College of Pharmacists of British Columbia

Board Meeting
April 11, 2019
Held at the College of Pharmacists of British Columbia
200-1765 West 8th Avenue, Vancouver, BC

MINUTES

Members Present:
Arden Barry, Chair, District 7
Christine Antler, Vice Chair, District 2
Mona Kwong, District 1
Steven Hopp, District 4
Frank Lucarelli, District 5
Anca Cvaci, District 6
Bal Dhillon, District 8
Tracey Hagkull, Government Appointee
Anne Peterson, Government Appointee
Katie Skelton, Government Appointee
Justin Thind, Government Appointee

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
Jon Chen, Communications Project Officer
Stephanie Kwok, Executive Assistant

Regrets:
Christine Antler, Vice Chair (morning only)
Bob Nakagawa, Registrar (morning only)
Tara Oxford, District 3

Guest Regrets:
Michael Coughtrie, Dean, UBC Faculty of Pharmaceutical Sciences
Sam Chu, UBC Pharmacy Undergraduate Society President

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1. **WELCOME & CALL TO ORDER**
   Chair Barry called the meeting to order at 8:32am on April 11, 2019.

College of Pharmacists of British Columbia

2. CONSENT AGENDA

a) Items for further discussion

No items were brought forward 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 April 11, 2019 Draft Board Meeting Agenda as circulated.

CARRIED

4. COMMITTEE UPDATES

a) Audit and Finance Committee

Frank Lucarelli, Chair of the Audit and Finance Committee, provided an update on the College's Statement of Financial Position and Statement of Expenses and Revenue, as provided in the consent agenda. The College is currently $196,000 under index, meaning expenses came in a little lower than forecasted. At its meeting on April 10, 2019, the committee met with BDO to discuss about the upcoming audit at the College. Results of the audit will be presented at the June Board meeting.

b) Quality Assurance Committee

Frank Lucarelli, Chair of the Quality Assurance Committee, reported that the committee met on April 3, 2019. CE audits are on track and focus on the accredited continuing education of registrants. A summary of the audits will be presented at a later Board meeting in the fall. The committee also discussed the CE Exemption Policy and will be presenting a recommendation at an upcoming Board meeting once they have completed their review.

c) Application Committee

Chair Barry, on behalf of the Application Committee, reported that committee had 4 panel meetings since the February Board meeting. Four pharmacy files were referred to the committee as they did not meet eligibility criteria. There continues to be approximately 10% of pharmacies who do not renew by the required date, which is 30 days before the pharmacy licence expires. The transition period is almost over, ending with the May 31, 2019 pharmacy license renewals. Starting with the June 30, 2019 pharmacy license renewals, the College will collect information on trustees as well as they are considered to be indirect owners.

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d) Practice Review Committee

Tracey Hagkull, Chair of the Practice Review Committee reported that the committee met on April 10, 2019 and discussed the program's annual reports, which will be presented at the June Board meeting. The committee also said farewell to 5 of its members who are terming out end of the month.

e) Ethics Advisory Committee

Bal Dhillon, Chair of the Ethics Advisory Committee, reported that the committee has not met since the last Board meeting.

f) Drug Administration Committee

Doreen Leong, staff resource to the Drug Administration Committee, reported that the committee has not met since the last Board meeting but the committee is working on looking at removing the restrictions on the standards, limits and conditions governing pharmacists' administration of drugs by injection and intranasal route, as approved at the February Board meeting.

g) Discipline Committee

Chair Barry, on behalf of the Discipline Committee, reported for the period of January and February 2019. There were 4 pending files and 1 file in progress. There were no hearing days or discipline files heard in court during this time. These numbers are consistent with what has been reported in previous years given the specific time period.

h) Inquiry Committee

Chair Barry, on behalf of the Inquiry Committee, reported that the committee met 7 times via teleconference and once in person. There were 31 files disposed and 154 calls and tips received. The number of complaints received through the HPA formal process was 20. These numbers are consistent with what has been reported in previous years given the specific time period.

i) Registration Committee

Chair Barry, on behalf of the Registration Committee, reported that the committee held one meeting via teleconference in April. The committee reviewed one applicant file, discussed the Committee Orientation Manual developed for onboarding new committee members and reviewed the Jurisprudence Examination results from the February sitting.

j) Governance Committee

Mona Kwong, Chair of the Governance Committee, reported that since the February Board meeting the committee met twice via teleconference. On March 7, 2019, the committee discussed committee member appointments and implemented a new evaluation process and approved the use of the committee member applicant evaluation form. The committee also discussed about potentially establishing a Past-Chair Advisory Committee and provided direction to the Registrar to begin drafting the Terms of Reference of the Succession Planning Committee for Board approval at the June Board meeting.

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Also for approval at the June Board meeting will be the Governance committee's own Terms of Reference, revised to include Board evaluation and Board succession planning as part of the committee's responsibilities. On April 4, 2019, the committee met to review the committee member applications and appointed members, both public and registrant, to College committees. The College received 91 applications and required 33 vacant committee spots to be filled. This is an item in the meeting's consent agenda for approval.

k) Legislation Review Committee

Mona Kwong, Chair of the Legislation Review Committee, provided an update under item 5a of the regular agenda.

5. LEGISLATION REVIEW COMMITTEE (Appendix 3)

Mona Kwong, Chair of the Legislation Review Committee presented on items 5a to 5d.

a) Committee Update

Mona Kwong, Chair of the Legislation Review Committee provided a committee update through her presentation.

b) Amending Committee Member Terms of Office

It was moved and seconded that the Board:
Approve amendments to the Health Professions Act Bylaws to change committee member terms to not exceed three years, with a maximum of six consecutive years, for public posting.

CARRIED

c) Authorizing the Registrar to Act under s. 32(3) of the HPA

It was moved and seconded that the Board:
Approve amendments to the Health Professions Act Bylaws to include a provision to authorize the Registrar to act under section 32(3) of the Health Professions Act, for public posting.

CARRIED

d) Drug Scheduling Amendment of Esomeprazole

It was moved and seconded that the Board:
Approve the following resolution to amend drug scheduling in the Drug Schedules Regulation:

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, to move esomeprazole when sold for treatment of frequent heartburn from Schedule II to Schedule III and establish esomeprazole for veterinary use as Schedule I.

CARRIED

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6. **CONTROLLED PRESCRIPTION PROGRAM UPDATE (Appendix 4)**
   Frank Lucarelli, District 5 Board member, provided an update on the Controlled Prescription Program and the Controlled Prescription Program Advisory Committee and pointed out the importance of preventing forgeries and reducing inappropriate prescribing of Schedule 1A drugs while ensuring patient safety, amidst the opioid crisis.

7. **PODSA MODERNIZATION PHASE 2 UPDATE (Appendix 5)**
   Doreen Leong, Director of Registration & Licensure and Christine Paramonczyk, Director of Policy & Legislation provided the Board with an update on the College's work towards the modernization of bylaws and policies under the Pharmacy Operations and Drug Scheduling Act (PODSA).

8. **ACCREDITATION PREPARATION – UBC ENTRY-TO-PRACTICE DOCTOR (Appendix 6)**
   Dr. Kerry Wilbur, Associate Professor & Executive Director of Entry-to-Practice Education in the Faculty of Pharmaceutical Sciences at UBC, shared with the Board the work that is now underway by faculty to prepare for Program accreditation.

9. **PRESERVING THE BENEFIT OF ANTIBIOTIC THERAPY: HOW THE COLLEGE CAN BECOME PART OF THE RESISTANCE (Appendix 7)**
   Dr. David Patrick, Interim Executive Lead for the BC Centre Disease Control presented to the Board on the importance and impact of antibiotic stewardship in the community, and on the current and future contributions of Pharmacists and the College.

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

ADJOURNMENT

Chair Barry adjourned the meeting at 11:36am on April 11, 2019.

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BOARD MEETING
April 11, 2019

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. Compliance Certificate
    b. Risk Register April 2019
    c. Current Strategic Plan Update
    d. Action Items & Business Arising
iii. Approval of February 15, 2019 Draft Board Meeting Minutes **[DECISION]**
iv. Committee Updates
v. Committee Annual Reports to the Board
vi. Governance Committee: Committee Member Appointments
vii. Audit and Finance Committee: Finance Report: January Financials
viii. Practice Review Committee: Phase 1 and 2 Update
ix. Legislation Review Committee
    a. HPA Fee Amendments **[DECISION]**
    b. PODSA Fee Amendments **[DECISION]**
    c. PPP-66 Policy Guide – Methadone Maintenance Treatment, Housekeeping Updates

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BOARD MEETING
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2b.i. Chair's Report

INFORMATION ONLY

Chair's Report of Activities – April 2019 Board Meeting

It is my pleasure to provide this report for the April 2019 Board meeting. Since the previous Board Meeting report (February 2019), I have been involved in the following activities as Board Chair:

General Administration:

- Communications for planning of April 2019 Board meeting, Committee of the Whole, and Board strategic planning session
- Communications regarding orientation of new public Board members
- Liaised with Board members regarding topics/guest speakers for future Board meetings
- Liaised with Communications Team regarding strategic planning engagement survey
- Communications regarding Registrar evaluation process
- Attended weekly meetings with Registrar/Deputy Registrar/Vice-Chair on general Board-related items
- Reviewed minutes for February Board meeting
- Answered general questions from registrants and fellow Board members
- Attended WATSON Breakfast Series on CEO performance and succession on March 7 in Vancouver
- Presented to third year UBC Entry-to-Practice PharmD students about the Board on March 11
- Attended the Wicked Problems Summit, hosted by the Nova Scotia College of Pharmacists, on March 25 in Toronto

Committee Involvement:

- Governance Committee

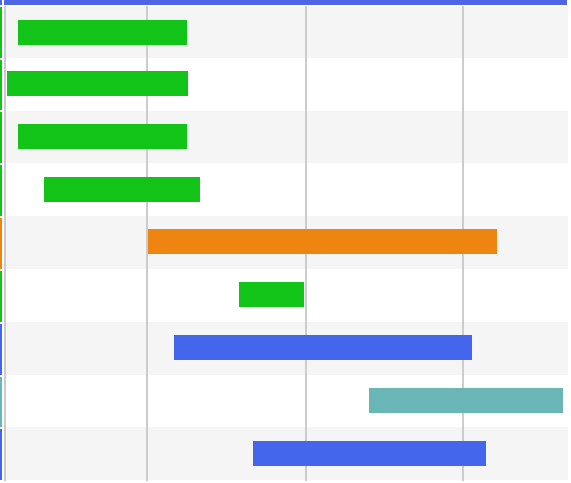
39
ACTION ITEMS

78%
ACTION ITEM COMPLETION

COLLEGE OF BC PHARMACISTS PLAN

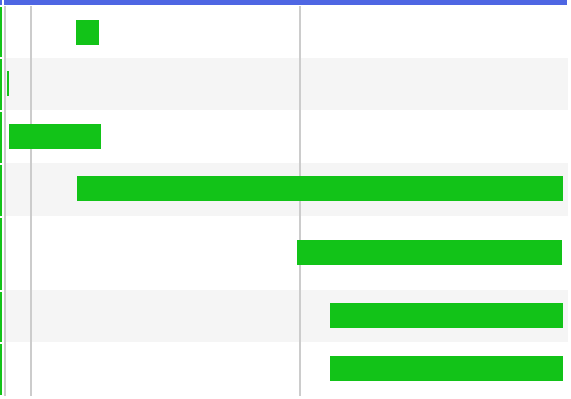
LEGISLATIVE STANDARDS & MODERNIZATION

Action Item	Owner	Current Completion
Implement PODSA ownership changes (Phase 1) by 1st Apr 2018	Director of Registration and Licensure	100% -
Implement revised bylaw by 1st Apr 2018	Director of Policy and Legislation	100% -
Streamline business processes by 1st Apr 2018	Director of Registration and Licensure	100% -
Complete communications and engagement activities by 30th Apr 2018	Director of Communications	100% -
Implement PODSA Modernization (Phase 2) by 31st Mar 2020	Director of Registration and Licensure	10% 7% behind
Update and re-scope entire PODSA Phase 2 project by 31st Dec 2018	Director of Registration and Licensure	100% -
Implement revised bylaw (POSDA Phase2) by 31st Jan 2020	Director of Policy and Legislation	50% 4% behind
Streamline business processes by 31st Aug 2020	Chief Operating Officer	0% -
Complete communications and engagement activities (PODSA 2) by 29th Feb 2020	Director of Communications	40% 4% ahead



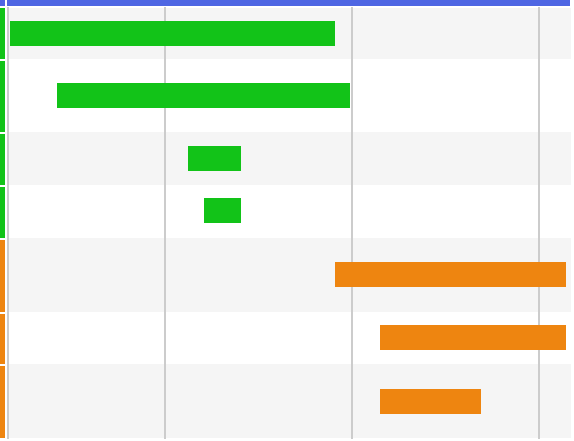
PROFESSIONAL EXCELLENCE

Action Item	Owner	Current Completion
Implement Hospital PRP by 1st Apr 2017	Director PR & QA	100% -
Develop Hospital PRP program by 26th Nov 2016	Director PR & QA	100% -
Launch Hospital PRP program by 3rd Apr 2017	Director PR & QA	100% -
Complete Implementation of Methadone Action Plan by 31st Dec 2018	Deputy Registrar	100% -
Provide recommendations to the board based on findings of MMT inspections and undercover operations. by 31st Dec 2018	Deputy Registrar	100% -
Complete legal elements by 31st Dec 2018	Director of Policy and Legislation	100% -
Manage inspections by 31st Dec 2018	Deputy Registrar	100% -



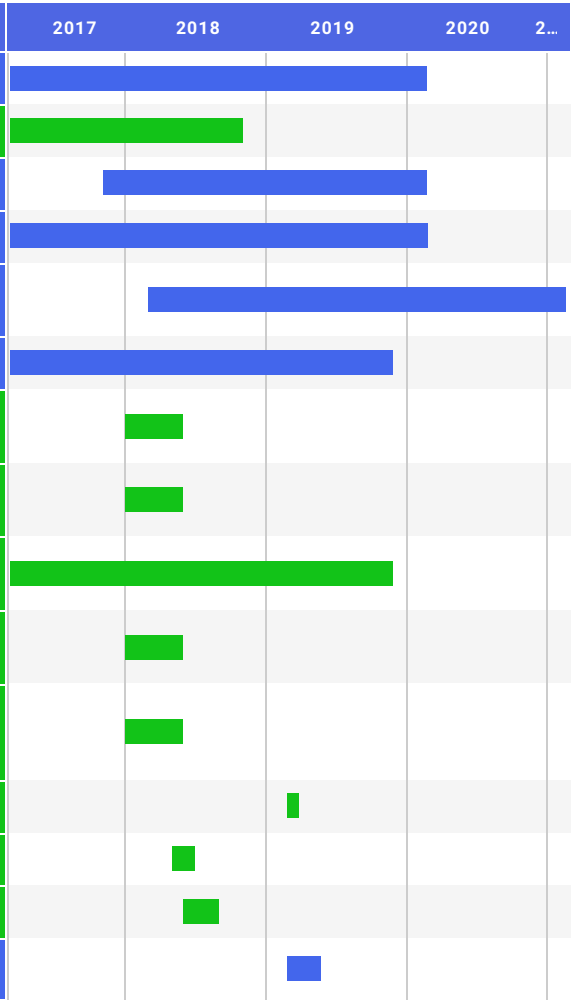
DRUG THERAPY ACCESS & MONITORING

Action Item	Owner	Current Completion
Recommend to the Minister of Health that pharmacists be granted the authority to prescribe by 30th Nov 2018	Director of Registration and Licensure	100% -
Develop framework/proposal for pharmacist prescribing for submission to the Minister of Health by 31st Dec 2018	Director of Registration and Licensure	100% -
Complete communication and engagement activities by 31st May 2018	Director of Communications	100% -
Submit Proposal for Pharmacist Prescribing to Minister of Health by 31st May 2018	Director of Registration and Licensure	100% -
Seek greater access to patient lab values to enhance pharmacists' ability to provide quality, timely service to patients by 29th Feb 2020	Director of Registration and Licensure	0% 22% behind
Complete communications and engagement activities by 29th Feb 2020	Director of Communications	0% 4% behind
Develop and submit framework/proposal document outlining a strategy for how to create access to Patient Lab Values by 14th Sep 2019	Director of Registration and Licensure	0% 7% behind



ORGANIZATIONAL EXCELLENCE

Action Item	Owner	Current Completion
Update IT infrastructure by 28th Feb 2020	Chief Operating Officer	73% 5% ahead
Implement IT updates required by PODSA Modernization (Phase 1) by 31st Oct 2018	Chief Operating Officer	100% -
Implement IT Department organization, processes and procedures by 29th Feb 2020	Chief Operating Officer	80% 21% ahead
Implement Enterprise Content Management system by 29th Feb 2020	Chief Operating Officer	65% 3% behind
Enhance public safety through ensuring Practice Review Program systems needs are addressed by 28th Feb 2021	Chief Operating Officer	45% 10% ahead
Enhance organizational best practices to obtain silver certification from Excellence Canada by 29th Nov 2019	Chief Operating Officer	80% 6% ahead
Develop human resources / wellness policies and procedures (plans or guidelines) required to attain Silver certification by 1st Jun 2018	Chief Operating Officer	100% -
Develop Governance and Leadership policies and success indicators required to attain Silver certification by 1st Jun 2018	Chief Operating Officer	100% -
Develop organizational policies and procedures (plans or guidelines) required to attain Silver certification by 29th Nov 2019	Chief Operating Officer	100% -
Define customer segments and develop a customer experience plan, including key partners by 1st Jun 2018	Chief Operating Officer	100% -
Develop a methodology for regularly identifying and capturing key processes, including Project Management, Change Management and Procurement by 1st Jun 2018	Chief Operating Officer	100% -
Register with Excellence Canada for official verification by 31st Mar 2019	Chief Operating Officer	100% -
Review gap analysis and assign secondary action plan projects to teams by 30th Jun 2018	Chief Operating Officer	100% -
Complete secondary projects by 1st Sep 2018	Chief Operating Officer	100% -
Facilitate Excellence Canada verification team visits and focus groups by 31st May 2019	Chief Operating Officer	80% 65% ahead



Receive Silver Certification from Excellence Canada by 29th Nov 2019	Chief Operating Officer	0% -				

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

INFORMATION ONLY

	MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS
1.	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. **Status: Recommended implementation plan has been communicated to registrants. College staff will bring forward a proposed motion for the Board's consideration, to officially adopt the Standards, closer to the May 2021 effective date.** **No further update at this point. The current status is still in effect.**	04-2017	IN PROGRESS
2.	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. **Status: An update was provided at the February 2019 Board meeting. Research findings are to be provided to the Board at its June 2019 meeting.**	06-2017	IN PROGRESS
3.	Motion #1: Direct the Registrar to explore the development of new requirements for the security of information in local pharmacy computer systems; **Status: The Policy & Legislation Department has addressed some of the issues in the new electronic record keeping PPP. Work is being done by the Ministry of Health addressing this issue with PRIME and updated SCS document** Motion #2: If new requirements are deemed necessary, direct the Registrar to propose that the Ministry of Health consider	02-2018	IN PROGRESS

	MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS
	amending their PharmaNet Professional and Software Compliance Standards document to enhance the software security requirements of the local pharmacy computer systems." **Status: Deputy Registrar, David Pavan has had discussions with the Ministry on updating the SCS document. He has been advised that the ministry is working on the conformance standards for pharmacy software.** **In addition, the Ministry is working on implementing the PRIME project to accurately track all registrants and non-registrants who access PHI on PharmaNet.**		
4.	Motion: Direct the Registrar to proceed with engagement on the Strategic Plan Themes developed by the Strategic Plan Working Group. **Status: The College conducted a Strategic Plan Engagement in March and results will be provided to the Board to help shape the development of the College's next Strategic Plan. Learn more at: http://bcpharmacists.org/stratplan**	09-2018	IN PROGRESS
5.	Motion: Direct the Registrar to pursue drug scheduling by reference to federal legislation and the National Drug Schedules established by the National Association of Pharmacy Regulatory Authorities (NAPRA), with respect to the Drug Schedules Regulation. **Status: Research and analysis has begun. No further update at this point. The current status is still in effect.**	11-2018	IN PROGRESS
6.	Motion: Direct the Registrar to explore implementation of mandatory medication error reporting to a College-specified independent third party. **Status: Research and analysis has begun. An implementation plan will be brought to the Board for approval in September. No further update at this point. The current status is still in effect**	11-2018	IN PROGRESS
7.	Motion: Direct the Registrar to remove current restrictions on pharmacist injection and intranasal administration of medications, while restricting the administration of injections for Schedule 1A drugs and drugs for cosmetic purposes and retaining current age limit restrictions. **Status: Research and analysis is taking place. Proposed standards, limits and conditions are expected to be brought forward to the Board at their September 2019 meeting.**	02-2019	IN PROGRESS

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2b.iii. Approval of February 15, 2019 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the February 15, 2019 draft Board meeting minutes as circulated.

Appendix	
1	http://library.bcpharmacists.org/2_About_Us/2-1_Board/Board_Meeting_Minutes-20190215.pdf

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2b.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	Discipline Committee Update
2	Governance Committee Meeting Minutes
3	Inquiry Committee Update
4	Practice Review Committee Meeting Minutes

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BOARD MEETING
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2.b.v. Committee Annual Reports to the Board

INFORMATION ONLY

Annual reports of committee activities are submitted.

Appendix	
1	Annual Reports for all College committees

College of Pharmacists of British Columbia

Annual Report to the Board
April 11, 2019

Application Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2018 – February 28, 2019

Committee Overview

Membership:
Neil Braun
George Budd
Dianne Cunningham
Derek Lee
Robert Lewis
Kevin Ly
Terry Park
Surbhi Singh
Justin Thind
Sorell Wellon
Mark Zhou

Chair: Christine Antler

Vice Chair: John Beever

Staff Resource: Doreen Leong

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

Responsibilities:

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

Relevant Statistical information

Application Committee:

- Number of meetings: 2 days (training, in-person); 13 (tele-conference)

Accomplishments:

- Key policies and processes developed for the Application Committee (AC) meetings including standardized templates for meeting materials, notification letters and decision letters and tracking system for types of pharmacy files referred to the AC
- Drafted communication materials for new licensure processes – Pharmacy Licensure Guide, on-line tutorials, ReadLinks articles, webpages and correspondence
- Streamlined Criminal Record History process
- Pharmacy applications referred to the AC:
  - 18 pharmacy files related to eligibility criteria
  - 123 pharmacy files were incomplete/late
- Drafted AC Handbook for orientating/training new and existing AC members

Goals for Next Fiscal Year:

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

College of Pharmacists of British Columbia

Annual Report to the Board
April 11, 2019

Audit and Finance Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2018 – February 28, 2019

Committee Overview

Membership:
Ryan Hoag – until November 23, 2018
Mona Kwong – until November 23, 2018
Frank Lucarelli
Arden Barry
Christine Antler – effective November 23, 2018
Tracey Hagkull – effective November 23, 2018

Chair:
Ryan Hoag – until November 23, 2018
Frank Lucarelli – effective November 23, 2018

Vice Chair:
Frank Lucarelli – until November 23, 2018
Tracey Hagkull – effective November 23, 2018

Staff Resource:
Bob Nakagawa
Mary O'Callaghan

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

Responsibilities:

Annual Audit Planning and preparation

- Review with the auditors the scope of the upcoming year's audit, including any areas where the auditors have identified a risk of potential error in the financial condition and/or results of operations.
- Review with College management control weaknesses detected in the prior year's audit, and determine whether practical steps have been taken to overcome them.

Audit results

- Review the auditors' draft report on the financial statements.
- Review auditors' evaluation of internal controls and processes, including internal controls over financial reporting and any material weaknesses or risks of fraud. Assess the steps management has taken to minimize significant risk of exposure. Consider effectiveness of control systems including information technology.

- Enquire into the condition of the records and the adequacy of resources committed to accounting and control.
- Enquire about changes in finance/auditing/control standards that have occurred during the year and whether there is any impact on the College financial systems.
- Meet with the auditors (without College management) to ascertain whether there are concerns that should be brought to the committee's attention.
- Coordinate with College management: the presentation of the audit findings by the auditors to the Board for Board approval; incorporate the Board approved audit report into the College Annual Report; have the auditors' present the results to the College registrants at the AGM.

Auditors' appointment

- Meet with senior management to ensure that management has no concerns about the conduct of the most recent audit.
- Recommend to the Board the auditors to be appointed for the following year, and in consultation with College management determine the appropriate compensation.
- Approve the selected auditors' engagement letter, receive the independence letter, review and approve any related materials.

Financial oversight

- Review the quarterly financial statements at the committee meetings during the year.
- Annually, review the proposed fiscal budget with College management.
- Annually review the College multi-year (2-5 year) financial plan.
- At least annually, review the College investment policy and ensure that the existing policy is being followed.
- Enquire about changes in professional standards or regulatory requirements.
- Ensure financial planning adequately addresses risks and long term planning e.g. insurance, litigation, joint venture, other contingency funds, capital investments.
- Make recommendations to the Board with regard to the above and any other aspects of the financial management of the College as required.

Relevant Statistical information

Audit and Finance Committee:

- Number of meetings: 3

Accomplishments:

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

Goals for Next Fiscal Year:

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

College of Pharmacists of British Columbia

Annual Report to the Board
April 11, 2019

Community Pharmacy Advisory Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2018– February 28, 2019

Committee Overview

Membership: Thao Do
Dana Elliott
Mohinder Jaswal
Aaron Sihota
Cindy Zhang

Chair: Tara Oxford

Vice Chair: NA

Staff Resource: Ashifa Keshavji

Mandate: To provide recommendations to the Board on matters relating to community pharmacy practice.

Responsibilities:

- Review issues related to the practice of pharmacy that have been directed to the committee by the Board, Board committee or College staff.
- Assist in the development of policies, procedures, guidelines and legislation pertaining to pharmacy practice issues and standards.
- Assist in the development of information materials for circulation to practicing registrants.
- Recommend appropriate action to the Board regarding pharmacy practice issues.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to common practice issues.

Relevant Statistical information

Community Pharmacy Advisory Committee:

- Number of meetings: 0

Accomplishments:

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

Goals for Next Fiscal Year:

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

College of Pharmacists of British Columbia

Annual Report to the Board
April 11, 2019

Discipline Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2018 to February 28, 2019

Committee Overview

Membership:

Pharmacists and Technicians	Public Members
Baxter, Heather	Cunningham, Dianne
Chahal, Rapinder	Driessen, Anneke
Chen, Wayne	Hughes, Nerys
Croft, Jody	Kry, Edwin
Dhillon, Baldeep	Kushner, Howard
Lam, Peter	Marcotte, Dominique
Lee, Derek	Muir, Leza
Robinson, Annette	Peterson, Anne
Saad, Omar	Walden, Jeremy
Sanfacon, Sophie	Williams, Carol
Saran, Gurinder	
Tchen, Paulo	
Yen, Amparo	

Chair: Derek Lee

Vice-Chair: Heather Baxter

Staff Resource: David Pavan

Mandate: Hear and make a determination of a matter referred to the committee regarding a pharmacist's or pharmacy technician's conduct, competency and/or ability to practice, pursuant to legislation.

Responsibilities:

- Conduct hearings of a matter.
- Determine disposition of the matter.
- Inform respondents, complainants and the public about action taken.
- Inform respondents and complainants about the discipline process as applicable.
- Report to the Board as applicable.

Relevant Statistical Information

For the period of March 1, 2018 to February 28, 2019:

- Number of hearing days: 0
- Number of discipline files heard in court: 0
- Number of files completed: 3
- Number of files in progress: 1
- Number of files pending: 4

Summary

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

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

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

William Byron Sam

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

Hearings were held on the following dates:

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

A decision is pending.

College of Pharmacists of British Columbia

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Drug Administration Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2018 – February 28, 2019

Committee Overview

Membership:
Rashmi Chadha
Jagpaul Deol
Jenny Misar
John Capelli
Julia Zhu

Chair: Wilson Tsui

Vice Chair: Bing Wang

Staff Resource: Doreen Leong

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

Responsibilities:

- 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 Pharmacists Regulation for the purposes of preventing diseases, disorders and conditions.
- May review the role of practising pharmacists in regard to the performance of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation.
- May 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 Pharmacists Regulation for the purposes of treating diseases, disorders and conditions.
- May consult, as it considers necessary or appropriate, with registrants or other individuals who have expertise relevant to drug administration by injection or on any other matter considered by the committee.

Relevant Statistical information

Drug Administration Committee

- Number of meetings: 2 (in-person); 0 (tele-conference)

Accomplishments:

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

Goals for Next Fiscal Year:

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

College of Pharmacists of British Columbia

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Ethics Advisory Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2018 – February 28, 2019

Committee Overview

Membership:

Cristina Alarcon – until April 30, 2018
Robyn Miyata – until April 30, 2018
Sorell Wellon – until November 23, 2018
Bal Dhillon – effective November 23, 2018

Shivinder Badyal
Alison Dempsey
Patricia Gerber
Jamie Graham
Tara Lecavalier
Vanessa Lee
Robson Liu
Alan Low
Jing-Yi Ng
Audra Spielman

Chair: Sorell Wellon – until November 23, 2018
Bal Dhillon – effective November 23, 2018

Vice Chair: Cristina Alarcon – until April 30, 2018

Staff Resource: David Pavan

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

Responsibilities:

- Provide advice and guidance regarding:
  - Ethical questions and dilemmas that have been directed to the committee from the Board, Board committees or College staff.
  - Registrant-Patient relations questions and dilemmas that have been directed to the committee from the Board, Board committees or College staff.

    - Registrant-patient relations to prevent professional misconduct that have been directed to the committee from the Board, Board committees or College Staff.
- Review and recommend updates to the Code of Ethics and Conflict of Interest Standards as necessary.
- Consult on education program proposals relating to ethics issues.

Relevant Statistical information

Ethics Advisory Committee:

- Number of meetings: 3

Accomplishments:

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

Goals for Next Fiscal Year:

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

College of Pharmacists of British Columbia

Annual Report to the Board
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Governance Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2018 – February 28, 2019

Committee Overview

Membership:
Arden Barry – until November 23, 2018
Anar Dossa – until November 23, 2018
Sorell Wellon – until November 23, 2018
Christine Antler – effective November 23, 2018
Mona Kwong – effective November 23

Justin Thind – until February 15, 2019
Anne Peterson – effective February 15, 2019
Tara Oxford

Chair:
Arden Barry – until November 23, 2018
Mona Kwong – effective November 23, 2018

Vice Chair: Tara Oxford

Staff Resource: David Pavan

Mandate: To provide recommendations to the Board on matters relating to Board governance

Responsibilities:

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

Relevant Statistical information

Governance Committee:

- Number of meetings: 7

Accomplishments:

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

Goals for Next Fiscal Year:

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

College of Pharmacists of British Columbia

Annual Report to the Board
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Hospital Pharmacy Advisory Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2018– February 28, 2019

Committee Overview

Membership:
Elissa Aeng
Rapinder Chahal
Karen Dahri
Jennifer Dunkin
Ashley Fairfield
Karen LaPointe
Aita Munroe
Fruzsina Pataky
Kristoffer Scott

Chair: Arden Barry (ended November 23, 2018)
Anca Cvaci (effective November 23, 2018)

Vice Chair: NA

Staff Resource: Ashifa Keshavji

Mandate: To provide recommendations to the Board on matters relating to hospital pharmacy practice issues.

Responsibilities:

- To review issues related to the practice of hospital pharmacy that have been directed to the committee by the Board, Board committees or College staff.
- To assist in the development of policies, guidelines and legislation pertaining to hospital pharmacy issues and standards.
- Recommend appropriate action to the Board regarding hospital pharmacy issues.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to common practice issues.

Relevant Statistical information

Hospital Pharmacy Advisory Committee:

- Number of meetings this fiscal: 1

Accomplishments:

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

Goals for Next Fiscal Year:

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

College of Pharmacists of British Columbia

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Inquiry Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2018 to February 28, 2019

Committee Overview

Membership:

Pharmacists and Technicians	Public Members
Ambrosini, Carla	Butler, Janice
Bhimji, Joy	Deen, Meribeth
Chang, Ming	Jennens, Helen
Gidda, Sukhvir	Johannesen, Debbie
Harrison, Michelle	Mercer, James
Hope, John	Rhodes, Alison
Kwong, Mona	Thind, Justin
Ladha, Fatima	Wicks, Ann
Munroe, Janie	
Ridgeley, Alana	
Scott, Kristoffer	
Scyner, Kelsey	
Troesch, Susan	
Widder, Cynthia	
Wong, Joyce	
Yeung, Marco	

Chair: Ming Chang

Vice-Chair: John Hope

Staff Resource: David Pavan

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

Responsibilities:

- Investigate complaints on its own motion or raised by a complainant within timelines as prescribed by the Minister.
- Investigate registrants that fail to authorize a criminal records review check as well as registrants presenting a risk of physical or sexual abuse to children as determined by the Registrar of the Criminal Records Review Act.
- Make dispositions of matters investigated.
- Inform registrants, complainants, the public and the Health Professions Review Board (as required) about the inquiry process and complaint outcomes, as necessary.
- Report to the Board as applicable.

Relevant Statistical Information

March 1, 2018 – February 28, 2019	**Total**
Number of calls/tips received	794
Number of *HPA* s. 33 (formal) complaints received	128
Number of registrants involved	227
Number of in-person meetings	7
Number of teleconferences	50
Number of files disposed/reviewed	218
Number of new files disposed	104
Number of reconsiderations*	63
Number of *PODSA* s. 18 reports	51
Number of files referred to Discipline Committee	5
Number of complaints via HPRB	0
Categories of formal complaints received	
Medication related	61
Privacy / Confidential	3
Professional misconduct	39
Competency and practice issues	37
Medication review	6
Fitness to practice	15
Unauthorized practice	6
Unlawful activity	3
Methadone	11
Other	13

*Some files may have been reconsidered more than once.

Notable Cases

Undercover Investigations

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

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

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

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

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

Inappropriate Use and Access of Personal Information

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

These transactions all originated from the same pharmacy.

The pharmacy manager at the time had directed pharmacy assistants to process these transactions on PharmaNet weekly in order to artificially inflate the pharmacy's prescription count. The pharmacy

assistants used the registration numbers of various pharmacist registrants as the dispensing pharmacist and/or prescriber for each transaction, without the consent and knowledge of the majority of these pharmacist registrants.

There were four registrants who were aware of these actions and should have known that the processing of the transactions were an improper use and access of personal information. However, at no time did these registrants make a report to the College about them. The Inquiry Committee was concerned that these registrants did not take personal accountability and "turned a blind eye" to the improper practices for which they were aware, enabling the improper practices to continue for over three years. While these registrants did not stand to gain financially from what occurred, it was their professional responsibility, to the public as well as the profession, to ensure that practice and ethical standards were being met at all times while on duty. As a member of a professional body, registrants are responsible not only for their own actions, but are accountable for others in the workplace when they know, or ought to know, that inappropriate practices were occurring and ongoing. These registrants' actions, or lack thereof, were contraventions of legislation involving protection of personal information and supervision of pharmacy assistants. They also contravened standards of the Code of Ethics involving protecting and promoting the well-being of patients, benefitting society, and committing to personal and professional integrity.

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

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

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

<u>Falsified Prescriptions</u>

Case 1:

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

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

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

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

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

Case 2:

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

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

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

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

Data Transmission to PharmaNet

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

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

The Registrant also acknowledged that during the time period he was pharmacy manager at one pharmacy, many claims were billed on PharmaNet for patients who according to the provincial Discharge Abstract Databased had been admitted to hospital at time of claim, suggesting that these patients may not have received the supplies claimed.

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

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

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

College of Pharmacists of British Columbia

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Jurisprudence Examination Subcommittee Report

INFORMATION ONLY

Reporting Period: March 1, 2018 – February 28, 2019

Committee Overview

Membership:
Angel Cao
Melanie Johnson
Brian Kim
Kent Ling
Ali Ladak
Anthony Seet
Christopher Szeman
Asal Taheri
David Wang

Chair: Christopher Szeman

Vice Chair: Tony Seet

Staff Resource: Doreen Leong

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

Responsibilities:

- Develop, update and maintain Jurisprudence Examination blueprint and content.
- Establish and validate the assessment, the processes, and the standards.
- Develop recommendations and policies for review and approval by the Registration Committee.
- Review correspondence and appeals pertaining to the examination questions and acceptable answers, and recommend outcomes for the Registration Committee's approval.

Relevant Statistical Information

Jurisprudence Examination Subcommittee:

- Number of meetings: 3 (in-person).

Accomplishments:

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

Goals for Next Fiscal Year:

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

College of Pharmacists of British Columbia

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Legislation Review Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2018 – February 28, 2019

Committee Overview

Membership:
Mona Kwong
Christopher Szeman (until October 2018)
Justin Thind
Jeremy Walden (until December 2018)
Sorell Wellon (until October 2018)

Chair: Jeremy Walden / Mona Kwong

Staff Resource: Christine Paramonczyk

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

Responsibilities:

- Provide advice and guidance regarding proposed legislation/policy changes that have been directed to the committee from the Board, Board committees or College staff.
- Identify priorities for change within legislation review planning cycle.
- Determine if broader external stakeholder consultation is required.
- Chair of Committee presents priorities to the Board for approval.
- Approve final draft of proposed legislation/policy prior to presentation to Board.
- The Chair, with support by the Director of Policy and Legislation, presents revised documents to Board for approval.
- Review public posting comments as necessary.

Relevant Statistical Information

Legislation Review Committee:

- Number of meetings: 4

Accomplishments:

- Over the past year, the Legislation Review Committee recommended the following changes to policy, bylaws, fees, and Standards of Practice:

Legislation	Amendments
Health Professions Act Bylaws	**<u>April 2019</u>** • Approval to file HPA Fee and Form amendments with the Minister of Health. **<u>September 2018</u>** • Approval to publicly post a Patient Relations Standard for a 90-day period.
Pharmacy Operations and Drug Scheduling Act Bylaws	**<u>April 2019</u>** • Approval to publicly post PODSA Fee and Form amendments for a 90-day period. **<u>September 2019</u>** • Approval to file PODSA fee amendments with the Minister of Health. • Approval to file bylaw amendments regarding electronic recordkeeping with the Minister of Health. **<u>November 2018</u>** • Approval to publicly post the removal of Schedules "C" and "E" regarding telepharmacy license requirements and related bylaw amendments.
Professional Practice Policies ("PPP")	**<u>April 2018</u>** • Approval of housekeeping amendments to PPP-66 "Opioid Agonist Treatment" • Approval of amendments to PPP-3 "Pharmacy References" and PPP-74 "Community Pharmacy Security" • Approval to repeal PPP-26 "Pharmacy Distribution of Alternative and Complementary Health Products" and PPP-32 "Dispensing Multi-Dose Vials" **<u>June 2018</u>** • Approval of a PPP-67 "Injectable Opioid Agonist Treatment" to be effective on September 1, 2018. • Approval of a PPP-67 Policy Guide – "Injectable Hydromorphone Maintenance Treatment (2018)." • Approval of a PPP-*69* "Pharmacy Manager Education" to be effective September 1, 2018. **<u>September 2018</u>** • Approval of housekeeping amendments to PPP-58 "Medication Management (Adapting a Prescription)", PPP-66 "Opioid Agonist Treatment" and PPP-67 "Injectable Opioid Agonist Treatment."
Drug Schedules Regulation ("DSR"	**<u>June 2018</u>** • Approval of multiple DSR amendments to improve alignment with the National Drug Schedules, the Prescription Drug List made under the

Legislation	Amendments
	Food and Drugs Act (Canada), and the Schedules to the Controlled Drugs and Substances Act. **<u>November 2018</u>** • Approval to pursue scheduling by reference to federal legislation and the National Drug Schedules established by the National Association of Pharmacy Regulatory Authorities. • Approval of housekeeping amendments with respect to Codeine, Lisdexamfetamine dimesylate, and Nicotine for filing with the Minister of Health. • Approval of amendments with respect to Cannabinoids for filing with the Minister of Health.

Key Goals for Next Fiscal Year:

- Continue research, analysis and bylaw amendment drafting as part of a comprehensive review and reform of legislative requirements under PODSA as well as related Professional Practice Policies.
- Assist with the development of an implementation recommendation regarding NAPRA's Model Standards for Non-Sterile Compounding.
- Potentially initiate scoping a comprehensive review and reform of legislative requirements under the Health Professions Act.

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Practice Review Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2018– February 28, 2019

Committee Overview

Membership:
Marilyn Chadwick
Patrick Chai
Kate Cockerill
Aleisha Enemark
Kris Gustavson
Yonette Harrod
Joanne Konnert
Fady Moussa
Alison Rhodes

Tracey Hagkull

Vice Chair: Michael Ortynsky

Staff Resource: Ashifa Keshavji

Mandate: To monitor and enforce standards of practice to enhance the quality of pharmacy care for British Columbians.

Responsibilities:

- Develop and update the Practice Review Program (PRP) processes and policies for approval by the Board as required including but not limited to processes and policies that:
  - outline the Pharmacy Review component;
  - outline the Pharmacy Professionals' Review component;
  - outline follow-up and remediation.
- On a yearly basis review the statistics and outcomes and feedback of the PRP, determine recommendations for improvement and report to the Board as applicable.
- Liaise with the Hospital Pharmacy Advisory Committee, Community Pharmacy Advisory Committee and Residential Care Advisory Committee to make recommendations on current and outstanding issues pertaining to the PRP.
- Liaise with Health Authorities, owners and directors and other stakeholders to address current and outstanding issues pertaining to the PRP.

Relevant Statistical information

Practice Review Committee:

- Number of meetings this fiscal : 5

Accomplishments:

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

Goals for Next Fiscal Year:

- Present the 2018-19 Fiscal Year Review Data and Registrant Feedback Survey to the Board
- Establish new yearly review targets
- Prepare 5 PRP Insights Articles in Readlinks
- Develop and implement the following additional review criteria
    - Telepharmacy
    - Injectable Opioid Agonist Treatment
- Approve Registrant Feedback Survey for the 2020-21 Fiscal Year
- Update program policies

College of Pharmacists of British Columbia

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Quality Assurance Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2018– February 28, 2019

Committee Overview

Membership:
Hani Al-Tabbaa
Tessa Cheng
Baldeep Dhillon
Sukhvir Gidda
Tracey Hagkull
Rebecca Siah
Man Fung Allen Wu

Chair: Frank Lucarelli

Vice Chair: Gary Jung

Staff Resource: Ashifa Keshavji

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

Responsibilities:

- Monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants.
- Establish and maintain a quality assurance program to promote high practice standards among registrants and continuous learning and professional development.
- Recommend standards of practice for continuing competency for the Board's approval.
- Develop practice guidelines and / or advisory statements when required.
- Establish and maintain a quality assurance program in accordance with current testing standards and assessment practices.
- Set, administer and maintain policies on all matters related to assessment competencies, standards, principles, selection or design and processes.
- Establish sub-committees and ad hoc working groups for Board appointment, to develop, administer and maintain assessments for the purposes of the quality assurance program.

Relevant Statistical information

Quality Assurance Committee:

- Number of meetings this fiscal: 3

Accomplishments:

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

Goals for Next Fiscal Year:

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

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Registration Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2018 – February 28, 2019

Committee Overview

Membership:
Laura Bickerton
Carolyn Cheung
Sukjiven "Suki"Gill
Avena Guppy
Tracey Hagkull (from November 23, 2018 - February 15, 2019)
Michelle Ho Chung
Derek Lee
Vanessa Lee
Charles Park
Mikolaj Piekarski
Katie Skelton
Lorraine Unruh

Chair: Jeremy Walden (until November 23, 2018)
Maen Obeidat (from November 24, 2018)

Vice Chair: Dana Elliot

Staff Resource: Doreen Leong

Mandate: To ensure that registrants are qualified to practice.

Responsibilities:

- Review all matters relating to applicants for registration and determine applicants' eligibility for registration including establishing the conditions and requirements for registration.
- Grant registration, including reinstatement and registration renewal, to all individuals who satisfy the Registration Committee that they are qualified to be a registrant, including payment of required fees.
- Develop policies and requirements with respect to the registration of new, renewing and reinstating registrants.
- Set, administer and maintain policies on all matters related to assessment competencies, standards, principles, selection or design and processes.
- Establish sub-committees and ad hoc working groups for Board appointment, to develop, administer and maintain assessments for the purposes of the registration processes.

- Inform registrants, other stakeholders and the Health Professions Review Board, as required about the registration process and outcomes.

Relevant Statistical Information

Registration Committee:

- Number of meetings: 2 (in-person); 3 (tele-conference)

Accomplishments:

- Key policies, processes and exam results reviewed and approved including the Exam Appeal Policy, English Language Proficiency Policy and Jurisprudence Exam results
- Updated all webpages and content for pre-registration and registration categories
- Launched online tracking for phone queries to update web content
- Developed standardized templates for meeting materials and decision letters
- Developed tracking system for types of application files referred to the Registration Committee and the decisions made
- Applications reviewed whereby applicant had issues related to the statutory declaration:
  - Pharmacist Reinstatement Application, less than 6 years in Non-practising or former pharmacist register (N=2)
  - Pharmacist Pre-registration – Canadian Free Trade Agreement application (N=5)
  - UBC Pharmacy Student Pre-registration Application (N=2)
- Other application reviewed:
  - Pharmacist Jurisprudence Exam – Exam accommodation (N=1)
  - Pharmacist Pre-Registration Application – International Pharmacy Graduate – Extension of validity period of the Structured Practical Training (N=1)

Goals for Next Fiscal Year:

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

College of Pharmacists of British Columbia

Annual Report to the Board
April 11, 2019

Residential Care Advisory Committee Report

INFORMATION ONLY

Reporting Period: March 1, 2018– February 28, 2019

Committee Overview

Membership:
Ming Chang
James Davis
Aaron Tejani
Lanai Vek
Ivana Gojkovic

Chair: Sorell Wellon

Vice Chair: NA

Staff Resource: Ashifa Keshavji

Mandate: To provide recommendations to the Board on matters relating to residential care pharmacy practice issues.

Responsibilities:

- To review issues related to the practice of pharmacy for residential care facilities and homes that have been directed to the attention of the committee by the Board, Board committees or College staff.
- To assist in the development of policies, guidelines and legislation pertaining to residential care pharmacy practice and standards.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to common practice issues.

Relevant Statistical information

Residential Care Advisory Committee:

- Number of meetings: 0

Accomplishments:

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

Next Steps:

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

College of Pharmacists of British Columbia

BOARD MEETING
April 11, 2019

2b.vi Governance Committee - Committee Member Appointments

DECISION REQUIRED

Recommended Board Motion:

Approve College committee member appointments for terms beginning May 1, 2019, as circulated.

Purpose

To propose the appointment of new members and the re-appointment of existing members to certain College committees.

Background

The College committees are a vital resource to the Board that provide essential advice, expertise, and recommendations that ultimately help inform Board decisions.

Every year, two main processes are undertaken to fill anticipated vacancies on College committees:

- Current eligible Committee members are asked if they would like to be considered for re-appointment; and,
- The College issues a call for applications from pharmacists, pharmacy technicians and the public.

Discussion

This year, to be considered for a placement on a College committee, interested candidates were required to submit a current resume in addition to completing a standard application. Applications and resumes were reviewed by members of the Governance Committee and a slate was recommended for consideration.

In determining the slate for Governance Committee consideration, the following factors were considered:

- Years in service
- Previous management experience
- Previous committee(s) involvement
- Current external committee(s) involvement
- Other volunteer involvement
- Additional skillset or qualifications
- Composition requirements from the College Committee's terms of reference
- Type of practice (community/hospital/others)
- Geographic area of practice
- Specialty areas of practice
- Relevant education
- Technician and pharmacist balance
- Continuing and new member balance

Recommendation

The Governance Committee has recently completed its review of the recommended slate of College committee members. It recommends that the Board approve the College committee member appointments outlined in Appendix 1. All recommended appointments are for terms beginning May 1, 2019.

Appendix	
1	2019 Recommended College Committee Appointments

Appendix 1 – Committees Member Appointments

APPLICATION COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Antler, Christine	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Braun, Neil	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Gustavson, Kris	Public	May 1, 2019 – April 30, 2021	2	New appointment
Hoff, Trevor	Registrant	May 1, 2019 – April 30, 2021	2	New appointment
Moazen, Nima	Public	May 1, 2019 – April 30, 2021	2	New appointment

AUDIT AND FINANCE COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Hopp, Steven	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment

DISCIPLINE COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Baxter, Heather	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Chahal, Rapinder	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Re-appointment
Cunningham, Dianne	Public	May 1, 2019 – April 30, 2021	2	Re-appointment
Dhillon, Baldeep	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Re-appointment
Driessen, Anneke	Public	May 1, 2019 – April 30, 2021	2	Re-appointment
Hughes, Nerys	Public	May 1, 2019 – April 30, 2021	2	Re-appointment
Kushner, Howard	Public	May 1, 2019 – April 30, 2021	2	Re-appointment
Lam, Peter	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Lee, Derek	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Muir, Leza	Public	May 1, 2019 – April 30, 2021	2	Re-appointment
Robinson, Annette	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Saad, Omar	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Sanfacon, Sophie	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Saran, Gurinder	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Chauvin, Vaughn	Registrant	May 1, 2019 – April 30, 2021	2	New appointment
Huang, Jeffrey	Registrant	May 1, 2019 – April 30, 2021	2	New appointment
Segal, Carol	Public	May 1, 2019 – April 30, 2021	2	New appointment
Wong, Gabriella	Registrant	May 1, 2019 – April 30, 2021	2	New appointment

DRUG ADMINISTRATION COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Wilson Tsui	Chair	May 1, 2019 – April 30, 2020	1	Re-appointment
Wang, Bing	Vice Chair	May 1, 2019 – April 30, 2020	1	New appointment
Dar Santos, Alex	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment

ETHICS ADVISORY COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Dhillon, Baldeep	Chair	May 1, 2019 – April 30, 2020	1	Re-appointment
Liu Robson	Vice Chair	May 1, 2019 – April 30, 2020	1	New appointment
Badyal, Shivinder	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Dempsey, Alison	Public	May 1, 2019 – April 30, 2021	2	Re-appointment
Gerber, Patricia	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Graham, Jamie	Public	May 1, 2019 – April 30, 2021	2	Re-appointment
Lecavalier, Tara	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Lee, Vanessa	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Re-appointment
Liu Robson	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Ng, Jing-Yi	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment

INQUIRY

Name	Type	Term	Term Length (Yrs)	
Troesch, Susan	Chair	May 1, 2019 – April 30, 2020	1	New appointment
Chang, Wui Ming	Vice Chair	May 1, 2019 – April 30, 2020	1	New appointment
Chang, Wui Ming	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Gidda, Sunny	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Mercer, James	Public	May 1, 2019 – April 30, 2021	2	Re-appointment
Munroe, Janice	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Rhodes, Alison	Public	May 1, 2019 – April 30, 2021	2	Re-appointment
Ridgeley, Alana	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Re-appointment
Scott, Kris	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Troesch, Susan	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Wong, Joyce	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Yeung, Ho Bun	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Aujla, Ennreet	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Barkley, Dorothy	Public	May 1, 2019 – April 30, 2021	2	New appointment
Dahri, Karen	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Hurd, Lori	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Khangura, Sanjiv	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Kuo, I Fan	Registrant	May 1, 2019 – April 30, 2021	2	New appointment
Lee, Sammy Man Ching	Registrant	May 1, 2019 – April 30, 2021	2	New appointment
Roeters, Nathan	Public	May 1, 2019 – April 30, 2021	2	New appointment
Walker, Roberta	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	New appointment
Yee, Wilson	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment

JURISPRUDENCE EXAM SUBCOMMITTEE

Name	Type	Term	Term Length (Yrs)	
Oxford, Tara	Chair	May 1, 2019 – April 30, 2020	1	Re-appointment
Szeman, Christopher	Vice Chair	May 1, 2019 – April 30, 2020	1	New appointment
Cao, Angel	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Re-appointment
Ling, Kent	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Meghji, Alireza	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Szeman, Christopher	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Taheri, Asal	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Wang, David	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Chan, Connie	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Dhillon, Baldeep	Pharmacist Technician	May 1, 2019 – April 30, 2021	2	New appointment

PRACTICE REVIEW COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Hagkull, Tracey	Chair	May 1, 2019 – April 30, 2020	1	Re-appointment
Ortynsky, Michael	Vice Chair	May 1, 2019 – April 30, 2020	1	Re-appointment
Chadwick, Marilyn,	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Chai, Patrick	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Re-appointment
Hagkull, Tracey	Public	May 1, 2019 – April 30, 2021	2	Re-appointment
Ortynsky, Michael	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Rhodes, Alison	Public	May 1, 2019 – April 30, 2021	2	Re-appointment
Edwards, Sarah	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Guimond, Tamara	Public	May 1, 2019 – April 30, 2021	2	New appointment
Ku, Amy	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Salamat, Lorena	Public	May 1, 2019 – April 30, 2021	2	New appointment
Topiwalla, Deepa	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Williams, Peter	Public	May 1, 2019 – April 30, 2021	2	New appointment

QUALITY ASSURANCE COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Lucarelli, Frank	Chair	May 1, 2019 – April 30, 2020	1	Re-appointment
Gidda, Sunny	Vice Chair	May 1, 2019 – April 30, 2020	1	NEW
Al-Tabbaa, Hani	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Cheng, Tessa	Public	May 1, 2019 – April 30, 2021	2	Re-appointment
Gidda, Sunny	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Hagkull, Tracey	Public	May 1, 2019 – April 30, 2021	2	Re-appointment
Lucarelli, Frank	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Siah, Rebecca	Public	May 1, 2019 – April 30, 2021	2	Re-appointment
Hope, John	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Hozaima, Lena	Public	May 1, 2019 – April 30, 2021	2	New appointment
Langfield, Katherine	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	New appointment
Seet, Anthony	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment

REGISTRATION COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Elliott, Dana	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Re-appointment
Lee, Derek	Pharmacist	May 1, 2019 – April 30, 2021	2	Re-appointment
Lee, Vanessa	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Re-appointment
Huang, Chelsea	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Jang, Raymond	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Lim, Jihyun	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Skaalrud, Traci	Public	May 1, 2019 – April 30, 2021	2	New appointment

PHARMACY ADVISORY COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Oxford, Tara	Chair	May 1, 2019 – April 30, 2020	1	New appointment
Cvaci, Anca	Vice Chair	May 1, 2019 – April 30, 2020	1	New appointment
Do, Thao (Community)	Pharmacist	May 1, 2019 – April 30, 2020	2	New appointment
Elliott, Dana (Community)	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	New appointment
Hopp, Steven (Community)	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Jaswal, Mohinder (Community)	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Oxford, Tara (Community)	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Sihota, Aaron (Community)	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Zhang, Cindy (Community)	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Aeng, Elissa (Hospital)	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Chahal, Rapinder (Hospital)	Pharmacy Technician	May 1, 2019 – April 30, 2020	2	New appointment
Cvaci, Anca (Hospital)	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Dahri, Karen (Hospital)	Pharmacist	May 1, 2019 – April 30, 2020	2	New appointment
Dunkin, Jennifer (Hospital)	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Ladha, Fatima (Hospital)	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
LaPointe, Karen(Hospital)	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Munroe, Aita (Hospital)	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	New appointment
Scott, Kris (Hospital)	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Chang, Wui Ming (Residential)	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Davis, James (Residential)	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Gojvodic, Ivana (Residential)	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Tejani, Aaron (Residential)	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Vek, Lanai (Residential)	Pharmacist	May 1, 2019 – April 30, 2021	2	New appointment
Wellon, Sorell (Residential)	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	New appointment

College of Pharmacists of British Columbia

BOARD MEETING
April 11, 2019

2b.vii. Audit and Finance Committee: Finance Report (January Financials)

INFORMATION ONLY

Purpose

To report on the highlights of the **January 2019** financial reports.

Background

The January 2019 financial reports reflect **eleven 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 just over $1,000,000. Investments at the end of January totalled $5.766 million. Payables and accruals are just over $500,000.

Revenue

The total *Licensure revenues* continue to be very close to budget. *Other revenues* (administrative fees, etc.) are over budget. Grant revenue is under budget as we had anticipated a small Ministry of Health contract which has not materialized. Investment income is higher than budgeted. This, is offset by the Joint Venture income being lower than anticipated. The combined result is that actual revenues are just $3,433 over budgeted revenues.

Expenses

Total Year to Date Actual expenditures are under budget by over $190,000. See the variance analysis which follows for details.

Variance analysis by department:

Department	Budget	Actual	Comment
Board & Registrar's Office	683,946	746,338	Consulting and travel higher than anticipated
Finance and Administration	3,306,622	3,424,277	Bank charges and professional development costs are higher than budgeted.
Grant distribution	148,240	134,395	
Registration & Licensure	741,049	806,052	Application Committee expenses higher than budgeted
Quality Assurance	51,367	37,748	Timing
Practice Review	1,465,060	1,272,612	Salary gapping and lower committee expenses
Complaints Resolution	1,496,590	1,428,643	Salary gapping and timing. Higher legal fees offset by lower consulting costs.
Policy and Legislation	427,574	384,264	Consulting fees are lower than expected
Communications & Engagement	380,219	344,827	Some projects not undertaken due to changed priorities.
Projects (PODSA Ownership)	164,800	135,827	Legal and Project Management – to be reallocated between Registration & Licensure and Policy & Legislation at year end.
Amortization	363,172	321,266	Timing – re IT development projects.
Total Expenses	9,228,639	9,035,587	

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

Statement of Financial Position

As at January 31, 2019

ASSETS	
Cash and Cash Equivalents	1,026,697
Investments	5,766,590
Receivables	31,882
Prepaid Expense and Deposits	183,978
Current Assets	7,009,147
Investments in College Place Joint Venture	1,564,895
Development Costs	354,424
Property & Equipment	537,884
Non-current Assets	2,457,202
Total Assets	**9,466,349**

LIABILITIES AND NET ASSETS	
Payables and Accruals	508,203
Deferred Revenue	4,938,772
Deferred Contributions	80,711
Total Current Liabilities	5,527,685
Total Net Assets	3,938,664
Total Liabilites and Net Assets	**9,466,349**

College of Pharmacists of BC

Statement of Revenue and Expenses

For the 11 months ended January 31, 2019

	Budget YTD 2018/19	Actual YTD 2018/19	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Licensure revenue	7,630,044	7,659,726	29,682	0%
Licensure revenue	626,201	599,952	(26,249)	(4%)
Transfer from Balance Sheet	1,013,299	1,013,299	-	0%
Total Revenue	**9,269,543**	**9,272,977**	**3,433**	0%
Total Expenses Before Amortization	8,865,466	8,714,321	151,146	2%
Amortization	363,172	321,266	41,906	12%
Total Expenses Including Amortization	**9,228,639**	**9,035,587**	**193,052**	2%
Net Surplus/(Deficit) of revenue over expenses	**40,905**	**237,390**	**196,485**	

College of Pharmacists of BC

Statement of Revenue

For the 11 months ended January 31, 2019

	Budget YTD 2018/19	Actual YTD 2018/19	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Revenue				
Licensure revenue				
Pharmacy fees	2,964,772	3,002,561	37,789	1%
Pharmacists fees	3,934,242	3,953,925	19,682	1%
Technician fees	731,030	703,240	(27,790)	(4%)
	7,630,044	7,659,726	29,682	0%
Non-licensure revenue				
Other revenue	126,397	165,440	39,042	31%
Grant Revenue	160,637	90,000	(70,637)	(44%)
Investment income	96,250	124,512	28,262	29%
College Place joint venture income	242,917	220,000	(22,917)	(9%)
	626,201	599,952	(26,249)	(4%)
Transfer from Balance Sheet	1,013,299	1,013,299	-	0%
Total Revenue	**9,269,543**	**9,272,977**	**3,433**	0%

College of Pharmacists of BC

Statement of Expenses

For the 11 months ended January 31, 2019

	Budget YTD 2018/19	Actual YTD 2018/19	Variance ($) (Budget vs. Actual)	Variance (%) (Budget vs. Actual)
Expenses				
Board and Registrar's Office	683,946	746,338	(62,391)	(9%)
Finance and Administration	3,306,622	3,424,277	(117,655)	(4%)
Grant Distribution	148,240	134,395	13,845	9%
Registration and Licensure	741,049	806,052	(65,003)	(9%)
Quality Assurance	51,367	37,748	13,619	27%
Practice Reviews	1,465,060	1,272,612	192,448	13%
Complaints Resolution	1,496,590	1,428,643	67,947	5%
Policy and Legislation	427,574	384,264	43,310	10%
Communications and Engagement	380,219	344,827	35,393	9%
Projects	164,800	135,166	29,634	18%
Total Expenses Before Amortization	8,865,466	8,714,321	151,146	2%
Amortization	363,172	321,266	41,906	12%
Total Expenses Including Amortization	**9,228,639**	**9,035,587**	**193,052**	2%

College of Pharmacists of British Columbia

BOARD MEETING
April 11, 2019

2b.viii. Practice Review Committee: Phase 1 and 2 Update

INFORMATION ONLY

Purpose

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

Background

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

Every pharmacy and pharmacy professional will be reviewed to ensure they meet College standards. The Program's multi-year time frame allows for all pharmacies and pharmacy professionals currently practicing in British Columbia to be reviewed on a cyclical basis. In some cases reviews may occur more frequently in order to address areas of concern.

Transparency is an important element of the Practice Review Program. The results of the Pharmacy Review are shared with the pharmacy manager, and results of all Pharmacy Professionals Reviews are shared confidentially with each individual pharmacist and pharmacy technician.

The Practice Review Program first began in February 2015 and started with reviews in community pharmacy practice settings. The program expanded to include hospital pharmacy practice settings with reviews beginning in April 2017.

College of Pharmacists of British Columbia

BOARD MEETING
April 11, 2019

Practice Review Program Update

	General	Community Practice	Hospital Practice

Update	• Updating PRC Policies
	• Gathered data to develop reports for the 2018-19 fiscal year
	• Updated Risk Register
	• Subject matter expertise (SME) for multiple projects
	  ○ Internal working group for Pharmacy Operations and Drug Scheduling Act (PODSA) Modernization
	  ○ Medication Error Reporting
		• Updated questions in the Pharmacy Review to be consistent with current legislation
		  ○ Opioid Agonist Treatment
		  ○ Electronic Record Keeping
		• IT: User Acceptance Testing
		  ○ Enhanced reports module
		  ○ Fixed email bug
		• Drafted new PRP Insights article for community practice
			• Hired new hospital pharmacist Compliance Officer
			• Updated questions in the Pharmacy Review to be consistent with current legislation
			  ○ Electronic Record Keeping

Next Steps	• Obtain legal opinion on PRC policies • Develop 2018-19 fiscal year reports • Continue to monitor and update the Risk Register as needed • Continue to provide SME for projects	• IT to Release updates • Release PRP Insights article • Develop review forms for other services i.e. telepharmacy, central fill, packaging, compounding and other services based on Board direction and resources	• Complete training for new pharmacist Compliance Officer • Draft new PRP Insights articles

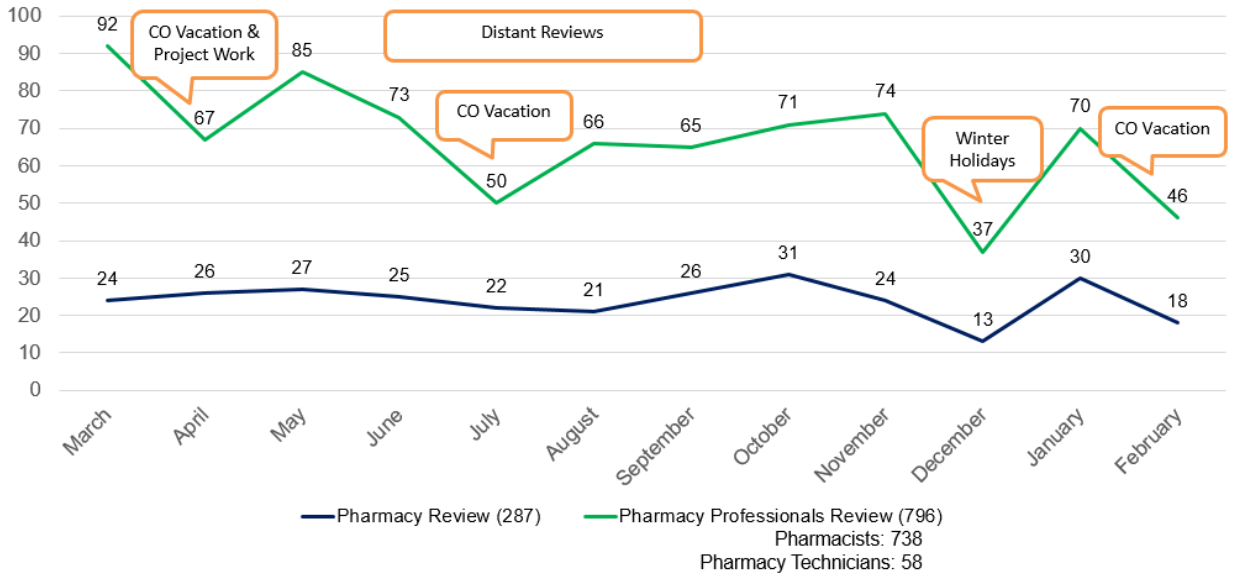
Appendix	
1	PRP Operational Statistics
2	PRP Insights Articles for ReadLinks

Appendix 1

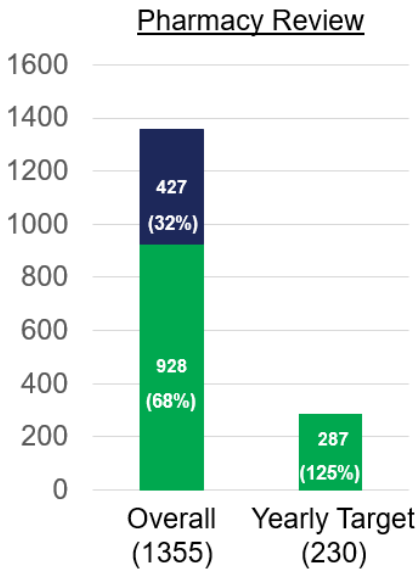
Practice Review Program Operational Statistics: 2018-19 Fiscal Year Progress

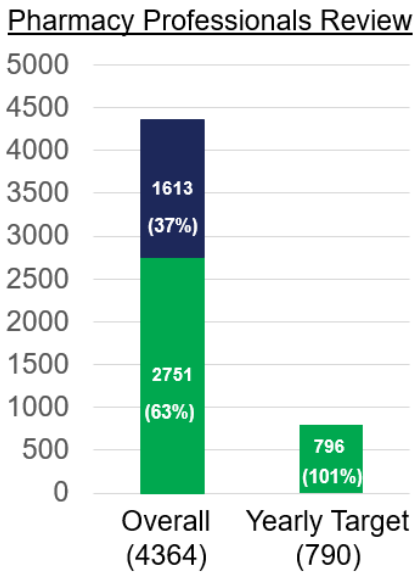
COMMUNITY PRACTICE

Fiscal Year:



Overall and Fiscal Year:

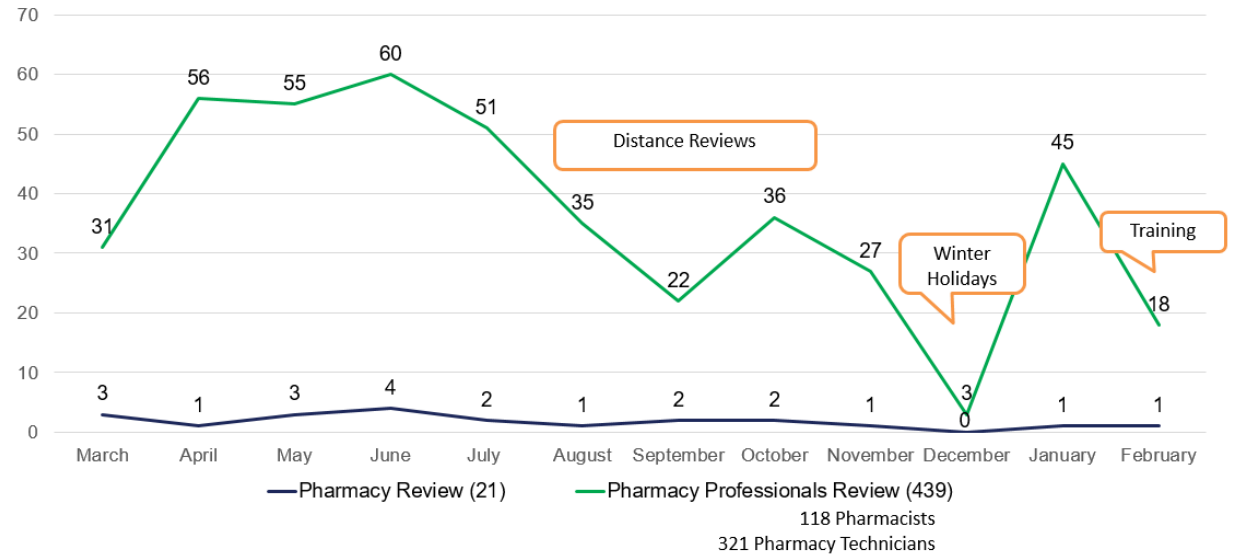




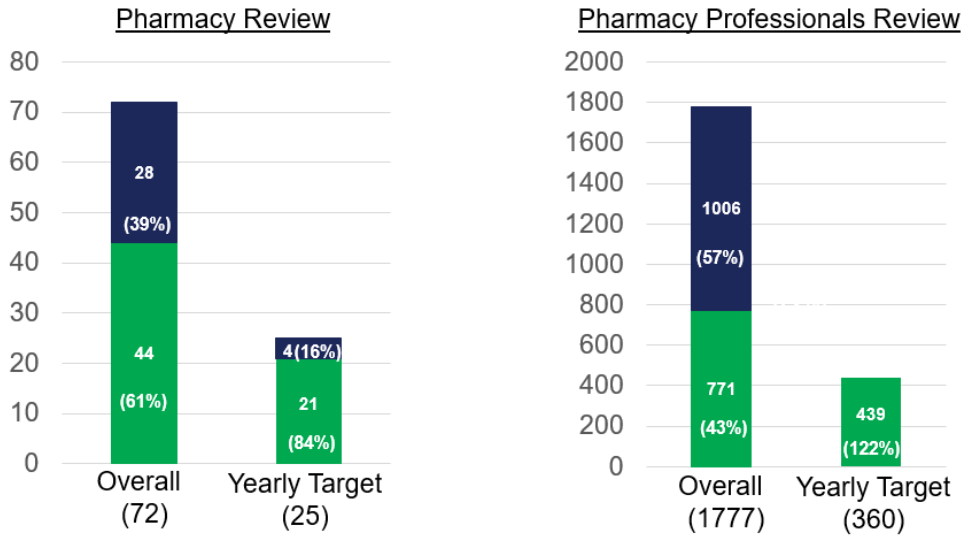
Key
- Conducted
- Balance

HOSPITAL PRACTICE

Fiscal Year:



Overall and Fiscal Year:



Key

- Conducted
- Balance

Practice Review Program: Insights Articles

December 2018 Article: New PRP Support Tools Available for Pharmacy Technicians on Collaboration and Product Distribution

NEW PRP SUPPORT TOOLS AVAILABLE FOR PHARMACY TECHNICIANS ON COLLABORATION AND PRODUCT DISTRIBUTION

New support tools on Product Distribution and Collaboration are now available to help pharmacy technicians prepare for their Pharmacy Professionals Review under the Practice Review Program

The Practice Review Program's (PRP) Pharmacy Professionals Review is based on focus areas that were identified as having the most impact on public safety. Registrants were initially reviewed on the following four focus areas: Patient Identification, Profile Check, Counselling, and Documentation.

In June 2017, the College Board made the decision to update the focus areas to enable compliance officers to more effectively review pharmacy technicians in both community and hospital pharmacy practice.

In June 2017, the College Board made the decision to update the focus areas to enable compliance officers to more effectively review pharmacy technicians in both community and hospital pharmacy practice.

In December 2017, two new focus areas that better reflect the scope of BC's pharmacy technicians were introduced to the PRP Pharmacy Professionals Review for pharmacy technicians: Product Distribution and Collaboration. These two focus areas have replaced Profile Check and Counselling for pharmacy technician reviews.

To assist pharmacy technicians in preparing for upcoming reviews, the Practice Review Program has developed two new support tools for the Product Distribution and Collaboration focus areas of the Pharmacy Technician Review.

The College previously released support tools for the focus areas of Patient Identification, Profile Check, Counselling and Documentation as well as a Practice Tool Card for Safe Drug Therapy in May 2017.

USING SUPPORT TOOLS FOR PHARMACY PROFESSIONALS REVIEWS AND ACTION ITEMS

The support tools provide comprehensive outlines of the requirements that make up each of the focus areas for Pharmacy Professionals Reviews.

The support tools for each focus area include educational materials that provide strategies and best practices to assist pharmacy professionals in preparing for an upcoming Pharmacy Professionals Review, or in addressing any assigned action items.

Even if you are not scheduled for a review, these support tools are a great way to assess and improve your individual practice. They can also be used as an informational resource to reference specific standards and processes under each of the focus areas and identify any areas for improvement.

Previous Articles:

October 2018 Article: Patient Identification Verification in Hospital Pharmacies

July 2018 Article: Documentation Requirements for Emergency Prescription Refills

May 2018 Article: Scheduling and Preparing for your Practice Review in Community Pharmacies

December 2017 Articles: Patient ID in Community Pharmacy , Profile Check in Community Pharmacy , Counseling in Community Pharmacy, Documentation in Community Pharmacy

November 2017: New PRP Focus Areas

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 MEETING
April 11, 2019

2b.ix. Legislation Review Committee
a) HPA Fee Amendments

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution:

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

Purpose

To approve amendments to the *Health Professions Act* (HPA) Bylaws Schedule D – Fee Schedule in accordance with the College's 2019/2020 budget, as set out in the attached schedule to the resolution (Appendix 1).

Background

The Board may make bylaws as per section 19(1)(p) of the HPA to establish fees payable to the College by registrants. These fees must be consistent with the duties and objectives of the College.

Section 19(6.2) of the HPA exempts the establishment of HPA fees (amongst other bylaw making authorities) from the 90 day public posting period. Accordingly, if approved by the Board, these bylaws will be sent to the Ministry of Health for filing.

This package includes proposed bylaw amendments to actualize HPA fee increases previously approved as part of the College's 2019/2020 budget. At their February 2019 meeting, the Board approved the 2019/2020 budget, which included fee increases in order to meet the needs of the College.

In addition to the amended fee schedule (Appendix 2), corresponding revised forms have also been approved by the Registrar and do not require Board approval. These forms will also be sent to the Ministry of Health for filing.

Next Steps

Upon approval by the Board, the amended fee schedule and forms will be held until late August 2019 for filing with the Ministry of Health. This is being done so that the effective date of the fee changes align with those from the previous year. The benefit of this approach is that there is a consistent schedule of fee changes.

Recommendation

The Legislation Review Committee recommends that the Board approve the HPA Bylaws Schedule D – Fee Schedule for filing with the Ministry of Health, by approving the schedule to the resolution in Appendix 1.

Appendix	
1	Schedule to the Resolution
2	Amended Fee Schedule (track changes)

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended by repealing and replacing Schedule D- Fee Schedule.

College of Pharmacists of B.C.		
FEE SCHEDULE		
HPA Bylaw "Schedule D"		
REGISTRATION FEES		
Pharmacist		
Application for Pre-registration	Valid for up to three years.	$ 407.00
Application for Re-instatement	Valid for up to three years.	$ 407.00
Full Pharmacist - registration	For a term of one year.	$ 739.00
Full Pharmacist - registration renewal	For a term of one year.	$ 739.00
Non-practising Pharmacist - registration	For a term of one year.	$ 739.00
Non-practising Pharmacist - registration renewal	For a term of one year.	$ 739.00
Limited Pharmacist - registration	For a term of one year. Maximum three one-year terms.	$ 739.00
Limited Pharmacist - renewal	Maximum two one-year renewal terms	$ 739.00
Temporary Pharmacist	Valid for up to 90 days; during an emergency situation only.	$ 0.00
Late registration renewal fee (≤90 days from renewal date).		$ 130.00
Student Pharmacist		
New Student Pharmacist (UBC)	Valid for one year.	$ 102.00
New Student Pharmacist (Non UBC)	Valid for one year.	$ 102.00
Registration Renewal (UBC)	Valid for one year.	$ 0.00
Application for Re-instatement (UBC)	For re-instatment after 90 days of registration expiry; valid for one year.	$ 0.00
Pharmacy Technician		
Application for Pre-registration	Valid for up to three years.	$ 271.00
Application for Re-instatement	Valid for up to three years.	$ 271.00
Pharmacy Technician - registration	For a term of one year.	$ 492.00
Pharmacy Technician - registration renewal	For a term of one year.	$ 492.00
Non-practising Pharmacy Technician - registration	For a term of one year.	$ 492.00
Non-practising Pharmacy Technician - registration renewal	For a term of one year.	$ 492.00
Temporary Pharmacy Technician	Valid for up to 90 days; during an emergency situation only.	$ 0.00
Late registration renewal fee (≤90 days from renewal date).		$ 130.00
Structured Practical Training Program	Valid for 6 months from application date.	$ 383.00
CERTIFICATION FOR INJECTION DRUG ADMINISTRATION		
Application for certification		$ 105.00
ADMINISTRATION FEES		
Replacement of registration certificate		$ 128.00
Certificate of standing		$ 128.00
Processing of non-sufficient funds (NSF) cheque		$ 128.00
Criminal Record Check (CRC)	See Criminal Record Check Fee Regulation BCReg238/2002 as amended	-
Jurisprudence Examination (JE)		$ 254.00
Pharmacy Practice Manual (available free on website)		$ 281.00
NOTES:		
1) Fees are non-refundable.		
2) All fees except Criminal Record Check are subject to GST.		
3) Annual registration renewal notices are sent at least thirty (30) days prior to expiry date.		
4) Completion of registration forms may be required for items with $0.00 fee amounts.		

College of Pharmacists of B.C.
FEE SCHEDULE
HPA Bylaw "Schedule D"

REGISTRATION FEES

Pharmacist			
Application for Pre-registration	Valid for up to three years.	~~$ 399.00~~	$ 407.00
Application for Re-instatement	Valid for up to three years.	~~$ 399.00~~	$ 407.00
Full Pharmacist - registration	For a term of one year.	~~$ 724.00~~	$ 739.00
Full Pharmacist - registration renewal	For a term of one year.	~~$ 724.00~~	$ 739.00
Non-practising Pharmacist - registration	For a term of one year.	~~$ 724.00~~	$ 739.00
Non-practising Pharmacist - registration renewal	For a term of one year.	~~$ 724.00~~	$ 739.00
Limited Pharmacist - registration	For a term of one year. Maximum three one-year terms.	~~$ 724.00~~	$ 739.00
Limited Pharmacist - renewal	Maximum two one-year renewal terms	~~$ 724.00~~	$ 739.00
Temporary Pharmacist	Valid for up to 90 days; during an emergency situation only.	$ 0.00	$ 0.00
Late registration renewal fee (≤90 days from renewal date).		~~$ 125.00~~	$ 130.00
Student Pharmacist			
New Student Pharmacist (UBC)	Valid for one year.	~~$ 100.00~~	$ 102.00
New Student Pharmacist (Non UBC)	Valid for one year.	~~$ 100.00~~	$ 102.00
Registration Renewal (UBC)	Valid for one year.	$ 0.00	$ 0.00
Application for Re-instatement (UBC)	For re-instatment after 90 days of registration expiry; valid for one year.	$ 0.00	$ 0.00
Pharmacy Technician			
Application for Pre-registration	Valid for up to three years.	~~$ 266.00~~	$ 271.00
Application for Re-instatement	Valid for up to three years.	~~$ 266.00~~	$ 271.00
Pharmacy Technician - registration	For a term of one year.	~~$ 482.00~~	$ 492.00
Pharmacy Technician - registration renewal	For a term of one year.	~~$ 482.00~~	$ 492.00
Non-practising Pharmacy Technician - registration	For a term of one year.	~~$ 482.00~~	$ 492.00
Non-practising Pharmacy Technician - registration renewal	For a term of one year.	~~$ 482.00~~	$ 492.00
Temporary Pharmacy Technician	Valid for up to 90 days; during an emergency situation only.	$ 0.00	$ 0.00
Late registration renewal fee (≤90 days from renewal date).		~~$ 125.00~~	$ 130.00
Structured Practical Training Program	Valid for 6 months from application date.	~~$ 375.00~~	$ 383.00

CERTIFICATION FOR INJECTION DRUG ADMINISTRATION

Application for certification		~~$ 100.00~~	$ 105.00

ADMINISTRATION FEES

Replacement of registration certificate		~~$ 125.00~~	$ 128.00
Certificate of standing		~~$ 125.00~~	$ 128.00
Processing of non-sufficient funds (NSF) cheque		~~$ 125.00~~	$ 128.00
Criminal Record Check (CRC)	See Criminal Record Check Fee Regulation BCReg238/2002 as amended	-	-
Jurisprudence Examination (JE)		~~$ 249.00~~	$ 254.00
Pharmacy Practice Manual (available free on website)		~~$ 275.00~~	$ 281.00

NOTES:

1) Fees are non-refundable.

2) All fees except Criminal Record Check are subject to GST.

3) Annual registration renewal notices are sent at least thirty (30) days prior to expiry date.

4) Completion of registration forms may be required for items with $0.00 fee amounts.

College of Pharmacists of British Columbia

BOARD MEETING
April 11, 2019

2b.ix. Legislation Review Committee
b) PODSA Fee Amendments

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution:

RESOLVED THAT, in accordance with the authority established in section 21(8) of the Pharmacy Operations and Drug Scheduling Act (PODSA), the Board approve the proposed draft bylaws of the College of Pharmacists of British Columbia regarding the PODSA fee schedule for public posting, as circulated.

Purpose

To approve amendments to the *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws Schedule A – Fee Schedule in accordance with the College's 2019/2020 budget.

Background

The Board may make bylaws as per section 21(1)(c.1) of PODSA regarding the information and fees that must be provided for the purpose of making an application to issue, renew or reinstate a pharmacy licence. Unlike the *Health Professions Act* (HPA), PODSA does not exempt particular bylaws (e.g. fee schedules) from the 90 day public posting period requirement.

At their February 2019 meeting, the Board approved the 2019/2020 budget which included fee increases in order to meet the needs of the College. The proposed PODSA fee schedule amendments needed to actualize the fee increases previously approved as part of the College's 2019/2020 budget, are outlined in Appendix 1.

In addition to the amended fee schedule (Appendix 1), corresponding revised forms have also been approved by the Registrar. These forms do not require Board approval or filing with the Ministry of Health.

Recommendation

The Legislation Review Committee recommends that the Board approve the PODSA Bylaws Schedule A – Fee Schedule for public posting as circulated.

Next Steps

Once the 90 public posting period is completed, pending review of any feedback received, the PODSA fee schedule will be brought to the Board at their September 2019 meeting for filing approval.

Appendix	
1	Amended Fee Schedule (track changes)

College of Pharmacists of B.C.
FEE SCHEDULE
PODSA Bylaw "Schedule A"

PHARMACY

LICENSURE FEES

Community Pharmacy Licence	Annual licence fee.	~~$ 2,299.00~~	$ 2,345.00
Hospital Pharmacy Licence	Annual licence fee.	~~$ 2,299.00~~	$ 2,345.00
Pharmacy Education Site Licence	Annual licence fee.	~~$ 550.00~~	$ 750.00
Telepharmacy	Annual licence fee.	~~$ 2,299.00~~	$ 2,345.00
Hospital Pharmacy Satellite	Annual fee for each satellite site, to be charged to Hospital Pharmacy.	~~$ 300.00~~	$ 750.00
Application for New Pharmacy Licence (Community, Hospital and Telepharmacy)	Application valid for up to three years. Includes change of ownership.	~~$ 550.00~~	$ 750.00
Reinstatement of Pharmacy Licence	For re-instatement of a pharmacy licence that has been expired for 90 days or less.	~~$ 0.00~~	$ 750.00
Change of direct owner	Annual licence fee + application for new pharmacy	~~$ 2,849.00~~	$ 3,095.00
Change of indirect owner		$ 0.00	$ 0.00
Change of manager		$ 0.00	$ 0.00
Change in corporation name		$ 0.00	$ 0.00
Change in operating name of the pharmacy		$ 0.00	$ 0.00
Change in location of the pharmacy		~~$ 0.00~~	$ 750.00
Change in layout of the pharmacy		$ 0.00	$ 0.00
Criminal Record History (CRH)	*Fee charged by Sterling Talent Solutions (formerly known as BackCheck)	$ -	$ -

INSPECTION FEE

Follow-up site review(s)	Where 3 or more site reviews are required to address deficiencies. From visit 3 onwards, this fee applies for each additional visit.	~~$ 1,000.00~~	$ 1,020.00

NOTES:

1) Fees are non-refundable.

2) Fees are subject to GST.

3) Annual renewal notices of pharmacy licensure are sent at leas t sixty (60) days prior to the expiry date.

College of Pharmacists of British Columbia

BOARD MEETING
April 11, 2019

2b.ix. Legislation Review Committee
c) PPP-66 Policy Guide – Methadone Maintenance Treatment, Housekeeping Items

INFORMATION ONLY

Purpose

To advise the Board that the *Professional Practice Policy 66 (PPP-66) Policy Guide – Methadone Maintenance Treatment (2013)* has been migrated to the new policy guide style format. In addition, minor housekeeping changes have been made.

Background

There are three policy guides under PPP 66:

- *PPP-66 Policy Guide: Buprenorphine/Naloxone Maintenance Treatment (2018)*
- *PPP-66 Policy Guide: Methadone Maintenance Treatment (2013)*
- *PPP-66 Policy Guide: Slow Release Oral Morphine Maintenance (SROM) Treatment (2018)*

Amongst the three PPP-66 policy guides, the guides on Buprenorphine/Naloxone Maintenance Treatment and Slow Release Oral Morphine Maintenance Treatment are in a more current policy guide format. However, the policy guide for Methadone Maintenance Treatment (2013) remains in an outdated format which is difficult for College staff to amend (i.e., it is in a file type which requires special software to make amendments to it).

Discussion

For style consistency purposes and to more easily enable amendments, the policy guide for Methadone Maintenance Treatment (2013) has been migrated to the new format. Minor changes have been made to ensure consistency and to remove outdated information (See Appendix 1 and 2 for details).

Next Steps

- The amended *PPP-66 Policy Guide: Methadone Maintenance Treatment (2013)* will be posted on the College's website.
- Communication tools will be used to update registrants and the public on these changes.

Appendix	
1	Amendments to *PPP-66 Policy Guide – Methadone Maintenance Treatment (2013)* (Track Changes and Clean versions)
2	Summary of Proposed Changes

College of Pharmacists
of British Columbia

Professional Practice Policy #66

Policy Guide

Methadone Maintenance Treatment (2013)

Forward

Opioid dependence is a health concern with implications for the individual patient as well as the public. Methadone maintenance treatment is recognized internationally as among the most effective treatments for opioid use disorder (OUD). Addiction treatment experts recommend that methadone treatment for OUD be delivered with a maintenance-oriented, rather than abstinence-oriented, philosophy. This approach acknowledges OUD as a chronic disease.

Many studies, conducted over several decades in different countries, have clearly demonstrated that the effective delivery of methadone maintenance treatment reduces non-medical opioid use, other problematic substance use, criminal activity, mortality, injection-related risks and transmission of blood-borne disease. Additional positive results are improvement in physical and mental health, social functioning, quality of living and pregnancy outcomes.

Methadone, a long-acting, orally effective opioid, is used as a substitute for heroin or other narcotics when treating opioid dependence. Methadone eliminates withdrawal from and reduces cravings for, opioids. Methadone does not produce euphoria, and it blocks the euphoric effects of other opioids. When used in the treatment of opioid dependence, a single oral dose of methadone is effective for at least 24 hours. Eventual withdrawal from methadone is not necessarily the goal of the program, although some individuals may work with their physician and pharmacist to decrease their dose and eventually stop using methadone.

Methadone prescribing is controlled by both federal and provincial legislation, as well as administrative procedures and guidelines.

Registered pharmacists are permitted to purchase and dispense methadone without federal exemption. However, the College of Pharmacists of BC (CPBC) *Professional Practice Policy (PPP-66) – Opioid Agonist Treatment* requires that the pharmacy manager and all staff pharmacists employed in a community pharmacy that provides services related to methadone maintenance treatment complete the CPBC *Methadone Maintenance Treatment* (MMT) or the British Columbia Pharmacy Association's (BCPhA) *Opioid Agonist Treatment Compliance and Management Program for Pharmacy* (OAT-CAMPP) training program, and any subsequent updates. You must log into eServices to complete the "*Declaration of Completion and Understanding*" prior to providing methadone maintenance treatment services.

How to Use This Guide

Note:

This document is not intended to cover all possible practice scenarios.

This Policy Guide (the Guide) is a companion to *Professional Practice Policy (PPP-66) –Opioid Agonist Treatment* (Appendix 1). The intention of the *Guide* is to provide pharmacists with further detail and clarity (including practical examples) to assist in the implementation of the policy into practice to ensure consistency in the safe and effective delivery of methadone maintenance treatment services.

As always the expectation is that pharmacists will practice in compliance with their legislative requirements, including the principles outlined in this *Guide*. It is understood however that pharmacy practice is not always 'black and white' and when navigating the 'grey' pharmacists must use sound professional judgment, ensuring that their decisions are made in the best interest of the patient and with appropriate collaboration, notification and most importantly, documentation.

The *Guide* is to be read in conjunction with completion of the mandatory training session. Information regarding the mandatory sessions can be found on the CPBC website at **www.bcpharmacists.org.**

Declaration

After completing the mandatory training program, and subsequently reading this *Guide*, pharmacists must log into eServices to complete the '*Declaration of Completion and Understanding*'.

Acknowledgement

The development of this *Guide* involved a collaborative and consultative process with input and feedback gathered from a volunteer group of dedicated community pharmacists currently engaged, in varying capacities, in the delivery of methadone maintenance treatment services.

The group was comprised of both frontline pharmacists and pharmacy managers and represented a cross-section of practice types (independent to large chain retailers) and practice settings including pharmacies located in Vancouver's Downtown Eastside whose primary focus is on the provision of methadone maintenance treatment.

Feedback was also solicited from other stakeholder groups including; the Ministry of Health Services, the College of Physicians and Surgeons of BC, the BCPhA, the City of Vancouver, patient advocacy groups Vancouver Area Network of Drug Users (VANDU), and the BC Association for People on Methadone (BCAPOM).

The College of Pharmacists of BC would like to sincerely thank each of these individuals and organizations for their invaluable feedback in the creation of this significant resource for pharmacists.

Feedback

Questions and comments about this *Guide* are welcome and can be sent to:

College of Pharmacists of British Columbia
200 – 1765 West 8th Avenue
Vancouver, BC V6J 5C6

Telephone: 604-733-2440 or 800-663-1940
Facsimile: 604-733-2493 or 800-377-8129
E-mail: practicesupport@bcpharmacists.org
Web site: www.bcpharmacists.org

Table of Contents

Methadone Maintenance Treatment Policy Guide

In accordance with *Professional Practice Policy (PPP-66) – Opioid Agonist Treatment* (Appendix 1), all pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to methadone maintenance treatment must know and apply the principles and guidelines outlined here in the CPBC *Methadone Maintenance Treatment Policy Guide* (2013) and all subsequent revisions. The responsibility of pharmacy technicians in the dispensing of MMT is consistent with their scope of practice outlined in the *Health Professions Act* (HPA) Bylaws Schedule F Part 1 section 4.

Administration

1.1 Pharmacy Operating Hours

Principle 1.1.1

Patients must attend the pharmacy unless exceptional circumstances are provided for under *Professional Practice Policy (PPP-71) – Delivery of Methadone Maintenance Treatment*. The pharmacy hours of service must be consistent with the supervised dosing requirements of your patient.

Guideline: When a pharmacy accepts a patient who requires daily witness ingestion (i.e., 7 days per week) the pharmacy hours of service must accommodate this dosing requirement. A pharmacist does not have the independent authority to adapt a prescription for methadone maintenance treatment from 'daily witness' to a 'take-home' dose.

1.2 Privacy and Confidentiality – Premise

Principle 1.2.1

All pharmacies offering methadone maintenance treatment must be in compliance with all relevant legislation pertaining to the structure of the licensed premise with particular attention given to ensuring there is sufficient space to accommodate patients waiting for witnessed ingestion and/or take home methadone doses while simultaneously maintaining privacy for pharmacist-patient consultation.

Guideline: It may be appropriate to establish a staggered schedule for regular patients requiring witnessed ingestion to ensure that there is adequate space within the pharmacy to accommodate patients who are waiting and ensure privacy of pharmacist-patient consultation.

1.3 Security – Premise

Principle 1.3.1

All pharmacies offering methadone maintenance treatment must ensure that their pharmacy is in compliance with all relevant legislation pertaining to pharmacy security requirements including those outlined in *Professional Practice Policy (PPP-74) – Community Pharmacy Security.*

Receiving Methadone Prescriptions

2.1 Methadone Maintenance Controlled Prescription Forms – Overview

Principle 2.1.1

Methadone maintenance prescriptions can **only** be accepted when written using an original Methadone Maintenance Controlled Prescription form.

Guideline: When accepting a methadone maintenance prescription a pharmacist must ensure that the Methadone Maintenance Controlled Prescription form is completed by the prescriber as outlined in the *Methadone Maintenance Controlled Prescription Form Guidelines* (Appendix 3).

Principle 2.1.2

The pharmacist must ensure that the patient, as well as themselves, sign the form, in the space indicated on the bottom of the form.

Principle 2.1.3

Faxed Methadone Maintenance Controlled Prescription forms are not acceptable unless under extenuating circumstances where the prescriber has determined, following consultation with the pharmacist, that the urgency of the situation warrants it.

Note:

The Emergency Fax Controlled Prescription Program Form Documentation (Appendix 4) can be used for this purpose.

Guideline: In such cases the pharmacy, prior to dispensing the medication, must receive, in addition to a fax of the Methadone Maintenance Controlled Prescription form, written confirmation (fax acceptable) signed by the prescriber that briefly describes the emergency situation and guarantees the delivery of the original Methadone Maintenance Controlled Prescription form to the pharmacy the next business day or as soon as possible when the ~~physician~~ prescriber is not available.

The faxed Methadone Maintenance Controlled Prescription form and related documentation, as described in Appendix 4, must be attached to the original Methadone Maintenance Controlled Prescription form once received.

Principle 2.1.4

In an effort to maximize the effectiveness of the methadone maintenance treatment program, the pharmacist may find it beneficial to engage in a specific dialogue with the patient, either when they initiate treatment or at various times throughout treatment, that clearly outlines the expectations of both the patient and the pharmacist.

Guideline: The *Methadone Maintenance Treatment Expectation Form* (Appendix 5) can be used for this purpose.

Principle 2.1.5

In the rare circumstance (disruptive or threatening behavior or verbal or physical abuse) where a pharmacist finds that they must terminate the pharmacist-patient relationship, reasonable notice must be provided to the patient to ensure their continuity of care.

Guideline: It is important to remember that the decision to terminate a pharmacist-patient relationship is a serious one and must be made with due consideration and based on appropriate rationale. It is unethical for a pharmacist to terminate the pharmacist-patient relationship or refuse to treat a patient on morally irrelevant grounds. The pharmacist's decision should be documented and retained in the patient record.

2.2 Methadone Maintenance Controlled Prescription Forms – Alterations

Principle 2.2.1

Alterations to the Methadone Maintenance Controlled Prescription form are the exception to the rule and should not be normal practice as they increase the likelihood of errors and drug diversion and put the public at risk.

In the rare circumstance when an alteration is necessary to ensure the continuity of care pharmacists must always use due diligence to ensure authenticity and accuracy of the prescription.

Note:

The Pharmacist-Prescriber Communication Form (Appendix 6) can be used for this purpose.

Guideline:

Alterations completed at the prescriber's office:

Alterations are only permitted on the sections of the form that the prescriber completes provided that the prescriber has initialed the alteration.

Alterations are not permitted to the pre-printed sections of the form.

Alterations completed at the pharmacy:

Pharmacists do not have independent authority to make any alterations or changes to a Methadone Maintenance Controlled Prescription form. Any required or requested change(s) must be patient-specific and authorized by the patient's prescriber through direct consultation with the pharmacist. Any prescriber-authorized changes must be confirmed in writing, signed by the prescriber, received by the pharmacy (fax is acceptable) prior to dispensing the medication whenever possible and attached and filed with the original prescription.

2.3 Out-of-Province Prescriptions

Principle 2.3.1

Pharmacists are permitted to dispense methadone prescriptions from prescribers in provinces other than BC.

Note:

It's important to realize that not all provinces are required to use Controlled Prescription Program Forms.

Guideline: If there are any doubts regarding the authenticity of the out-of-province prescription, the pharmacist must contact the out-of-province prescriber to confirm the legitimacy of the prescription. When satisfied that the prescription is authentic, the pharmacist can dispense and process the prescription in the same manner as other prescriptions from out-of-province prescribers.

3.0

Processing (Dispensing) Methadone Prescriptions

3.1 Accepting a Prescription

Principle 3.1.1

Methadone for maintenance must be dispensed to patients in a concentration of 10 mg/ml.

Guideline: Only commercially available 10 mg/ml oral preparations are permitted for use.

Principle 3.1.2

Positive identification is required for all patients presenting a prescription for the first time, and reasonable steps to positively identify the patient must be taken prior to dispensing any subsequent prescriptions.

Guideline: The CPBC's *Professional Practice Policy (PPP-54) – Identifying Patients for PharmaNet Purposes* requires the pharmacist to view one piece of "primary identification" or two pieces of "secondary identification" as verification of a positive identification. If a patient cannot provide the required identification, the prescriber may be contacted to assist with verifying the patient's identity.

Principle 3.1.3

Pharmacists and pharmacy technicians must review the prescription to ensure that it is completed by the prescriber as outlined in the *Methadone Maintenance Controlled Prescription Form Guidelines* (Appendix 3) and that the directions for use appropriately meet the specific needs of the patient and can be accommodated by the pharmacy.

Guideline: Each prescription must be reviewed in detail in consultation with, and consideration given to the specific needs of, the patient. The following list is a sample only:

- Evaluate the end date of the prescription to ensure that the authorization for dispensing does not end on a weekend when the patient will not be able to see a ~~physician~~ prescriber for a new prescription.
- Review the prescription directions to determine the dosing schedule (daily witnessed ingestion, divided dose, take-home doses), including the specific days of the week for each witnessed dose or take-home doses, to confirm that the pharmacy operating hours match the dosing schedule.
- Confirm that stamped or preprinted sticker directions do not conflict with written directions.

Any ambiguous or conflicting information identified must be clarified with the prescriber. Should an alteration or change to the prescription be required, it must be done in compliance with the Principles and Guidelines outlined in section 2.2.

3.2 Assessment of a Prescription

Principle 3.2.1

Pharmacists and pharmacy technicians must correctly identify the product as prescribed for 'pain' or 'opioid use disorder' by using the appropriate Drug Identification Number (DIN) or Product Identification Number (PIN) to ensure patient safety and accurate PharmaNet patient records.

Principle 3.2.2

As with all medications a pharmacist **must** review each individual PharmaNet patient record, as stated in HPA Bylaws (Schedule F Part 1), and resolve any drug-related problems prior to dispensing any methadone prescription.

This step is particularly critical for methadone prescriptions as the automated drug usage evaluation (DUE) built into the PharmaNet system does not include methadone. Pharmacists providing methadone maintenance treatment must therefore ensure they maintain their knowledge with respect to potential drug interactions related to methadone. General information in this regard can be found in Appendix 7.

Guideline: A PharmaNet patient record review must be completed for all prescriptions, including those patients obtaining their prescription on a daily basis or those long-term patients whom the pharmacist may know well.

Principle 3.2.3

Mood altering drugs, including benzodiazepines and narcotics, are not generally prescribed to patients on the methadone maintenance program. Should a patient present a prescription for a mood altering drug or if the pharmacist discovers that a mood altering drug is also being prescribed to the patient in their review of the PharmaNet patient record, they must contact both the prescriber of methadone and, if different, the prescriber of the mood altering drug, prior to dispensing the medication. The purpose of the consultation is to ensure the prescriber(s) are aware that the patient is currently on the methadone maintenance program.

Guideline: The pharmacist should document the outcome of the consultation(s) with the prescriber(s) and attach it to the original prescription.

Principle 3.2.4

The 'sig field' on the prescription label must include the start and end dates of the original current prescription.

Principle 3.2.5

As required by HPA Bylaws Schedule F Part 1 the 'dispensing date' on the prescription label must accurately reflect the actual date dispensed on the PharmaNet system.

3.3 Preparing Methadone Prescriptions

Principle 3.3.1

Methadone doses must be accurately measured in a calibrated device that minimizes the error rate to no greater than 0.1 ml.

Guideline: All devices used to measure the methadone 10 mg/ml solutions should be distinctive and recognizable and must be used only to measure methadone solutions. Devices must be labeled with a "methadone only" label and a "poison" auxiliary label with the international symbol of the skull and cross bones.

Principle 3.3.2

Reconciliation procedures must be conducted in accordance with *Professional Practice Policy (PPP-65) – Narcotic Counts and Reconciliations*.

Guideline: As per *PPP-65,* the pharmacy manager must ensure that narcotic counts and reconciliations, which include methadone, are completed:

- At a minimum of every 3 months, ~~and~~
- After a change of manager, and
- After a break-in or robbery.

Reconciliation means the quantity of methadone on hand must equal the quantity received minus the quantity dispensed over a specific period of time.

3.4 Loss or Theft and Disposal of Methadone

Principle 3.4.1

The Narcotic Control Regulations require that pharmacists report the loss or theft of controlled drugs and substances to the Office of Controlled Substances, Health Canada within 10 days of the discovery of the loss or theft.

In the event of a loss or theft the pharmacy should also notify the CPBC as soon as possible.

Guideline: The form for reporting loss or theft of narcotics can be found on the CPBC website **www.bcpharmcists.org** under *Resources.*

Principle 3.4.2

Methadone, like any other narcotic or controlled drug, can only be disposed of with authorization from Health Canada and after being rendered unusable.

Guideline: To receive authorization to dispose of methadone the pharmacist must submit a written *Authorization to Destroy for Expired Narcotic and Controlled Drugs* to the Office of Controlled Substances, Health Canada.

An acceptable method of rendering methadone unusable is to place the product in a leak-proof container or plastic bag and add kitty litter until the mixture is almost solid.

Once the required authorization is received from Health Canada the pharmacist must record the amount of product to be disposed of, having a second healthcare professional sign for the disposal, and place the now rendered unusable product in the pharmacy's medication return container.

3.5 Methadone in Tablet Form for Air Travel

Principle 3.5.1

Hand luggage restrictions governing the transportation of fluids in air travel may be problematic for patients and in certain circumstances may necessitate the prescription of methadone in tablet form. Only commercially available methadone in tablet form may be dispensed. Pharmacists need to be aware that the prescription of methadone in tablet form may result in increased risk for both patients and the public.

Note: D~~d~~ispensing of methadone powder by way of sachet, capsule, or other format is never acceptable due to the increased potential for diversion and misuse.

Guideline: Long-term methadone maintenance treatment clearly limits patients' ability to travel because of the need for regular follow-up as well as the restrictions associated with the dispensing of methadone. If patients receiving MMT wish to travel for a period of time that exceeds their regular carry period, the usual standard of care should not be compromised, particularly if the patient is not stable and still requires daily supervised ingestion.

Patients are significantly limited in their ability to transport methadone across international borders but it is possible to arrange for methadone dispensing in some jurisdictions. The CPSBC advises physicians to research each case to ensure decisions do not compromise patient safety. In some cases, patients may require documentation for the purpose of crossing international borders or to assist in accessing temporary care from a methadone program at their destination. The physician is responsible to provide the required travel documentation.

Releasing Methadone Prescriptions

4.1 Releasing a Prescription

Principle 4.1.1

A pharmacist must be present and witness the release of a methadone prescription to a patient. This function cannot be delegated to a pharmacy technician or any other pharmacy support staff.

Principle 4.1.2

Prior to releasing a methadone prescription the pharmacist must assess the competence of the patient (i.e. ensure that the patient is not currently intoxicated or otherwise mentally impaired) to ensure that it is safe to release the medication to them.

Guideline~~s~~: Pharmacists must assess patients for symptoms such as slurred speech, ataxia, drowsiness, alcohol smell or unusual behaviour. It is important for the pharmacist to be familiar with each patient's 'normal' behaviour in order to be able to detect significant deviations from normal.

If the pharmacist believes that it is not safe for the patient to receive their prescription they must consult with the prescriber and document the outcome of the dialogue and attach it to the original prescription.

Principle 4.1.3

Prior to releasing a methadone prescription the patient and pharmacist must acknowledge receipt by signing a patient/prescription-specific log (the sample *Methadone Part-Fill Accountability Log* (Appendix 9) can be used for this purpose).

Guideline~~s~~: Every part-fill dispensed must be accounted for. The pharmacist must be able to review every part-fill dispensed as a complete history on one document.

The pharmacist releasing and the patient receiving the part-fill of the prescription must sign for each witnessed ingestion dose and each take-home dose. **Neither the pharmacist nor the patient is permitted to pre-sign for future doses or backdate signing.**

The patient/prescription specific log (the sample *Methadone Part-Fill Accountability Log* (Appendix 9) can be used for this purpose) must be attached to the original Controlled Prescription Program form and once complete filed sequentially by the first prescription or transaction number assigned to the prescription.

Principle 4.1.4

As with all prescriptions, prior to releasing a methadone prescription, the pharmacist must counsel the patient on the risks (including common side effects) and benefits of taking their medication~~. A~~as per *HPA Bylaws* Schedule F Part 1 section 12.

Guideline~~s~~: The most common adverse reactions with methadone include; sweating, constipation, sexual dysfunction, change in menstruation, drowsiness, sleep disturbances, muscle and bone aches, weight changes (usually gain), skin rash, gastrointestinal upset, headaches and edema. Patients will benefit from information about the non-drug approaches, nonprescription products and prescription items that can provide relief from these side effects.

Principle 4.1.5

With respect to witnessed ingestion doses, the pharmacist must directly observe the patient ingesting the medication and be assured that the entire dose has been swallowed.

Guidelines: Given the concentrated solution of 10mg/ml, it may be helpful to provide a glass of water to the patient to enable rinsing out of the dispensing container to ensure full dose administration.

Immediately following observing the patient's ingestion of the medication the pharmacist should engage the patient in a short conversation to ensure that the entire dose has been swallowed.

Principle 4.1.6

With respect to take-home doses the first dose (whether it is stated on the prescription or not) must be a witnessed ingestion with all subsequent take-home doses dispensed in child-resistant containers with an explicit warning label indicating that the amount of drug in the container could cause serious harm or toxicity if taken by someone other than the patient.

Note:

The decision to authorize take-home doses can only be made by the prescriber. However, should a pharmacist believe that a patient is or is not ready to manage take-home doses they should discuss their recommendations or concerns with the prescriber.

Guidelines: Each dose must be dispensed in an individual, appropriately sized, child-resistant container.

Each container must be individually labeled.

If a pharmacist determines that due to a specific patient circumstance a non-child-resistant container will be used for take-home doses it must be documented on the patient record.

Patients should be reminded that methadone should be stored out of the reach of children, preferably in a locked cupboard or small lock box if stored in the refrigerator.

Principle 4.1.7

In extraordinary situations, when a patient cannot attend the pharmacy, the patient's representative may pick up and sign for their authorized take-home dose(s) if confirmed in writing by the prescriber.

Note:

Patient representative is defined in HPA Bylaws.

Guidelines: This authorization must be date specific, and the representative and circumstances must be clearly defined. The written and signed authorization from the prescriber (fax acceptable) must be attached to the original Methadone Maintenance Controlled Prescription form.

Principle 4.1.8

Delivery of methadone is **prohibited** under federal legislation except as provided for in extraordinary circumstances according to *Professional Practice Policy (PPP-71) – Delivery of Methadone Maintenance Treatment.*

Guidelines: The pharmacist must read and understand *Professional Practice Policy (PPP-71) – Delivery of Methadone Maintenance Treatment.*

5.0

Responding to Methadone Dosing Issues

5.1 Divided (Split) Doses

Principle 5.1.1 Only the prescriber, by stating this on the original Methadone Maintenance Controlled Prescription form, can authorize a divided (split) dose of a prescription. Unless otherwise specified by the prescriber, the first portion of the daily dose must be by witnessed ingestion.

Guideline: The decision to authorize a divided dose can only be made by the prescriber, however, should a pharmacist believe that a patient would benefit from this they should discuss this option with the prescriber.

5.2 Missed Doses

Principle 5.2.1 Any methadone prescription that has been processed and prepared but is not consumed or picked up by the patient on the prescribed day is considered cancelled and must be reversed on PharmaNet before the end of the business day.

Guideline: It is imperative that the PharmaNet patient record reflects accurate and current information in terms of consumed and picked-up methadone doses as other healthcare practitioners rely on this information in making treatment decisions.

Principle 5.2.2 If a patient misses a dose, they cannot receive the missed dose at a later date.

Principle 5.2.3 The pharmacist must notify the prescriber of any missed doses (unless a specified number of missed doses has been indicated by the prescriber) before the next scheduled release of medication.

Guideline: The notification document must be retained and filed with the prescription consistent with filing retention requirements. The *Pharmacist-Prescriber Communication Form* (Appendix 6) can be used for this purpose.

5.3 Partial Consumption of Doses

Principle 5.3.1 If a patient refuses to consume their full dose, the pharmacist must not insist that they ingest the total amount. The unconsumed portion however cannot be given as a take-home dose.

Guideline: The patient's partial consumption of a dose and their reason(s) for it must be documented and reported to the prescriber. *The Pharmacist-Prescriber Communication Form* (Appendix 6) can be used for this purpose.

All patient documentation including the *Methadone Part-Fill Accountability Log* (Appendix 9) and PharmaNet record must accurately reflect the actual dose consumed by the patient.

5.4 Vomited Doses

Principle 5.4.1

If a patient reports that they vomited their dose, a replacement dose cannot be provided without authorization from the patient's prescriber.

Guideline: The pharmacist must contact the prescriber and provide them with information about the incident (time the dose was taken, time of vomiting, and other relevant points). Should the prescriber authorize a replacement dose, it must be confirmed in writing, signed by the prescriber, received by the pharmacy (fax is acceptable) prior to dispensing the medication and attached and filed with the original prescription.

5.5 Lost or Stolen Doses

Principle 5.5.1

If a patient reports that their take-home dose(s) have been lost, stolen or misplaced, a replacement dose(s) cannot be provided without authorization from the patient's prescriber.

Guideline: The pharmacist must contact the prescriber and discuss the situation with them. Should the prescriber determine that the situation warrants it they may authorize the acceptance of a new Methadone Maintenance Controlled Prescription form by fax (refer to Principle 2.1.3) or the prescriber may advise the pharmacy that they must wait until the patient presents a new original Methadone Maintenance Controlled Prescription form.

5.6 Tapering

Principle 5.6.1

If a patient has decided to initiate a self-tapering regimen by decreasing their daily dose consumption, the pharmacist must record the dose consumed on the patient/prescription specific log (refer to Principle 4.1.3), record the actual dose consumed on the patient's PharmaNet record and notify the prescriber.

Guideline: The *Pharmacist-Prescriber Communication form* (Appendix 6) can be used for the purpose of notifying the prescriber.

5.7 Emergency Dosing

Principle 5.7.1

Emergency dosing is not recommended. If however a pharmacist feels in their professional judgement that an emergency dose is required to ensure continuity of patient treatment the pharmacist may provide an emergency dose. The pharmacist must counsel the patient to obtain a new prescription as soon as possible. This practice is the exception to the rule and not the normal practice, refer to *Professional Practice Policy (PPP-31) – Emergency Prescription Refills*.

Guideline: Pharmacists need to document, as per *PPP-31*, the attempt to reach the prescriber with information about the situation. The prolonged half-life of methadone ensures that a patient maintains a single dose for at least 36 hours. Although the patient may feel uncomfortable an emergency dose may not be necessary. Emergency doses may hinder treatment success and health outcomes. It is a patient's responsibility to make sure they have a valid prescription.

Continuity of Care

6.1 Transfer of Pharmacy

Principle 6.1.1

When a patient chooses to move from one pharmacy to another to receive their methadone prescription it is the responsibility of the new pharmacy to contact the previous pharmacy and prescriber (if applicable) to discuss the exact transfer date and any other pertinent concerns. The previous pharmacy must cooperate fully with the request from the new pharmacy.

Guideline: Communication between the previous and new pharmacy is critical to ensure the patient's continuity of care and to avoid duplicate or missed methadone doses. A review of the patient's PharmaNet patient record can be of assistance in determining the previous pharmacy and prescriber.

6.2 Hospitalization or Incarceration

Principle 6.2.1

When a patient is discharged or released to the community from a hospital or correctional facility it is the responsibility of the community pharmacist receiving the patient to verify the date and amount of the last dose administered.

Guideline: Effective communication sharing among those who provide the patient's methadone maintenance treatment (hospital or correctional facility and pharmacy) is essential to ensure the patient's continuity of care and to avoid duplicate or missed methadone doses.

6.3 Compounding in Exceptional Circumstances

Principle 6.3.1

The only situation that would constitute consideration of exceptional circumstances is when a commercially available 10 mg/ml oral preparation is not available.

Principle 6.3.2

Methadone for maintenance must be at the strength of 10 mg/ml to ensure minimization of errors.

Principle 6.3.3

A compounding log must be established to record when methadone solutions are prepared, how much was prepared, and who prepared the product. The *Compounding Log* (Appendix 8) can be used for this purpose.

Guideline: The compounding log must incorporate the following elements:

- Preparation date,
- Methadone powder and/or liquid concentrate manufacturer's lot number and expiry date,
- Methadone powder and/or liquid concentrate quantity used and quantity prepared,
- Batch number and use-by date assigned by the pharmacy, and
- Preparer's and pharmacist's identification.

A separate compounding log must be maintained for each strength of stock solution.

Principle 6.3.4

All concentrated solution containers must be clearly labeled with the drug name, strength, use-by date and appropriate warning labels.

Guideline: If different concentrations are prepared for pain management, they must be easily identifiable with clear labeling. A best practice would be to use different styles of storage container for each concentration or use food grade dyes to differentiate between the different concentrations prepared.

In order to help ensure liquid methadone preparations remain stable for up to 30 days from the date of pharmacy dispensing and to minimize the growth of bacteria, mold and fungus the *American Association for the Treatment of Opioid Dependence* ~~*(2004)*~~ recommends that pharmacists should:

- Use distilled water for the dilution of methadone products,
- Use new, clean, light-resistant containers for dispensing,
- Refrigerate take-home containers as soon as possible and keep refrigerated until used.

Principle 6.3.5

Methadone for maintenance solutions must be made with full-strength Tang™ or similar full-strength beverage crystals with daily doses (witnessed ingestion or take-home). Plain water is never an acceptable vehicle for dispensing to patients in the methadone maintenance treatment program.

Guideline: The beverage crystals are full-strength when made according to the manufacturer's directions found on the product's packaging.

Dispensing as a standard volume (e.g., all doses dispensed as a volume of 100 mL) is not acceptable.

References

Centre for Addiction and Mental Health. Methadone Maintenance: A Pharmacist's Guide to Treatment (2000)

Centre for Addiction and Mental Health. Methadone Maintenance Treatment: A Community Planning Guide (2009)

Centre for Addiction and Mental Health. Methadone Maintenance Treatment: Recommendations for Enhancing Pharmacy Services (2009)

Centre for Addictions Research of BC (CARBC): Methadone Maintenance Treatment in British Columbia, 1996 – 2008 Analysis and Recommendations (May 2010 Report)

Health Canada. Best Practices: Methadone Maintenance Treatment (2002)

Health Canada. Literature Review: Methadone Maintenance Treatment (2002)

Health Canada. Methadone Maintenance Treatment (2002)

Health Canada. The Use of Opioids in the Management of Opioid Dependence (1992)

British Columbia Centre on Substance Use. A Guideline for the Clinical Management of Opioid Use Disorder

Recommendations for the Use of Methadone for Pain. College of Physicians and Surgeons of BC (2010)

Stockley's Drug Interactions. Pharmaceutical Press (2010)

CPBC Professional Practice Policy 66 – Opioid Agonist Treatment

This policy provides guidance to registrants employed in a community pharmacy that provides pharmacy services related to opioid agonist treatment.

POLICY STATEMENTS:

Effective January 1, 2019:

1. All pharmacy managers, staff pharmacists, and relief pharmacists employed in a community pharmacy that provides pharmacy services related to buprenorphine/naloxone maintenance treatment, methadone maintenance treatment or slow release oral morphine maintenance treatment must:
   a) successfully complete the College of Pharmacists of BC (CPBC) Methadone Maintenance Treatment (MMT) training program (2013), or
   b) successfully complete the British Columbia Pharmacy Association (BCPhA) *Opioid Agonist Treatment Compliance and Management Program for Pharmacy* (OAT-CAMPP) training program, and
   c) record self-declaration of training completion in eServices.
2. All pharmacy technicians employed in a community pharmacy that provides pharmacy services related to buprenorphine/naloxone maintenance treatment, methadone maintenance treatment or slow release oral morphine maintenance treatment must:
   a) successfully complete the CPBC MMT training program (2013), or
   b) successfully complete the online component of the BCPhA OAT-CAMPP training program, and
   c) successfully complete the online component of the BCPhA OAT-CAMPP training program, and
3. Pharmacy managers
   a) know and apply the principles and guidelines outlined in the CPBC *Buprenorphine/Naloxone Maintenance Treatment Policy Guide (2018)* and all subsequent revisions,
   b) be familiar with the information included in the most recent version of the British Columbia Centre on Substance Use (BCCSU) *A Guideline for the Clinical Management of Opioid Use Disorder*, and
   c) be familiar with the information included in the product monographs of approved, commercially available formulations.

Effective March 31, 2021:

The CPBC MMT training program (2013) will not be available beyond March 31, 2021. Registrants will no longer be able to fulfill the College's training requirements by completing that program, and must complete any applicable component(s) of the BCPhA OAT-CAMPP by March 31, 2021. The above-noted Policy Statements 1a and 2a will be repealed and all other requirements will continue to be in effect.

During the period between January 1, 2019 and March 31, 2021, registrants employed in a community pharmacy that provides pharmacy services related to opioid agonist treatment are strongly encouraged to complete the OAT-CAMPP program as soon as practicable.

1. BUPRENORPHINE/NALOXONE POLICY STATEMENTS:

1. Buprenorphine/naloxone maintenance treatment must only be dispensed as an approved, commercially available formulation.
2. The CPBC *Buprenorphine/Naloxone Maintenance Treatment Policy Guide* (2018) is in force.
3. All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to methadone maintenance treatment must:
    a) know and apply the principles and guidelines outlined in the CPBC *Methadone Maintenance Treatment Policy Guide (2013)* and all subsequent revisions,
    b) be familiar with the information included in the most recent version of the BCCSU A Guideline for the *Clinical Management of Opioid Use Disorder*, and
    c) be familiar with the information included in the commercially available 10mg/ml methadone oral preparation product monographs.

2. METHADONE POLICY STATEMENT:

1. Methadone maintenance treatment (MMT) must only be dispensed as the commercially available 10mg/ml methadone oral preparation.
2. The CPBC *Methadone Maintenance Treatment Policy Guide* (2013) is in force.
3. All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to methadone maintenance treatment must:
    a) know and apply the principles and guidelines outlined in the CPBC *Methadone Maintenance Treatment Policy Guide (2013)* and all subsequent revisions,
    b) be familiar with the information included in the most recent version of the BCCSU *A Guideline for the Clinical Management of Opioid Use Disorder*, and
    c) be familiar with the information included in the commercially available 10mg/ml

methadone oral preparation product monographs.

The Methadone Maintenance Policy Statements must be read in conjunction with PPP-71 Delivery of Methadone Maintenance Treatment.

Required References

In addition to the currently required pharmacy reference materials (PPP-3), pharmacies providing methadone maintenance treatment services must also maintain as required references the following:

- CPBC *Methadone Maintenance Treatment Policy Guide (2013)* and subsequent revisions
- The most recent version of the BCCSU *A Guideline for the Clinical Management of Opioid Use Disorder*.
- The most current version of the Centre for Addiction and Mental Health *Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorders*.
- Product monographs for the commercially available 10mg/ml methadone oral preparations.

3. SLOW RELEASE ORAL MORPHINE POLICY STATEMENTS:

1. Slow release oral morphine maintenance treatment must only be dispensed in approved, commercially available strengths and formulations.
2. The CPBC *Slow Release Oral Morphine Maintenance Treatment Policy Guide (2018)* is in force.
3. All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to slow release oral morphine maintenance treatment must:
   a) know and apply the principles and guidelines outlined in the CPBC *Slow Release Oral Morphine Maintenance Treatment Policy Guide (2018)* and all subsequent revisions,
   b) be familiar with the information included in the most recent version of the BCCSU *A Guideline for the Clinical Management of Opioid Use Disorder*, and
   c) be familiar with the information included in the product monographs of approved, commercially available strengths and formulations.

CPBC Professional Practice Policy 71 – Delivery of Methadone Maintenance Treatment

Policy Statement

Under extraordinary circumstances, if the patient has severe restrictions in mobility and if the prescribing physician has provided written authorization on the prescription by signing the declaration, pharmacists may provide home delivery of Methadone Maintenance Treatment (MMT). This practice is the exception to the rule and not normal practice.

Neither the pharmacy manager nor the staff pharmacist may authorize the provision of home delivery for MMT in the absence of the prescriber's authorization on the prescription.

Delivery Standards:

1. **Prescribing Physician Authorization of Home Delivery**
    a. Should the prescribing physician determine that, due to the patient's immobility, delivery is required; the physician may authorize delivery by signing the declaration on the MMT CPP form.
        i. If the pharmacist or pharmacy technician has concerns regarding the authenticity of the prescriber's signature they must contact the prescriber for verification.
        ii. Physicians will not authorize delivery unless patient safety is assured and severe restrictions in mobility have been identified.
        iii. Distance between patient home and pharmacy does not qualify as a severe restriction in mobility.
2. **Home Delivery Schedule and Location**

    If delivery is authorized as noted in section 1 above, the pharmacist must be present to do the delivery and meet the following requirements:

    a. The pharmacist must determine whether home delivery is feasible within the services and resources the pharmacy provides. If the pharmacy does not provide delivery service – it may be appropriate to refer the patient to a pharmacy that can provide the delivery.
    b. If the pharmacy is able to provide home delivery the pharmacist must work with the patient to make appropriate arrangements for delivery. Arrangements must include:
        i. Address for delivery - MMT may only be delivered to a patient's home with a valid street address; delivery to a public location is not permitted.
        ii. Time for delivery

iii. Procedure if patient not available at address to receive methadone delivery including communication of appropriate alternate arrangements for the patient to obtain their prescription.

Note: it is not acceptable for the pharmacist to deliver the methadone to an alternate person or location or to leave the methadone unattended.

3. **Secure Transportation and Storage**

   a. The dispensing pharmacist is responsible for securely transporting and appropriately storing methadone.

   b. Methadone must be transported directly from the dispensing pharmacy to the patient's home address; methadone may not be stored outside of the pharmacy under any circumstances.

4. **Release of Methadone for Maintenance**

   The pharmacist must be present to:

   a. Confirm the identity of the patient.

   b. Assess the competence of the patient.

   c. Witness the release and ingestion of methadone to the patient, this responsibility cannot be delegated to a pharmacy technician or any other pharmacy support staff.

   d. Provide appropriate patient counseling.

   e. If carries are provided, the pharmacist must always witness first dose of the take-home prescription; all subsequent doses must be dispensed in child-resistant containers with explicit warning label(s).

5. **Documentation**

   The pharmacist must:

   a. At the time of release of a methadone prescription the patient and pharmacist must acknowledge receipt by signing a patient/prescription-specific part-fill accountability log. Neither party may 'pre-sign' for future doses.

   b. Document any and all home deliveries of MMT in the patient's record.

   c. Log the home delivery with the address where the delivery was made on the methadone part-fill accountability log.

   d. Document any appropriate follow-up plan in the patient's record.

   e. File the methadone part-fill accountability log with original methadone prescription form.

Background:

Legislation

Federal legislation does not support delivery of narcotics. The Controlled Drugs and Substances Act (CDSA) defines the transport or delivery of narcotics as trafficking, the Narcotic Control Regulations (NCR) limit the transport of narcotics to licensed dealers only.

Controlled Drugs and Substances Act

"Section 2 - Interpretation, Definitions[1]

"traffic" means, in respect of a substance included in any of Schedules I to IV,

(a) to sell, administer, give, transfer, ***transport***, send or ***deliver*** the substance"

Narcotic Control Regulations

"Section 2 - Interpretation, Definitions [2]

"licensed dealer" means the holder of a licence issued under section 9.2.

Dealers' Licenses and Licensed Dealers [3]

8. *(1) Subject to these Regulations, no person* ***except a licensed dealer*** *shall produce, make, assemble, import, export, sell, provide,* ***transport, send or deliver a narcotic.****"*

Pharmacists are required to adhere to the CDSA and its regulations as well as the *Health Professions Act*, *Pharmacy Operations and Drug Scheduling Act* and their *Bylaws*. The College of Pharmacists and the College of Physicians and Surgeons recognize that there are extraordinary circumstances where due to temporary or permanent severe restrictions in mobility patients would require delivery of their methadone for maintenance treatment to ensure best patient health outcomes and continuity of care.

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1 http://laws-lois.justice.gc.ca/eng/acts/C-38.8/page-1.html#h-2

2 http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/page-1.html#docCont

3 http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/page-3.html#docCont

Methadone for Maintenance Controlled Prescription Form Guidelines

Methadone prescriptions can only be accepted when written using an original Methadone Maintenance Controlled Prescription form. When accepting a Methadone Maintenance Controlled Prescription form a pharmacist must ensure that the form is completed by the prescriber as outlined in these guidelines.

Methadone Maintenance Controlled Prescription Form (Example; Figure 1):

These duplicate copy prescriptions are pre-printed with the following information; drug name and strength, prescriber's name, address (optional), College ID number and prescription folio number. These prescription forms are used only for prescribing methadone for maintenance.

Top Section of Form:

Note:

If no 'start day' is indicated in the 'Directions for Use' section of the form the 'prescribing date' becomes the 'start day'.

The prescriber must complete in full, the patient information including; personal health number (PHN), name, address and date of birth. The 'prescribing date' indicates the date that the prescriber saw the patient. The 'Drug Name and Strength' section is preprinted and the prescriber must complete the 'Quantity' section by stating the total quantity of the prescription in numeric and alpha forms.

Under extraordinary circumstances, if the patient has severe restrictions in mobility and if the prescribing physician has provided written authorization on the prescription by signing the declaration, pharmacists may provide home delivery of Methadone Maintenance Treatment (MMT). This practice is the exception to the rule and not normal practice. Refer to *Professional Practice Policy (PPP-71) – Delivery of Methadone Maintenance Treatment.*

Middle Section of Form:

The prescriber must complete the 'Directions for Use' section as follows:

Note:

"DWI except when pharmacy closed" is not an acceptable prescription instruction.

- State the daily dose:
  - the daily dose multiplied by the number of days must equal the total quantity indicated on the prescription, if there is a discrepancy the pharmacist should seek clarification from the prescriber
- Indicate the 'start day' and 'last day':
  - if no 'start day' is indicated, the 'prescribing date' becomes the 'start day'
  - should the 'start day' overlap with, or leave gaps from, an existing prescription the pharmacist should seek clarification from the prescribe
- Indicate any special instructions:
  - may be used to provide special instructions to the pharmacist for example split doses, or special situations for carries.

- Indicate either DWI or CARRIES, if carries are indicated the prescriber must indicate both in numeric and alpha the required number of days per week of witnessed ingestion:
  - if neither of these options are circled the pharmacist is to assume that all doses are DWI
  - if CARRIES has been circled but the specific witnessed ingestion days (ex; Monday and Thursday) have not been noted by the prescriber the pharmacist can determine the days in consultation with the patient. However, the first dose of the prescription and the dose before any carries must be witnessed ingestion. Additionally, the witnessed ingestion doses must be spread evenly throughout the week
  - if CARRIES has been circled but the number of days per week of witnessed ingestion has been left blank the pharmacist must seek clarification from the prescriber
- Authorize the prescription by signing their name in the 'prescriber's signature' box

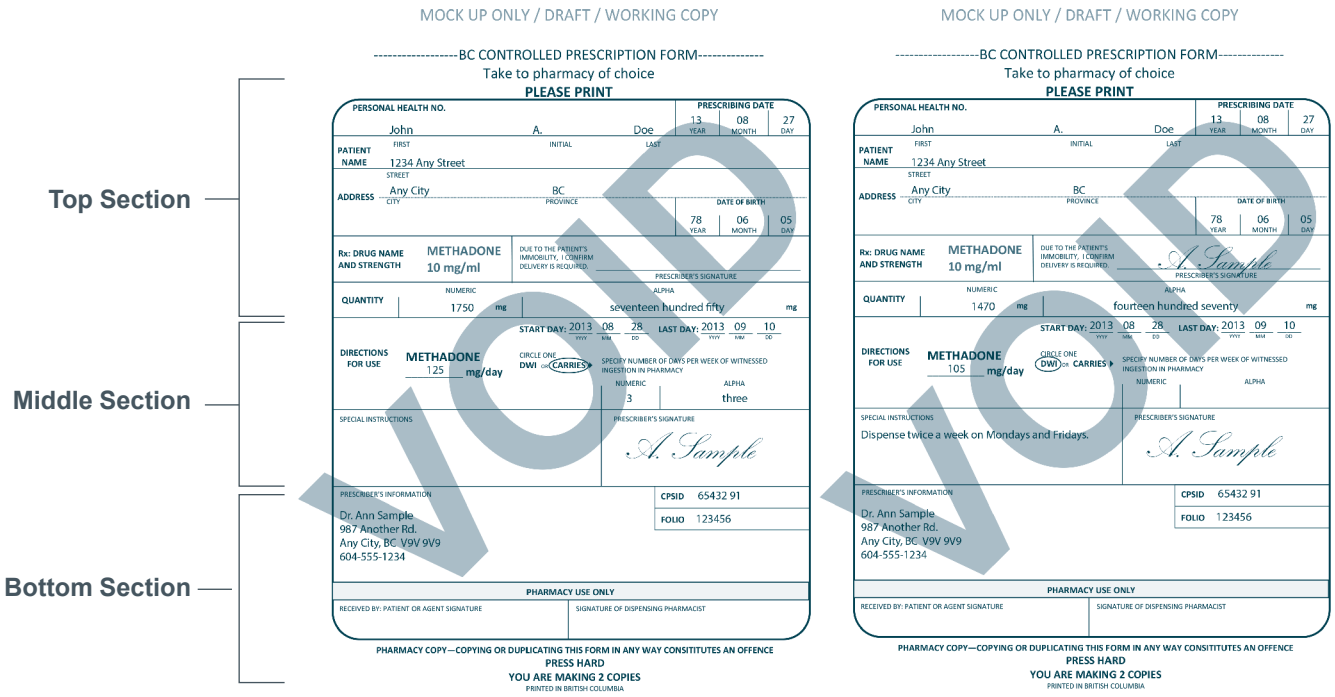
Bottom Section of Form:

As a minimum the prescriber's name, College ID number and prescription folio number will be pre-printed on the form. If the prescribers address is not pre-printed it must be completed by the pharmacist prior to dispensing the prescription. Both the patient and the pharmacist must sign the prescription in the appropriate box.

Note:

A patient's representative signature is only acceptable with prior written authorization from the prescriber.

Figure 1: Methadone Maintenance Controlled Prescription Form



Emergency Fax Methadone Maintenance Controlled Prescription Form Documentation

This form is for the use only in the event of an emergency that requires a faxed Methadone Maintenance Controlled Prescription form which has been initiated following direct consultation between the patient's pharmacist and prescriber.

It is understood that the pharmacist must obtain written documentation from the prescriber prior to dispensing any medication and as such is requesting that the prescriber complete this form and fax back to the pharmacy along with a fax of the Methadone Maintenance Controlled Prescription form as soon as possible.

Prescriber: _____ Patient Name: _____

Pharmacy: _____ Fax Number: _____

Pharmacist: _____ Date: _____

As the prescriber, I request that the above-named pharmacy accept a faxed transmission of the Methadone Maintenance Controlled Prescription form for the above-named patient. I understand that the Methadone Maintenance Controlled Prescription form must be faxed to and received by the pharmacy prior to the pharmacy dispensing methadone. I guarantee that the original Methadone Maintenance Controlled Prescription form will be sent to the pharmacy by the next business day.

Brief description of the emergency situation:

_____

_____

_____

Prescriber's Name: _____

CPSID: _____

Prescriber's Signature: _____

Signature Date: _____

Affix Methadone Maintenance Controlled Prescription form here

Methadone Maintenance Treatment Expectation Form

As your pharmacists, we believe in the principles of the methadone maintenance treatment program, and the valuable role it can play in improving people's lives and their health. We are committed to being an active member of your healthcare team and understand that the success of the program is dependent on ongoing collaboration and communication between yourself, ourselves and your prescriber.

To help you succeed in the program it is important that we both clearly understand the commitment and expectations of each other.

As your pharmacists, you can expect that we will:

- Treat you professionally and respectfully at all times.
- Make ourselves available to discuss any questions or concerns that you may have regarding the program.
- Provide methadone to you exactly as your prescriber has prescribed it and will ensure that they are made aware of any of the following:
    - Missed dose(s) for any reason (ie; failure to pick up, vomited, lost or stolen)
    - Less than full dose consumed (ie; tolerance, self-initiated tapering)
    - Presenting at the pharmacy while intoxicated
    - Prescribing of contraindicated medications (ie; mood-altering drugs)
- Not dispense your methadone (unless directed by your prescriber) to anyone other than you.
- Respect your choice (unless directed by your prescriber) of the pharmacy you wish to have dispense your medication.

As our patient, we can expect that you will:

- Treat all pharmacy staff and other patients respectfully at all times.
- Do your utmost to adhere to the methadone maintenance treatment program as prescribed to you.
- Discuss any concerns you may have regarding your methadone maintenance treatment with us or your prescriber prior to making any adjustments to treatment independently.
- Ensure that any take-home doses of methadone are stored safely and securely.
- Respect the pharmacy's greater community by refraining from loitering or littering.

Appendix
6

Pharmacist – Prescriber Communication

Date: _____ Patient Name: _____

To (Prescriber): _____ Patient PHN: _____

Fax: _____ Prescription Form Folio Number: _____

From (Pharmacy): _____ Pharmacy Fax: _____

Pharmacist: _____ Pharmacy Telephone: _____

For Prescriber's Information and Patient Records

- ☐ This patient missed their methadone dose _____ (dates).
- ☐ This patient did not take their full daily dose _____ (date) and consumed only ____ mg of the ____ mg prescribed dose.

For Prescriber's Signature and Return of Form to Pharmacy

- ☐ We require clarity regarding the 'prescribing date' and/or 'start day' for the attached Methadone Maintenance Controlled Prescription form. Please indicate the actual 'prescribing date' (actual date the prescription was written) and dispensing 'start date' or range.

  Prescribing Date: _____

  Dispensing Start Date or Range: _____

- ☐ We require clarification and/or a change to the 'Directions for Use' section of the attached Methadone Maintenance Controlled Prescription form.

  Description of authorized changes: _____

  _____

  _____

  _____

  _____

  Prescriber's Name: _____

  CPSID: _____

  Prescriber's Signature: _____

  Signature Date: _____

Affix Methadone Maintenance Controlled Prescription form here

Drug Interactions – General Information

Methadone is extensively metabolized by cytochrome CYP3A4 in liver microsomes. Most drug interactions with methadone are associated with drugs that either induce or inhibit these enzymes.

The sequence of administration of the drugs is the key to evaluating the significance of the interaction. When a patient is stabilized on a drug that affects liver metabolism and methadone is introduced, the interaction may not be observed unless the first drug is discontinued. It is only if a patient is stabilized on methadone and an interacting drug is initiated or discontinued that an interaction may occur.

Drugs that may lower plasma levels (ie; increase the metabolism) of methadone include rifampin, barbiturates, phenytoin and carbamazepine. Drugs that may increase plasma levels (ie; decrease the metabolism) of methadone include ciprofloxacin and fluvoxamine.

Medications that might precipitate a withdrawal syndrome for patients on methadone must be avoided. These are mainly opioid antagonists such as pentazocine, butorphanol, nalbuphine, and naltrexone.

Pharmacists should not rely on PharmaNet to warn of a drug interactions for methadone. The use of PharmaNet is not intended as a substitute for professional judgment. Information on PharmaNet is not exhaustive and cannot be relied upon as complete. The absence of a warning about a drug or drug combination is not an indication that the drug or drug combination is safe, appropriate or effective in any given patient. Health care professionals should confirm information obtained from PharmaNet, and ensure no additional relevant information exists, before making patient care decisions.

Compounding Log

10 mg/ml Stock Solution

Preparation Date	Manufac-turer's Lot Number (Powder)	Manufac-turer's Expiry Date (Powder)	Quantity Used (Powder)	Quantity Prepared (Solution)	Use-By Date (Solution)	Batch Number (Assigned by pharmacy)	Preparer's ID (Initials)	Pharmacist's ID (Initials)

Appendix
9

Methadone Part-Fill Accountability Log

Patient Name: _____

Date Dispensed	Prescription or Transaction Number	Quantity			Delivery Address if Applicable	Pharmacist's Initials	Patient's Signature
		Witnessed	Take Home	Total			

Patient Name: _____

Date Dispensed	Prescription or Transaction Number	Quantity			Delivery Address if Applicable	Pharmacist's Initials	Patient's Signature
		Witnessed	Take Home	Total			

Methadone Information For Patients

What is methadone?

Methadone is a long-acting narcotic medication. Since the mid-1960s methadone has been used as an effective and legal substitute for heroin and other opiates. Methadone maintenance programs help opiate-dependent individuals stabilize their lives and reduce the harm associated with drug use.

How is methadone taken?

Methadone is prepared in a liquid. Doses are usually taken once a day as the effects of a single dose last for about one day. Your physician will write a prescription specifying your dose and how often you need to come to the pharmacy. Initially methadone is prescribed as a daily witnessed dose. As your treatment progresses you may be eligible for take-home doses.

How does methadone work?

Methadone is part of a long-term maintenance program for opiate or heroin dependent people. Drug cravings are reduced without producing a “high.” The goal is to find the dose that will prevent physical withdrawal. The right dose will decrease your drug cravings, and help you to reduce or eliminate heroin use.

How long do I have to stay on methadone?

You should stay on methadone for as long as you experience benefits. Everyone responds differently and methadone can safely be taken for years. If you decide you want to stop taking methadone, you should discuss this with your physician.

Does methadone have side effects?

Methadone is usually tolerated well once the dose is stabilized. Most people experience few, if any, side effects. Please let your pharmacist or physician know if any of these symptoms are bothering you:

- Sweating – This can be due to the methadone itself, or a dose that is too high or too low.
- Constipation – Increasing exercise, fluids and fiber in your diet may decrease this problem.
- Sexual difficulties – This can be either a reduction or an increase in desire.
- Sleepiness or drowsiness – This may be caused by too much methadone. If this occurs consult your doctor to have your dose adjusted. Do not drive a car or participate in activities that require you to be alert when you are drowsy.
- Weight change – An increase in body weight may be due to better health and an improved appetite.

Can methadone interact with other drugs?

Yes. Alcohol and drugs, including prescription, nonprescription, herbal and street drugs, may interfere with the action of methadone in your body. Discuss all medications you are taking with your pharmacist or physician.

Is methadone dangerous?

Methadone is safe to use when it is prescribed and monitored by a physician. It can be very dangerous if used inappropriately. Methadone should never be taken by anybody except the person for whom it is prescribed as overdose and death can occur if the person is not dependent on opiates. Children are especially at risk for overdose and death if they swallow methadone accidentally.

What is my responsibility?

Your responsibility is to drink your methadone dose every day. If you have carries, you must make sure that they are stored safely to prevent possible ingestion by anyone else. If you store your carries in the fridge ensure that they are not accessible. Methadone can be very dangerous if used inappropriately so you must not give or sell your dose to anyone.

Will methadone cure me?

The methadone maintenance program can help you to make positive lifestyle changes. The goal of treatment is to stabilize your body physically and to provide an environment that supports you.

Recommended Reading

Methadone Maintenance Treatment

Provides a general overview of methadone maintenance treatment programs and describes the impact of opioid dependence, methadone pharmacology and benefits. This 16-page document is available at:

http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/methadone-treatment-traitement/index_e.html

Literature Review – Methadone Maintenance Treatment

Examines the forty years of accumulated research knowledge and treatment literature about methadone maintenance and reviews the evidence of effectiveness, including cost-effectiveness, the factors that define successful programs, and the program policies associated with the highest success rates. This 86-page document is available at:

http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/methadone/index_e.html

Best Practices – Methadone Maintenance Treatment

Provides information on evidence-based best practices in methadone maintenance treatment. It also includes "Insight from the Field" which summarizes comments from experts in the area of methadone maintenance treatment. This 94-page document is available at:

http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/methadone-bp-mp/index_e.html

Methadone for Pain Guidelines

http://www.cpso.on.ca/uploadedFiles/policies/guidelines/methadone/Methadone_or_PainGUIDE.pdf

Contact Information

Alberta Health Services Opioid Dependency Program

W: www.albertahealthservices.ca
T: 780-422-1302
F: 780-427-0777

All patients planning to transfer to Alberta should contact the Opioid Dependency Program.

Alcohol & Drug Information and Referral Service

T: 604-660-9382 (24/7)

British Columbia Pharmacy Association

W: www.bcpharmacy.ca
T: 604-261-2092 or 800-663-2840
F: 604-261-2097
E: info@bcpharmacy.ca

British Columbia Centre on Substance Use (BCCSU)

W: www.bccsu.ca
T: 604-806-9142
F: 604-806-9044
E: bccsu@cfenet.ubc.ca

Med Effect Canada (report adverse drug reactions)

Canada Vigilance Regional Office
W: www.healthcanada.gc.ca/medeffect
T: 866-234-2345
F: 866-678-6789
E: CanadaVigilance_BC@hc-sc.gc.ca

College of Pharmacists of British Columbia

W: www.bcpharmacists.org
T: 604-733-2440 or 800-663-1940
F: 604-733-2493 or
E: practicesupport@bcpharmacists.org

College of Physicians and Surgeons of British Columbia

W: www.cpsbc.ca
T: 604-733-7758 or 800-461-3008
F: 604-733-1267

Office of Controlled Substances

T: 613-946-5139 or 866-358-0453 (methadone)
T: 613-954-1541 (thefts or losses)
T: 613-952-2177 (general)
F: 613-957-0110 (thefts or losses)
E: OCS-BSC@hc-sc.gc.ca

Health Protection Branch

Drug diversion of narcotics and controlled drugs

T: 604-666-3350

Non-Insured Health Benefits Program

ESI Canada

W: www.provider.esicanada.ca
W: www.healthcanada.gc.ca/nihb
T: 888-511-4666 (provider claims processing centre)

PharmaCare Help Desk (includes PharmaNet)

www.healthservices.gov.bc.ca/pharme/newsletter/index.html (newsletter)

For Pharmacists

T: 604-682-7120 Lower Mainland
T: 800-554-0250 Elsewhere

For the Public

T: 604-683-7151 Lower Mainland
T: 800-663-7100 Elsewhere

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College of Pharmacists
of British Columbia

Professional Practice Policy #66

Policy Guide

Methadone Maintenance Treatment (2013)

Forward

Opioid dependence is a health concern with implications for the individual patient as well as the public. Methadone maintenance treatment is recognized internationally as among the most effective treatments for opioid use disorder (OUD). Addiction treatment experts recommend that methadone treatment for OUD be delivered with a maintenance-oriented, rather than abstinence-oriented, philosophy. This approach acknowledges OUD as a chronic disease.

Many studies, conducted over several decades in different countries, have clearly demonstrated that the effective delivery of methadone maintenance treatment reduces non-medical opioid use, other problematic substance use, criminal activity, mortality, injection-related risks and transmission of blood-borne disease. Additional positive results are improvement in physical and mental health, social functioning, quality of living and pregnancy outcomes.

Methadone, a long-acting, orally effective opioid, is used as a substitute for heroin or other narcotics when treating opioid dependence. Methadone eliminates withdrawal from and reduces cravings for, opioids. Methadone does not produce euphoria, and it blocks the euphoric effects of other opioids. When used in the treatment of opioid dependence, a single oral dose of methadone is effective for at least 24 hours. Eventual withdrawal from methadone is not necessarily the goal of the program, although some individuals may work with their physician and pharmacist to decrease their dose and eventually stop using methadone.

Methadone prescribing is controlled by both federal and provincial legislation, as well as administrative procedures and guidelines.

Registered pharmacists are permitted to purchase and dispense methadone without federal exemption. However, the College of Pharmacists of BC (CPBC) *Professional Practice Policy (PPP-66) – Opioid Agonist Treatment* requires that the pharmacy manager and all staff pharmacists employed in a community pharmacy that provides services related to methadone maintenance treatment complete the *CPBC Methadone Maintenance* Treatment (MMT) or the British Columbia Pharmacy Association's (BCPhA) *Opioid Agonist Treatment Compliance and Management Program for Pharmacy* (OAT-CAMPP) training program, and any subsequent updates. You must log into eServices to complete the "*Declaration of Completion and Understanding*" prior to providing methadone maintenance treatment services.

How to Use This Guide

This Policy Guide (the Guide) is a companion to *Professional Practice Policy (PPP-66) –Opioid Agonist Treatment* (Appendix 1). The intention of the *Guide* is to provide pharmacists with further detail and clarity (including practical examples) to assist in the implementation of the policy into practice to ensure consistency in the safe and effective delivery of methadone maintenance treatment services.

As always the expectation is that pharmacists will practice in compliance with their legislative requirements, including the principles outlined in this *Guide*. It is understood however that pharmacy practice is not always 'black and white' and when navigating the 'grey' pharmacists must use sound professional judgment, ensuring that their decisions are made in the best interest of the patient and with appropriate collaboration, notification and most importantly, documentation.

The *Guide* is to be read in conjunction with completion of the mandatory training session. Information regarding the mandatory sessions can be found on the CPBC website at **www. bcpharmacists.org.**

Note:
This document is not intended to cover all possible practice scenarios.

Declaration

After completing the mandatory training program, and subsequently reading this *Guide*, pharmacists must log into eServices to complete the '*Declaration of Completion and Understanding*'.

Acknowledgement

The development of this *Guide* involved a collaborative and consultative process with input and feedback gathered from a volunteer group of dedicated community pharmacists currently engaged, in varying capacities, in the delivery of methadone maintenance treatment services.

The group was comprised of both frontline pharmacists and pharmacy managers and represented a cross-section of practice types (independent to large chain retailers) and practice settings including pharmacies located in Vancouver's Downtown Eastside whose primary focus is on the provision of methadone maintenance treatment.

Feedback was also solicited from other stakeholder groups including; the Ministry of Health Services, the College of Physicians and Surgeons of BC, the BCPhA, the City of Vancouver, patient advocacy groups Vancouver Area Network of Drug Users (VANDU), and the BC Association for People on Methadone (BCAPOM).
The College of Pharmacists of BC would like to sincerely thank each of these individuals and organizations for their invaluable feedback in the creation of this significant resource for pharmacists.

Feedback

Questions and comments about this *Guide* are welcome and can be sent to:
College of Pharmacists of British Columbia Telephone: 604-733-2440 or 800-663-1940

200 – 1765 West 8th Avenue Facsimile: 604-733-2493 or 800-377-8129
Vancouver, BC V6J 5C6 E-mail: practicesupport@bcpharmacists.org
Web site: www.bcpharmacists.org

Methadone Maintenance Treatment Policy Guide

In accordance with *Professional Practice Policy (PPP-66) – Opioid Agonist Treatment* (Appendix 1), all pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to methadone maintenance treatment must know and apply the principles and guidelines outlined here in the CPBC *Methadone Maintenance Treatment Policy Guide (2013)* and all subsequent revisions. The responsibility of pharmacy technicians in the dispensing of MMT is consistent with their scope of practice outlined in the *Health Professions Act* (HPA) Bylaws Schedule F Part 1 section 4.

1.0 Administration

1.1 Pharmacy Operating Hours

Principle 1.1.1 Patients must attend the pharmacy unless exceptional circumstances are provided for under *Professional Practice Policy (PPP-71) – Delivery of Methadone Maintenance Treatment*. The pharmacy hours of service must be consistent with the supervised dosing requirements of your patient.

Guideline: When a pharmacy accepts a patient who requires daily witness ingestion (i.e., 7 days per week) the pharmacy hours of service must accommodate this dosing requirement. A pharmacist does not have the independent authority to adapt a prescription for methadone maintenance treatment from 'daily witness' to a 'take-home' dose.

1.2 Privacy and Confidentiality – Premise

Principle 1.2.1 All pharmacies offering methadone maintenance treatment must be in compliance with all relevant legislation pertaining to the structure of the licensed premise with particular attention given to ensuring there is sufficient space to accommodate patients waiting for witnessed ingestion and/or take home methadone doses while simultaneously maintaining privacy for pharmacist-patient consultation.

Guideline: It may be appropriate to establish a staggered schedule for regular patients requiring witnessed ingestion to ensure that there is

adequate space within the pharmacy to accommodate patients who are waiting and ensure privacy of pharmacist-patient consultation.

1.3 Security – Premise

Principle 1.3.1 All pharmacies offering methadone maintenance treatment must ensure that their pharmacy is in compliance with all relevant legislation pertaining to pharmacy security requirements including those outlined in *Professional Practice Policy (PPP-74) – Community Pharmacy Security*.

2.0 Receiving Methadone Prescriptions

2.1 Methadone Maintenance Controlled Prescription Forms – Overview

Principle 2.1.1 Methadone maintenance prescriptions can only be accepted when written using an original Methadone Maintenance Controlled Prescription form.

Guideline: When accepting a methadone maintenance prescription a pharmacist must ensure that the Methadone Maintenance Controlled Prescription form is completed by the prescriber as outlined in the *Methadone Maintenance Controlled Prescription Form Guidelines* (Appendix 3).

Principle 2.1.2 The pharmacist must ensure that the patient, as well as themselves, sign the form, in the space indicated on the bottom of the form.

Principle 2.1.3 Faxed Methadone Maintenance Controlled Prescription forms are not acceptable unless under extenuating circumstances where the prescriber has determined, following consultation with the pharmacist, that the urgency of the situation warrants it.

Guideline: In such cases the pharmacy, prior to dispensing the medication, must receive, in addition to a fax of the Methadone Maintenance Controlled

Prescription form, written confirmation (fax acceptable) signed by the prescriber that briefly describes the emergency situation and guarantees the delivery of the original Methadone Maintenance Controlled Prescription form to the pharmacy the next business day or as soon as possible when the prescriber is not available.

The faxed Methadone Maintenance Controlled Prescription form and related documentation, as described in Appendix 4, must be attached to the original Methadone Maintenance Controlled Prescription form once received.

Note: The *Emergency Fax Controlled Prescription Program Form Documentation* (Appendix 4) can be used for this purpose.

Principle 2.1.4 In an effort to maximize the effectiveness of the methadone maintenance treatment program, the pharmacist may find it beneficial to engage in a specific dialogue with the patient, either when they initiate treatment or at various times throughout treatment, that clearly outlines the expectations of both the patient and the pharmacist.

Guideline: The *Methadone Maintenance Treatment Expectation Form* (Appendix 5) can be used for this purpose.

Principle 2.1.5 In the rare circumstance (disruptive or threatening behavior or verbal or physical abuse) where a pharmacist finds that they must terminate the pharmacist-patient relationship, reasonable notice must be provided to the patient to ensure their continuity of care.

Guideline: It is important to remember that the decision to terminate a pharmacist-patient relationship is a serious one and must be made with due consideration and based on appropriate rationale. It is unethical for a pharmacist to terminate the pharmacist-patient relationship or refuse to treat a patient on morally irrelevant grounds. The pharmacist's decision should be documented and retained in the patient record.

2.2 Methadone Maintenance Controlled Prescription Forms – Alterations

Principle 2.2.1 Alterations to the Methadone Maintenance Controlled Prescription form are the exception to the rule and should not be normal practice as they increase the likelihood of errors and drug diversion and put the public at risk. In the rare circumstance when an alteration is necessary to ensure the continuity of care pharmacists must always use due diligence to ensure authenticity and accuracy of the prescription.

Guideline:
Alterations completed at the prescriber's office: Alterations are only permitted on the sections of the form that the prescriber completes provided that the prescriber has initialed the alteration. Alterations are not permitted to the pre-printed sections of the form.

Alterations completed at the pharmacy: Pharmacists do not have independent authority to make any alterations or changes to a Methadone Maintenance Controlled Prescription form. Any required or requested change(s) must be patient-specific and authorized by the patient's prescriber through direct consultation with the pharmacist. Any prescriber-authorized changes must be confirmed in writing, signed by the prescriber, received by the pharmacy (fax is acceptable) prior to dispensing the medication whenever possible and attached and filed with the original prescription.

Note: The *Pharmacist-Prescriber Communication Form* (Appendix 4) can be used for this purpose.

2.3 Out-of-Province Prescriptions

Principle 2.3.1 Pharmacists are permitted to dispense methadone prescriptions from prescribers in provinces other than BC.

Guideline: If there are any doubts regarding the authenticity of the out-of-province prescription, the pharmacist must contact the out-of-province prescriber to confirm the legitimacy of the prescription. When satisfied that the prescription is authentic, the pharmacist can dispense and process the

prescription in the same manner as other prescriptions from out-of-province prescribers.

Note: It's important to realize that not all provinces are required to use Controlled Prescription Program forms.

3.0 Processing (Dispensing) Methadone Prescriptions

3.1 Accepting a Prescription

Principle 3.1.1 Methadone for maintenance must be dispensed to patients in a concentration of 10 mg/ ml.

Guideline: Only commercially available 10 mg/ml oral preparations are permitted for use.

Principle 3.1.2 Positive identification is required for all patients presenting a prescription for the first time, and reasonable steps to positively identify the patient must be taken prior to dispensing any subsequent prescriptions.

Guideline: The CPBC *Professional Practice Policy (PPP-54) – Identifying Patients for PharmaNet Purposes* requires the pharmacist to view one piece of "primary identification" or two pieces of "secondary identification" as verification of a positive identification. If a patient cannot provide the required identification, the prescriber may be contacted to assist with verifying the patient's identity.

Principle 3.1.3 Pharmacists and pharmacy technicians must review the prescription to ensure that it is completed by the prescriber as outlined in the *Methadone Maintenance Controlled Prescription Form Guidelines* (Appendix 3) and that the directions for use appropriately meet the specific needs of the patient and can be accommodated by the pharmacy.

Guideline: Each prescription must be reviewed in detail in consultation with, and consideration given to the specific needs of, the patient. The following list is a sample only:

- Evaluate the end date of the prescription to ensure that the authorization for dispensing does not end on a weekend when the patient will not be able to see a prescriber for a new prescription.
- Review the prescription directions to determine the dosing schedule (daily witnessed ingestion, divided dose, take-home doses), including the specific days of the week for each witnessed dose or take-home doses, to confirm that the pharmacy operating hours match the dosing schedule.
- Confirm that stamped or preprinted sticker directions do not conflict with written directions.

Any ambiguous or conflicting information identified must be clarified with the prescriber. Should an alteration or change to the prescription be required, it must be done in compliance with the Principles and Guidelines outlined in section 2.2.

3.2 Assessment of a Prescription

Principle 3.2.1 Pharmacists and pharmacy technicians must correctly identify the product as prescribed 'for pain' or 'for opioid use disorder' by using the appropriate Drug Identification Number (DIN) or Product Identification Number (PIN) to ensure patient safety and accurate PharmaNet patient records.

Principle 3.2.2 As with all medications a pharmacist **must** review each individual PharmaNet patient record, as stated in *HPA Bylaws* (Schedule F Part 1), and resolve any drug-related problems prior to dispensing any methadone prescription. This step is particularly critical for methadone prescriptions as the automated drug usage evaluation (DUE) built into the PharmaNet system does not include methadone. Pharmacists providing methadone maintenance treatment must therefore ensure they maintain their knowledge with respect to potential drug interactions related to methadone. General information in this regard can be found in Appendix 7.

Guideline: A PharmaNet patient record review must be completed for all prescriptions, including those patients obtaining their prescription on a daily basis or those long-term patients whom the pharmacist may know well.

Principle 3.2.3 Mood altering drugs, including benzodiazepines and narcotics, are not generally prescribed to patients on the methadone maintenance program. Should a patient present a prescription for a mood altering drug or if the pharmacist discovers that a mood altering drug is also being prescribed to the patient in their review of the PharmaNet patient record, they must contact both the prescriber of methadone and, if different, the prescriber of the mood altering drug, prior to dispensing the medication. The purpose of the consultation is to ensure the prescriber(s) are aware that the patient is currently on the methadone maintenance program.

Guideline: The pharmacist should document the outcome of the consultation(s) with the prescriber(s) and attach it to the original prescription.

Principle 3.2.4 The 'sig field' on the prescription label must include the start and end dates of the original current prescription.

Principle 3.2.5 As required by *HPA Bylaws* Schedule F Part 1 the 'dispensing date' on the prescription label must accurately reflect the actual date dispensed on the PharmaNet system.

3.3 Preparing Methadone Prescriptions

Principle 3.3.1 Methadone doses must be accurately measured in a calibrated device that minimizes the error rate to no greater than 0.1 ml.

Guideline: All devices used to measure the methadone 10 mg/ml solutions should be distinctive and recognizable and must be used only to measure methadone solutions. Devices must be labeled with a 'methadone only' label and a 'poison' auxiliary label with the international symbol of the skull and cross bones.

Principle 3.3.2 Reconciliation procedures must be conducted in accordance with *Professional Practice Policy (PPP-65) – Narcotic Counts and Reconciliations*.

Guideline: As per *PPP-65,* the pharmacy manager must ensure that narcotic counts and reconciliations, which include methadone, are completed:

- At a minimum of every 3 months,
- After a change of manager, and
- After a break-in or robbery.

Reconciliation means the quantity of methadone on hand must equal the quantity received minus the quantity dispensed over a specific period of time.

3.4 Loss or Theft and Disposal of Methadone

Principle 3.4.1 The *Narcotic Control Regulations* require that pharmacists report the loss or theft of controlled drugs and substances to the Office of Controlled Substances, Health Canada within 10 days of the discovery of the loss or theft. In the event of a loss or theft the pharmacy should also notify the CPBC as soon as possible.

Guideline: The form for reporting loss or theft of narcotics can be found on the CPBC website www.bcpharmcists.org under *Resources.*

Principle 3.4.2 Methadone, like any other narcotic or controlled drug, can only be disposed of with authorization from Health Canada and after being rendered unusable.

Guideline: To receive authorization to dispose of methadone the pharmacist must submit a written *Authorization to Destroy for Expired Narcotic and Controlled Drugs* to the Office of Controlled Substances, Health Canada.

An acceptable method of rendering methadone unusable is to place the product in a leak-proof container or plastic bag and add kitty litter until the mixture is almost solid.

Once the required authorization is received from Health Canada the pharmacist must record the amount of product to be disposed of, having a

second healthcare professional sign for the disposal, and place the now rendered unusable product in the pharmacy's medication return container.

3.5 Methadone in Tablet Form for Air Travel

Principle 3.5.1 Hand luggage restrictions governing the transportation of fluids in air travel may be problematic for patients and in certain circumstances may necessitate the prescription of methadone in tablet form. Only commercially available methadone in tablet form may be dispensed. Pharmacists need to be aware that the prescription of methadone in tablet form may result in increased risk for both patients and the public. **Note**: Dispensing of methadone powder by way of sachet, capsule, or other format is never acceptable due to the increased potential for diversion and misuse.

Guideline: Long-term methadone maintenance treatment clearly limits patients' ability to travel because of the need for regular follow-up as well as the restrictions associated with the dispensing of methadone. If patients receiving MMT wish to travel for a period of time that exceeds their regular carry period, the usual standard of care should not be compromised, particularly if the patient is not stable and still requires daily supervised ingestion.

Patients are significantly limited in their ability to transport methadone across international borders but it is possible to arrange for methadone dispensing in some jurisdictions. The CPSBC advises physicians to research each case to ensure decisions do not compromise patient safety. In some cases, patients may require documentation for the purpose of crossing international borders or to assist in accessing temporary care from a methadone program at their destination. The physician is responsible to provide the required travel documentation.

4.0 Releasing Methadone Prescriptions

4.1 Releasing a Prescription

Principle 4.1.1 A pharmacist must be present and witness the release of a methadone prescription to a patient. This function cannot be delegated to a pharmacy technician or any other pharmacy support staff.

Principle 4.1.2 Prior to releasing a methadone prescription the pharmacist must assess the competence of the patient (i.e. ensure that the patient is not currently intoxicated or otherwise mentally impaired) to ensure that it is safe to release the medication to them.

Guideline: Pharmacists must assess patients for symptoms such as slurred speech, ataxia, drowsiness, alcohol smell or unusual behaviour. It is important for the pharmacist to be familiar with each patient's 'normal' behaviour in order to be able to detect significant deviations from normal.

If the pharmacist believes that it is not safe for the patient to receive their prescription they must consult with the prescriber and document the outcome of the dialogue and attach it to the original prescription.

Principle 4.1.3 Prior to releasing a methadone prescription the patient and pharmacist must acknowledge receipt by signing a patient/prescription-specific log (the sample *Methadone Part-Fill Accountability Log* (Appendix 9) can be used for this purpose).

Guideline: Every part-fill dispensed must be accounted for. The pharmacist must be able to review every part-fill dispensed as a complete history on one document.

The pharmacist releasing and the patient receiving the part-fill of the prescription must sign for each witnessed ingestion dose and each take-home dose. **Neither the pharmacist nor the patient is permitted to pre-sign for future doses or backdate signing.**

The patient/prescription specific log (the sample *Methadone Part-Fill Accountability Log* (Appendix 9) can be used for this purpose) must be attached to the original Controlled Prescription Program form and once complete filed sequentially by the first prescription or transaction number assigned to the prescription.

Principle 4.1.4 As with all prescriptions, prior to releasing a methadone prescription, the pharmacist must counsel the patient on the risks (including common side effects) and benefits of taking their medication as per *HPA Bylaws* Schedule F Part 1 section 12.

Guideline: The most common adverse reactions with methadone include; sweating, constipation, sexual dysfunction, change in menstruation, drowsiness, sleep disturbances, muscle and bone aches, weight changes (usually gain), skin rash, gastrointestinal upset, headaches and edema. Patients will benefit from information about the non-drug approaches, non-prescription products and prescription items that can provide relief from these side effects.

Principle 4.1.5 With respect to witnessed ingestion doses, the pharmacist must directly observe the patient ingesting the medication and be assured that the entire dose has been swallowed.

Guideline: Given the concentrated solution of 10mg/ml, it may be helpful to provide a glass of water to the patient to enable rinsing out of the dispensing container to ensure full dose administration.

Immediately following observing the patient's ingestion of the medication the pharmacist should engage the patient in a short conversation to ensure that the entire dose has been swallowed.

Principle 4.1.6 With respect to take-home doses the first dose (whether it is stated on the prescription or not) must be a witnessed ingestion with all subsequent take-home doses dispensed in child-resistant containers with an explicit warning label indicating that the amount of drug in the container could cause serious harm or toxicity if taken by someone other than the patient.

Guideline: Each dose must be dispensed in an individual, appropriately sized, child-resistant container.

Each container must be individually labeled.

If a pharmacist determines that due to a specific patient circumstance a non-child-resistant container will be used for take-home doses it must be documented on the patient record.

Patients should be reminded that methadone should be stored out of the reach of children, preferably in a locked cupboard or small lock box if stored in the refrigerator.

Note: The decision to authorize take-home doses can only be made by the prescriber. However, should a pharmacist believe that a patient is or is not ready to manage take-home doses they should discuss their recommendations or concerns with the prescriber.

Principle 4.1.7 In extraordinary situations, when a patient cannot attend the pharmacy, the patient's representative may pick up and sign for their authorized take-home dose(s) if confirmed in writing by the prescriber.

Guideline: This authorization must be date specific, and the representative and circumstances must be clearly defined. The written and signed authorization from the prescriber (fax acceptable) must be attached to the original Methadone Maintenance Controlled Prescription form.

Note: Patient representative is defined in *HPA Bylaws*.

Principle 4.1.8 Delivery of methadone is **prohibited** under federal legislation except as provided for in extraordinary circumstances according to *Professional Practice Policy (PPP-71) – Delivery of Methadone Maintenance Treatment.*

Guideline: The pharmacist must read and understand *Professional Practice Policy (PPP- 71) – Delivery of Methadone Maintenance Treatment*.

5.0 Responding to Methadone Dosing Issues

5.1 Divided (Split) Doses

Principle 5.1.1 Only the prescriber, by stating this on the original Methadone Maintenance Controlled Prescription form, can authorize a divided (split) dose of a prescription. Unless otherwise specified by the prescriber, the first portion of the daily dose must be by witnessed ingestion.

Guideline: The decision to authorize a divided dose can only be made by the prescriber, however, should a pharmacist believe that a patient would benefit from this they should discuss this option with the prescriber.

5.2 Missed Doses

Principle 5.2.1 Any methadone prescription that has been processed and prepared but is not consumed or picked up by the patient on the prescribed day is considered cancelled and must be reversed on PharmaNet before the end of the business day.

Guideline: It is imperative that the PharmaNet patient record reflects accurate and current information in terms of consumed and picked-up methadone doses as other healthcare practitioners rely on this information in making treatment decisions.

Principle 5.2.2 If a patient misses a dose, they cannot receive the missed dose at a later date.

Principle 5.2.3 The pharmacist must notify the prescriber of any missed doses (unless a specified number of missed doses has been indicated by the prescriber) before the next scheduled release of medication.

Guideline: The notification document must be retained and filed with the prescription consistent with filing retention requirements. The *Pharmacist-Prescriber Communication Form* (Appendix 6) can be used for this purpose.

5.3 Partial Consumption of Doses

Principle 5.3.1 If a patient refuses to consume their full dose, the pharmacist must not insist that they ingest the total amount. The unconsumed portion however cannot be given as a take-home dose.

Guideline: The patient's partial consumption of a dose and their reason(s) for it must be documented and reported to the prescriber. *The Pharmacist-Prescriber Communication Form* (Appendix 6) can be used for this purpose.

All patient documentation including the *Methadone Part-Fill Accountability Log* (Appendix 9) and PharmaNet record must accurately reflect the actual dose consumed by the patient.

5.4 Vomited Doses

Principle 5.4.1 If a patient reports that they vomited their dose, a replacement dose cannot be provided without authorization from the patient's prescriber.

Guideline: The pharmacist must contact the prescriber and provide them with information about the incident (time the dose was taken, time of vomiting, and other relevant points). Should the prescriber authorize a replacement dose, it must be confirmed in writing, signed by the prescriber, received by the pharmacy (fax is acceptable) prior to dispensing the medication and attached and filed with the original prescription.

5.5 Lost or Stolen Doses

Principle 5.5.1 If a patient reports that their take-home dose(s) have been lost, stolen or misplaced, a replacement dose(s) cannot be provided without authorization from the patient's prescriber.

Guideline: The pharmacist must contact the prescriber and discuss the situation with them. Should the prescriber determine that the situation warrants it they may authorize the acceptance of a new Methadone

Maintenance Controlled Prescription form by fax (refer to Principle 2.1.3) or the prescriber may advise the pharmacy that they must wait until the patient presents a new original Methadone Maintenance Controlled Prescription form.

5.6 Tapering

Principle 5.6.1 If a patient has decided to initiate a self-tapering regimen by decreasing their daily dose consumption, the pharmacist must record the dose consumed on the patient/ prescription specific log (refer to Principle 4.1.3), record the actual dose consumed on the patient's PharmaNet record and notify the prescriber.

Guideline: The *Pharmacist-Prescriber Communication Form* (Appendix 6) can be used for the purpose of notifying the prescriber.

5.7 Emergency Dosing

Principle 5.7.1 Emergency dosing is not recommended. If however a pharmacist feels in their professional judgement that an emergency dose is required to ensure continuity of patient treatment the pharmacist may provide an emergency dose. The pharmacist must counsel the patient to obtain a new prescription as soon as possible. This practice is the exception to the rule and not the normal practice, refer to *Professional Practice Policy (PPP-31) – Emergency Prescription Refills*.

Guideline: Pharmacists need to document, as per *PPP-31*, the attempt to reach the prescriber with information about the situation. The prolonged half-life of methadone ensures that a patient maintains a single dose for at least 36 hours. Although the patient may feel uncomfortable an emergency dose may not be necessary. Emergency doses may hinder treatment success and health outcomes. It is a patient's responsibility to make sure they have a valid prescription.

6.0 Continuity of Care

6.1 Transfer of Pharmacy

Principle 6.1.1 When a patient chooses to move from one pharmacy to another to receive their methadone prescription it is the responsibility of the new pharmacy to contact the previous pharmacy and prescriber (if applicable) to discuss the exact transfer date and any other pertinent concerns. The previous pharmacy must cooperate fully with the request from the new pharmacy.

Guideline: Communication between the previous and new pharmacy is critical to ensure the patient's continuity of care and to avoid duplicate or missed methadone doses. A review of the patient's PharmaNet patient record can be of assistance in determining the previous pharmacy and prescriber.

6.2 Hospitalization or Incarceration

Principle 6.2.1 When a patient is discharged or released to the community from a hospital or correctional facility it is the responsibility of the community pharmacist receiving the patient to verify the date and amount of the last dose administered.

Guideline: Effective communication sharing among those who provide the patient's methadone maintenance treatment (hospital or correctional facility and pharmacy) is essential to ensure the patient's continuity of care and to avoid duplicate or missed methadone doses.

6.3 Compounding in Exceptional Circumstances

Principle 6.3.1 The only situation that would constitute consideration of exceptional circumstances is when a commercially available 10 mg/ml oral preparation is not available.

Principle 6.3.2 Methadone for maintenance must be at the strength of 10 mg/ml to ensure minimization of errors.

Principle 6.3.3 A compounding log must be established to record when methadone solutions are prepared, how much was prepared, and who prepared the product. The *Compounding Log* (Appendix 8) can be used for this purpose.

Guideline: The compounding log must incorporate the following elements:

- Preparation date,
- Methadone powder and/or liquid concentrate manufacturer's lot number and expiry date,
- Methadone powder and/or liquid concentrate quantity used and quantity prepared,
- Batch number and use-by date assigned by the pharmacy, and
- Preparer's and pharmacist's identification.

A separate compounding log must be maintained for each strength of stock solution

Principle 6.3.4 All concentrated solution containers must be clearly labeled with the drug name, strength, use-by date and appropriate warning labels.

Guideline: If different concentrations are prepared for pain management, they must be easily identifiable with clear labeling. A best practice would be to use different styles of storage container for each concentration or use food grade dyes to differentiate between the different concentrations prepared.

In order to help ensure liquid methadone preparations remain stable for up to 30 days from the date of pharmacy dispensing and to minimize the growth of bacteria, mold and fungus the *American Association for the Treatment of Opioid Dependence* recommends that pharmacists should:

- Use distilled water for the dilution of methadone products,
- Use new, clean, light-resistant containers for dispensing,
- Refrigerate take-home containers as soon as possible and keep refrigerated until used.

Principle 6.3.5 Methadone for maintenance solutions must be made with full-strength Tang™ or similar full-strength beverage crystals with daily doses (witnessed ingestion or take-home). Plain water is never an acceptable vehicle for dispensing to patients in the methadone maintenance treatment program.

Guideline: The beverage crystals are full-strength when made according to the manufacturer's directions found on the product's packaging.

Dispensing as a standard volume (e.g., all doses dispensed as a volume of 100 mL) is not acceptable.

Appendix 1

CPBC Professional Practice Policy PPP-66 – Opioid Agonist Treatment

This policy provides guidance to registrants employed in a community pharmacy that provides pharmacy services related to opioid agonist treatment.

Policy statements:

Effective January 1, 2019:

1. All pharmacy managers, staff pharmacists, and relief pharmacists employed in a community pharmacy that provides pharmacy services related to buprenorphine/naloxone maintenance treatment, methadone maintenance treatment or slow release oral morphine maintenance treatment must:
    a. successfully complete the College of Pharmacists of BC (CPBC) Methadone Maintenance Treatment (MMT) training program (2013), or
    b. successfully complete the British Columbia Pharmacy Association (BCPhA) *Opioid Agonist Treatment Compliance and Management Program for Pharmacy* (OAT-CAMPP) training program, and
    c. record self-declaration of training completion in eServices.
2. All pharmacy technicians employed in a community pharmacy that provides pharmacy services related to buprenorphine/naloxone maintenance treatment, methadone maintenance treatment or slow release oral morphine maintenance treatment must:
    a. successfully complete the CPBC MMT training program (2013), or
    b. successfully complete the online component of the BCPhA OAT-CAMPP training program, and
    c. record self-declaration of training completion in eServices.
3. Pharmacy managers must:
    a. educate all non-pharmacist staff regarding their role in the provision of community pharmacy services related to opioid agonist treatment, and
    b. document the completion of the education of individual non-pharmacist staff members on a form signed and dated by the pharmacy manager and the non-pharmacist staff member, and retain the completed forms in the pharmacy's files.

Effective March 31, 2021:

The CPBC MMT training program (2013) will not be available beyond March 31, 2021. Registrants will no longer be able to fulfill the College's training requirements by completing that program, and must complete any applicable component(s) of the BCPhA OAT-CAMPP by

March 31, 2021. The above-noted Policy Statements 1a and 2a will be repealed and all other requirements will continue to be in effect.

During the period between January 1, 2019 and March 31, 2021, registrants employed in a community pharmacy that provides pharmacy services related to opioid agonist treatment are strongly encouraged to complete the OAT-CAMPP program as soon as practicable.

1. BUPRENORPHINE/NALOXONE POLICY STATEMENTS:

1. Buprenorphine/naloxone maintenance treatment must only be dispensed as an approved, commercially available formulation.
2. The CPBC *Buprenorphine/Naloxone Maintenance Treatment Policy Guide* (2018) is in force.
3. All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to buprenorphine/naloxone maintenance treatment must:
    a) know and apply the principles and guidelines outlined in the CPBC *Buprenorphine/Naloxone Maintenance Treatment Policy Guide (2018)* and all subsequent revisions,
    b) be familiar with the information included in the most recent version of the British Columbia Centre on Substance Use (BCCSU*) A Guideline for the Clinical Management of Opioid Use Disorder*, and
    c) be familiar with the information included in the product monographs of approved, commercially available formulations.

2. Methadone Maintenance Policy statements:

1. Methadone maintenance treatment (MMT) must only be dispensed as the commercially available 10mg/ml methadone oral preparation.
2. The CPBC *Methadone Maintenance Treatment Policy Guide (2013)* is in force.
3. All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to methadone maintenance treatment must:
    a) know and apply the principles and guidelines outlined in the CPBC *Methadone Maintenance Treatment Policy Guide (2013)* and all subsequent revisions,
    b) be familiar with the information included in the most recent version of the BCCSU *A Guideline for the Clinical Management of Opioid Use Disorder*, and
    c) be familiar with the information included in the commercially available 10mg/ml methadone oral preparation product monographs.

The Methadone Maintenance Policy Statements must be read in conjunction with *PPP-71 Delivery of Methadone Maintenance Treatment*.

Required References

In addition to the currently required pharmacy reference materials (*PPP-3*), pharmacies providing methadone maintenance treatment services must also maintain as required references the following:

- CPBC *Methadone Maintenance Treatment Policy Guide (2013)* and subsequent revisions.
- The most recent version of the BCCSU *A Guideline for the Clinical Management of Opioid Use Disorder.*
- The most current version of the Centre for Addiction and Mental Health *Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorders.*
- Product monographs for the commercially available 10mg/ml methadone oral preparations.

3. SLOW RELEASE ORAL MORPHINE POLICY STATEMENTS:

1. Slow release oral morphine maintenance treatment must only be dispensed in approved, commercially available strengths and formulations.
2. The CPBC *Slow Release Oral Morphine Maintenance Treatment Policy Guide (2018)* is in force.
3. All pharmacy managers, staff pharmacists, relief pharmacists and pharmacy technicians employed in a community pharmacy that provides pharmacy services related to slow release oral morphine maintenance treatment must:
    a) know and apply the principles and guidelines outlined in the CPBC *Slow Release Oral Morphine Maintenance Treatment Policy Guide (2018)* and all subsequent revisions,
    b) be familiar with the information included in the most recent version of the BCCSU *A Guideline for the Clinical Management of Opioid Use Disorder*, and
    c) be familiar with the information included in the product monographs of approved, commercially available strengths and formulations.

Appendix 2

CPBC Professional Practice Policy PPP-71 – Delivery of Methadone Maintenance Treatment

POLICY STATEMENT(S):

Under extraordinary circumstances, if the patient has restrictions in mobility and if the prescribing physician has provided written authorization on the prescription by signing the declaration, pharmacists may provide home delivery of methadone for maintenance. This practice is the exception to the rule and not normal practice.
Neither the pharmacy manager nor the staff pharmacist may authorize the provision of home delivery for methadone in the absence of the prescriber's authorization on the prescription.

Delivery Standards:

1. **Prescribing Physician Authorization of Home Delivery**
    a. Should the prescribing physician determine that, due to the patient's immobility, delivery is required; the physician may authorize delivery by signing the declaration on the Methadone Maintenance Program, Controlled Prescription Program form.
        i. If the pharmacist or pharmacy technician has concerns regarding the authenticity of the prescriber's signature they must contact the prescriber for verification.
        ii. Physicians will not authorize delivery unless patient safety is assured and restrictions in mobility have been identified.
        iii. Distance between patient home and pharmacy does not qualify as a restriction in mobility.

2. **Home Delivery Schedule and Location**
    If delivery is authorized as noted in section 1 above, the pharmacist must meet the following delivery requirements:
    a. The pharmacist must determine whether home delivery is feasible within the services and resources the pharmacy provides. If the pharmacy does not provide delivery service – it may be appropriate to refer the patient to a pharmacy that can provide the delivery.
    b. If the pharmacy is able to provide home delivery the pharmacist must work with the patient to make appropriate arrangements for delivery. Arrangements must include:
        i. Address for delivery - methadone may only be delivered to a patient's home with a valid street address; delivery to a public location is not permitted.
        ii. Time for delivery.
        iii. Procedure if patient not available at address to receive methadone delivery including communication of appropriate alternate arrangements for the patient to obtain their prescription.
        Note: ***It is not acceptable for the pharmacist to deliver the methadone to an alternate person or location or to leave the methadone unattended***.

3. **Secure Transportation and Storage**
    a. The dispensing pharmacist is responsible for securely transporting and appropriately storing methadone.
    b. Methadone must be transported directly from the dispensing pharmacy to the patient's home address; methadone may not be stored outside of the pharmacy under any circumstances.

4. Release of Methadone for Maintenance

The pharmacist must be present to:

a. Confirm the identity of the patient.
b. Assess the competence of the patient.
c. Witness the release and ingestion of methadone to the patient, this responsibility cannot be delegated to a pharmacy technician or any other pharmacy support staff.
d. Provide appropriate patient counseling.
e. If carries are provided, the pharmacist must always witness first dose of the take-home prescription; all subsequent doses must be dispensed in child-resistant containers with explicit warning label(s).

5. Documentation

The pharmacist must:

a. At the time of release of a methadone prescription the patient and pharmacist must acknowledge receipt by signing a patient/prescription-specific part-fill accountability log. Neither party may 'pre-sign' for future doses.
b. Document any and all home deliveries of methadone in the patient's record.
c. Log the home delivery with the address where the delivery was made on the methadone part-fill accountability log.
d. Document any appropriate follow-up plan in the patient's record.
e. File the methadone part-fill accountability log with original methadone prescription form.

BACKGROUND:

Legislation

Federal legislation does not support delivery of narcotics. The Controlled Drugs and Substances Act (CDSA) defines the transport or delivery of narcotics as trafficking, the Narcotic Control Regulations (NCR) limit the transport of narcotics to licensed dealers only.

Controlled Drugs and Substances Act
"Section 2 - Interpretation, Definitions[1]

"traffic" means, in respect of a substance included in any of Schedules I to IV,
(*a*) to sell, administer, give, transfer, ***transport***, send or ***deliver*** the substance"

Narcotic Control Regulations
"Section 2 - Interpretation, Definitions[2]

"licensed dealer" means the holder of a licence issued under section 9.2.

Dealers' Licenses and Licensed Dealers[3]

8. *(1) Subject to these Regulations, no person* ***except a licensed dealer*** *shall produce, make, assemble, import, export, sell, provide,* ***transport, send or deliver a narcotic****."*

Pharmacists are required to adhere to the CDSA and its regulations as well as the *Health Professions Act*, *Pharmacy Operations and Drug Scheduling Act* and their *Bylaws*. The College of Pharmacists and the College of Physicians and Surgeons recognize that there are extraordinary circumstances where due to temporary or permanent restrictions in mobility patients would require delivery of their methadone for maintenance to ensure best patient health outcomes and continuity of care.

1 http://laws-lois.justice.gc.ca/eng/acts/C-38.8/page-1.html#h-2
2 http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/page-1.html#docCont
3 http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/page-3.html#docCont

Appendix 3

Methadone for Maintenance Controlled Prescription Form Guidelines

Methadone prescriptions can only be accepted when written using an original Methadone Maintenance Controlled Prescription form. When accepting a Methadone Maintenance Controlled Prescription form a pharmacist must ensure that the form is completed by the prescriber as outlined in these guidelines.

Methadone Maintenance Controlled Prescription Form (Example; Figure 1):

These duplicate copy prescriptions are pre-printed with the following information; drug name and strength, prescriber's name, address (optional), College ID number and prescription folio number. These prescription forms are used only for prescribing methadone for maintenance.

Top Section of Form:

The prescriber must complete in full, the patient information including; personal health number (PHN), name, address and date of birth. The 'prescribing date' indicates the date that the prescriber saw the patient. The 'Drug Name and Strength' section is preprinted and the prescriber must complete the 'Quantity' section by stating the total quantity of the prescription in numeric and alpha forms.

Under extraordinary circumstances, if the patient has severe restrictions in mobility and if the prescribing physician has provided written authorization on the prescription by signing the declaration, pharmacists may provide home delivery of Methadone Maintenance Treatment (MMT). This practice is the exception to the rule and not normal practice. Refer to *Professional Practice Policy (PPP-71) – Delivery of Methadone Maintenance Treatment.*

Note: If no 'start day' is indicated in the 'Directions for Use' section of the form the 'prescribing date' becomes the 'start day'.

Middle Section of Form:

The prescriber must complete the 'Directions for Use' section as follows:

- State the daily dose:
    - the daily dose multiplied by the number of days must equal the total quantity indicated on the prescription, if there is a

discrepancy the pharmacist should seek clarification from the prescriber

- Indicate the 'start day' and 'last day':
    - if no 'start day' is indicated, the 'prescribing date' becomes the 'start day'
    - should the 'start day' overlap with, or leave gaps from, an existing prescription the pharmacist should seek clarification from the prescribe
- Indicate any special instructions:
    - may be used to provide special instructions to the pharmacist for example split doses, or special situations for carries.
- Indicate either DWI or CARRIES, if carries are indicated the prescriber must indicate both in numeric and alpha the required number of days per week of witnessed ingestion:
    - if neither of these options are circled the pharmacist is to assume that all doses are DWI
    - if CARRIES has been circled but the specific witnessed ingestion days (ex; Monday and Thursday) have not been noted by the prescriber the pharmacist can determine the days in consultation with the patient. However, the first dose of the prescription and the dose before any carries must be witnessed ingestion. Additionally, the witnessed ingestion doses must be spread evenly throughout the week
    - if CARRIES has been circled but the number of days per week of witnessed ingestion has been left blank the pharmacist must seek clarification from the prescriber

Note: "DWI except when pharmacy closed" is <u>not</u> an acceptable prescription instruction.

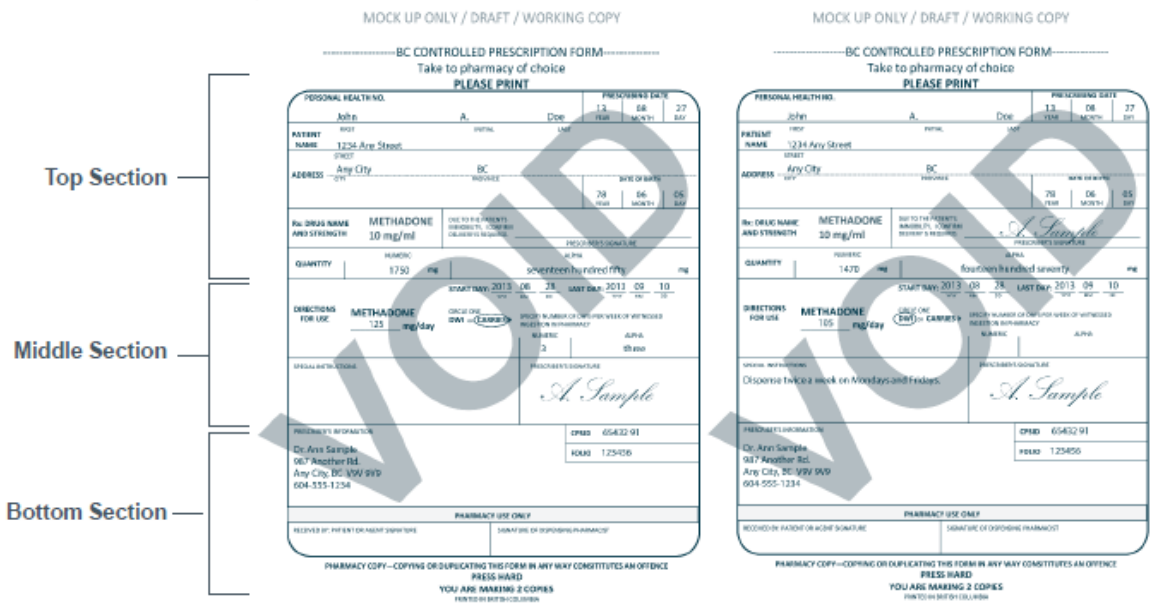
- Authorize the prescription by signing their name in the 'prescriber's signature' box

Bottom Section of Form:

As a minimum the prescriber's name, College ID number and prescription folio number will be pre-printed on the form. If the prescribers address is not pre-printed it must be completed by the pharmacist prior to dispensing the prescription. Both the patient and the pharmacist must sign the prescription in the appropriate box.

Note: A patient's representative signature is only acceptable with prior written authorization from the prescriber.

Figure 1: Methadone Maintenance Controlled Prescription Form



Appendix 4

Emergency Fax Methadone Maintenance Controlled Prescription Form Documentation

This form is for the use only in the event of an emergency that requires a faxed Methadone Maintenance Controlled Prescription form which has been initiated following direct consultation between the patient's pharmacist and prescriber.

It is understood that the pharmacist must obtain written documentation from the prescriber prior to dispensing any medication and as such is requesting that the prescriber complete this form and fax back to the pharmacy along with a fax of the Methadone Maintenance Controlled Prescription form as soon as possible.

Prescriber: _____ Patient Name: _____

Pharmacy: _____ Fax Number: _____

Pharmacist: _____ Date: _____

As the prescriber, I request that the above-named pharmacy accept a faxed transmission of the Methadone Maintenance Controlled Prescription form for the above-named patient. I understand that the Methadone Maintenance Controlled Prescription form must be faxed to and received by the pharmacy prior to the pharmacy dispensing methadone. I guarantee that the original Methadone Maintenance Controlled Prescription form will be sent to the pharmacy by the next business day.

Brief description of the emergency situation: _____

_____

_____

_____

Prescriber's Name: _____

CPSID: _____

Prescriber's Signature: _____

Signature Date: _____

Affix Methadone Maintenance Controlled Prescription form here

Appendix 5

Methadone Maintenance Treatment Expectation Form

As your pharmacists, we believe in the principles of the methadone maintenance treatment program, and the valuable role it can play in improving people's lives and their health. We are committed to being an active member of your healthcare team and understand that the success of the program is dependent on ongoing collaboration and communication between yourself, ourselves and your prescriber.

To help you succeed in the program it is important that we both clearly understand the commitment and expectations of each other.

As your pharmacists, you can expect that we will:

- Treat you professionally and respectfully at all times.
- Make ourselves available to discuss any questions or concerns that you may have regarding the program.
- Provide methadone to you exactly as your prescriber has prescribed it and will ensure that they are made aware of any of the following:
    - Missed dose(s) for any reason (ie; failure to pick up, vomited, lost or stolen)
    - Less than full dose consumed (ie; tolerance, self-initiated tapering)
    - Presenting at the pharmacy while intoxicated
    - Prescribing of contraindicated medications (ie; mood-altering drugs)
- Not dispense your methadone (unless directed by your prescriber) to anyone other than you.
- Respect your choice (unless directed by your prescriber) of the pharmacy you wish to have dispense your medication.

As our patient, we can expect that you will:

- Treat all pharmacy staff and other patients respectfully at all times.
- Do your utmost to adhere to the methadone maintenance treatment program as prescribed to you.
- Discuss any concerns you may have regarding your methadone maintenance treatment with us or your prescriber prior to making any adjustments to treatment independently.
- Ensure that any take-home doses of methadone are stored safely and securely.
- Respect the pharmacy's greater community by refraining from loitering or littering.

College of Pharmacists of British Columbia

Appendix 6

Pharmacist – Prescriber Communication

Date: _____ Patient Name: _____

To (Prescriber): _____ Patient PHN: _____

Fax: _____ Prescription Form Folio Number: _____

From (Pharmacy): _____ Pharmacy Fax: _____

Pharmacist: _____ Pharmacy Telephone: _____

For Prescriber's Information and Patient Records

☐ This patient missed their methadone dose _____ (dates).

☐ This patient did not take their full daily dose _____ (date) and consumed only ____ mg of the ____ mg prescribed dose.

For Prescriber's Signature and Return of Form to Pharmacy

☐ We require clarity regarding the 'prescribing date' and/or 'start day' for the attached Methadone Maintenance Controlled Prescription form. Please indicate the actual 'prescribing date' (actual date the prescription was written) and dispensing 'start date' or range.

Prescribing Date: _____

Dispensing Start Date or Range: _____

☐ We require clarification and/or a change to the 'Directions for Use' section of the attached Methadone Maintenance Controlled Prescription form.

Description of authorized changes: _____

_____

_____

_____

_____

Prescriber's Name: _____

CPSID: _____

Prescriber's Signature: _____

Signature Date: _____

Affix Methadone Maintenance Controlled Prescription form here

College of Pharmacists of British Columbia

Appendix 7

Drug Interactions – General Information

Methadone is extensively metabolized by cytochrome CYP3A4 in liver microsomes. Most drug interactions with methadone are associated with drugs that either induce or inhibit these enzymes.

The sequence of administration of the drugs is the key to evaluating the significance of the interaction. When a patient is stabilized on a drug that affects liver metabolism and methadone is introduced, the interaction may not be observed unless the first drug is discontinued. It is only if a patient is stabilized on methadone and an interacting drug is initiated or discontinued that an interaction may occur.

Drugs that may lower plasma levels (ie; increase the metabolism) of methadone include rifampin, barbiturates, phenytoin and carbamazepine. Drugs that may increase plasma levels (ie; decrease the metabolism) of methadone include ciprofloxacin and fluvoxamine.

Medications that might precipitate a withdrawal syndrome for patients on methadone must be avoided. These are mainly opioid antagonists such as pentazocine, butorphanol, nalbuphine, and naltrexone.

Pharmacists should not rely on PharmaNet to warn of a drug interactions for methadone. The use of PharmaNet is not intended as a substitute for professional judgment. Information on PharmaNet is not exhaustive and cannot be relied upon as complete. The absence of a warning about a drug or drug combination is not an indication that the drug or drug combination is safe, appropriate or effective in any given patient. Health care professionals should confirm information obtained from PharmaNet, and ensure no additional relevant information exists, before making patient care decisions.

Appendix 8

Compounding Log

g/ml Stock Solution

Preparation Date	Manufac-turer's Lot Number (Powder)	Manufac-turer's Expiry Date (Powder)	Quantity Used (Powder)	Quantity Prepared (Solution)	Use-By Date (Solution)	Batch Number (Assigned by pharmacy)	Preparer's ID (Initials)	Pharmacist's ID (Initials)

Appendix 9

Methadone Part-Fill Accountability Log

Patient Name: _____

Date Dispensed	Prescription or Transaction Number	Quantity			Delivery Address if Applicable	Pharmacist's Initials	Patient's Signature
		Witnessed	Take Home	Total			

Patient Name: _____

Date Dispensed	Prescription or Transaction Number	Quantity			Delivery Address if Applicable	Pharmacist's Initials	Patient's Signature
		Witnessed	Take Home	Total			

Appendix 10

Methadone Information for Patients

What is methadone?

Methadone is a long-acting narcotic medication. Since the mid-1960s methadone has been used as an effective and legal substitute for heroin and other opiates. Methadone maintenance programs help opiate-dependent individuals stabilize their lives and reduce the harm associated with drug use.

How is methadone taken?

Methadone is prepared in a liquid. Doses are usually taken once a day as the effects of a single dose last for about one day. Your physician will write a prescription specifying your dose and how often you need to come to the pharmacy. Initially methadone is prescribed as a daily witnessed dose. As your treatment progresses you may be eligible for take-home doses.

How does methadone work?

Methadone is part of a long-term maintenance program for opiate or heroin dependent people. Drug cravings are reduced without producing a "high." The goal is to find the dose that will prevent physical withdrawal. The right dose will decrease your drug cravings, and help you to reduce or eliminate heroin use.

How long do I have to stay on methadone?

You should stay on methadone for as long as you experience benefits. Everyone responds differently and methadone can safely be taken for years. If you decide you want to stop taking methadone, you should discuss this with your physician.

Does methadone have side effects?

Methadone is usually tolerated well once the dose is stabilized. Most people experience few, if any, side effects. Please let your pharmacist or physician know if any of these symptoms are bothering you:

- Sweating – This can be due to the methadone itself, or a dose that is too high or too low.
- Constipation – Increasing exercise, fluids and fiber in your diet may decrease this problem.

- Sexual difficulties – This can be either a reduction or an increase in desire.
- Sleepiness or drowsiness – This may be caused by too much methadone. If this occurs consult your doctor to have your dose adjusted. Do not drive a car or participate in activities that require you to be alert when you are drowsy.
- Weight change – An increase in body weight may be due to better health and an improved appetite.

Can methadone interact with other drugs?

Yes. Alcohol and drugs, including prescription, nonprescription, herbal and street drugs, may interfere with the action of methadone in your body. Discuss all medications you are taking with your pharmacist or physician.

Is methadone dangerous?

Methadone is safe to use when it is prescribed and monitored by a physician. It can be very dangerous if used inappropriately. Methadone should never be taken by anybody except the person for whom it is prescribed as overdose and death can occur if the person is not dependent on opiates. Children are especially at risk for overdose and death if they swallow methadone accidentally.

What is my responsibility?

Your responsibility is to drink your methadone dose every day. If you have carries, you must make sure that they are stored safely to prevent possible ingestion by anyone else. If you store your carries in the fridge ensure that they are not accessible. Methadone can be very dangerous if used inappropriately so you must not give or sell your dose to anyone.

Will methadone cure me?

The methadone maintenance program can help you to make positive lifestyle changes. The goal of treatment is to stabilize your body physically and to provide an environment that supports you.

Summary of Proposed Changes

Abbreviations:
MMT PPP-66 Policy Guide – Methadone Maintenance Treatment (MMT)

Proposed changes	Affected sections
Style alignment with current policy guides	
Remove sections and appendix that contain outdated information (i.e., Outdated references, and Appendix 11 – Recommended Reading, that are also outdated), and contact information that are not included in the newer guide format.	MMT: References, Appendix 11 (Recommended Reading), Appendix 12 (Contact Information).
House-keeping changes	
Punctuation style consistency.	MMT: 1.1.1, 6.3.5
Position of “and” is in the wrong place.	MMT: 3.3.2, 6.3.3
Capitalize the first letter of a sentence.	MMT: 3.5.1
Removing “s” from “Guideline”.	MMT: 4.1.2-8
Connecting a broken sentence.	MMT: 4.1.4
Missing comma.	MMT: 5.1.1
Removing year when referencing an organization.	MMT: 6.3.4
Italicize reference to legislation.	MMT: 4.1.4
The term ‘physician’ has been updated to ‘prescriber’ as nurse practitioners can now also prescribe methadone.	MMT: 2.1.3, 3.1.3,

College of Pharmacists of British Columbia

BOARD MEETING
April 11, 2019

3. Confirmation of Agenda

DECISION REQUIRED

Recommended Board Motion:

Approve the April 11, 2019 Draft Board Meeting Agenda as circulated, or amended.

Appendix	
1	April 11, 2019 Draft Board Meeting Agenda

College of Pharmacists of British Columbia

Board Meeting
Thursday, April 11, 2019
CPBC Office, 200-1765 West 8th Avenue, Vancouver

AGENDA

8:30am - 8:35am	5	**1.**	Call to Order *Land Acknowledgement*	Chair Barry
		2.	Consent Agenda a) Items for Further Discussion b) Approval of Consent Items **[DECISION]**	Chair Barry
		3.	Confirmation of Agenda **[DECISION]**	Chair Barry
8:35am - 8:45am	10	**4.**	Committee Updates: a) Audit and Finance Committee b) Quality Assurance Committee c) Application Committee d) Practice Review Committee e) Ethics Advisory Committee f) Drug Administration Committee g) Discipline Committee h) Inquiry Committee i) Registration Committee j) Governance Committee k) Legislation Review Committee (update provided as part of item 5)	Committee Chairs Frank Lucarelli Frank Lucarelli Christine Antler Tracey Hagkull Bal Dhillon Doreen Leong Chair Barry Chair Barry Chair Barry Mona Kwong Mona Kwong
8:45am - 9:30am	45	**5.**	Legislation Review Committee: a) Committee Updates b) Amending Committee Member Terms of Office **[DECISION]** c) Authorizing the Registrar to Act under s. 32(3) of the HPA **[DECISION]** d) Drug Scheduling Amendment of Esomeprazole **[DECISION]**	Mona Kwong
9:30am - 9:45am	15	**6.**	Controlled Prescription Program Update	Frank Lucarelli
9:45am - 10:15am	30	**7.**	PODSA Modernization Phase 2 Update	Doreen Leong Christine Paramonczyk
10:15am - 10:30am	15		***BREAK***	
10:30am - 10:45am	15	**8.**	Accreditation Preparation - UBC Entry-to-Practice Doctor of Pharmacy Program	Kerry Wilbur
10:45am - 11:15am	30	**9.**	Preserving the Benefit of Antibiotic Therapy: How the College Can Become Part of the Resistance	David Patrick
11:15am - 11:20am	5	**10.**	Items Brought Forward from Consent Agenda	Chair Barry
			CLOSING COMMENTS AND ADJOURNMENT	

College of Pharmacists of British Columbia

BOARD MEETING
April 11, 2019

5. Legislation Review Committee
b) Amending Committee Member Terms of Office

DECISION REQUIRED

Recommended Board Motion:

Approve amendments to the Health Professions Act Bylaws to change committee member terms to not exceed three years, with a maximum of six consecutive years, for public posting.

Purpose

To approve proposed amendments to s. 19(1) of the *Health Professions Act* ("HPA") Bylaws to change committee member terms of office so that terms do not exceed three years, with a maximum of six consecutive years.

Background

Section 19(1) of the HPA Bylaws addresses committee terms of office. This provision states:

> *"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."*

Currently, the terms of office for committee members are misaligned with those of the Board member. Board member terms of office are outlined in s. 7(1) of the HPA Bylaws, as follows:

> *"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."*

Discussion

In developing a proposed approach for committee terms of office, the Bylaw provisions for multiple BC health regulators were reviewed. The Bylaws of College of Nursing Professionals of BC (CNPBC) provided a flexible approach while also restricting committee members to serve more than six consecutive years.

More specifically:

- The Bylaws of CNPBC define the term length as *not exceeding* three years, with six consecutive years a member can serve in total. This could include one year terms with up to six re-appointments, two year terms with up to three re-appointments, and three year terms with up to two re-appointments.

The proposed HPA Bylaw amendments are adapted from the CNPBC Bylaws. They allow for sufficient flexibility in committee terms of office while also aligning well with the existing College Board terms of office. Please see Appendix 1 for a copy of the proposed HPA Bylaw amendments.

Recommendation

The proposed approach is recommended due to the following considerations:

- It allows for flexibility in term length and consecutive years served, and aligns more closely with the College's Board term lengths (i.e. 3 year limit).
- It is transparent, as it defines both the term length and total consecutive years in the Bylaws.
- Listing a combination of possible term lengths (e.g. up to three years) and consecutive years served in the Bylaws allows for a balance between consistency and flexibility.

Next Steps

If approved by the Board, the amended HPA Bylaws will be publicly posted for comment for a 90-day period. All feedback received will be reviewed and is expected to be brought forward to the September 2019 Board meeting. At that time, the Board is expected to consider whether to file the proposed amendments with the Ministry of Health for a 60-day period, after which the changes will take effect. The changes will be implemented for the committee appointments and re-appointments scheduled for the April 2019 Board meeting.

Appendix	
1	Amending Committee Member Terms of Office – HPA Bylaw Amendments (Track Changes)

Health Professions Act – BYLAWS

Table of Contents

8. Application for Non-Practising Registration
9. Certificate of Registration
10. Registration Renewal Notice
11. Application for Reinstatement
12. Order to Attend a Discipline Committee Hearing
13. Application for Certification – Drug Administration

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, 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 for the purpose of prescribing, the electronic initial must meet the requirements of paragraph (a) and must be a unique mark personally applied by that pharmacist;

"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" has the same meaning as in section 1 of the *Pharmacy Operations* and *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 3~~2~~ years, and

(b) is eligible for reappointment but may not serve for more than 6 consecutive years ~~but may not serve more than 3 consecutive terms~~.

(2) A committee member may be removed by a majority vote of the board.

(3) The board must appoint a committee chair and a committee vice-chair from among the members of the committee.

(4) Each committee must submit a report of its activities to the board annually or as required by the board.

(5) The registrar is an ex officio non-voting member of the committees established under these bylaws.

(6) The chair is a non-voting ex-officio member of all committees, except in respect of a committee to which he or she has been appointed under these bylaws, in which case he or she has the right to vote.

Committee Panels

20. (1) The registration committee, inquiry committee, practice review committee, application committee, discipline committee and quality assurance committee may meet in panels of at least 3 but not more than 5 persons, and each panel must include at least 1/3 public representatives.

(2) The chair of a committee referred to in subsection (1) must appoint the members of a panel and must designate a chair of the panel.

(3) A panel of a committee referred to in subsection (1) may exercise any power or perform any duty of that committee.

Meetings of a Committee or Panel

21. (1) A majority of a committee constitutes a quorum.

(2) All members of a panel constitute a quorum.

PART II – College Administration
Registrar/Deputy Registrar

22. (1) The registrar is authorized to establish, by bylaw, forms for the purposes of the bylaws, and to require the use of such forms by registrants.

(2) If a deputy registrar is appointed by the board,

(a) the deputy registrar is authorized to perform all duties and exercise all powers of the registrar, subject to the direction of the registrar, and

(b) if the registrar is absent or unable to act for any reason, the deputy registrar is authorized to perform all duties and exercise all powers of the registrar.

Seal

23. (1) The board must approve a seal for the college.

(2) The seal of the college must be affixed, by those persons designated by the board, to the documents determined by the board.

Fiscal Year

24. The fiscal year of the college commences on March 1st and ends on the last day of February of the following year.

Banking

25. The board must establish and maintain such accounts with a chartered bank, trust company or credit union as the board determines to be necessary from time to time.

Payments and Commitments

26. The board must approve an operating and capital budget for each fiscal year, and may amend the approved budget from time to time.

Investments

27. The board may invest funds of the college in accordance with the board's investment policy which must be consistent with sections 15.1 and 15.2 of the *Trustee Act.*

Auditor

28. (1) The board must appoint a chartered accountant or a certified general accountant to be the auditor.

(2) The registrar must submit the financial statement to the auditor within 60 days of the end of the fiscal year.

(3) A copy of the auditor's report must be included in the annual report.

Legal Counsel

29. The board or, with the approval of the registrar, a committee or panel, may retain legal counsel for the purpose of assisting the board, a committee or a panel in exercising any power or performing any duty under the *Act*.

General Meetings

30. (1) General meetings of the college must be held in British Columbia at a time and place determined by the board.

(2) The first annual general meeting must be held before October 1, 2010, and after that an annual general meeting must be held at least once in every calendar year and not more than 20 months after the holding of the last preceding annual general meeting.

(3) The following matters must be considered at an annual general meeting:

(a) the financial statements of the college;

(b) the annual report of the board;

(c) the report of the auditor.

(4) Every general meeting, other than an annual general meeting, is an extraordinary general meeting.

(5) The board

(a) may convene an extraordinary general meeting by resolution of the board, and

(b) must convene an extraordinary general meeting within 60 days after receipt by the registrar of a request for such a meeting signed by at least ten percent of all full pharmacists and pharmacy technicians, who are in good standing.

Notice of General Meetings

31. (1) The registrar must deliver notice of an annual or extraordinary general meeting to every board member and registrant at least 21 days prior to the meeting.

(2) Notice of a general meeting must include

(a) the place, day and time of the meeting,

(b) the general nature of the business to be considered at the meeting,

(c) any resolutions proposed by the board, and

(d) any resolutions proposed under section 32 and delivered to the registrar prior to the mailing of the notice.

(3) The accidental omission to deliver notice of a general meeting to, or the non-receipt of a notice by, any person entitled to receive notice does not invalidate proceedings at that meeting.

(4) General meetings must be open to the public.

(5) The registrar must

(a) provide reasonable notice of each general meeting to the public, and

(b) provide to members of the public on request a copy of the notice given under subsection (1) in respect of the meeting.

Resolutions

32. Any 3 full pharmacists or pharmacy technicians, who are in good standing, may deliver a written notice to the registrar at least 60 days prior to the date of an annual or an extraordinary general meeting requesting the introduction of a resolution.

Voting at a General Meeting

33. (1) A full pharmacist or pharmacy technician present at a general meeting is entitled to 1 vote at the meeting.

(2) In case of an equality of votes the chair of the general meeting does not have a casting or second vote in addition to the vote to which he or she is entitled as a full pharmacist or pharmacy technician, if any, and the proposed resolution does not pass.

(3) Except as these bylaws otherwise provide, the most recent edition of Robert's Rules of Order governs the procedures at an annual or extraordinary general meeting.

(4) A resolution passed at an annual or extraordinary general meeting is not binding on the board.

Proceedings at General Meetings

34. (1) Quorum is 25 registrants consisting of full pharmacists or pharmacy technicians, or both.

(2) No business, other than the adjournment or termination of the meeting, may be conducted at a general meeting at a time when a quorum is not present.

(3) If at any time during a general meeting there ceases to be a quorum present, business then in progress must be suspended until there is a quorum present.

(4) In the case of a general meeting other than an extraordinary general meeting under section 30(5)(b),

(a) if there is no quorum within 30 minutes from the time appointed for the start of the meeting, or

(b) if there is no quorum within 30 minutes from any time when there is no quorum during the meeting,

the meeting must be adjourned to one month later, at the same time and place, and those full pharmacists and pharmacy technicians who attend that later meeting will be deemed to be a quorum for that meeting.

(5) In the case of an extraordinary general meeting under section 30(5)(b),

(a) if there is no quorum within 30 minutes from the time appointed for the start of the meeting, or

(b) if there is no quorum within 30 minutes from any time when there is no quorum during the meeting,

the meeting must be adjourned and cancelled and no further action may be taken in respect of the request under section 30(5)(b) for that meeting.

(6) In the absence of both the chair and the vice-chair of the board, an acting chair for a general meeting must be elected by a majority vote of the full pharmacists and pharmacy technicians present.

(7) A general meeting may be adjourned from time to time and from place to place, but no business may be transacted at an adjourned meeting other than the business left unfinished at the meeting from which the adjournment took place.

(8) When a meeting is adjourned in accordance with subsection (4) or by resolution, notice of the rescheduled meeting must be delivered in accordance with section 31.

Notice to Public Representatives

35. Every notice or mailing to registrants must also be provided to public representatives serving on the board or a committee.

PART III – College Records
Body Responsible for Administering the *Freedom of Information and Protection of Privacy Act*

36. (1) The registrar is the “head” of the college for the purposes of the *Freedom of Information and Protection of Privacy Act.*

(2) The registrar may authorize the deputy registrar, a person employed by the college or a person who has contracted to perform services for the college to perform any duty or exercise any function of the registrar that arises under the *Freedom of Information and Protection of Privacy Act.*

Fees for Information Requests

37. Subject to section 75 of the *Freedom of Information and Protection of Privacy Act*, an applicant who requests access to a college record under section 5 of the *Freedom of Information and Protection of Privacy Act* must pay the fees set out in the Schedule of Maximum Fees in B.C. Reg. 323/93 for services required to comply with the information request.

Disclosure of Annual Report

38. The registrar must make each annual report under section 18(2) of the *Act* available electronically and free of charge on the college website, must notify registrants that the report is available, and must provide a paper copy of the report to any person on request upon payment of the fee set out in Schedule "D".

Disclosure of Registration Status

39. (1) If an inquiry about the registration status of a person is received by the board or the registrar, the registrar must disclose, in addition to the matters required by section 22 of the *Act*,

(a) whether the discipline committee has ever made an order relating to the person under section 39 of the *Act* and the details of that order,

(b) whether the person has ever consented to an order under section 37.1 of the *Act* and the details of that order, and

(c) whether the person has ever given an undertaking or consented to a reprimand under section 36 of the *Act* and the details of that undertaking or reprimand.

(2) When acting under subsection (1), the registrar must not release the name of, or information which might enable a person to identify

(a) a patient, or

(b) another person, other than the registrant, affected by the matter,

except with the consent of the patient or the other person.

Manner of Disposal of College Records Containing Personal Information

40. The board must ensure that a college record containing personal information is disposed of only by

(a) effectively destroying a physical record by utilizing a shredder or by complete burning,

(b) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the information cannot be reconstructed,

(c) returning the record to the person the information pertains to, or

(d) returning the record to the registrant who compiled the information.

PART IV – Registration
Classes of Registrants

41. The following classes of registrants are established:

(a) full pharmacist;

(b) limited pharmacist;

(c) temporary registrant;

(d) student pharmacist;

(e) pharmacy technician;

(f) non-practising registrant.

Full Pharmacist Registration

42. (1) For the purposes of section 20(2) of the *Act*, the requirements for full pharmacist registration are

(a) graduation with a degree or equivalent qualification from a pharmacy education program recognized by the board for the purpose of full pharmacist registration and specified in Schedule "C",

(b) successful completion of the jurisprudence examination required by the registration committee,

(c) successful completion of an English language proficiency examination acceptable to the registration committee, if the person has not graduated from a pharmacy education program in Canada or the United States accredited by the Canadian Council for Accreditation of Pharmacy Programs or the Accreditation Council for Pharmacy Education,

(d) successful completion of the structured practical training required by the registration committee, if any,

(e) successful completion of the Pharmacy Examining Board of Canada Evaluating Examination, if the person has not graduated from a pharmacy education program in Canada or the United States accredited by the Canadian Council for Accreditation of Pharmacy Programs or the Accreditation Council for Pharmacy Education,

(f) successful completion of the Pharmacy Examining Board of Canada Qualifying Examination - Part I and Part II,

(g) evidence satisfactory to the registration committee that the person is of good character and fit to engage in the practice of pharmacy, and

(h) receipt by the registrar of

(i) a signed application for full pharmacist registration in Form 4,

(ii) the application fee specified in Schedule "D",

(iii) a notarized copy, or other evidence satisfactory to the registration committee, of the person's degree or equivalent qualification, and that he or she is the person named therein,

(iv) a statutory declaration in Form 5,

(v) if applicable, the fee for the jurisprudence examination specified in Schedule "D",

(vi) a criminal record check authorization in the form required by the *Criminal Records Review Act*,

(vii) if the person has engaged in the practice of pharmacy or another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,

(viii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession,

(ix) a certified passport size photograph of the person taken within one year prior to the date of application,

(x) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada, and

(xi) proof of professional liability insurance as required under section 81.

(1.1) If an applicant for registration does not complete the requirements for full registration in subsection (1) within 12 months from the date of application, the applicant must provide

(a) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of full registration, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession, and

(b) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada.

(2) Despite subsection (1), the person may be granted full pharmacist registration if he or she

(a) is registered in another Canadian jurisdiction as the equivalent of a full pharmacist and has provided notarized evidence, or other evidence satisfactory to the registration committee, of such registration and that he or she is the person named therein, and

(b) meets the requirements established in subsection (1)(g) and (h)(i) to (iv) and (vi) to (xi).

(3) Despite subsection (1), the registration committee has discretion, in satisfying itself under section 20 of the *Act* that the person meets the conditions or requirements for registration as a full pharmacist member of the college, to consider whether the person's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (1)(a), and to grant full pharmacist registration on that basis, if the person also meets the requirements established in subsection (1)(b) to (h).

(4) A full pharmacist may use only the abbreviation "R.Ph.".

(5) A full pharmacist must not

(a) delegate any aspect of practice to a pharmacy technician, or

(b) authorize a pharmacy technician to perform or provide any aspect of practice under supervision.

Certification of Practising Pharmacists for Drug Administration

43. (1) A practising pharmacist may apply to the registrar under this section for certification that the practising pharmacist is qualified and competent to perform a restricted activity under section 4(1) (c.1) of the Regulation.

(2) The registrar must grant certification under this section if the practising pharmacist has

(a) provided evidence satisfactory to the registrar that the practising pharmacist has

(i) successfully completed within the year prior to application an education program in drug administration, approved by the board for the purposes of section 4.1(c) of the Regulation and specified in Schedule "C",

(ii) a current certificate in cardiopulmonary resuscitation from a program approved by the board and specified in Schedule "C", and

(iii) a current certificate in first aid from a program approved by the board and specified in Schedule "C",

(b) submitted a signed application for certification in Form 13, and

(c) paid the fee specified in Schedule "D".

(3) If certification is granted under this section, the registrar must enter a notation of certification for drug administration in the register in respect of the practising pharmacist.

(4) To maintain certification under this section, a practising pharmacist must declare upon registration renewal

(a) that he or she has successfully completed a continuing education program in drug administration approved by the board and specified in Schedule "C" if an injection has not been administered in the preceding three years, and

(b) that he or she has successfully completed a continuing education program in administering a drug by intranasal route approved by the board and specified in Schedule "C" if a drug has not been administered by intranasal route in the preceding three years, and

(c) maintain current certification in cardiopulmonary resuscitation from a program approved by the board and specified in Schedule "C", and

(d) maintain current certification in first aid from a program approved by the board and specified in Schedule "C".

(5) The registrar must remove a practising pharmacist's notation of certification from the register if the practising pharmacist fails to meet any of the requirements in subsection (4), and the practising pharmacist must not again perform a restricted activity under section 4(1) (c.1) of the Regulation until

(a) the requirements in subsection (4) are met to the satisfaction of the registrar, and

(b) the registrar has re-entered a notation of certification for drug administration in the register in respect of the practising pharmacist.

Intranasal Drug Administration

43.1 A practising pharmacist who has been certified under section 43(1) must complete the program specified in Schedule C on intranasal drug administration prior to administering an intranasal drug.

Limited Pharmacist Registration

44. (1) An applicant under section 42 or 52 may be granted limited pharmacist registration for a period of up to one year if

(a) the applicant

(i) does not meet the requirements established in section 42(1)(b)(c)(e) and (f) or (3), or section 52(2)(a) and (c), as applicable,

(ii) meets the requirements established in section 42(1)(d), or section 52(2)(b), as applicable, and

(iii) is capable, in the opinion of the registration committee, of practising as a limited pharmacist without any risk to public health and safety, or

(b) the applicant

(i) meets the requirements established in section 42(1)(b)(c)(e) and (f) or (3), or section 52(2)(a) and (c), as applicable,

(ii) does not meet the requirements established in section 42(1)(d), or section 52(2)(b), as applicable, and

(iii) is capable, in the opinion of the registration committee, of practising as a limited pharmacist without any risk to public health and safety.

(2) Limited pharmacist registration may be renewed twice, but in any case, the total period of registration in this class must not exceed 3 years.

(3) Full pharmacist registration may be granted to a limited pharmacist who has met all the requirements in section 42(1) or (3), or section 52, as applicable.

(4) A limited pharmacist may provide pharmacy services as if he or she is a full pharmacist, but only under the supervision of a full pharmacist approved by the registration committee for that purpose.

(5) A limited pharmacist must not delegate any aspect of practice.

(6) A limited pharmacist may use only the title “pharmacist (limited)” and must not use any abbreviations.

Temporary Registration

45. (1) Despite sections 42 and 47, a person may be granted temporary pharmacist registration or temporary pharmacy technician registration, for a period of up to 90 days, if

(a) an emergency has been declared by the registrar in accordance with criteria established by the board,

(b) the person

(i) is registered in another jurisdiction in Canada or the United States as the equivalent of a full pharmacist or a pharmacy technician, and

(ii) has provided notarized evidence, or other evidence satisfactory to the registration committee, of such registration and that the person is the person named therein.

(2) The registration of a temporary pharmacist or temporary pharmacy technician may be renewed once for an additional period of up to 90 days.

(3) A temporary pharmacist may provide services as if he or she is a full pharmacist, and may apply for certification, and be certified, under section 43.

(4) A temporary pharmacy technician may provide services as if he or she is a pharmacy technician,

(5) A temporary pharmacist may use only the title “pharmacist (temporary)” and must not use any abbreviations.

(6) A temporary pharmacy technician may use only the title “pharmacy technician (temporary)” and must not use any abbreviations.

Student Pharmacist Registration

46. (1) A person may be granted student pharmacist registration if the person

(a) is enrolled as a student in a pharmacy education program recognized by the board for the purpose of full pharmacist registration and specified in Schedule ”C”,

(b) provides evidence satisfactory to the registration committee that the person is of good character and fit to engage in the practice of pharmacy, and

(c) has delivered to the registrar

(i) a signed application for registration in Form 6,

(ii) the application fee specified in Schedule “D”,

(iii) a notarized copy, or other evidence satisfactory to the registration committee of the person’s enrolment and educational standing, and that he or she is the person named therein,

(iv) a statutory declaration in Form 5,

(v) a criminal record check authorization in the form required under the *Criminal Records Review Act*,

(vi) if the person has engaged in the practice of pharmacy or another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,

(vii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person’s good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession,

(viii) a certified passport size photograph of the person taken within one year prior to the date of application, and

(ix) a notarized copy, or other evidence satisfactory to the registration committee, of the person’s Canadian citizenship or authorization to work in Canada.

(2) A person described in subsection (1)(a) must be registered under this section

(a) within 6 months of their enrolment as a student in the pharmacy education program, and

(b) before undertaking a period of structured practical training or providing pharmacy services.

(3) A person who is enrolled as a student in a pharmacy education program that is not recognized by the board for the purpose of registration may be granted student registration if the applicant meets all requirements established in subsection (1)(b) and (c).

(4) A person described in subsection (3) must be registered under this section before undertaking a period of structured practical training, or providing pharmacy services.

(5) A student pharmacist may only provide pharmacy services while under the supervision of a full pharmacist

(5.1) Despite subsection (5), a student pharmacist may only perform a restricted activity under section 4(1)(c.1) of the Regulation while under the supervision of

(a) a full pharmacist who is certified under section 43, or

(b) a person who is

(i) not a member of the college,

(ii) registered as a member of another college established or continued under the Act, and

(iii) authorized under the Act to perform the restricted activity in the course of practising the designated health profession for which the other college is established or continued.

(6) The registration of a student pharmacist may be renewed if he or she

(a) remains enrolled in a pharmacy education program described in subsection 1(a),

(b) applies in writing in a form acceptable to the registration committee,

(c) pays any outstanding fine, fee, debt or levy owed to the college, and

(d) pays the fee specified in Schedule “D”.

(7) A student pharmacist must not delegate any aspect of practice.

(8) A student registrant may use only the title “pharmacist (student)” and must not use any abbreviations.

Pharmacy Technician Registration

47. (1) For the purposes of section 20(2) of the *Act,* the requirements for pharmacy technician registration are

(a) graduation with a diploma or certificate from a pharmacy technician education program recognized by the board for the purpose of pharmacy technician registration and specified in Schedule “C”,

(b) successful completion of the jurisprudence examination required by the registration committee,

(c) successful completion of an English language proficiency examination acceptable to the registration committee, if the person has not graduated from a pharmacy technician education program in Canada accredited by the Canadian Council for Accreditation of Pharmacy Programs.

(d) successful completion of the structured practical training required by the registration committee, if any,

(e) successful completion of the Pharmacy Examining Board of Canada Evaluating Examination, if the person has not graduated from a pharmacy technician education program in Canada accredited by the Canadian Council for Accreditation of Pharmacy Programs.

(f) successful completion of the Pharmacy Examining Board of Canada Pharmacy Technician Qualifying Examination – Part I and Part II,

(g) evidence satisfactory to the registration committee that the person is of good character and fit to engage in practice as a pharmacy technician, and

(h) receipt by the registrar of

(i) a signed application for registration in Form 7,

(ii) the application fee specified in Schedule “D”,

(iii) a notarized copy, or other evidence satisfactory to the registration committee, of the person’s diploma, certificate or equivalent qualification, and that he or she is the person named therein,

(iv) a statutory declaration in Form 5,

(v) if applicable, the fee for the jurisprudence examination specified in Schedule “D”,

(vi) a criminal record check authorization in the form required by the *Criminal Records Review Act*,

(vii) if the person has practised as a pharmacy technician or in another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,

(viii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to practise as a pharmacy technician or in another health profession,

(ix) a certified passport size photograph of the person taken within one year prior to the date of application,

(x) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada, and

(xi) proof of professional liability insurance as required under section 81.

(1.1) If an applicant for registration does not complete the requirements for full registration in subsection (1) within 12 months from the date of application, the applicant must provide

(a) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of full registration, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession, and

(b) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada.

(2) Despite subsection (1), the person may be granted pharmacy technician registration if he or she

(a) is registered in another Canadian jurisdiction as the equivalent of a pharmacy technician and has provided evidence, satisfactory to the registration committee, of such authorization and that he or she is the person named therein, and

(b) meets the requirements established in subsection (1)(g) and (h)(i) to (iv) and (vi) to (xi).

(3) Despite subsection (1), the registration committee has discretion, in satisfying itself under section 20 of the *Act* that the person meets the conditions or requirements for registration as a pharmacy technician member of the college, to consider whether the person's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection

(1)(a), and to grant full pharmacy technician registration on that basis, if the person also meets the requirements established in subsection (1)(b) to (h).

(4) Despite subsection (1), the person may be granted pharmacy technician registration if he or she

(a) applies on or before December 31, 2015,

(b) has worked for at least 2000 hours as the equivalent of a pharmacy assistant in the 3 year period immediately preceding the date of application,

(c) has

(i) successfully completed the Pharmacy Examining Board of Canada Evaluating Examination, or

(ii) been certified as the equivalent of a pharmacy technician in the Province of Ontario or Province of Alberta prior to January 1, 2009, or in another jurisdiction recognized by the registration committee, or

(iii) successfully completed an accredited pharmacist degree program in Canada or in the continental United States,

(d) has successfully completed the pharmacy technician bridging programs, and

(e) meets the requirements in subsection (1)(b) to (d) and (f) to (h).

(5) A pharmacy technician must not

(a) perform a restricted activity under section 4(1)(a) or (c.1) of the Regulation,

(b) act under section 25.92 of the *Act,* or

(c) be appointed as a pharmacy manager.

(6) A pharmacy technician may use only the title “pharmacy technician” and may use only the abbreviation “R.Ph.T.”.

Non-Practising Registration

48. (1) A full pharmacist or pharmacy technician may be granted non-practising registration if the registrar has received

(a) a signed application for non-practising registration in Form 8,

(b) the registration fee specified in Schedule “D”,

(c) a statutory declaration in Form 5, and

(d) a criminal record check authorization in the form required under the *Criminal Records Review Act*.

(2) A non-practising registrant must not provide pharmacy services in British Columbia.

(3) A non-practising registrant who was formerly a full pharmacist may use only the title “pharmacist (non-practising)” and must not use any abbreviations.

(4) A non-practising registrant who was formerly a pharmacy technician may use only the title “pharmacy technician (non-practising)” or “technician (non-practising)” and must not use any abbreviations.

Certificate of Registration and Registration Card

49. (1) The registrar must issue a certificate in Form 9 to a person who is granted full pharmacist or pharmacy technician registration.

(2) A registration card must be issued to a person who is granted registration, and is valid from the date issued until the date shown on the card.

Examinations

50. (1) An applicant who fails a required examination under this Part, may write the examination again to a maximum of 4 times except where the Pharmacy Examining Board of Canada for its examinations, determines otherwise.

(2) If an invigilator has reason to believe that an applicant has engaged in improper conduct during the course of an examination, the invigilator must make a report to the registration committee, and may recommend that the registration committee take one or more of the following courses of action:

(a) fail the applicant;

(b) pass the applicant;

(c) require the applicant to rewrite the examination;

(d) disqualify the applicant from participating in any examination for a period of time.

(3) After considering a report made under subsection (2), the registration committee may take one or more of the courses of action specified in subsection (2).

(4) An applicant disqualified under subsection 2(d) must be provided with written reasons for disqualification.

Registration Renewal

51. (1) To be eligible for a renewal of registration, a registrant must

(a) provide the registrar with a completed Form 10,

(b) pay the registration renewal fee specified in Schedule “D”,

(c) pay any other outstanding fine, fee, debt or levy owed to the college,

(d) attest that he or she is in compliance with the *Act*, the regulations, and these bylaws, and is in compliance with any limits or conditions imposed on his or her practice under the *Act*,

(e) meet all applicable requirements of the quality assurance program under Part V,

(f) if certified under section 43, meet all applicable requirements of section 43(4),

(g) provide proof of professional liability insurance as required under section 81, and

(h) provide an authorization for a criminal record check in the form required under the *Criminal Records Review Act*, if the college does not have a valid authorization on file.

(2) Form 10 must be delivered to each registrant no later than 30 days before the registration renewal date and must describe the consequences of late payment and non-payment of fees.

(3) Each registrant must submit the monies required under subsection (1) and a completed Form 10 to the college on or before the registration expiry date.

(4) On receipt of the monies required under subsection (1) and a completed Form 10, the registrar must issue a receipt stating that the registrant is, subject to his or her compliance with the *Act*, the regulations, and the bylaws, entitled to practice the profession of pharmacy or practise as a pharmacy technician, as applicable, in the Province of British Columbia as a member of the college.

(5) If a registrant fails to submit the monies required under subsection (1) and a completed Form 10 on or before the registration expiry date, he or she ceases to be registered.

(6) In this section, ”registrant” does not include a student pharmacist.

Reinstatement

52. (1) The registration of a former registrant or a non-practising registrant, whose registration is not suspended or cancelled under the *Act* and who has been out of practice for more than 90 days but less than 6 years must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant or non-practising registrant

(a) has met all the applicable requirements of the quality assurance program approved by the board, and

(b) has delivered to the registrar

(i) a signed application for reinstatement in Form 11,

(ii) a statutory declaration in Form 5,

(iii) an authorization for a criminal record check in the form required by the *Criminal Records Review Act*, and

(iv) the registration reinstatement fee and transfer fee, if applicable, specified in Schedule "D".

(2) The registration of a former registrant or a non-practising registrant, whose registration is not suspended or cancelled under the *Act* and who has been out of practice for 6 years or more must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant or non-practising registrant

(a) successfully completes the jurisprudence examination required by the registration committee,

(b) successfully completes the structured practical training required by the registration committee,

(c) successfully completes the Pharmacy Examining Board of Canada Qualifying Examination - Part II, and

(d) has delivered to the registrar

(i) a signed application for reinstatement in Form 11,

(ii) a statutory declaration in Form 5,

(iii) an authorization for a criminal record check in the form required by the *Criminal Records Review Act*, and

(iv) the registration reinstatement and transfer fee, if applicable specified in Schedule "D".

Reinstatement Following Late Registration Renewal

53. The registration of a former registrant who ceased to be registered under section 51(5) must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant

(a) applies for reinstatement in Form 11 not later than 90 days following the expiry of his or her registration,

(b) meets the requirements of section 52(1),

(c) is not in contravention of the *Act*, the regulations, or these bylaws, and

(d) pays the registration reinstatement and late registration renewal fees specified in Schedule "D".

Registration Information

54. (1) For the purposes of section 21(2)(f) of the *Act*, the registrar must enter and maintain on the register the most recent electronic mail address for each registrant.

(2) A registrant must notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

PART V – Quality Assurance
Quality Assurance Program

55. (1) In this Part, **"program"** means the quality assurance program established by the board in accordance with this section.

(2) The program consists of the following:

(a) continuing professional development;

(b) assessment of professional performance.

Continuing Professional Development

56. (1) Each full pharmacist and pharmacy technician must complete learning activities for the purpose of continuing professional development, in accordance with the policy approved by the board.

(2) Each full pharmacist and pharmacy technician must

(a) keep records in a form satisfactory to the quality assurance committee of the learning activities that the full pharmacist or pharmacy technician undertakes for the purpose of meeting the requirement established in subsection (1), and

(b) provide, on the request of and in accordance with the direction of the quality assurance committee, copies of the records referred to in paragraph (a).

(3) The quality assurance committee may conduct a review of the records provided under subsection 2(b).

Assessment of Professional Performance

56.1 (1) The quality assurance committee may require a full pharmacist or pharmacy technician to undergo an assessment of professional performance

(a) upon referral from the practice review committee under section 15.1(5), or

(b) if the quality assurance committee determines an assessment is appropriate in the circumstances upon a review of records conducted under section 56(3).

(2) For the purpose of an assessment under subsection (1) the quality assurance committee or an assessor appointed by the quality assurance committee may do one or more of the following:

(a) conduct an interview of the full pharmacist or pharmacy technician;

(b) assess the practice competency of the full pharmacist or pharmacy technician;

(c) require the full pharmacist or pharmacy technician to undergo any other type of assessment determined by the quality assurance committee to be appropriate in the circumstances.

PART VI – Inquiries and Discipline

Consent Orders

57. The record of an undertaking or consent given under section 36 of the *Act*, a consent order under section 37.1 of the *Act*, or an agreement under section 32.2(4)(b) or 32.3(3)(b) of the *Act*, must

(a) include any consent to a reprimand or to any other action made by the registrant under section 32.2(4)(b), 32.3(3)(b), 36 or 37.1 of the *Act*,

(b) include any undertaking made by the registrant under section 36 of the *Act*,

(c) specify the length of time that an undertaking specified in paragraph (b) is binding on the registrant,

(d) specify the procedure that the registrant may follow to be released from an undertaking specified in paragraph (b), and

(e) subject to sections 22 and 39.3 of the *Act* and sections 39(1) and 60(1), specify which limits or conditions of the undertaking, consent order or agreement may be published, disclosed to the public, or both.

Notice of Disciplinary Committee Action Under Section 39.1 of *Act*

57.1 The discipline committee must deliver notice to a registrant not fewer than 14 days before making an order under section 39.1 of the *Act* in respect of the registrant.

Citation for Disciplinary Hearing

58. (1) On the direction of a panel of the discipline committee, the registrar may join one or more complaints or other matters which are to be the subject of a discipline hearing in one citation as appropriate in the circumstances.

(2) On the direction of a panel of the discipline committee, the registrar may sever one or more complaints or other matters which are to be the subject of a discipline hearing as appropriate in the circumstances.

(3) On the direction of a panel of the discipline committee, the registrar may amend a citation issued under section 37 of the *Act*.

(4) If a citation is amended under subsection (3) prior to a discipline hearing, the amended citation must be delivered to the respondent by personal service or sent by registered mail to the respondent at the last address for the respondent recorded in the register not fewer than 14 days before the date of the hearing.

(5) If a citation is amended under subsection (3) prior to a discipline hearing, and the amended citation changes the date, time or place of the hearing, the registrar must notify any complainant of the amendment not fewer than 14 days before the date of the hearing.

Hearings of Discipline Committee

59. (1) No person may sit on the discipline committee while he or she is a member of the inquiry committee.

(2) No member of the discipline committee may sit on the panel hearing a matter in which he or she:

(a) was involved as a member of the inquiry committee, or

(b) has had any prior involvement.

(3) Information about the date, time and subject matter of the hearing must be provided to any person on request.

(4) The discipline committee must provide notice by registered mail or by personal service to a person who is required to attend a hearing under section 38(6) of the *Act* in Form 12.

(5) All discipline hearings must be recorded and any person may obtain, at his or her expense, a transcript of any part of the hearing which he or she was entitled to attend.

Notice of Disciplinary Decision

60. (1) In addition to any notification required under section 39.3 of the *Act* with respect to any of the actions referred to in section 39.3(1)(a) to (e) of the *Act*, the registrar

(a) must notify all registrants,

(b) must notify the regulatory bodies governing the practice of pharmacy or the services of pharmacy technicians in every other Canadian jurisdiction, and

(c) may notify any other governing body of a health profession inside or outside of Canada.

(2) Notification provided to all registrants under subsection (1)(a)

(a) must include all information included in the public notification under section 39.3 of the *Act*, and

(b) unless otherwise directed by the inquiry committee or the discipline committee, as the case may be, must exclude any information withheld from the public notification under section 39.3(3) or (4) of the *Act*.

(3) Unless otherwise directed by the inquiry committee or the discipline committee, as the case may be, notification provided to other regulatory or governing bodies under subsection (1)(b) or (c) may include information that has been withheld from the public notification under section 39.3(3) or (4) of the *Act*.

Retention of Discipline Committee and Inquiry Committee Records

61. Records of the inquiry committee and discipline committee must be retained permanently.

Registrant Under Suspension

62. (1) If the registration of a registrant is suspended, the registrant must

(a) not engage in the practice of pharmacy or provide the services of a pharmacy technician,

(b) not hold himself or herself out as a registrant,

(c) not hold office in the college,

(d) not be a manager,

(e) not make appointments for patients or prospective patients,

(f) remove the registrant's name and any sign relating to the registrant's practice from any premises where the registrant practiced pharmacy or provided the services of a pharmacy technician and any building in which any such premises are located,

(g) not contact or communicate with patients or prospective patients, except for the following purposes:

(i) to advise a patient or a prospective patient of the fact and duration of the suspension, and

(ii) to advise a patient or prospective patient that another registrant will continue to act or provide services in the suspended registrant's place, or

(iii) to refer a patient or prospective patient to another registrant, who is in good standing.

(h) pay any fee required by the college when due in order to remain a registrant and any other outstanding fine, fee, debt or levy owed to the college, and

(i) immediately surrender his or her registration card to the registrar.

(2) No registrant or former registrant is entitled to any refund of any fine, fee, debt or levy paid to the college solely on the basis that it was paid during or in relation to a period of suspension from practice.

(3) During the period of suspension,

(a) a suspended full pharmacist may permit another full pharmacist in good standing to practice pharmacy, and

(b) a suspended pharmacy technician may permit a full pharmacist or another pharmacy technician, in good standing, to provide pharmacy services,

in the premises where the full pharmacist or pharmacy technician formerly practiced pharmacy or provided pharmacy services, as applicable.

Fines

63. The maximum amount of a fine that may be ordered by the discipline committee under section 39(2)(f) of the *Act* is $100,000.

PART VII –Registrant Records
Definitions

64. In this Part, **"patient's representative"** means

(a) a "committee of the patient" under the *Patient's Property Act*,

(b) the parent or guardian of a patient who is under 19 years of age,

(c) a representative authorized by a representation agreement under the *Representation Agreement Act* to make or help in making decisions on behalf of a patient,

(d) a decision maker or guardian appointed under section 10 of the *Adult Guardianship Act*, or

(e) a temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*.

Purpose for which Personal Information may be Collected

65. No registrant may collect personal information regarding a patient without the patient's consent unless

(a) the information relates directly to and is necessary for providing health care services to the patient or for related administrative purposes, or

(b) the collection of that information is expressly authorized by or under an enactment.

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 accurately reflect the original prescription, including the colour composition of that prescription.

(6) A registrant who creates and stores electronic records must do so using the equipment, software and systems prescribed by subsections 23.3(1) and 23.3(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 are disposed of or destroyed only by

(a) transferring the record to another registrant, or

(b) destroying the records in a manner that ensures that 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".

College of Pharmacists of British Columbia

BOARD MEETING
April 11, 2019

5. Legislation Review Committee
c) Authorizing the Registrar to Act under s.32(3) of the HPA

DECISION REQUIRED

Recommended Board Motion:

Approve amendments to the Health Professions Act Bylaws to include a provision authorizing the Registrar to act under section 32(3) of the Health Professions Act, for public posting.

Purpose

Seek approval to publicly post amendments to the *Health Professions Act* ("HPA") Bylaws to authorize the Registrar to act under section 32(3) of the HPA.

Background

At their February 2019 meeting, the Board authorized the Registrar to act under s. 32(3) of the HPA (see Appendix 1). This authorized the Registrar to dismiss complaints made to the College that were eligible for disposal, as outlined in s. 32(3):

> *"(3) Despite subsection (2), the registrar, if authorized by the board, may dismiss a complaint, or request that the registrant act as described in section 36 (1), without reference to the inquiry committee if the registrar determines that the complaint*
>
> *a) is trivial, frivolous, vexatious, or made in bad faith;*
> *b) does not contain allegations that, if admitted or proven, would constitute a matter subject to investigation by the Inquiry Committee; or,*
> *c) contains allegations that, if admitted or proven, would constitute a matter, other than a serious matter, subject to investigation by the Inquiry Committee."*

Though the Registrar now has the Board approval required to act under s.32(3), for purposes of enhanced transparency and to align with several other colleges (twelve colleges) established under the HPA who have placed this authority in bylaw, it is proposed that the HPA Bylaws include a provision authorizing the Registrar to act under s. 32(3). Please see Appendix 2 for the draft HPA Bylaw amendments.

For further information on how the College's complaints process works under s. 32(3), please see Appendix 3.

Recommendation

The Legislation Review Committee recommends that the HPA Bylaws be amended to include a provision allowing the Registrar to act under section 32(3) for public posting.

Next Steps

If approved by the Board, the amendments to the HPA Bylaws will be publicly posted for comment for a 90-day period. All feedback received will be reviewed and is expected to be brought forward to the September 2019 Board meeting. At that time, the Board is expected to consider whether to file the proposed amendments with the Ministry of Health for a 60-day period, after which the changes will take effect.

Appendix	
1	February 2019 Briefing Note 'Disposition of Complaint by Registrar'
2	Draft Amendments to HPA Bylaws – s.32(3)
3	Summary of the Complaints Process Under s.32(3) of the *Health Professions Act*

College of Pharmacists of British Columbia

BOARD MEETING
February 15, 2019

13. Inquiry Committee
b) Disposition of Complaint by Registrar

DECISION REQUIRED

Recommended Board Motion:

Authorize the Registrar to act under section 32(3) of the *Health Professions Act*.

Purpose

To seek Board authorization to allow the Registrar to act under s.32(3) of the *Health Professions Act* ("HPA").

Background

In general, s.32 of the HPA outlines how complaints against a registrant must be delivered to the Registrar, and the Registrar's authority to dispose of complaints. More specifically, s.32(3) of the HPA allows the Registrar, if authorized by the Board, to dismiss a complaint or request that a registrant act as described in s.36(1) of the HPA, without reference to the Inquiry Committee, if the Registrar determines that the complaint is:

a) Trivial, frivolous, vexatious, or made in bad faith;
b) Does not contain allegations that, if admitted or proven, would constitute a matter subject to investigation by the Inquiry Committee; or,
c) Contains allegations that, if admitted or proven, would constitute a matter, other than a serious matter, subject to investigation by the Inquiry Committee.

Section 36(1) of the HPA describes reprimands and remedial actions by consent. It allows the Inquiry Committee to request that a registrant do one or more of the following:

- Undertake not to repeat the conduct to which the matter relates;
- Undertake to take educational courses specified by the Inquiry Committee;
- Consent to a reprimand; or
- Undertake or consent to any other action specified by the Inquiry Committee.

If a complaint is dismissed or the registrant is requested to act as described in s.36(1) by the Registrar under s.32(3), the Registrar must deliver a written report to the Inquiry Committee about the circumstances of the disposition. In addition, after receiving this report, the Inquiry

Committee may still direct the Registrar to investigate the complaint. This allows for a "check and balance" in the complaints disposition process.

It is very common for this province's health professional regulatory bodies to authorize the Registrar to act under s.32(3) of the HPA. Of the twenty regulatory colleges established under the HPA, all but eight have an explicit bylaw provision authorizing the Registrar to act under that section[1]. Currently, the CPBC is without this particular bylaw provision.

Discussion

From time to time, the College's Complaints & Investigations Department receives complaints which, after assessment, would fall under one of the following categories of complaints outlined under s.32(3) of the HPA. Specifically, these complaints are found to be:

a) Trivial, frivolous, vexatious, or made in bad faith;
b) Do not contain allegations that, if admitted or proven, would constitute a matter subject to investigation by the Inquiry Committee; or,
c) Contains allegations that, if admitted or proven, would constitute a matter, other than a serious matter, subject to investigation by the Inquiry Committee.

As noted above, the Board has not previously provided the Registrar with authorization to act under s.32(3) of the HPA. So, even when complaints are received that would fall under a category outlined under s.32(3), the College spends considerable resources on assessment, developing recommendations for the disposition of the complaint, and presenting these recommendations to the Inquiry Committee. This occurs even when it is probable that the recommendation for disposition would be that the Inquiry Committee take no further action.

Recommendation

It is recommended that the Board authorize the Registrar to act under s.32(3) of the HPA.

Next Steps

To better align with most other colleges established under the HPA, the College will develop a proposed bylaw amendment to grant the Registrar authority to act under s.32(3) of the HPA

[1] The 12 colleges with a bylaw provision authorizing their registrar to act under s.32(3) of the HPA are: B.C. College of Nursing Professionals, College of Chiropractors of B.C., College of Dental Hygienists of B.C., College of Dental Surgeons of B.C., College of Denturists of B.C., College of Massage Therapists of B.C., College of Midwives of B.C., College of Occupational Therapists of B.C., College of Physical Therapists of B.C., College of Physicians and Surgeons of B.C., College of Podiatric Surgeons of B.C., and the College of Speech and Hearing Health Professionals of B.C.

going forward. It is anticipated that this proposed provision will be brought forward to the Board for their consideration at their April 2019 meeting.

As bylaw amendments may take upwards to a year to take effect, this proposed Board motion was brought forward initially to allow for immediate implementation. The College has engaged with legal counsel and the Ministry of Health on this issue.

Health Professions Act – BYLAWS

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Definitions

1. In these bylaws:

"*Act*" means the *Health Professions Act*;

"appointed board member" means

(a) a person appointed to the board under section 17(3)(b) of the *Act,* or

(b) prior to the first election referred to in section 17(2)(a) of the *Act*, a person appointed under section 17(2)(a) of the *Act* to represent the public on the first board;

"ballot" means an electronic ballot;

"board" means the board of the college;

"board member" means an appointed board member or an elected board member;

"chair" means the chair of the board elected under section 12;

"child-resistant package" means a package that complies with the requirements of the Canadian Standards Association Standard CAN/CSA-Z76.1-06, published in 2006 as amended from time to time;

"controlled drug substance" means a drug which includes a controlled substance listed in Schedule I, II, III, IV or V of the *Controlled Drugs and Substances Act* (Canada);

"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, 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 for the purpose of prescribing, the electronic initial must meet the requirements of paragraph (a) and must be a unique mark personally applied by that pharmacist;

"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" has the same meaning as in section 1 of the *Pharmacy Operations* and *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 basis, if the person also meets the requirements established in subsection (1)(b) to (h).

(4) Despite subsection (1), the person may be granted pharmacy technician registration if he or she

(a) applies on or before December 31, 2015,

(b) has worked for at least 2000 hours as the equivalent of a pharmacy assistant in the 3 year period immediately preceding the date of application,

(c) has

(i) successfully completed the Pharmacy Examining Board of Canada Evaluating Examination, or

(ii) been certified as the equivalent of a pharmacy technician in the Province of Ontario or Province of Alberta prior to January 1, 2009, or in another jurisdiction recognized by the registration committee, or

(iii) successfully completed an accredited pharmacist degree program in Canada or in the continental United States,

(d) has successfully completed the pharmacy technician bridging programs, and

(e) meets the requirements in subsection (1)(b) to (d) and (f) to (h).

(5) A pharmacy technician must not

(a) perform a restricted activity under section 4(1)(a) or (c.1) of the Regulation,

(b) act under section 25.92 of the *Act,* or

(c) be appointed as a pharmacy manager.

(6) A pharmacy technician may use only the title “pharmacy technician” and may use only the abbreviation “R.Ph.T.”.

Non-Practising Registration

48. (1) A full pharmacist or pharmacy technician may be granted non-practising registration if the registrar has received

(a) a signed application for non-practising registration in Form 8,

(b) the registration fee specified in Schedule “D”,

(c) a statutory declaration in Form 5, and

(d) a criminal record check authorization in the form required under the *Criminal Records Review Act*.

(2) A non-practising registrant must not provide pharmacy services in British Columbia.

(3) A non-practising registrant who was formerly a full pharmacist may use only the title “pharmacist (non-practising)” and must not use any abbreviations.

(4) A non-practising registrant who was formerly a pharmacy technician may use only the title “pharmacy technician (non-practising)” or “technician (non-practising)” and must not use any abbreviations.

Certificate of Registration and Registration Card

49. (1) The registrar must issue a certificate in Form 9 to a person who is granted full pharmacist or pharmacy technician registration.

(2) A registration card must be issued to a person who is granted registration, and is valid from the date issued until the date shown on the card.

Examinations

50. (1) An applicant who fails a required examination under this Part, may write the examination again to a maximum of 4 times except where the Pharmacy Examining Board of Canada for its examinations, determines otherwise.

(2) If an invigilator has reason to believe that an applicant has engaged in improper conduct during the course of an examination, the invigilator must make a report to the registration committee, and may recommend that the registration committee take one or more of the following courses of action:

(a) fail the applicant;

(b) pass the applicant;

(c) require the applicant to rewrite the examination;

(d) disqualify the applicant from participating in any examination for a period of time.

(3) After considering a report made under subsection (2), the registration committee may take one or more of the courses of action specified in subsection (2).

(4) An applicant disqualified under subsection 2(d) must be provided with written reasons for disqualification.

Registration Renewal

51. (1) To be eligible for a renewal of registration, a registrant must

(a) provide the registrar with a completed Form 10,

(b) pay the registration renewal fee specified in Schedule "D",

(c) pay any other outstanding fine, fee, debt or levy owed to the college,

(d) attest that he or she is in compliance with the *Act*, the regulations, and these bylaws, and is in compliance with any limits or conditions imposed on his or her practice under the *Act*,

(e) meet all applicable requirements of the quality assurance program under Part V,

(f) if certified under section 43, meet all applicable requirements of section 43(4),

(g) provide proof of professional liability insurance as required under section 81, and

(h) provide an authorization for a criminal record check in the form required under the *Criminal Records Review Act*, if the college does not have a valid authorization on file.

(2) Form 10 must be delivered to each registrant no later than 30 days before the registration renewal date and must describe the consequences of late payment and non-payment of fees.

(3) Each registrant must submit the monies required under subsection (1) and a completed Form 10 to the college on or before the registration expiry date.

(4) On receipt of the monies required under subsection (1) and a completed Form 10, the registrar must issue a receipt stating that the registrant is, subject to his or her compliance with the *Act*, the regulations, and the bylaws, entitled to practice the profession of pharmacy or practise as a pharmacy technician, as applicable, in the Province of British Columbia as a member of the college.

(5) If a registrant fails to submit the monies required under subsection (1) and a completed Form 10 on or before the registration expiry date, he or she ceases to be registered.

(6) In this section, "registrant" does not include a student pharmacist.

Reinstatement

52. (1) The registration of a former registrant or a non-practising registrant, whose registration is not suspended or cancelled under the *Act* and

who has been out of practice for more than 90 days but less than 6 years must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant or non-practising registrant

(a) has met all the applicable requirements of the quality assurance program approved by the board, and

(b) has delivered to the registrar

(i) a signed application for reinstatement in Form 11,

(ii) a statutory declaration in Form 5,

(iii) an authorization for a criminal record check in the form required by the *Criminal Records Review Act*, and

(iv) the registration reinstatement fee and transfer fee, if applicable, specified in Schedule "D".

(2) The registration of a former registrant or a non-practising registrant, whose registration is not suspended or cancelled under the *Act* and who has been out of practice for 6 years or more must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant or non-practising registrant

(a) successfully completes the jurisprudence examination required by the registration committee,

(b) successfully completes the structured practical training required by the registration committee,

(c) successfully completes the Pharmacy Examining Board of Canada Qualifying Examination - Part II, and

(d) has delivered to the registrar

(i) a signed application for reinstatement in Form 11,

(ii) a statutory declaration in Form 5,

(iii) an authorization for a criminal record check in the form required by the *Criminal Records Review Act*, and

(iv) the registration reinstatement and transfer fee, if applicable specified in Schedule "D".

Reinstatement Following Late Registration Renewal

53. The registration of a former registrant who ceased to be registered under section 51(5) must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant

(a) applies for reinstatement in Form 11 not later than 90 days following the expiry of his or her registration,

(b) meets the requirements of section 52(1),

(c) is not in contravention of the *Act*, the regulations, or these bylaws, and

(d) pays the registration reinstatement and late registration renewal fees specified in Schedule "D".

Registration Information

54. (1) For the purposes of section 21(2)(f) of the *Act*, the registrar must enter and maintain on the register the most recent electronic mail address for each registrant.

(2) A registrant must notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

PART V – Quality Assurance
Quality Assurance Program

55. (1) In this Part, **"program"** means the quality assurance program established by the board in accordance with this section.

(2) The program consists of the following:

(a) continuing professional development;

(b) assessment of professional performance.

Continuing Professional Development

56. (1) Each full pharmacist and pharmacy technician must complete learning activities for the purpose of continuing professional development, in accordance with the policy approved by the board.

(2) Each full pharmacist and pharmacy technician must

(a) keep records in a form satisfactory to the quality assurance committee of the learning activities that the full pharmacist or pharmacy technician undertakes for the purpose of meeting the requirement established in subsection (1), and

(b) provide, on the request of and in accordance with the direction of the quality assurance committee, copies of the records referred to in paragraph (a).

(3) The quality assurance committee may conduct a review of the records provided under subsection 2(b).

Assessment of Professional Performance

56.1 (1) The quality assurance committee may require a full pharmacist or pharmacy technician to undergo an assessment of professional performance

(a) upon referral from the practice review committee under section 15.1(5), or

(b) if the quality assurance committee determines an assessment is appropriate in the circumstances upon a review of records conducted under section 56(3).

(2) For the purpose of an assessment under subsection (1) the quality assurance committee or an assessor appointed by the quality assurance committee may do one or more of the following:

(a) conduct an interview of the full pharmacist or pharmacy technician;

(b) assess the practice competency of the full pharmacist or pharmacy technician;

(c) require the full pharmacist or pharmacy technician to undergo any other type of assessment determined by the quality assurance committee to be appropriate in the circumstances.

PART VI – Inquiries and Discipline

Disposition of Complaints by Registrar

56.2 The registrar is authorized to act under section 32(3) of the *Act*.

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 accurately reflect the original prescription, including the colour composition of that prescription.

(6) A registrant who creates and stores electronic records must do so using the equipment, software and systems prescribed by subsections 23.3(1) and 23.3(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 are disposed of or destroyed only by

(a) transferring the record to another registrant, or

(b) destroying the records in a manner that ensures that 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".

Summary of the Complaints Process Under s.32(3) of the *Health Professions Act*

The College often receives complaints and allegations that fall outside of its jurisdiction to investigate, as defined in s.32(3)(b) of the *Health Professions Act* ("the HPA"). These sorts of complaints typically pertain to business, financial and customer service matters, as opposed to matters of patient safety. Additionally, there are exceptional circumstances where the College receives complaints or allegations that are considered trivial, frivolous, vexatious, or made in bad faith, as defined in s.32(3)(a) of the HPA. For both categories of complaints, the College reviews the best approach to resolve the issue. Most often, these sorts of complaints can be resolved informally over the phone.

Despite efforts to informally address complaints that fall within the definition of s.32(3)(a) and (b), from time to time a complainant will formally submit such complaints in writing to the Registrar under s. 32(1) of the HPA. This creates a legislative obligation for the Registrar under s.32(2) to deliver a copy of the complaint to the Inquiry Committee, where the complaint must then be assessed and recommendations developed regarding the disposition of the complaint. The complaint must also then be investigated under a formal process pursuant to s. 33(1). This is a significant use of resources for the Complaints and Investigations departments and for the Inquiry Committee, and deviates resources from complaints that pose a patient safety threat. For this reason, s. 32(3) of the HPA authorizes the Registrar to dispose of such complaints.

There are "checks and balances" to ensure that the Registrar does not dispose of complaints improperly. Firstly, if a Registrar is authorized to dismiss a complaint that falls within s. 32(3), and the Registrar executes this authority, the Registrar must still deliver a written report to the Inquiry Committee about the circumstances of the disposition, as outlined in s. 32(4). The Inquiry Committee then can either agree with the disposition or not, as outlined in s. 32 (5). In the event that the Inquiry Committee does not agree with the disposition, the Registrar would need to proceed with providing the Inquiry Committee with a copy of the complaint for review, including an assessment and any recommendations as outlined in s. 32(2).

If the Inquiry Committee agrees with the Registrar's disposition under s. 32(3), pursuant to s. 34 a written summary of the disposition will be delivered to the complainant within 30 days of disposition. The complainant will be advised of the right to apply for a review of the disposition by the Health Professions Review Board under s. 50.6.

If the complainant does apply for a review, the Health Professions Review Board can confirm the disposition, direct the Inquiry Committee to make a decision or disposition that could have been made by the Inquiry Committee, or send the matter back to the Inquiry Committee for reconsideration with directions.

Of the types of complaints received by the College that fall within s. 32(3), the majority are complaints that fall outside of the jurisdiction of the College as outlined in s.32(3)(b). There are also exceptional circumstances where complaints are trivial, frivolous, vexatious or made in bad faith, as outlined in s. 32(3)(a). The Registrar would likely not use his authority to dispose of a complaint that falls within s. 32(3)(c) – i.e. a complaint that:

> *"contains allegations that, if admitted or proven, would constitute a matter, other than a serious matter, subject to investigation by the inquiry committee under section 33 (4)."*

In such cases, if a matter constitutes one that would be subject to investigation by the Inquiry Committee under s. 33(4), then it is more appropriate for the Inquiry Committee to formally investigate the matter under s. 33(1) rather than for the Registrar to determine what constitutes a "serious matter" and consequently whether a matter falls under the Registrar's jurisdiction to dispose of the complaint under s. 32(3)(c).

College of Pharmacists of British Columbia

BOARD MEETING
April 11, 2019

5. Legislation Review Committee
d) Drug Scheduling Amendment of Esomeprazole

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution to amend drug scheduling in the *Drug Schedules Regulation*:

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, to move esomeprazole when sold for treatment of frequent heartburn from Schedule II to Schedule III and establish esomeprazole for veterinary use as Schedule I.

Purpose

To seek Board approval to amend the Drug Schedules Regulation (DSR) under the *Pharmacy Operations and Drug Scheduling Act* (PODSA) in order to improve alignment with the Prescription Drug List (PDL) made under the *Food and Drugs Act* (Canada) (FDA), and with a final recommendation made by National Drug Scheduling Advisory Committee (NDSAC) in November 2018 regarding esomeprazole.

Background

Health Canada determines whether a drug must be sold by prescription only or can be sold over the counter (non-prescription status). Provincial regulatory authorities can further restrict the conditions of sale of "non-prescription" products; however, they cannot be less stringent than the federal requirements. For example, a product that has not been federally designated as a prescription product could be assigned prescription status by a province or territory. However, a product that is regulated under the FDA with a prescription-only status cannot be given non-prescription status by a province or territory. Prescription drugs are classified as Schedule 1 or 1A on the DSR.

Typically, for those drugs determined by Health Canada to be non-prescription, most provincial regulatory authorities schedule by reference to recommendations made by National

Association of Pharmacy Regulatory Authorities (NAPRA) in the National Drug Schedules. B.C. is one of the few provinces in Canada that maintains its own list of scheduled drugs in the DSR[1]. Nevertheless, most amendments to B.C.'s DSR are based on recommendations from NAPRA.

NAPRA created the NDSAC to recommend appropriate placement of non-prescription drugs within a three schedule national model[2] in the National Drug Schedules. "NDSAC members are chosen for their knowledge and expertise in such areas as pharmacotherapy, drug utilization, drug interactions and toxicology, pharmacy practice, academic research, the drug industry and pharmaceutical regulatory affairs at federal and provincial levels".[3] Their recommendations include an examination of the scientific evidence to support their rationale, along with allowing for public input through a public posting period.

Legislative Authority

The legislative authority for the Board to amend the DSR is outlined in section 22 of the PODSA:

> ***Regulations of the board***
> ***22*** *(1) Subject to the Food and Drugs Act (Canada), the board, by regulation, may make drug schedules specifying the terms and conditions of sale for drugs and devices.*
> *(2) A regulation under subsection (1) must be filed with the minister.*

B.C.'s process requires the College to complete an internal review of NDSAC's recommendations in order to assess any modifications for the context of BC's health sector. Next, the College submits the proposed amendments to the Ministry of Health, Professional Regulation & Oversight branch. The Ministry completes their review and if satisfied, forwards the request to Legislative Counsel for a legal review. If no issues are identified, Legislative Counsel provides the College with a tagged schedule of amendments. The tagged scheduled of amendments is then presented to the College's Board for approval.

Discussion

There is one set of proposed amendments to the DSR.

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[1] In B.C., drugs are scheduled in the DSR as Schedule I, IA, II, III, and IV. The schedules are differentiated as follows:

- Schedule I (Prescription)
- Schedule IA (Prescription - Triplicate/Duplicate Prescription Program)
- Schedule II (Non-Prescription – Retained within the Professional Service Area)
- Schedule III (Non-Prescription – Available for self-selection in the Professional Products Area)
- Schedule IV (Prescription by Pharmacist)

[2] The National Drug Schedules categorize drugs as Schedule I, II, or III.

[3] http://napra.ca/committee-membership

Esomeprazole

Esomeprazole belongs to the family of medications known as proton pump inhibitors. It works by reducing the amount of acid the stomach produces.

Depending on its dosage form, esomeprazole is currently scheduled on the DSR as a Schedule I or a Schedule II drug. However, in November 2018, NASDAC recommended to move the dosage form listed in Schedule II to Schedule III. In addition, the current PDL listing also includes esomeprazole for veterinarian use whereas the DSR does not specify veterinarian usage.

The proposed DSR amendments would align the scheduling of esomeprazole with the PDL and NDSAC changes. Further, the proposed amendments would not result in significant changes to pharmacy practice.

Please refer Appendix 1 for the tagged schedule of DSR amendments. The schedule has been reviewed and approved by the Ministry of Health. In addition, please refer to Appendix 2 for a chart setting out the current DSR entries, the proposed amendments and the reasons for the amendments.

Next Steps

If approved by the Board, the College will deposit the tagged schedule with the Registrar of Regulations, at which time the amendments will come into force 60 days from the deposit date.

Recommendation

The Board approve the proposed amendments to the DSR as set out in Appendix 1.

Appendix	
1	Schedule of Drug Schedules Regulation amendments
2	Chart of Proposed Drug Schedules Regulation Amendments

APPENDIX

1 The Drug Schedules Regulation, B.C. Reg. 9/98, is amended in the Schedules

(a) by striking out the following:

1 Esomeprazole and its salts except when sold for the 14-day treatment for frequent heartburn, at a daily dose of 20 mg and in package sizes of no more than 280 mg of esomeprazole

2 Esomeprazole and its salts when sold for the 14-day treatment for frequent heartburn, at a daily dose of 20 mg and in package sizes of no more than 280 mg of esomeprazole , ***and***

(b) by adding the following:

1 Esomeprazole or its salts for human use including but not limited to esomeprazole magnesium except when sold for the 14-day treatment for frequent heartburn at a daily dose of 20 mg, in package sizes of no more than 280 mg of esomeprazole

3 Esomeprazole or its salts for human use when sold for the 14-day treatment for frequent heartburn at a daily dose of 20 mg, in package sizes of no more than 280 mg of esomeprazole

1 Esomeprazole or its salts for veterinary use .

[For administrative purposes only - R10315803]

Drug Schedules Regulation (DSR) - Draft Proposed Amendments

Current DSR Entry	Amended DSR Entry	Rationale for Amendment/ Comments	Consistent with NAPRA (Y/N)	Consistent with PDL (Y/N)
1 Esomeprazole and its salts except when sold for the 14-day treatment for frequent heartburn, at a daily dose of 20 mg and in package sizes of no more than 280 mg of esomeprazole	1 Esomeprazole or its salts for human use including but not limited to esomeprazole magnesium except when sold for the 14-day treatment for frequent heartburn at a daily dose of 20 mg, in package sizes of no more than 280 mg of esomeprazole	Revised for consistency with PDL[1] and NAPRA NDS[2].	Y	Y (With the addition of package size restriction of no more than 280 mg of esomeprazole)
2 Esomeprazole and its salts when sold for the 14-day treatment for frequent heartburn, at a daily dose of 20 mg and in package sizes of no more than 280 mg of esomeprazole	3 Esomeprazole or its salts for human use when sold for the 14-day treatment for frequent heartburn at a daily dose of 20 mg, in package sizes of no more than 280 mg of esomeprazole	Revised for consistency with NAPRA NDS[2].		
None.	1 Esomeprazole or its salts for veterinary use	Revised for consistency with PDL[1] and NAPRA NDS[2].	Y	Y

[1] Prescription Drug List (PDL): https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/prescription-drug-list/list.html
[2] NAPRA National Drug Schedules: Esomeprazole https://napra.ca/national-drug-schedules

College of Pharmacists of British Columbia

5. Legislation Review Committee

Mona Kwong

Chair of Legislation Review Committee

College of Pharmacists of British Columbia

5 a) Committee Updates

College of Pharmacists of British Columbia

Committee Updates

March 12, 2019 Meeting

- HPA and PODSA Fee Amendments
- Housekeeping Updates to PPP-66 Policy Guide – MMT
- Amending Committee Terms of Office
- Authorizing the Registrar to Act under s. 32(3) of the HPA
- Drug Scheduling Amendment of Esomeprazole

College of Pharmacists of British Columbia

Committee Update, continued

Key Upcoming Committee Work

- Comprehensive update of PODSA Bylaw requirements

College of Pharmacists of British Columbia

5 b) Amending Committee Member Terms of Office

College of Pharmacists of British Columbia

Background

***Health Professions Act* ("HPA") Bylaws:**

Section 19 (1) of the HPA Bylaws addresses Committee terms of office:

"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."

College of Pharmacists of British Columbia

Background

- Current Committee terms of office are misaligned with the Board terms of office.
- The Board terms were updated in January 2018:
  - Board members serve a 3 year term; and,
  - A maximum of 3 consecutive terms.
  - This allows up to a total of 6 years serving on the Board.

College of Pharmacists of British Columbia

Amendments to the Committee Terms of Office

Proposed amendments:

- Committee term lengths from not exceeding 2 years **to** not exceeding 3 years.
- Remove the consecutive term limitation.
- Committee members cannot serve more than 6 consecutive years.

College of Pharmacists of British Columbia

Amendments to the Committee Terms of Office, continued

The proposed amendments allow for:

- Enhanced alignment with the Board Member terms of office.
- Flexibility in determining Committee term lengths and consecutive years served.

College of Pharmacists of British Columbia

Proposed Timeline (subject to Board approval)

Date	Action
April to July 2019	90 day public posting period
September 2019	Board approval for filing with the Ministry of Health
November 2019	Bylaw comes into force

College of Pharmacists of British Columbia

5 b) Amending Committee Member Terms of Office

MOTION:

Approve amendments to the Health Professions Act Bylaws to change committee member terms to not exceed three years, with a maximum of six consecutive years, for public posting.

College of Pharmacists of British Columbia

5 c) Authorizing the Registrar to Act under s. 32(3) of the HPA

College of Pharmacists of British Columbia

Background

February 2019 Board Meeting

- Approved authorizing the Registrar to act under s. 32(3) of the HPA.
- This enabled the Registrar to dismiss complaints that:
  - Are trivial, frivolous, vexatious, or made in bad faith;
  - Do not contain allegations that, if admitted or proven, would constitute a matter subject to investigation by the Inquiry Committee; or,
  - Contain allegations that, if admitted or proven, would constitute a matter, other than a serious matter, subject to investigation by the Inquiry Committee.

College of Pharmacists of British Columbia

Proposed Amendments

- Amend the HPA Bylaws to include a provision stating that the Registrar is authorized to act under s. 32(3) of the HPA.
- Including this provision in the bylaws will:
  - Enhance transparency of this authority to the public.
  - Better align with several other BC health regulators who have placed this authority in bylaw.

College of Pharmacists of British Columbia

Proposed Timeline (subject to Board approval)

Date	Action
April to July 2019	90 day public posting period
September 2019	Board approval for filing with the Ministry of Health
November 2019	Bylaw comes into force

College of Pharmacists of British Columbia

5 c) Authorizing the Registrar to Act under s. 32(3) of the HPA

MOTION:

Approve amendments to the Health Professions Act Bylaws to include a provision to authorize the Registrar to act under section 32(3) of the Health Professions Act, for public posting.

College of Pharmacists of British Columbia

5 d) Drug Scheduling Amendment of Esomeprazole

College of Pharmacists of British Columbia

Background

Drugs are scheduled on the Drugs Schedules Regulation (DSR), as follows:

Schedule	Description
Schedule 1	Prescription drugs
Schedule 1A	Prescription drugs that are part of the Controlled Prescription Program
Schedule 2	Non-prescription drugs retained within the Professional Service Area (“behind the counter”)
Schedule 3	Non-prescription drugs available from the self-selection Professional Products Area (“area in front of the dispensary”)
Schedule 4	Drugs that may be prescribed by a pharmacist.

College of Pharmacists of British Columbia

Background, continued

- Health Canada determines whether a drug must be sold by prescription only.
- The CPBC can:
  - Further restrict the conditions of sale of non-prescription products (i.e., Schedule II and III drugs); and,
  - Determine which drugs should be scheduled as IA.

College of Pharmacists of British Columbia

Background, continued

BC Context

- Other Pharmacy Colleges schedule by reference to recommendations made by NAPRA.
- BC is fairly unique: CPBC must conduct its own drug scheduling which results in a longer process.
- Most amendments to BC's DSR are based on from NAPRA recommendations.

College of Pharmacists of British Columbia

Background, continued

- Depending on its package size, **esomeprazole** is currently scheduled on the DSR as a Schedule I or a Schedule II drug.
- In November 2018, NAPRA recommended to move certain package sizes from Schedule II to Schedule III.
- Esomeprazole for veterinarian use is listed as Schedule I federally; however, there is no veterinarian usage is noted for this drug on the DSR.

College of Pharmacists of British Columbia

Proposed Amendment

BC's Process

- CPBC completes an internal review of NAPRA's changes to assess if any changes are necessary for BC.
- Next, CPBC submits the amendments to the Ministry of Health for an additional review and this includes a legal review by Legislative Counsel.

College of Pharmacists of British Columbia

Proposed Amendments

Current DSR Entry	Amended DSR Entry
1 Esomeprazole and its salts except when sold for the 14-day treatment for frequent heartburn, at a daily dose of 20 mg and in package sizes of no more than 280 mg of esomeprazole	**1** Esomeprazole or its salts for human use including but not limited to esomeprazole magnesium except when sold for the 14-day treatment for frequent heartburn at a daily dose of 20 mg, in package sizes of no more than 280 mg of esomeprazole
2 Esomeprazole and its salts when sold for the 14-day treatment for frequent heartburn, at a daily dose of 20 mg and in package sizes of no more than 280 mg of esomeprazole	**3** Esomeprazole or its salts for human use when sold for the 14-day treatment for frequent heartburn at a daily dose of 20 mg, in package sizes of no more than 280 mg of esomeprazole
None	**1** Esomeprazole or its salts for veterinary use

College of Pharmacists of British Columbia

Proposed Timeline (subject to Board approval)

Date	Action
April to June 2019	Filing with Ministry of Health
June 2019	Deposited with the Registrar of Regulations
June 2019	Amendments comes into force

- The College is continuing to work on its initiative to reference federal drug lists within the DSR, which will reduce the need to frequently amend the DSR.

College of Pharmacists of British Columbia

5 d) Drug Scheduling Amendment of Esomeprazole

MOTION:

Approve the following resolution to amend drug scheduling in the Drug Schedules Regulation:

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, to move esomeprazole when sold for treatment of frequent heartburn from Schedule II to Schedule III and establish esomeprazole for veterinary use as Schedule I.

College of Pharmacists of British Columbia

BOARD MEETING
April 11, 2019

6. Controlled Prescription Program Update

INFORMATION ONLY

Purpose

To provide an update to the Board on the Controlled Prescription Program.

Background

Controlled Prescription Program

The *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws defines the Controlled Prescription Program ("CPP") as "…a program approved by the board, to prevent prescription forgery and reduce inappropriate prescribing of drugs."

The CPP requires the use of a special duplicate prescription pad printed for the purpose of prescribing selected drugs that are part of the program. Once the prescription is written, the prescriber retains the bottom copy marked "PRESCRIBERS COPY" and provides the patient with the original identified as "PHARMACY COPY," which the patient gives to the pharmacist. According to s.19(6)(a) of the PODSA Bylaws, both the Boards of the CPBC and College of Physicians and Surgeons approve the controlled prescription form.

The drugs selected for the CPP are noted on the CPP Information and Drug List document ("the CPP Document") on the CPBC's website, and are listed as Schedule 1A drugs on the Drug Schedules Regulation.

CPP prescriptions are personalized and numerically recorded, enabling them to be more easily monitored by regulatory colleges, and are subject to more restrictive regulatory requirements. Prescriptions for Schedule 1A drugs will not be filled if they are not written on a duplicate pad.

Controlled Prescription Program Advisory Committee

In August 2017, the Controlled Prescription Program Advisory Committee ("CPPAC") was established to:

- Review and update the Controlled Prescription Program components and drug list.
- Develop recommendations about the drugs that should require a duplicate prescription, and the information that should be provided by registrants of each college on a duplicate prescription.

- Develop recommendations regarding best practices for storage security and reporting of lost/stolen/forged prescription pads.

The CPPAC consists of the colleges whose registrants are involved in the prescribing and/or dispensing of controlled drugs, as well as the Ministry of Health. The colleges are:

- College of Pharmacists of BC
- College of Dental Surgeons of BC
- College of Midwives of BC
- College of Physicians and Surgeons of BC
- BC College of Nursing Professionals
- College of Veterinarians of BC

Discussion

The CPPAC has met regularly (approximately every 3-4 months) since being established. Some of the key items of discussion were:

- Development of Terms of Reference.
- Developing a revised version of the CPP Information Document to be hosted on each College's website[1].
- Potential additions to the list of drugs under the CPP.
- Information related to CPP (e.g., trends of increased forgeries of certain prescription drugs).
- Changes to CPP requirements.

Currently, CPPAC is developing a CPP guidance document to be drafted by summer 2019. The aim of this document is to provide comprehensive information to registrants of CPPAC participant Colleges on operational aspects of the program. Potential topics include:

- The process for ordering CPP prescription pads;
- Issues regarding the delivery and receipt of CPP prescription pads;
- Records retention requirements; and,
- Guidance on the safe-keeping of CPP prescription pads.

CPPAC last met on April 1, 2019. Key discussion topics included:

- Removing faxing restrictions on CPP prescriptions. This would allow prescriptions for drugs on the CPP list of drugs to be faxed from a prescriber to the pharmacist. Ongoing discussions on this topic will continue.
- An update from the Ministry of Health on the development of an opioid agonist treatment ("OAT")-specific CPP prescription form. This would replace the methadone-specific version while integrating all other OAT drugs.
- Potential inclusion of Cotridin^{R} on the CPP list of drugs.

[1] The Board approved this revised document at their February 2019 meeting.

Next Steps

The College will continue to participate in CPPAC. CPPAC meetings are expected to continue to take place approximately every 3-4 months, as needed.

Appendix	
1	CPPAC Terms of Reference

CONTROLLED PRESCRIPTION PROGRAM ADVISORY COMMITTEE (CPPAC) (est. 2017-08-16)
TERMS OF REFERENCE (TOR)

A. Constitution:

The CPPAC is established consisting of at least 11 persons; at least two each from the CPSBC, CPBC, and BCCNP, and at least one each from the MOH, CDSBC, CVBC and CMBC.

B. Purpose:

1. The purpose of this committee is to regularly review and update the Controlled Prescription Program components and drug list.
2. Make recommendations regarding drugs that should require a duplicate prescription, and the information that should be provided by registrants of each college on a duplicate prescription.
3. Provide a forum to discuss common concerns and knowledge related to prescribing of drugs with a high-risk profile. Best practices discussed may be used to guide development of standards within individual prescribing colleges.

C. Membership:

- BC College of Nursing Professionals (BCCNP)
- College of Dental Surgeons of BC (CDSBC)
- College of Midwives of BC (CMBC)
- College of Pharmacists of BC (CPBC)
- College of Physicians and Surgeons of BC (CPSBC)
- College of Veterinarians of BC (CVBC)
- Ministry of Health (MOH)

- Members will be selected by their respective organizations. At least one representative from each member must be present (in-person or via technology) for a quorum if a recommendation is to be approved.
- This is a staff committee, with no public/patient members.

D. Accountability and Review:

1. Accountability: Individual group members are responsible to report committee advice and recommendations to the senior management team for their respective organizations.
2. Review: The committee will review the relevance and value of its work and terms of reference at least once a year at its annual meeting. Ad hoc reviews may be carried out at subsequent meetings, on an as-needed basis.
3. Activities are guided by the legislation and bylaws relevant to each profession.

E. Working Methods:

1. Meetings
   a. Meetings will be held on an *ad hoc* basis, based on necessity.
   b. Meetings will be held in-camera and rotate amongst the colleges. The host college is responsible for appointing a chair, creation/distribution of the agenda, and recording/dissemination of minutes/action items post-meeting. A call for agenda items will go out two weeks prior to the meeting, with a one-week deadline for response. The final

agenda will be distributed at least one week prior to the meeting. Draft minutes will be submitted to committee members for review/feedback/edits within two weeks after the meeting.

2. Sharing of information and resources (including confidential materials)
    a. Information and resources will be shared in person, electronically via secure server, or in encrypted files when deemed necessary by privacy legislation. Passwords for encrypted files will be distributed under separate email cover.

F. Revision History:

DATE	DESCRIPTION	AUTHOR
February 2, 2018	Creation of TOR	Joy Bhimji
March 5, 2018	Updated with suggestions from meeting V1.4	Joy Bhimji
September 18, 2018	Modifications based on feedback from senior management and committee members – V 2.0	Joy Bhimji
November 1, 2018	Removal of suggestion to formally report to the Ministry of Health (addressed through committee member from Ministry)	Joy Bhimji

College of Pharmacists of British Columbia

6. Controlled Prescription Program Update

Frank Lucarelli

Board Member

College of Pharmacists of British Columbia

Controlled Prescription Program

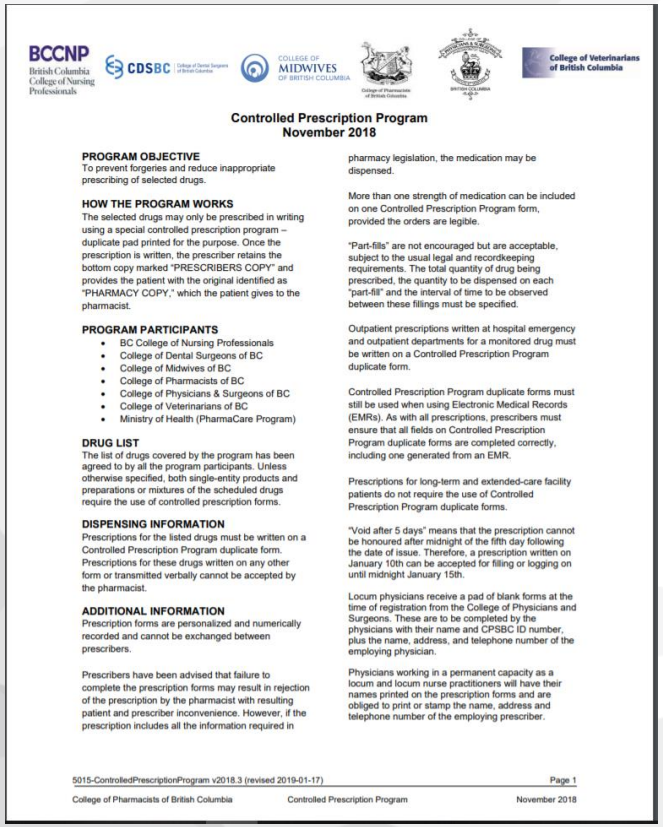
- PODSA Bylaws: program approved by the Board, to prevent prescription forgery and reduce inappropriate prescribing of drugs.
- Requires the use of a special duplicate prescription pad, approved by the Boards of the CPBC and CPSBC.
  - The prescriber retains one copy and patient brings the other copy to the pharmacy.
- CPP prescriptions are:
  - Personalized and numerically recorded, so they are more easily monitored by regulatory colleges.
  - Subject to more restrictive regulatory requirements than other prescriptions.

College of Pharmacists of British Columbia

Controlled Prescription Program, continued

- CPP drugs are listed as Schedule 1A drugs on the Drug Schedules Regulation and noted on the CPP Information and Drug List document ("the CPP Document") on the College's website.

- Prescriptions for Schedule 1A drugs will not be filled if they are not written on a CPP form.



BCCNP British Columbia College of Nursing Professionals · CDSBC · College of Midwives of British Columbia · College of Pharmacists of British Columbia · College of Veterinarians of British Columbia

Controlled Prescription Program
November 2018

PROGRAM OBJECTIVE
To prevent forgeries and reduce inappropriate prescribing of selected drugs.

HOW THE PROGRAM WORKS
The selected drugs may only be prescribed in writing using a special controlled prescription program – duplicate pad printed for the purpose. Once the prescription is written, the prescriber retains the bottom copy marked "PRESCRIBERS COPY" and provides the patient with the original identified as "PHARMACY COPY," which the patient gives to the pharmacist.

PROGRAM PARTICIPANTS
- BC College of Nursing Professionals
- College of Dental Surgeons of BC
- College of Midwives of BC
- College of Pharmacists of BC
- College of Physicians & Surgeons of BC
- College of Veterinarians of BC
- Ministry of Health (PharmaCare Program)

DRUG LIST
The list of drugs covered by the program has been agreed to by all the program participants. Unless otherwise specified, both single-entity products and preparations or mixtures of the scheduled drugs require the use of controlled prescription forms.

DISPENSING INFORMATION
Prescriptions for the listed drugs must be written on a Controlled Prescription Program duplicate form. Prescriptions for these drugs written on any other form or transmitted verbally cannot be accepted by the pharmacist.

ADDITIONAL INFORMATION
Prescription forms are personalized and numerically recorded and cannot be exchanged between prescribers.

Prescribers have been advised that failure to complete the prescription forms may result in rejection of the prescription by the pharmacist with resulting patient and prescriber inconvenience. However, if the prescription includes all the information required in pharmacy legislation, the medication may be dispensed.

More than one strength of medication can be included on one Controlled Prescription Program form, provided the orders are legible.

"Part-fills" are not encouraged but are acceptable, subject to the usual legal and recordkeeping requirements. The total quantity of drug being prescribed, the quantity to be dispensed on each "part-fill" and the interval of time to be observed between these fillings must be specified.

Outpatient prescriptions written at hospital emergency and outpatient departments for a monitored drug must be written on a Controlled Prescription Program duplicate form.

Controlled Prescription Program duplicate forms must still be used when using Electronic Medical Records (EMRs). As with all prescriptions, prescribers must ensure that all fields on Controlled Prescription Program duplicate forms are completed correctly, including one generated from an EMR.

Prescriptions for long-term and extended-care facility patients do not require the use of Controlled Prescription Program duplicate forms.

"Void after 5 days" means that the prescription cannot be honoured after midnight of the fifth day following the date of issue. Therefore, a prescription written on January 10th can be accepted for filling or logging on until midnight January 15th.

Locum physicians receive a pad of blank forms at the time of registration from the College of Physicians and Surgeons. These are to be completed by the physicians with their name and CPSBC ID number, plus the name, address, and telephone number of the employing physician.

Physicians working in a permanent capacity as a locum and locum nurse practitioners will have their names printed on the prescription forms and are obliged to print or stamp the name, address and telephone number of the employing prescriber.

5015-ControlledPrescriptionProgram v2018.3 (revised 2019-01-17) Page 1

College of Pharmacists of British Columbia Controlled Prescription Program November 2018

College of Pharmacists of British Columbia

Controlled Prescription Program Advisory Committee

- Established in August 2017 to:
  - Review and update the CPP components and drug list.
  - Develop recommendations about the drugs that should require a duplicate prescription, and the information that should be provided to registrants of each college on a duplicate prescription.
  - Develop recommendations regarding best practices for storage security and reporting of lost/stolen/forged prescription pads.
- Consists of the colleges whose registrants are involved in the prescribing and/or dispensing of controlled drugs, as well as the Ministry of Health.

College of Pharmacists of British Columbia

Controlled Prescription Program Advisory Committee, continued

- Meets regularly (approximately every 3-4 months).
- Key action items and discussion topics have been:
  - Terms of Reference for the CPPAC
  - Revision of the CPP Information Document.
  - Information sharing and discussion on potential CPP amendments (on-going).
  - CPP guidance document for registrants (in progress).

College of Pharmacists of British Columbia

Controlled Prescription Program Advisory Committee, continued

April 1, 2019 meeting

Discussion:

- Removing faxing restrictions on CPP prescriptions: this would allow prescriptions for drugs on the CPP list of drugs to be faxed from a prescriber to the pharmacist.
- Potential inclusion of "Oral narcotic liquids" (i.e., Cotridin^{R}) on the CPP list of drugs.
- Combining or amending the CPP form to specify prescriptions made for the purposes of opioid agonist treatment (e.g., possible sun-setting the methadone-only Duplicate Prescription)

College of Pharmacists of British Columbia

BOARD MEETING
April 11, 2019

7. PODSA Modernization Phase 2 Update

INFORMATION ONLY

Purpose

To provide a status update on Phase 2 of the modernization of bylaws and policies made under the *Pharmacy Operations and Drug Scheduling Act* ("PODSA"), referred to as "PODSA Phase 2".

Background

In accordance with its Strategic Plan, the College is conducting a comprehensive review and reform of legislative requirements under PODSA, including the bylaws and policies made under that Act. The Board previously received an update on this initiative at its September 2018 meeting.

There are two phases of the PODSA Modernization Initiative:

- PODSA Phase 1 involved amendments to the PODSA Bylaws relating to pharmacy ownership requirements. The legislative reforms in PODSA Phase 1 came into effect on April 1, 2018.
- PODSA Phase 2 involves a review of legislation and policies to ensure the following:
    - Bylaws are clearer and duplication in bylaws and policies is addressed.
    - Professional Practice Policies ("PPPs") are standardized and transitioned to bylaw where needed.
    - Bylaws and PPPs have consistent writing style and structure.

Registrant and stakeholder feedback as well as Practice Review Program (PRP) data, informed the following key bylaw and PPP topics included in PODSA Phase 2. In 2018, the proposed scope was reviewed with the CPBC Management Team, Legislation Review Committee and the Board.

PODSA Bylaws

High Priority Topics	Lower Priority Topics
Operation of a Community Pharmacy without a Full Pharmacist.	Developing provisions to allow for community telepharmacy reinstatement.
Responsibilities of Managers, Direct Owners, Directors, Officers and Shareholders.	Reviewing/addressing provisions that might be more appropriately placed in the *Health Professions Act* Bylaws
Storage of drugs and confidential health information, including offsite storage.	Reviewing the "Top 10" requirements that are not being complied with (based on Practice Review

High Priority Topics	Lower Priority Topics
	Program data) and determining if any bylaw amendments are needed.
House-keeping amendments, including ensuring consistency of writing style.	Reviewing PharmaNet requirements in light of the recent transition of administration of PharmaNet functions to the Ministry of Health.
Temporary pharmacy licences[1].	Reviewing requirements regarding registrants' duty to respond to the College.
Removal of forms from the bylaws[2].	

Professional Practice Policies (PPPs)

High Priority PPPs	Lower Priority PPPs
Depot Shipments of Prescriptions (PPP-24)	Temporary Pharmacy Closures (PPP-46)
Pharmacy Disaster Preparedness (PPP-25)	Operational Procedures for Complying with Benzodiazepines & Other Targeted Substances Regulation (PPP-47)
Repackaging Bulk Non-prescription Drugs (PPP-40)	Identifying Patients for PharmaNet Purposes (PPP-54)
Cold Chain Management of Biologicals (PPP-68)	Pharmacy Equipment (PPP-59)
	Narcotic Counts and Reconciliations (PPP-65)
	Inquiry and Discipline Publication Policy (PPP-72)
	Validate Identification of College Registration Status for New Pharmacy Hires (PPP-73)

Consultations

An internal Working Group comprised of staff from all College departments was established. The Working Group has been developing the College's proposals for amendments, which formed the basis for consultations with external advisors and stakeholders.

Numerous consultations have been held, including:

Format and Date	Topics	Invitees
In-person (with teleconference option) in October 2018	- Pharmacy operation without a pharmacist - Storage requirements	All College Committee members and representatives from the First Nations Health Authority.
Teleconferences and emails beginning in Winter 2018	- Drug delivery - Storage	Representatives from corporate pharmacy chains and the Canadian Association for Pharmacy Distribution Management.

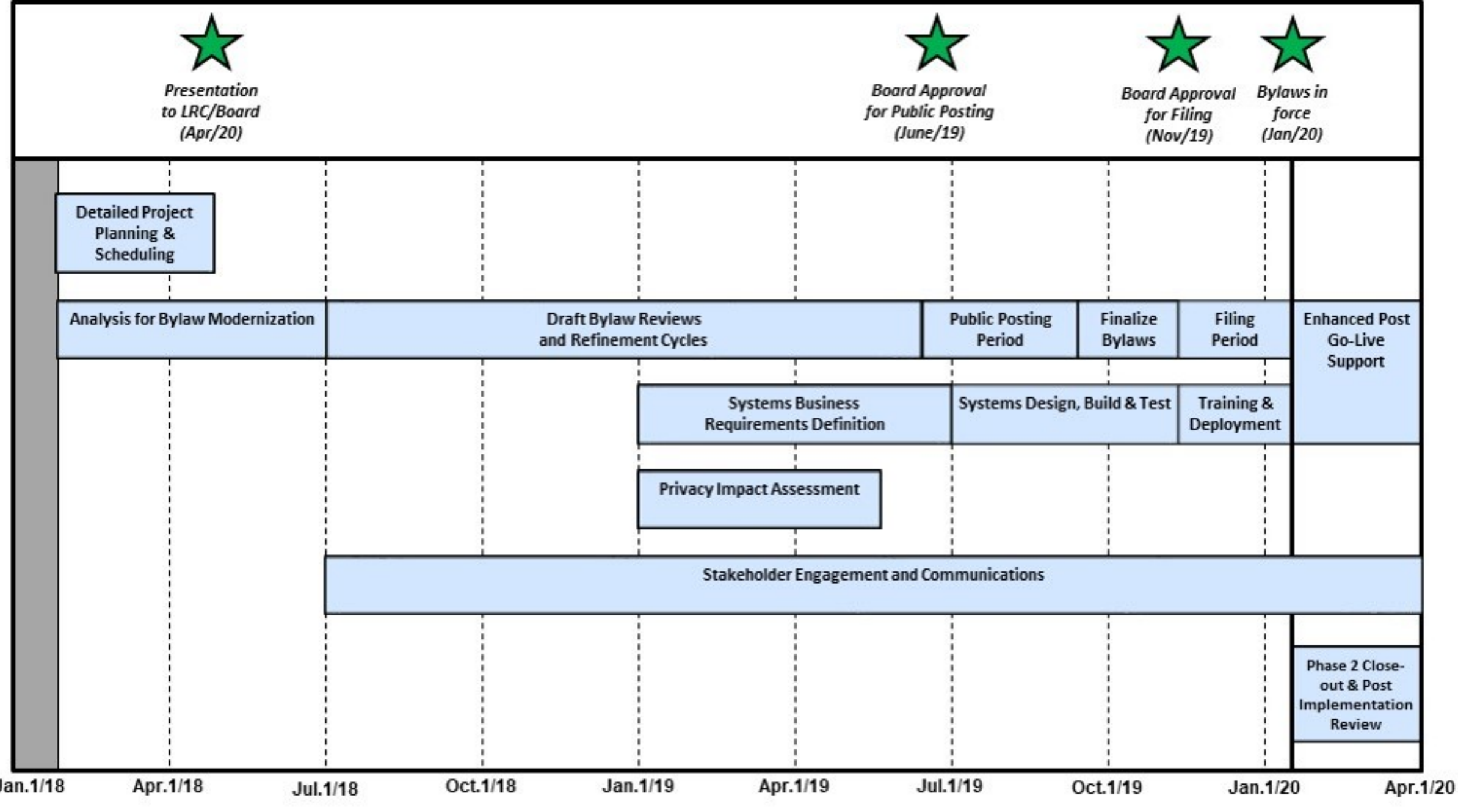
[1] Based on further research and consultation, this item will not proceed.
[2] Based on further research and consultation, this item will not proceed.

Format and Date	Topics	Invitees
Online survey in Fall 2018	- Multiple topics, including pharmacy manager responsibilities, storage, pharmacy operation without a pharmacist, disaster preparedness and temporary pharmacy licences.	Sent to all registrants and key stakeholders (over 350 responses were received).
In-person (with teleconference option) in February 2019	- Depot shipments of medications	Group of pharmacists who identified as regularly using this delivery method.
Teleconferences in March 2019	- Depot shipments of medications	Pharmacy regulatory authorities in Nova Scotia and Saskatchewan (discussion on their related policies).
In-person (with teleconference option) in March 2019	- Emergency preparedness, temporary pharmacy licences and closures. - Local emergency program coordination offices presented on how they engage with pharmacy and prepare for emergencies.	All College Committee members and representatives from the First Nations Health Authority were invited to attend. In addition, representatives from local emergency program coordination offices attended and presented information.
Teleconference in March 2019	- Emergency preparedness - Temporary pharmacy licences.	A leadership team from Health Emergency Management BC.
Teleconference in March 2019	- PODSA Bylaw provisions related to PharmaNet.	Representatives from the Ministry of Health.

Next Steps

College staff are continuing to develop and refine PODSA Bylaw amendments. It is anticipated that draft bylaws will be presented to the Board for public posting by June 2019. Please refer to Appendix 1 for the detailed project timeline.

Appendix	
1	Project timeline


Presentation to LRC/Board (Apr/20)
Board Approval for Public Posting (June/19)
Board Approval for Filing (Nov/19)
Bylaws in force (Jan/20)
Detailed Project Planning & Scheduling
Analysis for Bylaw Modernization
Draft Bylaw Reviews and Refinement Cycles
Public Posting Period
Finalize Bylaws
Filing Period
Enhanced Post Go-Live Support
Systems Business Requirements Definition
Systems Design, Build & Test
Training & Deployment
Privacy Impact Assessment
Stakeholder Engagement and Communications
Phase 2 Close-out & Post Implementation Review
Jan.1/18
Apr.1/18
Jul.1/18
Oct.1/18
Jan.1/19
Apr.1/19
Jul.1/19
Oct.1/19
Jan.1/20
Apr.1/20

College of Pharmacists of British Columbia

7. PODSA Modernization Phase 2 Update

Doreen Leong

Director of Registration & Licensure

Christine Paramonczyk

Director of Policy & Legislation

College of Pharmacists of British Columbia

Overview

1. Project Background
2. Bylaw Development Process
3. Project Scope
4. Stakeholder Engagement
5. Project Timeline

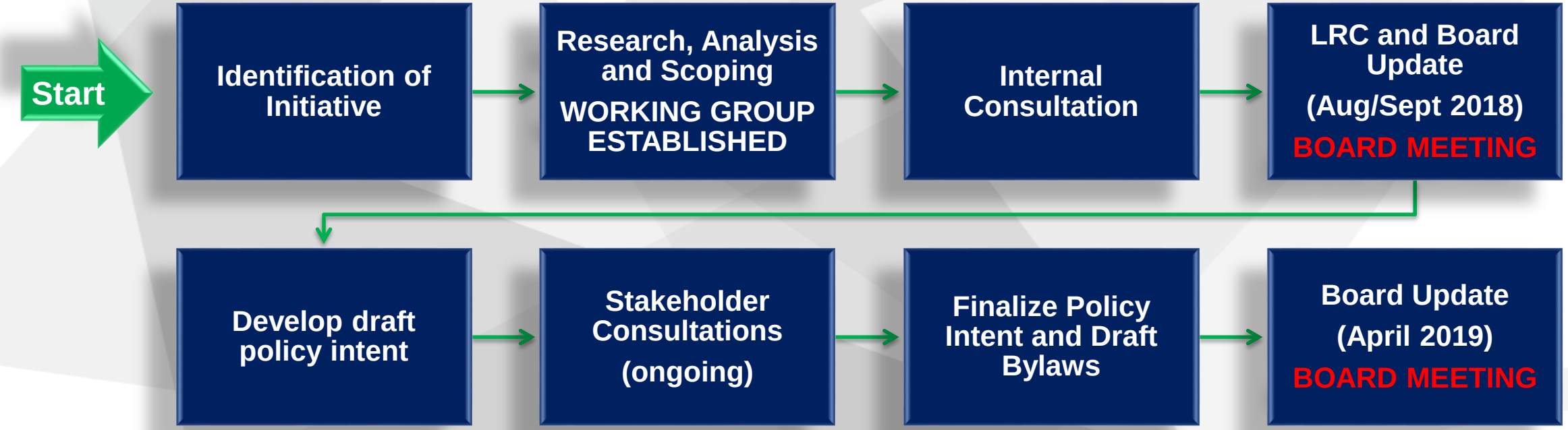
College of Pharmacists of British Columbia

Project Background

- CPBC's Strategic Plan includes modernizing the requirements under the *Pharmacy Operations and Drug Scheduling Act* (PODSA), which has two phases:
  - **Phase One** (July 2016 – April 2018) focused on new pharmacy ownership requirements, with significant process and system changes.
  - **Phase Two** (May 2018 – March 2020) involves a review of legislative requirements and policies to ensure the following:
    - —Bylaws are clearer and duplication in Bylaws and policies is addressed.
    - —Professional Practice Policies ("PPPs") are standardized and transitioned to Bylaw where needed.
    - —Bylaws and PPPs have consistent writing style and structure.
- Our approach to the drafting of revisions seeks to be principle-based and consider "Right Touch Regulation".

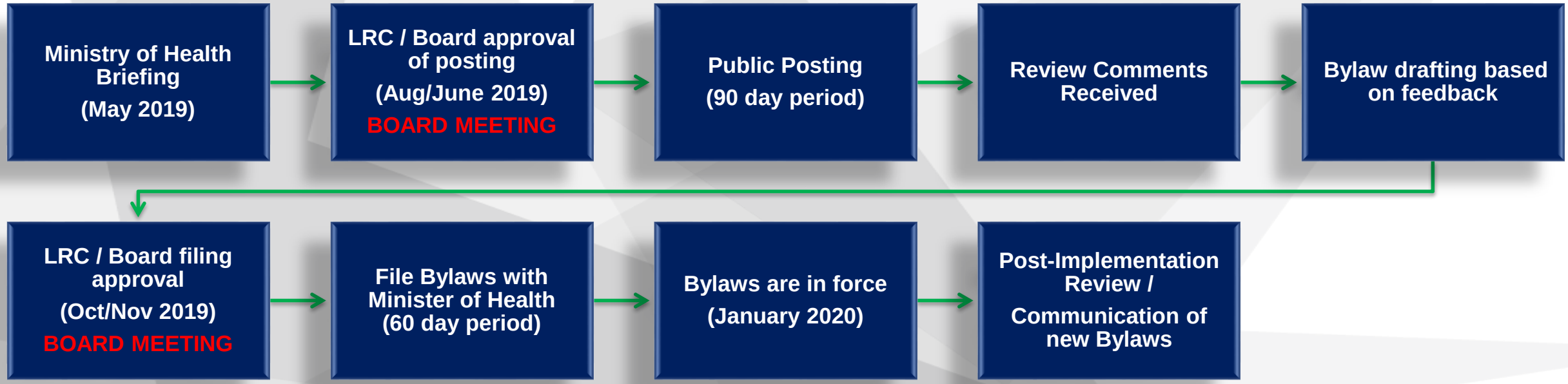
College of Pharmacists of British Columbia

Bylaw Development Process



College of Pharmacists of British Columbia

Bylaw Development Process, continued



College of Pharmacists of British Columbia

Project Scope - Scope Determination

- The key Bylaw and PPP topics addressed in PODSA Phase Two were informed by registrant and stakeholder feedback as well as Practice Review Program (PRP) data.
- The proposed scope was reviewed with the CPBC Management Team, Legislation Review Committee and the Board in 2018.

College of Pharmacists of British Columbia

Project Scope

Bylaws – High Priorities
Operation without a pharmacist
Storage & offsite storage
Responsibilities of pharmacy managers and owners
Temporary pharmacy licences*
Removal of forms*
House-keeping/consistency of writing style

** Note that upon detailed analysis and consultation, we are no longer recommending changes in these areas.*

College of Pharmacists of British Columbia

Project Scope, continued

Bylaws – Medium Priorities
Duty to respond to the College
PharmaNet requirements – MoH vs CPBC
Community Telepharmacy Reinstatement Bylaws and forms
“Top Ten” requirements not in compliance (from PRP data)

College of Pharmacists of British Columbia

Project Scope, continued

PPP to Bylaws
Depot Shipments of Prescriptions (PPP-24)
Pharmacy Disaster Preparedness (PPP-25)
Repackaging Bulk Non-prescription Drugs (PPP-40)
Cold Chain Management of Biologicals (PPP-68)

College of Pharmacists of British Columbia

Project Scope, continued

Minor Amendments to PPPs
Temporary Pharmacy Closures (PPP 46)
Operational Procedures for Complying with Benzodiazepines & Other Targeted Substances Regulation (PPP 47)
Identifying Patients for PharmaNet Purposes (PPP 54)
Pharmacy Equipment (PPP 59)
Narcotic Counts and Reconciliations (PPP 65)
Inquiry and Discipline Publication Policy (PPP 72)
Validate Identification of College Registration Status for New Pharmacy Hires (PPP 73)

College of Pharmacists of British Columbia

Project Scope - Out of Scope

The following are out of scope:

- Amendments to the *Pharmacy Operations and Drug Scheduling Act.*
- Amendments to the *Health Professions Act.*
- Creation of new licence types and corresponding Standards of Practice.

College of Pharmacists of British Columbia

Stakeholder Engagement

Key activities include:

- Developing and meeting with an internal Working Group of subject matter experts on a regular basis;
- Holding external consultation sessions and issuing a comprehensive online survey to obtain feedback;
- Engaging with external legal counsel to draft the amendments; and,
- Will be conducting advanced review with the Ministry of Health.

College of Pharmacists of British Columbia

Stakeholder Engagement, continued

Date and Format	Topics	Invitees
October 2018: in-person (with teleconference option)	- Pharmacy operation without a pharmacist - Storage requirements	- All College Committee members - First Nations Health Authority - 28 attendees
Winter 2018: teleconferences and emails	- Drug delivery - Storage requirements	- Corporate pharmacy chains - Canadian Association for Pharmacy Distribution Management
November/December 2018: online survey	- Multiple topics	- All registrants and key external stakeholders - 360 responses
February 2019: in-person (with teleconference option)	- Depot shipments of medications	- Group of pharmacists who identified as using this method. - 3 attendees

College of Pharmacists of British Columbia

Stakeholder Engagement, continued

Date and Format	Topics	Invitees
March 2019: teleconferences	- Depot shipments of medications	- Pharmacy regulatory authorities in Nova Scotia and Saskatchewan
March 2019: in-person (with teleconference option)	- Emergency preparedness, temporary pharmacy licences and pharmacy closures. - Presentation on local emergency management.	- All College Committee members - First Nations Health Authority - Local emergency program coordinators - 32 attendees
March 2019: teleconference	- Emergency preparedness - Temporary pharmacy licences.	- Health Emergency Management B.C.
March 2019: teleconference	- PODSA Bylaw provisions related to PharmaNet.	- Ministry of Health

College of Pharmacists of British Columbia

Project Timeline

We are on track for the following major milestones and target dates:

- Public posting of proposed Bylaw amendments - ***June 2019***
- Filing of proposed Bylaw amendments - ***November 2019***
- Amendments to Bylaws and PPPs take effect - ***January 2020***
- Post-implementation review and communications – ***January to March 2020***

College of Pharmacists of British Columbia

BOARD MEETING
April 11, 2019

8. Accreditation Preparation – UBC Entry-to-Practice Doctor of Pharmacy Program

INFORMATION ONLY

Kerry Wilbur, Associate Professor & Executive Director, Entry-to-Practice Education, Faculty of Pharmaceutical Sciences at the University of British Columbia

You may remember Kerry joined us this time last year to offer an update on the Entry-to-Practice PharmD program. Today, she will share with us the work underway by Faculty to prepare for Program accreditation.

Entry-to-Practice Doctor of Pharmacy Program Updates

Kerry Wilbur, BScPharm, ACPR, PharmD, MScPH, FCSHP

Associate Professor & Executive Director, Entry-to-Practice Education
Faculty of Pharmaceutical Sciences, Vancouver Campus
The University of British Columbia

APRIL 11, 2019

ACCREDITATION

The Canadian Council for Accreditation of Pharmacy Programs (CCAPP) grants accreditation to programs that both meet and promote continued improvement in CCAPP educational standards

Program accreditation is public recognition of our status as a world-leading Faculty of Pharmacy. It affirms the quality of our student training and the patient care they will ultimately provide

1 Application (self-assessment report, strategic plan)
2 Site Visit Evaluation
3 CCAPP Executive Director Recommendation Report
4 Board of Directors Decision
5 Award Notification

THE CANADIAN COUNCIL FOR ACCREDITATION OF PHARMACY PROGRAMS
CCAPP
LE CONSEIL CANADIEN DE L'AGRÉMENT DES PROGRAMMES DE PHARMACIE

CURRENT STATUS

University of British Columbia - Vancouver, BC

Faculty of Pharmaceutical Sciences

Baccalaureate in Pharmacy

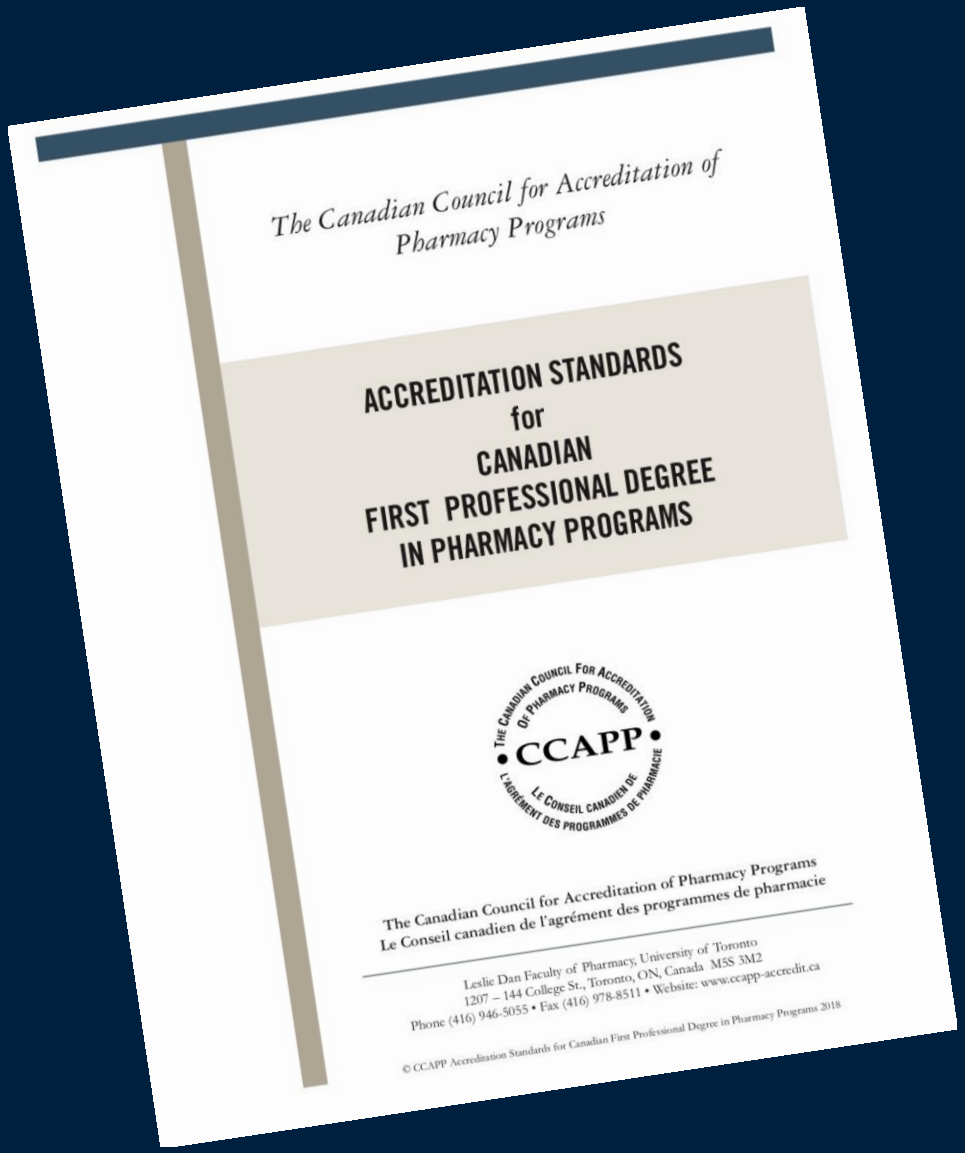
Full Accreditation Status 2013-2020

Entry-to-Practice Doctor of Pharmacy Program

Provisional Accreditation Status 2015-2020

Doctor of Pharmacy (Post-bacc)

Full Accreditation Status 2013-2019



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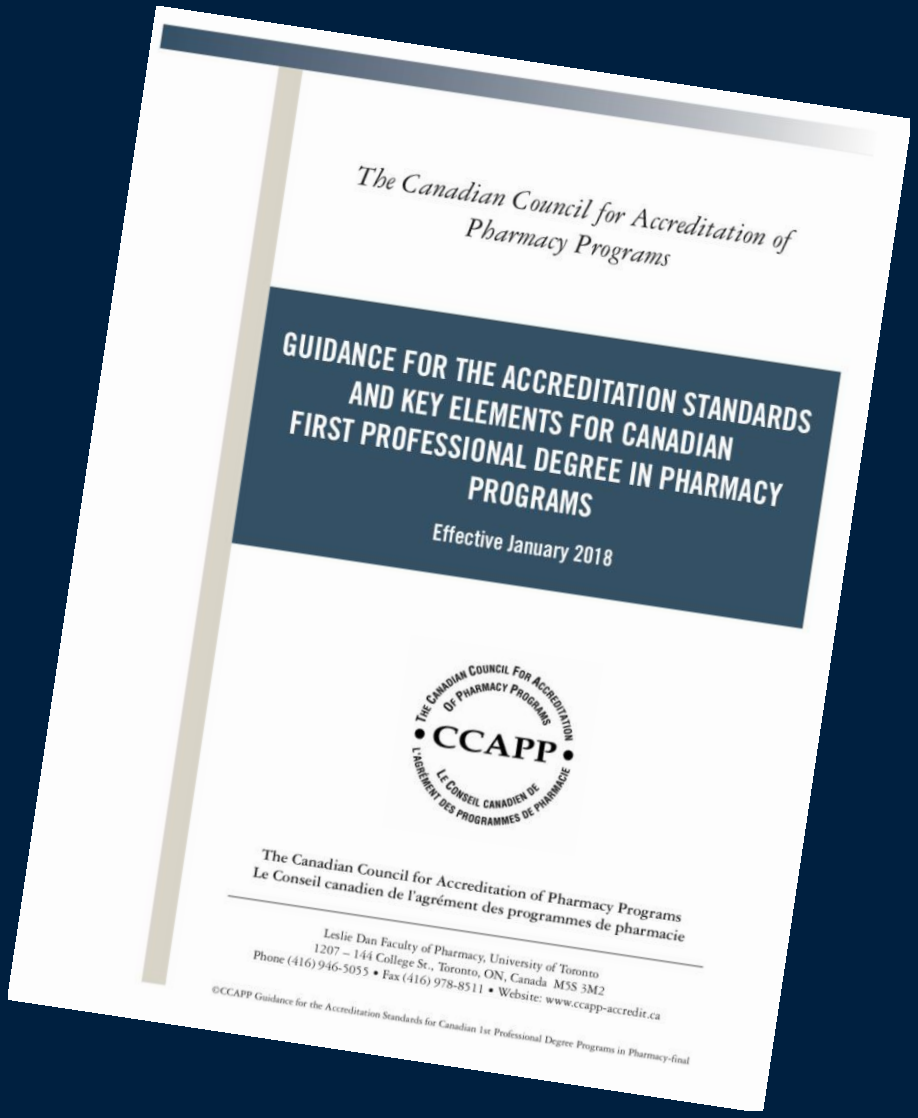
67

WWW.CCAPP-ACCREDIT.CA/

Executive Director, E2P Education (chair)	**Kerry Wilbur**
Special Projects Manager	Leonie Harper
Director, Educational Assessment	George Pachev
Director, Educational Technology & Learning Designs	JP Marchand
Director, Experiential Education	Janice Yeung
Director, Student Services	Jennifer Chatterton
Medication Management Representative	Fong Chan
Program Manager	Emma Riek
Faculty	Paulo Tchen
Faculty	Tony Seet
Faculty	Karla Williams
Staff	Lia Hughes
Student, PhUS VP External	Amy Kwan
Student, PhUS Senate Representative	Nick Pang
Practice Educator	Mohamed Kayed
Practice Educator	Sarah Edwards
BCPhA Representative	Linda Gutenberg
College of Pharmacy of BC Representative	Ashifa Keshavji
CSHP – BC Branch	Cindy Luo
Representative, Alumni	Linda Hensman

TASK FORCE

CCAPP Guidance Document
UBC Legacy Documents



The Canadian Council for Accreditation of Pharmacy Programs

GUIDANCE FOR THE ACCREDITATION STANDARDS AND KEY ELEMENTS FOR CANADIAN FIRST PROFESSIONAL DEGREE IN PHARMACY PROGRAMS

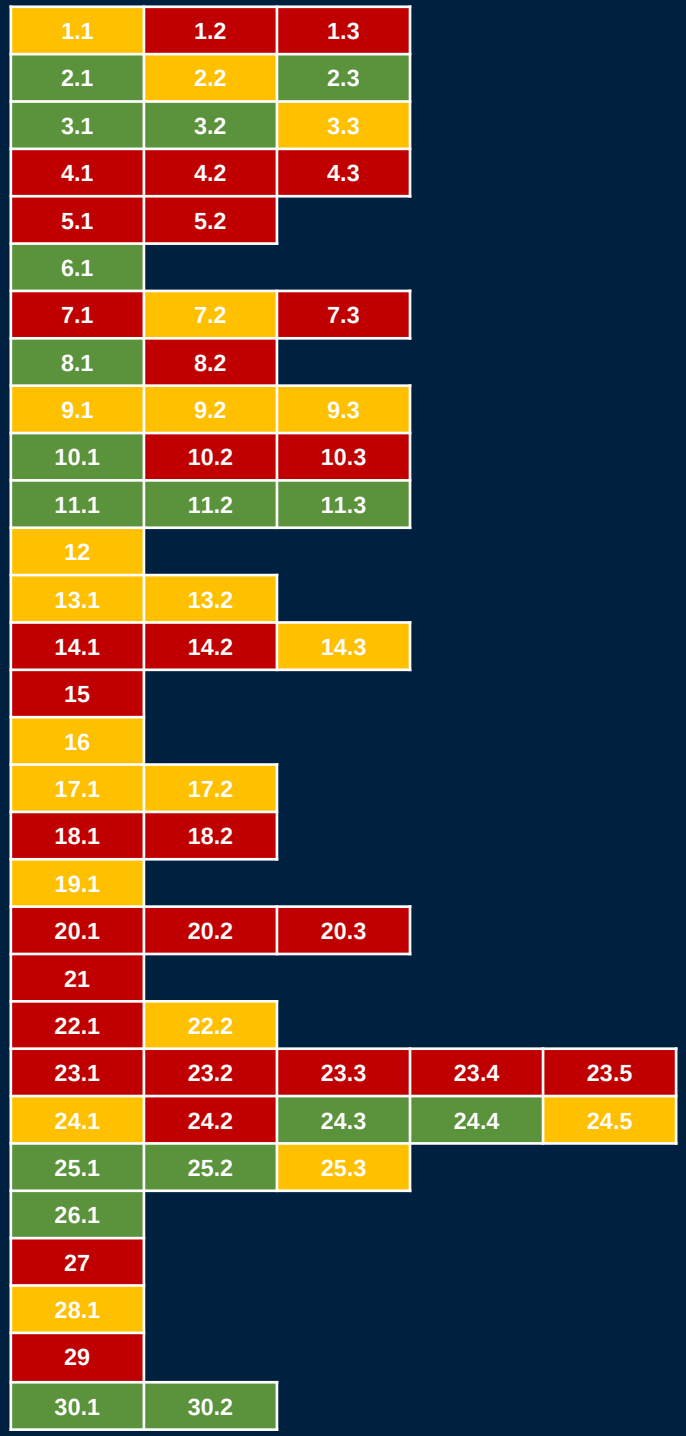
Effective January 2018

The Canadian Council for Accreditation of Pharmacy Programs
Le Conseil canadien de l'agrément des programmes de pharmacie

Leslie Dan Faculty of Pharmacy, University of Toronto
1207 – 144 College St., Toronto, ON, Canada M5S 3M2
Phone (416) 946-5055 • Fax (416) 978-8511 • Website: www.ccapp-accredit.ca

Self-Study Preparation

Self-Study Preparation	Meetings of individual TF members and Kerry/Leonie
	Writing first drafts
	Gathering supporting evidence
	Identifying gaps in knowledge or process
	Working with relevant groups to overcome gaps
	Reviewing submitted narratives



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- Data
- Work Underway

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Status

Data and Draft

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Work Underway

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27				
28.1				
29				
30.1	30.2			

Status

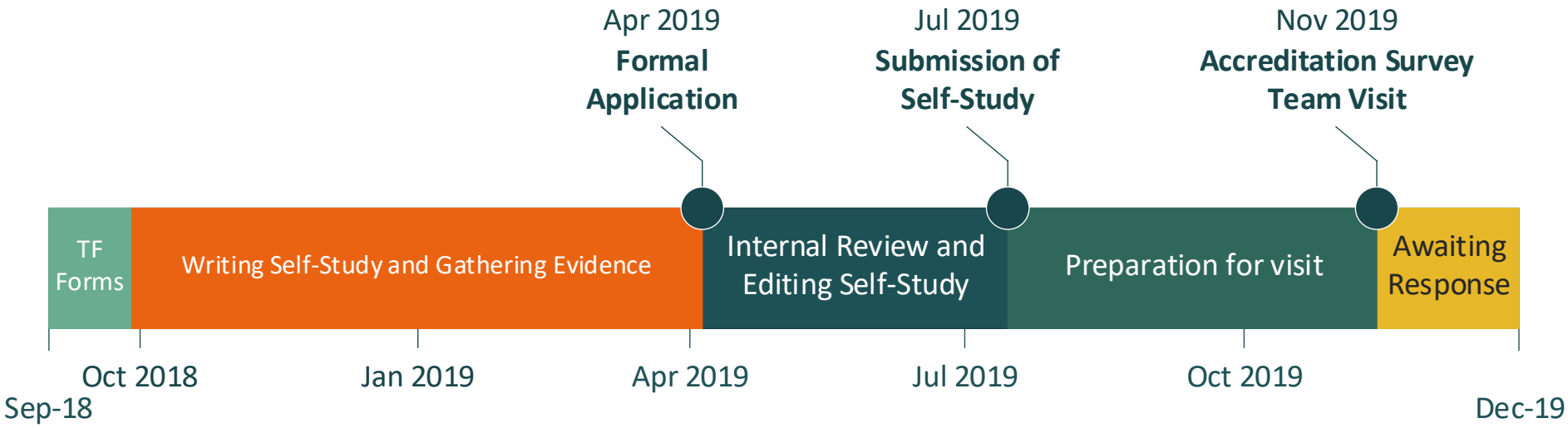
Data and Draft

Data

Work Underway


200+

Next Steps



IMPORTANT DATES

NOVEMBER 18TH-20TH

https://www.vox.com/the-goods/2019/3/20/18274166/peeps-diorama-crafting-diy-science-easter-candy

Leonie Harper – Special Projects Manager

College of Pharmacists of British Columbia

BOARD MEETING
April 11, 2019

9. Preserving the Benefit of Antibiotic Therapy: How the College Can Become Part of the Resistance

INFORMATION ONLY

Presenter's Biography

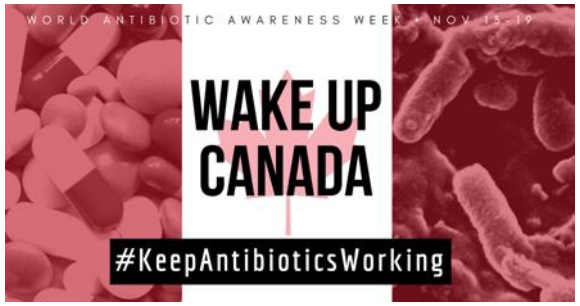
David Patrick

David Patrick is the interim Executive Lead for the BCCDC. He is also the medical epidemiology lead for antimicrobial resistance at the BCCDC and a professor in the UBC School of Population and Public Health Research.

Dr. David Patrick is an infectious diseases specialist and epidemiologist with a career interest in responding to emerging infectious diseases. He has published on a range of topics including HIV epidemiology, impacts of immunization on population health and vector-borne and zoonotic disease. His current focus is on the broad effort to contain the threat of antimicrobial resistance in Canada and around the world. He is particularly interested in understanding the drivers of antibiotic utilization in the community and intervening to reduce unnecessary use. His projects include Do Bugs Need Drugs? and Antibioticwise.

Presentation Synopsis

The presentation will focus on the importance and impact of antibiotic stewardship in the community and on current and potential future contributions by Pharmacists and their College.



Preserving the Benefit of Antibiotic Therapy: How the College Can Join the Resistance

David M. Patrick, MD, FRCPC, MHSc

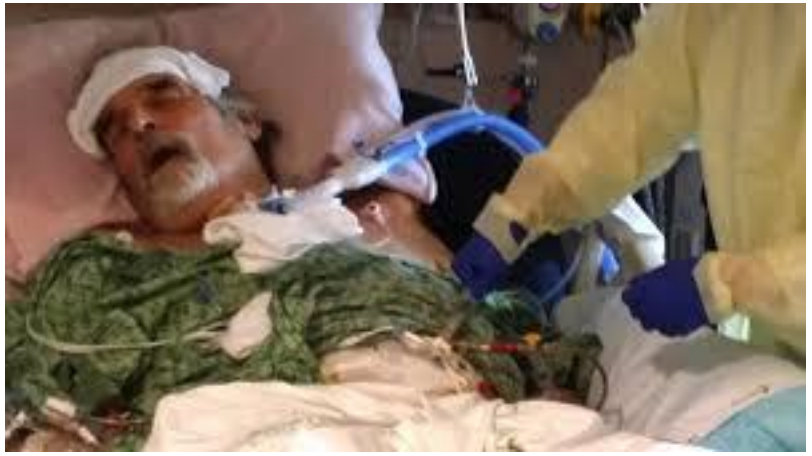
Professor, UBC School of Population and Public Health

Interim Executive Lead, BC Centre for Disease Control

- No Conflicts of Interest
- Funding from CIHR, NSERC, NIH, BCCDC Foundation, BC Ministry of Health
- Nothing to mitigate

Abdominal pain while touring Egypt

- A previously healthy UCSD Professor develops abdominal pain radiating through to the back while touring Egypt
- There is concern about pancreatitis and he is evacuated to Frankfurt, where imaging shows a pancreatic pseudocyst that when drained, grows *Acinetobacter baumannii – R to <u>everything</u>*
- He is transferred to hospital in San Diego where despite drainage, pressors and multiple combinations of antibiotics, he slips slowly into sepsis and coma



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Better choices ▸ Better health
MedicineWise

NPS MedicineWise

2,353 likes · 304 talking about this

Like | Message

Non-profit organisation

NPS helps Australians be medicinewise. To make the best decisions about their medicines and medical tests, to create better health and economic outcomes

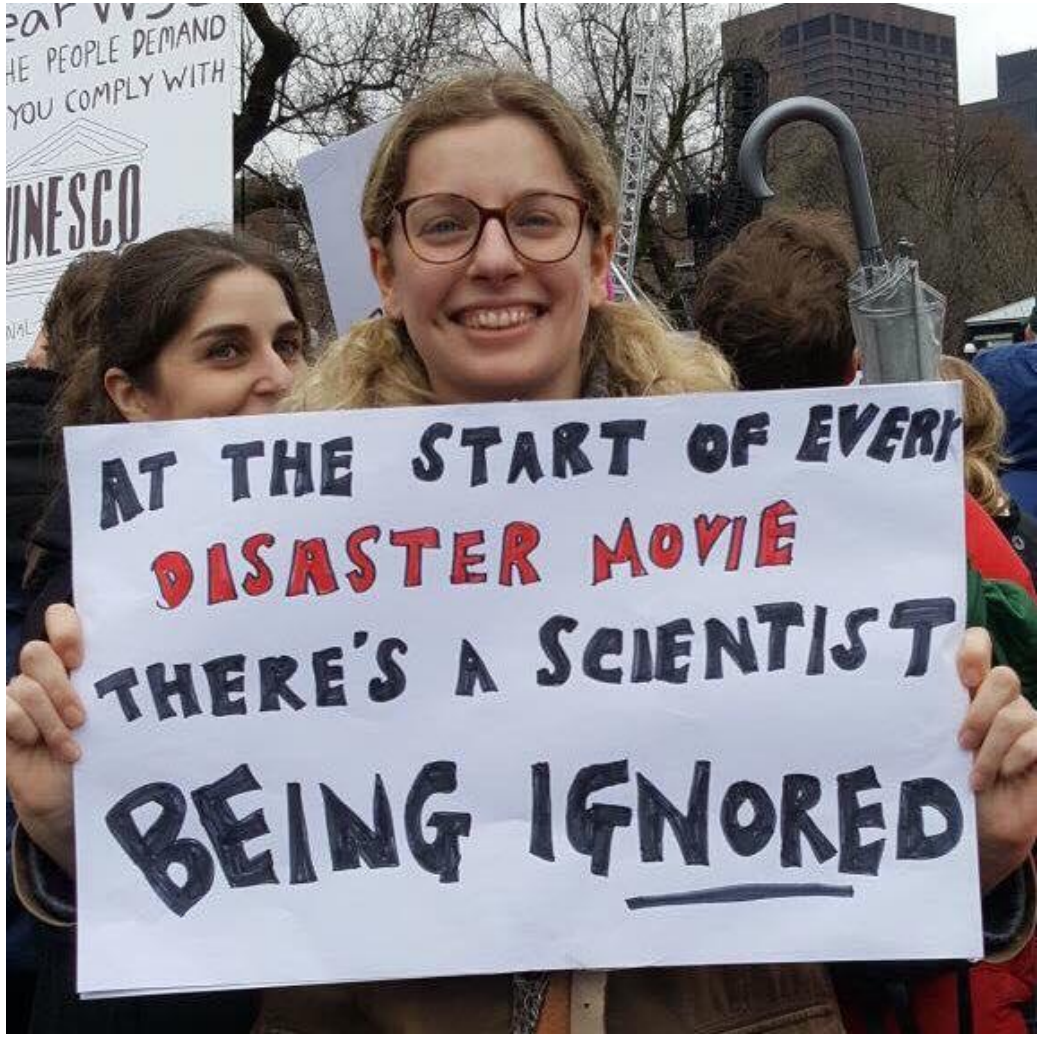
2,353

3

About | Photos | Fight Antibiotic Re... | Events | Likes

Where Might This Go?

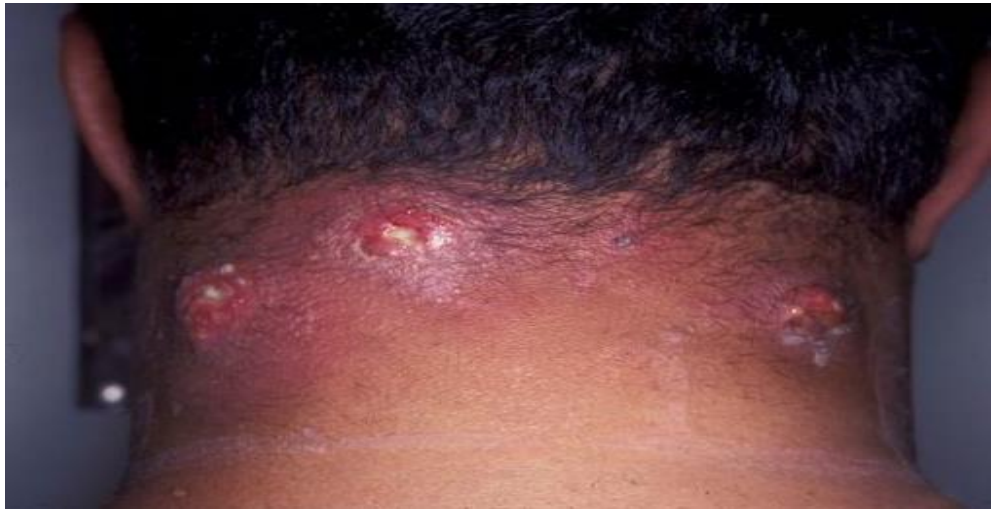
- Jeopardizes the safety of surgery, transplants, cancer therapy, immunosuppressive strategies
- Increases burden of infectious disease and costs; hurts economies



https://amr-review.org/

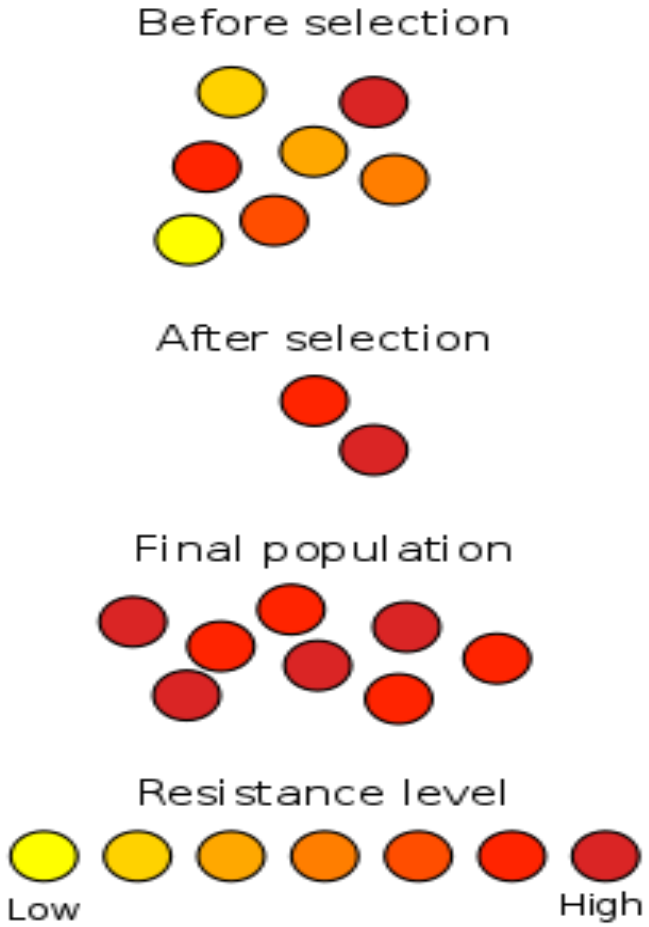
Is Antibiotic Resistance a Problem?

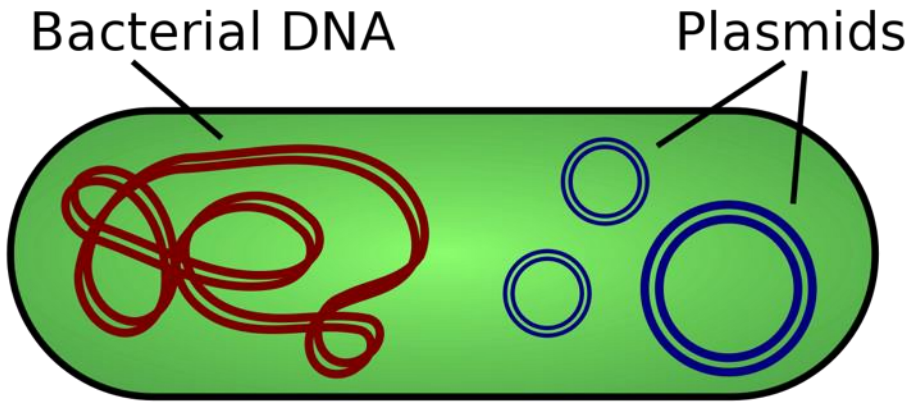
- Morbidity – hundreds of thousands of community illness episodes
- New Superbugs



http://www.cdc.gov/drugresistance/threat-report-2013/
http://ec.europa.eu/health/antimicrobial_resistance/policy/index_en.htm

What Drives Emergence?





http://en.wikipedia.org/wiki/File:Antibiotic_resistance.svg

Public Stewardship Campaigns?

"Multi-faceted communication interventions that target both the general public and clinicians can reduce antibiotic prescribing in high-income countries."

EL Cross et al. J Antimicrob Chemother 72 (4), 975-987. 2017 Apr 01

Public Health

Infection Control

Dentists

Physician CME

Occupational Health

Continuing Care

Dental Assistants CE

Pharmacist CEU

Post-secondary Students

Grade Two

Daycare

Older Adults

Employee Groups

Translations

Social Media

Print Materials

Website

TV ad

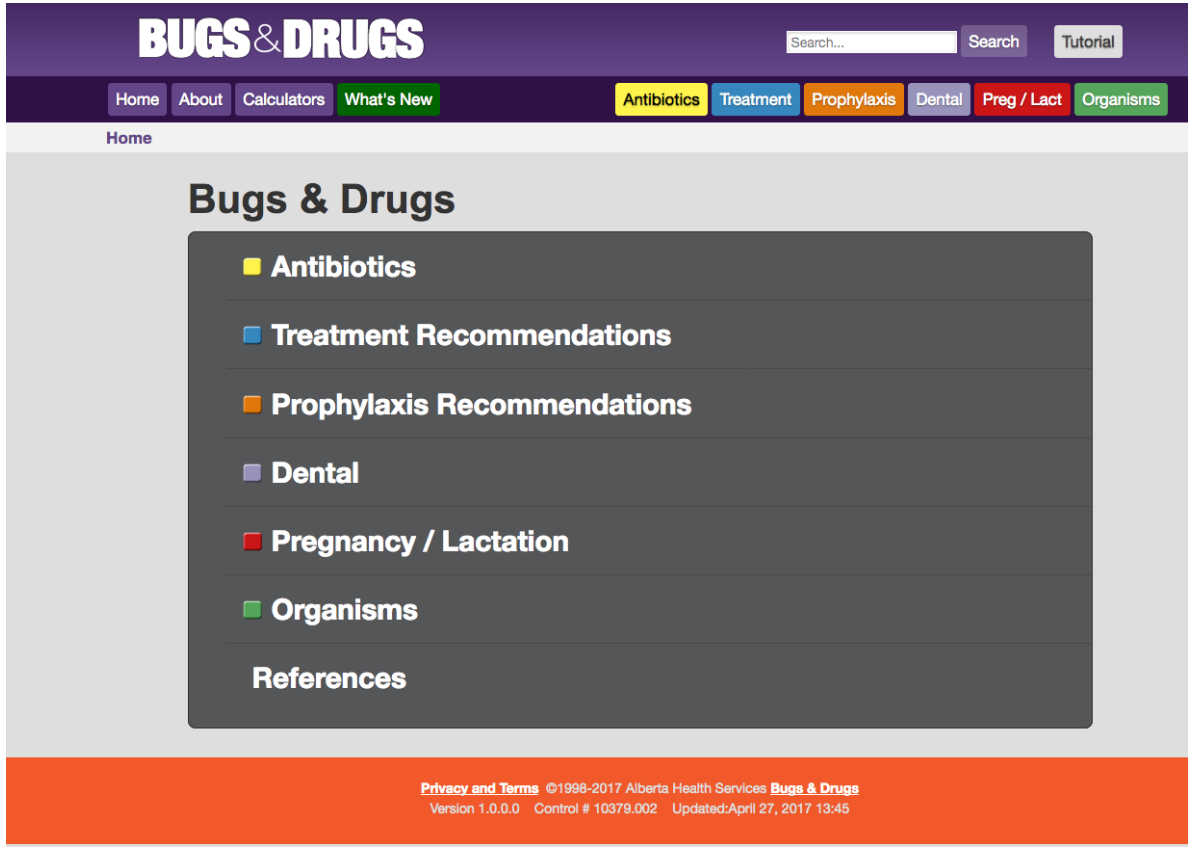
Transit Ads

Online Ads

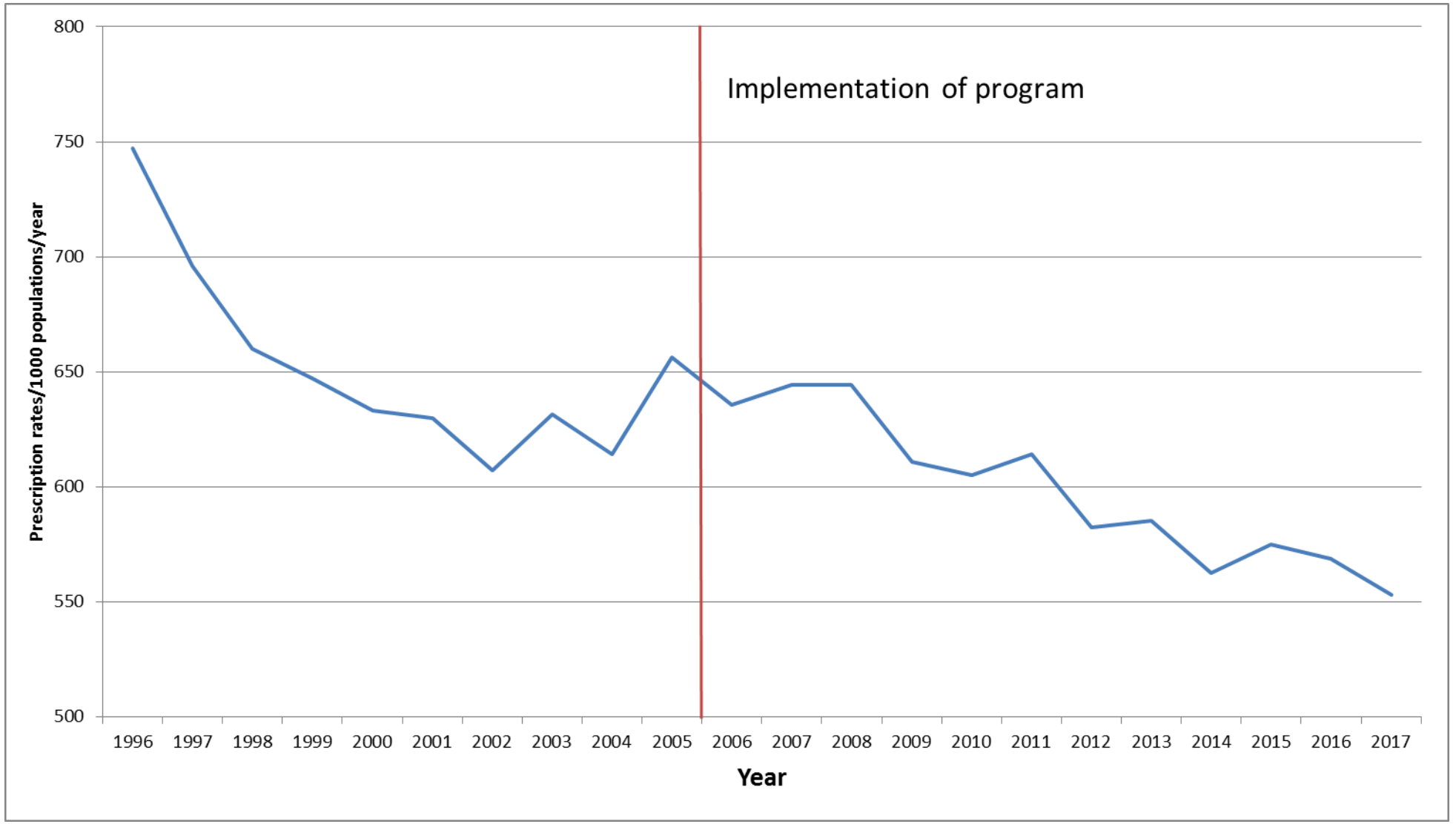
Advice to professionals

- All doctors and pharmacists get access
- No industry involvement
- Online Access or app
- Emphasize first line agents when treatment required and symptom relief when not
- Continuing education / Journals
- Academic detailing

www.bugsanddrugs.org



AMU trends Prescribing in BC, 1996 - 2017



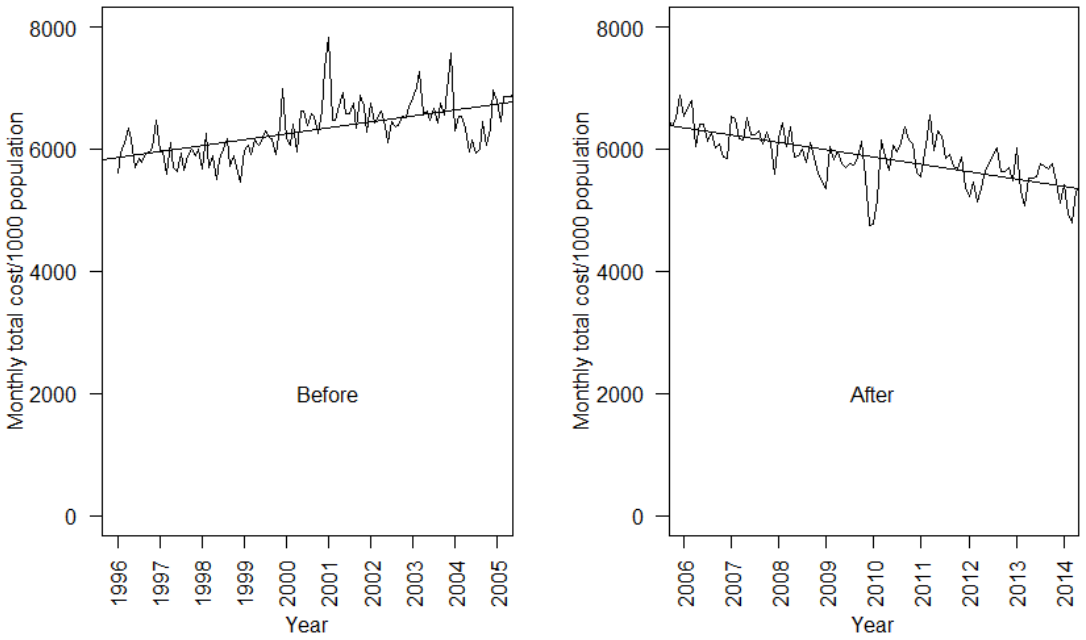
Source: PharmaNet

AMU trends Provincial comparison

Variation in prescription rates per 1,000 among provinces and territories, 2016

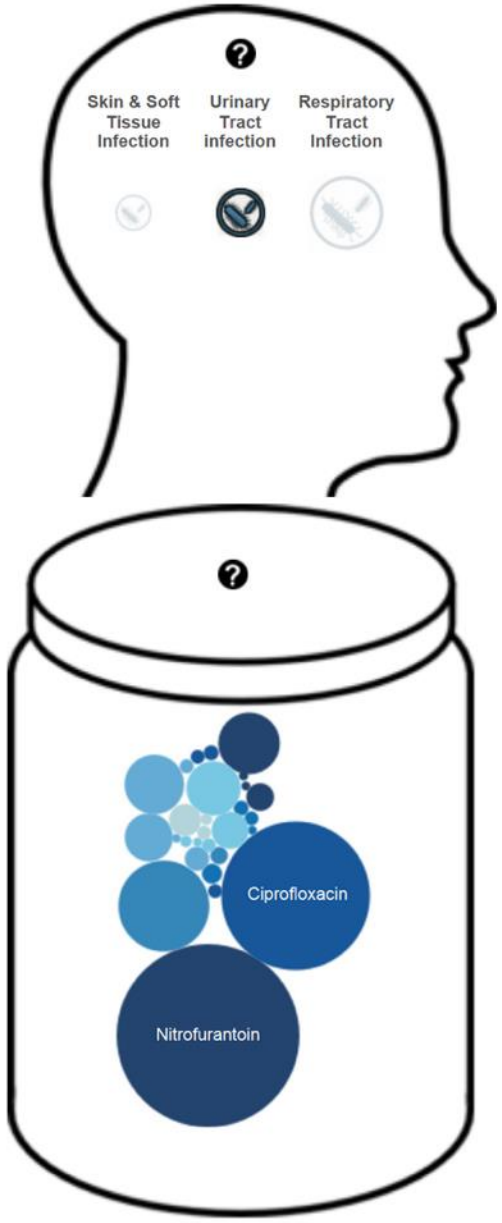
Source: Canadian Antimicrobial Resistance Surveillance System

We’re actually saving more than we thought



- Conservative model:
  - > $83 M saved per annum
- Why?
  - 2/3 Volume Reduction
  - 1/3 Class Switching

Mamun et al. AMMI – CACMID 2018



Antimicrobial Utilization Dashboard

Click to view Executive Summary

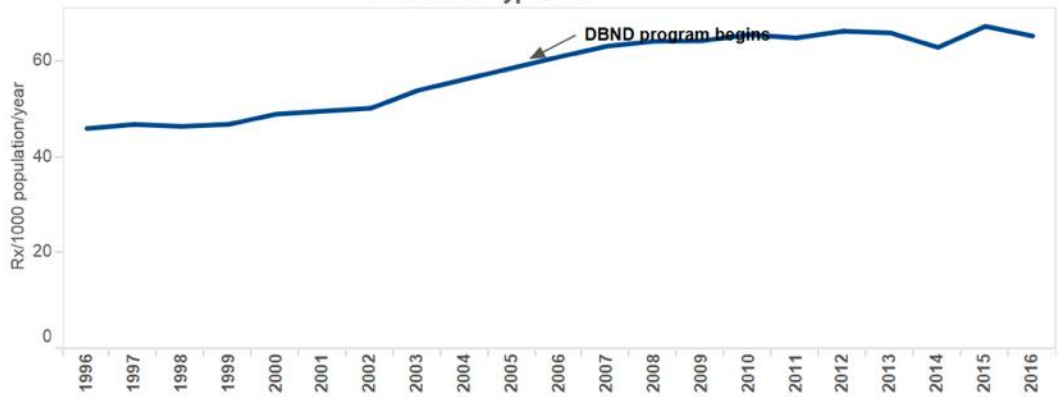
CURRENT DISPLAY

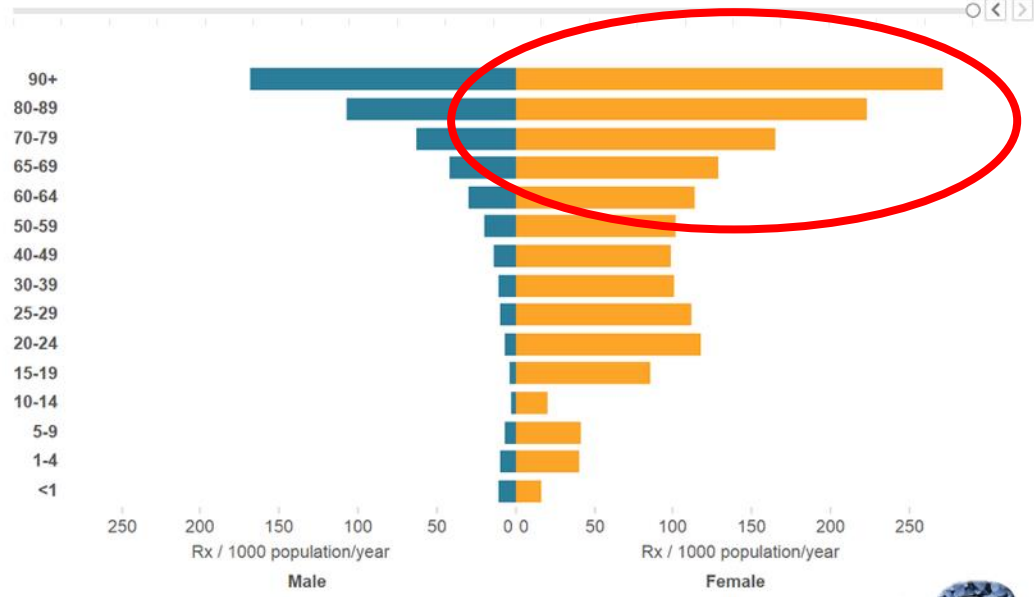
Gender: All
Age: Multiple
Health Region: All

Antibiotic: All
Indication: Urinary Tract Infection
Prescriber type: All

2016

Rx
DDD





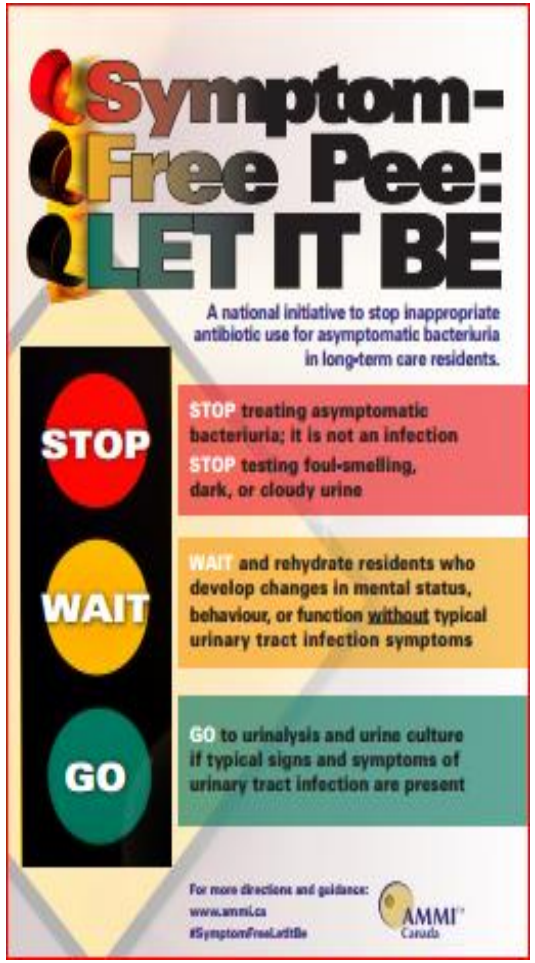
Looking for something specific? Select from the lists below:

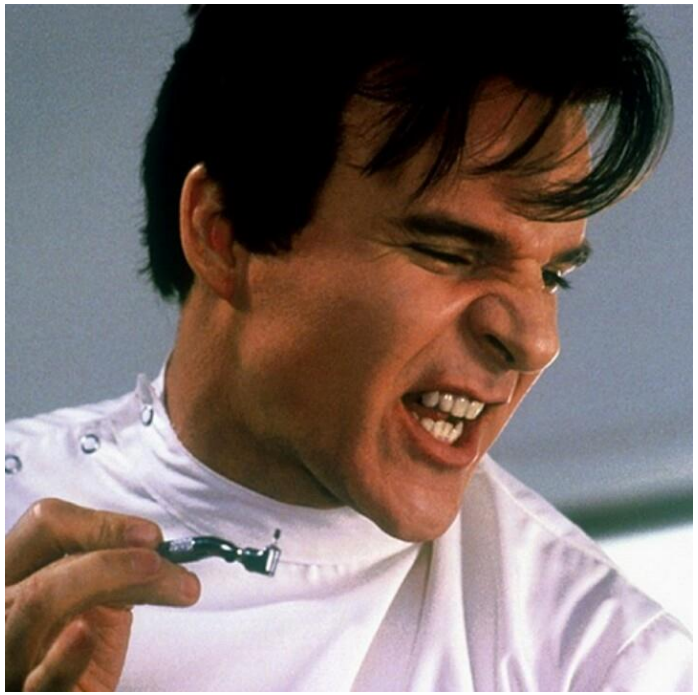
Antibiotic: (All)

Indication: Urinary Tract infection

Health Region: All

Recent and Upcoming Initiatives





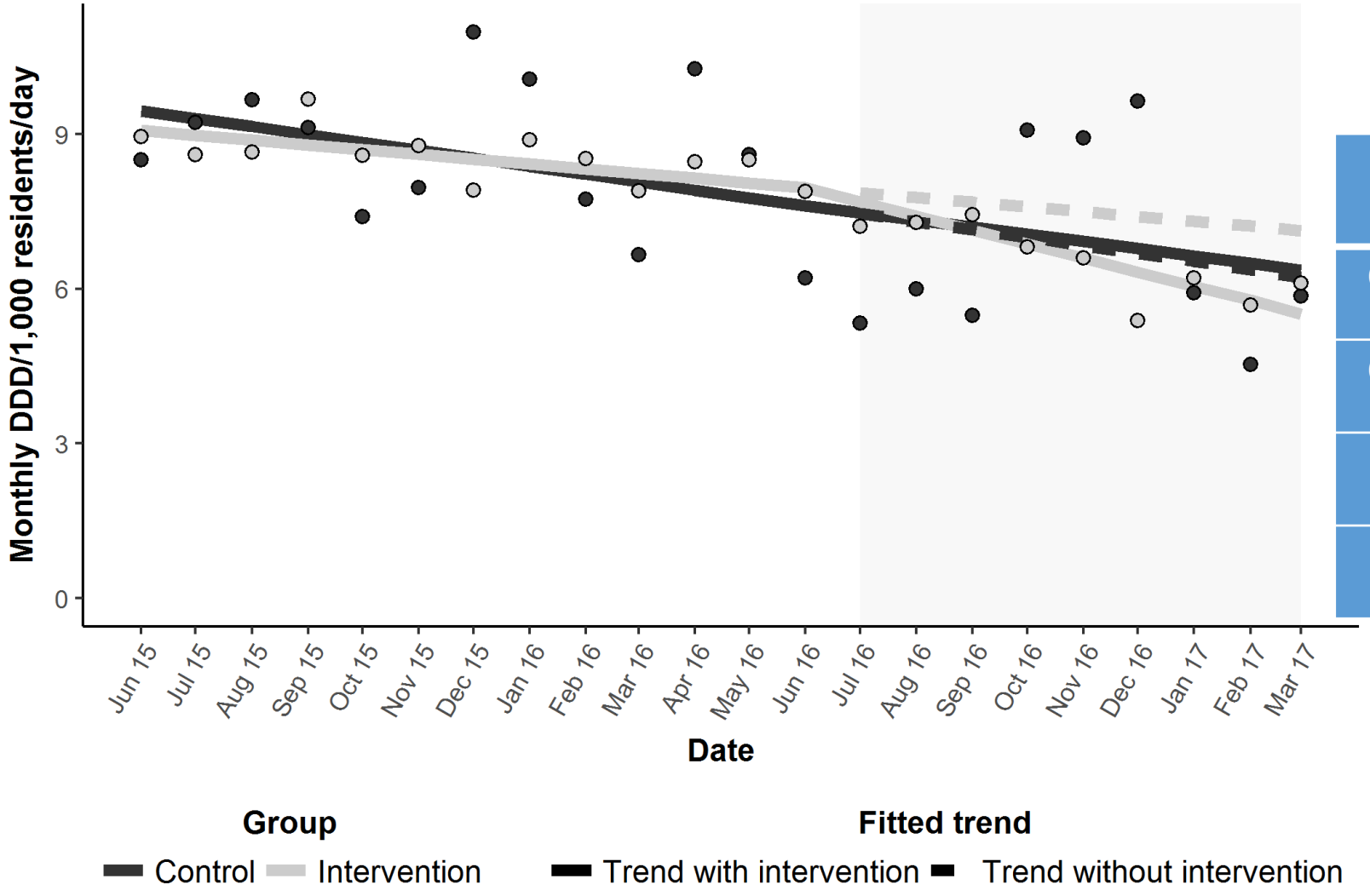
College of Physicians & Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

Shorter is Better

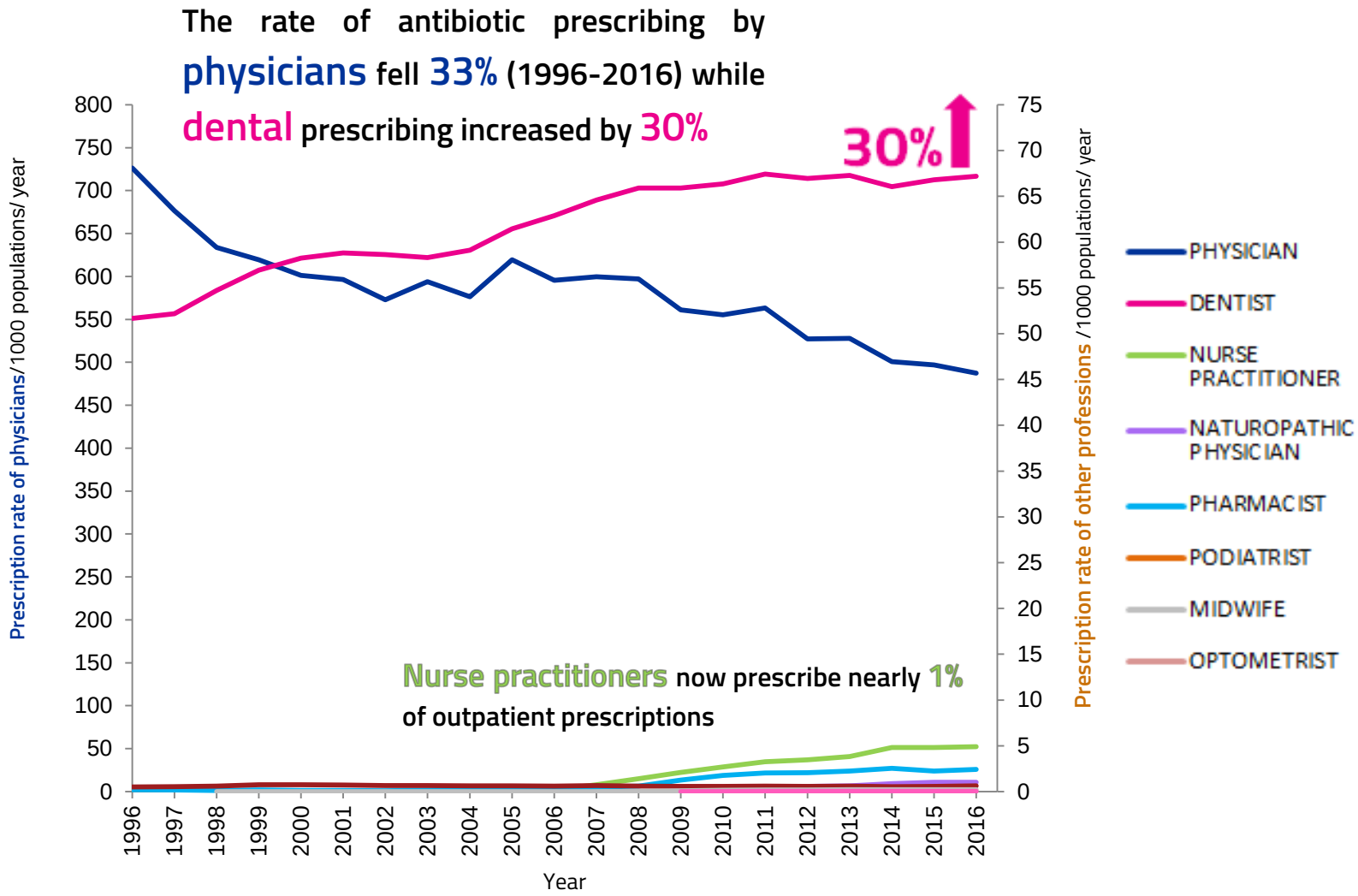
BC PAD academic detailing from July 2016 to March 2017

UTI-coded prescribing rate in BC's nursing homes



Group	Prescribing rate per month
Control (Pre)	-0.15
Control (Post)	-0.09
Intervention (Pre)	-0.14
Intervention (Post)	-0.27

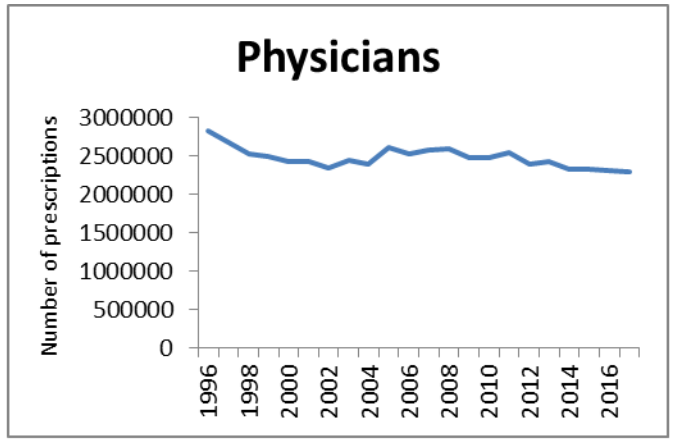
Antibiotic prescribing rate by profession and year, 1996-2016

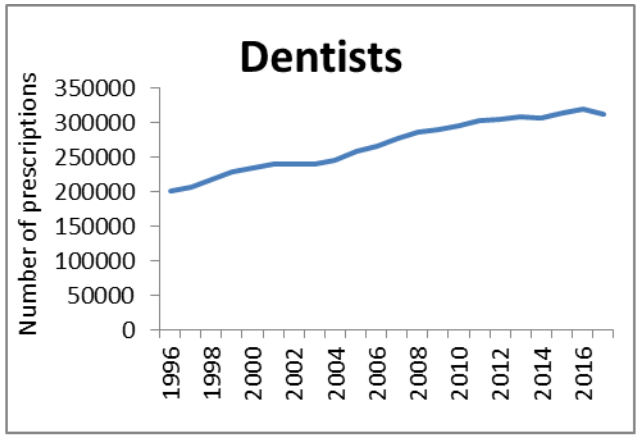


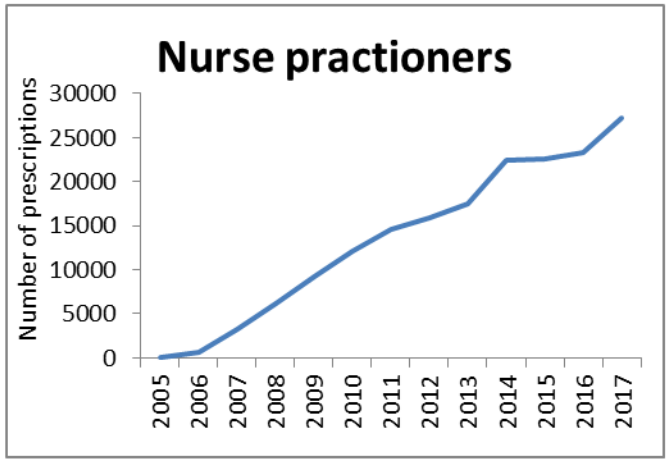
Prescription percentages attributable to each profession in BC, 2017

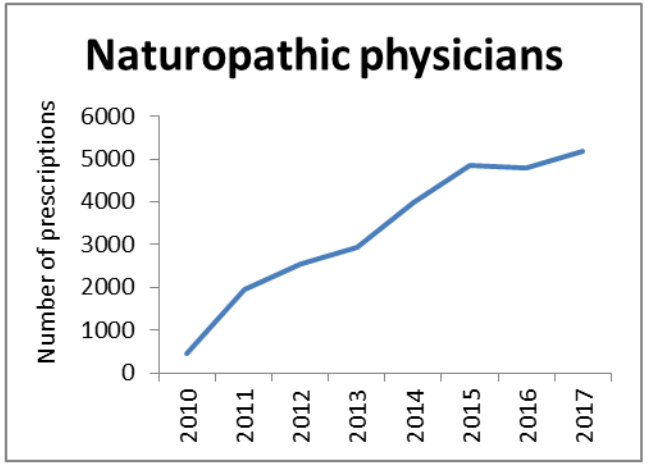
Profession	Prescription percentages
DENTIST	11.76
MIDWIFE	0.04
NATUROPATHIC PHYSICIAN	0.19
NURSE PRACTITIONER	1.02
OPTOMETRIST	0.00
PHARMACIST	0.45
PHYSICIAN	86.42
PODIATRIST	0.11

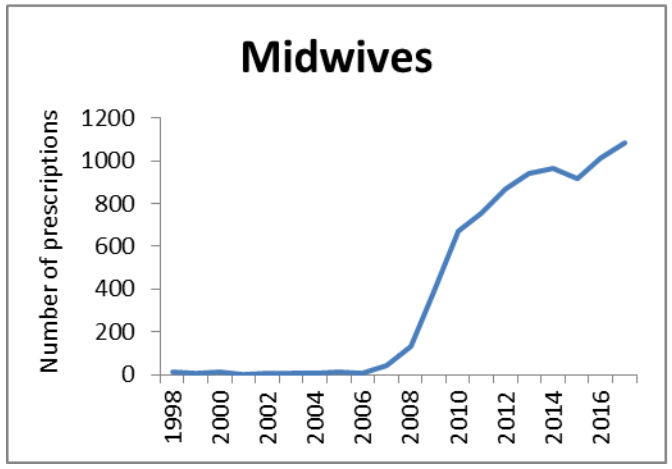
Number of antibiotic prescriptions by year and profession, 1996-2017.

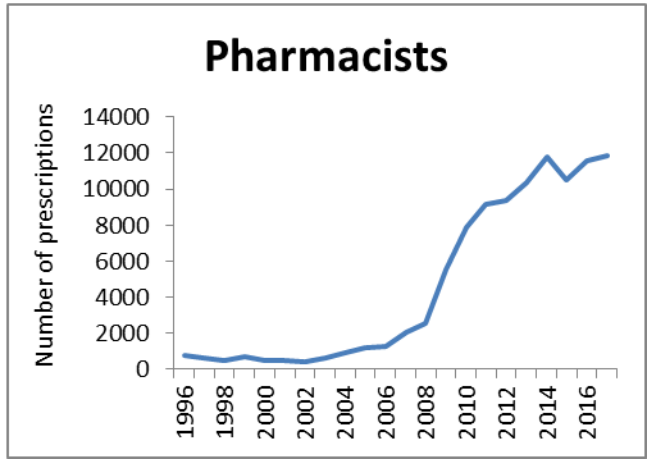






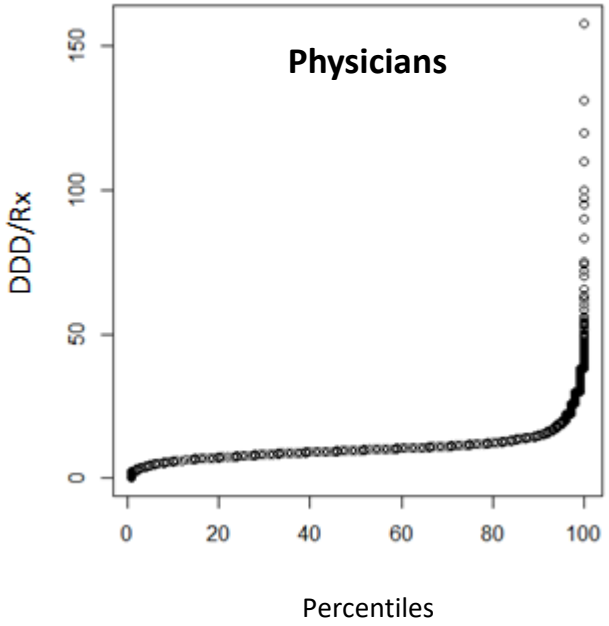


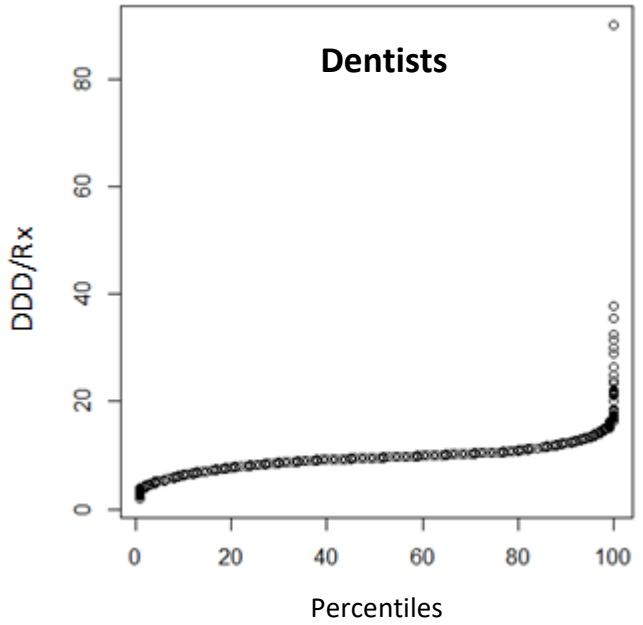


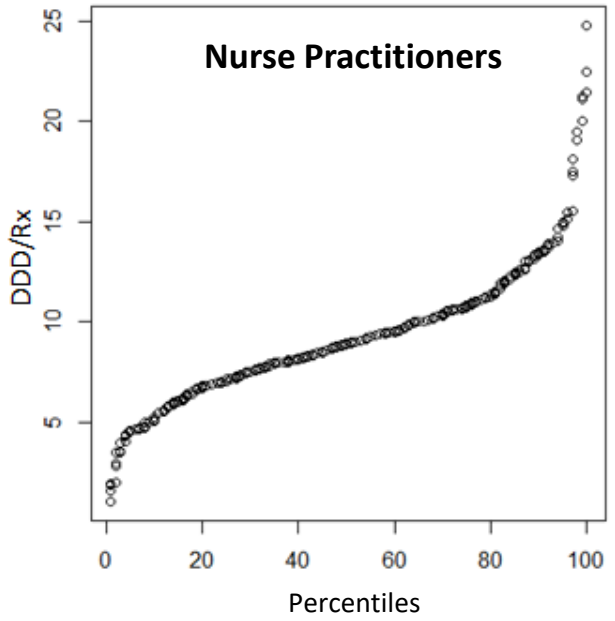


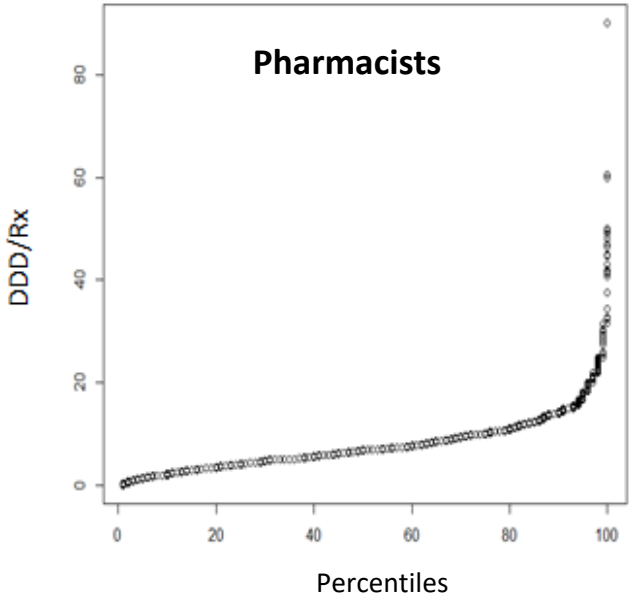
We can’t afford to be playing Whack-a-Mole

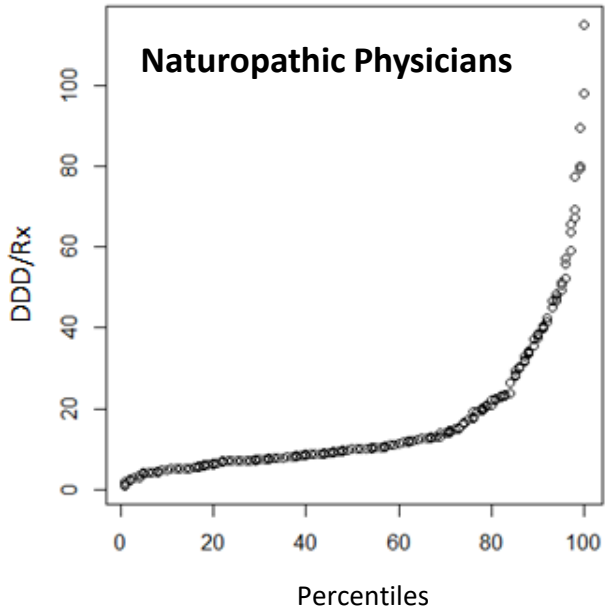
The DDD per prescription for each prescriber by percentiles in each profession for 2016.



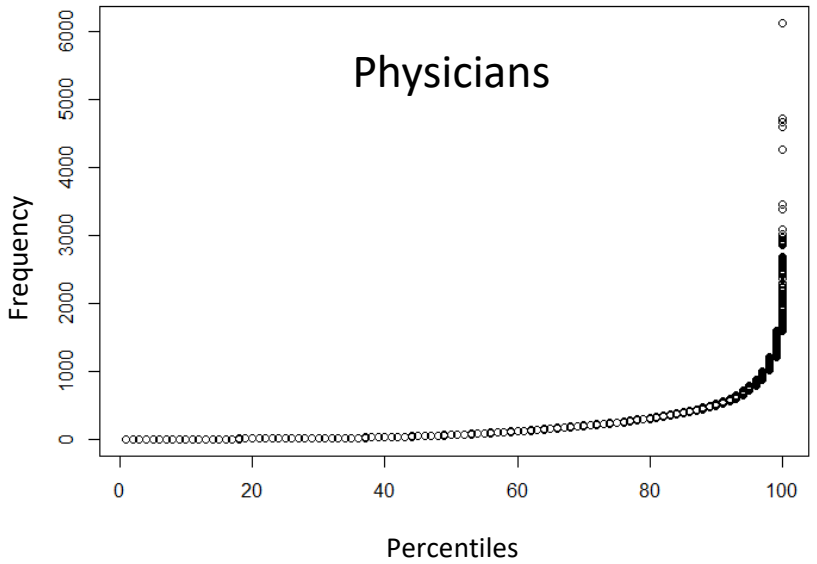


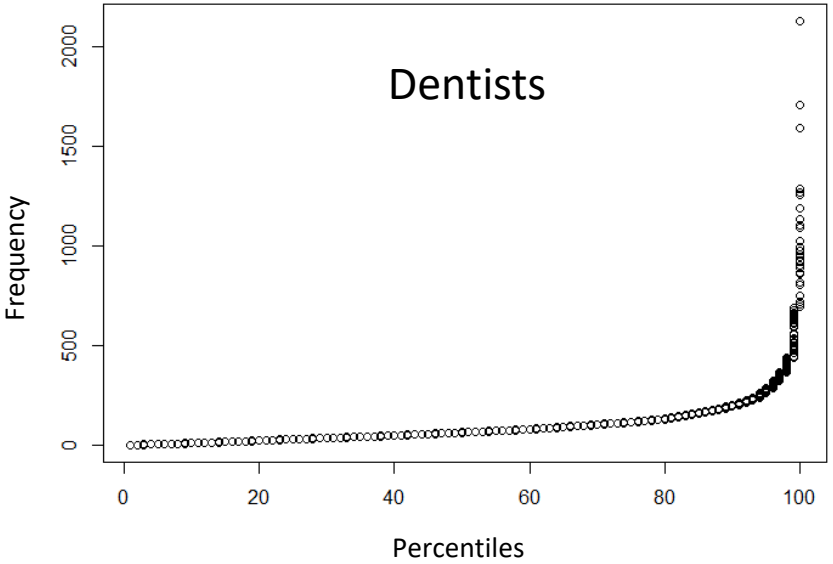


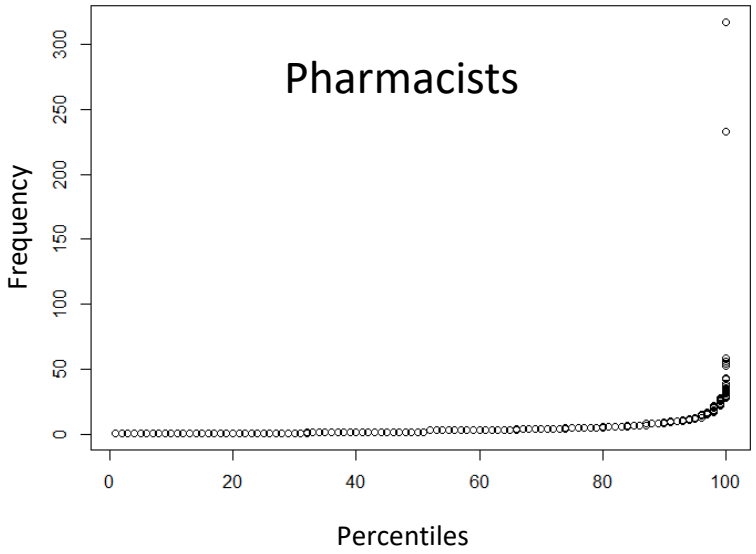


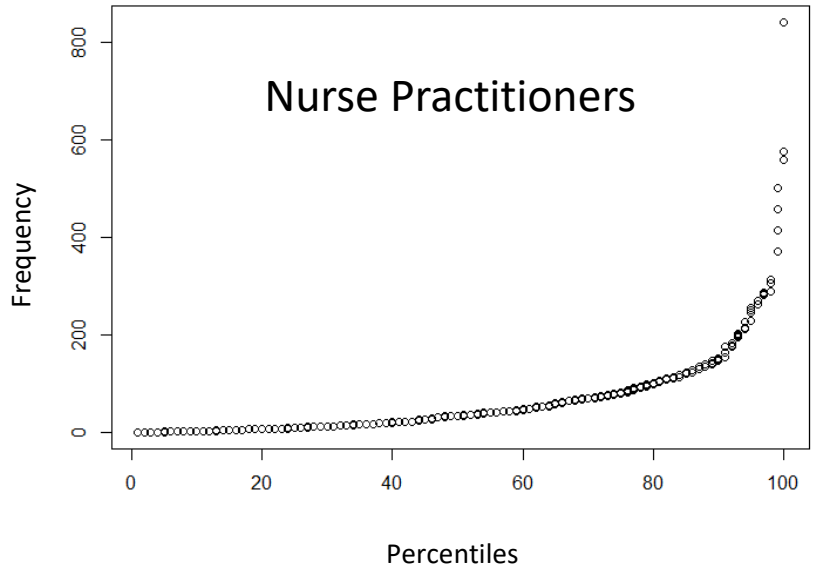


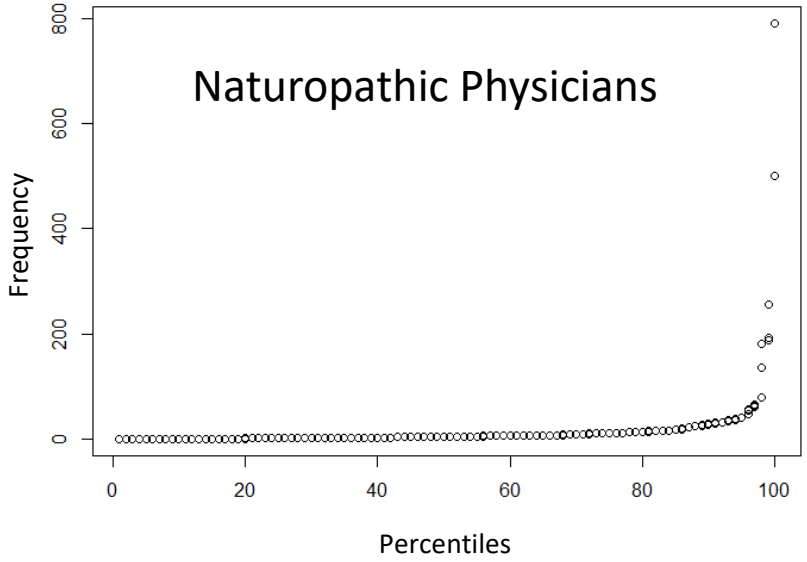
Frequency of prescribing for each practitioner by percentiles in each profession for 2016.











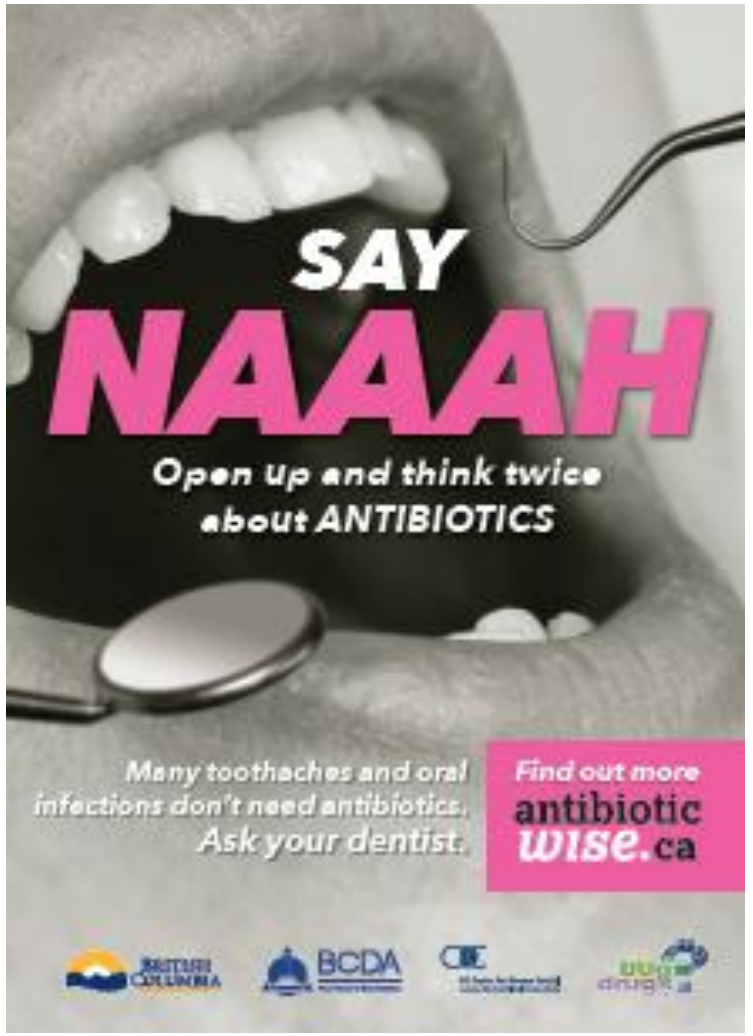
Consequential horrors?

- Over 40,000 Clindamycin Prescriptions per Year in Dentistry
- Highest risk of C. diff of all antibiotics -> RR 16
- Case fatality 6-30%
- Allergic reactions
- Blunting the population benefit from physician prescription reduction

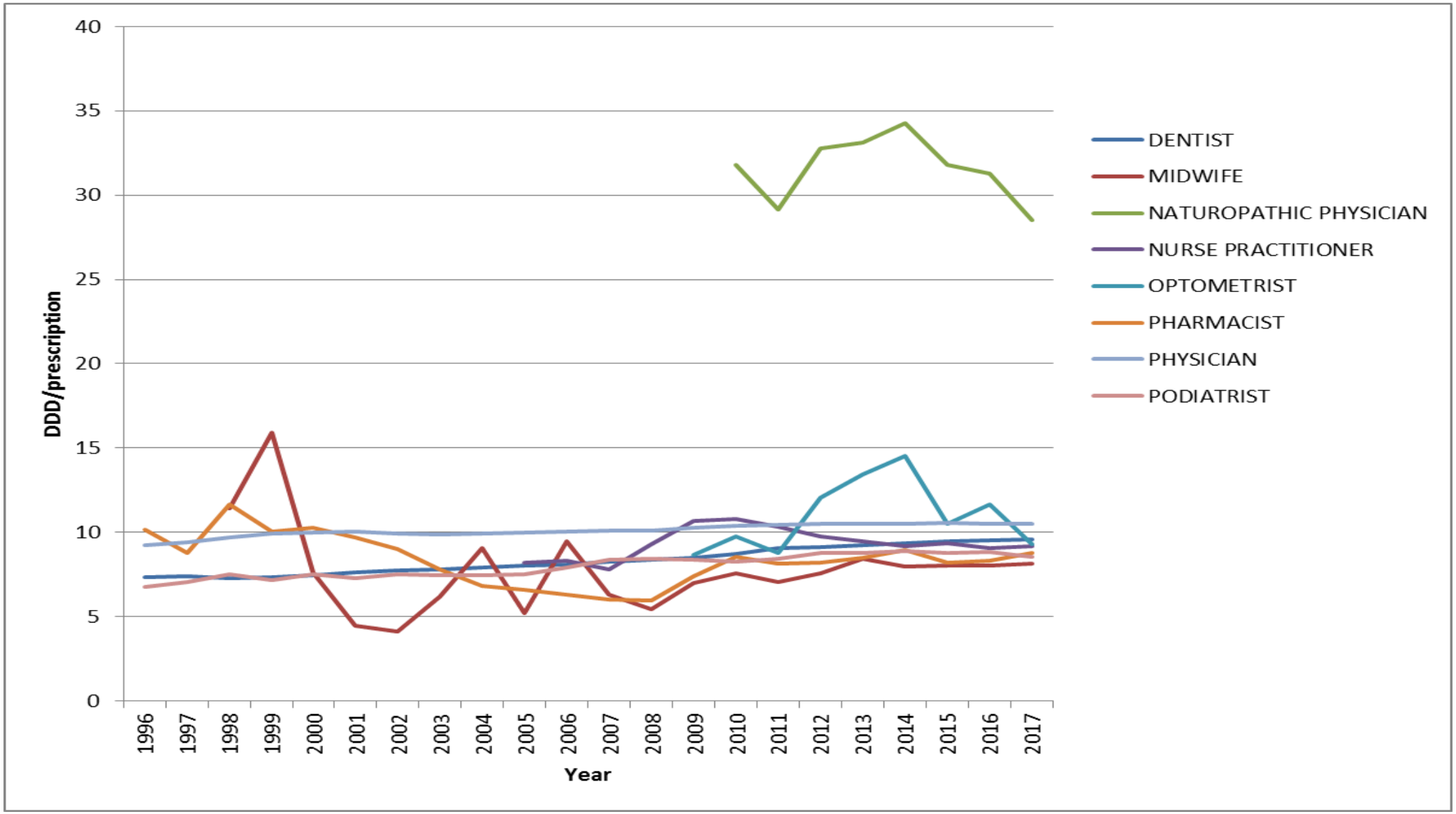
Brown KA, Khanafer N, Daneman N, Fisman DN. Meta-Analysis of Antibiotics and the Risk of Community-Associated *Clostridium difficile* Infection. *Antimicrob Agents Chemother.* 2013;57(5):2326-2332. doi:10.1128/AAC.02176-12.

How do we improvise our way back to the image of the Good Dentist?

- EQIP Prescribing Portraits?
- More KT , CHE and Conference Activity on Stewardship Messages
- Beta lactam allergy delabeling
- Public Messaging for Dental Patients



DDD/prescription by profession in BC, 1996-2016



Shorter is Better

- In most cases, continuing antibiotic therapy beyond resolution of symptoms serves only to increase probability of selecting resistance
- Emphasize duration of therapy as short as is effective in guidelines
- Measure duration in appropriateness assessments

Pharmacotherapy. 2018 Jun;38(6):674-687. doi: 10.1002/phar.2118. Epub 2018 May 23.

Implications

The colleges can collaborate with the BCCDC on professional and public education initiatives to reduce unnecessary antibiotic use

Areas for improvement:

1. **Review and adhere to current evidence-based antibiotic guidelines**
   - professions who recently gained prescribing rights are encouraged to collaborate with experts in antimicrobial therapy to assure its guidelines are aligned with current standards of care.

2. **Monitor antibiotic use**
   - especially for professions who are becoming accountable for a growing proportion of antibiotic prescriptions.

3. **Reduce the median days of therapy per prescription**
   - there is strong evidence that shorter courses are sufficient for many common infections.

4. **Commit to judicious antibiotic prescribing.**

5. **Ensure that higher risk drugs are only used when first line agents are truly contraindicated.**
   - Clindamycin exposure is a strong risk factor for Clostridium difficile infection

6. **Engage the public so that they understand when antibiotic use is appropriate.**

Opinions on a Regulatory Role?

Can this help … or hurt?

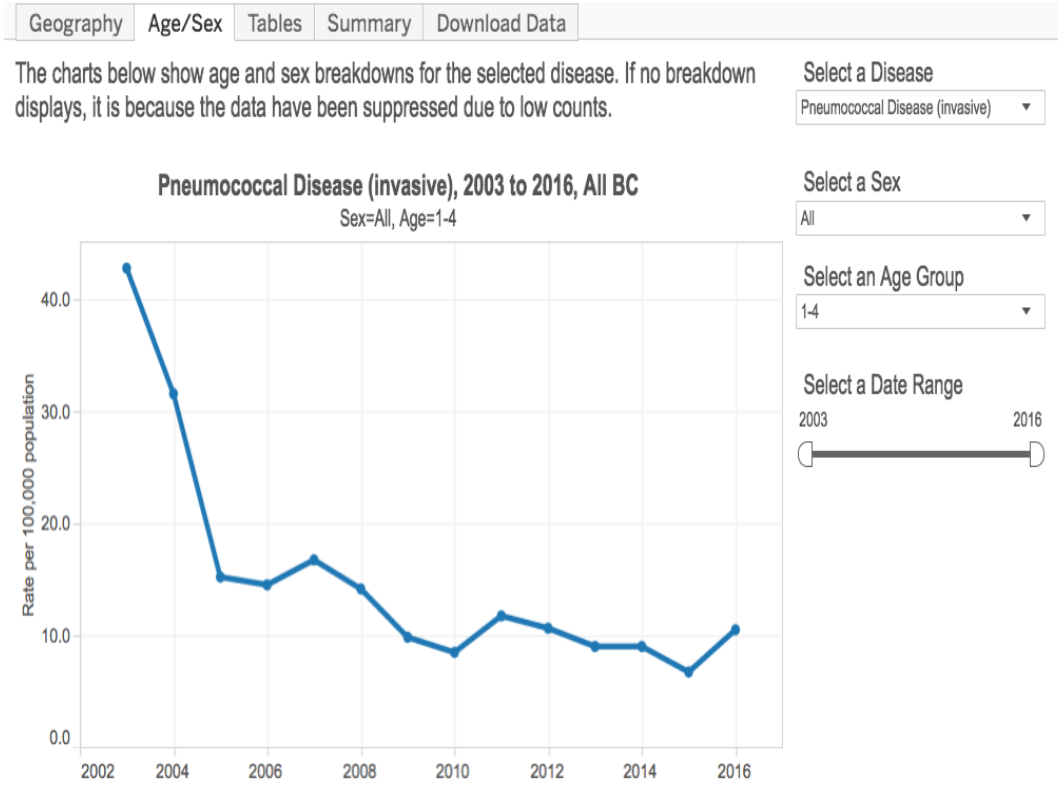
Rapid Tests – Done Right vs Wrong

Sore Throat + Specific Findings on Exam + Positive Test for *S. pyogenes* = Rational to Treat

- Many people carry *S. pyogenes* in their throat. Without an exam first, we will vastly over treat.
- It represents a conflict of interest to both prescribe and dispense.
- Solved elsewhere by conditional prescriptions written by examining doctor where pharmacies still offer the test, but in its proper context.

Infection Prevention and Control: Vaccines

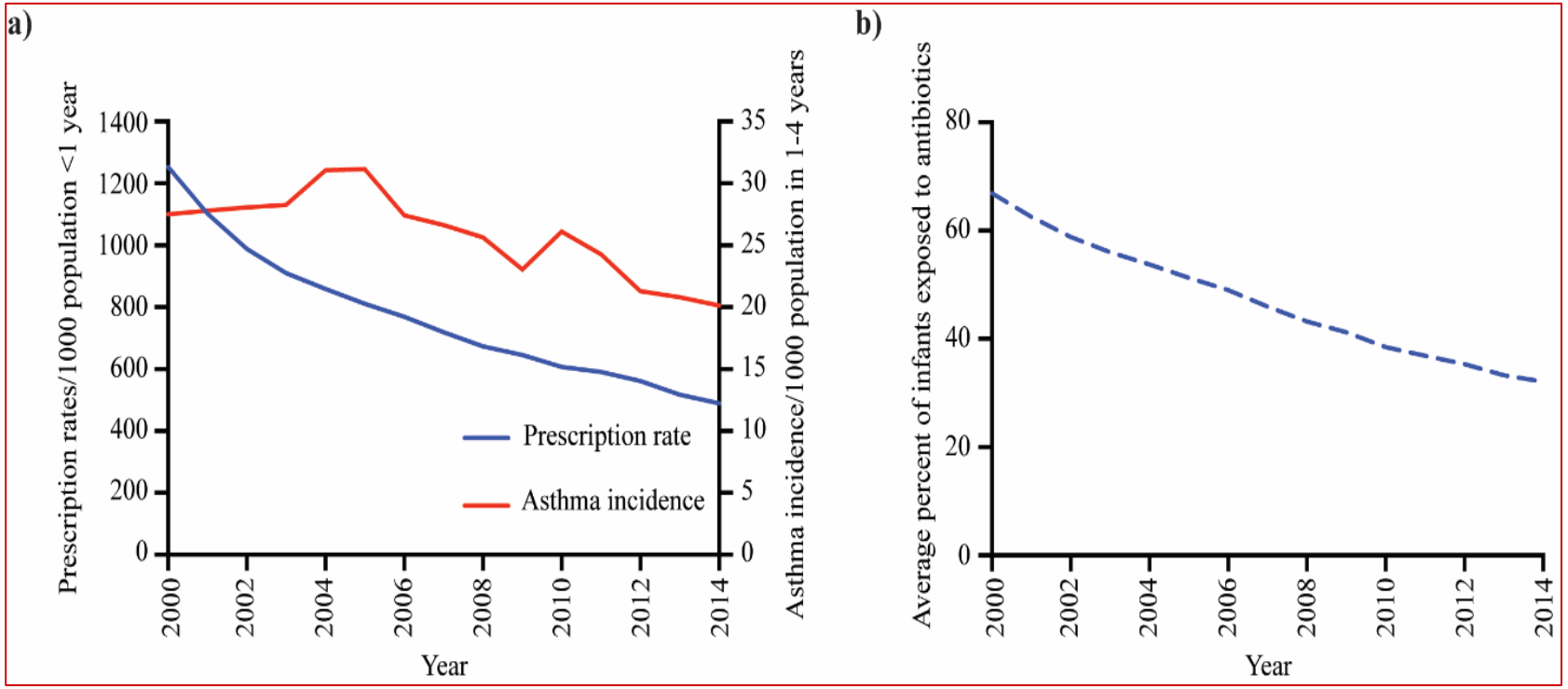
- We are reaping dividends from pneumococcal immunization
- Holy Grail – the big pathogens affecting human health
  - *S. aureus*
  - *E. coli*
  - closer – *N. gonorrheae*



Does it go beyond resistance?

(a) Asthma incidence among children 1-4 years British Columbia 2000-2014 vs. average antibiotic prescription rate experienced by that cohort during infancy

(b) Average percentage of children 1-4 years who received one or more antibiotic prescriptions in the first twelve months of life, British Columbia



- Asthma incidence fell 26% from 27·3 (95%CI: 26·5-28·0) to 20·2 (95%CI: 19·5-20·8) per 1000 population, represents 1264 fewer cases

Preserve value, increase access where needed, and minimize harm

NGDI.ubc.ca
Neglected Global Diseases Initiative
a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Antibiotic prescribing rate by profession and year, 1996-2017