Applicable	6.1%	2

Total: 33

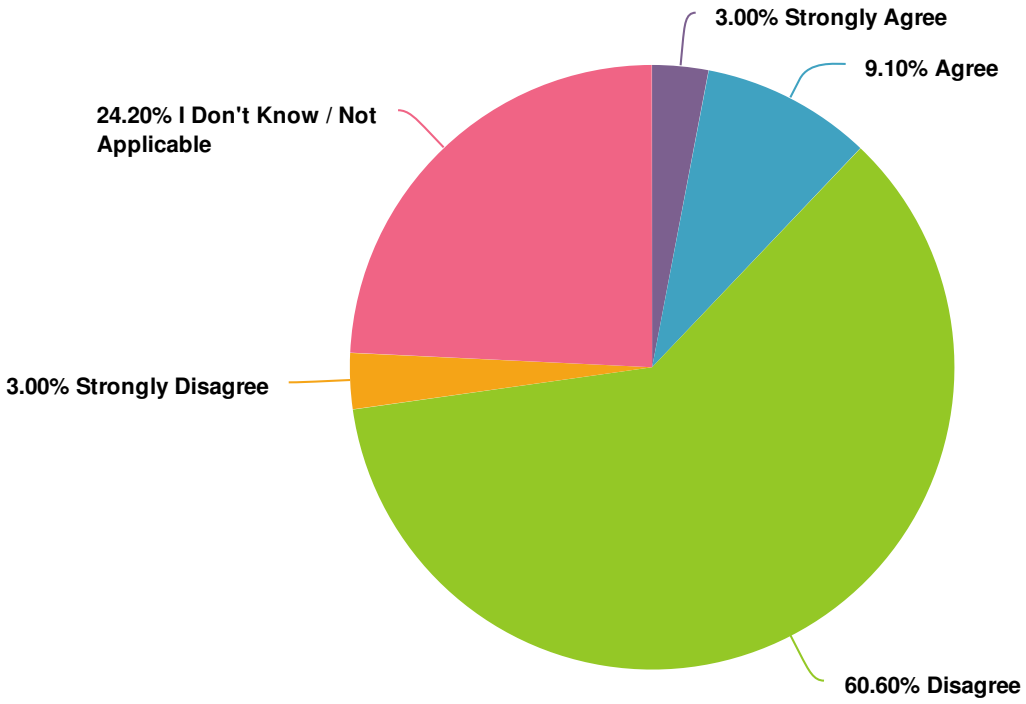
12. We measure employee satisfaction and use the feedback to improve the workplace.



Value	Percent	Responses
Agree	27.3%	9
Disagree	42.4%	14
Strongly Disagree	15.2%	5
I Don't Know / Not Applicable	15.2%	5

Total: 33

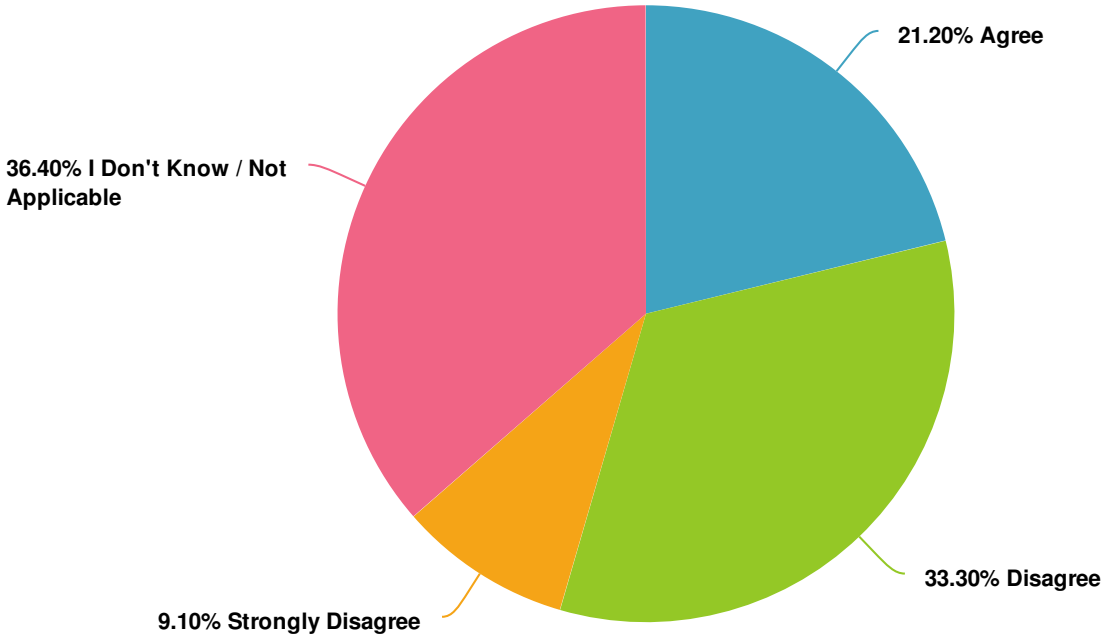
13. We have process improvement teams and we follow through on their recommendations for improvement.



Value	Percent	Responses
Strongly Agree	3.0%	1
Agree	9.1%	3
Disagree	60.6%	20
Strongly Disagree	3.0%	1
I Don't Know / Not Applicable	24.2%	8

Total: 33

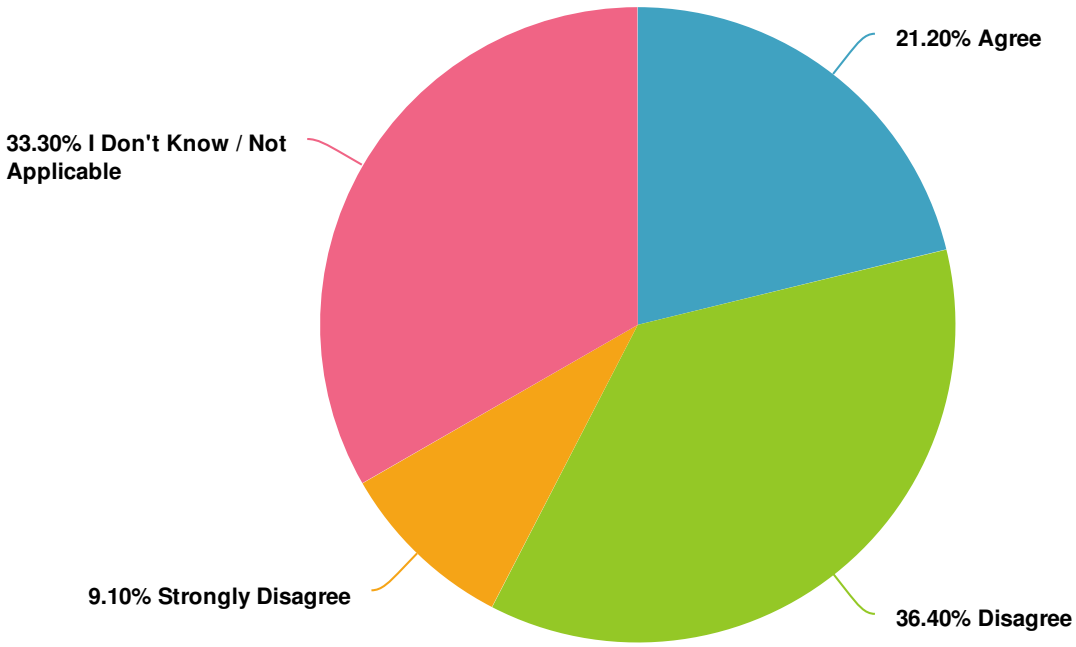
14. We document our processes using a tool such as process-mapping.



Value	Percent	Responses
Agree	21.2%	7
Disagree	33.3%	11
Strongly Disagree	9.1%	3
I Don't Know / Not Applicable	36.4%	12

Total: 33

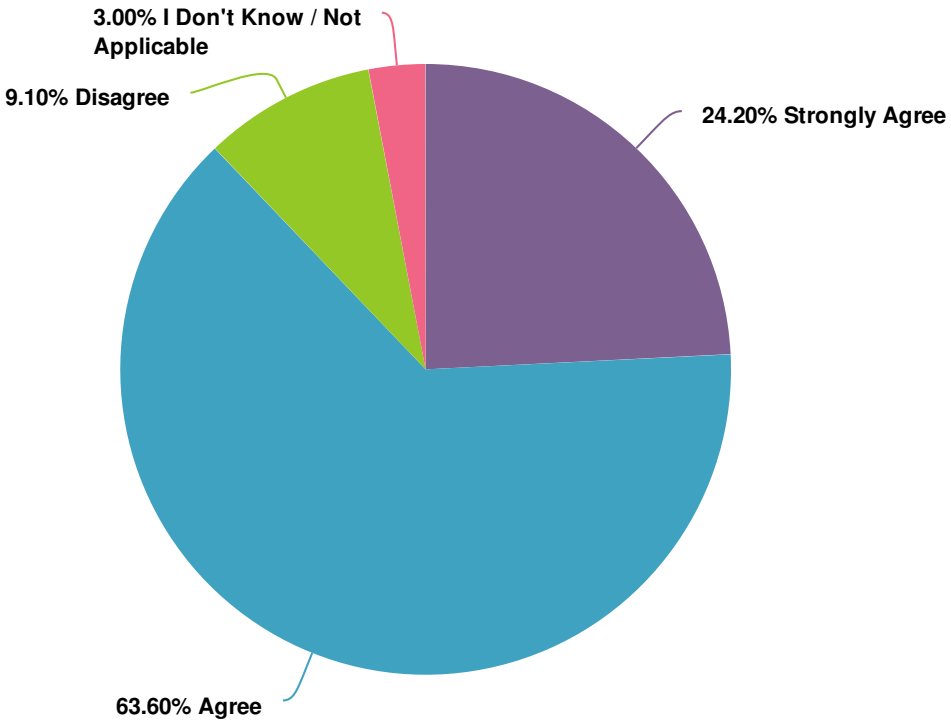
15. We have access to process maps that relate to our work.



Value	Percent	Responses
Agree	21.2%	7
Disagree	36.4%	12
Strongly Disagree	9.1%	3
I Don't Know / Not Applicable	33.3%	11

Total: 33

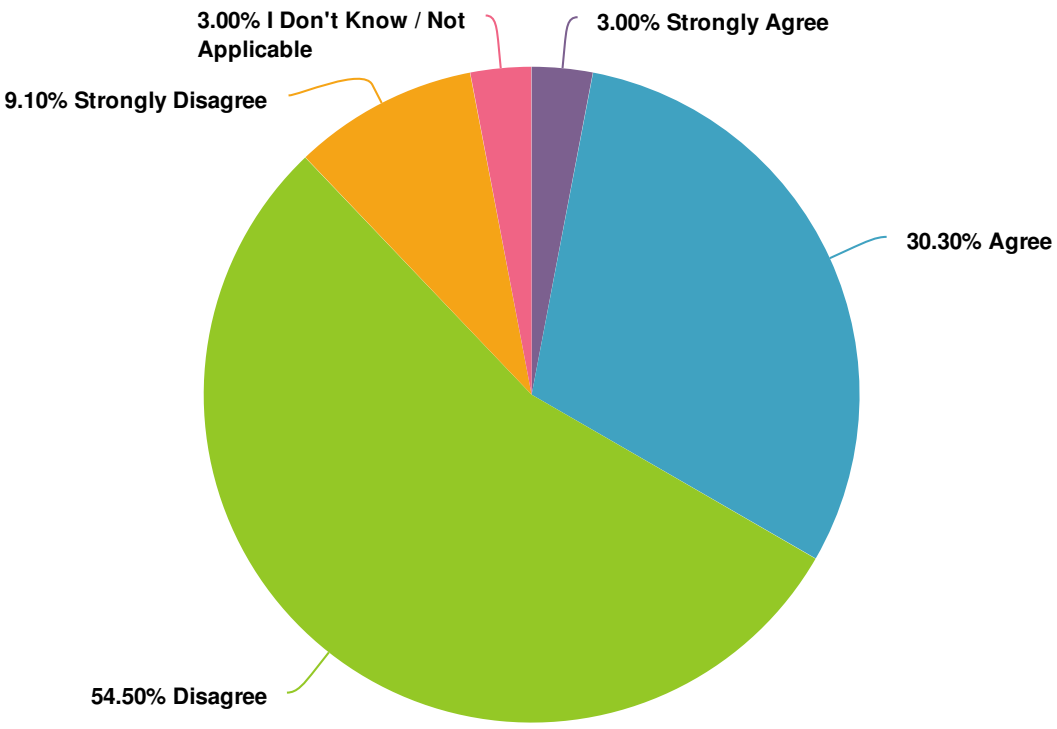
16. Our organization cares about our responsibility to society, so that we are seen as a responsible organization.



Value	Percent	Responses
Strongly Agree	24.2%	8
Agree	63.6%	21
Disagree	9.1%	3
I Don't Know / Not Applicable	3.0%	1

Total: 33

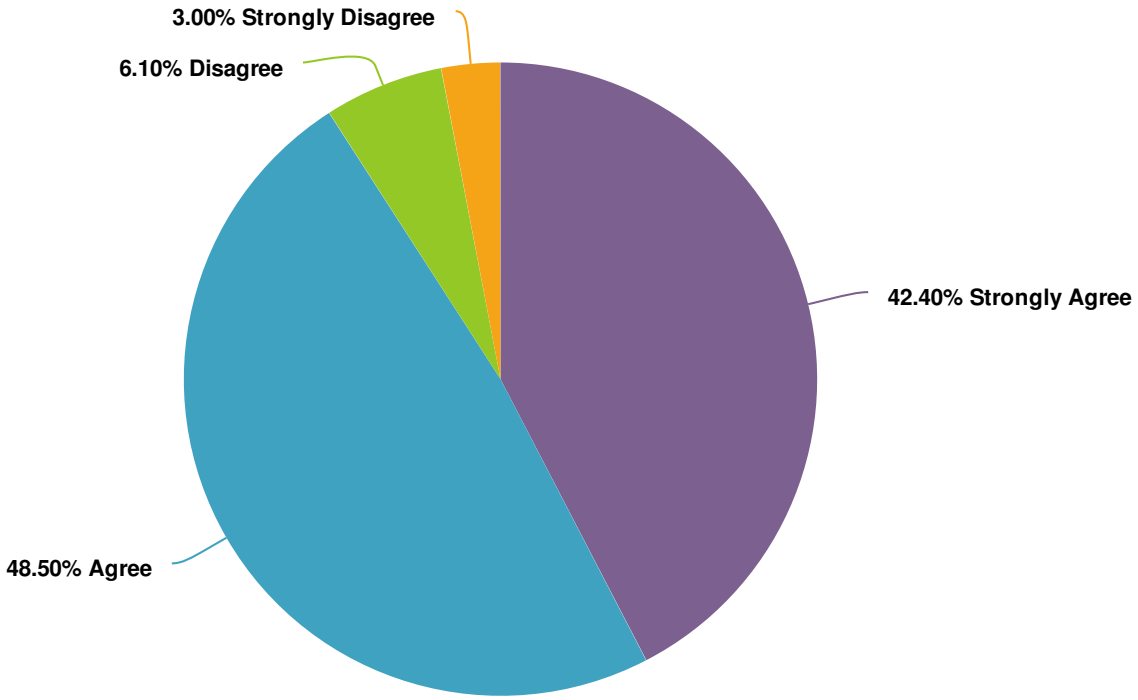
17. We have good communication across the organization.



Value	Percent	Responses
Strongly Agree	3.0%	1
Agree	30.3%	10
Disagree	54.5%	18
Strongly Disagree	9.1%	3
I Don't Know / Not Applicable	3.0%	1

Total: 33

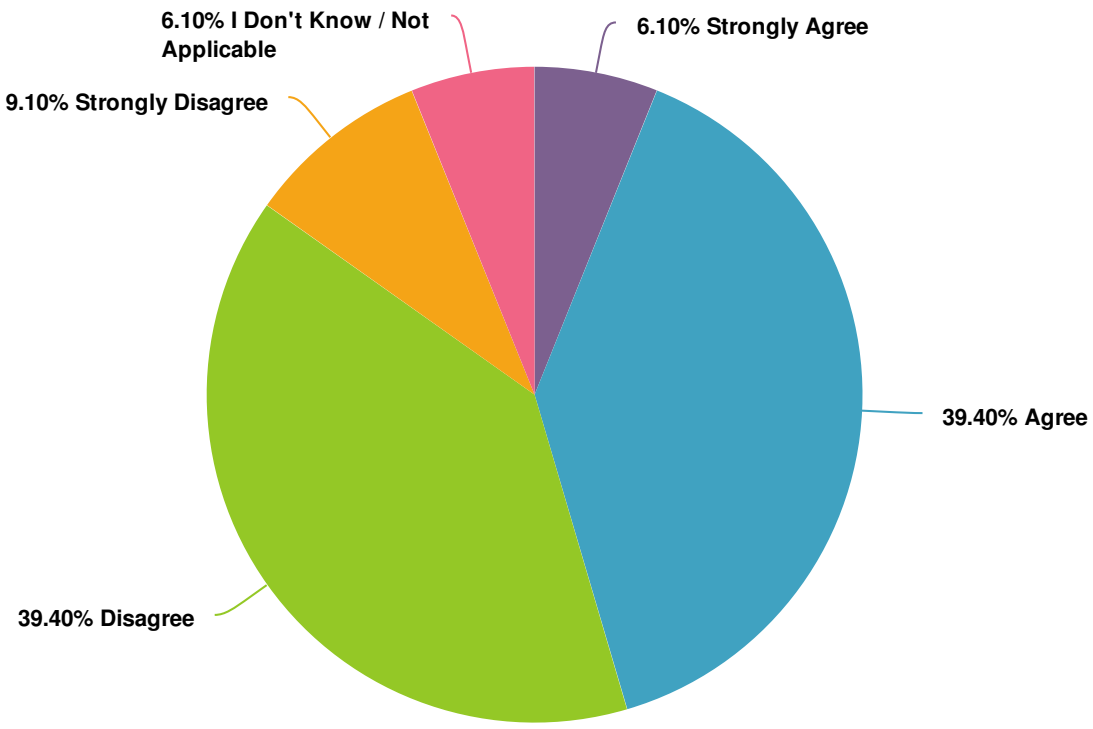
18. I have a current job description.



Value	Percent	Responses
Strongly Agree	42.4%	14
Agree	48.5%	16
Disagree	6.1%	2
Strongly Disagree	3.0%	1

Total: 33

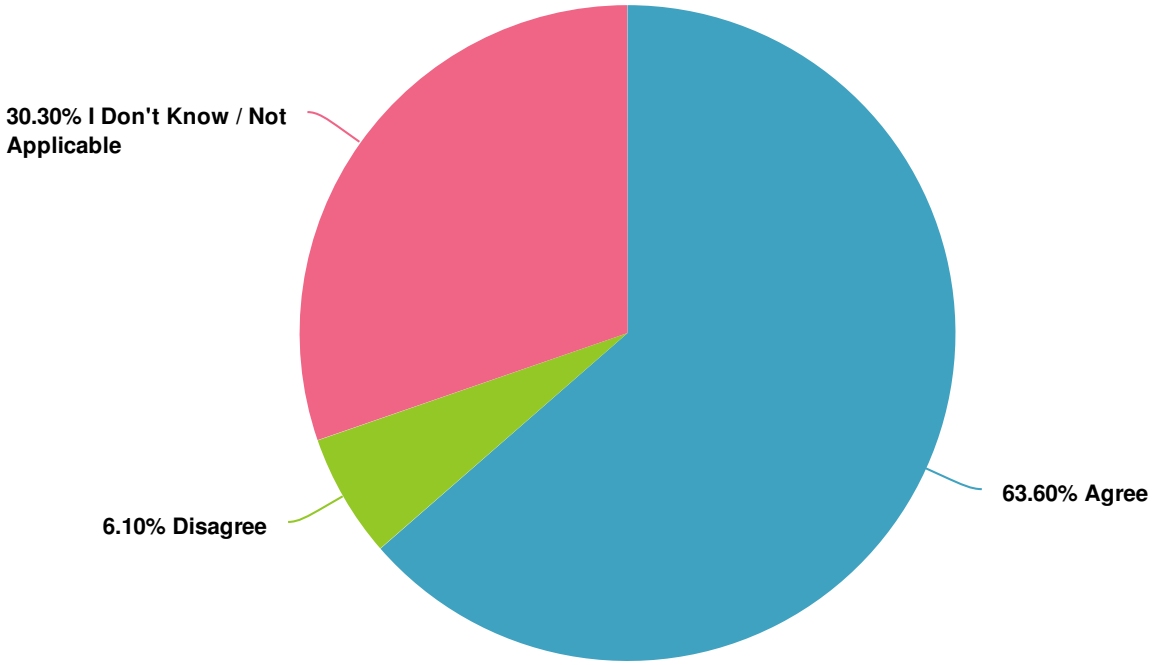
19. We have effective job training in our organization.



Value	Percent	Responses
Strongly Agree	6.1%	2
Agree	39.4%	13
Disagree	39.4%	13
Strongly Disagree	9.1%	3
I Don't Know / Not Applicable	6.1%	2

Total: 33

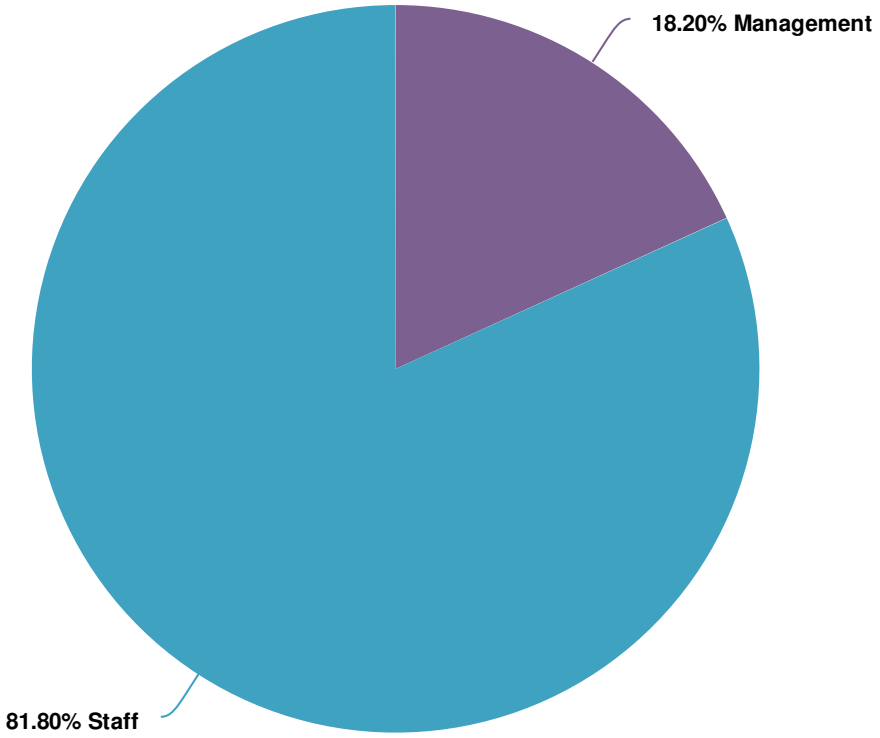
20. We have cooperative relationships with our key suppliers and partners.



Value	Percent	Responses
Agree	63.6%	21
Disagree	6.1%	2
I Don't Know / Not Applicable	30.3%	10

Total: 33

23. My role is described as:



Value	Percent	Responses
Management	18.2%	6
Staff	81.8%	27

Total: 33

STRATEGY SNAPSHOT

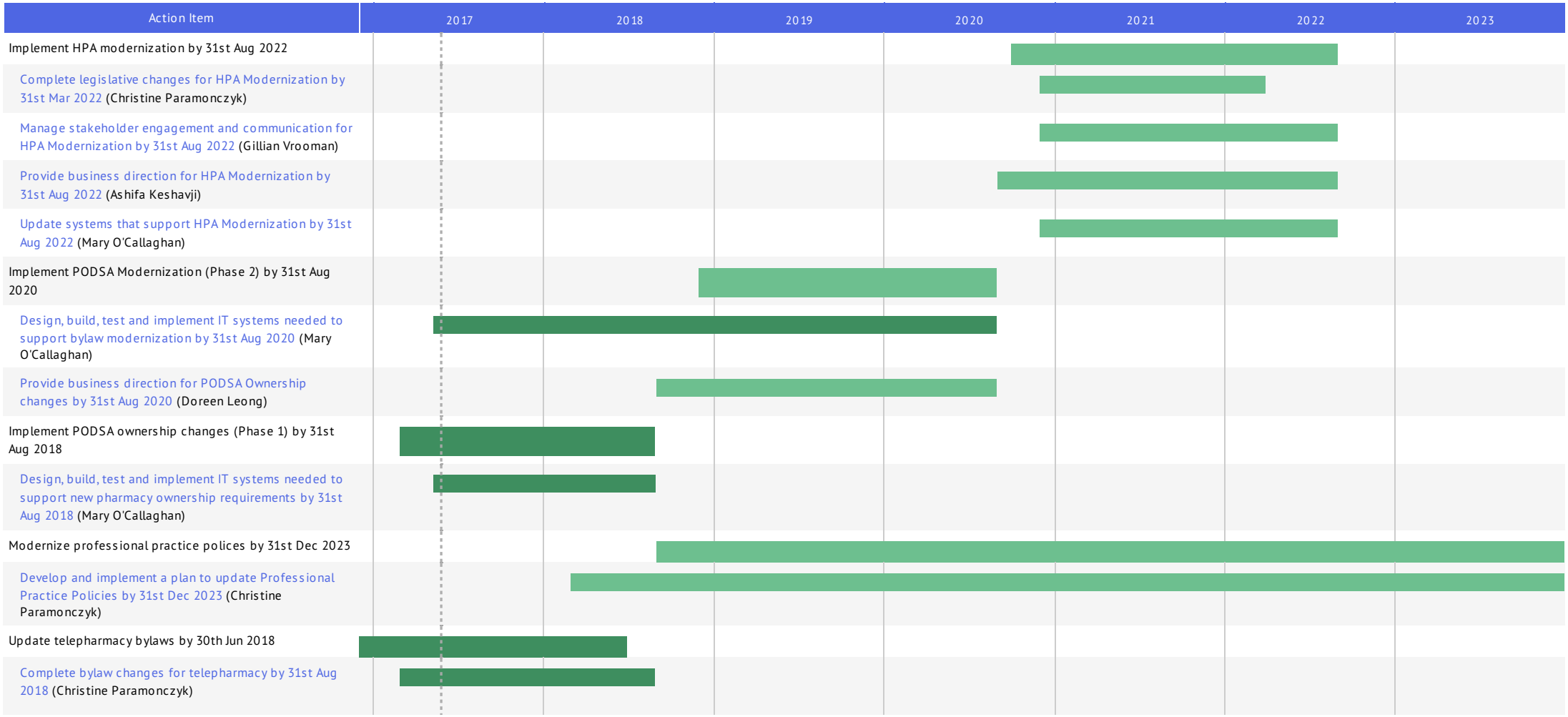
May 25, 2017 by Mary O'Callaghan

Appendix 2

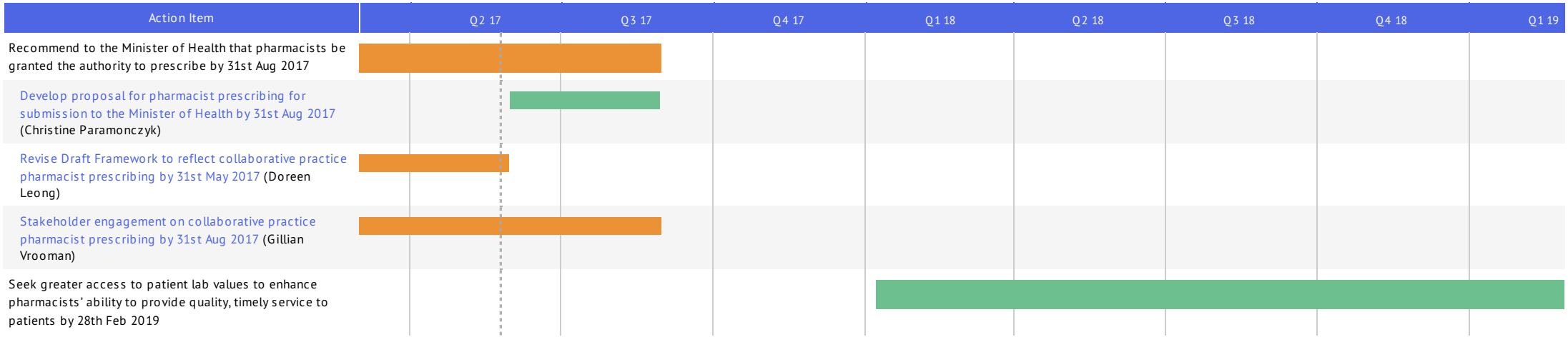
4	13	31	24%
STRATEGIC GOALS	OBJECTIVES	SUB ACTION ITEMS	OBJ COMPLETION

Draft | Not started | On Track | Behind | Overdue | Complete

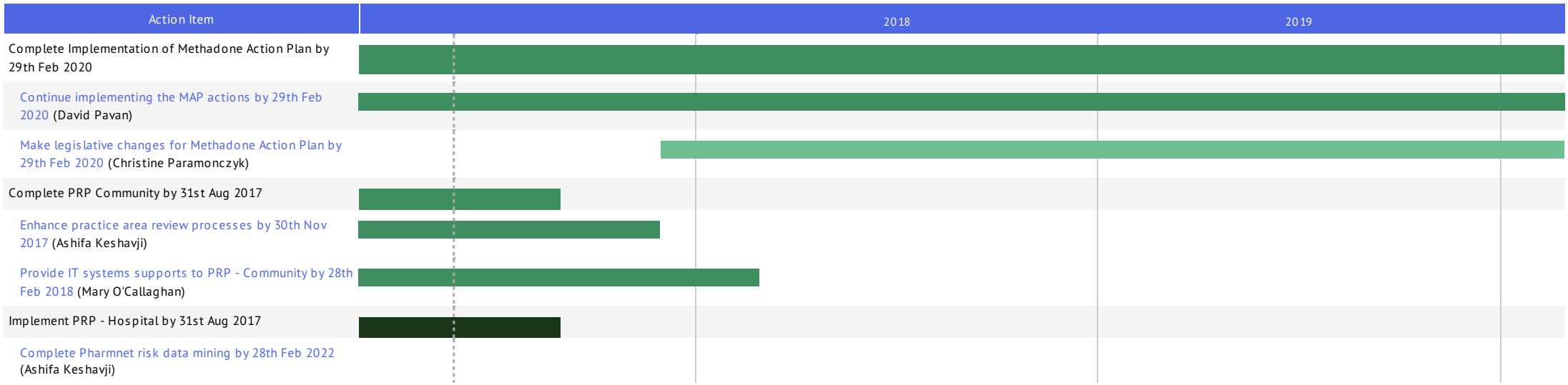
LEGISLATIVE STANDARDS & MODERNIZATION

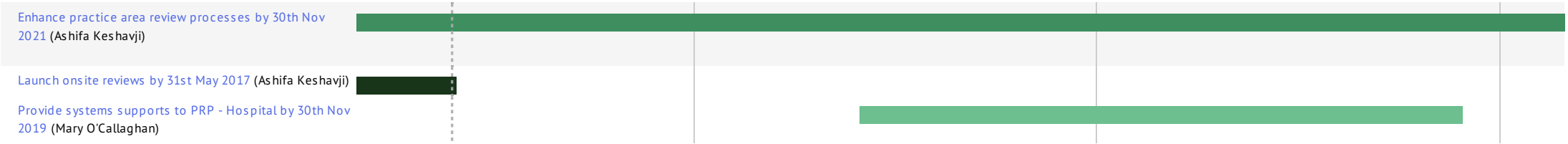


DRUG THERAPY ACCESS & MONITORING



PROFESSIONAL EXCELLENCE





ORGANIZATIONAL EXCELLENCE