College of Pharmacists of British Columbia

Board Meeting
February 16, 2018
Held at the College of Pharmacists of British Columbia
200-1765 West 8th Avenue, Vancouver, BC

MINUTES

Members Present:
Mona Kwong, Chair, District 1
Arden Barry, Vice-Chair, District 7
Ming Chang, District 2
Tara Oxford, District 3
Christopher Szeman, District 4
Frank Lucarelli, District 5
Anar Dossa, District 6 (ABSENT)
Sorell Wellon, District 8
Tracey Hagkull, Public
Ryan Hoag, Public
Justin Thind, 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 and Licensure
Christine Paramonczyk, Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement
Stephanie Kwok, Executive Assistant
Jon Chen, Communications Project Officer

Guests:
Michael Coughtrie, Dean, Faculty of Pharmaceutical Sciences, UBC
Alex Assumption, Pharmacy Undergraduate Society President, UBC

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1. **WELCOME & CALL TO ORDER**
   Chair Kwong called the meeting to order at 11:10am on February 16, 2018.

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)

It was moved and seconded that the Board:

Approve the February 16, 2018 Draft Board Meeting Agenda as circulated.

CARRIED

4. PUBLIC MEMBER COMMITTEE APPOINTMENTS

It was moved and seconded that the Board:

(1) Appoint Tracey Hagkull as a member of the Practice Review Committee.

(2) Appoint Tracey Hagkull as a member of the Quality Assurance Committee.

(3) Appoint Justin Thind and Ryan Hoag as members of the Application Committee.

CARRIED

5. COMMITTEE UPDATES

a) Practice Review Committee
Via teleconference, Michael Ortynsky, Vice-Chair of the Practice Review Committee reported that the Committee met on December 14, 2017. During this meeting, a slot analysis was conducted for the Committee up-to-date and statistics and feedback items were reviewed.

b) Audit and Finance Committee
Ryan Hoag, Chair of the Audit and Finance Committee, provided an update under item 11a of the regular agenda.

c) Discipline Committee
Jeremey Walden, Chair of the Discipline Committee reported that there are two current discipline files in progress.

d) Ethics Advisory Committee
Sorell Wellon, Chair of the Ethics Advisory Committee reported that the Committee met on January 11, 2018 via teleconference to review the Committee's Terms of Reference and a document on the Patient Relations Program.

e) Governance Committee
There are no updates from the Governance Committee.

f) Inquiry Committee
Ming Chang, Chair of the Inquiry Committee reported that from October to December 2017, the Committee reviewed a total of 43 files, met twice in-person and 10 via teleconferences. Vast majority of files being reviewed are competency files and the numbers are consistent and comparable to previous years.

g) Jurisprudence Examination Subcommittee
There are no updates from the Jurisprudence Examination Subcommittee. The next Jurisprudence Examination is scheduled for February 27, 2018.

h) Legislation Review Committee
Jeremy Walden, Chair of the Legislation Review Committee, provided an update under item 12a of the regular agenda.

i) Quality Assurance Committee
Frank Lucarelli, Chair of the Quality Assurance Committee, reported that the Committee has received approval for the publication of the Professional Development and Assessment Program (PDAP) Mobile app on the Apple Platform.

j) Registration Committee
Jeremy Walden, Chair of the Registration Committee provided an overview of the Registration Committee and its responsibilities.

k) Residential Care Advisory Committee
Sorell Wellon, Chair of the Residential Care Advisory Committee reported that the Committee met on February 8, 2018 and reviewed recommendations for a Residential Care Services form for the Practice Review Committee.

6. RESULTS OF THE METHADONE MAINTENANCE TREATMENT ACTION PLAN (Appendix 3)

David Pavan, Deputy Registrar, presented to the Board the results of the Four Year Action Plan for Methadone Maintenance Treatment.

7. PHARMACY MANAGER TRAINING PROGRAM PROPOSAL/PRODUCT (Appendix 4)

David Pavan, Deputy Registrar, presented to the Board an update on the Pharmacy Manager Training Program Proposal.

8. INQUIRY COMMITTEE – PHARMACY SOFTWARE REQUIREMENTS (Appendix 5)

Ming Chang, Chair of the Inquiry Committee presented.

It was moved and seconded that the Board:

(1) Direct the Registrar to explore the development of new requirements for the security of information in local pharmacy computer systems.

(2) If new requirements are deemed necessary, direct the Registrar to propose that the Ministry of Health consider amending their PharmaNet Professional and Software Compliance Standards document to enhance the software security requirements of the local pharmacy computer systems.

CARRIED

9. 2017/18 – 2019/20 STRATEGIC PLAN AMENDMENT (Appendix 6)

It was moved and seconded that the Board:

To approve the amendments of the 2017/18 – 2019/20 Strategic Plan as presented.

CARRIED

10. IT MANAGED SERVICES CONTRACT

It was moved and seconded that the Board:

Direct the Registrar to negotiate a five year contract for IT Managed Services with the successful company from the competitive bid process.

CARRIED

11. AUDIT AND FINANCE COMMITTEE (Appendix 7)

a) Committee Update

Ryan Hoag, Chair of the Audit and Finance Committee reported that the Committee met on February 2, 2018 to review the budget for the upcoming fiscal year.

b) Budget 2018/19

It was moved and seconded that the Board:

Approve the 2018/19 budget totaling $10,204,958 with a transfer from reserves in the amount of $1,105,417 as presented.

CARRIED

c) Reserves Policy

It was moved and seconded that the Board:

Approve the Reserves Policy with a total of $3,000,000 as presented.

CARRIED

12. LEGISLATION REVIEW COMMITTEE (Appendix 8)

Jeremy Walden, Chair of the Legislation Review Committee presented.

a) Committee Update

b) Medical Assistance in Dying – Standards, Limits and Conditions

It was moved and seconded that the Board:

Approve the following resolution to amend the Health Professions Act (HPA) Bylaws relating to the standards of practice for dispensing drugs for the purposes of medical assistance in dying:

"RESOLVED THAT, in accordance with the authority established in section 19(1)(k) 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 of the College of Pharmacists of British Columbia amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution, and file such bylaws with the Minister of Health."

CARRIED

c) Amendments to the Telepharmacy Standards of Practice

It was moved and seconded that the Board:

Approve the following resolution to amend the Health Professions Act Bylaws to update bylaw references in the Telepharmacy Standards of Practice:

"RESOLVED THAT, in accordance with the authority established in section 19(1)(k) 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 of the College of Pharmacists of British Columbia amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution, and file such bylaws with the Minister of Health."

CARRIED

d) Electronic Record Keeping

It was moved and seconded that the Board:

Approve the following resolution to amend the Pharmacy Operations and Drug Scheduling Act (PODSA) Bylaws and the Health Professions Act (HPA) Bylaws relating to electronic record keeping requirements for registrants and licensees:

"RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act and section 19(1) of the Health Professions Act, and subject to the requirements in section 21(8) of the Pharmacy Operations and Drug Scheduling Act and section 19(6.2) of the Health Professions Act, the Board of the College of Pharmacists of BC approves the proposed draft bylaws of the College of Pharmacists of British Columbia relating to electronic record keeping for public posting, as circulated."

CARRIED

13. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA

No items were brought forward from the consent agenda for further discussion.

ADJOURNMENT

Chair Kwong adjourned the meeting at 1:51pm.

College of Pharmacists of British Columbia

BOARD MEETING
February 16, 2018

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. Excellence Canada Update
    b. Action Items & Business Arising
iii. November 17, 2017 Draft Board Meeting Minutes **[DECISION]**
iv. Committee Updates (Links to Minutes)
v. Audit & Finance Committee – Finance Report – November Financials
vi. Practice Review Committee: Phase 1 and 2 Update
vii. January 22, 2018 Board Resolution Minutes **[DECISION]**

College of Pharmacists of British Columbia

BOARD MEETING
February 16, 2018

2.b.i. Chair's Report

INFORMATION ONLY

Since mid-November 2017, I have been involved in the following activities as the Board Chair for 2017/2018:

General Administration

- Attended meetings to plan for the Board Strategic Planning Session to be held in February 2018
- Attended meetings to plan for the three new public appointees by the Ministry of Health
- Attended regular meetings with Registrar, Deputy Registrar, Vice-Chair on general Board related items and on CPBC related items
- Reviewed agendas and minutes

Conference/Meetings/AGM on behalf of CPBC

- Attended Canadian Society of Hospital Pharmacists Meeting held in conjunction with College of Pharmacists of British Columbia's AGM

Committee/Group Involvement

- Audit and Finance Committee meeting
- Legislation Review Committee meeting
- Registrar Evaluation Task Group and Process

Registrant Engagement and Understanding

- Answered general questions from registrants (phone and in person) about roles of committee members, what are the roles of board members, linked individuals to departmental emails to answer questions
- Attended Practice Review Committee as ex-officio

Training

- Attended course on Governing with Intention
- Attended course on Leadership for Regulators

College of Pharmacists of British Columbia

BOARD MEETING
February 16, 2018

2.b.ii. Registrar's Update
a) Excellence Canada Update

INFORMATION ONLY

Excellence Canada Update – February 2018

The College has made significant progress with planning and developing new policies, procedures and processes towards our goal of achieving Silver Certification with Excellence Canada in the fall of 2019.

All staff project teams are working on their particular tasks. We'll be reviewing each team's status with our Excellence Canada coach, Catherine Neville, during the first week of March. At that time we'll assess the remaining work and begin the process of documenting our work in the Submission document.

We plan to have a dry run of the verification process with Catherine Neville before the end of 2018.

Excellence Canada has five Drivers (themes). Some of the work done on each Driver thus far includes:

Leadership:

Project Teams have been working on policies and approaches towards Continual Improvement, Innovation and documenting / sharing successes and lessons learned.
Another Project Team has been looking at leadership development at the College.
Board governance training has been completed.

Planning:

The Gap Analysis was completed. An Enterprise Risk Management Policy and Risk Register are also completed. A Project Team is working with the Continual Improvement Team to develop an Innovation Plan. We are planning to update our IT five-year plan later this spring.

Customers:

This Project Team has been busy identifying customer segments (both external and internal) and key partners. They are working on a Customer Experience Plan, developing service standards and are drafting a customer satisfaction survey.

People:

We have a number of busy Project Teams working on this Driver. They have drafted a Healthy Workplace Policy, are nearing completion of a Wellness Plan, exploring a Wellness Assessment to be conducted and are working on HR Indicators / Metrics and a Workforce Plan.

Processes:

Two workshops have been conducted on Process Management. Key work processes have been identified and elements have been gathered. A one-day session in early March is planned to complete documenting those key processes.

A Change Management seminar was conducted for the College Management Team.

A Purchasing Policy has been drafted. Key suppliers have been identified and supplier performance measures will be identified.

College of Pharmacists of British Columbia

BOARD MEETING
February 16, 2018

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

INFORMATION ONLY

MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS UPDATE
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	FEBRUARY 2018 BOARD MEETING
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 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
Motion: 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.	JUN 2017	IN PROGRESS
Motion: 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.	JUN 2017	IN PROGRESS

MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS UPDATE
Motion: Direct the Registrar to explore potential alternatives to the College's existing quality management requirements, including mandatory medication error reporting to an independent third party.	NOV 2017	IN PROGRESS
Motion: Direct the Registrar to submit a proposal for pharmacist prescribing in BC to the Minister of Health which would request amendments to the Pharmacists Regulation under the Health Professions Act and include the Framework for Pharmacist Prescribing in BC and the Engagement Report.	NOV 2017	IN PROGRESS

College of Pharmacists of British Columbia

BOARD MEETING
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2.b.iii. November 17, 2017 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the November 17, 2017 Draft Board Meeting Minutes as circulated.

Appendix	
1	http://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Meeting_Minutes-20171117.pdf

College of Pharmacists of British Columbia

BOARD MEETING
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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	Ethics Advisory Committee Meeting Minutes
4	Inquiry Committee Update
5	Legislation Review Committee Meeting Minutes
6	Practice Review Committee Meeting Minutes

College of Pharmacists of British Columbia

BOARD MEETING
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2.b.v. Audit and Finance Committee – Finance Report – November Financials

INFORMATION ONLY

Purpose

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

Background

The November 2017 financial reports reflect **nine 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 with a balance of almost $500,000. We monitor cash flow to ensure that funds are transferred as necessary, given the need between peak renewal times. Investments at the end of November totalled more than $6 million.

Revenue

The total *Licensure revenues* continue to be under budget by about the same percentage since the last report. *Other revenues* (PharmaNet, administrative fees, etc.) reflect a drop in PharmaNet revenues due to some technical difficulties at the Ministry of Health which slowed down processing of PharmaNet profiles. The issue was resolved in late May. As the contract is now completed this will remain under budget. In total, revenues are under budget by just over $260,000. Expenses are monitored to ensure that this is taken into consideration.

Expenses

Finance staff worked with our payroll processor, PayWorks, and with our new accounting and budget software and we are happy to be able to present the Financial Statements with salaries and benefits allocated by department.
Total Year to Date Actual expenditures are under budget by over $550,000. As revenues will be under budget, we have be monitoring expenditures to ensure that they also remain under budget. See the variance analysis which follows for details.

Variance analysis by department:

Department	Budget	Actual	Comment
Board & Registrar's Office	625,505	590,947	Unbudgeted Board consulting projects are offset by under spending in other areas.
Grant distribution	159,966	77,462	Waiting for progress report for a grant…probably next year.
Registration & Licensure	692,712	618,095	See also "Projects" re PODSA ownership changes. Staff gapping / PharmaNet primarily.
Quality Assurance	38,976	30,099	
Practice Review	1,067,569	990,754	Salaries and travel are under budget. Committee costs are under budget as well.
Complaints Resolution	1,168,441	945,126	Salaries due to gapping as well as legal fees and consulting under budget due to timing / case load.
Policy and Legislation	303,235	265,458	See also "Projects" re PODSA.
Public Engagement	294,731	260,560	Some projects not undertaken due to changed priorities.
Finance and Administration	2,488,926	2,417,182	IT project priorities changed due to PODSA ownership requirements.
Projects (PODSA Ownership)	112,500	261,770	Legal and Project Management – to be reallocated between Registration & Licensure and Policy & Legislation at year end.
Amortization	300,010	282,799	Timing – re IT development projects.
Total Expenses	7,252,571	6,695,252	

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 at November 30, 2017

ASSETS	
Cash and Cash Equivalents	466,469
Investments	6,119,270
Receivables	42,463
Prepaid Expense and Deposits	144,718
Current Assets	6,772,920
Investments in College Place Joint Venture	1,578,523
Development Costs	495,082
Property & Equipment	689,883
Non-current Assets	2,763,487
Total Assets	**9,536,407**

LIABILITIES AND NET ASSETS	
Payables and Accruals	622,941
Capital Lease Obligations (Current)	8,005
Deferred Revenue	3,683,701
Deferred Contributions	180,948
Total Current Liabilities	4,495,595
Capital Lease Obligations (Non-current)	26,548
Total Liabilities	4,522,144
Restricted Fund	4,500,000
Unrestricted Fund	216,832
Net Suplus/(Deficit) for the current period	297,431
Total Net Assets	5,014,263
Total Liabilites and Net Assets	**9,536,407**

College of Pharmacists of BC
Statement of Revenue and Expenses
For the 9 months ended November 30, 2017

	Budget YTD Nov 2017	Actual YTD Nov 2017	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Licensure revenue	5,068,254	4,940,732	(127,522)	(3%)
Non-licensure revenue	1,171,744	1,039,079	(132,664)	(11%)
Transfer from Balance Sheet	1,012,872	1,012,872	-	0%
Total Revenue	**7,252,870**	**6,992,683**	**(260,187)**	(4%)
Total Expenses Before Amortization	6,952,560	6,412,453	540,108	8%
Amortization	300,010	282,799	17,211	6%
Total Expenses Including Amortization	**7,252,571**	**6,695,252**	**557,319**	8%
Net Surplus/(Deficiency) of revenue over expenses after amortization expense	**299**	**297,431**	**297,132**	

College of Pharmacists of BC
Statement of Revenue
For the 9 months ended November 30, 2017

	Budget YTD Nov 2017	Actual YTD Nov 2017	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Licensure revenue				
Pharmacy fees	1,814,293	1,831,538	17,245	1%
Pharmacists fees	2,725,959	2,650,853	(75,106)	(3%)
Technician fees	528,003	458,341	(69,662)	(13%)
	5,068,254	4,940,732	(127,522)	(3%)
Non-licensure revenue				
Other revenue	828,260	744,527	(83,733)	(10%)
Grant Revenue	86,400	11,250	(75,150)	(87%)
Investment income	69,583	103,302	33,719	48%
College Place joint venture income	187,500	180,000	(7,500)	(4%)
	1,171,744	1,039,079	(132,664)	(11%)
Transfer from Balance Sheet	1,012,872	1,012,872	-	0%
Total Revenue	**7,252,870**	**6,992,683**	**(260,187)**	(4%)

College of Pharmacists of BC
Statement of Expenses
For the 9 months ended November 30, 2017

	Budget YTD Nov 2017	Actual YTD Nov 2017	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Expenses				
Board and Registrar's Office	625,505	590,947	34,559	6%
Finance and Administration	2,488,926	2,417,182	71,744	3%
Grant Distribution	159,966	77,462	82,503	52%
Registration, Licensure and Pharmanet	692,712	618,095	74,617	11%
Quality Assurance	38,976	30,099	8,877	23%
Practice Reviews	1,067,569	990,754	76,815	7%
Complaints Resolution	1,168,441	945,126	223,315	19%
Policy and Legislation	303,235	265,458	37,777	12%
Public Engagement	294,731	260,560	34,171	12%
Projects	112,500	216,770	(104,270)	(93%)
Total Expenses Before Amortization	6,952,560	6,412,453	540,108	8%
Amortization	300,010	282,799	17,211	6%
Total Expenses Including Amortization	**7,252,571**	**6,695,252**	**557,319**	8%

College of Pharmacists of British Columbia

BOARD MEETING
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2.b.vi. Practice Review Committee: 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
General • Updated the Risk Register which includes risks identified for both Phase 1 and Phase 2	General • Monitor Risk Register to identify and track issues

Phase 1 – Community Practice
• Conducted November, December and January reviews (Appendix 1)
• Scheduled reviews for February and March
• Implemented new Pharmacy Professionals Review focus areas for pharmacy technicians
  ○ Approved at the Board's June 2017 meeting
• Forecasted program cycle
  ○ Increased yearly targets
• Review form for Residential Care services
  ○ Reviewed and recommended for implementation by the Residential Care Advisory Committee at their February 2018 meeting
	Phase 1 – Community Practice
	• Schedule pharmacies for April reviews
	• Review form for Residential Care services
	  ○ Practice Review Committee to approve and implement
	• Develop Release 2 of Phase 1: central fill, packaging, compounding, telepharmacy and other ancillary forms (contingent on resources)

Update	**Next Steps**
Phase 2 – Hospital Practice • Conducted November, December and January reviews (Appendix 2) • Scheduled reviews for February, March and April • Implemented new Action Item Follow Up module which enables registrants to receive a completion report	Phase 2 – Hospital Practice • Schedule pharmacies for May reviews • Continue to monitor and adjust policies and processes as needed

College of Pharmacists of British Columbia

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Communications / Stakeholder Stream:

Update	Next Steps

Phase 1 – Community Practice
• Posted PRP Insights articles (Appendix 3)
  ○ New PRP focus areas for pharmacy technicians in place for December 2017
  ○ Support tools for Pharmacy Professionals Review focus areas (patient ID, profile check, counselling, documentation)
	Phase 1 – Community Practice
	• Continue to draft and post monthly PRP Insights articles based on findings from reviews

Phase 2 – Hospital Practice	Phase 2 – Hospital Practice • Begin drafting PRP Insights articles

Legislation Stream:

Update	Next Steps
General • Provided feedback on legislation based on findings from reviews ○ Electronic Record Keeping	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)

IT Stream:

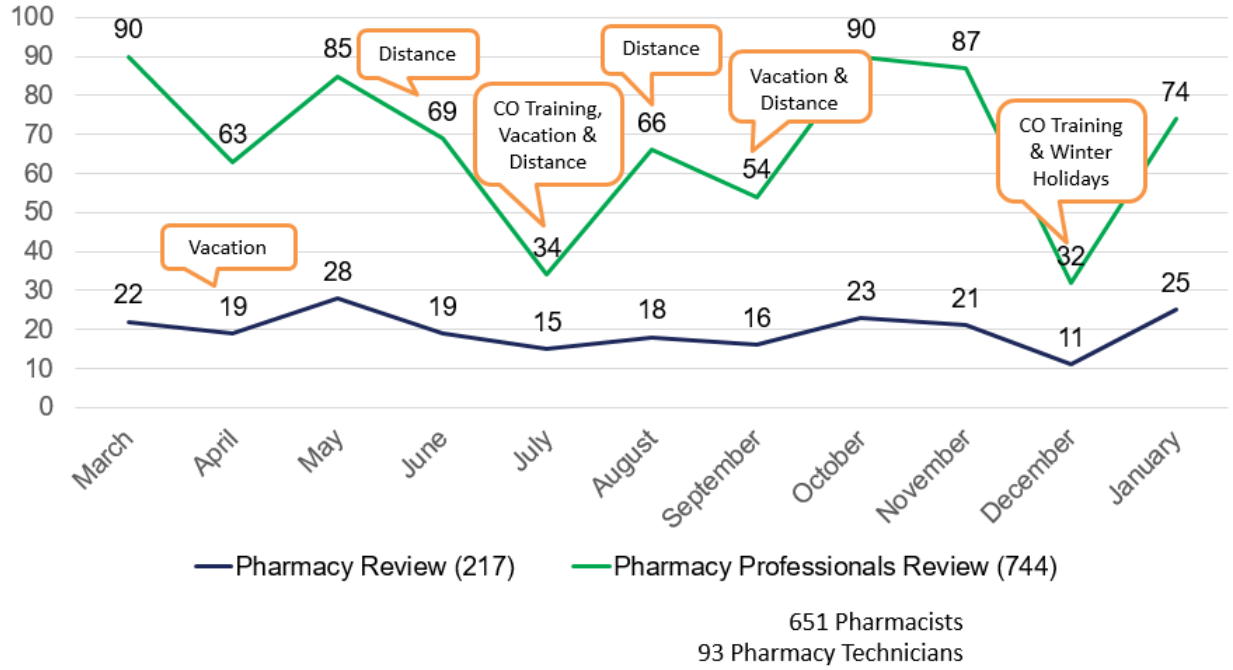
Update	Next Steps
Phase 1 – Community Practice • Fixing Question Bank module in PRP Application ○ Currently unable to update review questions • Building functionality to extract data and reports (April 2016 reviews and onwards)	Phase 1 – Community Practice • Fix Question Bank module • User Acceptance Testing of reports module
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 – PRP Insights Articles

Appendix 1

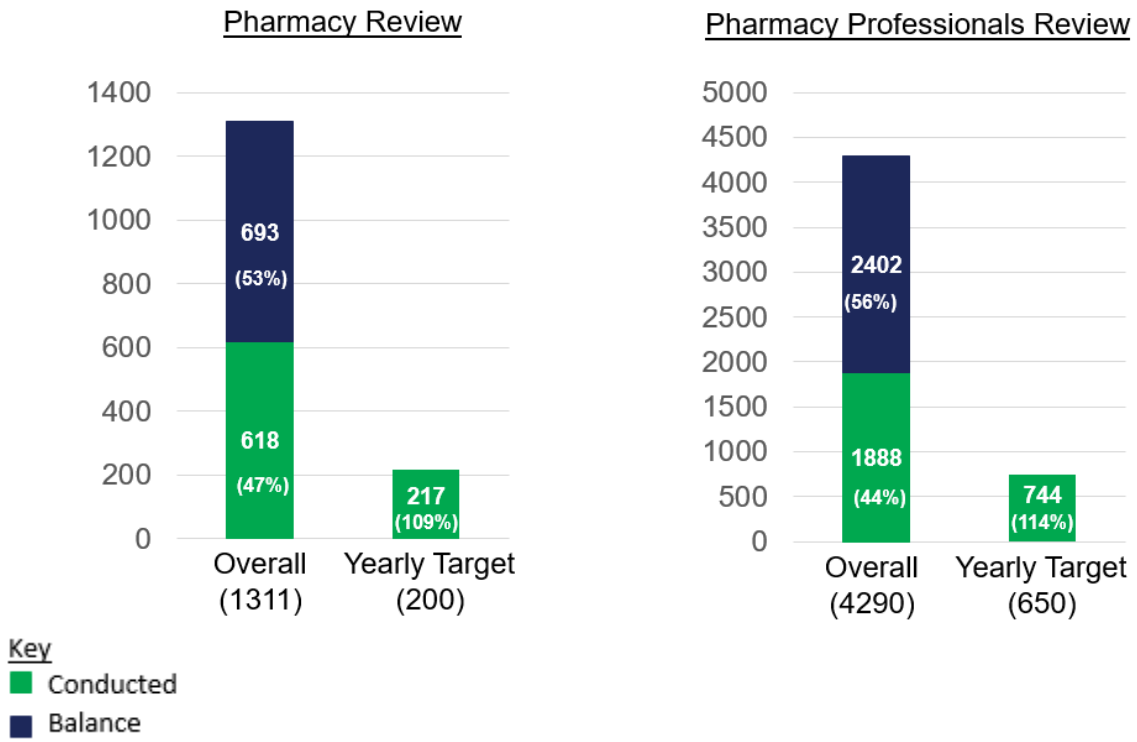
PRP Phase 1: Community Practice Operational Statistics
2017-18 Fiscal Year: March 1st – January 31st, 2018

Fiscal Year Progress:



651 Pharmacists
93 Pharmacy Technicians

Overall and Fiscal Year Progress:

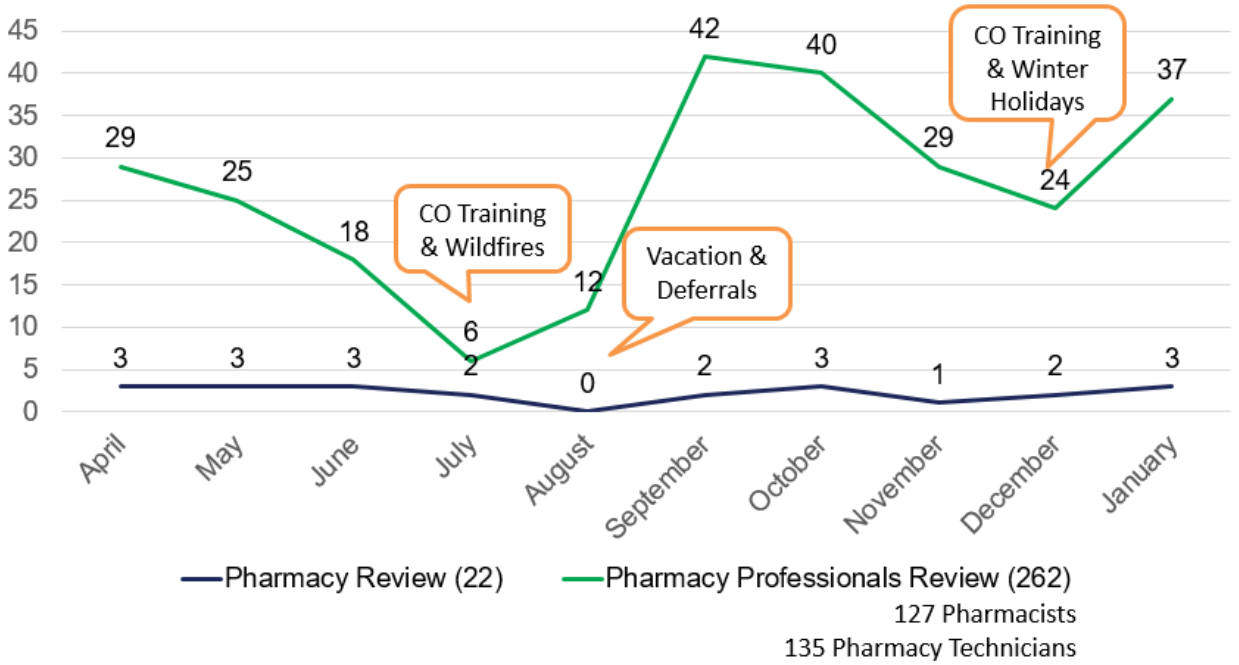


Appendix 2

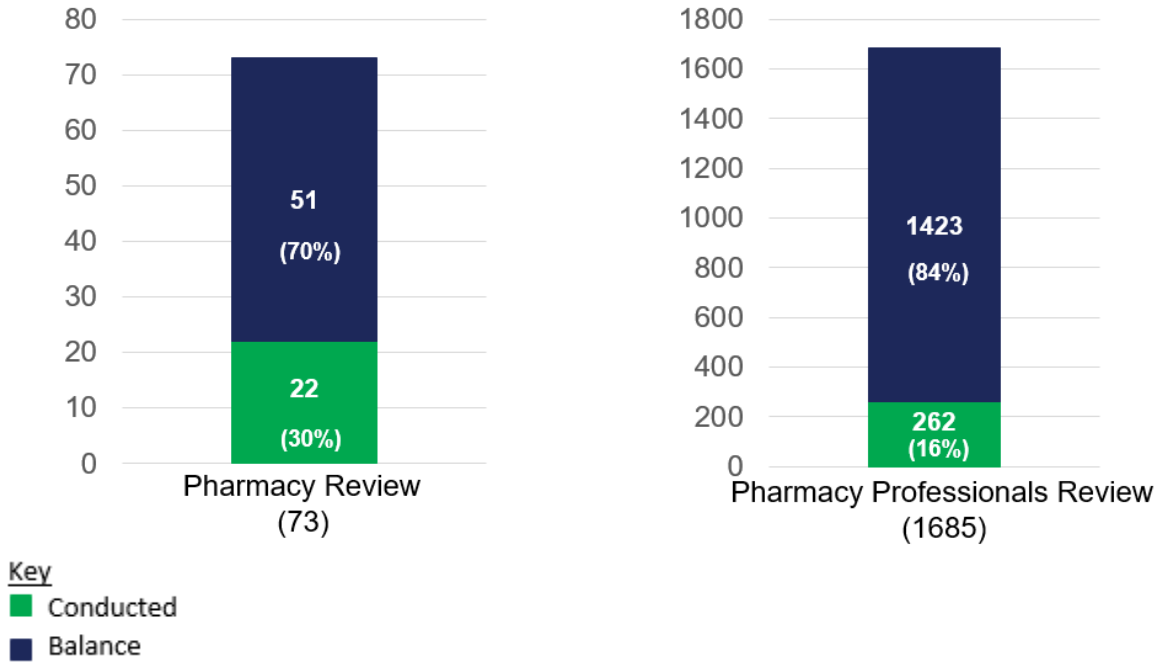
PRP Phase 2: Hospital Practice Operational Statistics
2017-18 Fiscal Year: March 1st – January 31st, 2018

Fiscal Year Progress:

*Launched in April 2017



Overall Progress:



PRP Phase 1: Community Practice Insights Articles

December 2017 Article: Patient ID in Community Pharmacy

PRP INSIGHTS: PATIENT ID IN COMMUNITY PHARMACY

The Practice Review Program's Pharmacy Professionals Review is based on Board-approved focus areas that were identified as having the most impact on patient safety. The first of these focus areas is Patient Identification Verification, which is the very first step to providing pharmacy care.

During practice reviews, we have observed that some registrants are unclear about the requirements. In fact, we've found it to be one of the top areas of non-compliance.

The *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws require that the identity of the patient is confirmed before providing pharmacy services. At the time of dispensing, every prescription in community pharmacy must include written confirmation of the registrant who verified patient identification.

For **NEW** patients in community pharmacy:

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. *Reminder: BC Services Cards are acceptable as primary ID, but BC CareCards (ie. no photo identification) are considered secondary ID.*

*For **RETURNING** patients in community pharmacy:*

If a registrant is unfamiliar with the patient, identification should always be viewed. Even if the registrant is familiar with and can positively identify the patient, asking open ended questions such as date of birth, address or phone number are still good practices that can further prevent possible mix-ups and errors.

Patient identification verification is a fundamental standard to ensure that the right patient gets the right drug. For an example of what can go wrong when these standards are not adhered to, please see: Regulators' investigation into prescription fraud identifies 150 health professionals

For additional information, please refer to the full Patient Identification Verification Focus Area.

This article is part of a series exploring each of the four Board-approved focus areas. To read the rest of the series, please use the following links:

- Profile Check in Community Pharmacy
- Counselling in Community Pharmacy
- Documentation in Community Pharmacy

December 2017 Article: Profile Check in Community Pharmacy

PRP INSIGHTS: PROFILE CHECK IN COMMUNITY PHARMACY

The Practice Review Program's Pharmacy Professionals Review is grounded upon Board-approved focus areas that were identified as having the most impact on patient safety. One such focus area is the Profile Check, which is a fundamental role pharmacists play within the healthcare team as medication experts.

The results from practice reviews show us that most registrants are compliant in this area. However we are still seeing instances where registrants are unaware of the requirements for a profile check and when it needs to be done.

The *Health Professions Act* (HPA) Bylaws require a full pharmacist to review prescriptions for completeness and appropriateness, and review patient personal health information for drug therapy problems, therapeutic duplications, and any other potential problems. A full pharmacist must also review PharmaNet before dispensing a drug and take appropriate action if necessary.

This means that for every prescription (both **NEW** and **REFILLS**), a full **PHARMACIST** must review the **LOCAL PROFILE** and **PHARMANET** to assess the appropriateness of drug therapy and resolve any drug therapy problems. In fact, at the time of dispensing, every prescription in community pharmacy must include written confirmation of the pharmacist who reviewed PharmaNet.

It's important to note that although PharmaNet's Drug Use Evaluation (DUE) and some local pharmacy software can provide useful information such as drug-to-drug interactions and duplicate therapy, they are simply supplementary tools that cannot replace a pharmacist's assessment of drug therapy and up-to-date clinical pharmacy knowledge. Therefore, it is not acceptable to delegate a Pharmacy Technician or assistant to alert the pharmacist for a profile check only when flagged by the system, because every prescription requires a pharmacist profile check.

For an example of what can go wrong when a profile check is not properly completed, please see: What Went Wrong: Patient Profiles and Adverse Drug Reactions

For additional information on Profile Checks, please refer to the full Profile Check Focus Area.

This article is part of a series exploring each of the four Board-approved focus areas. To read the rest of the series, please use the following links:

- Patient Identification Verification in Community Pharmacy
- Counselling in Community Pharmacy
- Documentation in Community Pharmacy

December 2017 Article: Counseling in Community Pharmacy

PRP INSIGHTS: COUNSELING IN COMMUNITY PHARMACY

The Practice Review Program's Pharmacy Professionals Review is grounded upon Board-approved focus areas that were identified as having the most impact on patient safety. Counseling is one focus area in which pharmacists can use their clinical pharmacy knowledge to directly increase the probability of positive therapeutic outcomes.

The results from practice reviews show that counseling is the top area of noncompliance during the Pharmacy Professionals Review for pharmacists. The most common issue encountered is the omission of required information such as when to seek medical attention, storage requirements, refill information, action to be taken in the event of a missed dose, and the strength of the drug being dispensed. However in many cases we've also observed the omission of points such as the name and purpose of the drug being dispensed and directions for use, particularly during refill counseling. Another area of noncompliance occurs when some patients do not receive any counseling from the pharmacist for their prescription.

The Health Professions Act (HPA) Bylaws require a full PHARMACIST to CONSULT with the patient or patient's representative at the time of dispensing a NEW or REFILL prescription. In fact, at the time of dispensing, every prescription in community pharmacy must include written confirmation of the pharmacist who performed the consultation. If a patient declines the consultation, the pharmacist must document that the consultation was offered and declined.

Counseling for **NEW** prescriptions must include:

- Confirmation of the **identity** of the patient
- **Name** and **strength** of drug
- **Purpose** of the drug
- **Directions for use** of the drug including the frequency, duration and route of therapy
- **Potential drug therapy problems**, including any avoidance measures, and action recommended if they occur
- **Storage** requirements
- Prescription **refill information**
- **How to monitor** the response to therapy
- Expected **therapeutic outcomes**
- Action to be taken in the event of a **missed dose**
- When to **seek medical attention**
- Issues the pharmacist considers relevant to the **specific drug or patient**

Counseling for **REFILL** prescriptions must include:

- Confirmation of the **identity** of the patient
- **Name** and **strength** of drug
- **Purpose** of the drug
- **Directions for use** of the drug including frequency and duration
- Whether the patient has experienced a **drug therapy problem**

It is important to emphasize that *every prescription*, both new and refill, requires counseling by the pharmacist on their respective requirements. Simply having the pharmacy assistant or technician ask the patient "Do you have any questions for the pharmacist?" is not acceptable. Similarly, when the pharmacist counsels, simply asking the patient if they have any questions without counseling on all the requirements is not acceptable because *patients do not know what they do not know*. In both cases, the lack of questions by the patient is <u>not considered a decline</u> of consultation.

Counseling for **SCHEDULE II** drugs:

- A pharmacist must offer to consult
- The consultation must include **potential drug therapy problems**, including any avoidance measures, and action recommended if they occur

Counseling for **SCHEDULE III** drugs:

- A pharmacist must be available for consultation if requested

Patient counseling is also the last chance for the pharmacist to catch drug therapy problems or potential errors.

For additional information on Counseling in Community Pharmacy, please refer to the full Counseling Focus Area.

This article is part of a series exploring each of the four Board-approved focus areas. To read the rest of the series, please use the following links:

- Patient Identification Verification in Community Pharmacy
- Profile Check in Community Pharmacy
- Documentation in Community Pharmacy

December 2017 Article: Documentation in Community Pharmacy

PRP INSIGHTS: DOCUMENTATION IN COMMUNITY PHARMACY

The Practice Review Program's *Pharmacy Professionals Review* is grounded upon Board-approved focus areas that were identified as having the most impact on patient safety. In previous articles, we discussed the topics of patient ID verification, profile check, and counselling. The final focus area, documentation, ties everything together by leaving a written record of what has been done and identifies the registrant responsible for each step.

As part of the *Pharmacy Review* process, Compliance Officers review completed prescriptions to ensure all requirements are met. The results have shown us that many prescriptions are missing key additional information required at the time of dispensing, such as documentation of the registrant responsible for patient ID verification or PharmaNet check. During the *Pharmacy Professionals Review*, we have observed that these steps are often correctly done by the registrant, but simply failed to be documented.

The *Health Professions Act* (HPA) Bylaws require that at the time of dispensing, all prescriptions in community pharmacy (which includes both **NEW** and **REFILL**) must include written confirmation of the registrant who:

i. verified the patient identification
ii. verified the patient allergy information
iii. reviewed the personal health information on PharmaNet*
iv. performed the consultation*
v. performed the final check including when dispensing a balance owing
vi. identified and addressed a drug therapy problem, if any*

*Note that points (iii), (iv), and (vi) are clinical tasks that can only be performed and signed off by a pharmacist. The other points may be completed and signed off by any registrant (pharmacist or pharmacy technician).

Documentation is key to providing a record of accountability, and all prescriptions must have the above requirements regardless of the number of staff or workflow of the pharmacy.

Other documentation requirements within the Pharmacy Professionals Review include transmission of prescriptions to PharmaNet and keeping the PharmaNet patient record current, establishment and maintenance of patient records, documentation of emergency refills, and mandatory action to be taken when adverse drug reactions are reported by patients.

For additional information on Documentation, please refer to the full Documentation Focus Area.

This article is part of a series exploring each of the four Board-approved focus areas. To read the rest of the series, please use the following links:

- Patient Identification Verification in Community Pharmacy
- Profile Check in Community Pharmacy
- Counselling in Community Pharmacy

November 2017 Article: New PRP Focus Areas

NEW PRP FOCUS AREAS FOR PHARMACY TECHNICIANS IN COMMUNITY PRACTICE COMING DECEMBER 2017

Starting in December 2017, College Compliance Officers will be conducting Pharmacy Professionals Reviews for Pharmacy Technicians in Community Practice using a new set of focus areas that are more applicable to their scope of practice.

At its June 2017 meeting, the College Board approved the modification of the Pharmacy Professionals Review Focus Areas for Pharmacy Technicians in community practice.

The new focus areas were first introduced as part of the expansion of the Practice Review Program into hospital practice in February of 2017.

The focus areas for pharmacy technicians in community practice are now:

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

Under the direction of the Practice Review Committee, the College used input from pharmacy professionals and the College's committees, together with a review of the College's bylaws and policies to assess which additional areas within a pharmacy technician's scope of practice had the most impact on patient safety. The result was the development of two new focus areas, Product Distribution and Collaboration.

Each focus area is designed to be relevant for pharmacy technicians practising in community or hospital settings.

Collaboration will be reviewed through the College's existing bylaws and policies as well as the Model Standards of Practice for Pharmacy Technicians from the National Association of Pharmacy Regulatory Authorities.

Product Distribution will be reviewed against College bylaws and policies that were recently amended to provide clear requirements for the preparation and final check of prescription products.

Learn more about the Practice Review Program, including how to prepare for your practice review, at bcpharmacists.org/prp.

Previous Articles:

July 2017: New PRP Focus Areas for Pharmacy Technicians in Community Practice Coming Soon

May 2017: Prepare for Your Next Practice Review with the New PRP Support Tools!

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

March 2017: Compliance Officers offer individual perspectives on 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 Resolution
Sent via email January 18, 2018
By Registrar Bob Nakagawa

MINUTES

The following resolution of the Board of the College of Pharmacists of British Columbia is valid and binding as per section 13(12) of the *Health Professions Act*-Bylaws, and has been signed by the following Board members:

Mona Kwong, Chair & District 1 Board Member
Arden Barry, Vice-Chair & District 7 Board Member
Ming Chang, District 2 Board Member
Tara Oxford, District 3 Board Member
Christopher Szeman, District 4 Board Member
Frank Lucarelli, District 5 Board Member
Anar Dossa, District 6 Board Member
Sorell Wellon, District 8 Board Member
Tracey Hagkull, Public Board Member
Ryan Hoag, Public Board Member
Justin Thind, Public Board Member
Jeremy Walden, Public Board Member

Be it resolved that the Board:

1. Appoints Ryan Hoag as a Board public member of the Audit and Finance Committee to a term ending December 31, 2018;
2. Appoints Frank Lucarelli as a Board member of the Audit and Finance Committee to a term ending November 20, 2019; and
3. Appoints Justin Thind as a Board public member of the Inquiry Committee to a term ending December 31, 2019.

Appendix	
1	Signed Board Resolution
2	Board Resolution Briefing Notes

Resolution of the Board of the College of Pharmacists of British Columbia made in accordance with section 13(12) of the *Health Professions Act* – Bylaws.

Be it resolved that the Board:

1. Appoints Ryan Hoag as a Board public member of the Audit and Finance Committee to a term ending December 31, 2018;

2. Appoints Frank Lucarelli as a Board member of the Audit and Finance Committee to a term ending November 20, 2019; and

3. Appoints Justin Thind as a Board public member of the Inquiry Committee to a term ending December 31, 2019.

Mona Kwong, Chair, District 1	January 19, 2018 Date
Arden Barry, Vice-Chair, District 7	January 19, 2018 Date
Ming Chang, District 2	January 19, 2018 Date
Tara Oxford, District 3	January 18, 2018 Date
Christopher Szeman, District 4	January 21, 2018 Date

Frank Lucarelli, District 5	January 20, 2018 Date
Anar Dossa, District 6	January 22, 2018 Date
Sorell Wellon, District 8	January 19, 2018 Date
Tracey Hagkull, Government Appointee	January 22, 2018 Date
Ryan Hoag, Government Appointee	January 22, 2018 Date
Justin Thind, Government Appointee	January 19, 2018 Date
Jeremy Walden, Government Appointee	January 18, 2018 Date

College of Pharmacists of British Columbia

BOARD DECISION
January 18, 2018

Membership Appointment – Audit and Finance Committee

Recommended Board Resolution:

Be it resolved that the Board appoints Ryan Hoag as a Board public member and Frank Lucarelli as a Board member to the Audit and Finance Committee.

Purpose

The Audit and Finance Committee is currently not properly constituted in accordance with the committee's Terms of Reference.

Background

The Audit and Finance Committee's Terms of Reference requires one appointee be Board public representative.

In order for the committee to be properly constituted, it is recommended that Ryan Hoag be appointed as the Board public member.

To fill the fourth member of the committee, it is recommended that Frank Lucarelli, Board member, be appointed.

The College is relying on the following legislative provision to expedite Board approval:

> Section 13(12) of the *Health Professions Act*-Bylaws:
>
> > A written resolution signed by all Board members is valid and binding and of the same effect as if such resolution has been duly passed at a Board meeting.

Recommendation

The Board appoints to the Audit and Finance Committee:

1. Ryan Hoag as a Board public member to a term ending December 31, 2018; and

2. Frank Lucarelli as a Board member to a term ending November 20, 2019 by signing the attached Resolution.

Appendix	
1	Ryan Hoag biography
2	Frank Lucarelli biography

Biography – Ryan Hoag

Ryan Hoag is a partner at MNP LLP, a national accounting firm. Specializing in taxation, he advises corporations and their shareholders on a broad range of issues. In addition to a strong background in private practice, Mr. Hoag has experience in government policy research and analysis. He is currently involved in the community as a member of the Steering Committee for the Alzheimer Society of B.C.'s "Breakfast to Remember", the VANTEC Angel Investment Network, the B.C. Technology Industry Association, the Canadian Tax Foundation, and Financial Executives International Canada. Mr. Hoag holds a Canadian Professional Accountant (CPA) degree, and a Master of Science and Bachelor of Arts from the University of British Columbia.

Biography – Frank Lucarelli

Frank Lucarelli is an associate owner of a community pharmacy in Prince George. He has over 11 years of pharmacy experience in community pharmacy and is passionate about pharmacy practice, work life balance and job satisfaction for pharmacists. He is committed to advancing pharmacy practice in British Columbia and being a leader in pharmacy practice.

College of Pharmacists of British Columbia

BOARD DECISION
January 18, 2018

Membership Appointment – Inquiry Committee

Recommended Board Resolution:

Be it resolved that the Board appoints Justin Thind as a Board public member of the Inquiry Committee.

Purpose

The Inquiry Committee is currently not properly constituted in accordance with the committee's Terms of Reference.

Background

The Inquiry Committee's Terms of Reference requires one appointee be a Board public representative.

In order for the committee to be properly constituted, it is recommended that Justin Thind be appointed as the Board public member.

The College is relying on the following legislative provision to expedite Board approval:

> Section 13(12) of the *Health Professions Act*-Bylaws:
>
> > A written resolution signed by all Board members is valid and binding and of the same effect as if such resolution has been duly passed at a Board meeting.

Recommendation

The Board appoints Justin Thind as a Board public member of the Inquiry Committee to a term ending December 31, 2019 by signing the attached Resolution.

Appendix	
1	Justin Thind biography

Biography – Justin Thind

Justin Singh Thind is currently a managing partner for Singh Thind & Associates. Previously, he was an associate lawyer for Singh Abrahams and SAJ Lawyer. Prior to that venture, he was a special assistant to the Speaker of the Senate of Canada. Active in his community, Mr. Thind is a director for the Professor Mohan Singh Memorial Foundation. He holds his Bachelor of Arts in Psychology (Honors) from the University of Regina and his Bachelor of Laws from the University of Saskatchewan.

College of Pharmacists of British Columbia

BOARD MEETING
February 16, 2018

3. Confirmation of Agenda

DECISION REQUIRED

Recommended Board Motion:

Approve the February 16, 2018 Draft Board Meeting Agenda as circulated, or amended.

Appendix	
1	February 16, 2018 Draft Board Meeting Agenda

College of Pharmacists of British Columbia

Board Meeting
Friday, February 16, 2018
CPBC Office, 200-1765 West 8th Avenue, Vancouver

AGENDA

11:00am - 11:05am	5	**1.**	Welcome & Call to Order	Chair Kwong
		2.	Consent Agenda a) Items for Further Discussion b) Approval of Consent Items **[DECISION]**	Chair Kwong
		3	Confirmation of Agenda **[DECISION]**	Chair Kwong
11:05am - 11:30am	25	**4.**	Public Board Member Committee Appointments **[DECISION]**	Chair Kwong
11:30am - 11:40am	10	**5.**	Committee Updates: a) Practice Review Committee b) Audit and Finance Committee (Update to be provided in Item 11) c) Discipline Committee d) Ethics Advisory Committee e) Governance Committee f) Inquiry Committee g) Jurisprudence Examination Subcommittee h) Legislation Review Committee (Update to be provided in Item 12) i) Quality Assurance Committee j) Registration Committee k) Residential Care Advisory Committee	Committee Chairs: Michael Ortynsky, Vice Chair Ryan Hoag Jeremy Walden Sorell Wellon Mona Kwong Ming Chang Christopher Szeman Jeremy Walden Frank Lucarelli Jeremy Walden Sorell Wellon
11:40am - 12:00pm	20	**6.**	Methadone Maintenance Treatment Action Plan Update	David Pavan
12:00pm - 12:10pm	10	**7.**	Pharmacy Manager Training Program Proposal / Product	David Pavan
12:10pm - 12:20pm	10	**8.**	Inquiry Committee - Pharmacy Software Requirements **[DECISION]**	Ming Chang
12:20pm - 12:30pm	10	**9.**	2017/18 - 2019/20 Strategic Plan Amendment **[DECISION]**	Mary O'Callaghan
12:30pm - 12:45pm	15	**10.**	In Camera - Financials	Ryan Hoag
12:45pm - 1:30pm	45		***LUNCH***	
1:30pm - 2:30pm	60	**11.**	Audit and Finance Committee a) Committee Update b) Budget 2018/19 **[DECISION]** c) Reserve Policy **[DECISION]**	Ryan Hoag
2:30pm - 3:30pm	60	**12.**	Legislation Review Committee: a) Committee Update b) Medical Assistance in Dying - Standards, Limits and Conditions **[DECISION]** c) Amendments to the Telepharmacy Standards of Practice **[DECISION]** d) Electronic Record Keeping **[DECISION]**	Jeremy Walden
3:30pm - 3:35pm	5	**13.**	Items Brought Forward from Consent Agenda	
			CLOSING COMMENTS, ROUND TABLE EVALUATION OF MEETING, AND ADJOURNMENT	

College of Pharmacists of British Columbia

BOARD MEETING
February 16, 2018

6. Methadone Maintenance Treatment Action Plan Update

INFORMATION ONLY

Methadone Maintenance Treatment: Four Year Action Plan (2015 - 2018)

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

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

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

Action Plan Goal: Undercover Investigations

One of the goals in the action plan was for the College, in collaboration with the Ministry of Health, to develop, plan, and implement a minimum of six new undercover investigations. The undercover investigations were to occur over the four-year period of the action plan and would focus on the identification of non-compliance with legislative requirements, practice standards, and ethical standards (such as the practice infractions listed above). Based on the findings of the investigations, the College would take appropriate action, including, if justified, referral to the Inquiry Committee.

Historical Background and Context for Undercover Investigations

The College's past undercover investigations have yielded significant findings. Concerns such as the practice infractions listed above have proved difficult to investigate and substantiate due to the lack of credible witnesses and individuals willing to make formal written complaints, for fear of retaliation from the pharmacies involved. As well, the staff members of the involved pharmacies appeared careful to keep the alleged practices hidden from College inspectors during routine inspections. Therefore, in 2010, the Ministry of Health and the College jointly determined that undercover operations should be performed at pharmacies that had been the subject of the most serious and frequent allegations with respect to the above practice infractions. Between 2010 and 2012, the College conducted undercover investigations for nine pharmacies. In 2013, the Inquiry Committee reviewed the results of these undercover investigations, and was able to substantiate many practice infractions such as the issues listed above. As a result, the Inquiry Committee was able to obtain consent from a total of 31 registrants for serious sanctions such as suspensions, fines, and reprimands.

Current Undercover Investigations – Status Update

Between 2015 and 2017, in accordance with the MMT action plan, the College conducted undercover investigations for nine pharmacies. College investigators are currently preparing the undercover files for presentation to the Inquiry Committee. The Inquiry Committee is expected to review the undercover files in March 2018. In the interest of confidentiality and security, the College will not be reporting on any investigation results until the matters have been reviewed and disposed by the Inquiry Committee.

Action Plan Goal: Focused Inspections

As part of the action plan, the College set a goal to conduct at least 40 pharmacy inspections that assessed methadone dispensing practices and suitability of pharmacy premises. Deficiencies in these areas were to be remediated and referred to the Inquiry Committee as necessary.

Selection of Pharmacies

Pharmacies were selected for inspection based on the following criteria:

- Volume of methadone dispensing (based on 2015 data)
- Previous complaints or tips related to methadone dispensing
- Geographic distribution

Status Update: Goal Completed

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

Volume of methadone dispensing and complaints/tips were used to select pharmacies for inspection. Pharmacies inspected included the top 5 MMT dispensing pharmacies in the province, and 18 of the top 25.

In addition, a number of pharmacies outside the Lower Mainland were selected to assess how methadone dispensing practices varied with geography and population. In total, 22 inspections were conducted outside of the Lower Mainland.

Region	Number of Pharmacies Inspected
Vancouver	13
Okanagan/Kootenays	10
Fraser Valley/Burnaby	6
Sunshine Coast	5
Northern BC/Peace River	4
Vancouver Island	3

Pharmacists were generally very receptive and cooperative with these unannounced inspections. Many registrants took the opportunity to ask questions about legislation and standards, and to give feedback regarding their own practice experiences.

After the initial inspections, unannounced follow up site visits were conducted at select pharmacies to verify compliance. The majority of pharmacies inspected (35) remediated fully per the College's recommendations.

Five pharmacies inspected in 2015 were referred to the Inquiry Committee for further investigation. The outcomes of these investigations resulted in the registrants involved consenting to undertakings that included suspension, remedial education, and pharmacy equipment improvements. Deficiencies identified in these pharmacies primarily related to cleanliness/suitability of pharmacy premises.

Only one pharmacy inspected after 2015 required referral to the Inquiry Committee for further investigation. The majority of deficiencies found in inspections conducted in 2016-2017 were administrative - e.g. missing reference literature, incomplete staff training forms. Even in these areas, inspectors noted improvements from observations made in early 2016 versus 2017. Compliance with dispensing and patient care standards was generally very high, particularly in high volume stores. Some challenges remain in rural areas where the lack of prescribers results in patients being unable to be reassessed immediately and geographic distances that necessitate long duration carries.

Appendix	
1	June 18-19 2015 Board Meeting Minutes
2	Methadone Maintenance Treatment Action Plan
3	Methadone Maintenance Treatment Enforcing Standards

College of Pharmacists of British Columbia

Board Meeting
June 18th and 19th, 2015
200-1765 West 8th Avenue,
Vancouver, BC

MINUTES

Thursday, June 18th, 2015

Members Present:
Anar Dossa, Chair & District 6 Board Member
Blake Reynolds, Vice-Chair & District 4 Board Member
Oswald Chu, District 1 Board Member
Ming Chang, District 2 Board Member *(present for items 10(c) to 14)*
John Shaske, District 3 Board Member
Bob Craigue, District 5 Board Member
Aleisha Enemark, District 7 Board Member
Bal Dhillon, District 8 Board Member
Norman Embree, Public Board Member
Kris Gustavson, Public Board Member *(present for items 1 to 9(a))*
Jeremy Walden, Public Board Member
George Walton, Public Board Member

Staff:
Bob Nakagawa, Registrar
Suzanne Solven, Deputy Registrar and Director – Legislation, Discipline and Investigations
Mary O'Callaghan – Chief Operating Officer
Ashifa Keshavji, Director – Practice Reviews and Competency
Doreen Leong, Director – Community Pharmacy Practice and Registration
Mykle Ludvigsen, Director – Public Accountability and Engagement
Kitty Chiu, Executive / Human Resources Coordinator
Lori Tanaka, Executive Assistant to the Deputy Registrar
Tien Huynh, Business and Systems Analyst

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1. WELCOME & CALL TO ORDER

Chair Dossa called the meeting to order at 9:15am on June 18th, 2015. Registrar Nakagawa welcomed Registrar and CEO Diane O'Conner and Deputy Registrar Cameron Cowper both of the College of Speech and Hearing Health Professionals of BC as observers to the meeting.

2. CONFIRMATION OF AGENDA (Appendix 1)

It was moved and seconded that the Board:

Approve the June 18 – 19, 2015 Draft Board Meeting Agenda as circulated.

CARRIED

3. APPROVAL OF MINUTES (Appendix 2)

It was moved and seconded that the Board:

Approve the Draft April 16 – 17, 2015 Board Meeting Minutes as circulated.

CARRIED

4. BOARD MEETING EVALUATION FEEDBACK

Chair Dossa reviewed the results of the Board Meeting Evaluation Feedback from the April 2015 Board meeting **(Appendix 3)**.

5. CHAIR'S REPORT

Chair Dossa provided a report of her activities since the last Board meeting **(Appendix 4)**.

6. REGISTRAR'S REPORT

a) Activity Report
Registrar Nakagawa provided a report of his activities since the last Board meeting **(Appendix 5)**.

b) Action Items & Business Arising
Information was distributed in the briefing package **(Appendix 6)**.

c) Strategic Plan Items for this Board Meeting
Registrar Nakagawa presented an update on the status of the strategic plan objectives **(Appendix 7)**.

7. NAPRA REPORT

NAPRA Board Representative Bob Craigue reported on information as distributed in the briefing package **(Appendix 8)**.

8. ADVANCED PRACTICE PHARMACIST TASK GROUP

a) Membership Appointment
Chair Dossa declared a conflict of interest relating to this item. The Chair was turned over to Vice-Chair Reynolds, and she left the room.

It was moved and seconded that the Board:

Appoint Jackson Stewart and Hafeez Dossa as members of the Advanced Practice Pharmacist Task Group.

CARRIED

Upon return to the meeting, the Chair was returned to Chair Dossa.

9. PRACTICE REVIEW COMMITTEE

a) Membership Appointment

It was moved and seconded that the Board:

Appoint Helen Singh as a member of the Practice Review Committee.

CARRIED

b) Practice Review Program: Phase 2

Paul Tier, a contracted resource tasked with managing the development and implementation of Phase 2 of the Practice Review Program (PRP), gave a presentation on the background of the PRP **(Appendix 9)** and the information as distributed in the briefing package **(Appendix 10)**.

It was moved and seconded that the Board:

Approve the high-level design and scope of the Practice Review Program – Phase 2 Hospital Pharmacies as described in the Key Elements as circulated.

CARRIED

It was moved and seconded that the Board:

Approve the Policies/Processes recommended by the Practice Review Committee for Phase 2 Hospital Pharmacies as circulated.

CARRIED

10. LEGISLATION REVIEW COMMITTEE

a) Pharmacy Operations and Drug Scheduling Act (PODSA) Forms Update

Board member and Chair of the Legislation Review Committee Bal Dhillon presented information as distributed in the briefing package **(Appendix 11)**.

It was moved and seconded that the Board:

Approve the draft PODSA Forms for public posting for a period of 90 days, with the following amendment:

- *Replace "The following must be submitted at least 2 weeks prior to opening" with "The following must be submitted prior to licensure" on page 2 of Form 1A – Application for New Pharmacy (Community) and Form 1B – Application for New Pharmacy (Hospital).*

CARRIED

b) Drug Schedule Regulation Changes: Acyclovir, Adrenocortical Hormones, Azelaic Acid, Hydrocortisone, Hydrocortisone Acetate, Naproxen, Triamcinolone Acetonide (Appendix 12)

It was moved and seconded that the Board:

RESOLVED THAT, in accordance with the authority established in section 22(1) of the Pharmacy Operations and Drug Scheduling Act*, and subject to filing with the Minister as required by section 22(2) of the* Pharmacy Operations and Drug Scheduling Act*, the board amend the Drug Schedules Regulation, B.C. Reg. 9/98, as set out in the schedule attached to this resolution.*

CARRIED

c) Community Pharmacy Security Resource Guide (PPP-74)

Deputy Registrar Suzanne Solven presented information as circulated in the briefing package **(Appendix 13)**.

It was moved and seconded that the Board:

Approve the Community Pharmacy Security Resource Guide with the following amendments:

- *Remove the 'Question and Answer' box from page 15,*
- *Add to the Definitions, the definition of 'Security Barriers',*
- *Add the Policy Statement and Clarification on PPP-74 requirement 1(D) Security Barriers,*
- *Replace Appendix A PPP-74 with the version approved at the February 2015 Board meeting, and*
- *Add Appendix I General Information about Protecting Personal Information.*

CARRIED

It was moved and seconded that the Board:

Rescind Professional Practice Policy-5 Pharmacy Security, effective September 15, 2015.

CARRIED

d) Proposed Bylaw Changes Feedback

Board member and Chair of the Legislation Review Committee Bal Dhillon presented information as distributed in the briefing package **(Appendix 14)**.

11. ACADEMIC DETAILING IN BRITISH COLUMBIA

Dr. Terryn Naumann Director of Evaluation, Drug Intelligence and Optimization, Medical Beneficiary and Pharmaceutical Services Division of the BC Ministry of Health gave a presentation entitled Academic Detailing in British Columbia **(Appendix 15)**.

12. AUDIT AND FINANCE COMMITTEE

a) 2014/2015 Audited Financial Statements (Appendix 16)

It was moved and seconded that the Board:

Approve the audited financial statements for fiscal year 2014/15 as presented.

CARRIED

b) Auditor's Report (Appendix 17)

Board member and Chair of the Audit and Finance Committee John Shaske and Chief Operating Officer Mary O'Callaghan presented information as distributed in the briefing package **(Appendix 15)**.

c) Reappointment of Auditors

It was moved and seconded that the Board:

Direct the Registrar to reappoint Grant Thornton LLP for the 2015/16 and 2016/17 year end audits.

CARRIED

d) April 2015 Financial Reports

Board member and Chair of the Audit and Finance Committee John Shaske and Chief Operating Officer Mary O'Callaghan presented information as distributed in the briefing package **(Appendix 18)**.

e) Board Policy 2.11 – Reimbursement of Expenses to Board and Committee Members (Appendix 19)

It was moved and seconded that the Board:

Approve the proposed changes to the Board Policy 2.11 – Reimbursement of Expenses to Board and Committee Members with the following amendments:

- *Increase the maximum preparation time for Board and committee members to 8 hours,*
- *Add 'whenever possible' after 'Air travel is to be booked through the College-specified travel agent…'*

CARRIED

13. IN-CAMERA: FINANCIAL

As per HPA Bylaws section 13(7)(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'

It was moved and seconded that the Board:

Direct the Registrar to negotiate a five-year contract not to exceed $800,000 for IT Managed Services with Xyfon Solutions Inc.

CARRIED

14. IN-CAMERA: LEGAL ADVICE

As per HPA Bylaws section 13(7)(f):

'instructions will be given to or opinions received from legal counsel for the college, the board, or a committee'

ADJOURN FOR THE DAY

The meeting adjourned for the day at 4:10pm.

College of Pharmacists of British Columbia

Friday, June 19th, 2015

Members Present:
Anar Dossa, Chair & District 6 Board Member
Blake Reynolds, Vice-Chair & District 4 Board Member
Oswald Chu, District 1 Board Member
Ming Chang, District 2 Board Member
John Shaske, District 3 Board Member
Bob Craigue, District 5 Board Member
Aleisha Enemark, District 7 Board Member
Bal Dhillon, District 8 Board Member
Kris Gustavson, Public Board Member
Jeremy Walden, Public Board Member
George Walton, Public Board Member

Regrets:
Norman Embree, Public Board Member

Invited Guest:
Mitch Prasad, UBC Pharmacy Undergraduate Society – President

Staff:
Bob Nakagawa, Registrar
Suzanne Solven, Deputy Registrar and Director – Legislation, Discipline and Investigations
Mary O'Callaghan – Chief Operating Officer
Ashifa Keshavji, Director – Practice Reviews and Competency
Doreen Leong, Director – Community Pharmacy Practice and Registration
Mykle Ludvigsen, Director – Public Accountability and Engagement
Kitty Chiu, Executive / Human Resources Coordinator
Lori Tanaka, Executive Assistant to the Deputy Registrar
Tien Huynh, Business and Systems Analyst

CALL TO ORDER

Chair Dossa called the meeting to order at 9:31am on June 19th, 2015 and welcomed President of the UBC Pharmacy Undergraduate Society Mitch Prasad to the table.

15. ATTRIBUTION OF MOTIONS IN BOARD MEETING MINUTES

It was moved and seconded that the Board:

Approve that the College of Pharmacists of BC no longer identify the names of movers and seconders within Board meeting minutes.

CARRIED

16. METHADONE MAINTENANCE TREATMENT (MMT) ACTION PLAN (Appendix 20)

It was moved and seconded that the Board:

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.*

CARRIED

17. 125TH ANNIVERSARY WORKING GROUP (Appendix 21)

It was moved and seconded that the Board:

Approve the Terms of Reference for the 125th Anniversary Working Group.

CARRIED

It was moved and seconded that the Board:

Approve the recommended members of the 125th Anniversary Working Group:

- *Ming Chang (Chair)*
- *Jimi Galvao*
- *Yonette Harrod*
- *Loree Marcantonio*
- *Cesilia Nishi*

CARRIED

18. IN-CAMERA: PERSONNEL MATTERS

It was moved and seconded that the Board:

Approve a maximum of $20,000 to obtain an external HR consultant to conduct an evaluation of the Registrar.

CARRIED

19. ADJOURNMENT

Chair Dossa adjourned the meeting at 11:58am.

College of Pharmacists of British Columbia

Methadone Maintenance Treatment: Enforcing Standards

Three Year Action Plan
2015 - 2018

Purpose

The purpose of this document is to outline an action plan that will address serious issues and concerns identified by stakeholders related to the provision of Methadone Maintenance Treatment (MMT) pharmacy services for the people of British Columbia.

Background and Context

MMT is a complex area of pharmacy practice that is multi-faceted, cross professional, and cross-jurisdictional. Although the College has taken a number of significant steps towards improving MMT pharmacy care in BC over the past 8 years, concerns still exist. These concerns have been identified through the findings of the College's complaints resolution department, recent media reports, and the College's MMT patient liaison group which also aligns with the recent Ministry report findings.

Complaints Resolution

Over the past 2 years the College has received over 130 complaints and "tips" regarding the dispensing of methadone maintenance therapy from pharmacies. All complaints are dealt with through the established complaints resolution process as defined in legislation, and "tips" are investigated to determine whether referral to the Inquiry Committee is necessary. Concerns that have emerged as a result of complaint or tip investigations are:

- Provision of inducements (both monetary and non-monetary) to patients to retain or attract methadone patients.
- Non-compliance with legislative requirements such as:
    - Falsely processing prescriptions on PharmaNet when patients did not attend at the pharmacy to receive their medications,
    - Pharmacists' failure to witness ingestion of methadone when prescribed by the physician.
    - Changing prescriptions to daily dispensing that is not in compliance with standards or authority
- Premises where the pharmacy is located is not suitable or maintained appropriately for pharmacy practice. Examples of unsuitable or poorly maintained premises include, but are not limited to:
    - Does not meet professional standards for cleanliness (e.g., mold, evidence of rodents or insects, or other unsanitary conditions),
    - Not well maintained and does not facilitate a safe working environment (e.g., dilapidated facilities, cluttered, disorganized, or dirty work spaces),
    - Not adequately heated, lighted, or ventilated.

MMT Patient Liaison Group

In 2013 the College formed a methadone maintenance patient liaison group that meets biannually with methadone patients and the College of Physicians and Surgeons of BC to provide: a structured forum for dialogue, an opportunity to build collaboration, and to explore strategies for positive change. Through this group the patients identified significant concerns with their ability to maintain their continuity of care which has been compromised by:

- Pharmacists and pharmacy owners limiting patient choice:
    - Coercion to use a specific pharmacy in exchange for housing or incentives,
    - Discrimination against ethnic groups;
- Quality of pharmacy care:
    - Withholding dose to penalize patient for breaching loyalty to pharmacy,
    - Unsanitary conditions of pharmacy.

Ministry of Health Report 2015

In January 2015, the Medical Beneficiary and Pharmaceutical Services Division of the Ministry of Health reviewed and published a report regarding PharmaCare's Methadone Maintenance Payment Program (MMPP) and, more broadly, MMT in British Columbia. The report examines the current state of service delivery and highlights several challenges with the current MMPP model.

The report highlights several areas of concern for the College:

- Concentration of pharmacies in Surrey, Vancouver-Downtown East side, and Vancouver-Midtown that service large numbers of methadone patients which appears to result in poor patient care and issues with the accuracy of submitted claims to PharmaCare.
- Pharmacies that concentrate in high volume methadone dispensing have premises that appear inappropriate for the delivery of a health care service.
- Improper billing of methadone claims and the offering of inducements for methadone prescriptions.
- Problematic pharmacy practices which included failure to witness ingestion on delivered methadone, pressuring clients to request daily witnessed ingestion even when not prescribed by the physician, and coercive practice to make clients use a particular pharmacy.
- Lack of appropriate pharmaceutical care being provided to complex patients in that methadone focused dispensing pharmacies are not performing medication management reviews which would reduce the risk of drug therapy problems.

College Actions to Date

The College has lead the development of significant work to enhance MMT pharmacy care in BC. This work has focused on establishing minimum practice standards for MMT dispensing, initiating and completing undercover investigations of pharmacies to identify unethical and inappropriate practice, as well as establishing a patient liaison group and building broader stakeholder relationships. The following table summarizes the work the CPBC has accomplished to date.

Year	Key Accomplishments
2006/2007	• Guidelines specific to methadone dispensing were published for the first time and were subsequently updated.
2008	• CPBC 2008-2013 Strategic Plan included the following goal and objective: ○ Strategic Goal 1: The enhanced and expanded care and services that registrants deliver are safe and effective and aligned with the healthcare needs of the public. ○ Goal 1 Objectives: Continue to address issues around methadone maintenance treatment.
2009	• A new bylaw was implemented in response to complaints regarding restriction of patient choice. The purpose of the bylaw was to ensure that registrants did not limit their patients' right to choose their own healthcare delivery with respect to pharmacy service.
2010	• The Ministry of Health and the CPBC jointly determined that undercover operations should be performed at those pharmacies that had been the subject of the most serious and frequent complaints with respect to MMT practice infractions. • A total of 9 pharmacies and 31 registrants were subject to undercover investigations between 2010 and 2012.
2010-2011	• November 2010, the Board approved Professional Practice Policy 66 – *Methadone Maintenance Treatment* (PPP-66). The purpose of PPP-66 was to ensure that: ○ Patients had access to standardized MMT pharmacy services, ○ Patients experienced reduced risk potential while receiving MMT services, ○ Pharmacists had up-to-date knowledge and information to meet their patients' needs, and ○ Pharmacies had adequate resources and capacity. • PPP-66 came into effect on September 30, 2011. By January 1, 2012, participating pharmacies and pharmacists were required to implement all necessary practice requirements. • In conjunction with the policy, the CPBC developed a policy guide that further articulated the standards and guidelines for MMT dispensing. • The Board required mandatory training for all pharmacists involved in methadone dispensing for PPP-66 and the accompanying guide. • The College provided training to pharmacists via 26 live sessions around the province in March 2011. Approximately 1,200 pharmacists took part in these sessions. • For those who could not attend a live session or for new registrants, an on-line module was created and made available on the College website.
2012-2013	• In 2012 the College provided inter-professional clinical education sessions for pharmacists regarding addiction medicine. 15 live sessions were held throughout the province with attendance by 575 registrants. • In fall 2012, the pharmaceutical manufacturer Mallinckrodt announced the imminent Health Canada approval of a commercially available 10mg/ml methadone oral solution. As a result, a joint working group was established with representatives from CPBC, the CPSBC and the Ministry of Health, Pharmaceutical Services Division.

	• The Working Group met a number of times from November 2012 to June 2013 to identify issues, requirements and timelines for consideration to implement coverage of methadone 10mg/ml oral solution • September 20, 2013 the Board approved the updated PPP-66 policy - effective February 1, 2014. • Mandatory training was again required by the Board regarding this change - 23 "live" training sessions were conducted in summer/fall 2013 for pharmacists and pharmacy technicians. The on-line module was also updated for those that could not attend the live sessions. • Overall, 3863 pharmacists and 389 pharmacy technicians were trained.

2013/2014	• The inquiry committee reviewed the undercover results of the 9 pharmacies and 31 registrants and arrived at the following dispositions *(note: 14/31 registrants have multiples of the dispositions noted below)*
	  ○ 15 registrants: letters of undertaking (to not repeat the conduct and complete remedial actions),
	  ○ 1 registrant: changes licensure status to former (signs consent agreement to never apply for reinstatement or registration in another jurisdiction),
	  ○ 3 registrants: retake jurisprudence exam,
	  ○ 7 registrants: letters of reprimand,
	  ○ 3 registrants: pay a fine of $15,000 each,
	  ○ 1 registrant: pays a fine of $5,000,
	  ○ 1 registrant: pays a fine of $2,500,
	  ○ 3 registrants: suspended for 90 days,
	  ○ 1 registrant: cannot be a manager, owner, or director for a period of 2 years,
	  ○ 1 registrant (owner/director/manager): referred to discipline committee,
	  ○ 1 non-pharmacist owner – college to file a court injunction for "unauthorized practice" (practicing without a license).
	Note: *The results of the undercover investigations enabled the Ministry of Health to successfully take action against pharmacies in contravention of their PharmaCare agreements. The Ministry achieved the following:*
	  ○ *6 pharmacies had their enrollment in PharmaCare terminated,*
	  ○ *One pharmacy was closed,*
	  ○ *One case is outstanding.*

Moving Forward: Three Year Action Plan

The action plan sets a three year time frame focused on enforcing standards and includes goals that focus on pharmacies not meeting legislative requirements, practice and ethical standards and pharmacists that have been identified as engaging in unethical or fraudulent activity; and longer term goals that focus on enhancing the legislative structure for greater enforcement capability, continuing effective investigations and discipline and enhancing stakeholder relationships. These goals have been chosen for their ability to foster ongoing sustainable positive change, alignment with the College Values and alignment with Ministry objectives to enhance safety and effectiveness in MMT. Over the next three years (2015-2018) the College will undertake the following actions:

Undercover Investigations

To identify problematic practices which cannot be observed during regular inspections the College, in collaboration with the Ministry of Health, will develop, plan and implement a minimum of 6 new undercover investigations. The undercover investigations will occur over the 3 year period of the action plan and will focus on the identification of non-compliance with legislative requirements, practice standards, and ethical standards. Based on the findings of the investigations, the College will take appropriate action, including, if justified, referral to the Inquiry Committee.

Focused Inspections

To reinforce the College's commitment to ensure registrants are adhering to the standards of practice in MMT dispensing, the College will conduct priority inspections of MMT dispensing pharmacies. A minimum of 40 priority inspections will be completed over the 3 years and will focus on the following areas:

- Premises which are not appropriate for the practice of pharmacy,
- MMT focused dispensing pharmacies that have been denied enrollment in or have had their enrollment terminated by PharmaCare, and
- The top 20 MMT dispensing pharmacies (by PharmaCare expenditure).

If the priority inspections return unacceptable findings, the College will take appropriate action to mitigate these concerns, including referral to the Inquiry Committee as necessary.

Stakeholder Relations

MMT practice is complex and delivered through the collaborative efforts of a number of organizations; therefore good working relationships with stakeholders is a key element in this action plan. The College will continue to build and enhance relationships with patients, municipalities, the Ministry of Health, Health Authorities, other regulatory bodies, and health care providers. The College will participate in regular meetings and collaborate with key stakeholders in order to address a number of concerns including:

- Keeping stakeholders informed and involved,
- Supporting transparency and accountability,
- Co-ordinating organizational resources, and
- Pre-empting unintended consequences.

Legislation Review

The College will review and provide recommendations to the Board to:

- Strengthen pharmacy licensure requirements for MMT dispensing, and
- Strengthen pharmacist and pharmacy technician registration requirements for dispensing of MMT.

The legislation review will identify the limitations of the current regulatory tools to manage licensure issues in a preventative manner and deliver a gap analysis that will result in drafting of enhanced licensure bylaws and policy to support enhanced enforcement. The review will also explore the feasibility and value of pharmacist certification for MMT dispensing to ensure registrants have the necessary knowledge, skills and abilities for this complex area of care. If the feasibility review is positive then pharmacist certification requirements will be drafted and presented to the Board for approval.

Report to the Board

The Registrar will report to the Board on progress on the action plan at regularly scheduled board meetings.

Conclusion

In response to complaints received at the College, investigations conducted, recent media reports, and a 2015 Ministry of Health report focused on PharmaCare's MMPP and MMT in BC, a 3 year action plan has been developed by the College to address issues and concerns and bring about positive, sustainable change for MMT pharmacy practice in BC.

College of Pharmacists of British Columbia

Methadone Maintenance Treatment: Enforcing Standards

Four Year Action Plan
2015 - 2018

Purpose

The purpose of this document is to outline an action plan that will address serious issues and concerns identified by stakeholders related to the provision of Methadone Maintenance Treatment (MMT) pharmacy services for the people of British Columbia.

Background and Context

MMT is a complex area of pharmacy practice that is multi-faceted, cross-professional, and cross-jurisdictional. Although the College has taken a number of significant steps towards improving MMT pharmacy care in BC over the past 9 years, concerns still exist. These concerns have been identified through the findings of the College's complaints resolution department, recent media reports, and the College's MMT patient liaison working group which also aligns with the recent Ministry report findings.

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- Pharmacists and pharmacy owners limiting patient choice:
  - Coercion to use a specific pharmacy in exchange for housing or incentives,
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- Pharmacies that concentrate in high volume methadone dispensing have premises that appear inappropriate for the delivery of a health care service.
- Improper billing of methadone claims and the offering of inducements for methadone prescriptions.
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College Actions to Date

The College has lead the development of significant work to enhance MMT pharmacy care in BC. This work has focused on establishing minimum practice standards for MMT dispensing, initiating and completing undercover investigations of pharmacies to identify unethical and inappropriate practice, as well as establishing a patient liaison working group and building

broader stakeholder relationships. The following table summarizes the work the College has accomplished to date.

Year	Key Accomplishments
2007	• Guidelines specific to methadone dispensing were published for the first time and were subsequently updated.
2008	• College 2008-2013 Strategic Plan included the following goal and objective: ○ Strategic Goal 1: The enhanced and expanded care and services that registrants deliver are safe and effective and aligned with the health care needs of the public. ○ Goal 1 Objectives: Continue to address issues around methadone maintenance treatment.
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2014	• The Inquiry Committee reviewed the undercover results of the 9 pharmacies and 31 registrants and arrived at the following dispositions *(note: 14/31 registrants have multiples of the dispositions noted below)* o 15 registrants: letters of undertaking (to not repeat the conduct and complete remedial actions), o 1 registrant: changes licensure status to former (signs consent agreement to never apply for reinstatement or registration in another jurisdiction), o 3 registrants: retake jurisprudence exam, o 7 registrants: letters of reprimand, o 3 registrants: pay a fine of $15,000 each, o 1 registrant: pays a fine of $5,000, o 1 registrant: pays a fine of $2,500, o 3 registrants: suspended for 90 days, o 1 registrant: cannot be a manager, owner, or director for a period of 2 years, o 1 registrant (owner/director/manager): referred to discipline committee, o 1 non-pharmacist owner – college to file a court injunction for "unauthorized practice" (practicing without a license). **Note:** *The results of the undercover investigations enabled the Ministry of Health to successfully take action against pharmacies in contravention of their PharmaCare agreements. The Ministry achieved the following:* o *6 pharmacies had their enrollment in PharmaCare terminated,* o *One pharmacy was closed,* o *One case is outstanding.*

Moving Forward: Four Year Action Plan

The action plan sets a 4 year time frame focused on enforcing standards and includes goals that focus on pharmacies not meeting legislative requirements, practice and ethical standards and pharmacists that have been identified as engaging in unethical or fraudulent activity; and longer term goals that focus on enhancing the legislative structure for greater enforcement capability, continuing effective investigations and discipline and enhancing stakeholder relationships. These goals have been chosen for their ability to foster ongoing sustainable positive change, alignment with the College Values and alignment with Ministry objectives to enhance safety and effectiveness in MMT. Over the next 4 years (2015-2018) the College will undertake the following actions:

Undercover Investigations

To identify problematic practices which cannot be observed during regular inspections the College, in collaboration with the Ministry of Health, will develop, plan and implement a minimum of 6 new undercover investigations. The undercover investigations will occur over the 4 year period of the action plan and will focus on the identification of non-compliance with legislative requirements, practice standards, and ethical standards. Based on the findings of the investigations, the College will take appropriate action, including, if justified, referral to the Inquiry Committee.

Focused Inspections

To reinforce the College's commitment to ensure registrants are adhering to the standards of practice in MMT dispensing, the College will conduct priority inspections of MMT dispensing pharmacies. A minimum of 40 priority inspections will be completed over the 4 years and will focus on the following areas:

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College of Pharmacists of British Columbia

6. Methadone Maintenance Treatment Action Plan Update

David Pavan

Deputy Registrar

College of Pharmacists of British Columbia

Complaints Resolution

College of Pharmacists of British Columbia

Complaints Resolution 2017

Number of Formal Complaints	Number of Tips/Intelligence	Number of IC Meetings/Tele	Number of Files Disposed by IC
107	758	56	168

College of Pharmacists of British Columbia

2018 Priorities

- Develop new undercover strategies
- Proactive inspections based on tips
- Proactive inspections of central-fill facilities
- Proactive inspections of long-term care facilities

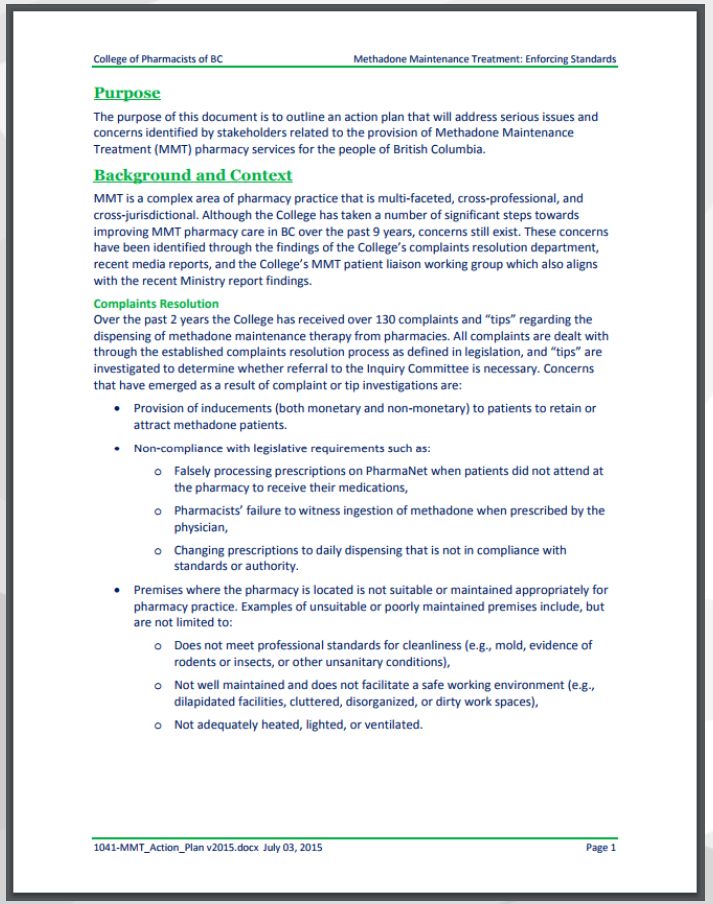
College of Pharmacists of British Columbia

Historical Background and Context

Year	Accomplishment
2007	MMT guidelines published for the first time
2008	Strategic Plan goal alignment
2009	HPA Bylaw implemented
2010	MMT undercover operations for the first time
2011	PPP-66 and Policy Guide published Mandatory training sessions (x26) = **500+** registrants
2012	Inter-professional clinical education sessions (x15) Patient Liaison Group established
2013	Updated PPP-66 published Mandatory training sessions (x23) = **1600+** registrants
2014	Undercover results: 9 pharmacies, 29 registrants and 2 owners College results allow Ministry to act against 46 pharmacies

College of Pharmacists of British Columbia

MMT: FOUR YEAR ACTION PLAN 2015-2018



College of Pharmacists of BC — Methadone Maintenance Treatment: Enforcing Standards

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Background and Context

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  - Pharmacists' failure to witness ingestion of methadone when prescribed by the physician,
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- Premises where the pharmacy is located is not suitable or maintained appropriately for pharmacy practice. Examples of unsuitable or poorly maintained premises include, but are not limited to:
  - Does not meet professional standards for cleanliness (e.g., mold, evidence of rodents or insects, or other unsanitary conditions),
  - Not well maintained and does not facilitate a safe working environment (e.g., dilapidated facilities, cluttered, disorganized, or dirty work spaces),
  - Not adequately heated, lighted, or ventilated.

College of Pharmacists of British Columbia

MMT Action Plan Overview

College of Pharmacists of British Columbia

1. Focused Inspections

Prioritized based on:

- Volume of methadone dispensed (e.g. top 25 MMT dispensing pharmacies)
- Geographical distribution

Other factors:

- Tips/complaints
- Immediate public safety risk

College of Pharmacists of British Columbia

Geographical Distribution – Focused Inspections

Region	Number of Pharmacies Inspected
Vancouver	13
Okanagan / Kootenays	10
Fraser Valley/Burnaby	6
Sunshine Coast	5
Northern BC / Peace River	4
Vancouver Island	3

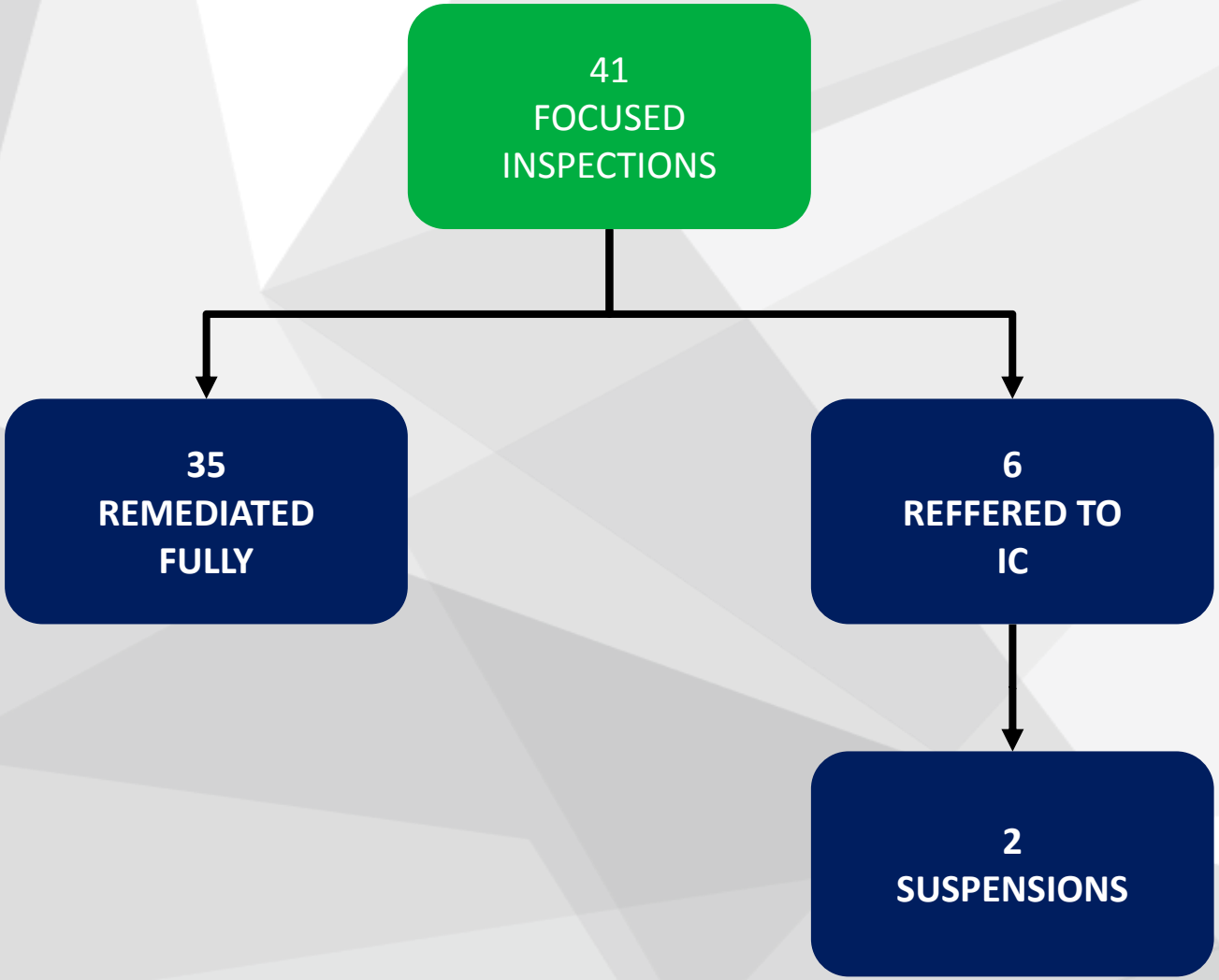
College of Pharmacists of British Columbia

Findings - Focused Inspections

- Compliance with dispensing and patient care standards was generally high
- Registrants consented to undertakings that included remedial education, pharmacy equipment improvements, administrative (e.g. missing reference literature, incomplete staff training forms)
- Majority of pharmacies inspected remediated fully per College's recommendations

College of Pharmacists of British Columbia

May 2015 – July 2017



College of Pharmacists of British Columbia

2. Undercover Investigations

Background

- Allegations of alleged non-compliance with legislative requirements and practice standards
    - Inducements
    - Frequency of dispensing
    - Unauthorized advances of medications
    - Failing to maintain PharmaNet patient records

College of Pharmacists of British Columbia

Undercover Investigations

Goal

- To focus on the identification of non-compliance with legislative requirements, practice standards, and ethical standards

May 2015 – December 2017

- Conducted 9 undercover operations

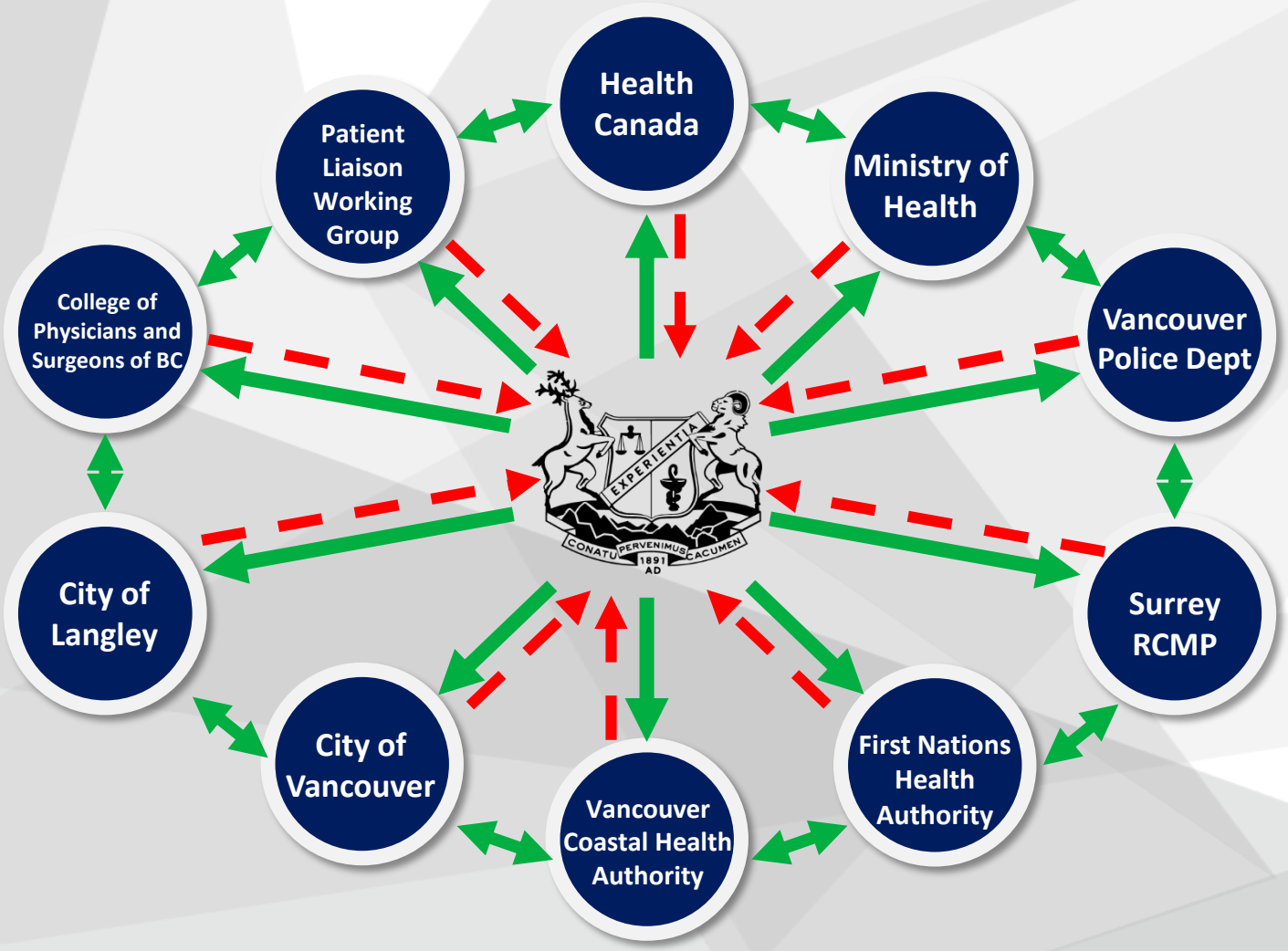
College of Pharmacists of British Columbia

Undercover Investigations

- Undercover files are going through the Inquiry Committee process.
- The Inquiry Committee is scheduled to review the undercover files in March 2018
- Due to confidentiality and security, the College will not be reporting on any investigation results until the matters have been reviewed and disposed by the Inquiry Committee

College of Pharmacists of British Columbia

3. Stakeholder Relations



College of Pharmacists of British Columbia

4. Legislative Review

PPP-66 – updated December 2017

- As per BCCSU Guidelines for OAT
  - Methadone
  - Suboxone
  - Kadian

College of Pharmacists of British Columbia

Questions

College of Pharmacists of British Columbia

BOARD MEETING
February 16, 2018

7. Pharmacy Manager Training Program Proposal/Product

INFORMATION ONLY

Purpose

For Deputy Registrar Pavan to provide an update on the Pharmacy Manager Training Program Proposal/Product.

Appendix	
1	May 5, 2016 Letter from Chair Hope of Inquiry Committee to Board
2	June 2017 Board meeting briefing note re Pharmacy Manager's Requirement and Training

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

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

BOARD MEETING
February 16, 2018

8. Inquiry Committee - Pharmacy Software Requirements

DECISION REQUIRED

Recommended Board Motions:

(1) Direct the Registrar to explore the development of new requirements for the security of information in local pharmacy computer systems.

(2) If new requirements are deemed necessary, direct the Registrar to propose that the Ministry of Health consider amending their PharmaNet Professional and Software Compliance Standards document to enhance the software security requirements of the local pharmacy computer systems.

Purpose

To seek Board approval to direct the Registrar to (1) explore the development of new requirements regarding the security of information in the local pharmacy computer systems; and (2) If new requirements are deemed necessary, propose that the Ministry of Health consider amending their *PharmaNet Professional and Software Compliance Standards* document to enhance software security requirements of the local pharmacy computer systems.

Background

Through the review of recent complaint files, it has become apparent to the Inquiry Committee that there is a lack of security requirements for the local computer systems and software[1] of pharmacies. The Committee considers this to be problematic. In particular, the Committee has noted that certain software lack appropriate security controls, making local system records vulnerable to user manipulation. In addition, potential manipulations of the system are not recorded; meaning, that it is not possible to track who may have manipulated a record. This lack of tracking limits the College's ability to investigate such cases of record manipulation, which ultimately limits the College's ability to protect the public.

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

There are two main sources of requirements for the computer systems and software of pharmacies – the College's bylaws and PharmaNet requirements. However, both of these sources currently lack fulsome security requirements regarding a pharmacy's local computer system and software.

Under section 20 of the *Pharmacy Operations and Drug Scheduling Act* – Bylaws, all community pharmacies in British Columbia must connect to PharmaNet and be equipped with an in-pharmacy computer system with software that meets the requirements set out in the Ministry of Health's *PharmaNet Professional and Software Compliance Standards* document. This Ministry of Health document contains implementation requirements, security requirements, business rules and technical rules for computer systems and software as it relates to PharmaNet transactions. However, it does not set out system and software requirements for functions unrelated to PharmaNet transactions. Enhancing the security requirements for functions unrelated to PharmaNet transactions within these PharmaNet Standards will not only ensure immediate compliance by all British Columbia pharmacies, but will also create an automatic enforcement mechanism.

Aside from PharmaNet connectivity, pharmacy software also has the capability of maintaining electronic records that are unique to each pharmacy. Such records include patient profiles, patient medication profiles, drug profiles, prescriber profiles, and drug inventory records. These records are maintained locally by each pharmacy and are part of what is commonly known as the "local" pharmacy computer system. Currently, there are no College requirements or policies governing the use and maintenance of local computer systems or software[2].

Option 1

Not explore developing new requirements regarding the security of information in the local computer systems of pharmacies and do not propose that the Ministry of Health consider amending their *PharmaNet Professional and Software Compliance Standards* document to enhance the software security requirements of the local pharmacy computer systems.

<u>Advantages</u>

- The College would not be required to devote additional resources to this issue.

<u>Disadvantages</u>

- The College could appear to be unresponsive to emerging issues in patient safety.

Option 2

Only explore the developing of new requirements regarding the security of information in the local pharmacy computer systems.

[2] It should be noted that the Board will be considering publicly posting draft bylaws regarding electronic recordkeeping at their February 2018 meeting. However, these draft bylaws do not specifically focus on the issues brought forward by the Inquiry Committee.

Advantages

- The College will have an opportunity to assess current pharmacy software requirements, and propose minimum standards to ensure better public safety.
- The College would obtain a better understanding of the issues around pharmacy software limitations.
- The College could also conduct engagement on the issue, to obtain a better understanding of stakeholder responses.

Disadvantages

- There may be some negative feedback from stakeholders, as new requirements may result in increased operating costs and impact workflow for pharmacies and registrants.

Option 3

Only propose that the Ministry of Health consider amending their *PharmaNet Professional and Software Compliance Standards* document to enhance the software security requirements of the local pharmacy computer systems.

Advantages

- Working with the Ministry of Health to update PharmaNet standards will not only ensure immediate compliance by all British Columbia pharmacies, but will also create an automatic enforcement mechanism.
- The College could also conduct engagement on the issue, to obtain a better understanding of stakeholder responses.

Disadvantages

- This may not be a priority for the Ministry of Healthy and the project completion and implementation may be delayed until it does become a priority.
- There may be some negative feedback from stakeholders, as new requirements may result in increased operating costs and impact workflow for pharmacies and registrants.

Option 4

Begin to explore developing new requirements regarding the security of information in the local computer systems of pharmacies and propose that the Ministry of Health consider amending their *PharmaNet Professional and Software Compliance Standards* document to enhance the software security requirements of the local pharmacy computer systems.

Advantages

- The College will have an opportunity to assess current pharmacy software requirements, and propose minimum standards to ensure better public safety.
- The College would obtain a better understanding of the issues around pharmacy software limitations.

- Working with the Ministry of Health to update PharmaNet standards will not only ensure immediate compliance by all British Columbia pharmacies, but will also create an automatic enforcement mechanism.
- The College could also conduct engagement on the issue, to obtain a better understanding of stakeholder responses.

Disadvantages

- There may be some negative feedback from stakeholders, as new requirements may result in increased operating costs and impact workflow for pharmacies and registrants.

Recommendation

The College recommends that the Board choose Option 4 for the following reasons:

- To increase public safety by ensuring consistent software requirements when dispensing prescriptions.
- To increase accountability of registrants in maintaining accurate patient records.
- To create an automatic enforcement mechanism though by amending the *PharmaNet Professional and Software Compliance Standards*.

Appendix	
1	Inquiry Committee Letter re: Pharmacy Software Requirements

College of Pharmacists
of British Columbia

CONFIDENTIAL January 8, 2018

Board Members
College of Pharmacists of British Columbia
#200 - 1765 West 8th Avenue
Vancouver, BC V6J 5C6

Dear Board Members:

RE: Pharmacy Software Requirements

As Chair of the Inquiry Committee, I am writing to bring your attention to an issue that appears to be contributing to dispensing errors, inaccurate records, and drug diversion. This issue is regarding the lack of requirements for the software functions of "local" pharmacy computer systems.

Under section 20 of the Bylaws to the *Pharmacy Operations and Drug Scheduling Act*, all pharmacies in British Columbia must connect to PharmaNet and be equipped with an in-pharmacy computer system with software that meets the requirements set out in the Ministry of Health document *PharmaNet Professional and Software Compliance Standards*. This document contains implementation requirements, security requirements, business rules and technical rules for computer systems and software as it relates to PharmaNet transactions.

Aside from connecting to PharmaNet, pharmacy software also has the capability of maintaining electronic records that are unique to each pharmacy. Such records include patient profiles, patient medication profiles, drug profiles, prescriber profiles, and drug inventory records. These records are maintained locally by each pharmacy and are part of what is commonly known as the "local" pharmacy computer system. Currently, there are no requirements or policies governing the use and maintenance of local computer systems or software. The *PharmaNet Professional and Software Compliance Standards* also does not set out system and software requirements for functions unrelated to PharmaNet transactions.

Through the review of recent complaint files, it has become apparent to the Inquiry Committee that the lack of requirements for local computer systems and software is problematic. Pharmacies can choose which pharmacy software to use, as long as it meets the requirements in the *PharmaNet Professional and Software Compliance Standards.* While there currently exists several software options, they are not all created equally, especially as it relates to the local computer system. The Inquiry Committee has noted that certain software lack appropriate security controls, making local system records vulnerable to user manipulation. In addition, these manipulations are not recorded, meaning that it is not possible to track who may have manipulated a record. This lack of tracking limits the College's ability to investigate such cases of record manipulation, which ultimately limits the College's ability to protect the public.

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For example, the Inquiry Committee has reviewed complaint files where the following has occurred:

- In one case, the prescription authorized several refills. For the first fill, the pharmacist typed out the directions for use. When the prescription was refilled, the directions were inadvertently changed, leading the patient to believe that the directions actually changed. This dispensing error could have been avoided if the software had restraints in the local system to prevent changes to the directions field when a prescription was refilled, before it is transmitted to PharmaNet. The directions for a refill prescription should be the same as the directions on the original prescription, and the directions field for a refill prescription should not be open to user manipulation. The system was also not able to track which staff member inadvertently changed the directions.

- In another case, PharmaCare only covered one brand of a generic drug (Brand X). The pharmacist wished to dispense another generic brand (Brand Y), as he was receiving benefits from the manufacturer of Brand Y. He manipulated the drug profile of Brand Y on the local system so that it was linked to the drug identification number (DIN) for Brand X. Therefore, Brand X's DIN was submitted to PharmaCare and it was covered, but the patient actually received Brand Y. This created an inaccurate PharmaNet record in that the patient did not receive Brand X, but rather Brand Y. This could have been avoided if the software had restraints in the local system to prevent changes to the DIN in a drug profile. The system was also not able to track which staff member altered the DIN in the drug profile.

- In a third case, a pharmacist who had been diverting narcotic drugs continuously altered drug inventory numbers in the local computer system so that it limited the potential of his actions being detected. The system was not able to track when he made these alterations, which limited certain aspects of investigation of the case.

We understand that at the February 2018 meeting, the Board will be considering proposed bylaws for public comment, regarding electronic record keeping that will include minimum software requirements for local computer systems. The Inquiry Committee believes that this is a step in the right direction. As the above examples have shown, there should be required software functions for limiting modifications in certain user fields, and functions capable of uniquely identifying each time a person accesses and/or modifies a record. Because there are no current requirements for these, some software developers are not including them in the software programs.

The Board may also wish to consider drafting bylaws related specifically to the functions of local computer systems, and to direct the Registrar to collaborate with the Ministry of Health to update the *PharmaNet Professional and Software Compliance Standards* document to include software requirements for functions specific to local computer systems. Updating these PharmaNet standards will not only ensure immediate compliance by all British Columbia pharmacies, but will also create an automatic enforcement mechanism.

Respectfully,

Ming Chang
Chair, Inquiry Committee

College of Pharmacists of British Columbia

BOARD MEETING
February 16, 2018

9. 2017/18 – 2019/20 Strategic Plan Amendment

DECISION REQUIRED

Recommended Board Motion:

To approve the amendments of the 2017/18 – 2019/20 Strategic Plan as presented.

College of Pharmacists of British Columbia

9. 2017/18 – 2019/20 Strategic Plan Amendment

Mary O'Callaghan

College of Pharmacists of British Columbia

Goal Four

Organizational Excellence

The College has grown significantly over the last 10-15 years both in the number of registrants and pharmacies and in the staff required to govern them in the public interest. Over the next three years, the College will ensure that the efficiency and effectiveness of its foundational business processes and technological supports are upgraded to meet the ongoing needs of registrants, pharmacy owners and directors, staff and the public. It will also ensure that College governance and staffing are well organized and provided at the appropriate level to ensure the efficient and effective delivery of services to all stakeholders.

Objectives	Key Results	Considerations
1. Update the College's information technology infrastructure to integrate and support the College's departments, programs and functions.	• Design and implementation plan completed. • Updates planned include: a. Key database modules b. Enhancing privacy and security	• Follows implementation of PODSA ownership bylaws. • Integrates with business process changes. • Potential resource requirements for staff and contractors.
2. Enhance organizational best practices to obtain silver certification from Excellence Canada.	• Board policies are updated • Staffing levels and organization are reviewed and changes are implemented.	• Potential resource requirements for consulting and staffing.

College of Pharmacists of British Columbia

BOARD MEETING
February 16, 2018

11. Audit and Finance Committee
b) Budget 2018/19

DECISION REQUIRED

Recommended Motion:

Approve the 2018/19 budget totaling $10,204,958 with a transfer from reserves in the amount of $1,105,417 as presented.

Synopsis

The proposed 2018/19 budget covers the first year without any PharmaNet contract income. The last two fiscal years prepared for this with fee increases to off-set this loss of revenue. This budget continues to fund strategic plan activities while proposing only nominal fee increases. The proposed budget does continue to draw upon reserve funds as proposed in the Multiyear budget presented last year.

Background

The budget planning process began in November with Directors and Managers meeting with Finance to review their 2017/18 budget and projected actuals. At the December management planning retreat, the Strategic Plan was carefully reviewed and we discussed resources required to achieve the goals and objectives identified for next year.

Finance met with Directors and Managers to review all of these factors and document the changes. Where budgets were projected to be underspent in the current year, the reasons why were researched and factored into the new budget. Revenues and registrant / licensure statistics and trends were also researched.

Discussion

During last year's budget discussions, the Board approved using Reserve funds to permit a more gradual approach to accommodating the loss of revenue from the PharmaNet contract. This was necessary due to the fact that any fee increase can take up to two years to be fully recognized as revenue. (It can take up to one year for all registrants to renew their registration and then another year for that fee to be fully recognized with accrual accounting.)

The proposed budget will use $1,105,417 of Reserve funds to offset the revenue loss.

Major Initiatives in 2018/19

- Implementation of PODSA Ownership licensure process.
- PODSA Modernization bylaw review and process review.
- Draft of Excellence Canada's Silver Certification application completed.
- Records Management processes implemented and staff trained.
- Privacy Management processes reviewed and staff trained.
- IT department processes reviewed, Policies and Procedures updated and staff trained.
- Continued improvement made on IT Roadmap projects.
- Quality Assurance project – auditing CE credits.
- Submit the Pharmacist Prescriber framework to the Ministry of Health.
- First full year of Hospital practice reviews.
- Planning for the next Strategic Plan development.

What is included in the draft budget

- Consulting support for next Strategic Plan development (including Engagement activities).
- New IT managed services provider contract.
- Continued IT development support for iMIS (the College's CRM) database.
- Continued IT development support for electronic records management.
- Consulting services to support the development of policies and procedures and related staff training. This is a big part of our Excellence Canada project as well as our Strategic Plan goal of Organizational Excellence.
- Funding for the new Applications Committee.
- Project Management and legal support for the PODSA Modernization bylaw review (the next step after PODSA Ownership is finalized).
- Staffing – consideration has been given to (where possible) ensuring that we have staff cross trained to back up co-workers in the event of workload issues and vacation coverage:
    - FOI / Recordkeeping officer – to support staff as records management / privacy management is enhanced.
    - IT Support Technician – for in-house tech support. Salary and benefits are off-set by the reduction in the managed services provider contract.
    - A "term" Licensure administration support staff – to support the PODSA licensure changes during the first year.
    - Complaints Resolution administration support staff – to support Investigators and prepare documents for Inquiry Committee.

- Hospital / Community Compliance Officer – This cross-trained officer will provide back-up for both areas when needed (vacation and sick relief) and can be an additional resource for both reviews and practice support coverage.

The Executive Team reviewed this budget and recommended it to the Audit and Finance Committee at the February 2, 2018 meeting. The Audit and Finance Committee reviewed the budget and is recommending that the Board approve it.

Recommendation

Approve the 2018/19 budget in the amount of $10,204,958 with a transfer from reserves in the amount of $1,105,417.

Appendix	
1	Budget 2018/19 Multi Year Plan as per proposed fee increases
2	Budget 2018/19 Statement of Revenue & Expenses as per proposed fee increases
3	Multi Year chart showing projected impact on Reserves

College of Pharmacists of BC
Budget 2018/19 - Proposed Multi-Year Plan
***** Based on proposed fee increases*****

	CURRENT			YR 1	MULTI-YEAR PLAN			
	2017-18			2018-19	2019-20	2020-21	2021-22	2022-23
	BUDGET	LATEST EST.	9-MO ACTUAL	BUDGET (DRAFT)	PROJECTED			
Revenue deferred	6,539,955	6,431,045	4,710,866	8,006,702	8,840,391	9,280,998	9,656,215	10,043,391
Revenue licensure other	485,594	480,062	273,766	433,410	453,895	463,004	472,113	481,322
Revenue other	1,218,522	1,106,726	995,179	659,428	741,177	693,161	684,932	686,969
Revenue	8,244,070	8,017,832	5,979,811	9,099,540	10,035,463	10,437,163	10,813,260	11,211,682
Expenditures	9,594,567	9,025,653	6,852,674	10,204,958	10,275,302	10,416,704	10,606,884	10,795,677
(Deficiency) Excess of Revenue over Expenditures	**(1,350,497)**	**(1,007,821)**	**(872,863)**	**(1,105,417)**	**(239,839)**	**20,459**	**206,376**	**416,005**

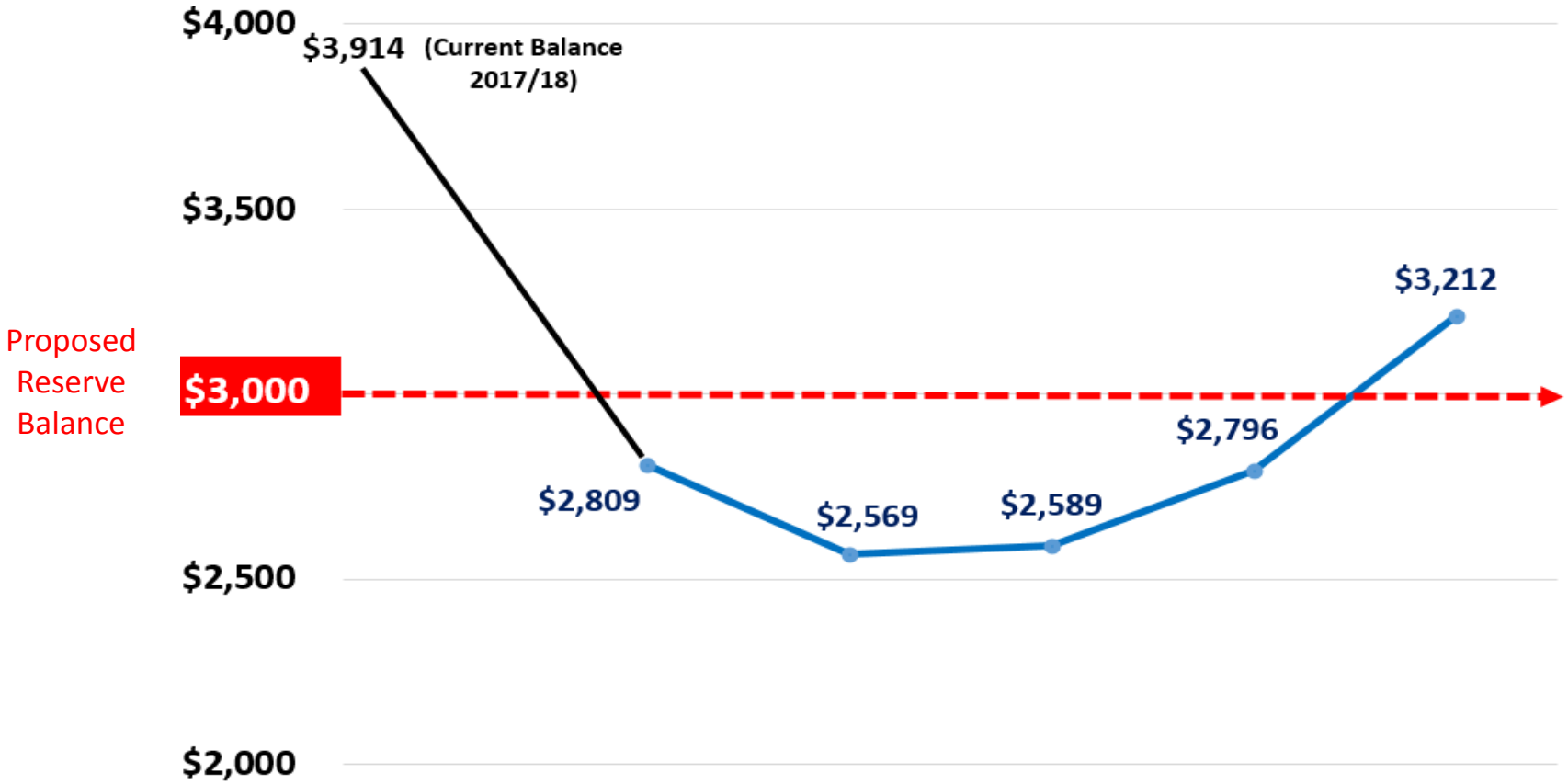
	CURRENT			YR 1	YR 2	YR 3	YR 4	YR 5
	2017-18			2018-19	2019-20	2020-21	2021-22	2022-23
	BUDGET	LATEST EST.	9-MO ACTUAL	BUDGET (DRAFT)	PROJECTED			
Reserves, Opening Balance	4,975,505	4,921,887	4,921,887	3,914,066	2,808,650	2,568,811	2,589,270	2,795,646
***Add** : Replenishments*						20,459	206,376	416,005
***Less** : Funding*	(1,350,497)	(1,007,821)	(872,863)	(1,105,417)	(239,839)			
Reserves, Closing Balance	3,625,008	3,914,066	4,049,024	2,808,650	2,568,811	2,589,270	2,795,646	3,211,651
Target Balance (per Senior Management)	3,500,000	3,500,000	3,500,000	2,700,000	2,500,000	2,500,000	2,500,000	3,000,000
Excess of Reserves Closing Balance over Targeted Balance	125,008	414,066	549,024	108,650	68,811	89,270	295,646	211,651

FEE TYPE	CURRENT 2017-18	YR 1 2018-19 BUDGET (DRAFT)	YR 2 2019-20	YR 3 2020-21	YR 4 2021-22	YR 5 2022-23
			PROJECTED			
Pharmacy *(licensure renewal)*	***$2,250.*** *Increased from* ***$2,001*** *effective Dec 1, 2017*	**$2,299 effective Dec 1, 2018 ($49 incr. or 2.2%)**	**$2,345 ($46 incr. or 2%)**	**$2,392 ($47 incr. or 2%)**	**$2,440 ($48 incr. or 2%)**	**$2,489 ($49 incr. or 2%)**
Pharmacist *(full renewal)*	***$699.*** *Increased from* ***$580*** *effective Nov 1, 2017*	**$724 effective Nov 1, 2018 ($25 incr. or 3.7%)**	**$739 ($15 incr. or 2%)**	**$754 ($15 incr. or 2%)**	**$769 ($15 incr. or 2%)**	**$784 ($15 incr. or 2%)**
Pharmacy Technician *(full renewal)*	***$465.*** *Increased from* ***$386*** *effective Nov 1, 2017*	**$482 effective Nov 1, 2018 ($17 incr. or 3.7%)**	**$492 ($10 incr. or 2%)**	**$502 ($10 incr. or 2%)**	**$512 ($10 incr. or 2%)**	**$522 ($10 incr. or 2%)**

College of Pharmacists of BC
Statement of Revenue and Expenses
Draft Budget 2018/19
Based on proposed fee increases*

	Budget 2017/18	Latest Estimates 2017/18	Budget 2018/19
Revenue			
Licensure revenue			
Pharmacy fees	2,508,280	2,523,420	3,322,727
Pharmacists fees	3,682,229	3,590,673	4,314,669
Technician fees	719,451	666,176	802,716
	6,909,960	6,780,269	8,440,112
Non-licensure revenue			
Other revenue	879,882	778,337	114,188
Grant Revenue	111,450	71,490	175,240
Investment income	92,778	137,736	105,000
College Place joint venture income	250,000	250,000	265,000
	1,334,110	1,237,563	659,428
Transfer from Balance sheet	1,350,496	1,007,821	1,105,417
Total Revenue	**9,594,566**	**9,025,653**	**10,204,958**
Expenses			
Board and Registrar's Office	803,200	780,956	781,190
Finance, Administration and Human Resources	1,458,029	1,507,246	1,694,235
Information Technology	1,800,030	1,676,458	1,937,614
Grant Distribution	188,240	94,202	148,240
Registration, Licensure and Pharmanet	923,616	787,461	870,455
Quality Assurance	59,150	51,659	61,715
Practice Reviews	1,423,425	1,329,771	1,596,360
Complaints Resolution	1,591,574	1,394,262	1,628,843
Policy and Legislation	404,314	357,523	468,766
Public Engagement	392,975	362,312	446,951
Projects	150,000	316,975	174,401
Total Operating Expenses	9,194,552	8,658,825	9,808,770
Amortization	400,014	366,829	396,188
Total Expenses	**9,594,566**	**9,025,653**	**10,204,958**
Excess / (Deficiency) of revenue over expenses	**0**	**0**	**(0)**

Projected Impact on Reserves (in Thousands)



		2018/19	2019/20	2020/21	2021/22	2022/23
2018/19 Proposed Fees	Pharmacy	$ 2,299	$ 2,345	$ 2,392	$ 2,440	$ 2,489
	Pharmacist	$ 724	$ 739	$ 754	$ 769	$ 784
	Pharmacy Technician	$ 482	$ 492	$ 502	$ 512	$ 522

College of Pharmacists of British Columbia

BOARD MEETING
February 16, 2018

11. Audit and Finance Committee
c) Reserves Policy

DECISION REQUIRED

Recommended Motion:

Approve the Reserves Policy with a total of $3,000,000 as presented.

Purpose

To update the policy concerning reserves.

Background

The College is a non-profit for taxation purposes. As such all surplus funds retained by the College should have a purpose and be justified. Currently the Reserves Policy states that the College should maintain a total of $4,500,000 in Reserves.

Discussion

Reviewing literature supplied by Grant Thornton and other sources, it is recommended that non-profits, with fairly reliable revenue sources and reasonably predictable expenditures, retain 25% of budgeted expenditures in reserves. The reserves should be documented as to uses, approval and replenishment processes.
The current Reserves policy was approved in June 24, 2016. At that time we were undertaking a major IT renewal project and had concerns about cash flow. The reserves target balance was discussed at the Audit and Finance Committee meeting of February 2, 2018. The balance of $4,500,000 appears to be much higher than needed.

Recommendation

Therefore, we are recommending approval of the attached Reserves Policy.

Appendix	
1	Reserves Policy

College of Pharmacists of BC Reserves Policy

Statement of Purpose

The purpose of the reserves is to help to ensure the long-term financial stability of the College and position it to respond to varying economic conditions and changes affecting the College's financial position and the ability of the College to continuously carry out its Mission.

Scope / Limits

This policy applies to all reserve funds of the College. In accordance with Canadian accounting standards for private sector not-for-profit organizations, externally restricted funds held by the College are classified as deferred revenue and, consequently, not considered a reserve fund for the purposes of this policy.

Policy

- The College shall hold the following reserve funds
    - Capital Asset and Building Reserve
    - Joint Venture Reserve
    - Automation Reserve
    - Legal Reserve
    - Grants Reserve
    - Operating Reserve

- The reserve funds will not be shown in the budget, but will be held in separate general ledger balance sheet accounts with equivalent funds invested in either College bank accounts and / or College investment accounts. These funds will be separately reported in the annual financial statements.
- The annual and multi-year budgets shall include a statement of the current balances in the reserves. The budget will include a line for anticipated net transfers between the reserve funds and the operating account, if applicable.

Fund Balances

The goal of the Board is to maintain the reserves for the following purposes and the target balances as follows:

Capital Asset Reserve (Target balance is $250,000):

The Capital Asset Reserve is maintained to assist in funding any unanticipated leasehold improvements, furniture purchases and other capital acquisitions, other than automation purchases.

Joint Venture Reserve (Target balance is $500,000):

The Joint Venture Reserve is maintained to assist in funding any special levies required to maintain the upkeep of the building jointly owned by the College of Pharmacists and the College of Dental Surgeons. These would be outside of the planned joint venture reserve fund schedule.

Automation Reserve (Target balance is $500,000):

The Automation Reserve is maintained to provide for the substantial maintenance, upgrading or replacement of IT equipment, software purchases, audiovisual equipment and telecommunications equipment over and above regular maintenance, upgrades or replacements provided for in the annual operating budget.

Legal Reserve (Target balance is $500,000):

The Legal Reserve enables the College to sustain operations in the event of legal costs arising from an unanticipated increase in the number of Inquiry or Discipline cases (or other significant events requiring extensive legal assistance).

Grants Reserve (Target balance is $250,000):

The Grants Reserve is maintained to provide the opportunity to fund proposals for research projects or training opportunities that support the College's Strategic Plan.

Operating Reserve (Target balance is $1,000,000):

The Operating Reserve is maintained to achieve the following objectives:

1. To enable the College to sustain operations through delays in payments of committed funding, unanticipated operating expenditures or increases in service delivery costs that cannot be financed through changes in the regular budget lines and to permit acceptance of reimbursable contracts and grants without jeopardizing ongoing operations.
2. To create an internal line of credit to manage cash flow and maintain financial flexibility.

Total Reserves = $3,000,000.

Fund Expenditures

Expenditures from the reserves and transfers between reserves and operations may only be made at the discretion of the Board and only for the purposes outlined below:

Capital Asset Reserve:

The Capital Asset Reserve funds may be used for expenditures related to leasehold improvements, furniture purchases, the purchase of other capital assets (other than

automation purchases), a facility needs analysis, expanding the existing property or the College's share of ownership of the property and / or acquiring a new property.

Joint Venture Reserve:

The Joint Venture Reserve may be used to pay for the College's portion of a special levy related to a large capital expenditure for the upkeep of the Joint Venture building.

Automation Reserve:

Capital purchases and large maintenance projects related to IT equipment, audiovisual equipment, telecommunications equipment, as well as software licencing and purchases will first be met through the annual operating budget. In the event of unanticipated large projects, the Board may approve withdrawing funds from the Replacement Reserve to enable these projects to proceed in a timely manner.

Legal Reserve:

The Legal Reserve may be used to pay for legal costs arising from an unanticipated increase in the number of Inquiry or Discipline cases (or other significant events requiring extensive legal assistance).

Grants Reserve:

The Grants Reserve is maintained to provide the opportunity to fund proposals for research projects or training opportunities. Upon receipt of proposals requesting support, the Board may approve the grant being funded from this reserve.

Operating Reserve:

The Operating Reserve is maintained to achieve the following objectives:

1. To enable the College to sustain operations through delays in payments of committed funding, unanticipated operating expenditures or increases in service delivery costs that cannot be financed through changes in the regular budget lines and to permit acceptance of reimbursable contracts and grants without jeopardizing ongoing operations.
2. To create an internal line of credit to manage cash flow and maintain financial flexibility.

The Board may approve withdrawing funds from the Operating Reserve for #1 – to cover proposals for unanticipated operating expenditures, etc.

For #2 – in the case of a cash flow shortfall of three months or less, the Chief Operating Officer shall use Reserve funds before using the commercial line of credit. A draw-down from the fund that will not or cannot be replaced with operating funds within three months, must be approved by the Board.

Replenishing the Reserves

If any of the Reserves is and has been less than 75% of the targeted reserve level for two consecutive years, the Board of Directors, in the absence of any extraordinary circumstances, will adopt an operational budget that includes a projected surplus sufficient to rebuild the Reserve(s) to the targeted reserve level over the following two years. Board approval will be required to authorize transfers from unrestricted net assets to one of these reserves.

College of Pharmacists of British Columbia

11. Audit and Finance Committee

Ryan Hoag

Chair, Audit and Finance Committee

College of Pharmacists of British Columbia

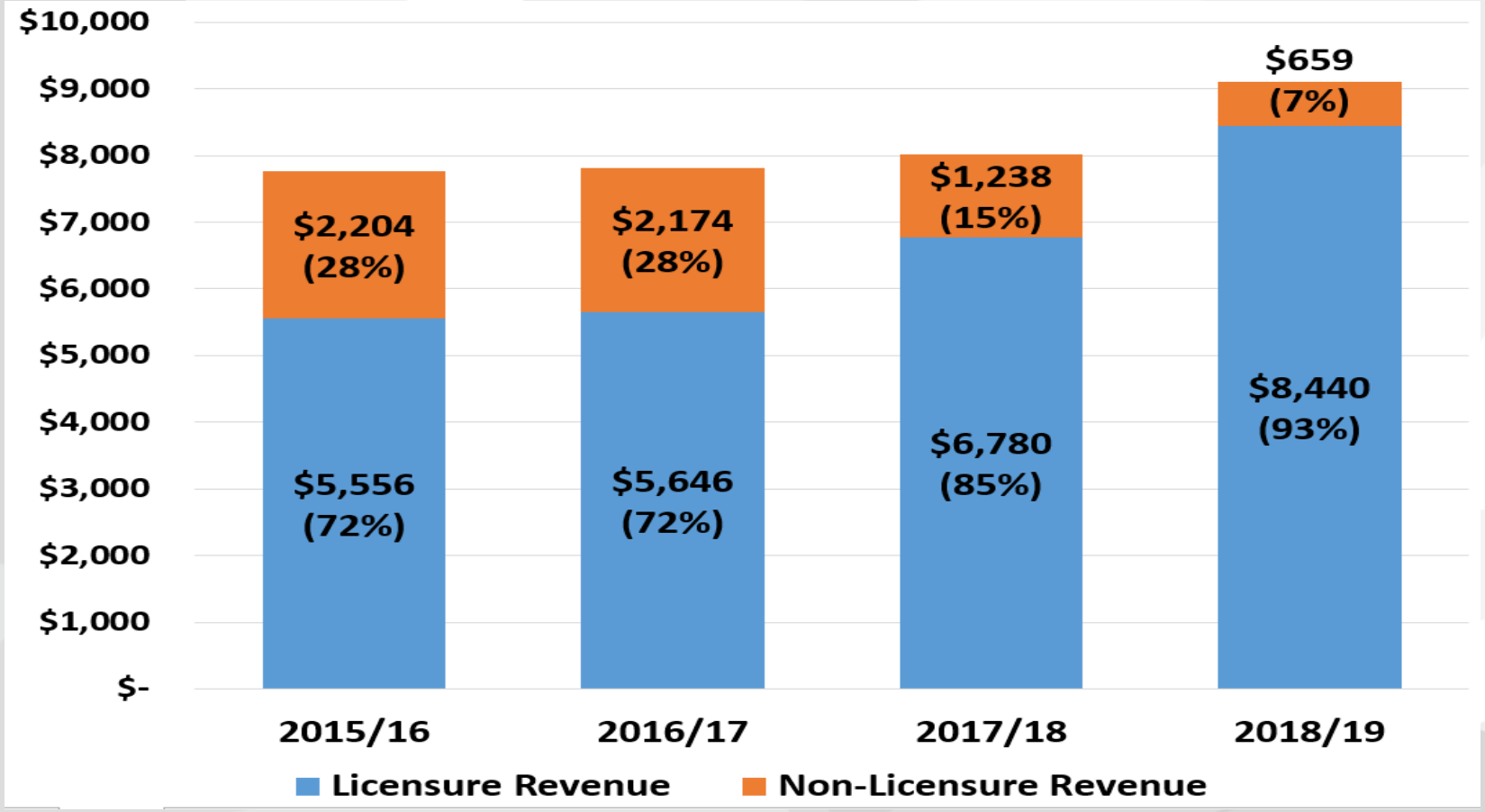
11 a) Committee Update

College of Pharmacists of British Columbia

11 b) Budget 2018/19

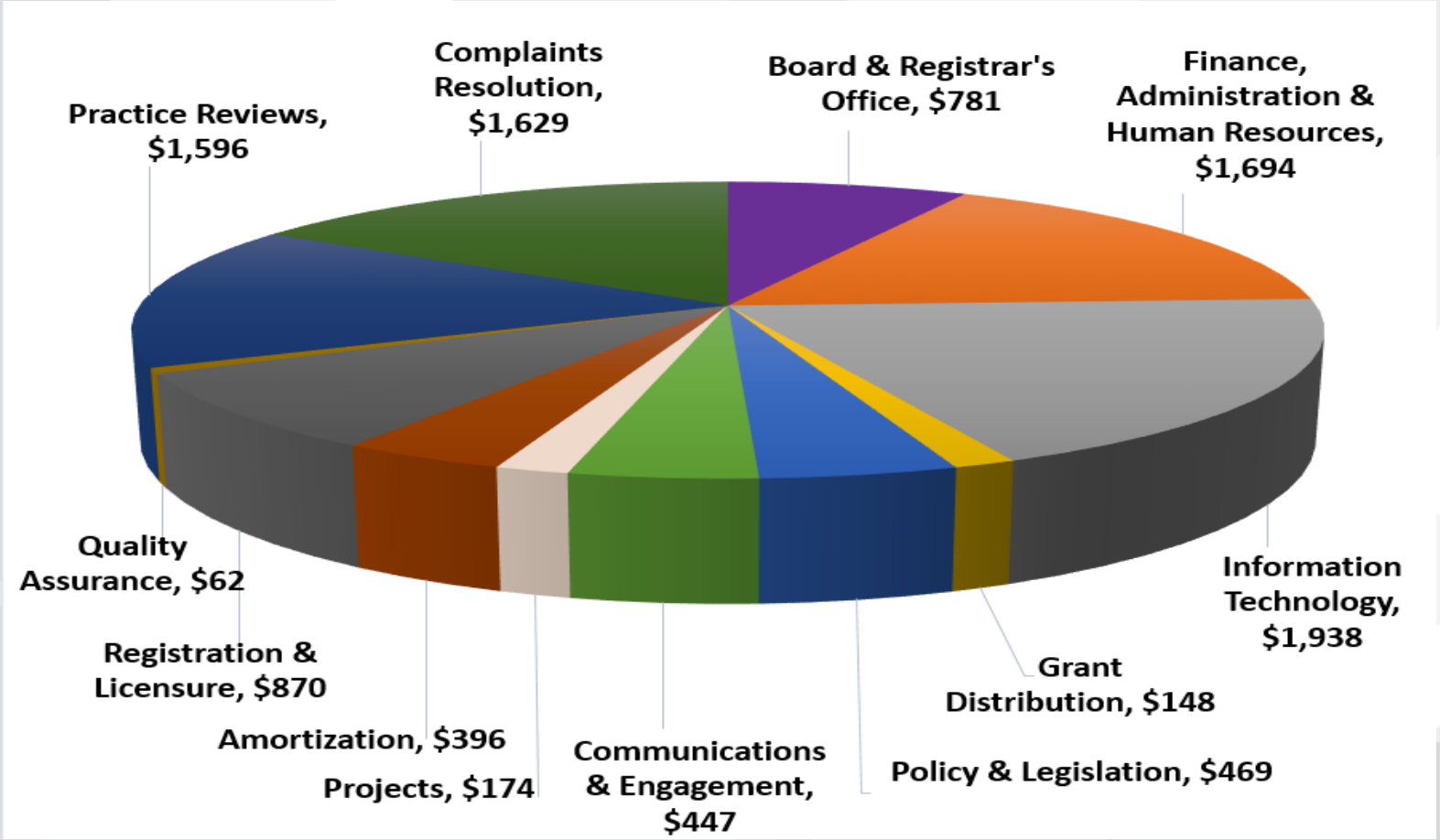
College of Pharmacists of British Columbia

Trend Analysis – Sources of Revenue (in thousands)



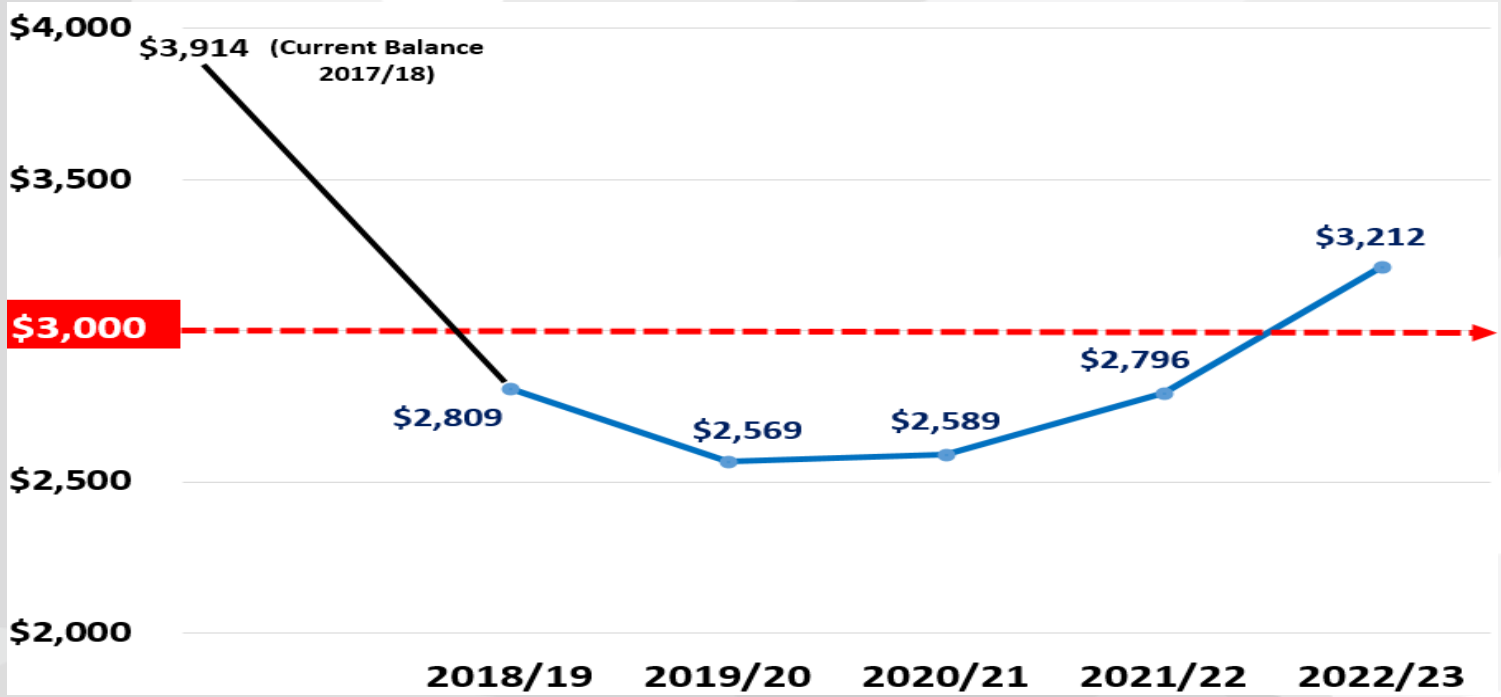
College of Pharmacists of British Columbia

Expenditures per Department – Budget 2018/19 (in thousands)



College of Pharmacists of British Columbia

Projected Impact on Reserves (in thousands)



2018/19 Proposed Fees						
	Pharmacy	$ 2,299	$ 2,345	$ 2,392	$ 2,440	$ 2,489
	Pharmacist	$ 724	$ 739	$ 754	$ 769	$ 784
	Pharmacy Technician	$ 482	$ 492	$ 502	$ 512	$ 522

College of Pharmacists of British Columbia

Questions

College of Pharmacists of British Columbia

11 b) Budget 2018/19

MOTION:

Approve the 2018/19 budget totaling $10,204,958 with a transfer from reserves in the amount of $1,105,417 as presented.

College of Pharmacists of British Columbia

11 c) Reserve Policy

College of Pharmacists of British Columbia

11c) Reserve Policy

MOTION:

Approve the Reserves Policy with a total of $3,000,000 as presented.

College of Pharmacists of British Columbia

BOARD MEETING
February 16, 2018

12. Legislation Review Committee
b) Medical Assistance in Dying – Standards, Limits, and Conditions

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution to amend the Health Professions Act (HPA) Bylaws relating to the standards of practice for dispensing drugs for the purposes of medical assistance in dying:

"RESOLVED THAT, in accordance with the authority established in section 19(1)(k) 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 of the College of Pharmacists of British Columbia amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution, and file such bylaws with the Minister of Health."

Purpose

To approve amendments to the HPA Bylaws regarding dispensing drugs for the purposes of medical assistance in dying ("MAiD") for filing with the Minister of Health.

Background

HPA Bylaws – Schedule F – Part 5 contains standards, limits and conditions for dispensing drugs for the purposes of MAiD ("MAiD Standards"). Pharmacists who dispense drugs for MAiD must comply with the College's bylaws as well as the British Columbia Pharmacy Protocols for MAiD dated December 5, 2016 (the "Protocol") developed by the Provincial Medical Assistance in Dying Working Group's Sub-Committee on Pharmacy[1].

The Protocol contemplates that upon completion of MAiD, the prescriber (a physician or nurse practitioner) would provide a copy of the completed medication administration record ("MAR") to the pharmacist for reconciliation of the return of all unused and partially used medications. The prescriber is also required to return any unused and partially used medications to the pharmacist for disposal within 48 hours after the patient's death. The MAiD Sub-Committee on

[1] This group is comprised of the Health Authorities of B.C, the College of Pharmacists of B.C., the College of Physicians and Surgeons of B.C., the College of Registered Nurses of B.C., the B.C. Pharmacy Association, the Canadian Society of Hospital Pharmacies (B.C. Branch), and the B.C. Ministry of Health.

Pharmacy has received feedback that some prescribers have not been able to meet this time limit. The Sub-Committee has considered this issue and agreed to revise the Protocol to extend the time period for returning medications from 48 hours to 72 hours after the patient's death. It is proposed that corresponding changes be made to the MAiD Standards for consistency with the Protocol.

The Protocol prescribes a pre-printed prescription order form for MAiD. It is the responsibility of prescribers to submit all completed prescription forms for MAiD to the B.C. Coroners Service. The prescription form includes "Prescription Planning" and "Prescription Accountability" sections that must be completed by the pharmacist and returned to the prescriber. In order for pharmacists to complete the "Prescription Accountability" section, they must have received the MAR and reconciled it with the returned medications. Therefore, it is in the interest of prescribers to return the MAR and the medications to the pharmacist within the time frame set out in the Protocol.

Discussion

The HPA Bylaws – Schedule F – Part 5, Standard 6 states that "pharmacists must contact the prescribing medical practitioner or nurse practitioner within 48 hours of the scheduled date and time of drug administration to confirm that the medical administration record documents what drugs were consumed and to ensure appropriate return of any unused medications for disposal". In order to align with the upcoming changes to the Protocol, it is proposed that this standard be revised to require the pharmacist to contact the prescriber after the scheduled date and time of drug administration to collaborate relating to the return of unused or partially used medications within 72 hours of the patient's death. In addition, in order to better align with the requirements of the Protocol, the pharmacist would no longer be required to confirm with the prescriber that the MAR is accurate, but would be required to review the MAR to reconcile the return of the unused and partially used medications.
The College will be advising registrants, via its communications tools, that if pharmacists do not receive the unused or partially used medications within 72 hours of the patient's death, they should contact the prescriber once to follow up.

Recommendation

The Legislation Review Committee recommends that the Board approve the amended MAiD Standards (by approving the schedule to the resolution in Appendix 2), for filing with the Minster of Health.

Next Steps

Pursuant to s. 19(6.2) of the HPA, bylaws establishing standards, limits and conditions for the practice of the designated health profession by registrants are not required to be publicly posted on the College's website. If the Board approves the amended MAiD Standards for filing with the Minister of Health, as recommended, the amended MAiD Standards will be filed with the Minister of Health, and will become effective 60 days after filing.

Appendix	
1	HPA Bylaws – Schedule F – Part 5 – Dispensing Drugs for the Purposes of Medical Assistance in Dying – Standards, Limits and Conditions (proposed amendments in track changes)
2	HPA Bylaws – Schedule F – Part 5 – Dispensing Drugs for the Purposes of Medical Assistance in Dying – Standards, Limits and Conditions - Schedule to the Resolution

HPA BYLAWS SCHEDULE F
Part 5 – DISPENSING DRUGS FOR THE PURPOSES OF MEDICAL ASSISTANCE IN DYING
STANDARDS, LIMITS AND CONDITIONS

STANDARDS

1. The full pharmacist must work in a collaborative team based approach with the medical practitioner or nurse practitioner throughout the process.

2. The full pharmacist must discuss and confirm with the prescribing medical practitioner or nurse practitioner:
   (a) The patient's drug therapy;
   (b) The patient's eligibility and consent for medical assistance in dying;
   (c) The protocol selected;
   (d) The scheduled time and date for the administration of medical assistance in dying;
   (e) The time required to order and prepare the drugs;
   (f) Completion of the medication administration record; and
   (g) The procedures for returning unused drugs to the pharmacy.

3. The full pharmacist must ensure that the drugs dispensed for the purposes of medical assistance in dying are **labeled** as required by the current Standards of Practice and that the drugs are labeled in order of the administration as per the protocol selected.

4. The full pharmacist must **dispense** the drugs:
   (a) In a sealed tamper proof kit;
   (b) With a medication administration record listing all of the drugs included in the kit that also identifies the order of their administration; and
   (c) With the written agreed upon procedures in (2) (g).

5. The full pharmacist must **document** on the prescription:
   (a) The date and time the drugs were dispensed;
   (b) The name and signature of the medical practitioner or nurse practitioner to whom the drugs were dispensed; and
   (c) If the medical practitioner or nurse practitioner to whom the drugs were dispensed is not known to the pharmacist, that the pharmacist confirmed the prescribing medical practitioner's or nurse practitioner's identity by means of photo identification.

6. The full pharmacist must contact the prescribing medical practitioner or nurse practitioner after ~~within 48 hours of~~ the scheduled date and time of drug administration to ~~confirm that the medical administration record documents what drugs were consumed and to ensure appropriate return of any unused medications for disposal~~ collaborate relating to the return, within 72 hours of the patient's death, of any unused and partially used medications to the pharmacist for disposal. Upon receipt of the returned medications and the medication administration record from the prescribing medical practitioner or nurse practitioner, the full pharmacist must review the medication administration record for reconciliation of returned medications.

7. The following Standards of Practice do not apply to medical assistance in dying:
   (a) Sections 6(5) (c) and (e), 6(6), 10 (1) and (2), 11(4)(f) and (g), and 12 of the Health Professions Act Bylaws, Schedule F, Part 1;

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11b. xAppendix 1 - MAiD Standards (tracked changes)~~Appendix 1 to BN re MAiD-MAiD Standards (tracked changes).docx~~5195-HPA_Bylaws_MAID ~~v2016.2~~ Posted 2016-07-29

(b) Sections 13(5) and (8) of the Health Professions Bylaws, Schedule F, Part 2; and
(c) Sections 8 and 9 of the Health Professions Act Bylaws, Schedule F, Part 3.

8. Where there is an inconsistency between this Part and any other Part of Schedule F, the provisions of this Part prevail.

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11b. xAppendix 1 - MAiD Standards (tracked changes)~~Appendix 1 to BN re MAiD-MAiD Standards (tracked changes).docx~~5195-HPA_Bylaws_MAID ~~v2016.2~~ Posted 2016-07-29

LIMITS

1. Only a full pharmacist may dispense drugs for the purposes of medical assistance in dying.

2. A full pharmacist may delegate to a pharmacy technician any aspect of the preparation of drugs for the purposes of medical assistance in dying that is within a pharmacy technician's scope of practice.

3. A full pharmacist must only dispense the drugs for medical assistance in dying directly to the prescribing medical practitioner or nurse practitioner.

4. A full pharmacist must not dispense a drug to a prescribing medical practitioner or nurse practitioner for medical assistance in dying unless the prescription is in writing and includes confirmation that it is for medical assistance in dying.

5. A full pharmacist must not participate in dispensing drugs intended to provide medical assistance in dying:
   (a) To themselves or a family member;
   (b) To someone who has made the pharmacist a beneficiary under the person's will or to someone whom the pharmacist has reason to believe has made them a beneficiary under the person's will; or
   (c) In circumstances where the pharmacist will receive financial or other material benefit from the person's death, other than the standard compensation for their services relating to the dispensing of drugs.

6. A full pharmacist must not perform any activity that may imply he or she is leading the medical assistance in dying process, and may not:
   (a) Assess whether a person satisfies the criteria for medical assistance in dying set out in section 241.2 of the Criminal Code; or
   (b) Adapt a prescription for medical assistance in dying.

CONDITIONS

1. The full pharmacist has the requisite competency, knowledge and skills to prepare and/or dispense the prescription for medical assistance in dying.

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11b. xAppendix 1 - MAiD Standards (tracked changes)~~Appendix 1 to BN re MAiD-MAiD Standards (tracked changes).docx~~5195-HPA_Bylaws_MAID ~~v2016.2~~ Posted 2016-07-29

SCHEDULE OF AMENDMENTS

Schedule F – Part 5 of the bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended to revise the standards, limits and conditions for the dispensing of drugs for the purposes of medical assistance in dying, as follows:

Section 6 of the Standards is repealed and replaced with the following:

6. The full pharmacist must contact the prescribing medical practitioner or nurse practitioner after the scheduled date and time of drug administration to collaborate relating to the return, within 72 hours of the patient's death, of any unused and partially used medications to the pharmacist for disposal. Upon receipt of the returned medications and the medication administration record from the prescribing medical practitioner or nurse practitioner, the full pharmacist must review the medication administration record for reconciliation of returned medications.

College of Pharmacists of British Columbia

BOARD MEETING
February 16, 2018

12. Legislation Review Committee
c) Amendments to the Telepharmacy Standards of Practice

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution to amend the Health Professions Act Bylaws to update bylaw references in the Telepharmacy Standards of Practice:

"RESOLVED THAT, in accordance with the authority established in section 19(1)(k) 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 of the College of Pharmacists of British Columbia amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution, and file such bylaws with the Minister of Health."

Purpose

To approve minor amendments to Schedule F, Part 6 – Telepharmacy Standards of Practice, under the *Health Professions Act* Bylaws for filing with the Ministry of Health (MoH).

Background

At the September 15, 2017 meeting of the Board, amendments to the *Health Professions Act* (HPA) Bylaws to implement new Telepharmacy Standards of Practice were approved for filing with the MoH. This new Standard of Practice became effective in November 2017.

Discussion

At the November 17, 2017 meeting of the Board, amendments to the *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws regarding pharmacy ownership were approved for filing with the MoH. At this time, a number of new bylaws were added to the existing PODSA Bylaws document, and due to re-organizing existing requirements, the entire document was re-numbered. As a result, the Telepharmacy Standards of Practice need to be amended to refer to the appropriate PODSA Bylaw sections (see Appendix 1).

Recommendation

The Legislation Review Committee recommends that the Board approve amendments to the HPA Bylaws, Schedule F, Part 6 – Telepharmacy Standards of Practice (by approving the schedule to the resolution in Appendix 2), which updates references to PODSA Bylaws for filing with the MoH.

Next Steps

Pursuant to s. 19(6.2) of the HPA, bylaws establishing standards, limits and conditions for the practice of the designated health profession by registrants are not required to be publicly posted on the College's website. If the Board approves the amended Telepharmacy Standards of Practice for filing with the Minister of Health, as recommended, the amended Telepharmacy Standards will be filed with the Minister of Health, and will become effective 60 days after filing.

Appendix	
1	Schedule F, Part 6 – Telepharmacy Standards of Practice (proposed amendments in track changes)
2	Schedule F, Part 6 – Telepharmacy Standards of Practice - Schedule to the Resolution

Health Professions Act - BYLAWS

Schedule F

Part 6 – Telepharmacy Standards of Practice

Table of Contents

Application

1. This Part applies to the operation of telepharmacies licenced under s. ~~9~~2(1)(d) of the bylaws made under the *Pharmacy Operations and Drug Scheduling Act* ("PODSA Bylaws").

2. Part 1 of Schedule F (Community Pharmacy Standards of Practice) applies to central pharmacies and telepharmacies except that, in the case of any inconsistency between it and this Part, the provisions of this Part prevail.

Definitions

3. In this Part:

"central pharmacy" has the same meaning as in section 1 of the PODSA Bylaws;

"community pharmacy" has the same meaning as in section 1 of the PODSA Bylaws;

"direct supervision" has the same meaning as in section 1 of the PODSA Bylaws;

"supervising pharmacist" means:

(a) the manager of a central pharmacy,
(b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or
(c) a full pharmacist who is physically present on duty at the telepharmacy.

Direct Supervision

4. (1) A supervising pharmacist must exercise direct supervision of persons performing pharmacy services at a telepharmacy that is commensurate with the qualifications and expertise of those persons and is of sufficient frequency and duration to satisfy the requirements under s. ~~3~~18(2) of the PODSA Bylaws.

(2) A supervising pharmacist must be readily available at all times when a telepharmacy is open to:

(a) provide direction and support to persons performing pharmacy services at the telepharmacy; and

(b) provide pharmacist/patient consultation.

(3) A supervising pharmacist must be able to engage in direct supervision of the provision of pharmacy services at a telepharmacy independent of any action of or request by persons performing those services.

(4) Subject to subsection (5), telepharmacy staff may only perform the activities described in s. 4(1) of the Pharmacists Regulation while under direct, continuous real-time audio and visual observation and direction of a supervising pharmacist.

(5) Direct supervision does not require the supervising pharmacist to conduct real-time observation of a pharmacy technician performing work within his or her scope of practice.

Receipt of Prescriptions and Transfer of Prescription Information

5. (1) A prescription that is provided to a central pharmacy, whether electronically, verbally or in physical form, may be designated for pick-up at a telepharmacy whose licence that central pharmacy holds.

(2) An original physical prescription may be submitted to a telepharmacy and, upon receipt, must be marked with the date of receipt and the name of the telepharmacy.

Prescription Processing and Product Preparation

6. (1) All prescription processing must occur at the central pharmacy unless a full pharmacist is physically present on duty at the telepharmacy.

(2) Each telepharmacy and central pharmacy must maintain a secure connection to the central pharmacy for transmission of prescription and personal health information.

Patient Counselling

7. Unless a full pharmacist is physically present on duty at the telepharmacy, the supervising pharmacist must provide full pharmacist/patient consultation by real-time audio and visual link and otherwise in accordance with the requirements of Part 1 of Schedule F of the Health Professions Act Bylaws.

Documentation

8. (1) Subject to subsection (2), all prescriptions, patient records, invoices and documentation in respect of prescriptions must be stored at the central pharmacy and otherwise in accordance with the requirements of s. ~~8~~ 23 of the PODSA Bylaws.

(2) The telepharmacy must transfer all original prescriptions, patient records, invoices and documentation in respect of prescriptions to the central pharmacy at least on an annual basis.

SCHEDULE OF AMENDMENTS

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended to update bylaw references in Schedule F, Part 6 - Telepharmacy Standards of Practice, as follows:

1. Section 1 is amended by striking out “s. 9(1)(d)” and replacing it with “s. 2(1)(d)”

2. Section 4(1) is amended by striking out “s. 3(2)” and replacing it with “s. 18(2)”

3. Section 8(1) is amended by striking out “s. 8” and replacing it with “s. 23”

College of Pharmacists of British Columbia

BOARD MEETING
February 16, 2018

12. Legislation Review Committee
d) Electronic Record Keeping

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution:

"RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act and section 19(1) of the Health Professions Act, and subject to the requirements in section 21(8) of the Pharmacy Operations and Drug Scheduling Act and section 19(6.2) of the Health Professions Act, the Board of the College of Pharmacists of BC approves the proposed draft bylaws of the College of Pharmacists of British Columbia relating to electronic record keeping for public posting, as circulated."

Purpose

To consider approval of the following:

- Amendments to the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws relating to electronic record keeping requirements for registrants and licensees.
- Amendments to the *Health Professions Act* ("HPA") Bylaws relating to electronic record keeping requirements for registrants.

Background

The College of Pharmacists of British Columbia (the "College") is proposing to create a new records management framework under which licensees and registrants will be permitted to retain both electronic and hard copies of the records required to be retained under the College's bylaws and other applicable legislation (e.g. prescriptions, patient records, etc.). This will require amendments to the PODSA Bylaws and the HPA Bylaws. In addition, if and when the new bylaws come into effect, Professional Practice Policy 12 ("PPP-12") and Professional Practice Policy 20 ("PPP-20") would be repealed and amendments to Professional Practice Policy 31 ("PPP-31") and Professional Practice Policy 58 ("PPP-58") would come into effect.

The HPA and PODSA Bylaws are essentially silent on the format in which records are to be maintained, except for limited references to "hard copy", "handwritten" and "written copy" that imply that hard copy records are to be maintained under certain specific circumstances. PPP-12 explicitly requires hard copy record keeping; however, this requirement is limited to

prescriptions and prescription files only. To date, the College has interpreted its legislation as requiring hard copy records, particularly for prescriptions.

The College has received a number of requests from registrants to formally allow electronic record keeping. In practice, we understand that many pharmacies are already keeping electronic records and also maintaining hard copy files to comply with our requirements.

At the September 15, 2017 meeting of the Board of Directors of the College (the "Board"), Board members were presented with an "information only" briefing note entitled "Records Management – Electronic Record Keeping". At the time, the College had conducted research and an analysis of its current records management regime. It was noted that B.C. is the only province in Canada that requires pharmacies to keep hard copies of prescriptions and that does not have technology requirements for pharmacies that keep electronic records.

Since September, the College has developed draft bylaw amendments in consultation with internal and external advisors and stakeholders.

Discussion

Project Goals

The goal of this project is to develop a record keeping framework in which:

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

Consultations

The College has consulted with both internal and external advisors and stakeholders, including the following:

- The College's internal working group, comprised of staff from the policy and legislation, complaints and investigations, and practice reviews and quality assurance departments;
- The College's information technology manager;
- The College's Community Pharmacy Advisory Committee, Hospital Pharmacy Advisory Committee, and Residential Care Advisory Committee;
- B.C. Pharmacy Association;
- Staff from two similar-sized pharmacy regulatory authorities in Canada;
- Ministry of Health – Professional Regulation and Oversight and PharmaNet/PharmaCare departments;
- A records management consultant; and
- A pharmacy software provider.

In general, the response to the College's proposals has been positive. The College has addressed some of the comments raised in consultations by revising the language of the proposed bylaw amendments.

The College understands that some pharmacies may be required to upgrade their software system in order to comply with the new minimum technology requirements. According to data provided to the College by licensees, 161 out of approximately 1,400 pharmacies are using a software system that may require upgrades in order to comply with the proposed minimum technology requirements. More current versions of that software may be largely compatible with the proposed requirements; however, data is not available regarding which version of the software each of the 161 pharmacies are using. In order to ease the transition, pharmacies would be given six months from the date that the amendments come into force to transition to a compliant software system.

Proposed Amendments

The key proposed amendments involve removing existing restrictions on electronic record keeping and adding standards for electronic record keeping, such as minimum technology requirements.

Electronic Storage of Prescriptions – Repeal of PPP-12

PPP-12 requires that prescription hard copies must be retained in accordance certain prescribed requirements. It is proposed that PPP-12 be rescinded if and when the proposed bylaws come into force. The proposed bylaws would permit all records required by the College, other than prescriptions for drugs included in the Controlled Prescription Program ("CPP") given the uniqueness and heightened risk of forgeries of CPP prescriptions, to be stored electronically, provided that certain requirements, such as minimum technology requirements, are met. Registrants would be required to retain the original prescription forms for prescriptions governed by the CPP. Pharmacies would be permitted to continue maintaining hard copies of other records if they prefer to do so.

General Record Keeping Requirements – PODSA Bylaws ss. 3(2)(k) and 8.1(1) and HPA Bylaws s. 65.1

Other than PPP-12, which only applies to prescriptions and is proposed to be repealed, the current bylaws do not specify the manner in which records are to be kept. A new general record keeping requirement would be added to ensure that records are readable, complete, filed systematically and maintained in a manner that is secure, auditable and allows for easy retrieval. In addition, the pharmacy manager would be required to ensure that pharmacy records containing personal information about patients are secure from unauthorized access, use, disclosure, modification and destruction. These requirements apply to both hard copy and electronic records.

The auditability requirement is essential to promoting patient safety and the accountability of registrants. Electronic records will be required to be maintained on a system that is capable of tracing all amendments to records by identifying the original entry, the identity of the individual who made the alteration and the date of the alteration. Minimum technology requirements for pharmacies maintaining electronic records are discussed below.

Written Record Keeping Policy – PODSA Bylaws s. 8.2

The College believes that pharmacies should be allowed to adopt a record keeping system of their choice, provided that it meets the general requirements in s. 8.1 and the technology requirements in s. 8.3 of the PODSA Bylaws. Therefore, the proposed bylaws do not prescribe the system for organizing records, the format of records, or the method of storage. As a result,

the College expects that there would be variations in the way that pharmacies organize and file records. Pharmacies would be required to have a written procedure in place that sets out how registrants would file and maintain records. This would assist registrants in understanding their record keeping obligations. It would also assist College staff in understanding the record keeping practices of each pharmacy, which will be useful when conducting inspections and investigations.

Minimum Technology Requirements – PODSA Bylaws ss. 8.3(1) and (2)
Pharmacies that maintain electronic records would be subject to minimum technology requirements. Since all pharmacies keep some form of electronic records, in reality these requirements would apply to all pharmacies. The requirements do not speak to the specific technology that must be used. The language is intended to be sufficiently broad to accommodate changing technology.

The College believes that most pharmacies have software systems that comply with the proposed requirements. As discussed above, some pharmacies may need to upgrade their software system in order to comply. In order to ease the transition, pharmacies would be given six months from the date that the amendments come into force to transition to a compliant software system.

Back Up Requirements – PODSA Bylaws s. 8.3(3)
Records would be required to be backed up at least once daily and stored securely, in a location resistant to environmental perils, and in accordance with the requirements of s. 8.1(1) of the PODSA Bylaws.

Electronic Signatures and Initials – Definitions in PODSA Bylaws and HPA Bylaws
The addition of the definitions of "signature" and "electronic signature" in the PODSA Bylaws, and the definitions of "signature", "initials" and "electronic initials" in the HPA Bylaws, explicitly permits registrants to sign documents using an electronic signature or initials. The definitions do not speak to the specific technology that must be used. The language is intended to be sufficiently broad to accommodate changing technology.

Manner of Disposal of Records – HPA Bylaws s. 75
Requirements for destruction and disposal of records would be updated to remove references to out-of-date technology and to allow registrants to use their judgment to select the appropriate method of destruction so long as records are destroyed in a manner that cannot be reconstructed. This provision would apply to both hard copy and electronic records.

Incidental Changes
Incidental changes have been proposed throughout the PODSA Bylaws and the HPA Bylaws in order to facilitate electronic record keeping. For example, a definition of "record" is proposed to be added to the PODSA Bylaws that clarifies that records include both hard copy and electronic records. This definition is consistent with the definition already contained in the HPA Bylaws. As another example, the word "handwritten" is proposed to be removed from s. 9(4)(d) of the HPA Bylaws – Schedule F – Part 2 – Hospital Pharmacy Standards of Practice.

Amendments to Other Policies – PPP-31 and PPP-58
In addition to the proposed repeal of PPP-12 and PPP-20 (discussed below), it is proposed that consequential amendments be made to PPP-31 - Emergency Prescription Refills and PPP-58 - Medication Management (Adapting a Prescription) if and when the proposed bylaws come into force. The details of those amendments will be presented to the Board for approval when the proposed bylaws are presented to the Board for filing with the Minister of Health.

Additional Amendments
Amendments to Patient Records to Correct Errors or Omissions Must Be Auditable – HPA Bylaws ss. 69 and 70
In order to promote patient safety and accountability of registrants, when a patient record is amended to correct an error or omission, the following would be required to be identifiable: the original entry, the identity of the registrant who made the amendment, the date of the amendment and the reasons for the amendment. This requirement would apply to amendments to both electronic and hard copy records.

Refill Authorizations – HPA Bylaws – Schedule F – Part 1 - Community Pharmacy Standards of Practice - s. 6(9)
The current provisions allow registrants to use the original prescription number for refill authorizations, which is not the typical or recommended practice. Registrants would be required to create a new prescription number for each refill authorization. Although this provision is peripherally related to electronic record keeping, the College has proposed this change in order to align this provision with best practices.

It is also proposed that PPP-20, which is duplicative of the above-noted provision and does not reflect best practices, would be rescinded if and when the bylaw amendments come into force.

Recommendation

That the Board approve the proposed bylaws for public posting, as presented.

Next Steps

If the Board approves the proposed bylaws for public posting, the bylaws would then be publicly posted on the College's website for 90 days. During this 90 period the public and other health regulatory colleges may provide comments on the proposed bylaws, and those comments would be reviewed and considered by College staff. If no substantive revisions are made to the draft bylaws, then at the September 2018 Board meeting, the College would propose that the draft bylaws be filed with the Ministry of Health. The College would also propose that PPP-12 and PPP-20 be rescinded, and that PPP-31 and PPP-58 be amended, on the date that the new bylaws come into force.

If the bylaw amendments are approved for filing at the September 2018 Board meeting, the amended bylaws would come into force in November 2018. The College would inform its registrants of the changes via communications tools, such as ReadLinks articles and Frequently Asked Questions articles on the College's website.

Pharmacies that need to upgrade their software systems to comply with new minimum technology requirements would be given a six month transition period from the date that the proposed bylaws come into force. If the revised bylaws come into force in November 2018, as forecasted, the deadline for transition would be May 2019.

Appendix	
1	PODSA Bylaws (proposed amendments in track changes)
2	HPA Bylaws (proposed amendments in track changes)
3	HPA Bylaws – Part F – Schedule 1 – Community Pharmacy Standards of Practice (proposed amendments in track changes)
4	HPA Bylaws – Part F Schedule 2 – Hospital Pharmacy Standards of Practice (proposed amendments in track changes)

Pharmacy Operations and Drug Scheduling Act - BYLAWS

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Definitions

1. In these bylaws:

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

"central pharmacy" means a community pharmacy that holds one or more telepharmacy licences;

"community pharmacy" means a pharmacy licensed to sell or dispense drugs to the public, but does not include a telepharmacy;

"*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;

"direct supervision" means real time audio and visual observation by a full pharmacist of pharmacy services performed at a telepharmacy consistent with a pharmacy manager's responsibilities as set out in subsection 3(2);

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

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

"electronic signature" means

(a) information in electronic form that a person has created or adopted in order to sign a record, other than with respect to a prescription signed by a full pharmacist for the purpose of prescribing, that is in, attached to or associated with a record, is secure and is only reproducible and used by that person; and,
(b) with respect to a prescription signed by a full pharmacist for the purpose of prescribing, the electronic signature must meet the requirements of paragraph (a) and must also be unique and applied with a human hand;

"health authority" means

(a) a regional health board designated under the *Health Authorities Act*, or
(b) the Provincial Health Services Authority, or
(c) First Nations Health Authority;

"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;*

"outsource prescription processing" means to request another community 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 Protection 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;

"**record**" has the same meaning as the definition of record in Schedule 1 of the *Freedom of Information and Protection of Privacy Act;*

"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;

"rural and remote community" means a community set out in Schedule "H";

"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;

"**signature**" on a record means either a handwritten signature in ink or an electronic signature;

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

"telepharmacy" means a pharmacy located in a rural and remote community that is licenced to provide pharmacy services;

"*Telepharmacy Standards of Practice*" means the standards, limits and conditions for practice established under subsection 19(1)(k) of the *Health Professions Act* respecting the operation of telepharmacies.

PART I - All Pharmacies

Application of Part

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

Responsibilities of Pharmacy Managers, Owners and Directors

3. (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,

(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;

(j.1) ensure that pharmacy records containing personal information about patients are secure from unauthorized access, use, disclosure, modification and destruction;

(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;

(p.1) if the pharmacy is a central pharmacy, ensure the correct and consistent use of each telepharmacy operating name as it appears on the telepharmacy licence for all pharmacy identification on or in labels, directory listings, signage, packaging, advertising and stationery associated with that telepharmacy;

(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,

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

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

(iv) 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,

(v) 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

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

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

(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;

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

(x) require all registrants, owners, managers, directors, pharmaceutical representatives, support persons and computer software programmers or technicians 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;

(z) 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, and

(bb) notify the registrar of persistent non-compliance by owners and directors with their obligations under the bylaws.

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

(4) Owners and directors must comply with subsection (2) (d), (e), (j), (p), (p.1), (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.

3.1 Subsection (2)(aa) does not prevent a manager or director, or an owner 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 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.

Sale and Disposal of Drugs

4. (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. (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. 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. 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. (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~~ (2) Despite subsection (1), a registrant must not destroy prescriptions, patient records, invoices and documentation as described in subsection (1) until the completion of any audit or investigation for which the registrant has received notice.

(3) Registrants, support persons, managers, directors~~,~~ and 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.~~

8.1 (1) All records required to be kept under bylaws of the college or other legislation that regulates the practice of pharmacy shall be readable, complete, filed systematically and maintained in a manner that is secure, auditable and allows for easy retrieval.

(2) Notwithstanding subsection (1), a prescription record that is valid must be retrievable immediately.

(3) For purposes of subsection (2):

(a) prescriptions for oral contraceptives are valid for a period of up to two years from the prescribing date; and

(b) prescriptions other than for oral contraceptives are valid for a period of up to one year from the prescribing date.

(4) With respect to prescriptions for drugs included in the controlled prescription program, the original prescription form must be retained, regardless of whether or not such prescription form has also been stored electronically.

(5) Prescriptions stored electronically must be visible in colour.

8.2 (1) A pharmacy manager must ensure that a policy is in place that:

(a) describes the pharmacy's records filing system, the records format and the method and system for storing records,

(b) is compliant with the sections 8.1, 8.2 and 8.3 requirements; and

(c) is readily accessible to and understood by pharmacy staff.

(2) With respect to electronic records, the policy must include a description of the process for the preservation, storage and backing up of records that is compliant with section 8.3 requirements.

8.3 (1) A pharmacy may maintain electronic records containing personal health information if the pharmacy has the equipment, software and systems necessary for the input, storage, use, protection and retrieval of records that are required to be kept under bylaws of the college or other legislation that regulates the practice of pharmacy.

(2) For purposes of subsection (1), the equipment, software and systems must:

(a) be capable of storing the electronic records for the periods required by applicable law;

(b) provide for sufficient security to prevent unauthorized access, use, disclosure, modification and destruction of electronic records;

(c) for audit purposes, be capable of uniquely identifying each time an electronic record is accessed and modified;

(d) be capable of restricting the functions that may be used by an authorized person;

(e) be capable of tracing modifications to records by identifying the original entry, the identity of the individual who made the alteration and the date of the alteration;

(f) be capable of searching and sorting electronic prescription records chronologically, and by drug name, drug strength, patient, prescriber, prescription number and transaction number;

(g) ensure that electronic records can be stored, backed up and recovered in accordance with subsection (3); and,

(h) provide for a deliberate and auditable procedure to be carried out by the pharmacy manager or by an authorized person prior to the destruction of any electronic record that includes information identifying the pharmacy manager or authorized person who destroyed the record and the date, time and reason for its destruction.

(3) A pharmacy manager must ensure that electronic records are preserved and backed up at least once daily and that such electronically preserved and backed up records are stored:

(a) in a location resistant to environment perils including but not limited to fires and floods;

(b) securely in a manner that avoids theft and unauthorized access, use, modification, destruction and disclosure; and,

(c) in a manner that complies with section 8.1(1) requirements.

(4) Notwithstanding subsections (1), (2) and (3), a pharmacy that presently stores electronic records has six months from the date this section comes into effect to bring itself into full compliance with the requirements of subsections (1), (2) and (3).

Pharmacy Licences

9. (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, or

(d) a telepharmacy.

(2) An applicant for a pharmacy licence other than a telepharmacy 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", and

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

(2.1) An owner of a community pharmacy may apply for a new telepharmacy licence by submitting to the registrar:

(a) a completed application in Form 2,

(b) the applicable fee 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 telepharmacy, and confirming that the telepharmacy meets the requirements listed in Schedules "C" and "E",

(d) photographs or video in Form 11 of the requirements listed in Schedules "C" and "E", and

(e) if applicable, a copy of the telepharmacy's business licence issued by the jurisdiction in which the telepharmacy is located.

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

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

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

(3.1) The registrar may renew a telepharmacy licence upon receipt of the following:

(a) an application in Form 12,

(b) the fee set out in Schedule "A", and

(c) if applicable, a copy of the telepharmacy's business licence issued by the jurisdiction in which the telepharmacy is located.

(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 – Community Pharmacies

Community Pharmacy Manager – Quality Management

10. (1) 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.

(2) If a community pharmacy is a central pharmacy, the quality management program in subsection (1) must include all telepharmacies associated with the central pharmacy and must comply with the *Telepharmacy Standards of Practice*.

Community Pharmacy and Telepharmacy Premises

11. (1) In locations where a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy manager or the central pharmacy manager in the case of a telepharmacy, 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) Subject to subsection (3), the dispensary area of a community pharmacy or a telepharmacy 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.

(3) A telepharmacy that was authorized by the registrar to provide pharmacy services as a telepharmacy remote site as of January 1, 2017 is exempt from the requirements in subsections (2)(a) and (c) until such time as it commences a renovation of all or part of the premises.

(4) 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.

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

Community Pharmacy and Telepharmacy Security

11.1 (1) A community pharmacy or telepharmacy 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, and

(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 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 or telepharmacy that exists on the date this provision comes into force and is not renovated during the period must comply with section 11.1(2)(b) no later than three years after the date that provision comes into force.

(2.2) For the purposes of subsection (2), a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy.

(3) Subject to subsection (5), a community pharmacy and a telepharmacy 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 and owners or directors of a community pharmacy or a telepharmacy 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 (3).

Operation of a Community Pharmacy Without a Full Pharmacist

12. (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 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. (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 – Hospital Pharmacies

Hospital Pharmacy Manager – Quality Management

14. (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. (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 – Telepharmacy

Telepharmacy Licence

16. (1) The registrar must not issue a telepharmacy licence to a central pharmacy unless

(a) the proposed telepharmacy will be the only telepharmacy or community pharmacy located in the rural and remote community,

(b) the proposed telepharmacy is located at least 25 kilometers away from any other telepharmacy or community pharmacy,

(c) the proposed operating name of the telepharmacy includes the word “telepharmacy”,

(d) except for a pharmacy located at an address listed in Schedule “F”, the proposed telepharmacy does not have a license as a community pharmacy,

(e) the central pharmacy applicant and the telepharmacy will have the same owner, and

(f) the central pharmacy is in compliance, and the telepharmacy will be in compliance, with the *Telepharmacy Standards of Practice*.

(2) A telepharmacy licence issued under subsection (1) is valid only for the location stated on the telepharmacy licence.

Telepharmacy Operation

16.1 (1) A telepharmacy must not remain open and prescriptions must not be dispensed without a full pharmacist physically present and on duty at the telepharmacy, unless

(a) a full pharmacist at the central pharmacy is engaged in direct supervision of the telepharmacy in accordance with the *Telepharmacy Standards of Practice*, and

(b) subject to subsection (2), a pharmacy technician is physically present on duty at the telepharmacy.

(2) A telepharmacy located at an address listed in Schedule "G" is exempt from the requirements in subsection (1)(b).

(3) A telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the professional services area and the dispensary area, including any area where personal health information is stored.

(4) Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy.

(4.1) Prescriptions and labels relating to prescriptions dispensed at a pharmacy listed in Schedule "F" must distinguish between those dispensed when it is operating as a telepharmacy from when it is operating as a community pharmacy.

(5) The manager of a central pharmacy, or a full pharmacist designated by the manager, must

(a) inspect and audit its telepharmacy at least 4 times each year, at intervals of not less than 2 months,

(b) record each inspection and audit in the prescribed form, and

(c) provide the inspection and audit records to the registrar immediately upon request.

(6) A telepharmacy located at an address listed in Schedule "G" must perform a monthly count of narcotics at the telepharmacy and retain a record of each monthly count signed by the supervising pharmacist for three years at both the central pharmacy and the telepharmacy location, and provide the signed record to the registrar immediately upon request.

(7) A telepharmacy must not continue to provide pharmacy services for more than 30 days after

(a) its location ceases to be a rural and remote community,

(b) a community pharmacy is established within the community, or

(c) a community pharmacy is established within 25 kilometers of the location of the telepharmacy.

(8) A telepharmacy must have a policy and procedure manual on site that outlines the methods for ensuring the safe and effective distribution of pharmacy products and delivery of pharmaceutical care by the telepharmacy.

(9) All transactions in PharmaNet must be distinguishable between the central pharmacy and telepharmacy.

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. This Part applies to every pharmacy that connects to PharmaNet.

Definitions

19. 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. 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; and

(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. (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. 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.

Health Professions Act – BYLAWS

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8. Application for Non-Practising Registration
9. Certificate of Registration
10. Registration Renewal Notice
11. Application for Reinstatement
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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);

"controlled prescription program" has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act* Bylaws*:*

"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;

"electronic initial" means

(a) information in electronic form that a person has created or adopted in order to initial a record, other than with respect to a prescription initialed by a full pharmacist for the purpose of prescribing, that is in or attached to or associated with a record, is secure; and is only reproducible and used by that person; and

(b) with respect to a prescription initialed by a full pharmacist, the electronic initial must meet the requirements of paragraph (a) and must also be unique and applied with a human hand;

"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*;

"initial" on a record means either an original handwritten initial or an electronic initial;

"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"~~ has the same meaning as ~~defined~~ in ~~Schedule~~section 1 of the ~~*Freedom of Information*~~Pharmacy Operations and ~~*Protection of Privacy*~~Drug Scheduling Act~~;~~ Bylaws;;

"Regulation" means the Pharmacists Regulation, B.C. Reg. 417/2008;

"signature" has the same meaning as in section 1 of the Pharmacy Operations and Drug Scheduling Act Bylaws;

"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 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 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 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 consecutive terms.

(3) Subsections (1) and (2) 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

(4) basis, if the person also meets the requirements established in subsection (1)(b) to (h).

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.

Record Keeping

65.1 (1) All records required to be kept under the bylaws of the college or other legislation that regulates the practice of pharmacy shall be readable, complete and filed systematically by a registrant in a manner that is secure, auditable and allows for easy retrieval.

(2) Notwithstanding subsection (1), a prescription record that is valid must be retrievable immediately.

(3) For purposes of subsection (2):

(a) prescriptions for oral contraceptives are valid for a period of up to two years from the prescribing date; and

(b) prescriptions other than for oral contraceptives are valid for a period of up to one year from the prescribing date.

(4) With respect to prescriptions for drugs included in the controlled prescription program, the original prescription form must be retained, regardless of whether or not such prescription form has also been stored electronically.

(5) Prescriptions stored electronically must be visible in colour.

(6) A registrant who creates and stores electronic records must do so using the equipment, software and systems prescribed by subsections 8.3(1) and 8.3(2) of the *Pharmacy Operations and Drug Scheduling Act* Bylaws.

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. (1) The registrant must make every reasonable effort to ensure that personal information collected about patients is current and is legibly, accurately and completely recorded.

(2) In addition to correcting personal information in a record in accordance with section 70, a registrant who discovers an error or omission in such a record must amend the record to correct the error or omission and that amendment must reflect the original record entry, the identity of the registrant amending the record, the date of the amendment and the reasons for the amendment.

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)~~,~~):

(a) 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~~.~~; or,

(b) the registrant agrees that there is an error or omission in the record, the registrant must amend the record to correct the error or omission and that amendment must reflect the original record entry, the identity of the registrant amending the record, the date of the amendment, and the reasons for the amendment.

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 or destroyed 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)~~(b) ~~erasing information recorded or stored by electronic methods on tapes, disks or cassettes~~the records in a manner that ensures that ~~the information~~they 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".

Health Professions Act – BYLAWS

SCHEDULE F

PART 1 - Community Pharmacy Standards of Practice

Table of Contents

Application

1. This Part applies to all registrants providing pharmacy services in a community pharmacy.

Definitions

2. In this Part:

"community pharmacy" has the same meaning as in section 1 of the bylaws of the college under the *Pharmacy Operations and Drug Scheduling Act*;

"drug therapy problem" means a potential or actual adverse consequence of drug therapy that interferes with achieving the goals of the drug therapy;

"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);

(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.

"**incentive**" means money, gifts, discounts, rebates, refunds, customer loyalty schemes, coupons, goods or rewards;

"patient representative" means a person who is authorized to act on a patient's behalf;

"personal health number" means a unique numerical lifetime identifier used in the specific identification of an individual patient who has any interaction with the BC health system;

"prescription copy" means a copy of a prescription given to a patient by a registrant for information purposes only;

"prescription transfer" means the transfer via direct communication from a registrant to another registrant of all remaining refill authorizations for a particular prescription to a requesting community pharmacy;

"refill" means verbal or written approval from a practitioner authorizing a registrant to dispense additional quantities of drug(s) pursuant to a prescription;

"renewal" means authorization by a full pharmacist to dispense additional quantities of drug(s) pursuant to a previously dispensed prescription, in accordance with section 25.92 of the *Act*;

"*Residential Care Facilities and Homes Standards of Practice*" means the standards, limits and conditions for practice established in Part 3 of this Schedule.

Patient Choice

3. Registrants, owners and directors must not enter into agreements with patients, patient's representatives, practitioners, corporations, partnerships, or any other person or entity, that limit a patient's choice of pharmacy, except as required or permitted under the bylaws.

Community Pharmacy Technicians

4. (1) Pharmacy technicians in a community pharmacy may prepare, process and compound prescriptions, including

(a) receiving and transcribing verbal prescriptions from practitioners,

(b) ensuring that a prescription is complete and authentic,

(c) transferring prescriptions to and receiving prescriptions from other pharmacies,

(d) ensuring the accuracy of a prepared prescription,

(e) performing the final check of a prepared prescription, and

(f) ensuring the accuracy of drug and personal health information in the PharmaNet patient record.

(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

(c) dispense a drug pursuant to HPA Bylaws Schedule F, Part 5

(3) A pharmacy technician must identify his or her registrant class in any interaction with a patient or a practitioner.

Pharmacy Assistants

5. A registrant may delegate technical functions relating to the operation of the community pharmacy to a pharmacy assistant if the registrant directly supervises the pharmacy assistant and implements procedures, checks and controls to ensure the accurate and safe delivery of community pharmacy services.

Prescription

6. (1) A registrant must ensure that a prescription is authentic.

(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;

(3) For the purpose of subsection (4), “prescription” includes a new prescription, a refill, a renewal or a balance owing.

(4) 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;

(g) written confirmation of the registrant who

(i) verified the patient identification

(ii) verified the patient allergy information,

(iii) reviewed the personal health information stored in the PharmaNet database in accordance with section 11.4;

(iv) performed the consultation,

(v) performed the final check including when dispensing a balance owing, and

(vi) identified and addressed a drug therapy problem, if any.

(5) A full pharmacist must

(a) review prescriptions for completeness and appropriateness with respect to the drug, dosage, route and frequency of administration,

(b) review patient personal health information for drug therapy problems, therapeutic duplications and any other potential problems,

(c) consult with patients concerning the patient's drug history and other personal health information,

(d) consult with practitioners with respect to a patient's drug therapy unless s.25.92(2) of the *Act* applies, and

(e) take appropriate action respecting a drug therapy problem.

(6) A registrant may receive verbal prescription authorizations directly from a practitioner or from a practitioner's recorded voice message.

(7) A registrant must make a written record of a verbal authorization, and include his or her signature or initial.

(8) A registrant must not dispense a prescription issued for more than one patient.

(9) For refill authorizations, a registrant

~~(a)~~ may

~~(i)~~(a) accept a refill authorization for Schedule I drugs from a practitioner's agent if confident the agent consulted the

practitioner and accurately conveyed the practitioner's direction, and

~~(ii) retain the current prescription number for a quantity change if the software system is capable of retaining a record of the quantity dispensed on each previous occasion, and~~

~~(iii) document the refill authorization on the original prescription if~~

~~(A) a computerized transaction log is maintained, or~~

~~(B) a new prescription number is assigned, and~~

(b) must

(i) cancel any unused refill authorizations remaining on any previous prescription if a patient presents a new prescription for a previously dispensed drug,

(ii) advise the other pharmacy of the new prescription if unused refills are at another pharmacy, and

(iii) create a new prescription number ~~if a renewal authorization involves a different drug identification number, practitioner or directions for use.~~.

(10) If a full pharmacist authorizes a prescription renewal, he or she must

(a) create a written record,

(b) assign a new prescription number, and

(c) use his or her college identification number in the practitioner field on PharmaNet.

Transmission by Facsimile

7. (1) Prescription authorizations may be received by facsimile from a practitioner to a pharmacy, if

(a) the prescription is sent only to a pharmacy of the patient's choice,

(b) the facsimile equipment is located within a secure area to protect the confidentiality of the prescription information, and

(c) in addition to the requirements of section 6(2), the prescription includes

(i) the practitioner's telephone number, facsimile number and unique identifier if applicable,

(ii) the time and date of transmission, and

(iii) the name and fax number of the pharmacy intended to receive the transmission.

(2) Prescription refill authorization requests may be transmitted by facsimile from a pharmacy to a practitioner, if the pharmacy submits refill requests on a form that includes space for

(a) the information set out in section 6(2),

(b) the name, address and 10 digit telephone number of the pharmacy, and

(c) the practitioner's name, date and time of transmission from the practitioner to the pharmacy.

(3) A registrant must not dispense a prescription authorization received by facsimile transmission for a drug referred to on the Controlled Prescription Drug List.

(4) Prescription transfers may be completed by facsimile transmission if

(a) the transferring registrant includes his or her name and the address of the pharmacy with the information required in section 8(4), and

(b) the name of the registrant receiving the transfer is known and recorded on the document to be faxed.

Prescription Copy and Transfer

8. (1) If requested to do so, a registrant must provide a copy of the prescription to the patient or the patient's representative, or to another registrant.

(2) A prescription copy must contain

(a) the name and address of the patient,

(b) the name of the practitioner,

(c) the name, strength, quantity and directions for use of the drug,

(d) the dates of the first and last dispensing of the prescription,

(e) the name and address of the community pharmacy,

(f) the number of authorized refills remaining,

(g) the signature of the registrant supplying it, and

(h) an indication that it is a copy.

(3) Upon request, a registrant must transfer to a pharmacy licenced in Canada a prescription for a drug if

(a) the drug does not contain a controlled drug substance, and

(b) the transfer occurs between a registrant and another registrant or an equivalent of a registrant in another Canadian jurisdiction.

(4) A registrant who transfers a prescription to another registrant under subsection (3) must

(a) enter on the patient record

(i) the date of the transfer,

(ii) the registrant's identification,

(iii) identification of the community pharmacy to which the prescription was transferred, and

(iv) identification of the person to whom the prescription was transferred, and

(b) transfer all prescription information listed in subsection (2) (a) to (f).

(5) A registrant must make prescriptions available for review and copying by authorized inspectors of Health Canada.

Prescription Label

9. (1) All drugs dispensed pursuant to a prescription or a full pharmacist-initiated adaptation must be labeled.

(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.

(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.

(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.

(5) For a compounded preparation, the label must include all active ingredients.

(6) If a drug container is too small to accommodate a full label in accordance with subsection (2),

(a) a trimmed prescription label must be attached to the small container,

(b) the label must include

(i) the prescription number,

(ii) the dispensing date,

(iii) the full name of the patient, and

(iv) the name of the drug, and

(c) the complete prescription label must be attached to a larger container and the patient must be advised to keep the small container inside the large container.

(7) All required label information must be in English, but may contain directions for use in the patient's language following the English directions.

Preparation of Prescription Product

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; and

(d) his or her identity is documented in writing.

(2) A pharmacy manager must ensure that the record in paragraph (1)(d) is readily available and is retained for at least three years from the date on which the prescription product was last dispensed.

Dispensing

10. (1) A registrant may adjust the quantity of drug to be dispensed if

(a) a patient requests a smaller amount,

(b) a manufacturer's unit-of-use standard of package size does not match the prescribed quantity,

(c) the quantity prescribed exceeds the amount covered by the patient's drug plan, or

(d) a trial prescription quantity is authorized by the patient.

(2) A full pharmacist may adjust the quantity of drug to be dispensed, if

(a) he or she consults with a practitioner and documents the result of the consultation, and

(b) if

(i) a poor compliance history is evident on the patient record,

(ii) drug misuse is suspected, or

(iii) the safety of the patient is in question due to the potential for overdose.

(3) If a registrant doubts the authenticity of a prescription, the registrant may refuse to dispense the drug.

(4) All drugs must be dispensed in a container that is certified as child-resistant unless

(a) the practitioner, the patient or the patient's representative directs otherwise,

(b) in the registrant's judgment, it is not advisable to use a child-resistant container,

(c) a child-resistant package is not suitable because of the physical form of the drug or the manufacturer's packaging is designed to improve patient compliance, or

(d) child-resistant packaging is unavailable, or

(e) the drugs are prescribed for medical assistance in dying.

(5) A registrant must not dispense a prescription more than one year from the prescribing date, except for oral contraceptives which may be dispensed for up to two years.

(6) Before dispensing a prescription product, a registrant must perform a final check and record his or her identity in writing.

(7) A pharmacy manager must ensure the record in paragraph (6) is readily available and retained for at least three years after the last date on which that prescription product was last dispensed.

Patient Record

11. (1) A patient record must be established and maintained for each patient for whom a Schedule I drug is dispensed.

(2) ~~The~~For purposes of subsection (1), the patient record must include

(a) the patient's full name,

(b) the patient's personal health number,

(c) the patient's address,

(d) the patient's telephone number if available,

(e) the patient's date of birth,

(f) the patient's gender,

(g) the patient's clinical condition, allergies, adverse drug reactions and intolerances if available including the source and date the information was collected,

(h) the date the drug is dispensed,

(i) the prescription number,

(j) the generic name, strength and dosage form of the drug,

(k) the drug identification number,

(l) the quantity of drug dispensed,

(m) the intended duration of therapy, specified in days,

(n) the date and reason for discontinuation of therapy,

(o) the directions to the patient,

(p) the identification of the prescribing practitioner,

(q) special instructions from the practitioner to the registrant, if appropriate,

(r) past and present prescribed drug therapy including the drug name, strength, dosage, frequency, duration and effectiveness of therapy,

(s) the identification of any drug therapy problem and the description of any action taken,

(t) the description of compliance with the prescribed drug regimen, and

(u) Schedule II and III drug use if appropriate.

(3) If a full pharmacist obtains a drug history from a patient, he or she must request and if appropriate record the following information on the patient record:

(a) medical conditions and physical limitations,

(b) past and current prescribed drug therapy including the drug name, strength, dosage, frequency, duration and effectiveness of therapy,

(c) compliance with the prescribed drug regimen,

(d) Schedule II and III drug use.

(4) A full pharmacist must review the patient's personal health information stored on the PharmaNet database before dispensing a drug and take appropriate action if necessary with respect to any concern regarding the appropriateness of the drug or any drug therapy problem.

Pharmacist/Patient Consultation

12. (1) Subject to subsection (2), a full pharmacist must consult with the patient or patient's representative at the time of dispensing a new or

refill prescription in person or, where not practical to do so, by telephone.

(2) Where a patient declines the consultation, the full pharmacist must document that the consultation was offered and declined.

(3) The full pharmacist must conduct the consultation in a manner that respects the patient's right to privacy.

(4) The pharmacist/patient consultation for a new prescription must include:

(a) confirmation of the identity of the patient,

(b) name and strength of drug,

(c) purpose of the drug,

(d) directions for use of the drug including the frequency, duration and route of therapy,

(e) potential drug therapy problems, including any avoidance measures, and action recommended if they occur,

(f) storage requirements,

(g) prescription refill information,

(h) information regarding

(i) how to monitor the response to therapy,

(ii) expected therapeutic outcomes,

(iii) action to be taken in the event of a missed dose, and

(iv) when to seek medical attention.

(i) issues the pharmacist considers relevant to the specific drug or patient.

(5) The pharmacist/patient consultation for a refill prescription must include:

(a) confirmation of the identity of the patient,

(b) name and strength of drug,

(c) purpose of the drug,

(d) directions for use of the drug including frequency and duration,

(e) whether the patient has experienced a drug therapy problem.

(6) If a drug therapy problem is identified during patient consultation for a new or refill prescription, the full pharmacist must take appropriate action to resolve the problem.

(7) If an adverse drug reaction as defined by Health Canada is identified, the full pharmacist must notify the patient's practitioner, make an appropriate entry on the PharmaNet record and report the reaction to the appropriate department of Health Canada.

Schedule II and III Drugs

13. (1) A registrant must not attribute a new prescription or refill for a Schedule II or Schedule III drug to a practitioner without the authorization of the practitioner.

(2) A pharmacist must offer to consult with the patient or the patient's representative regarding the selection and use of a Schedule II drug at the time of purchase.

(3) The pharmacist/patient consultation for a Schedule II drug must include potential drug therapy problems, including any avoidance measures, and action recommended if they occur.

(4) A pharmacist must be available for consultation with a patient or patient's representative respecting the selection and use of a Schedule III drug.

Sole Pharmacy Services Provider

14 The manager of a pharmacy may enter into an agreement with another person to be the sole provider of pharmacy services in a premise or part of a premise, if

(a) pharmacy services are provided in a manner that is consistent with the *Residential Care Facilities and Homes Standards of Practice,*

(b) patient therapeutic outcomes are monitored to enhance patient safety, and

(c) appropriate provision has been made for safe and effective distribution, administration and control of drugs.

Prohibition on the Provision of Incentives

15 (1) A registrant must not provide or distribute, or be a party to the provision or distribution of, an incentive 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.

(2) Subsection (1) does not prevent a registrant 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) Subsection (1) does not apply in respect of a Schedule III drug or an unscheduled drug, unless the drug has been prescribed by a practitioner.

Health Professions Act – BYLAWS

SCHEDULE F

PART 2 – Hospital Pharmacy Standards of Practice

Table of Contents

Application

1. This Part applies to all registrants providing pharmacy services in a hospital pharmacy or a hospital pharmacy satellite.

Definitions

2. In this Part:

"bulk/batch drug repacking" means the repackaging in a single process of multiple units, not for immediate use;

"bulk compounding" means the preparation of products which are not commercially available in anticipation of a practitioner's order;

"*Community Pharmacy Standards of Practice*" means the standards, limits and conditions for practice established in Part 1 of this Schedule;

"final check" means ensuring that:

(a) the prescription product and the prescription product label match the product information with respect to:

(i) drug,

(ii) dosage form,

(iii) strength, and

(iv) quantity;

(b) the drug is not expired and will not expire within the duration of use; and

(c) a pharmacist has completed a clinical assessment of the prescription after reviewing the patient profile.

"hazardous drugs" means pharmaceutical preparations in which the concentration, toxicity, environmental persistence, degradation characteristics, flammability, corrosiveness, or reactivity represents a risk to the health of humans or other living organisms;

"hospital pharmacy" has the same meaning as in section 1 of the bylaws of the college under the *Pharmacy Operations and Drug Scheduling Act*;

"hospital pharmacy satellite" has the same meaning as in section 1 of the bylaws of the college under the *Pharmacy Operations and Drug Scheduling Act*;

"individual patient prescription system" means a form of drug distribution in which drugs are dispensed in patient-specific labelled drug containers;

"master formula" means a set of instructions outlining in detail the materials, equipment, and procedures required to produce a specific quantity of a product;

"multiple pouch packaging" means a pouch containing drugs to be administered at a particular time;

"unit dose distribution" means a form of drug distribution in which orders for each patient are dispensed individually and packaged in unit-of-use packages containing one dose;

"ward stock" means drugs that are stocked in a patient care area and are not labelled for a particular patient.

Drug Distribution

3. (1) The pharmacy's manager must establish a drug distribution system that

(a) provides drugs in identified dosage units ready for administration whenever possible and practical,

(b) protects drugs from contamination,

(c) provides a method of recording drugs at the time of administration, and

(d) eliminates or reduces the need to maintain ward stock.

(2) A unit dose, monitored dose, multiple pouch packaging or individual patient prescription drug distribution system must be used for dispensing drugs.

(3) Sterile products must be prepared and distributed in an environment that is in accordance with

(a) the Canadian Society of Hospital Pharmacists' Guidelines for Preparation of Sterile Products in Pharmacies,

(b) the USP Pharmaceutical Compounding – Sterile Products Guidelines, and

(c) such other published standards approved by the board from time to time.

(4) Hazardous drugs must be handled and prepared in accordance with the Requirements for the Safe Handling of Antineoplastic Agents in Health Care Facilities published by the Workers Compensation Board of British Columbia and such other published standards approved by the board from time to time.

Preparation of Prescription Product

3.1 (1) A registrant who prepares a prescription product must ensure that:

(a) the prescription product label matches the product information with respect to:

(i) drug,
(ii) dosage form,
(iii) strength,
(iv) quantity; and

(b) the drug is not expired and will not expire within the duration of use.

Patient Identification

3.2 Unless dispensing to staff, outpatients or the general public under section 4(5), all registrants must use at least two person-specific identifiers to confirm the identity of a patient before providing any pharmacy service to the patient.

Drug Label

4. (1) Drug container labels must include

(a) the generic name of the drug, strength and dosage form, and

(b) hospital approved abbreviations and symbols.

(2) Only hospital pharmacy staff may alter a drug container label.

(3) Inpatient prescription labels must include

(a) a unique patient name and identifier,

(b) the generic name of the drug, strength and dosage form,

(c) parenteral vehicle if applicable, and

(d) hospital approved abbreviations and symbols.

(4) The following information must be included on the inpatient prescription label if not available on the medication administration record:

(a) the frequency of administration;

(b) the route of administration or dosage form;

(c) auxiliary or cautionary statements if applicable;

(d) the date dispensed.

(5) All drugs dispensed to staff, outpatients or the general public from a hospital pharmacy or hospital pharmacy satellite must be labeled and dispensed according to the *Community Pharmacy Standards of Practice.*

(6) Prior to releasing a prescription product, a registrant must perform a final check of the prescription product and record his or her identity in writing as required by section 17.

Returned Drugs

5. (1) Unused dispensed drugs must be returned to the hospital pharmacy.

(2) Previously dispensed drugs must not be re-dispensed unless

(a) they are returned to the hospital pharmacy in a sealed dosage unit or container as originally dispensed,

(b) the labeling is intact and includes a legible drug lot number and expiry date, and

(c) the integrity of the drug can be verified.

Drug Transfer

6. A registrant who supplies a Schedule I drug to another registrant or practitioner must comply with section 8(3) and (4) of the *Community Pharmacy Standards of Practice.*

Inpatient Leave of Absence and Emergency Take-Home Drugs

7. (1) A system must be established to provide drugs to an emergency department short stay patient requiring take-home drugs, who is unable to obtain them from a community pharmacy within a reasonable time frame.

(2) All take-home drugs issued from the emergency department must be documented in the patient's health record.

(3) All inpatient leave of absence drugs must be documented in the patient's health record.

(4) Labels for inpatient pass and emergency department take-home drugs must include

(a) the hospital's name,

(b) the patient's name,

(c) the practitioner's name,

(d) the drug name, strength and directions for use,

(e) identification of the person preparing the drug, and

(f) the date the drug is issued.

(5) Drugs must be dispensed in a container that is certified as child-resistant unless

(a) the practitioner, the patient or the patient's representative directs otherwise,

(b) in the registrant's judgment it is not advisable to use a child-resistant container,

(c) a child-resistant package is not suitable because of the physical form of the drug or the manufacturer's packaging is designed to improve patient compliance, or

(d) child-resistant packaging is unavailable.

Investigational and Special Access Program Drugs

8. Registrants must comply with the policies and directives of Health Canada with respect to storage and dispensing of Special Access Program or investigational drugs.

Drug Repackaging and Compounding

9. (1) A registrant must supervise all bulk/batch drug repackaging and bulk drug compounding.

(2) Bulk/batch drug repackaging records must be kept for three years after the repackaging date.

(3) A master formula record must be kept for each bulk compounded drug product.

(4) A separate production record must be kept for each compounded bulk product and must include

(a) the date of compounding,

(b) the lot or batch number assigned to the compounded product,

(c) the manufacturer's name and lot number for each raw material used,

(d) ~~handwritten~~the identification of each registrant and pharmacy assistant involved in each step of the compounding process,

(e) the process including weights and measures performed,

(f) the results of all quality control testing,

(g) a statement of the final yield,

(h) signatures for final verification and authorization for release,

(i) a sample label, and

(j) the expiry date of the product.

(5) A production record must be kept for a period of three years after the expiry date of the compounded batch.

(6) A label must be affixed to the finished bulk/batch repackaged or bulk compounded drug and must contain

(a) generic name(s) of the drug,

(b) strength and quantity of active ingredients,

(c) dosage form,

(d) total amount of final product,

(e) expiry date of the compound,

(f) manufacturer identification and lot number or hospital pharmacy control number,

(g) storage conditions, if applicable,

(h) auxiliary labels, if applicable, and

(i) the name of the hospital.

Hospital Pharmacy Technicians

10. (1) Pharmacy technicians in a hospital pharmacy or hospital pharmacy satellite may prepare, process and compound prescriptions, including

(a) receiving and transcribing verbal prescriptions from practitioners,

(b) ensuring that a prescription is complete and authentic,

(c) transferring prescriptions to and receiving prescriptions from other pharmacies,

(d) ensuring the accuracy of a dispensed prescription,

(e) performing the final check of a dispensed prescription, and

(f) ensuring the accuracy of drug and personal health information in the PharmaNet patient record.

(2) Despite subsection (1), a pharmacy technician in a hospital pharmacy or hospital pharmacy satellite 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,

(b) do anything described in

(i) sections 13, 15 or 16 of this Part

(ii) Part 4 of this Schedule, or

(c) dispense a drug pursuant to HPA Bylaws Schedule F, Part 5.

(3) A pharmacy technician must identify his or her registrant class in any interaction with a patient or a practitioner.

Hospital Pharmacy Assistants

11. Specific technical functions may be performed by a pharmacy assistant in a hospital pharmacy or hospital pharmacy satellite after the pharmacy's manager has established written procedures for performing the functions.

Patient Record

12. (1) The registrant must ensure the preparation and maintenance of patient records for each patient for whom drugs are prepared are complete, accurate and current, except patients admitted for less than 24 hours to

(a) surgical day care,

(b) ambulatory care,

(c) emergency short-stay, or

(d) other short-stay diagnostic or treatment units.

(2) The patient record must include

(a) the patient's full name and admission date,

(b) the hospital number and location,

(c) the patient's date of birth and gender,

(d) the attending practitioner's name,

(e) the patient's weight and height if applicable to therapy,

(f) the patient's allergies, adverse drug reactions, intolerances, and diagnoses,

(g) a chronological list of drugs which have been prescribed for the patient since admission to hospital, or, if admission is prolonged, for a minimum period of two years, and

(h) a list of all current drug orders including

(i) the drug name,

(ii) the drug strength,

(iii) the dosage,

(iv) the route,

(v) the dosage form,

(vi) intravenous diluent if applicable,

(vii) the directions for use,

(viii) administration time or frequency,

(ix) the attending practitioner,

(x) the quantity,

(xi) the start and stop date, or length of therapy, and

(xii) the date drug was dispensed, refilled or discontinued.

Patient Oriented Pharmacy Practice

13. (1) During pharmacy hours the full pharmacist must review the drug order before the drug is dispensed.

(2) The full pharmacist must check the drug order for

(a) the patient's name, hospital number and location,

(b) the signature of the practitioner,

(c) the name of the drug,

(d) the dosage form and strength,

(e) the route and frequency of administration,

(f) the duration of treatment if limited,

(g) directions for use,

(h) the date and time the order was written, and,

(i) in the case of verbal and/or telephone orders, the name and signature of the person who received the order.

(3) The full pharmacist must review the pharmacy patient record before dispensing the patient's drug and at appropriate intervals thereafter to assess

(a) appropriateness of therapy,

(b) drug interactions,

(c) allergies, adverse drug reactions and intolerances,

(d) therapeutic duplication,

(e) correct dosage, route, frequency and duration of administration and dosage form,

(f) contraindicated drugs,

(g) intravenous administration problems including potential incompatibilities, drug stability, dilution volume and rate of administration, and

(h) any other drug related problems.

(4) The full pharmacist must notify the patient's nursing staff immediately if a problem with a prescription for a ward stock item is discovered.

(5) The full pharmacist must monitor drug therapy to detect, resolve and prevent drug-related problems at a frequency appropriate for the medical condition being treated.

(6) Monitoring includes but is not limited to

(a) a review of the patient record and/or health record,

(b) discussion with the patient's practitioner and/or other appropriate individual, and

(c) use of physical assessment skills when trained to do so.

(7) The full pharmacist must provide drug information, including patient-specific information to patients and health care personnel.

(8) A full pharmacist, or a limited or student pharmacist under the direct supervision of a full pharmacist, must provide drug consultation to an outpatient or the outpatient's representative, or to an inpatient on request, and must

(a) confirm the identity of the patient,

(b) identify the name and strength of drug,

(c) identify the purpose of the drug,

(d) provide directions for use of the drug including the frequency, duration and route of therapy,

(e) discuss common adverse effects, drug and food interactions and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,

(f) discuss storage requirements,

(g) provide prescription refill information,

(h) provide information regarding

(i) how to monitor the response to therapy,

(ii) expected therapeutic outcomes,

(iii) action to be taken in the event of a missed dose, and

(iv) when to seek medical attention, and

(i) provide other information unique to the specific drug or patient.

(9) If a full pharmacist requests a history from a patient or a patient's representative, the following information must be obtained:

(a) medical conditions and physical limitations;

(b) allergies, adverse drug reactions, and idiosyncratic responses;

(c) past and current prescribed drug therapy including the drug name, strength, dosage, frequency and duration and effectiveness of therapy;

(d) compliance with the prescribed drug regimen;

(e) Schedule II and III and unscheduled drug use.

(10) A full pharmacist must provide information about the assessment, management and prevention of drug poisoning within the hospital.

Medication Administration

14. (1) The registrant must collaborate with nursing and medical staff to develop written policies and procedures for the safe administration of drugs.

(2) A medication administration record of all prescribed drugs for each patient must be produced from the pharmacy-maintained patient record.

(3) The medication administration record must include

(a) the patient's full name and identification number,

(b) the patient's location in the hospital,

(c) the presence or absence of known allergies, adverse drug reactions, and intolerances,

(d) the date or period for which the drug administration record is to be used,

(e) the name, dosage and form of all drugs currently ordered,

(f) complete directions for use for all drugs,

(g) stop or expiry dates for drug orders for which there is an automatic stop policy (if not reported by another means),

(h) predetermined, standard medication administration times for regularly scheduled drugs, and

(i) changes to drug orders.

Residential Care

15. A full pharmacist providing pharmacy care to residential care patients residing in a facility that is not licensed under the *Community Care and Assisted Living Act* must

(a) use a monitored dosage, multiple pouch packaging or unit dosage system except where the form of the drug does not permit such packaging,

(b) restrict ward stock to drugs that do not have a high potential for toxicity or require a complex dosage titration, and are commonly prescribed on a "when needed" basis,

(c) maintain a current patient record for each patient,

(d) provide administration records of all current drugs for each patient from the pharmacy maintained patient record within seventy-two hours of admission and at least monthly thereafter,

(e) review each patient's drug regimen at least every six months preferably in the setting of multidisciplinary rounds, and

(f) maintain a written record of drug reviews in the patient's permanent health record, including the date of each review, identified concerns and recommendations.

Documentation

16. (1) The full pharmacist must document directly in the patient record all activities and information pertaining to the drug therapy of the patient.

(2) ~~The~~For the purposes of subsection (1), the documentation must include but is not limited to

(a) actual or potential drug-related problems that warrant monitoring,

(b) recommendations for changes in drug selection, dosage, duration of therapy, and route of administration,

(c) recommendations for monitoring the response to drug therapy,

(d) notations of consultations provided to other health care professionals about the patient's drug therapy selection and management,

(e) notations of drug-related patient education and/or consultation provided,

(f) clarification of drug orders and practitioner's telephone orders received directly by the registrant, ~~and~~

(g) allergies, adverse drug reactions and intolerances~~.~~, and

~~(g)~~(h) the full pharmacist's signature.

17. Documentation of the identity of any registrant who prepared a prescription product or performed a final check must be in writing, readily available and retained for at least three years after the date on which the prescription product was last dispensed.

College of Pharmacists of British Columbia

12. Legislation Review Committee

Jeremy Walden

Chair, Legislation Review Committee

College of Pharmacists of British Columbia

12 a) Committee Update

College of Pharmacists of British Columbia

Committee Update

January 17, 2018 Meeting

- Reviewed and recommended three items for Board approval:
  - Amendments to Medical Assistance in Dying - Standards, Limits and Conditions (Filing)
  - Amendments to the Telepharmacy Standards of Practice (Filing)
  - Electronic Record Keeping (Public Posting)

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Committee Update, continued

Key Upcoming Committee Work

- Options for requirements regarding the role and responsibilities of pharmacy managers.
- Potential recommendation for Board approval at their April 2018 meeting.

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12 b) Medical Assistance in Dying – Standards, Limits and Conditions

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Background

- MAiD requirements and protocols for pharmacists can be found in:
  - The College's HPA Bylaws; and
  - The MAiD Sub-Committee on Pharmacy's, *British Columbia Pharmacy Protocols for MAiD*.

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Current State

48 Hour Requirement:

- The College's Bylaws require that pharmacists contact prescribers within 48 hours of the scheduled time of drug administration to confirm that the MAR documents what medications were consumed, and to ensure that unused medication is returned.

- The Protocols require prescribers to provide a copy of the MAR and all unused medication to pharmacists within 48 hours after the patient's death.

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Current State, continued

- The Protocol prescribes a pre-printed prescription order form for MAiD that includes certain sections that must be completed by the pharmacist and returned to the prescriber.

- In order for pharmacists to complete the “Prescription Accountability” section, they must have received the MAR and reconciled it with the returned medications.

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Issue

- Some prescribers have not been able to meet the 48 hour time limit for returning medications to the pharmacist.
- Pharmacists are not able to complete the “Prescription Accountability” section of the pre-printed prescription form until receipt of the returned medications.
- The MAiD Sub-Committee on Pharmacy Sub-Committee has agreed to revise the Protocol from 48 hours to 72 hours.

College of Pharmacists of British Columbia

Proposed Amendment

- To better align with the Protocol, it is proposed that the College's HPA Bylaws be amended to:
  - Require that pharmacists contact prescribers after the scheduled time of drug administration to collaborate on returning any unused medications within 72 hours of the patient's death.
  - No longer require that pharmacists confirm that the MAR is accurate, but that they review the MAR to reconcile the return of unused medications.

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12 b) Medical Assistance in Dying – Standards, Limits and Conditions

Motion:

Approve the following resolution to amend the *Health Professions Act* (HPA) Bylaws relating to the standards of practice for dispensing drugs for the purposes of medical assistance in dying:

RESOLVED THAT, in accordance with the authority established in section 19(1)(k) 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 of the College of Pharmacists of British Columbia amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution, and file such bylaws with the Minister of Health.

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12 c) Amendments to the Telepharmacy Standards of Practice

College of Pharmacists of British Columbia

Background

- At the September 15, 2017 Board meeting, amendments to the *Health Professions Act* (HPA) Bylaws to implement new Telepharmacy Standards of Practice were approved for filing.
- These standards of practice became effective on November 14, 2017.
- At the November 17, 2017 Board meeting, amendments to the *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws regarding pharmacy ownership were approved for filing.

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Recommended Amendments to the Telepharmacy Standards of Practice

- The amendments to PODSA included a number of new bylaws, and re-organizing of existing requirements. As a result, the entire document was re-numbered.
- Staff recommend that references to PODSA Bylaws within the Telepharmacy Standards of Practice be updated, to reflect the new numbering.

College of Pharmacists of British Columbia

12 c) Amendments to the Telepharmacy Standards of Practice

Motion:

Approve the following resolution to amend the Health Professions Act Bylaws to update bylaw references in the Telepharmacy Standards of Practice:

RESOLVED THAT, in accordance with the authority established in section 19(1)(k) 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.

College of Pharmacists of British Columbia

12 d) Electronic Record Keeping

College of Pharmacists of British Columbia

Background

- The College requires pharmacies to keep hard copy records of prescriptions.
- We've received a number of requests to allow electronic record keeping.
- In practice, many pharmacies are already keeping electronic records. However, there are no standards in place to govern this practice.
- The College is proposing to create a new records management framework, which would allow electronic and/or hard copies of the records.

College of Pharmacists of British Columbia

Goals

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

College of Pharmacists of British Columbia

Consultations

- The College consulted with both internal and external stakeholders, including:
  - College staff from various departments;
  - The College's three Pharmacy Advisory Committees
  - The B.C. Pharmacy Association;
  - Two departments within the Ministry of Health;
  - Staff from two similar-sized pharmacy regulatory authorities in Canada;
  - A records management consultant; and
  - Two pharmacy software providers.

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Bylaws and Policies Affected

- Amendments to the following bylaws and policies are being proposed:
  - *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws;
  - *Health Professions Act* (HPA) Bylaws, including Community Pharmacy Standards of Practice and Hospital Pharmacy Standards of Practice; and
  - Professional Practice Policy - 12 - Prescription Hard Copy File Coding System (to be rescinded).

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Bylaws and Policies Affected, continued

- In addition, consequential amendments to the following policies are intended to be proposed:
  - Professional Practice Policy - 20 Prescription Refills (To be rescinded)
  - Professional Practice Policy - 31 Emergency Prescription Refills
  - Professional Practice Policy – 58 Medication Management (Adapting a Prescription)

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Proposed Amendments - Highlights

- Rescind PPP-12, which requires registrants to keep hard copies of prescriptions.
- Add a general record keeping provision requiring records to be readable, complete, filed systematically and maintained in a manner that is secure, auditable and allows for their easy retrieval.
- Require a record keeping policy.
- Introduce minimum technology requirements for pharmacies keeping electronic records.

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Proposed Amendments – Highlights, continued

- Establish requirements for backing up electronic records.
- Add a new definition of electronic signature and initials.
- Update requirements for destruction and disposal of records.
- Require that amendments to patient records to correct errors or omissions, be auditable.
- Related and incidental changes to the PODSA Bylaws and the HPA Bylaws.

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Two Housekeeping Amendments:

- Update refill authorization requirements to require registrants to create a new prescription number for each refill authorization.
- Add a requirement that hospital pharmacists must include their signature when documenting drug therapy information in the patient record.

College of Pharmacists of British Columbia

Proposed Timeline (subject to Board approval)

Date	Action
Feb. 2018 Board meeting	Proposed amendments to PODSA and HPA Bylaws presented to the Board for approval for public posting.
Feb. 2018 to May 2018	90 day public posting period; receive comments from public.
Sept. 2018 Board meeting	Final amendments to PODSA and HPA Bylaws presented to the Board for approval for filing with the Minister of Health; policy amendments presented to the Board for approval.
Sept. to Nov. 2018	60 day filing period.
Nov. 2018	Amendments to PODSA and HPA Bylaws come into force; amendments to policies become effective.
May 2019	End of transition period for meeting new technology requirements.

College of Pharmacists of British Columbia

12 d) Electronic Record Keeping

Motion:

Approve the following resolution:

RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act and section 19(1) of the Health Professions Act, and subject to the requirements in section 21(8) of the Pharmacy Operations and Drug Scheduling Act and section 19(6.2) of the Health Professions Act, the Board of the College of Pharmacists of BC approves the proposed draft bylaws of the College of Pharmacists of British Columbia relating to electronic record keeping for public posting, as circulated.