College of Pharmacists of British Columbia

Board Videoconference
April 30, 2020
MINUTES

Members Present:
Christine Antler, Chair, District 2
Anca Cvaci, Vice-Chair, District 6
Alex Dar Santos, District 1
Andrea Silver, District 3
Steven Hopp, District 4
Michael Ortynsky, District 5
Claire Ishoy, District 7
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
Doreen Leong, Director of Registration and Licensure
Mary O'Callaghan, Chief Operating Officer
Anu Sharma, Acting Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement
Laura Briard, Policy and Legislation Analyst
Kimberly Hilchie, Pharmacy Policy Consultant
Stephanie Kwok, Executive Assistant

Regrets:
Ashifa Keshavji, Director of Practice Reviews and Quality Assurance

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1. **WELCOME & CALL TO ORDER**
   Chair Antler called the meeting to order at 4:35pm on April 30, 2020.

   Chair Antler acknowledged the Coast Salish People on whose unceded traditional territories the meeting is being chaired from, the Coast Salish, Squamish and Tsleil-Waututh First Nations. She also recognized that attendees of the videoconference are joining the call from other First Nations territories across BC.

2. **CHAIR'S UPDATES**
   Chair Antler provided an update as part of item 9 on the agenda.
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College of Pharmacists of British Columbia

3. REGISTRAR'S UPDATES

Registrar Nakagawa provided an update to the Board on the Joint Venture meeting he had attended. The Management team had initial conversations about long term planning for COVID-19. Staff will continue to bring items to the Board for discussion and approval as appropriate.

4. APPROVAL OF MARCH 31, 2020 DRAFT BOARD MEETING MINUTES (APPENDIX 1)

It was moved and seconded that the Board:
Approve the March 31, 2020 Draft Board Meeting Minutes as circulated.

CARRIED

5. APPROVAL OF APRIL 6, 2020 DRAFT BOARD MEETING MINUTES (APPENDIX 2

It was moved and seconded that the Board:
Approve the April 6, 2020 Draft Board Meeting Minutes as circulated.

CARRIED

6. AMENDMENT TO A COMMITTEE MEMBER APPOINTMENT (APPENDIX 3)

David Pavan, Deputy Registrar clarified to the Board of an incorrect Vice-Chair appointment to the Application Committee.

It was moved and seconded that the Board:
Remove Trevor Hoff as Vice-Chair of the Application Committee due to an administrative error as presented.

CARRIED

7. LEGISLATIVE UPDATES

The Policy and Legislation team will be bringing forward to the Board soon for approval possible amendments to *Professional Practice Policy 58 – Medication Management (Adapting a Prescription).*

8. AMENDMENTS TO HEALTH PROFESSIONS ACT BYLAWS – *DISPENSING DRUGS FOR THE PURPOSES OF MEDICAL ASSISTANCE IN DYING STANDARDS, LIMITS AND CONDITIONS* AND PODSA BYLAWS (APPENDIX 4)

David Pavan, Deputy Registrar provided background information regarding the proposed amendments to the *Pharmacy Operations and Drug Scheduling Act* Bylaws to temporarily allow injectable drugs, previously dispensed for the purpose of providing Medical Assistance in Dying (MAiD), to be returned to inventory.

It was moved and seconded that the Board:

1. Approve the following resolution to amend the Health Professions Act Bylaws Schedule F Part 5 – Dispensing Drugs for the Purposes of Medical Assistance in Dying Standards, Limits and Conditions to temporarily allow return to inventory, injectable drugs previously dispensed for the purpose of providing MAiD:

College of Pharmacists of British Columbia

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

1. Approve the following resolution to amend the *Pharmacy Operations and Drugs Scheduling Act* Bylaws consequentially:

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

CARRIED

9. JUNE BOARD MEETING DISCUSSION

Chair Antler announced that the regular scheduled June Board meeting will occur on Microsoft Teams. Board members were asked to consider potential agenda topics for the Committee of the Whole meeting and Board meeting.

The College is exploring virtual options for the Annual General Meeting in November.

ADJOURNMENT

Chair Antler adjourned the meeting at 5:45pm on April 30, 2020.

College of Pharmacists of British Columbia

Board Teleconference
March 31, 2020
MINUTES

Members Present:
Christine Antler, Chair, District 2
Anca Cvaci, Vice-Chair, District 6
Alex Dar Santos, District 1
Andrea Silver, District 3
Steven Hopp, District 4
Michael Ortynsky, District 5
Claire Ishoy, District 7
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
Ashifa Keshavji, Director of Practice Reviews and Quality Assurance
Doreen Leong, Director of Registration and Licensure
Mary O'Callaghan, Chief Operating Officer
Anu Sharma, Acting Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement
Stephanie Kwok, Executive Assistant
Virginia Kwong, Manager of Registration and Licensure
Conny Lin, Policy and Legislation Analyst

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1. **WELCOME & CALL TO ORDER**
   Chair Antler called the meeting to order at 4:05pm on March 31, 2020.

   Chair Antler acknowledged the Coast Salish People on whose unceded traditional territories the meeting is being chaired from, the Coast Salish, Squamish and Tsleil-Waututh First Nations. She also recognized that attendees of the teleconference are joining the call from other First Nations territories across BC.

College of Pharmacists of British Columbia

2. CHAIR'S UPDATES

Chair Antler reported on logistical items. Future Board teleconferences will start at 4:30pm. 24 hour notice will be provided upon scheduling a Board teleconference. The April Board meeting currently scheduled for two days will now be a one day meeting on Friday, April 17. It will be a 2 hour teleconference starting at 9am. The Registrar Evaluation and Succession Planning Committee came to a consensus by email to shift the schedule for the Registrar review process from April and September to June and November due to current COVID-19 situation.

3. REGISTRAR'S UPDATES

Registrar Nakagawa provide an update on two media interviews he participated in today, one on unproven therapies and the other on the 30-day supply issue. The IT Department has launched Microsoft Teams for College staff to use for audio-visual meetings. Microsoft Teams will be available for the Board to use for the April Board meeting.

Gillian Vrooman, Director of Communications and Engagement confirmed that BC's pharmacy professionals will now have access to priority testing for COVID-19.

4. LEGISLATIVE UPDATES

The Legislation and Policy team is currently reviewing various bylaws and policies including PPP-58 Adaptation Policy, electronic transmission of prescription, delivery of iOAT and OAT.

5. AMENDMENTS TO THE HEALTH PROFESSIONS ACT BYLAWS RELATED TO TEMPORARY REGISTRATION UNDER A DECLARED EMERGENCY (APPENDIX 1)

Anu Sharma, Acting Director of Policy and Legislation provided an overview of the feedback received from the public posting of the proposed amendments to the HPA Bylaws that the Board approved at the March 26, 2020 Board meeting.

It was moved and seconded that the Board:
Approve the following resolution to amend the bylaws made under the Health Professions Act related to granting temporary registration under a declared emergency and to request a shortened filing period from the Minister of Health to bring the amendments into force as soon as possible:

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

CARRIED

ADJOURNMENT

Chair Antler adjourned the meeting at 4:33pm on March 31, 2020.

College of Pharmacists of British Columbia

BOARD MEETING
March 31, 2020

5. Amendments to the *Health Professions Act* Bylaws Related to Temporary Registration under a Declared Emergency

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution to amend the bylaws made under the *Health Professions Act* related to granting temporary registration under a declared emergency and to request a shortened filing period from the Minister of Health to bring the amendments into force as soon as possible:

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

Purpose

To consider approval of amendments to the *Health Professions Act* ("*HPA*") Bylaws for filing with the Minister of Health.

Background

On March 11, 2020, the World Health Organization declared the COVID-19 outbreak a pandemic. Given an anticipated increased demand for pharmacists and pharmacy technicians ("pharmacy professionals"), in an effort to help with the pandemic, the College staff explored ways to expedite the registration process for former and non-practicing pharmacy professionals. In addition, staff also explored options for registering applicants who are eligible under the "limited pharmacist" and "student pharmacist" classes of registration to help assist in pharmacies within their scope of practice.

At the March 26, 2020 Board meeting (via teleconference), the Board approved public posting of the proposed bylaws for a 24 hour period (See Appendix 1 for the March 26, 2020 Board meeting note).

The following key bylaw topics are addressed in the proposed bylaws:

- Establishing criteria under which an emergency can be declared to enable temporary registration;
- Allowing former, non-practicing and other eligible applicants to apply for temporary registration;
- Clarifying application requirements for temporary registration; and,
- Improving flexibility with the temporary registration duration.

Discussion

Public Posting of Proposed Bylaws

The proposed bylaws were publicly posted on the College's website for an approved shortened public posting period of 24 hours from March 27 to 28. During this public posting period, 16 letters of feedback were received from registrants and students (See Appendix 2). All of the letters of feedback received were shared with the Ministry of Health.

In general, the feedback received included support for the granting of temporary registration in this pandemic (See Appendix 3). Most of the feedback received included either specific questions and or comments therefore no further revisions to the bylaws are proposed. Appendix 3 includes a table summarizing the comments received and staff review of this feedback.

Consequential Amendments to the HPA Fee Schedule under the HPA Bylaws

Consequential amendments to the *HPA* Fee Schedule (Schedule "D") under the *HPA* bylaws were made to reflect the proposed bylaws (see Appendix 5). In addition to the amended fee schedule, corresponding revisions to existing forms were also made. As amendments to form 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

- If approved by the Board, file the amendments to the *HPA* Bylaws with the Minister of Health (with a request to shorten the filing period); and
- Develop and implement communications related to the amendments, including information on the application process.

Guiding Questions

When reviewing the proposed amendments, the Board is asked to consider:

- Are any comments warrant changes to the proposed bylaws amendments?
- Are the responses to comments sufficient to address the concerns (Appendix 3)?

Recommendation

It is recommended that the Board approve the amendments to the *HPA* Bylaws (Appendix 4-6) for filing with the Minister of Health.

Appendix	
1	March 26, 2020 Board Meeting Briefing Notes
2	Feedback Received during the Public Posting Period
3	Summary and Responses of Public Posting Feedback
4	Revised *HPA* Bylaws (track changes)
5	Revised Fee Schedule (track changes)
6	Schedule to the Resolution

College of Pharmacists of British Columbia

BOARD MEETING
March 26, 2020

6. Amendments to the *Health Professions Act* Bylaws Related to Temporary Registration under a Declared Emergency

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, the Board approve the proposed bylaws of the College of Pharmacists of British Columbia related to granting temporary registration under a declared emergency, as circulated.

Purpose

To propose amendments to the *Health Professions Act* ("*HPA*") Bylaws related to granting temporary registration under a declared emergency.

Background

On March 11, 2020, the World Health Organization declared the COVID-19 outbreak a pandemic. Given an anticipated increased demand for pharmacists and pharmacy technicians ("pharmacy professionals"), in an effort to help with the pandemic, the College staff explored ways to expedite the registration process for former and non-practicing pharmacy professionals. In addition, staff also explored options for registering applicants who are eligible under the "limited pharmacist" and "student pharmacist" classes of registration to help assist in pharmacies within their scope of practice.

Section 45 of the *HPA* Bylaws ("the Bylaws") allows the College to grant temporary registration to an eligible person under a declared emergency. For this to occur, section 45(1)(a) of the Bylaws requires the Registrar to declare an emergency in accordance with the criteria established by the Board. In addition, the Bylaws specify that only persons who are currently registered in another jurisdiction in Canada or the United States as the equivalent of a full pharmacist or a pharmacy technician are eligible to apply. Further, the applicant must provide evidence of their current registration satisfactory to the registration committee, and complete Form 4D or Form 7C for pharmacists or pharmacy technicians, respectively.

Discussion

Criteria under which an Emergency can be Declared by the Registrar to Enable Temporary Registration

As noted above, under the current Bylaws, temporary registration can be granted only if "an emergency has been declared by the registrar in accordance with criteria established by the board (*HPA* Bylaws*,* s. 45(1)(a))." However, currently no existing criteria has been established by the Board pursuant to section 45(1)(a). To address this gap in legislation, proposed amendments to the Bylaws have been drafted to include criteria under which temporary registration can be granted to under the current pandemic.

Allowing Former, Non-Practicing and Other Eligible Applicants to Apply for Temporary Registration

Currently the Bylaws only persons registered in another jurisdiction in Canada or the United States are eligible for temporary registration. However, during a pandemic, other jurisdictions are expected to experience a similar shortage in pharmacy professionals. To address the anticipated shortage in BC, staff and legal counsel recommend allowing temporary registration for former (retired) and non-practising pharmacy professionals, and ensuring existing registrants of certain classes (i.e., limited and student pharmacists) are able to continue practicing despite circumstances outside of their control (e.g., cancellation of the national qualifying exams). Therefore, a set of proposed bylaws amendments are recommended to allow the following persons to apply for temporary registration (Appendix 1-2):

- Former registrants and non-practicing registrants who were last registered as a full pharmacist or pharmacy technician in the past three years as "temporary pharmacist" or "temporary pharmacy technician" as applicable (the three year limit was in accordance with the duration of results validity for Jurisdiction Examination and Structured Practical Training set out in the Registration Committee Policy-10); and
- Eligible applicants as "temporary limited pharmacist" or "temporary student pharmacists".

The following amendments are also proposed:

- The existing practice limitation for limited and student registrants (e.g., require supervision by a full pharmacist) will still apply under the proposed bylaw amendments.
- To provide flexibility, the proposed amendment allows the registrar to waive certain application requirements (i.e., fees).

A corresponding revised form has also been drafted, and will be approved by the Registrar and do not require Board approval. This form will also be sent to the Ministry of Health for filing.

Proposed Application Requirements for Temporary Registration

The application requirements proposed under temporary registration has been reviewed to reduce potential barriers, and to expedite the application process. The recommended proposed requirements are outlined below.

1. **Application form:** The form has been streamlined to obtain only essential information.
2. **Application fee**: There is currently no application fee for temporary registration. Only a CRC fee will be applicable which can be waived by the registrar.
3. **Criminal record check authorization**: The *HPA* requires applicants to authorize a criminal record check (CRC) for registration. The College currently waits for the result of the CRC before registering an applicant. Instead of waiting for the results, the College plans to grant the registration once the CRC has been authorized. The *HPA* is explicit that the applicant only needs to authorize the CRC and there are other regulatory mechanisms to handle a CRC that is not clear (i.e., referral to the Inquiry Committee) whereby the registration can be cancelled, suspended or limits and conditions placed on it. This expedited process aligns with the current requirement under *HPA* and *HPA* Bylaws.
4. **Registration and standing in another jurisdiction**: A Letter of Standing is required for those applicants who are registered in another jurisdiction in Canada or in the United States. The College will verify an applicant's registration status online and will only require a Letter of Standing or email confirmation from the pharmacy regulatory authority if online verification is unavailable.
5. **Confirmation of identity and authorization to work in Canada**: Former and non-practising registrants, and those who have pre-registered with the College will not be required to provide evidence to confirm identity and authorization to work in Canada (if applicable) as the College has this information in the database. Only those who have never been pre-registered/registered with the College will be required to provide government issued identification to confirm their identity and their authorization to work in Canada, if applicable.
6. **Professional liability insurance**: The College has made arrangements with the BC Pharmacy Association to minimize the financial barrier for professional liability insurance, and to expedite the process[1].
7. **Drug Administration Certification:** Currently, the Bylaws permits a temporary pharmacist to apply for drug administration certification. In the proposed amendments, applicants may transfer their drug administration certification from another jurisdiction through an attestation by the applicant and verification by the College. Former and non-practising or other applicants may recertify their drug administration certification if

[1] BCCNP and CPSBC require professional liability insurance for their temporary/emergency registration (CPSBC *Bylaws* s. 4-10 and BCCNP *Bylaws* s. 361).

they have administered a drug by injection or intranasal route in the past 3 years. If their transferring certification or recertification does not include intranasal, the applicant will be allowed to administer drugs by injection only.

Improving Flexibility with the Temporary Registration Duration

Currently, temporary registration is valid for a period of up to 90 days and can be renewed only once for an additional period of up to 90 days, which is a maximum of 180 days (~6 months). If the COVID-19 pandemic lasts for a period longer than 180 days, many pharmacy professionals supporting the pandemic under temporary registration would need to be registered under the regular registration processes (e.g., require fees, additional application process, and continuing education requirements). Two potential options were considered to address this:

- To allow the Registrar or the Registration Committee to determine the appropriate end date of the temporary registration; and
- To create a set of provisions to allow the Registration Committee to determine the end date and to cancel the temporary registration at a time associated with the end of the emergency.

The College of Physicians and Surgeons took the first approach in granting temporary registration to certain registrant classes and the BC College of Nursing Professionals took the second approach.

Option one is recommended as this option provides the Registrar or the Registration Committee the flexibility to issue temporary registration for a duration appropriate to the emergency.

Next Steps

- If approved by the Board, submit proposed amendments to the *HPA* Bylaws to the Ministry of Health (with a request to shorten the public posting period);
- Publicly post the *HPA* bylaw amendments (for the time period approved by the Minister of Health) on the College's website;
- After the public posting period ends, request the Board's approval to file the amendments; and,
- Develop and implement communications on the amendments.

Guiding Questions

When reviewing the proposed amendments, the Board is asked to consider:

- Do the proposed amendments clearly outline criteria for granting temporary registration under a declared emergency?
- Is there anything unclear, ambiguous, or unnecessary in the proposed Bylaw?
- Is there anything missing from the proposed Bylaws?

Recommendation

It is recommended that the Board approve the proposed amendments to the *the Health Professions Act* Bylaws to grant temporary registration under a declared emergency (Appendix 1 and 2).

Appendix	
1	*HPA Bylaws* (proposed amendments)
2	*HPA Bylaws* (clean)

CPBC Legislation

From: mohamed hessein <mohdhessein@yahoo.com>
Sent: March 27, 2020 11:42 AM
To: CPBC Legislation
Subject: Re: Bylaws for Comment: Temporary Registration Under a Declared Emergency

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Conny

Hello,

I don't agree. They are not competent and also for the safety of our Patient

Regards.
Mohamed D Hessein hassona
11951

On Friday, March 27, 2020, 11:08:47 AM PDT, College of Pharmacists of BC <info@bcpharmacists.org> wrote:

College of Pharmacists of British Columbia

Bylaws for Comment: Temporary Registration Under a Declared Emergency

The College is asking for your feedback on proposed amendments to the Health Professions Act Bylaws, to allow the College to grant temporary registration under a declared emergency. The proposed amendments provide options for temporary registration of former (retired) and non-practising pharmacy professionals, as well as eligible registrants under the "limited pharmacist" and "student pharmacist" registration classes.

Please provide your feedback as soon as possible as a shortened public posting period has been requested from the Minister of Health to implement these bylaw changes as soon as possible to support patients during the COVID-19 pandemic.

Visit our website for more information

If you are having troubles with the links in this section, please go to https://www.bcpharmacists.org/bylaws-comment-temporary-registration-under-declared-emergency

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

Unsubscribe mohdhessein@yahoo.com

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Sent by info@bcpharmacists.org

CPBC Legislation

From: Jill Donaldson <jl458902@dal.ca>
Sent: March 27, 2020 12:16 PM
To: CPBC Legislation
Subject: Attn director of policy and legislation

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Conny

Hi,
Responding to the email regarding the policy change for former and limited registered pharmacists during the COVID outbreak.
My only issue with this is, as a current practicing pharmacist, I am unemployed! Where are all these pharmacies advertising for increased hours etc? I could really use the hours to survive before having them taken by other non-currently practicing pharmacists. Perhaps pharmacies in need should advertise their needs. This is unfair to people like me.
Thanks
Jill Donaldson

Sent from my iPhone

CPBC Legislation

From: mjho <mjho@hotmail.com>
Sent: March 27, 2020 12:16 PM
To: CPBC Legislation
Subject: Fwd: Bylaws for Comment: Temporary Registration Under a Declared Emergency

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Conny

Hello,

I do not think it should proceed. Retired professional and student can help in other capacities but not as temporary pharmacists.

Regards, Doris Lee

Sent from my Galaxy Tab® A

-------- Original message --------
From: College of Pharmacists of BC <info@bcpharmacists.org>
Date: 2020-03-27 11:05 AM (GMT-08:00)
To: mjho@hotmail.com
Subject: Bylaws for Comment: Temporary Registration Under a Declared Emergency

College of Pharmacists of British Columbia

Bylaws for Comment: Temporary Registration Under a Declared Emergency

The College is asking for your feedback on proposed amendments to the Health Professions Act Bylaws, to allow the College to grant temporary registration under a declared emergency. The proposed amendments provide options for temporary registration of former (retired) and non-practising pharmacy professionals, as well as eligible registrants under the "limited pharmacist" and "student pharmacist" registration classes.

Please provide your feedback as soon as possible as a shortened public posting period has been requested from the Minister of Health to implement these bylaw changes as soon as possible to support patients during the COVID-19 pandemic.

Visit our website for more information

CPBC Legislation

From: narges azari <narges.azaritakami@gmail.com>
Sent: March 27, 2020 12:37 PM
To: CPBC Legislation
Subject: Does Temporary registration under emergency applies to IGPs

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Conny

Hi
Hope this mail finds you well.
Considering high demand for contribution of pharmacists in BC, I would be thankful to know if temporary registration under declared emergency would consider IGPs (who are already pre-registered in college) eligible to join the health care team in pharmacies to support?
FYI, as an international graduate pharmacist and a Canadian citizen, I find myself accountable to support my colleagues in health care system to flatten the curve by any means of contribution. I have passed my CP3 program and waiting to do my practicum. Meantime would be happy to help either as temporary registered pharmacist or even volunteer in college.
At your disposal should you require any support
Narges Azari Takami

College of Pharmacists of British Columbia

Feedback Form for Posted Draft Bylaws

Instructions

Thank you for providing your feedback on the College's draft Bylaws. To better facilitate the collation of feedback, please use the following form. The form is divided into 4 columns:

Column 1: Indicate which section, subsection or appendix of the Bylaws for which you are providing comments.

Column 2: Due to some sections carrying over multiple pages, please indicate the page number for ease of reference.

Column 3: Indicate the text for which you are provided suggested changes and include new or amended text.

Column 4: Indicate the reason for your suggested changes (e.g. scientific journal, published guidelines etc.). Please keep your explanations as brief as possible.

Example:

Section, Subsection or Appendix	Page #	Comment (provide current and new text when applicable)	Rationale
1.3 Sample Section	5	The requirements should include A, B and C…	The following reference supports this statement…

There is an opportunity to provide general comments on the draft Bylaws following the table.

PLEASE RETURN FEEDBACK FORM TO LEGISLATION@BCPHARMACISTS.ORG BY THE DATE INDICATED ON THE COLLEGE WEBSITE.

Note: Timelines are typically 60 or 90 day posting periods. Refer to College website for specific deadlines. Forms that are submitted after deadline will not be accepted.

tel 604.733.2440 800.663.1940 fax 604.733.2493 800.377.8129 200 / 1765 WEST 8TH AVE VANCOUVER BC V6J 5C6 BCPHARMACISTS.ORG

College of Pharmacists
of British Columbia

Stakeholder Comments

Section, Subsection or Appendix	Page #	Comment (provide current and new text when applicable)	Rationale

tel 604.733.2440 800.663.1940 *fax* 604.733.2493 800.377.8129 200 / 1765 WEST 8TH AVE VANCOUVER BC V6J 5C6 BCPHARMACISTS.ORG

College of Pharmacists
of British Columbia

General Comments

Comments submitted by:	
Name of individual	
Name of organization	
Date	

tel 604.733.2440 800.663.1940 fax 604.733.2493 800.377.8129 200 / 1765 WEST 8TH AVE VANCOUVER BC V6J 5C6 BCPHARMACISTS.ORG

College of Pharmacists of British Columbia

Feedback Form for Posted Draft Bylaws

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College of Pharmacists
of British Columbia

Stakeholder Comments

Section, Subsection or Appendix	Page #	Comment (provide current and new text when applicable)	Rationale

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College of Pharmacists
of British Columbia

General Comments

Comments submitted by:	
Name of individual	
Name of organization	
Date	

tel 604.733.2440 800.663.1940 fax 604.733.2493 800.377.8129 200 / 1765 WEST 8TH AVE VANCOUVER BC V6J 5C6 BCPHARMACISTS.ORG

CPBC Legislation

From: Lindsay Dixon <ldixons@gmail.com>
Sent: March 27, 2020 1:24 PM
To: CPBC Legislation
Subject: Bylaws for Comment: Electronic Record Keeping

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Conny

I am a pharmacist who is 3 hours short of completing my CE requirements.

I would step up and register immediately if I were eligible.

Sincerely,

Lindsay Dixon
Lic.10299

Sent from my iPhone

College of Pharmacists of British Columbia

Feedback Form for Posted Draft Bylaws

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Example:

Section, Subsection or Appendix	Page #	Comment (provide current and new text when applicable)	Rationale
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College of Pharmacists
of British Columbia

Stakeholder Comments

Section, Subsection or Appendix	Page #	Comment (provide current and new text when applicable)	Rationale

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College of Pharmacists
of British Columbia

General Comments

Comments submitted by:	
Name of individual	
Name of organization	
Date	

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CPBC Legislation

From: Terri Betts <terri.betts56@gmail.com>
Sent: March 27, 2020 2:13 PM
To: CPBC Legislation
Subject: Bylaws for Comment: Temporary registration under a declared emergency

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Conny

Overall this looks reasonable to me. One can only hope that we don't find ourselves in a position where we must use it.
A couple of comments - since we are heading into the summer break, one potential strategy is to draw on licensed pharmacists who are faculty members or instructors at UBC.
And, a re-licensed pharmacist should always have another pharmacist to call on for guidance (clinical and procedural) who has been in continuous practice and is familiar with their worksite.

Terri Betts, license #03560

CPBC Legislation

From: pharmasave222 <pharmasave222@hotmail.com>
Sent: March 27, 2020 9:37 PM
To: CPBC Legislation
Subject: support to allow for temporary registration

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Conny

Just wanting to submit our pharmacy's support and recommendation to allow for temporary registration for retired and non-practising pharmacy professionals, and temporary limited and student pharmacists due to covid-19.
We strongly feel that we will be needing as much extra assistance in the pharmacy as possible to protect the public due to the increasing workload as well as the increasing need for pharmacists as pharmacists fall ill. The lack of personal protection equipment will unfortunately impact community pharmacies/ pharmacists as we are on the front line without any protection. In our pharmacies we are all working above and beyond normal hours , on average > 70 hours per week to continue to
provide medications to our patients. We are worried how we can continue if one of our staff falls ill.

Susan Carrie
license #6242

CPBC Legislation

From: Suzanna Molnar <suzanna.molnar@medpurepharmacy.com>
Sent: March 27, 2020 3:28 PM
To: CPBC Legislation
Subject: Bylaws for Comment: Electronic Record Keeping

I Maria Suzanna Molnar 02695
Manager of MedPure Natural Pharmacy
1531 Victoria st
Prince George B.C.
welcome the suggested solution for
possible Registrant shortage.
We have limited staff and had a Pharmacist retired 2 years ago and willing to work again.
Thank you.
M,Suzanna Molnar

CPBC Legislation

From: Arlene <arlenelowet@shaw.ca>
Sent: March 27, 2020 4:46 PM
To: CPBC Legislation
Subject: Bylaws for Comment: Electronic Record Keeping

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Conny

I do not think this is good.
The amount of registered pharmacy technicians that are out there and paying their own fees and insurance, just to keep their licences, and are not being used by pharmacies, is more then you know.
Why should these technicians not be given their right to practice first? Why bring in more that are not up to date, when there are many available.
Does not seem right to pass them over

Sent from my iPad

CPBC Legislation

From: sidrx@telus.net
Sent: August 12, 2000 2:44 PM
To: CPBC Legislation
Subject: Re: Bylaws for Comment: Temporary Registration Under a Declared Emergency

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Conny

I am an owner of a small independent pharmacy.

Since March 1st, 2018, I have been a non-practising pharmacy professional, doing admin work.

When I went in to do mid-month payroll on March 13th, it became obvious that my staff needed more help. Since that time, I have been working full time, assisting in the dispensary, being very careful to limit my activities to those of a non-professional support person.

We have a staff of 6, including myself, but only 1 full pharmacist (our manager).
We are all pretty much self-isolating besides coming to work.

Besides our full pharmacist manager, we normally have 3 relief pharmacists to call upon.
2 of them live in a "remote" community - an outer Gulf Island - and commute by ferry. They have wisely decided to stay on their island and not risk carrying the virus back to an area with very limited health services.
The 3rd is still attending gatherings (with faith community) and our manager felt it was not worth the risk to have this pharmacist come to work and possibly infect other staff.
As a result, our manager has had to work the 5 shifts we thought we had covered.

Fortunately, our hours are 9-5, M-F, so we do all get a break on the weekend.
Several days in the last 2 weeks, our prescription volumes have been 50% higher than usual.

With the proposed temporary registration, I would be able to do final checks on our compliance packaging (we serve close to 100 at-home clients). This could free up our manager for other duties.

I chose to go on the non-practising register to decrease the hours spent in the pharmacy, as I was caring for my frail elderly mother, who has now passed away, and also to be free to travel with my husband, who has been retired for several years.

Rebecca Brigham
06511

Sent from my iPad

On Mar 27, 2020, at 11:05 AM, College of Pharmacists of BC <info@bcpharmacists.org> wrote:

College of Pharmacists of British Columbia

Bylaws for Comment: Temporary Registration Under a Declared Emergency

The College is asking for your feedback on proposed amendments to the Health Professions Act Bylaws, to allow the College to grant temporary registration under a declared emergency. The proposed amendments provide options for temporary registration of former (retired) and non-practising pharmacy professionals, as well as eligible registrants under the "limited pharmacist" and "student pharmacist" registration classes.

Please provide your feedback as soon as possible as a shortened public posting period has been requested from the Minister of Health to implement these bylaw changes as soon as possible to support patients during the COVID-19 pandemic.

Visit our website for more information

If you are having troubles with the links in this section, please go to https://www.bcpharmacists.org/bylaws-comment-temporary-registration-under-declared-emergency

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

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Sent by info@bcpharmacists.org

CPBC Legislation

From: Susan Schmidt <kalshores@yahoo.ca>
Sent: March 28, 2020 3:54 PM
To: CPBC Legislation
Subject: Bylaws for Comment about temporary registration

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Conny

Hello

I hope this temporary registration also includes international pharmacy graduates who were completing their structured practical training when it was halted due to the covid-19 situation.

Susan Carrie licence 6242

CPBC Legislation

From: GalaxyChipMun k <temmiegamerxd@gmail.com>
Sent: March 28, 2020 4:06 PM
To: CPBC Legislation
Subject: Bylaws for Comment: Electronic Record Keeping

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Conny

Dear board Members,
During this emergency time, I am so glad that the college proposed to grant temporary license to retired , non-practising pharmacist and student pharmacist. This will be a big help for the pharmacy services. We encountered short of staff everyday whereas more patients need their medications. We were exhausted every day. It will be great if there is more pharmacists and technicians can join the team.
Really appreciate your consideration

Regards

Aihua Li

College of Pharmacists of British Columbia

Feedback Form for Posted Draft Bylaws

Instructions

Thank you for providing your feedback on the College's draft Bylaws. To better facilitate the collation of feedback, please use the following form. The form is divided into 4 columns:

Column 1: Indicate which section, subsection or appendix of the Bylaws for which you are providing comments.

Column 2: Due to some sections carrying over multiple pages, please indicate the page number for ease of reference.

Column 3: Indicate the text for which you are provided suggested changes and include new or amended text.

Column 4: Indicate the reason for your suggested changes (e.g. scientific journal, published guidelines etc.). Please keep your explanations as brief as possible.

Example:

Section, Subsection or Appendix	Page #	Comment (provide current and new text when applicable)	Rationale
1.3 Sample Section	5	The requirements should include A, B and C…	The following reference supports this statement…

There is an opportunity to provide general comments on the draft Bylaws following the table.

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Name of individual	
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Public Posting Feedback Summary

HPA Bylaws – Temporary Registration

Posted: March 27, 2020 | **Updated**: March 30, 2020

The following provides a summary of the feedback and comments received and whether it was supportive, supportive with changes, or not supportive. The last column of the table includes staff recommendations resulting from a review of the feedback received, including rationale.

Feedback by themes

T	#	Submitted By	Comments Received	Category	Policy Decisions from Review of Feedback
Supportive due to short of staff (4)					
	10	Susan Carrie	Just wanting to submit our pharmacy's support and recommendation to allow for temporary registration for retired and non-practising pharmacy professionals, and temporary limited and student pharmacists due to covid-19. We strongly feel that we will be needing as much extra assistance in the pharmacy as possible to protect the public due to the increasing workload as well as the increasing need for pharmacists as pharmacists fall ill. The lack of personal protection equipment will unfortunately impact community pharmacies/ pharmacists as we are on the front line without any protection. In our pharmacies we are all working above and beyond normal hours, on average > 70 hours per week to continue to provide medications to our patients. We are worried how we can continue if one of our staff falls ill.	Supportive	**No changes made.**
	11	M, Suzanna Molnar	Welcome the suggested solution for possible Registrant shortage. We have limited staff and had a Pharmacist retired 2 years ago and willing to work again.	Supportive	
	13	Rebecca Brigham	I am an owner of a small independent pharmacy. Since March 1st, 2018, I have been a non-practising pharmacy professional, doing admin work. When I went in to do mid-month payroll on March 13th, it became obvious that my staff needed more help. Since that time, I have been working full time, assisting in the dispensary, being very careful to limit my activities to those of a non-professional support person. We have a staff of 6, including myself, but only 1 full pharmacist (our manager). We are all pretty much self-isolating besides coming to work. Besides our full pharmacist manager, we normally have 3 relief pharmacists to call upon. 2 of them live in a "remote" community - an outer Gulf Island - and commute by ferry. They have wisely decided to stay on their island and not risk carrying the virus back to an area with very limited health services. The 3rd is still attending gatherings (with faith community) and our manager felt it was not worth the risk to have this pharmacist come to work and possibly infect other staff. As a result, our manager has had to work the 5 shifts we thought we had covered. Fortunately, our hours are 9-5, M-F, so we do all get a break on the weekend. Several days in the last 2 weeks, our prescription volumes have been 50% higher than usual. With the proposed temporary registration, I would be able to do final checks on our compliance packaging (we serve close to 100 at-home clients). This could free up our manager for other duties. I chose to go on the non-practising register to decrease the hours spent in the	Supportive	

T	#	Submitted By	Comments Received	Category	Policy Decisions from Review of Feedback
			pharmacy, as I was caring for my frail elderly mother, who has now passed away, and also to be free to travel with my husband, who has been retired for several years.		
	15	Aihua Li	During this emergency time, I am so glad that the college proposed to grant temporary license to retired , non-practising pharmacist and student pharmacist. This will be a big help for the pharmacy services. We encountered short of staff everyday whereas more patients need their medications. We were exhausted every day. It will be great if there is more pharmacists and technicians can join the team. Really appreciate your consideration	Supportive	
Competency					
	1	Mohamed D Hessein hassona	I don't agree. They are not competent and also for the safety of our Patient	Unsupportive	**No changes made.** **Rationale:** • We limited the former and non-practising category to those who were on the Full registrant category no more that 3 years ago. This is consistent with the validity period for the Jurisprudence Exam and Structured Practical Training. Reinstatement greater than 90 days but less than 6 years only requires 15 CEUs for each year you have been former or non-practising up to a maximum of 45 CEUs. • Registrants are expected to practice within the scope of their education, training and competence in accordance with the Code of Ethics s. 1(b). • Temporary limited pharmacists and temporary student pharmacists will still be subject to the existing practice limitation (e.g., require supervision by a pharmacist).
	3	Doris Lee	I do not think it should proceed. Retired professional and student can help in other capacities but not as temporary pharmacists.	Unsupportive	
	9	Terri Betts	… And, a re-licensed pharmacist should always have another pharmacist to call on for guidance (clinical and procedural) who has been in continuous practice and is familiar with their worksite.	Suggestion	
	16	Janice Munroe	45(2)(b) The time for previous registration should be reduced from 3 years to 1 year. As the healthcare system changes rapidly it would be challenging to be informed on all of the new medications and the new uses. The fact that the former registrant elected to relinquish their license and did not plan to practice, a 3 year period is too long.	Suggestion	
Hire unemployed current registrants					
	2	Jill Donaldson	Responding to the email regarding the policy change for former and limited registered pharmacists during the COVID outbreak. My only issue with this is, as a current practicing pharmacist, I am unemployed! Where are all these pharmacies advertising for increased hours etc? I could really use the hours to survive before having them taken by other non-currently practicing pharmacists. Perhaps pharmacies in need should advertise their needs. This is unfair to people like me.	Suggestion	**No changes made.** **Rationale:** Unemployed current registrants are encouraged to apply for job openings to support the shortage of pharmacists and pharmacy technicians due to COVID-19.
	12	Arlene	I do not think this is good. The amount of registered pharmacy technicians that are out there and paying their own fees and insurance, just to keep their licences, and are not being used by pharmacies, is more then you know. Why should these technicians not be given their right to practice	Suggestion	

T	#	Submitted By	Comments Received	Category	Policy Decisions from Review of Feedback
			first? Why bring in more that are not up to date, when there are many available. Does not seem right to pass them over.		
International / IPGs					
	4, 5, 7	Narges Azari Takami, Sohee Park, Susan Carrie	Three registrants submitted questions specific to their eligibility as an international pharmacy graduate (See Appendix 2 for details).	Question	**No changes made.** **Rationale:** International pharmacy graduates who meet the condition described in s. 45(2.1) are eligible to apply. Communication will be published to provide further details on the eligibility criteria for international pharmacy graduates.
Students (PharmD Graduating Class 2020)					
	6, 8	Braden Thain, Manrose Mann	***Two registrants from the PharmD Graduating Class 2020 submitted the same letter as below:*** 45.2(a) The eligible temporary pharmacists should include students who have successfully completed the UBC PharmD program who are graduating in may 2020. There are about 200 professionals with the most up to date evidence, recent and frequent experience in community pharmacy, have passed BC pharmacy jurisprudence exam, and are not being utilized to their full scope. (General) We have seen that COVID-19 has put pressures on our healthcare system we have never seen before. Pharmacies continue to remain open no matter what, however, this directly exposes pharmacists to community transmission of COVID-19. We must prepare now for the reality of pharmacists getting sick, and requiring time off. Pharmacists are also performing many additional daily tasks as physician offices across the country have closed. It is of the utmost importance that we act quickly to maximize the healthcare professionals available to the residents of BC and the rest of Canada. There are about 200 highly qualified 2020 graduates from the PharmD program at UBC who are ready and able to step in as temporary pharmacists. We need to be able to practice independently to appropriately relieve the current strain on pharmacists, and the inevitable time when pharmacists are sick and need to be covered. Pharmacies must remain open, and the solution to keeping them open is simple. Grant successful 2020 PharmD candidates with licenses to practice as temporary pharmacists during this pandemic. For students to continue to practice as student pharmacists will not reduce the strain on the healthcare system that is currently required. The UBC students have been on 8 months (or are finishing their final weeks) of pharmacy practicums in the past calendar year, have completed the requirements set out by the Canadian Council for Accreditation of Pharmacy Programs, have the most up to date medication evidence, and have the specific knowledge and skill to be temporarily licensed as pharmacists. In alignment with some of our other healthcare professional colleges including nurses, physicians, respiratory therapy, and others, we also need to get our graduating students into practice. We are more than willing to write a licensing exam down the road, but as it stands we do not know when we will be able to write the exam.	Suggestion	**No changes made.** **Rationale**: The eligibility for student pharmacists are outlined under s. 45(2.1) and (2.2). Communication will be published to provide further details on the eligibility criteria for students: *UBC pharmacy students who are currently in their 4th year will loose their registration as a Student Pharmacist when they graduate. Until then, they can continue providing pharmacy services under the direct supervision of a full pharmacist as a student pharmacist. After graduation, if they wish to continue providing pharmacy services before they meet all the registration requirements as a full pharmacist, they may:* *1. Apply as a Temporary Limited Pharmacist, or* *2. Apply as a Limited Pharmacist.*

T	#	Submitted By	Comments Received	Category	Policy Decisions from Review of Feedback
Draw on UBC faculty members					
	9	Terri Betts	Overall this looks reasonable to me. One can only hope that we don't find ourselves in a position where we must use it. A couple of comments - since we are heading into the summer break, one potential strategy is to draw on licensed pharmacists who are faculty members or instructors at UBC…	Suggestion	(CL) Information will be disseminated to all registrants.

Health Professions Act – BYLAWS

Table of Contents

PART IX – Marketing and Advertising

PART X – Patient Relations

PART XI – Standards of Practice

PART XII – Standards of Professional Ethics

SCHEDULES

FORMS

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

TR. Temporary Registration

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 years, and

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

(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~~pharmacist;

(d) temporary limited pharmacist;

(e) temporary student pharmacist;

~~(e)~~(f) temporary pharmacy technician;

~~(d)~~(g) student pharmacist;

~~(e)~~(h) pharmacy technician;

~~(f)~~(i) 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, 44, 46 and 47, a person may be granted temporary pharmacist registration, temporary limited pharmacist registration, temporary student 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 or the board declares there is immediate need for pharmacy services due to an actual or potential threat of serious harm to public safety, health, or welfare, or

(b) at the request of the Federal Minister of Health or the Provincial Health Officer.

(2) (b) For the purposes of section 20(2) of the *Act*, to be granted temporary pharmacist or temporary pharmacy technician registration, an applicant the person must:

(i)(a) is registeredhold registration in another jurisdiction in Canada or the United States as the equivalent of a full pharmacist or a pharmacy technician that is not subject to any practice limitations, restrictions or conditions in that jurisdiction, 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; or.

(b) be a former registrant whose registration has not been suspended, cancelled, or subject to any practice limitations, restrictions or conditions under the *Act,* and who was last registered as a full pharmacist or pharmacy technician no more than 3 years ago subject to section 20 and 39 of the *Act*; or

(c) be a non-practising registrant whose registration has not been suspended, cancelled, or subject to any practice limitations, restrictions or conditions under the *Act,* and who was last registered as a full pharmacist or pharmacy

technician no more than 3 years ago subject to section 20 and 39 of the *Act*.

(2.1) For the purposes of section 20(2) of the *Act*, to be granted temporary limited pharmacist registration, an applicant must meet the conditions listed in section 44(1).

(2.2) For the purposes of section 20(2) of the *Act*, to be granted temporary student pharmacist registration, an applicant must meet the conditions listed in section 46(1)(a) and (b).

(3) Unless waived by the registrar, an applicant for temporary pharmacist registration, temporary limited pharmacist registration, temporary student pharmacist registration, or temporary pharmacy technician registration must deliver to the registrar

(a) a signed application for temporary registration in Form TR,

(b) the fees specified in Schedule "D",

(c) a statutory declaration in Form 5,

(d) a criminal record check authorization in the form required by the *Criminal Records Review Act*,

(e) if applicable, 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,

(f) evidence satisfactory to the registration committee of the applicant's identity,

(g) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada, and

(h) proof of professional liability insurance as required under section 81.

(~~2~~4) Temporary pharmacist registration, temporary limited pharmacist registration, temporary student pharmacist registration, and temporary pharmacy technician registration may be cancelled on a date determined by the registration committee or the registrar~~the registration of a temporary pharmacists or temporary pharmacy technician may be renewed once for an additional period of up to 90 days~~.

(~~3~~5) A temporary pharmacist who meets the requirement under section 45(2)(a), (b), or (c) may:

(a) provide services as if he or she is a full pharmacist, and

(i) may apply for certification, and be certified, under section 43 and 43.1, or

(ii) may be certified to perform a restricted activity under section 4(1)(c.1) of the *Regulation* for the duration of the temporary registration if the person has

1) equivalent certification to perform drug administration in another jurisdiction in Canada or the United States, or has administered a drug by injection and by intranasal route within the past 3 years, and

a) despite subsection (5)(a)(ii)(1), if the equivalent certification does not include administration of a drug by intranasal route, an applicant must not administer a drug intranasally, and

2) current certification in cardiopulmonary resuscitation and first aid; and

(b) may use only the title "pharmacist (temporary)" and must not use any abbreviations.

(~~4~~6) A temporary pharmacy technician who meets the requirement under section 45(2)(a), (b), or (c) may:

(a) provide services as if he or she is a pharmacy technician; and

(b) use only the title "pharmacy technician (temporary)" and must not use any abbreviations.

~~(5) A temporary pharmacist may use only the title "pharmacists (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.~~

(7) A temporary limited pharmacist who meets the requirements under section 45(2.1) may:

(a) only provide pharmacy services under the supervision of a full pharmacist and must not delegate any aspect of practice; and

(b) use only the title "limited pharmacist (temporary)" and must not use any abbreviations.

(8) A temporary student pharmacist who meets the requirements under section 45(2.2) may:

(a) only provide pharmacy services under the supervision of a full pharmacist; and

(b) use only the title “student pharmacist (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".

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 Reinstatement	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.~~ Valid until cancelled by the registration committee or registrar.	$	0.00
Temporary Limited Pharmacist	Valid until cancelled by the registration committee or registrar.	$	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 Reinstatement (UBC)	For reinstatement after 90 days of registration expiry; valid for one year.	$	0.00
Temporary Student Pharmacist	Valid until cancelled by the registration committee or registrar.	$	0.00
Pharmacy Technician			
Application for Pre-registration	Valid for up to three years.	$	271.00
Application for Reinstatement	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.~~ Valid until cancelled by the registration committee or registrar.	$	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 nor transferable .
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.

SCHEDULE OF AMENDMENTS

Health Professions Act Bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended to support the shortage of pharmacists and pharmacy technicians the Coronavirus Pandemic, as follows:

1. Section 41 is repealed and replaced by the following:

41. The following classes of registrants are established:

(a) full pharmacist;

(b) limited pharmacist;

(c) temporary pharmacist;

(d) temporary limited pharmacist;

(e) temporary student pharmacist;

(f) temporary pharmacy technician;

(g) student pharmacist;

(h) pharmacy technician;

(i) non-practising registrant.

2. Section 45 is repealed and replaced by the following:

45. (1) Despite sections 42, 44, 46 and 47, a person may be granted temporary pharmacist registration, temporary limited pharmacist registration, temporary student pharmacist registration, or temporary pharmacy technician registration if

(a) the registrar or the board declares there is immediate need for pharmacy services due to an actual or potential threat of serious harm to public safety, health, or welfare, or

(b) at the request of the Federal Minister of Health or the Provincial Health Officer.

(2) For the purposes of section 20(2) of the *Act*, to be granted temporary pharmacist or temporary pharmacy technician registration, an applicant must:

(a) hold registration in another jurisdiction in Canada or the United States as the equivalent of a full pharmacist or a pharmacy technician that is not subject to any practice limitations, restrictions

or conditions in that jurisdiction, and provide evidence satisfactory to the registration committee of such registration; or

(b) be a former registrant whose registration has not been suspended, cancelled, or subject to any practice limitations, restrictions or conditions under the *Act,* and who was last registered as a full pharmacist or pharmacy technician no more than 3 years ago subject to section 20 and 39 of the *Act*; or

(c) be a non-practising registrant whose registration has not been suspended, cancelled, or subject to any practice limitations, restrictions or conditions under the *Act,* and who was last registered as a full pharmacist or pharmacy technician no more than 3 years ago subject to section 20 and 39 of the *Act*.

(2.1) For the purposes of section 20(2) of the *Act*, to be granted temporary limited pharmacist registration, an applicant must meet the conditions listed in section 44(1).

(2.2) For the purposes of section 20(2) of the *Act*, to be granted temporary student pharmacist registration, an applicant must meet the conditions listed in section 46(1)(a) and (b).

(3) Unless waived by the registrar, an applicant for temporary pharmacist registration, temporary limited pharmacist registration, temporary student pharmacist registration, or temporary pharmacy technician registration must deliver to the registrar

(a) a signed application for temporary registration in Form TR,

(b) the fees specified in Schedule “D”,

(c) a statutory declaration in Form 5,

(d) a criminal record check authorization in the form required by the *Criminal Records Review Act*,

(e) if applicable, 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,

(f) evidence satisfactory to the registration committee of the applicant’s identity,

(g) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada, and

(h) proof of professional liability insurance as required under section 81.

(4) Temporary pharmacist registration, temporary limited pharmacist registration, temporary student pharmacist registration, and temporary pharmacy technician registration may be cancelled on a date determined by the registration committee or the registrar.

(5) A temporary pharmacist who meets the requirement under section 45(2)(a), (b), or (c) may:

(a) provide services as if he or she is a full pharmacist, and

(i) may apply for certification, and be certified, under section 43 and 43.1, or

(ii) may be certified to perform a restricted activity under section 4(1)(c.1) of the *Regulation* for the duration of the temporary registration if the person has

1) equivalent certification to perform drug administration in another jurisdiction in Canada or the United States, or has administered a drug by injection and by intranasal route within the past 3 years, and

a) despite subsection (5)(a)(ii)(1), if the equivalent certification does not include administration of a drug by intranasal route, an applicant must not administer a drug intranasally, and

2) current certification in cardiopulmonary resuscitation and first aid; and

(b) may use only the title "pharmacist (temporary)" and must not use any abbreviations.

(6) A temporary pharmacy technician who meets the requirement under section 45(2)(a), (b), or (c) may:

(a) provide services as if he or she is a pharmacy technician; and

(b) use only the title "pharmacy technician (temporary)" and must not use any abbreviations.

(7) A temporary limited pharmacist who meets the requirements under section 45(2.1) may:

(a) only provide pharmacy services under the supervision of a full pharmacist and must not delegate any aspect of practice; and

(b) use only the title “limited pharmacist (temporary)” and must not use any abbreviations.

(8) A temporary student pharmacist who meets the requirements under section 45(2.2) may:

(a) only provide pharmacy services under the supervision of a full pharmacist; and

(b) use only the title “student pharmacist (temporary)” and must not use any abbreviations.

3. <u>The list of forms is amended to add the following:</u>

TR. Temporary Registration

4. Schedule D – Fee Schedule is repealed and replaced by the following:

College of Pharmacists of B.C.		
FEE SCHEDULE		
HPA Bylaw "Schedule D"		
REGISTRATION FEES		
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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 until cancelled by the registration committee or registrar.	$ 0.00
Temporary Limited Pharmacist	Valid until cancelled by the registration committee or registrar.	$ 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 Reinstatement (UBC)	For reinstatement after 90 days of registration expiry; valid for one year.	$ 0.00
Temporary Student Pharmacist	Valid until cancelled by the registration committee or registrar.	$ 0.00
Pharmacy Technician		
Application for Pre-registration	Valid for up to three years.	$ 271.00
Application for Reinstatement	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
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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 Teleconference
April 6, 2020
MINUTES

Members Present:
Christine Antler, Chair, District 2
Anca Cvaci, Vice-Chair, District 6
Alex Dar Santos, District 1
Andrea Silver, District 3
Steven Hopp, District 4
Michael Ortynsky, District 5
Claire Ishoy, District 7
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
Ashifa Keshavji, Director of Practice Reviews and Quality Assurance
Doreen Leong, Director of Registration and Licensure
Mary O'Callaghan, Chief Operating Officer
Anu Sharma, Acting Director of Policy and Legislation
Gillian Vrooman, Director of Communications and Engagement
Kimberly Hilchie, Pharmacy Policy Consultant
Stephanie Kwok, Executive Assistant

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1. **WELCOME & CALL TO ORDER**
   Chair Antler called the meeting to order at 4:35pm on April 6, 2020.

   Chair Antler acknowledged the Coast Salish People on whose unceded traditional territories the meeting is being chaired from, the Coast Salish, Squamish and Tsleil-Waututh First Nations. She also recognized that attendees of the teleconference are joining the call from other First Nations territories across BC.

2. **CHAIR'S UPDATES**
   Chair Antler reported that the regular April Board meeting will take place on Microsoft Teams.

   As per feedback from the Board meeting evaluation survey and discussion from the April 2nd Governance Committee meeting, Chair Antler provided clarity on factors that determine what items go on the Committee of the Whole meeting agenda and Board meeting agenda.

College of Pharmacists of British Columbia

Board members may request through the Chair to have items added to the meeting agenda, given that staff have adequate time to prepare and present the briefing materials to the Board for review.

3. REGISTRAR'S UPDATES

Registrar Nakagawa provided an update on April Board meeting logistics. Briefing materials will be available for Board review soon.

He spoke about the HPA Bylaw amendments related to temporary Registration approved at the last Board meeting. Based on legal advice and conversations subsequent to Board approval, the College has rescinded the waiver for professional liability insurance for temporary limited pharmacist registration and temporary student registration as these registrants perform pharmacy services under the direct supervision of a full Pharmacist. Liability insurance will be required for those individuals going on temporary registration.

He reported on his follow-up conversations with the Ministry of Health regarding the 30 day supply issue. The Assistant Deputy Minister of Pharmaceutical Services Division confirmed that the policy has not been adopted by Pharmacare.

4. LEGISLATIVE UPDATES

The Legislation and Policy team is currently reviewing various bylaws and policies including PPP-58 Adaptation Policy and electronic transmission of prescription.

5. AMENDMENTS TO PPP-71 DELIVERY OF OPIOID AGONIST TREATMENT (APPENDIX 1)

Anu Sharma, Acting Director of Policy and Legislation provided an overview of Health Canada's temporary exemptions under the *Controlled Drugs and Substances Act* and its regulation to support delivery of opioid agonist treatment to patients.

The Board had a fulsome discussion about the risks and implications associated with the amendments to PPP-71.

It was moved and seconded that the Board:
Approve amendments to Professional Practice Policy 71 ("PPP-71") – Delivery of Opioid Agonist Treatment, as circulated, to be effective immediately.

CARRIED

OTHER BUSINESS

Steven Hopp, District 4 Board member spoke about his perspective on changes that the Board and College should consider bringing forward to ensure that the people in BC will receive the best pharmacy care during these unprecedented times.

ADJOURNMENT

Chair Antler adjourned the meeting at 5:57pm on April 6, 2020.

College of Pharmacists of British Columbia

BOARD MEETING
April 6, 2020

Amendments to Professional Practice Policy 71 – Delivery of Opioid Agonist Treatment

DECISION REQUIRED

Recommended Board Motions:

1. Approve amendments to *Professional Practice Policy 71* ("PPP-71") – *Delivery of Opioid Agonist Treatment*, as circulated, to be effective immediately.

Purpose

To propose the following policy changes:

- Amendments to *PPP-71 Delivery of Opioid Agonist Treatment*

Background

On March 11, 2020, the World Health Organization declared the novel coronavirus, COVID-19, a pandemic, citing concern over alarming levels of spread and severity across the globe. The novel coronavirus has caused a global outbreak of respiratory infections since its discovery in December 2019.

At the February 14, 2020, meeting of the Board, the Board approved amendments to *Professional Practice Policy (PPP) 71 – Delivery of Opioid Agonist* and consequential amendments to *PPP-66 Opioid Agonist Treatment* and associated Policy Guides to be effective April 1, 2020 (see Appendix 1). In light of the risk of a widespread COVID-19 outbreak in British Columbia, the effective date of *PPP-71 Delivery of Opioid Agonist Treatment* was amended by the Board to be effective immediately on March 17, 2020, with the intent to support delivery of opioid agonist treatment to patients (see Appendix 2).

In the context of the COVID-19 outbreak and implementation of prevention and control measures across the country, it is important to maintain Canadians' access to controlled substances when needed for medical treatments, including OAT. To support access, Health Canada has provided a temporary exemption under the *Controlled Drugs and Substances Act*

("CDSA") and its Regulations to support access (see Appendix 3). If permitted within provincial scopes of practice, the exemptions:

- permit pharmacists to extend prescriptions;
- permit pharmacists to transfer prescriptions to other pharmacists;
- permit prescribers to issue verbal orders (i.e., over the phone) to extend or refill a prescription; and
- permit pharmacy employees to deliver prescriptions of controlled substances to patient's homes or other locations where they may be (i.e. self isolating).

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

Due to significant increased demand for OAT delivery services, including for patients who must self-isolate, pharmacists are having difficulty meeting the increased needs for delivery of OAT. The College staff have been working with the Ministry of Health and other partners to identify potential solutions, including considering the use of both regulated health professionals and pharmacy employees to help ensure patients receive their OAT doses.

Discussion

In response to increased demand for OAT delivery services, and Health Canada's temporary exemption to the CDSA, College staff conducted a jurisdictional scan of pharmacy regulatory authorities (PRAs) across Canada, and identified PRAs that have broadened their policies to allow for delivery of OAT by non-pharmacists, including unregulated pharmacy employees. Guidance has been provided by the Centre for Addition and Mental Health (Ontario) and the Nova Scotia College of Pharmacists (see Appendices 4 and 5, respectively). Elements from the recommendations of both of these guidance documents were considered in developing temporary amendments to *PPP-71 Opioid Agonist Treatment* in light of the COVID-19 public health emergency.

To improve access to OAT treatment for patients that require OAT delivery, temporary amendments are proposed to *PPP-71 Delivery of Opioid Agonist Treatment* to align with Health Canada's temporary exemption to the CDSA (see Appendix 6). Amendments include:

1. **Allowing a pharmacist to authorize a regulated health professional with the appropriate scope and competence to deliver an OAT drug to a patient.**

A pharmacist may authorize a regulated health professional to deliver OAT, if they have the scope and competence to assess the patient and witness the ingestion of OAT (where required). Allowing pharmacists to provide this authorization aligns with the Health Canada

temporary exemption to the CDSA. The temporary exemption currently states that "individuals delivering a controlled substance on behalf of a pharmacist are exempt from section 5 of the CDSA," and thus the delivery exemption itself is not explicitly limited to pharmacy employees.

2. Allowing a pharmacist to authorize a pharmacy employee to deliver OAT to a patient on the pharmacist's behalf.

This aligns with the Health Canada temporary exemption to the CDSA.

The authorization of a pharmacy employee should be reserved for exceptional circumstances where it is not possible for a pharmacist or regulated health professional to deliver the OAT drug. The pharmacist must ensure that the pharmacy employee authorized to deliver the OAT drug has the appropriate knowledge and competence to provide witnessed ingestion (where applicable), and to recognize when it may be unsafe to provide the dose to the patient. *PPP-66 Opioid Agonist Treatment* Policy Guides require that patient to be assessed prior to releasing an OAT dose, and so where possible, a pharmacist should assess the patient by phone or other virtual means before the pharmacy employee releases the dose.

3. Requirement to document the signature and name of the person delivering the OAT drug.

In addition to the documentation requirements outlined in *PPP-71 Delivery of Opioid Agonist Treatment* and the *PPP-66 Opioid Agonist Treatment* Policy Guides, for each delivery, the signature and name of the person authorized to deliver the OAT drug must be documented and retained in the patient record.

4. Additional requirements as set out by the Health Canada's temporary exemption to the CDSA.

There are additional requirements set out by the Health Canada temporary exemption to the CDSA for delivery of controlled substances by individuals on behalf as pharmacists. It is expected that these requirements also be met:

(C) Any individual who delivers a controlled substance on behalf of a pharmacist must

1. Deliver the controlled substance to the individual identified in the prescription (or to a person responsible for that individual's care);
2. Obtain in writing a note from the pharmacist identifying the name of the individual effecting the delivery, the name and quantity of the controlled substance to be delivered, and the place of delivery; and,
3. Have the above note as well as a copy of this exemption while effecting the delivery.

Guiding Questions

When reviewing the proposed amendments, the Board is asked to consider:

- Do the proposed amendments address the exemption issued by Health Canada on the delivery of controlled substances?
- Is there anything unclear, ambiguous, or unnecessary in the draft proposed amendments?
- Is there anything missing from the draft proposed amendments?

Next Steps

The Board has the authority to amend PPPs. As such, if approved by the Board, the proposed amendments to *PPP-71 Delivery of Opioid Agonist Treatment* would come into effect immediately.

Recommendation

The Legislation Review Committee recommends that the Board approve the proposed amendments to *PPP-71 Delivery of Opioid Agonist Treatment* effective immediately.

Appendix	
1	February 2020 Board Meeting PPP-71 Amendments Briefing Note (without appendices)
2	March 17 2020 Board Meeting PPP-71 In-Force Date Change Briefing Note
3	Letter and attachments from Michelle Boudreau, Director General, Controlled Substances Directorate, Health Canada dated March 19, 2020
4	Centre for Addiction and Mental Health, Early Guidance for Pharmacists in Managing Opioid Agonist Treatment during the COVID-19 Pandemic
5	Nova Scotia College of Pharmacists, Opioid Agonist Maintenance Treatment (OAMT) Services During the COVID–19 Pandemic (March 2020)
6	Amendments to *PPP-71 Delivery of Opioid Agonist Treatment* (track changes and clean)

Appendix 1

College of Pharmacists of British Columbia

BOARD MEETING
February 14, 2020

7. Legislation Review Committee
b) Amendments to Professional Practice Policy 71 – Delivery of Methadone for Maintenance

DECISION REQUIRED

Recommended Board Motions:

1. Approve amendments to *Professional Practice Policy 71* ("PPP-71") – *Delivery of Methadone for Maintenance*, as circulated, to be effective April 1, 2020.

2. Approve consequential amendments to the following Professional Practice Policy ("PPP") and associated Policy Guides as circulated, to be effective April 1, 2020:

    a. *PPP-66 Opioid Agonist Treatment*
    b. PPP-66 Policy Guide Buprenorphine/Naloxone Maintenance Treatment
    c. PPP-66 Policy Guide Methadone Maintenance Treatment
    d. PPP-66 Policy Guide Slow Release Oral Morphine Maintenance Treatment

Purpose

To propose the following policy changes:

- Amendments to *PPP-71 Delivery of Methadone for Maintenance*
- Consequential amendments to *PPP-66 Opioid Agonist Treatment* and associated Policy Guides

Background

Developed in 2013, *PPP-71 Delivery of Methadone for Maintenance* currently permits pharmacists working in community pharmacies to deliver methadone for maintenance to a patient's home only if the physician authorizes the delivery due to the patient's immobility. At the time it was developed, it was understood that federal legislation did not support the delivery of methadone by pharmacists. However, *PPP-71 Delivery of Methadone for Maintenance* was established to create a way to ensure best patient health outcomes and continuity of care, when patients have restrictions in mobility that would require the delivery of methadone for maintenance.

In September 2018, Health Canada released the Transportation of Controlled Substances in Canada policy position ("policy position"), which states pharmacists are permitted to transport controlled substances to a patient with an appropriate prescription.[1] In addition, the clinical guidelines and requirements for opioid agonist treatment ("OAT") have changed since 2013. The College of Pharmacists of BC ("the College") now has policies setting requirements for dispensing two other OAT drugs (i.e., buprenorphine/naloxone and slow release oral morphine). However, the College has not established provisions regarding pharmacist transportation of those drugs. Further, federal requirements have been amended to authorize nurse practitioners to prescribe OAT. In light of these changes, amendments to *PPP-71 Delivery of Methadone for Maintenance* are proposed.

Discussion

Consultations with internal and external stakeholders were held throughout the process of developing amendments to this policy (see Appendix 1). Additionally, the policies and positions of other pharmacy regulatory authorities on OAT delivery were sought out and reviewed to inform the proposed amendments (see Appendix 2). Taking these into consideration, proposed amendments to the policy were made, and include those listed below.

1. **Policy broadened to include buprenorphine/naloxone and slow release oral morphine in addition to methadone.**
   Since the implementation of *PPP-71 Delivery of Methadone for Maintenance* in 2013, the College released guidelines for providing services related to buprenorphine/naloxone and slow release oral morphine. Previously there were no established provisions for the transportation of these drugs. The policy is proposed to apply broadly to all three oral OAT drugs. To improve alignment with this proposed policy change, the proposed title of the PPP is *"PPP-71 Delivery of Opioid Agonist Treatment"*.

2. **Delivery location is no longer restricted to a patient's home address, but will now be permitted at a location that is safe for both the patient and the pharmacist, is private, maintains confidentiality of the patient, and has a verifiable address.**
   The requirement for delivery to a patient's home address was removed, and new principle-based criteria for delivery locations were implemented to allow for more flexibility in delivery location. Several other pharmacy regulatory authorities do not restrict the delivery of OAT to a patient's home address, and removal of this restriction was broadly supported by external stakeholders as it supports access to treatment.

[1] https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/transportation-of-controlled-substances-in-canada.html

3. **Reason for delivery is no longer restricted to immobility or extraordinary circumstances, and a pharmacist may provide delivery if it is safe, appropriate and in the best interest of the patient to do so.**
   The release of Health Canada's policy position has led to the reassessment of many aspects of *PPP-71 Delivery of Methadone for Maintenance*, which was initially put in place as an exception to federal legislation. Now that delivery of controlled substances is no longer interpreted to be an exception to the rule, the necessity of restrictions placed on delivery were re-examined. Removal of restriction on reason for delivery was widely supported during internal and external stakeholder consultations. A requirement that the pharmacist ensure delivery is safe, appropriate and in the best interest of the patient, and a requirement to document their rationale are proposed in the policy amendments for patient safety.

4. **Delivery no longer requires physician authorization, and a pharmacist may use their professional judgement to decide to deliver OAT to a patient.**
   As described above, the Health Canada policy position states that delivery of controlled substances by a pharmacist directly to a patient with a valid prescription is permitted. Because of the proposed amendment to no longer restrict delivery to patients who are immobile, a physician assessment and authorization for delivery would no longer be required. Community pharmacists are able to assess patients and determine if delivery is safe, appropriate and in their best interest. It is proposed that pharmacists be required to notify the prescriber that they have decided to initiate or stop delivery. Prescribers indicated that this was important information for them to know, to ensure the circle of care is informed of the treatment plan.

   A proposed provision was added stating that if a prescriber indicates that delivery is not permitted, the pharmacist must not initiate delivery to that patient, which aligns with the proposed changes to the Controlled Prescription Program form, as well as requests from prescribers (see Appendix 4).

5. **New safety provisions included in the policy.**
   In addition to the proposed requirement to deliver to a location that is safe for both the patient and the pharmacist, a provision has been proposed that allows a pharmacist to refuse to deliver OAT if there is concern for the safety of the patient, the pharmacist, or the public. Additionally, it is proposed that pharmacy managers must have written policies and procedures in place to ensure the safety and security of the patient, pharmacist and drug during the delivery. These provisions are recommended keeping in mind that the pharmacist providing the delivery will also be performing a patient assessment and witnessed ingestion at a patient's location, outside of the traditional pharmacy setting. Additionally, pharmacists would be transporting controlled substances which may be targets of theft, and adequate security measures should be put in place.

Additional proposed amendments to the policy include a strengthened recommendation for pharmacists to refer a patient to another pharmacy if providing delivery service is not feasible within the services and resources of the pharmacy, and clarification that due to the requirement for patient assessment prior to releasing the OAT drug, only a pharmacist (e.g., not a pharmacy technician or courier) may deliver OAT. *PPP-66 Opioid Agonist Treatment* and associated Policy Guides are referenced in the updated policy, as all the requirements in these still apply when OAT is delivered.

The internal and external stakeholder consultations revealed areas of the policy that required further clarification. Several groups provided feedback, requesting information on how other health care practitioners fit into this policy. At this time, models of delivery that include other health care providers are considered outside of the scope of this policy. It has been clarified in the policy preamble that this policy applies only to pharmacists delivering OAT directly to a patient, as specified by the Health Canada policy position.

During consultations, requiring documentation in PharmaNet that the OAT drug was delivered was discussed. Documenting this information the 'sig field' in PharmaNet was considered as an option, but limitations were identified, including that the 'sig field' is only able to display a limited number of characters. Another possibility discussed was using product identification numbers (PINS) to indicate when an OAT drug is delivered, similar to the existing practice for methadone when prescribed for OAT; however, currently no PINS for delivery of buprenorphine/naloxone or slow release oral morphine exist. Given the limitations with the 'sig field' and because information on whether or not the OAT drug was delivered would be available by calling the pharmacy as the proposed amendments to the policy include documenting the delivery date, time and address for each delivery in the patient record, no additional requirements to document that the OAT drug is delivered in PharmaNet are proposed.

In recognition that having delivery information available in PharmaNet for <u>all</u> forms of OAT may be valuable as patients move through different care settings, discussions on developing delivery PINS for buprenorphine/naloxone and slow release oral morphine with the Ministry of Health will be further pursued.

Lastly, due to the proposed changes to *PPP-71 Delivery of Methadone for Maintenance* and the Controlled Prescription Program duplicate forms, consequential amendments are proposed to *PPP-66 Opioid Agonist Treatment* and associated Policy Guides (see Appendix 5). Additional proposed amendments stemming from recent PPP changes as part of the *Pharmacy Operations and Drug Scheduling Act* Modernization Phase Two project have also been included in these proposed consequential amendments.

Next Steps

The Board has the authority to amend PPPs. As such, if approved by the Board, the proposed amendments to *PPP-71 Delivery of Methadone for Maintenance* and the consequential amendments to *PPP-66 Opioid Agonist Treatment* and associated Policy Guides would come into effect on April 1, 2020. Allowing these amendments to come into force on this date will enable the implementation plan, and ensure necessary communication of changes to stakeholders.

Recommendation

The Legislation Review Committee recommends that the Board approve the proposed amendments to *PPP-71 Delivery of Methadone for Maintenance* and the consequential amendments to *PPP-66 Opioid Agonist Treatment* and associated Policy Guides, to be effective April 1, 2020.

Appendix	
1	List of Stakeholders Consulted
2	Jurisdictional Scan Summary
3	Amendments to *PPP-71 Delivery of Methadone for Maintenance* (track changes and clean)
4	Amendments to the Controlled Prescription Program Forms Briefing Note (Feb 14, 2020)
5	Consequential amendments PPP-66 & Policy Guides (track changes)

Appendix 2

College of Pharmacists of British Columbia

Amendments to the Effective Date of Professional Practice Policy 71 – Delivery of Opioid Agonist Treatment and Consequential Amendments to Professional Practice Policy 66 – Opioid Agonist Treatment and associated Policy Guides

DECISION REQUIRED

Recommended Board Resolutions:

1. Be it resolved that the Board amend the effective date of the previously approved amendments to *Professional Practice Policy 71* ("PPP-71") – *Delivery of Opioid Agonist Treatment*, as circulated, to be effective immediately upon approval of the Board.

2. Be it resolved that the Board amend the effective date of the previously approved consequential amendments to the following Professional Practice Policy ("PPP") and associated Policy Guides as circulated, to be effective immediately upon approval of the Board:

    a. *PPP-66 Opioid Agonist Treatment*
    b. PPP-66 Policy Guide Buprenorphine/Naloxone Maintenance Treatment
    c. PPP-66 Policy Guide Methadone Maintenance Treatment
    d. PPP-66 Policy Guide Slow Release Oral Morphine Maintenance Treatment

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Purpose

To request that the Board of the College of Pharmacists of British Columbia ("the Board") amend the effective date of the previously approved amendments to *PPP-71 Delivery of Opioid Agonist Treatment* and consequential amendments to the following PPP and associated Policy Guides, to be effective immediately upon approval of the Board:

a. *PPP-66 Opioid Agonist Treatment*
b. PPP-66 Policy Guide Buprenorphine/Naloxone Maintenance Treatment
c. PPP-66 Policy Guide Methadone Maintenance Treatment
d. PPP-66 Policy Guide Slow Release Oral Morphine Maintenance Treatment

Appendix 2

Background

At the February 14, 2020, meeting of the Board, the Board approved amendments to *Professional Practice Policy (PPP) 71 – Delivery of Opioid Agonist* and consequential amendments to *PPP-66 Opioid Agonist Treatment* and associated Policy Guides effective April 1, 2020 (see Appendix 1). The decision to allow these amendments to come into force on this date was to enable the implementation plan, and ensure necessary communication of changes to stakeholders.

On March 11, 2020, the World Health Organization declared the novel coronavirus, COVID-19, a pandemic, citing concern over alarming levels of spread and severity across the globe. The novel coronavirus has caused a global outbreak of respiratory infections since its discovery in December 2019.

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

Discussion

Recent consultations with the BC Centre on Substance Use, BC College of Nursing Professionals, College of Physicians and Surgeons of BC, First Nations Health Authority, Ministry of Health, and Office of the Provincial Health Officer have indicated that in light of the risk of a widespread COVID-19 outbreak in British Columbia, the effective date of *PPP-71 Delivery of Opioid Agonist Treatment* should be amended to be effective as soon as possible. This will support delivery of opioid agonist treatment to patients.

Communication of the changes to stakeholders will be expedited to facilitate implementation of the amendments to *PPP-71 Delivery of Opioid Agonist Treatment*, *PPP-66 Opioid Agonist Treatment* and associated Policy Guides. Additionally, guidance on how to use the existing Controlled Prescription Program forms with the new PPP-71 amendments will be provided.

Next Steps

The Board has the authority to amend PPPs. As such, if approved by the Board, the effective date of the previously approved amendments to *PPP-71 Delivery of Opioid Agonist Treatment* and the consequential amendments to *PPP-66 Opioid Agonist Treatment* and associated Policy Guides would come into effect immediately.

Recommendation

The Legislation Review Committee recommends that the Board amend the effective date of the previously approved amendments to *PPP-71 Delivery of Opioid Agonist Treatment* and the previously approved consequential amendments to *PPP-66 Opioid Agonist Treatment* and associated Policy Guides, to be effective immediately, by signing the attached Resolution (Appendix 2).

Appendix	
1	February 2020 Board Briefing Materials
2	Board Resolution Signature Page

Appendix 3

Health Canada Santé Canada

March 19, 2020

To maintain Canadians' access to controlled substances for medical treatments (e.g., treatment of substance use disorders and chronic pain), while they adhere to social distancing guidance from public health officials or if they need to self-isolate, Health Canada has issued the attached exemptions for prescriptions of controlled substances under the *Controlled Drugs and Substances Act* (CDSA) and its Regulations. If permitted within the applicable provincial/territorial scopes of practice, the exemptions:

- permit pharmacists to extend prescriptions;
- permit pharmacists to transfer prescriptions to other pharmacists;
- permit prescribers to issue verbal orders (i.e., over the phone) to extend or refill a prescription; and
- permit pharmacy employees to deliver prescriptions of controlled substances to patient's homes or other locations where they may be (i.e self isolating).

We strongly encourage all partners to work to implement these exemptions in their jurisdictions and welcome any additional suggestions you may have to maintain Canadians' access to controlled substances for medical reasons during the pandemic.

Further, Health Canada is clarifying, with the attached guidance document, activities that are currently permitted under the CDSA and its Regulations.

We strongly urge Ministries and regulators to conduct a thorough assessment of any barriers to access to medicines that could contravene public health advice for social distancing and self-isolation, when appropriate. This could include, for example, temporarily lifting restrictions on take-home doses ("carries") of opioid agonist treatments, and allowing those with chronic conditions to obtain enough medication to last through a period of self-isolation.

We also recognize that local pandemic precautions may impact the operations of Supervised Consumption Sites (SCS), and are committed to work directly with SCS Operators to assess each individual situation and develop appropriate modifications to their protocols and practices. Operators are encouraged to contact the Office of Controlled Substances' Exemptions Section at hc.exemption.sc@canada.ca.

If you have any questions, please contact Health Canada's Office of Controlled Substances, at: hc.ocs-bsc.sc@canada.ca.

Best Regards,

Michelle Boudreau
Director General
Controlled Substances Directorate
Health Canada

Canada

Health Canada Santé Canada

SUBSECTION 56(1) CLASS EXEMPTION FOR PATIENTS, PRACTITIONERS AND PHARMACISTS PRESCRIBING AND PROVIDING CONTROLLED SUBSTANCES IN CANADA DURING THE CORONAVIRUS PANDEMIC

Pursuant to subsection 56(1) of the *Controlled Drugs and Substances Act* (CDSA), and subject to the terms and conditions herein, practitioners and pharmacists, authorized within their scope of practice, are hereby exempted from the following provisions of the CDSA and its regulations when prescribing, selling, or providing a controlled substance to a patient or transferring a prescription for a controlled substance to a pharmacist in Canada:

- Section 5 of the CDSA;
- Subsection 31(1), and section 37 of the Narcotic Control Regulations (NCR);
- Sections G.03.002 and G.03.006 of Part G of the Food and Drug Regulations (FDR);
- Paragraphs 52 (c) and (d), subsection 54(1) of the Benzodiazepines and Other Targeted Substances Regulations (BOTSR).

Individuals delivering a controlled substance on behalf of a pharmacist are exempt from section 5 of the CDSA.

Patients who receive a controlled substance from a pharmacist pursuant to this exemption, are exempt from subsection 4(1) of the CDSA with respect to that controlled substance.

Except as provided below, the terms used in this exemption have the same meaning as those provided in the CDSA and its regulations:

Patient means:

a) A person who is a client of a pharmacist; and
b) A person who was prescribed a controlled substance prior to March 11, 2020;
c) A person:
  i. to whom a pharmacist may prescribe a controlled substance under this exemption ;or,
  ii. to whom a practitioner may verbally prescribe a controlled substance under this exemption.

Pharmacist means a person:

a) who is entitled under the laws of a province or territory of Canada to practise as a pharmacist;
b) who has not been named in a notice under s. 48(1) of the NCR, G.03.017.2 of the FDR or section 79 of the BOTSR unless a notice of retraction has been issued under the respective regulations; and,
c) whose scope of practice of pharmacy includes prescribing of drugs including controlled substances as authorized under this exemption and, in a manner consistent with any applicable provincial or territorial pharmacy legislation and any applicable policies of a provincial or territorial licensing authority.

Canada

Practitioner means a person who:

a) is registered and entitled under the laws of a province to practise in that province the profession of medicine, dentistry or veterinary medicine, and includes any other person or class of persons described as a practitioner;
b) has not been named in a notice under ss. 59(1) of the NCR,G.04.004.2(1) of the FDR, or 79 of the BOTSR unless a notice of retraction has been issued under the respective regulations; and,
c) whose scope of practice of medicine, dentistry, or veterinary medicine includes prescribing drugs, including controlled substances as authorized under the relevant provincial or territorial pharmacy legislation and consistent with any applicable policies of any provincial or territorial body responsible for the regulation of practitioners.

Transfer of prescription means the sending a prescription by a pharmacist to another pharmacy within the same province or territory, for the purpose of having that prescription filled and picked up by the patient at that pharmacy.

This exemption provides practitioners with the authority to issue a verbal prescription for controlled substances.

This exemption provides pharmacists with the authority to transfer a prescription for a controlled substance, and to prescribe, sell or provide a controlled substance to patients subject to the terms and conditions of this exemption.

The exemption is only applicable if the following conditions are met.

(A) Pharmacists acting under the authority of this exemption must:

1. Only prescribe, sell, provide or transfer the controlled substance to a patient while that patient is under their professional treatment at a pharmacy;
2. Only prescribe, sell, provide or transfer a controlled substance to a patient in order to extend or renew an existing prescription;
3. Only prescribe a controlled substance to a patient in accordance with any policies and/or guidelines established by the provincial or territorial government and by any relevant provincial or territorial licensing authorities;
4. Comply with a record keeping obligations established by the provincial or territorial government and any relevant provincial or territorial licensing authority regarding all transactions involving controlled substances;
5. If not already required pursuant to item 4, keep records of the following:
    a. the name and address of any patient who is prescribed, sold, or provided a controlled substance under this exemption;
    b. the name, quantity and form of the controlled substance prescribed;
    c. the name or initials of the pharmacist who prescribed, sold or provided the controlled substance;
    d. the date on which the controlled substance was prescribed, sold or provided; and
    e. the number assigned to the prescription.

6. With respect to the transfer of a prescription, keep records of the following:
    a. a copy of the prescription written by the practitioner or the record made in accordance with the practitioner's verbal prescription;
    b. the name and business address of the transferring pharmacist;
    c. the name and business address of the pharmacist receiving the prescription transfer;
    d. the number of authorized refills remaining and, if applicable, the specified interval between refills; and
    e. the date of the last refill.

7. All records should be kept in the pharmacy for a period of two years from the date that each record is made.

(B) Practitioners must:

1. Only prescribe (including verbally prescribe), sell, or provide the controlled substance to a patient while that patient is under their professional treatment;
2. Only prescribe (including verbally prescribe), a controlled substance to a patient in accordance with any policies or guidelines established by the provincial or territorial government or any relevant provincial or territorial licensing authority;
3. Comply with record keeping obligations established by the provincial or territorial government and relevant provincial or territorial licensing authorities regarding all transactions involving controlled substances;

(C) Any individual who delivers a controlled substance on behalf of a pharmacist must

1. Deliver the controlled substance to the individual identified in the prescription (or to a person responsible for that individual's care);
2. Obtain in writing a note from the pharmacist identifying the name of the individual effecting the delivery, the name and quantity of the controlled substance to be delivered, and the place of delivery; and,
3. Have the above note as well as a copy of this exemption while effecting the delivery.

(D) Any controlled substance prescribed, sold, provided or transferred under the authority of this exemption must be for the purpose of facilitating continuation of treatment that the patient was already receiving.

This exemption expires on the earliest of the following dates:

- September 30, 2020;
- The date that it is replaced by another exemption; or
- The date on which it is revoked.

Failure to comply with the terms and conditions of this exemption may, among other things, result in immediate suspension of this exemption, and ultimately, in its revocation.

Health Canada Santé Canada

This exemption may be suspended without prior notice if the Minister deems that such suspension is necessary to protect public health, safety or security. If necessary, the Minister may change the terms and conditions of this exemption. Should this be the case, you will be informed in writing and reasons for the changes will be provided.

Notwithstanding the conditions above on the ability to suspend, the Minister may suspend or revoke the exemption if she believes that it is no longer necessary.

Signed for and on the behalf of the Minister of Health,

Michelle Boudreau
Director General
Controlled Substances Directorate
Controlled Substances and Cannabis Branch

Effective Date: March 19, 2020

Canada

Prescription management by pharmacists with controlled substances under the *Controlled Drugs and Substances Act* and its regulations

CONTEXT

Pharmacists are medication experts and play a significant role in monitoring patients and medication to ensure safe and optimal use while contributing to outcome-focussed patient care. With the goal of supporting better medication management and protecting the health and safety of Canadians, Health Canada has developed the following related to prescribing activities with substances regulated under the *Narcotic Control Regulations* (NCR*)*, the *Benzodiazepines and Other Targeted Substances Regulations* (BOTSR) and the *Food and Drug Regulations – Part G* (FDR - Part G).

SCOPE[1]

Information in this document applies to pharmacists who are registered and entitled to practice pharmacy under the laws of their province or territory and are entitled to conduct activities with controlled substances.

While this document does not constitute legal advice as to the scope of the *Controlled Drugs and Substances Act* (CDSA) and its regulations, it is Health Canada's interpretation of the legislation and regulations through which guidance is provided to pharmacists and provincial regulators.

ACTIVITIES PERMITTED

Regulations under the CDSA state that a pharmacist is authorized to sell or provide a controlled substance to a person if they have received a prescription or a written order from a practitioner.

While these regulations do not permit pharmacists to prescribe, other related activities that are included in the meaning of *sell or provide* are permitted as long as the quantity dispensed does not exceed the amount originally authorized. These activities include, but are not limited to:

- **Adjusting the formulation**: adjusting the dosage form in which the drug is prescribed;
    - e.g., change from pill to liquid formulations;

-

[1] This policy does not include substances regulated under the *Cannabis Act* and its regulations.

- **Adjusting the dose and regimen**: a structured plan that specifies the frequency in which a dose of medication should be ingested;
    - e.g., change from 20mg per day for 5 weeks to 10mg per day for 10 weeks
- **De-prescribing**: the planned and supervised process of reducing or stopping a medication;
- **Part-filling:** dispensing a quantity of a medication which is less than the total amount of the drug specified by a practitioner;
    - For greater clarity, this includes part-fills requested by a patient, when a pharmacy is dealing with an inventory shortage or other situations where the nature of the part fill is a matter of discussion between the pharmacist and patient.

This information is intended to clarify prescribing-related activities pharmacists are permitted to conduct under the CDSA and its regulations.

Pharmacists conducting any of these activities must ensure that their actions do not restrict patients' access to their needed prescriptions and that they continue to work closely with the prescribing practitioner with a view to optimizing patients' health care.

ADDITIONAL REQUIREMENTS

Please note that there may be additional federal, provincial/territorial and municipal laws, regulations, and scope of practice considerations that must be complied with in addition to those under the CDSA and its regulations.

For any questions, please do not hesitate to contact hc.ocs_regulatorypolicy-bsc_politiquereglementaire.sc@canada.ca.

Appendix 4

Early Guidance for Pharmacists in Managing Opioid Agonist Treatment during the COVID-19 Pandemic

Prepared by pharmacists from the Centre for Addiction and Mental Health

Scope

This document specifically refers to pharmacists' practice as it relates to buprenorphine and methadone as opioid agonist treatments (OAT). Unless otherwise mentioned in this document or the COVID-19 – Opioid Agonist Treatment Guidance document, pharmacists should practice as per existing OAT standards and guidelines.

General principles

- Actions taken during the COVID-19 pandemic balance the risks of community transmission with patient and community safety as it relates to OAT (e.g., risk of opioid overdose, risk of treatment interruptions). More than ever, this balance is a shared responsibility among the patient, the prescriber and the pharmacist.
- None of the guidance requires a pharmacist to provide OAT in a manner that they believe is unsafe for the patient, the pharmacy staff or the public.
- Practice may need to be modified beyond the scope of this guidance document on a case-by-case basis, applying clinical judgment to weigh risks and benefits to patient and public in each case.
- Patients who may not have been suitable for carries as defined by existing guidelines (i.e., 2011 CPSO Methadone Maintenance Treatment Standards and Guidelines) should be reassessed as per the COVID-19 – Opioid Agonist Treatment Guidance document during the COVID-19 pandemic.
- Ongoing and close communication with prescribers is critical. Pharmacists' assessments are valuable, particularly for decisions related to suitability for progressive carry doses.
- When determining the number of carries to be dispensed at one time, pharmacists and prescribers should consider a patient's ability to store carries safely and appropriately.
- Pharmacists should not make any changes to the dosage of existing therapy except in collaboration with the prescriber.
- If pharmacists are not able to meet the needs of the patient due to reduced hours, pharmacy closure or other reasons, the pharmacy must transfer the care of the patient to another pharmacy.

- Given buprenorphine's safety profile, its contingencies can be considered differently than with methadone.
- Pharmacists should ensure all patients on OAT have a take-home naloxone kit and are trained on its use along with other harm reduction strategies.
- For patients in self-isolation or quarantine, a pharmacist may release OAT doses to an authorized agent for pick up at the pharmacy or have the doses delivered. If releasing to an agent, pharmacists must take steps to confirm:
  - the patient authorizes the individual to act as an agent
  - the identity of the individual before releasing the medication
  - the receipt of the medication by the patient.
- Pharmacists should document all activities associated with using this guidance and the COVID-19 – Opioid Agonist Treatment Guidance document.

Observed doses

- For patients who are presenting to the pharmacy, pharmacists should consider extra precautions around managing observed doses, in addition to other general personal protective measures in the pharmacy. These include care in the handling and disposal of dosing cups and reduced contact by not requiring signatures for dosing.
- For patients who are self-isolating or under quarantine, pharmacists should explore alternative measures to support witnessed dosing, including virtual communication and observation methods.
- For observed dosing of buprenorphine in the pharmacy, pharmacists should consider a brief observation period and minimize close contact with the patient.

Take-home doses or "carries"

- Refer to the COVID-19 – Opioid Agonist Treatment Guidance document for recommended maximum take-home doses for methadone and buprenorphine.
- For methadone carries:
  - While an increase in carries may be recommended to limit the number of required pharmacy visits, pharmacists might consider delivering a smaller number of methadone carries at one time to enhance patient safety. For example, a patient may be authorized to receive 13 carries. A pharmacist may decide to deliver six or seven doses weekly so that there is less methadone in the residence at any given time.
  - If patients were previously instructed to return carry bottles, pharmacists should advise patients that the return of used carry bottles is not recommended at this time. Pharmacists must provide direction to these patients to ensure the used carry bottles are rinsed prior to disposal.

NOTE: This guidance may evolve over time.
March 27, 2020

camh
mental health is health

Opioid Agonist Maintenance Treatment (OAMT) Services During the COVID–19 Pandemic (March 2020)

The provision of OAMT presents unique challenges than those associated with dispensing other medications, particularly now in the midst of the current COVID-19 Pandemic. Solutions to these challenges are a shared responsibility between the patient, their primary prescriber, and pharmacists and need to be made in consideration of the fine balance of the public health risk due to COVID-19 and the public/patient risk of diversion and overdose. To support pharmacists in their efforts to continue to provide this critical service and to enable pharmacists to use their knowledge and skills to solve these challenges, the following provisions related to the *Standards of Practice: Opioid Agonist Maintenance Treatment* have been made.

For clarity, none of the provisions below require a pharmacist to provide OAMT in a manner that they believe is unsafe for the patient, the pharmacy staff, or the public.

Signatures

In instances where a signature is required, pharmacists may decide the method to be used to confirm and document the identity of the patient or their agent and confirm the receipt of the medication by the patient or their agent.

Witnessed Dosing (at the pharmacy or by delivery)

Pharmacists may decide who can provide witnessed dosing.

Pharmacists ensure that the person doing the witnessing has been given instruction on how to witness, how to recognize when it may be unsafe to provide the dose to the patient (e.g., patient impairment by drugs or alcohol), and how they should proceed in these situations, particularly if the witnessing is occurring outside of the pharmacy environment.

Pharmacists ensure documentation is completed for witnessed ingestion including documenting who witnessed the dose, and any other relevant patient care notes. (e.g., instances in which the patient did not consume the dose or did not consume the entire dose).

The need for social distancing and infection control measures may outweigh the requirement for patient privacy during this time. (e.g., the use of a private consultation room may not be appropriate)

Take-Home Doses

Prescribers are considering relaxing restrictions on take-home doses for certain patients. They have indicated that pharmacists' expertise in patient assessments is highly valued and is an important contribution to making the following decisions:

- Whether patients receiving daily witnessed doses can be provided carries.
- Whether patients receiving carries can have the number of carries provided at one time increased.

Pharmacists may provide the quantity of take-home doses as prescribed (written or verbal) if they are satisfied it is appropriate to do so.

Appendix 5

Provision of Doses for Patients Under Isolation

Should a patient be unable to come to the pharmacy to receive their dose because they are under isolation, the pharmacist may decide if delivery or alternative arrangements for pick-up at the pharmacy is a reasonable solution.

Delivery of Doses

Pharmacists may decide who can deliver to patients, however, in deciding whether delivery is a reasonable option, consideration needs to be given to:

- the ability of the person delivering the doses to identify the patient and to be safe while doing so.
- the security of the medications and the consequences resulting from their loss or diversion.
- the stability of the patient and their circumstances (e.g., housing, their ability to safely store doses, etc.), the extent to which it is critical for the patient's safety that they be assessed prior to being provided their dose, and the ability for the person doing the delivery to do this assessment.

In situations where the pharmacy is delivering to the patient, effective witnessing may not be possible. Every effort should be made to collaborate with the physician to reserve the requirement for witnessing to only those where it is imperative. If consultation with the physician is not possible and a decision is made by the pharmacist that witnessing will not take place, this decision must be communicated to the physician at the earliest opportunity.

If witnessed dosing on delivery is imperative, pharmacists will decide how this will be accomplished. If feasible, efforts should be made to conduct a patient assessment remotely (e.g., telephone, virtual communication)

For all deliveries, the pharmacist will establish a process that ensures that:

- the delivery process is explained to the patient prior to the delivery.
- the person making the delivery knows who they are authorized to release it to (the patient or an individual authorized by the patient).
- the person making the delivery understands that they do not need to put themselves in a position that threatens their health or safety. (e.g., delivery drivers do not have to enter homes - witnessing can take place from outside of a door, via virtual communication, etc.).
- the dose is returned to the pharmacy if release to the patient or authorized person was not possible. For clarity, doses cannot be left at the door.
- the delivery is appropriately documented.
- the requirements below from Health Canada are met.

Health Canada has made provisions for prescriptions to be delivered to the patient or to someone authorized by the patient as long as the person doing the delivery:

1. Has authorization to deliver the medications in writing from the pharmacist that includes the names of people to whom they are delivering and the pharmacy contact information: and
2. Has a copy of the *Health Canada Section 56 Class Exemption* in their possession while making the delivery.

In situations where the pharmacy cannot deliver the medication and the patient must have a witnessed dose, solutions could include:

- Having someone authorized by the patient, pick up, deliver, and witness the dosing.
- Having a member of the patient's recovery team pick up, deliver and witness the dosing.
- Facilitating the transfer of care to a pharmacy that can accommodate the patient.

Compounding Methadone

In the event that commercially available methadone becomes unavailable, the *Standards of Practice: Opioid Agonist Maintenance Treatment* do not preclude the compounding of methadone solution.

Inevitably, there will be numerous situations that are not specifically addressed by these provisions. You will need to decide what is best to do, guided by the *Standard of Care During a Crisis* and balancing the patient's need to be supported in their recovery and the public's safety in the context of the ongoing opioid crisis and the COVID-19 pandemic.

Appendix 6

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY-71**
POLICY FOCUS: **Delivery of Opioid Agonist Treatment**

This policy provides guidance to pharmacists and pharmacy managers working in community pharmacy settings on the delivery of opioid agonist treatment (OAT) drugs by pharmacists directly to patients.[1] This policy does not apply to injectable opioid agonist treatment.

The *Pharmacy Operations and Drug Scheduling Act* Bylaws sections 18(2)(b-e), (l), (m) and (t), 19(4), 19(6)(a-b), 23(1)(a-b), 23.1(1), and 36, and the *Health Professions Act* Bylaws Schedule F, Part 1 - *Community Pharmacy Standards of Practice* supplement this policy. This policy must be read in conjunction with *Professional Practice Policy – 66 Opioid Agonist Treatment* and its associated Policy Guides.

COVID-19 UPDATE

Effective immediately and while permitted by a section 56 exemption to the *Controlled Drugs and Substances Act*, a pharmacist, using their professional judgement, may authorize:

1. A regulated health professional to deliver OAT to a patient, ensuring that they have the appropriate scope and competence to assess a patient and witness the ingestion of OAT; or
2. A pharmacy employee to deliver OAT to a patient on the pharmacist's behalf. Note: The authorization of a pharmacy employee should be reserved for exceptional circumstances where it is not possible for a pharmacist or regulated health professional to deliver the OAT drug.

The pharmacist must ensure that the pharmacy employee authorized to deliver the OAT drug has the appropriate knowledge and competence to provide witnessed ingestion (where applicable), and to recognize when it may be unsafe to provide the dose to the patient (e.g. the patient is intoxicated) and how they should proceed in these situations. Where possible, the pharmacist should assess the patient by phone or other virtual means before the pharmacy employee releases the dose.

The pharmacist must ensure the required documentation for each OAT delivery is completed and retained in the patient record, including the signature and name of the person authorized to deliver the OAT drug for each delivery. Unconsumed or partially consumed doses must be documented and returned to the pharmacy as soon as possible.

All other requirements outlined within this policy, and the section 56 exemption to the *Controlled Drugs and Substances Act* must be met.

For the health and safety of the public and those delivering OAT, a pharmacist should confirm if their patient is experiencing symptoms of COVID-19 or are self-isolating prior to delivering OAT. In addition, consideration should be given on how to maintain social distancing while delivering medications to a patient.

POLICY STATEMENTS:

1. Determination to Deliver OAT

a. A pharmacist may deliver OAT to a patient from whom they have received a valid OAT prescription, if using their professional judgement, the pharmacist determines that providing delivery is safe, appropriate and in the best interest of the patient.
b. The pharmacist must document in the patient's record the decision to deliver or to not deliver, including the rationale for the decision. This documentation must be easily retrievable.

[1] Transportation of Controlled Substances in Canada: https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/transportation-of-controlled-substances-in-canada.html

c. The pharmacist must notify the prescriber of the decision to initiate or stop delivery as soon as reasonably possible, and this must be recorded in the patient's record.
d. A pharmacist may refuse to deliver OAT if there is concern for the safety of the patient, pharmacist or public. Where appropriate, the pharmacist should discuss any concerns with the prescriber to resolve issues in the best interest of the patient.
e. A pharmacist must not deliver OAT to a patient if the prescriber indicates that delivery is not permitted.
f. If delivery is not feasible within the services and resources the pharmacy provides, the patient should be referred to a pharmacy that can provide the delivery.

2. Delivery of OAT

If a pharmacist has made the determination to deliver OAT to a patient as noted in section 1, the pharmacist must meet the following delivery requirements:

a. The pharmacist must work with the patient to make arrangements for delivery that are in the best interest of the patient. Arrangements must include:
    i. A delivery location that is private, maintains the confidentiality of the patient, is safe for both the patient and the pharmacist, and has a verifiable address.
    ii. Time(s) and date(s) for delivery.
    iii. Procedure if the patient is not available at the location to receive the OAT delivery including communication of appropriate alternate arrangements for the patient to obtain their OAT drug.
b. The OAT drug must be packaged in the pharmacy and dispensed with the appropriate labelling.
c. A pharmacist must release an OAT drug to a patient in accordance with *Professional Practice Policy-66 Opioid Agonist Treatment* and its associated Policy Guides.
d. Due to the requirement for a pharmacist to assess a patient prior to releasing an OAT drug,
    i. only a pharmacist may deliver OAT to a patient,
    ii. the OAT drug must only be delivered directly to the patient, and
    iii. the OAT drug must not be left with any other person.
e. In addition to meeting the requirements for documentation set out in *Professional Practice Policy-66 Opioid Agonist Treatment* and its associated Policy Guides, pharmacists must record the delivery date, time and address for each delivery on the patient record, which includes the patient specific accountability log.

3. Safety and Security

a. The pharmacy manager must ensure that written policies and procedures are in place to ensure the safety of the patient and the pharmacist and the security of the drug during the delivery.
b. The dispensing pharmacist is responsible for securely transporting and appropriately storing the OAT drug.
c. OAT drugs may not be stored outside of the pharmacy under any circumstances, nor be left unattended if the delivery is unsuccessful.

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All other requirements outlined within this policy, and the section 56 exemption to the *Controlled Drugs and Substances Act* must be met.

For the health and safety of the public and those delivering OAT, a pharmacist should confirm if their patient is experiencing symptoms of COVID-19 or are self-isolating prior to delivering OAT. In addition, consideration should be given on how to maintain social distancing while delivering medications to a patient.

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c. The pharmacist must notify the prescriber of the decision to initiate or stop delivery as soon as reasonably possible, and this must be recorded in the patient's record.

[1] Transportation of Controlled Substances in Canada: https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/transportation-of-controlled-substances-in-canada.html

d. A pharmacist may refuse to deliver OAT if there is concern for the safety of the patient, pharmacist or public. Where appropriate, the pharmacist should discuss any concerns with the prescriber to resolve issues in the best interest of the patient.
e. A pharmacist must not deliver OAT to a patient if the prescriber indicates that delivery is not permitted.
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    iii. Procedure if the patient is not available at the location to receive the OAT delivery including communication of appropriate alternate arrangements for the patient to obtain their OAT drug.
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c. A pharmacist must release an OAT drug to a patient in accordance with *Professional Practice Policy-66 Opioid Agonist Treatment* and its associated Policy Guides.
d. Due to the requirement for a pharmacist to assess a patient prior to releasing an OAT drug,
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e. In addition to meeting the requirements for documentation set out in *Professional Practice Policy-66 Opioid Agonist Treatment* and its associated Policy Guides, pharmacists must record the delivery date, time and address for each delivery on the patient record, which includes the patient specific accountability log.

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a. The pharmacy manager must ensure that written policies and procedures are in place to ensure the safety of the patient and the pharmacist and the security of the drug during the delivery.
b. The dispensing pharmacist is responsible for securely transporting and appropriately storing the OAT drug.
c. OAT drugs may not be stored outside of the pharmacy under any circumstances, nor be left unattended if the delivery is unsuccessful.

College of Pharmacists of British Columbia

BOARD MEETING
April 29, 2020

6. Amendment to a Committee Member Appointment

DECISION REQUIRED

Recommended Board Motion:

Remove Trevor Hoff as Vice-Chair of the Application Committee due to an administrative error as presented.

Purpose

To remove an incorrect appointment to the Application Committee.

Background

At the April 17, 2020 Board Meeting, the Board approved College committee member appointments for terms beginning May 1, 2020. A copy of the meeting materials from April 17, 2020 is attached as Appendix 1.

Trevor Hoff was mistakenly appointed as Vice-Chair to the Application Committee with a term beginning May 1, 2020 and ending April 30, 2021. It was intended that Mr. Hoff 's appointment to Vice-Chair would replace the current Vice-Chair position, which the Committee thought would expire on April 30, 2020.

It was later discovered that the current Vice-Chair's term of appointment ends on April 30, 2021 and not April 30, 2020.

Recommendations

To remove Trevor Hoff as Vice-Chair of the Application Committee and for Derek Lee to resume his appointment as Vice-Chair of the Application Committee until April 30, 2021.

Appendix	
1	April 17, 2020 Governance Committee Briefing Note

College of Pharmacists of British Columbia

BOARD MEETING
April 17, 2020

2b.vii. Governance Committee
a) Committee Member Appointments

DECISION REQUIRED

Recommended Board Motion:

Approve College committee member appointments for terms beginning May 1, 2020, as circulated.

Purpose

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

Background

The College committees are a vital resource to the Board that provide essential advice, expertise, and recommendations that ultimately inform Board policies and 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
- Speciality areas of practice
- Relevant education
- Technician and pharmacist balance
- Continuing and new member balance

Recommendations

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, 2020.

Appendix	
1	2020 Recommended College Committee Appointments

Appendix 1 – Committees Member Appointments **(Please note, Chair and Vice Chair terms are separate from member terms)**

APPLICATION COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Beever, John	Chair	November 15, 2019 – April 30, 2021	1	Existing appointment as Chair
Hoff, Trevor	Vice-Chair	May 1, 2020 - April 30, 2021	1	New appointment as Vice-Chair
Beever, John	Pharmacist	May 1, 2020 – April 30, 2022	2	Re-appointment
Cunningham, Dianne	Public	May 1, 2020 – April 30, 2022	2	Re-appointment
Lee, Derek	Pharmacist	May 1, 2020 – April 30, 2022	2	Re-appointment
Lewis, Robert	Public	May 1, 2020 – April 30, 2022	2	Re-appointment
Wellon, Sorell	Pharmacy Technician	May 1, 2020 – April 30, 2022	2	Re-appointment
Zhou, Mark	Pharmacist	May 1, 2020 – April 30, 2022	2	Re-appointment
Edgar, Natasha	Public	May 1, 2020 – April 30, 2023	3	New appointment
James, Jennifa	Public	May 1, 2020 – April 30, 2023	3	New appointment
Johal, Jasdeep	Pharmacist	May 1, 2020 – April 30, 2023	3	New appointment
Leong, Lysa	Pharmacist	May 1, 2020 – April 30, 2023	3	New appointment
Masson, Sarah	Pharmacist	May 1, 2020 – April 30, 2023	3	New appointment
Omelchuk, John	Pharmacist	May 1, 2020 – April 30, 2023	3	New appointment
Antler, Christine	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Braun, Neil	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Gustavson, Kris	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Hoff, Trevor	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Moazen, Nima	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Skelton, Katie	Public	November 15, 2019 – April 30, 2022	2	Existing appointment

DISCIPLINE COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Lee, Derek	Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Chair
Baxter, Heather	Vice-Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Vice-Chair
Kry, Edwin	Public	May 1, 2020 – April 30, 2023	3	Re-appointment
Marcotte, Dominique	Public	May 1, 2020 – April 30, 2023	3	Re-appointment
Tchen, Paulo	Pharmacist	May 1, 2020 – April 30, 2023	3	Re-appointment
Alarcon, Cristina	Pharmacist	May 1, 2020 – April 30, 2023	3	New appointment
Chan, Christina	Public	May 1, 2020 – April 30, 2023	3	New appointment
Dennis, Alison	Public	May 1, 2020 – April 30, 2023	3	New appointment
Dhaliwal, Neelam	Pharmacist	May 1, 2020 – April 30, 2023	3	New appointment
Baxter, Heather	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Chahal, Rapinder	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Chauvin, Vaughn	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Cunningham, Dianne	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Dhillon, Baldeep	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Driessen, Anneke	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Huang, Jeffrey	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Hughes, Nerys	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Kushner, Howard	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Lam, Peter	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Lee, Derek	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Muir, Leza	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Peterson, Anne	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Robinson, Annette	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Saad, Omar	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Sanfacon, Sophie	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Saran, Gurinder	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Segal, Carol	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Wong, Gabriella	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment

DRUG ADMINISTRATION COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Tsui, Wilson	Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Chair
Wang, Bing	Vice-Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Vice-Chair
Misar, Jenny	Registered Nurse	May 1, 2020 – April 30, 2022	2	Re-appointment
Tsui, Wilson	Pharmacist	May 1, 2020 – April 30, 2022	2	Re-appointment
Wang, Bing	Pharmacist	May 1, 2020 – April 30, 2022	2	Re-appointment
Zhu, Julia	Pharmacist	May 1, 2020 – April 30, 2022	2	Re-appointment
Woodfield, Wendy	Medical Practitioner	May 1, 2020 – April 30, 2023	3	New appointment
Capelli, John	Ministry of Health Services Representative	February 15, 2019 – April 30, 2021	2	Existing appointment
Dar Santos, Alex	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment

ETHICS ADVISORY COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Dhillon, Baldeep	Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Chair
Liu Robson	Vice-Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Vice-Chair
Dhillon, Baldeep	Pharmacy Technician	May 1, 2020 – April 30, 2023	3	Re-appointment
Low, Alan	Pharmacist	May 1, 2020 – April 30, 2023	3	Re-appointment
Spielman, Audra	Pharmacy Technician	May 1, 2020 – April 30, 2022	2	Re-appointment
Badyal, Shivinder	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Dempsey, Alison	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Gerber, Patricia	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Graham, Jamie	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Lecavalier, Tara	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Lee, Vanessa	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Liu, Robson	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Ng, Jing-Yi	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment

INQUIRY COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Harrison, Michelle	Chair	May 1, 2019 – April 30, 2020	1	New appointment as Chair
Lee, Sammy	Vice Chair	May 1, 2020 – April 30, 2021	1	New appointment as Vice-Chair
Bhimji, Farhat (Joy)	Pharmacist	May 1, 2020 – April 30, 2022	2	Re-appointment
Deen, Meribeth	Public	May 1, 2020 – April 30, 2022	2	Re-appointment
Harrison, Michelle	Pharmacist	May 1, 2020 – April 30, 2023	3	Re-appointment
Jennens, Helen	Public	May 1, 2020 – April 30, 2023	3	Re-appointment
Johannesen, Debbie	Public	May 1, 2020 – April 30, 2022	2	Re-appointment
Kwong, Mona	Pharmacist	May 1, 2020 – April 30, 2023	3	Re-appointment
Scyner, Kelsey	Pharmacy Technician	May 1, 2020 – April 30, 2023	3	Re-appointment
Halliday, Robert	Public	May 1, 2020 – April 30, 2023	3	New appointment
Stockdale, Cameron	Public	May 1, 2020 – April 30, 2023	3	New appointment
Aujla, Ennreet	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Barkley, Dorothy	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Chang, Wui Ming	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Dahri, Karen	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Gidda, Sunny	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Hurd, Lori	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Khangura, Sanjiv	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Kuo, I Fan	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Lee, Sammy	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Mercer, James	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Munroe, Janice	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Rhodes, Alison	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Ridgeley, Alana	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Roeters, Nathan	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Scott, Kris	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Thind, Justin	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Troesch, Susan	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Walker, Roberta	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Wong, Joyce	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Yee, Wilson	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Yeung, Ho Bun	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment

JURISPRUDENCE EXAMINATION SUBCOMMITTEE

Name	Type	Term	Term Length (Yrs)	
Dhillon, Baldeep	Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Chair
Szeman, Christopher	Vice Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Vice-Chair
Kim, Brian	Pharmacist	May 1, 2020 – April 30, 2022	2	Re-appointment
Oxford, Tara	Pharmacist	May 1, 2020 – April 30, 2022	2	Re-appointment
Cao, Angel	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Chan, Connie	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Dhillon, Baldeep	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Ladak, Ali Reza	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Ling, Kent	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Szeman, Christopher	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Taheri, Asal	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Wang, David	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment

PRACTICE REVIEW COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Hagkull, Tracey	Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Chair
Ortynsky, Michael	Vice Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Vice-Chair
Harrod, Yonette	Pharmacy Technician	May 1, 2020 – April 30, 2023	3	Re-appointment
Aujla, Naveen	Public	May 1, 2020 – April 30, 2023	3	New appointment
Chai, Sally	Pharmacist	May 1, 2020 – April 30, 2023	3	New appointment
Chadwick, Marilyn	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Chai, Patrick	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Hagkull, Tracey	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Ku, Amy	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Ortynsky, Michael	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Rhodes, Alison	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Salamat, Lorena	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Topiwalla, Deepa	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Williams, Peter	Public	May 1, 2019 – April 30, 2021	2	Existing appointment

QUALITY ASSURANCE COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Ortynsky, Michael	Chair	November 15, 2019 – April 30, 2021	1	Existing appointment as Chair
Gidda, Sunny	Vice Chair	May 1, 2020 – April 30, 2021	1	Re-appointment as Vice-Chair
Wu, Man Fung (Allen)	Pharmacist	May 1, 2020 – April 30, 2023	3	Re-appointment
Al-Tabbaa, Hani	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Cheng, Tessa	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Gidda, Sunny	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Hagkull, Tracey	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Hope, John	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Hozaima, Lena	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Langfield, Katherine	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Lucarelli, Frank	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Ortynsky, Michael	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Seet, Anthony	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Siah, Rebecca	Public	May 1, 2019 – April 30, 2021	2	Existing appointment

REGISTRATION COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Jang, Raymond	Chair	September 13, 2019 – April 30, 2021	1	Existing appointment as Chair
Huang, Chelsea	Vice Chair	May 1, 2020 – April 30, 2021	1	New appointment as Vice-Chair
Guppy, Avena	Public	May 1, 2020 – April 30, 2022	2	Re-appointment
Piekarski, Mikolaj	Pharmacist	May 1, 2020 – April 30, 2022	2	Re-appointment
Bassi, Atamji	Pharmacy Technician	May 1, 2020 – April 30, 2023	3	New appointment
Kaliciak, Coral	Public	May 1, 2020 – April 30, 2023	3	New appointment
Patel, Natasha	Pharmacist	May 1, 2020 – April 30, 2023	3	New appointment
Elliott, Dana	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Huang, Chelsea	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Jang, Raymond	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Lee, Vanessa	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Lim, Jihyun	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Skaalrud, Traci	Public	May 1, 2019 – April 30, 2021	2	Existing appointment
Skelton, Katie	Public	May 1, 2019 – April 30, 2021	2	Existing appointment

PHARMACY ADVISORY COMMITTEE

Name	Type	Term	Term Length (Yrs)	
Cvaci, Anca	Chair	November 15, 2019 – April 30, 2021	1	Existing appointment as Chair
Silver, Andrea	Vice Chair	November 15, 2019 – April 30, 2021	1	Existing appointment as Vice-Chair
Aeng, Elissa	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Chahal, Rapinder	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Chang, Wui Ming	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Cvaci, Anca	Chair/Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Dahri, Karen	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Davis, James	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Do, Thao	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Dunkin, Jennifer	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Elliott, Dana	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Gojkovic, Ivana	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Hopp, Steven	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Jaswal, Mohinder	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Ladha, Fatima	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
LaPointe, Karen	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Munroe, Aita	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Oxford, Tara	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Scott, Kris	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Sihota, Aaron	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Silver, Andrea	Vice Chair/Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Tejani, Aaron	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Vek, Lanai	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment
Wellon, Sorell	Pharmacy Technician	May 1, 2019 – April 30, 2021	2	Existing appointment
Zhang, Cindy	Pharmacist	May 1, 2019 – April 30, 2021	2	Existing appointment

College of Pharmacists of British Columbia

BOARD MEETING
April 30, 2020

8. Amendments to *Health Professions Act* Bylaws – *Dispensing Drugs for the Purposes of Medical Assistance in Dying Standards, Limits and Conditions*

DECISION REQUIRED

Recommended Board Motions:

1. Approve the following resolution to amend the *Health Professions Act* Bylaws Schedule F Part 5 – Dispensing Drugs for the Purposes of Medical Assistance in Dying Standards, Limits and Conditions to temporarily allow return to inventory, injectable drugs previously dispensed for the purpose of providing MAiD:

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

2. Approve the following resolution to amend the *Pharmacy Operations and Drugs Scheduling Act* Bylaws consequentially:

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

Purpose

To propose amendments to the *Dispensing Drugs for the Purposes of Medical Assistance in Dying ("MAiD") Standards, Limits and Conditions* under the *Health Professions Act* ("HPA") and consequential amendment to the *Pharmacy Operations and Drug Scheduling Act* ("PODSA") Bylaws to temporarily allow return to inventory, injectable drugs previously dispensed for the purpose of providing MAiD.

Background

The College has authority under the HPA to establish, monitor and enforce standards of practice.[1] Under this authority, the College has established standards of practice that apply to full pharmacists dispensing drugs for the purposes of MAiD.[2] Pharmacists who dispense drugs for MAiD must comply with the College's bylaws as well as the British Columbia Pharmacy Protocols for MAiD developed by the Provincial Medical Assistance in Dying Working Group's Sub-Committee on Pharmacy.[3]

At present the *Dispensing Drugs for the Purposes of MAiD Standards, Limits and Conditions* require that "The full pharmacist must contact the prescribing medical practitioner or nurse practitioner after the scheduled date and time of drug administration to collaborate relating to the return, within 72 hours of the patient's death, of any unused and partially used medications to the pharmacist for disposal".

Recently, Health Canada listed medications used for MAiD as "Tier 3" drug shortages.[4] "Tier 3" drugs shortages are those that have the greatest potential impact on Canada's drug supply and health care system. Impact is based on low availability of alternative supplies, ingredients or therapies. Many of the drugs used in the MAiD intravenous drug protocol are listed as "Tier 3" drug shortages, and these drugs may also be used in the treatment of patients with COVID-19 who require critical care.

Discussion

In response to current shortages of drugs used for MAiD, a temporary amendment is proposed to the *Dispensing Drugs for the Purposes of MAiD Standards, Limits and Conditions* to temporarily allow return to inventory, injectable drugs previously dispensed for the purpose of providing MAiD. The proposed amendment would include the following exemption:

> *If there is a shortage of medication for medical assistance in dying, a pharmacist may accept for return to inventory, injectable medication previously dispensed for the purpose of providing medical assistance in dying if they are satisfied that:*

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[1] As per section 16(2)(d) of the *Health Professions Act,* "A college has the following objects: to establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants".

[2] *Health Professions Act* Bylaws Schedule F, Part 5 – Dispensing Drugs for the Purposes of Medical Assistance in Dying Standards, Limits and Conditions, http://library.bcpharmacists.org/6_Resources/6-1_Provincial_Legislation/5195-HPA_Bylaws_MAID.pdf.

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

[4] Health Canada Tier 3 shortages list, https://www.canada.ca/en/health-canada/services/drugs-health-products/compliance-enforcement/covid19-interim-order-drugs-medical-devices-special-foods/information-provisions-related-drugs-biocides/tier-3-shortages.html#wb-auto-5

a) *the medication has not left the possession of the prescribing medical practitioner or nurse practitioner, or a licensed health care professional assigned by the physician or nurse practitioner and the integrity of the medications can be verified;*
b) *each dose is unused and in the original sealed tamper proof kit; and,*
c) *the medication has been maintained in accordance with the manufacturer's requirements and any other applicable requirements.*

Recently, the College of Physicians and Surgeons of British Columbia and the British Columbia of Nursing Professionals temporarily modified their standards, limits and conditions for MAiD to allow physicians and nurse practitioners to delegate or assign the return of MAiD drugs to a another physician, nurse practitioner, licensed practical nurse, registered nurse, registered psychiatric nurse or pharmacist to the pharmacy. This change is in effect during the COVID-19 public health emergency in British Columbia. The proposed amendment reflects this temporary change.

In addition to the proposed amendment to the *Dispensing Drugs for the Purposes of MAiD Standards, Limits and Conditions* noted above, a consequential amendment to the PODSA Bylaws is also required.

The current PODSA Bylaws state that "no registrant may accept for return to stock or reuse any drug previously dispensed except in accordance with the *Residential Care Facilities and Homes Standards of Practice* or the *Hospital Pharmacy Standards of Practice*". The proposed consequential amendment to the PODSA Bylaws includes a reference to the *Dispensing Drugs for the Purpose of Medical Assistance in Dying Standards, Limits and Conditions.*

The proposed amendments have been reviewed by the Provincial Medical Assistance in Dying Working Group's Sub-Committee on Pharmacy. These amendments are also supported by the Ministry of Health.

Guiding Questions

When reviewing the proposed amendments, the Board is asked to consider:

- Do the proposed amendments address the issue of current COVID-19 related drug shortages for drugs used in MAiD?
- Do the proposed amendments ensure clarity?
- Is there anything missing from the proposed amendments?

Next Steps

- If approved by the Board, submit proposed amendments to the *Dispensing Drugs for the Purposes of MAiD Standards, Limits and Conditions* to the Ministry of Health for filing (with a request to shorten the filing period);
- If approved by the Board, post the consequential PODSA Bylaw amendment on the College website for the period approved by the Ministry of Health;
- Pending review of any feedback received, the consequential PODSA Bylaws amendment will be brought to the Board for approval as soon as possible; and,
- Communication of the amendments to the public and registrants.

Recommendation

Staff recommends that the Board approve the proposed amendments to the *Dispensing Drugs for the Purposes of MAiD Standards, Limits and Conditions* (see Appendix 1 and 2) under the HPA and consequential amendment to the PODSA Bylaws (see Appendix 3).

Appendix	
1	Amendments to the *HPA Bylaws Schedule F Part 5 – Dispensing Drugs for the Purposes of Medical Assistance in Dying Standards, Limits and Conditions*
2	Schedule of amendments to the *HPA Bylaws Schedule F Part 5 – Dispensing Drugs for the Purposes of Medical Assistance in Dying Standards, Limits and Conditions*
3	Consequential Amendments to the PODSA Bylaws (track changes)

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

STANDARDS

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

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

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

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

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

   Notice: May 5, 2020 Effective immediately and for the duration of the COVID-19 public health emergency in British Columbia, the prohibition on return and re-use of previously dispensed medical assistance in dying medications is subject to the following exemption. If there is a shortage of medication for medical assistance in dying, a pharmacist may accept for return to inventory, injectable medication previously dispensed for the purpose of providing medical assistance in dying if they are satisfied that:
   a) the medication has not left the possession of the prescribing medical practitioner or nurse practitioner, or a licensed health care professional assigned by the physician or nurse practitioner; and the integrity of the medication can be verified;
   b) each dose is unused and in the original sealed tamper proof kit; and,
   c) the medication has been maintained in accordance with the manufacturer's requirements and any other applicable requirements.

~~5.~~6. The full pharmacist who dispenses a substance in connection with the provision of medical assistance in dying must provide the B.C. Ministry of Health with the information referred to in Schedule 7 of the *Regulations for the Monitoring of Medical Assistance in Dying* made under the *Criminal Code* (Canada), as well as the additional information required for provincial oversight, monitoring and reporting purposes. The information shall be documented on the provincial form designated for this purpose and submitted to the

B.C. Ministry of Health within 6 business days after the day on which the substance is scheduled to be administered to the patient. The information to be documented by the full pharmacist includes but is not limited to the following:

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

6.1. The full pharmacist must comply with any request for information or provision of records sought by the B.C. Ministry of Health for the purpose of oversight and monitoring of medical assistance in dying.

~~6.~~7. The following Standards of Practice do not apply to medical assistance in dying:
(a) Sections 6(5) (c) and (e), 6(6), 10 (1) and (2), 11(4)(f) and (g), and 12 of the Health Professions Act Bylaws, Schedule F, Part 1;
(b) Sections 13(5) and (8) of the Health Professions Bylaws, Schedule F, Part 2; and
(c) Sections 8 and 9 of the Health Professions Act Bylaws, Schedule F, Part 3.

~~7.~~8. Where there is an inconsistency between this Part and any other Part of Schedule F, the provisions of this Part prevail.

LIMITS

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

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

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

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

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

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

(b) Adapt a prescription for medical assistance in dying.

CONDITIONS

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

College of Pharmacists of British Columbia | 200-1765 West 8th Ave Vancouver, BC, V6J 5C6 | Tel: 604.733.2493 | www.bcpharmacists.org
xx. Appendix 1 Amendments to Dispensing Drugs for the Purposes of MAiD SLC's Effective 2018-11-01 (Posted 2018-11-01)

SCHEDULE OF AMENDMENTS

Schedule F – Part 5 – Part 5 – Dispending Drugs for the Purposes of Medical Assistance in Dying Standards, Limits and Conditions of bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended in light of COVID-19 related drug shortages to temporarily allow return to inventory, injectable drugs previously dispensed for the purpose of providing Medical Assistance in Dying, as follows:

1. Section 5 is repealed and replaced by the following:

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

   Notice: May 5, 2020 Effective immediately and for the duration of the COVID-19 public health emergency in British Columbia, the prohibition on return and re-use of previously dispensed medical assistance in dying medications is subject to the following exemption. If there is a shortage of medication for medical assistance in dying, a pharmacist may accept for return to inventory, injectable medication previously dispensed for the purpose of providing medical assistance in dying if they are satisfied that:

   a) the medication has not left the possession of the prescribing medical practitioner or nurse practitioner, or a licensed health care professional assigned by the physician or nurse practitioner; and the integrity of the medication can be verified;
   b) each dose is unused and in the original sealed tamper proof kit; and,
   c) the medication has been maintained in accordance with the manufacturer's requirements and any other applicable requirements.

Pharmacy Operations and Drug Scheduling Act - BYLAWS

Table of Contents

3B. Application for Pharmacy Licence Reinstatement – Telepharmacy
3C. Application for Pharmacy Licence Reinstatement – Hospital
3F. Application for Pharmacy Licence Reinstatement – Pharmacy Education Site
4A. Application for Pharmacy Closure
4B. Application for Unanticipated Temporary Pharmacy Closure
4C. Closure for Suspended Pharmacy
5. Manager/Direct Owner/Indirect Owner – Proof of Eligibility
6. Manager/Direct Owner/Indirect Owner – Notice of Ineligibility
7. Indirect Owner – Email Contacts
8A. Application for Change of Direct Owner
8B. Application for Change of Indirect Owner(s)
8C. Application for Change of Manager
8D. Application for Change of Corporation Name
8E. Application for Change of Operating Name
8F. Application for Change of Location
8G. Application for Change of Layout
10A. Pharmacy Pre-Opening Inspection Report – Community
10B. Pharmacy Pre-Opening Inspection Report – Community Telepharmacy

Definitions

1 In these bylaws:

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

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

"BC Annual Report" means an annual report filed with the BC Registry Services;

"British Columbia Company Summary" means a summary issued by the BC Registry Services;

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

"Central Securities Register" means the register maintained under section 111(1) of the *Business Corporations Act* [SBC 2002] C.57 as amended;

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

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

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

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

"criminal record history" means the results of a criminal record search of Royal Canadian Mounted Police and local police databases, in the form approved by the board;

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

"direct supervision" means real time audio and visual observation by a full pharmacist of pharmacy services performed at a telepharmacy consistent with a pharmacy manager's responsibilities as set out in section 18(2);

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

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

"electronic signature" means

(a) information in electronic form that a person has created or adopted in order to sign a record, other than with respect to a prescription signed by a full

pharmacist for the purpose of prescribing, that is in, attached to or associated with a record, is secure and is only reproducible and used by that person, and,

(b) with respect to a prescription signed by a full pharmacist for the purpose of prescribing, the electronic signature must meet the requirements of paragraph (a) and must be a unique mark personally applied by that pharmacist;

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

"health authority" includes

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

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

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

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

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

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

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

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

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

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

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

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

"pharmacy education site" means a pharmacy

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

"pharmacy security" means

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PART I – Pharmacy Licences

Licence Types

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

(a) a community pharmacy;

(b) a hospital pharmacy;

(c) a pharmacy education site; or

(d) a telepharmacy.

New Community Pharmacy Licence

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

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

(a) an application in Form 1A;

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

(c) a diagram professionally drawn to scale, including the measurements and entrances of the pharmacy, demonstrating compliance with the physical requirements in the bylaws and applicable policies;

(d) Form 10A;

(e) photographs or video demonstrating compliance with the physical requirements in the bylaws and applicable policies; and

(f) a copy of the pharmacy's valid business licence issued by the jurisdiction to the direct owner, if applicable.

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

(a) an email contact of each indirect owner;

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

(c) a copy of the current British Columbia Company Summary; and

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

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

(a) an email contact of each indirect owner;

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

(c) a copy of the current British Columbia Company Summary; and

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

(5) Proof of eligibility in Form 5 and a criminal record history in accordance with section 14 must be submitted by the following:

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

(b) indirect owner(s); and

(c) the manager.

Community Pharmacy Licence Renewal

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

(a) an application in Form 2A;

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

(c) a copy of the pharmacy's valid business licence issued by the jurisdiction to the direct owner, if applicable; and

(d) a copy of the current British Columbia Company Summary or the most recently filed BC Annual Report, if a direct owner is or includes a corporation.

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

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

(b) indirect owner(s); and

(c) the manager.

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

Community Pharmacy Licence Reinstatement

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

(a) an application in Form 3A;

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

(c) a copy of the pharmacy's valid business licence issued by the jurisdiction to the direct owner, if applicable; and

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

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

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

(b) indirect owner(s); and

(c) the manager.

New Hospital Pharmacy Licence

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

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

(a) an application in Form 1C;

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

(c) a diagram professionally drawn to scale, including the measurements and entrances of the pharmacy, demonstrating compliance with the physical requirements in the bylaws and applicable policies.

(3) The manager must submit an attestation in Form 5 and a criminal record history in accordance with section 14.

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

Hospital Pharmacy Licence Renewal

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

(a) an application in Form 2C; and

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

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

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

Hospital Pharmacy Licence Reinstatement

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

(a) an application in Form 3C; and

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

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

New Pharmacy Education Site Licence

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

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

(a) an application in Form 1F; and

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

(3) The manager must submit an attestation in Form 5 and a criminal record history in accordance with section 14.

Pharmacy Education Site Licence Renewal

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

(a) an application in Form 2F; and

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

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

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

Pharmacy Education Site Licence Reinstatement

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

(a) an application in Form 3F; and

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

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

New Telepharmacy Licence

12 A direct owner of a community pharmacy may apply for a new telepharmacy licence by submitting:

(a) an application in Form 1B;

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

(c) a diagram professionally drawn to scale, including the measurements and entrances of the telepharmacy, demonstrating compliance with the physical requirements in the bylaws and applicable policies;

(d) Form 10B;

(e) photographs or video demonstrating compliance with the physical requirements in the bylaws and applicable policies; and

(f) if applicable, a copy of the telepharmacy's valid business licence issued to the direct owner by the jurisdiction in which the telepharmacy is located.

Conditions for Telepharmacy Licence

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

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

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

(c) the proposed name on the external signage of the telepharmacy described in section 18(2)(r) includes the word "telepharmacy",

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

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

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

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

Telepharmacy Licence Renewal

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

(a) an application in Form 2B;

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

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

(2) An application submitted later than 30 days prior to the expiry of the telepharmacy licence is subject to the fee(s) specified in Schedule “A”.

Telepharmacy Licence Reinstatement

13.1 A direct owner may apply to reinstate a telepharmacy licence that has been expired for 90 days or less by submitting:

(a) an application in Form 3B;

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

(c) if applicable, a copy of the telepharmacy’s valid business licence issued to the direct owner by the jurisdiction in which the telepharmacy is located.

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

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

Unlawful Operation

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

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

(3) On receiving a referral under section 16(6), the application committee may consider whether to authorize the operation of the pharmacy pursuant to section 7(3) of the *Act* pending a determination under section 4(4)(b) of the *Act* as to relevance or risk to the public.

PART II - All Pharmacies

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

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

(a) Form 8A;

(b) the fee(s) specified in Schedule “A”;

(c) a copy of the pharmacy’s valid business licence issued by the jurisdiction to the new direct owner, if applicable; and

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

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

(a) Form 8B;

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

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

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

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

(3) If the change in subsection (2) includes a new indirect owner(s), proof of eligibility in Form 5 and a criminal record history in accordance with section 14 must be submitted by the new indirect owner(s).

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

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

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

(c) proof of eligibility in Form 5 and a criminal record history in accordance with section 14 submitted by the new manager.

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

(6) On receipt of a Form 6 under subsection (5), the registrar must refer the matter to the application committee who may act under sections 4(3), 4(4), and 4(5) of the *Act*.

Changes to the Pharmacy Premises and Name

17 (1) If there is a change in the name of a corporation that is a direct owner, the registrar may amend the pharmacy licence, and telepharmacy licence if applicable, upon receipt of the following from the direct owner:

(a) Form 8D;

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

(c) a copy of the pharmacy's valid business licence issued by the jurisdiction to the direct owner with the new corporation name, if applicable; and

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

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

(a) Form 8D;

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

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

(3) If there is a change in the name on the external signage described in section 18(2)(q) or section 18(2)(r), or in the operating name of the pharmacy, the registrar may amend the pharmacy or telepharmacy licence upon receipt of the following from the direct owner:

(a) Form 8E;

(b) the fee(s) specified in Schedule “A”;

(c) for a change of operating name, a copy of the pharmacy’s valid business licence with the new operating name issued by the jurisdiction to the direct owner, if applicable; and

(d) for a change of the name on the external signage, photographs or video demonstrating compliance with section 18(2)(q) or 18(2)(r).

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

(a) Form 8F;

(b) the fee(s) specified in Schedule “A”;

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

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

(e) a copy of the pharmacy’s valid business licence with the address of the new location issued by the jurisdiction to the direct owner, if applicable; and

(f) photographs or video demonstrating compliance with section 18(2)(ee)(v).

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

(a) Form 8G;

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

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

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

(e) a diagram, photographs or video to demonstrate the changes in layout in accordance with sections 12(c), (d) and (e) for a telepharmacy.

17.1 (1) A direct owner of a pharmacy that is permanently closing must notify the registrar by submitting the following at least 30 days before closure:

(a) an application in Form 4A;

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

(c) documents demonstrating compliance with sections 18(2)(ee)(i), (ii), (iii) and (iv); and

(d) photographs or video demonstrating compliance with section 18(2)(ee)(v).

(2) The manager of the pharmacy receiving drugs, medical devices, and/or patient and prescription records from the closing pharmacy must submit Part 2 of Form 4A within 14 days of receiving date the drugs, medical devices, and/or patient and prescription records.

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

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

(a) a telepharmacy,

(b) a hospital pharmacy,

(c) a hospital pharmacy satellite, or

(d) a pharmacy education site.

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

(a) personally manage and be responsible for the daily operation of the pharmacy;

(b) ensure compliance with all legislation, bylaws, policies and procedures applicable to the operation of a pharmacy;

(c) establish policies and procedures

(i) to specify the duties to be performed by registrants and support persons,

(ii) for inventory management, product selection, and proper destruction of non-usable drugs and devices,

(iii) for pharmacy security,

(iv) for emergency preparedness, and

(v) for drug recall of pharmacy inventory;

(d) ensure all policies and procedures are in writing and regularly maintained;

(e) ensure that pharmacy staff are trained in policies and procedures;

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

(g) ensure that all individuals working in the pharmacy who present themselves as registrants have been granted and maintain registration with the College, in accordance with the policies approved by the board;

(h) notify the registrar of any appointments, resignations or terminations of registrants employed at the pharmacy as those changes occur;

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

(j) ensure that

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

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

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

(l) ensure safe and secure storage of all Schedule I, II, and III drugs and controlled drug substances for all aspects of pharmacy practice, in accordance with the policies approved by the board;

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

(n) ensure that each individual working in the pharmacy presents themselves to the public in a manner that clearly identifies their registration class;

(o) ensure that registrants identify themselves in a manner that clearly differentiates them from other individuals working in the pharmacy who are not registrants;

(p) immediately notify the registrar in writing of ceasing to be the pharmacy's manager;

(q) ensure that at a minimum, the name on the external signage of a community pharmacy must be correctly and consistently used on labels and directory listings;

(r) if the pharmacy is a central pharmacy, ensure that at a minimum, the name on the external signage of a telepharmacy must be correctly and consistently used on labels and directory listings;

(s) ensure that narcotic reconciliation is performed in accordance with the policies approved by the board;

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

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

(v) ensure the pharmacy contains the reference material and equipment in accordance with the policies approved by the board;

(w) require anyone who will access the in-pharmacy computer system to sign an undertaking in a form approved by the registrar to maintain the confidentiality of patient personal health information;

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

(y) provide the registrar with access to the pharmacy and premises as defined in section 20(1) in cases where a pharmacy licence has been cancelled or suspended due to loss of eligibility under section 3 of the *Act*;

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

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

(ii) obtain any other pharmacy service from a particular registrant or pharmacy;

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

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

(cc) in the event of an anticipated temporary closure, which is permitted for no more than 14 consecutive days,

(i) notify patients and the public of the anticipated temporary closure at least 30 days prior to the start of the closure in accordance with the policies approved by the board,

(ii) document steps taken to comply with the bylaws and applicable policies on anticipated temporary closures,

(iii) contact all patients whose prepared prescriptions are ready for pick-up to advise of the closure and provide them with the opportunity to obtain their prepared prescriptions prior to the closure start date,

(iv) make alternate arrangements with local prescribers, as appropriate, and

(v) return any prepared prescriptions in the pharmacy to inventory and reverse those prescriptions in PharmaNet;

(dd) in the event of an unanticipated temporary closure due to unforeseen circumstances, which is permitted for no more than 90 days,

(i) notify the registrar of closures of 15 to 90 days in accordance with the policies approved by the board,

(ii) where possible, contact all patients whose prescriptions are ready for pick-up to advise of the closure and provide them with the opportunity to obtain their prepared prescriptions,

(iii) where possible, notify patients, the public, and local prescribers of the closure and alternate means of obtaining essential pharmacy services during the closure in accordance with the policies approved by the board,

(iv) apply for a new pharmacy licence if the closure will exceed 90 days, and

(v) return any prepared prescriptions in the pharmacy to inventory and reverse those prescriptions in PharmaNet;

(ee) in the event of a permanent pharmacy closure, cancellation, or expiry of the pharmacy licence

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

(ii) advise the registrar in writing of the disposition of all drugs and prescription records at the time of a closure, in accordance with policies approved by the board,

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

(iv) arrange for the secure transfer and continuing availability of the prescription records at another pharmacy, or at storage facility that is monitored and secured from unauthorized access, and

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

(3) In the event of a suspension of the pharmacy licence for a period of more than 14 days,

(a) the manager and the direct owner must complete and submit Form 4C, and

(b) the registrar may direct a manager to do any of sections 18(2)(ee)(i), (iii) or (iv).

(4) Subsection (2)(z) does not prevent a manager, direct owner or indirect owner(s) from

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

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

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

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

(6) A pharmacy education site's manager must ensure that only registrants and instructors are present in the pharmacy education site and must also comply with subsections (2)(a), (b), (c)(ii), (d), (e), (i), (p), (ee)(i) and (ee)(ii).

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

(a) ensure compliance with subsections (2)(c)(i), (c)(iii), (c)(iv), (c)(v), (i), (j), (l), (q), (r), (y) and (z);

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

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

(8) Shareholders must comply with subsections (2)(i) and (7)(c).

Sale and Disposal of Drugs

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

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

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

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

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

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

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

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

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

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

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

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

(6.1) Despite subsection (6), a registrant may dispense drugs included in the controlled prescription program upon receipt of a verbal prescription from a practitioner if doing so is permitted under a section 56 exemption to the *Controlled Drugs and Substances Act.* The pharmacy must receive the original prescription form from the practitioner as soon as reasonably possible.

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

(a) a part-fill,

(b) a prescription authorizing repeats,

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

(d) an emergency supply for continuity of care.

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

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

(b) patients admitted to a hospital.

Drug Procurement/Inventory Management

20 (1) In this section:

"premises" means:

(a) a hospital as defined in the *Hospital Act*, or
(b) the building or part of the building, within which the pharmacy is located, and includes loading spaces and excludes other businesses in the building.

(2) A full pharmacist may authorize the purchase of Schedule I, II, or III drugs or controlled drug substances only from

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

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

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

(4) All drug shipments must be delivered unopened to

(a) the pharmacy, or

(b) an area of the premises other than the pharmacy if the storage of the drug shipment is temporary, safe and secure.

(5) Non-usable and expired drugs must be stored in the pharmacy in an area separate from other pharmacy stock or drug products until final disposal.

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

Interchangeable Drugs

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

Returned Drugs

22 No registrant may accept for return to stock or reuse any drug previously dispensed except in accordance with section 11(3) of the *Residential Care Facilities and Homes*

Standards of Practice, ~~or~~ section 5(2) of the *Hospital Pharmacy Standards of Practice*, or section 5 of the *Dispensing Drugs for the Purpose of Medical Assistance in Dying Standards, Limits and Conditions*.

Records

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

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

(b) an invoice was received for pharmacy stock.

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

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

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

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

(3) For purposes of subsection (2):

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

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

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

(5) Prescriptions stored electronically must accurately reflect the original prescription, including the original colour composition of that prescription.

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

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

(b) is compliant with the sections 23.1, 23.2 and 23.3 requirements; and

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

(2) With respect to electronic records, the policy must include a description of the process for the preservation, storage and backing up of records that is compliant with section 23.3 requirements.

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

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

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

(b) keep the records secure from unauthorized access, use, disclosure, modification and destruction;

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

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

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

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

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

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

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

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

(b) so that they are secure from unauthorized access, use, modification, destruction and disclosure; and

(c) in a manner that would enable the backed up records, once restored, to be compliant with section 23.1(1) requirements.

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

PART III – Community Pharmacies

Community Pharmacy's Manager – Quality Management

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

(a) ensure pharmacy staff, equipment, and facilities comply with all legislation, bylaws and policies applicable to the operation of a community pharmacy,

(b) include a process to monitor compliance with the quality management policies and procedures, and

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

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

Community Pharmacy and Telepharmacy Premises

25 (1) In locations where a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy manager or the central pharmacy manager in the case of a telepharmacy, must ensure that

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

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

(2) Subject to subsection (3), the dispensary area of a community pharmacy or a telepharmacy must

(a) be at least 160 square feet,

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

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

(d) contain adequate shelf and storage space that is clean and organized,

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

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

(g) contain a refrigerator.

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

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

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

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

(i) a private consultation room, or

(ii) a semiprivate area with suitable barriers.

Community Pharmacy and Telepharmacy Security

26 (1) A community pharmacy or telepharmacy must:

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

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

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

(ii) is checked daily for proper operation; and

(c) install and maintain motion sensors in the dispensary.

(2) When no full pharmacist is present and the premises in which the pharmacy is located are accessible to non-registrants, the pharmacy must be secured as follows:

(a) if the premises in which the pharmacy is located are closed and accessible to non-registrant staff:

(i) the dispensary area must be secured by a monitored alarm; and

(ii) subject to subsection (2.1), Schedule I and II drugs, controlled drug substances and personal health information, are secured by physical barriers; or

(b) if the pharmacy is closed but other areas of the premises in which the pharmacy is located are open:

(i) the dispensary area must be secured by a monitored alarm;

(ii) subject to subsection (2.1), Schedule I, and II drugs, controlled drug substances and personal health information, are secured by physical barriers; and

(iii) Schedule III drugs are inaccessible to anyone other than full pharmacists, temporary pharmacists and pharmacy technicians.

(2.1) A community pharmacy or telepharmacy that exists on the date this provision comes into force and is not renovated during the period must comply with sections 26(2)(a)(ii) and (b)(ii) no later than three years after the date that provision comes into force.

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

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

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

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

Permitted Activities of a Community Pharmacy without a Full Pharmacist Present

27 (1) Except as provided in subsection (2), a community pharmacy must not operate unless a full pharmacist is present.

(2) A community pharmacy may carry on the activities set out in subsection (3) without a full pharmacist present only if:

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

(b) the pharmacy is secured in accordance with section 26(2); and

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

(3) Subject to subsection (2) if a full pharmacist is not present, only the following activities may be carried out:

(a) pharmacy technicians may access the dispensary to perform activities outlined in section 4 of the *Community Pharmacy Standards of Practice*, that do not require pharmacist supervision, except if any such activity involves patient interaction; and

(b) receive drug shipments under section 20(4).

(3) Nothing contained in this section relieves a pharmacy manager of their responsibilities under section 18(2)(a).

Outsource Prescription Processing

28 (1) A community pharmacy may outsource prescription processing if

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

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

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

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

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

PART IV – Hospital Pharmacies

Hospital Pharmacy’s Manager – Quality Management

29 (1) A hospital pharmacy’s manager must establish and maintain written quality management policies and procedures that

(a) ensure pharmacy staff, equipment, and facilities comply with all legislation, bylaws and policies applicable to the operation of a hospital pharmacy,

(b) include a process to monitor compliance with the quality management policies and procedures,

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

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

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

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

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

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

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

After Hours Service

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

(a) providing a cabinet which must

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

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

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

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

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

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

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

PART V – Telepharmacies

Telepharmacy Operation

31 (1) A telepharmacy must not remain open and prescriptions must not be dispensed

without a full pharmacist physically present on duty at the telepharmacy, unless

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(8) In accordance with sections 18(2)(c) and (d), a telepharmacy must have policies and procedures on site that outline the methods for ensuring the safe and

effective distribution of pharmacy products and delivery of pharmaceutical care by the telepharmacy.

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

PART VI – PharmaNet

Application of Part

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

Definitions

33 In this Part:

"patient record" means the patient record described in section 11(2) of the *Community Pharmacy Standards of Practice* and in the *British Columbia Professional and Software Conformance Standards, Electronic Health Information Exchange* as the "patient record (pharmacy)".

"**PharmaNet**" means "PharmaNet" as defined in section 1 of the *Information Management Regulation*, B.C. Reg. 74/2015;

Operation of PharmaNet

34 A pharmacy must connect to PharmaNet.

Data Collection, Transmission of and Access to PharmaNet Data

35 (1) A registrant must enter the prescription information and record it in PharmaNet at the time of dispensing and keep the patient record current.

(2) A registrant may collect and record patient information in PharmaNet, or access, use and disclose a patient's PharmaNet record only for the purposes of:

(a) dispensing a drug;

(b) providing patient consultation;

(c) evaluating a patient's drug usage;

(d) claims adjudication and payment by an insurer; or

(e) providing pharmacy services to, or facilitating the care of, the individual whose personal information is being collected, accessed, used or disclosed.

(3) A registrant must revise information in PharmaNet pertaining to corrected billings for prescriptions billed to the patient or a payment agency other than PharmaCare and record the reason for the revision within 120 days of the original entry in PharmaNet.

(4) A registrant must reverse information in PharmaNet, for any drug that is not released to the patient or the patient's representative, and record the reason for

the reversal no later than 30 days from the date of the original entry of the prescription information in PharmaNet.

(5) If a registrant is unable to comply with the deadlines in subsection (3) or (4), he or she must provide the information required to make the correction to the Ministry of Health as soon as possible thereafter.

PART VII – Confidentiality

Confidentiality

36 A registrant must take reasonable steps to confirm the identity of a patient, patient's representative, registrant or practitioner before providing any pharmacy service that requires accessing, using or disclosing of patient personal health information.

PART VIII – College

Forms

37 The registrar may establish forms for the purposes of the *Act*.

Use, Disclosure and Retention of Criminal Record History Information

38 (1) The College may disclose criminal record history information only for the purpose of licensing pharmacies or for the purpose of regulating registrants (including for the discipline of registrants).

(2) The College must retain criminal record history information only for so long as is permitted by the applicable College records retention and disposal provisions established by the College.

College of Pharmacists of British Columbia

8. Amendments to HPA Bylaws – *Dispensing Drugs for the Purposes of Medical Assistance in Dying Standards, Limits and Conditions* and PODSA Bylaws

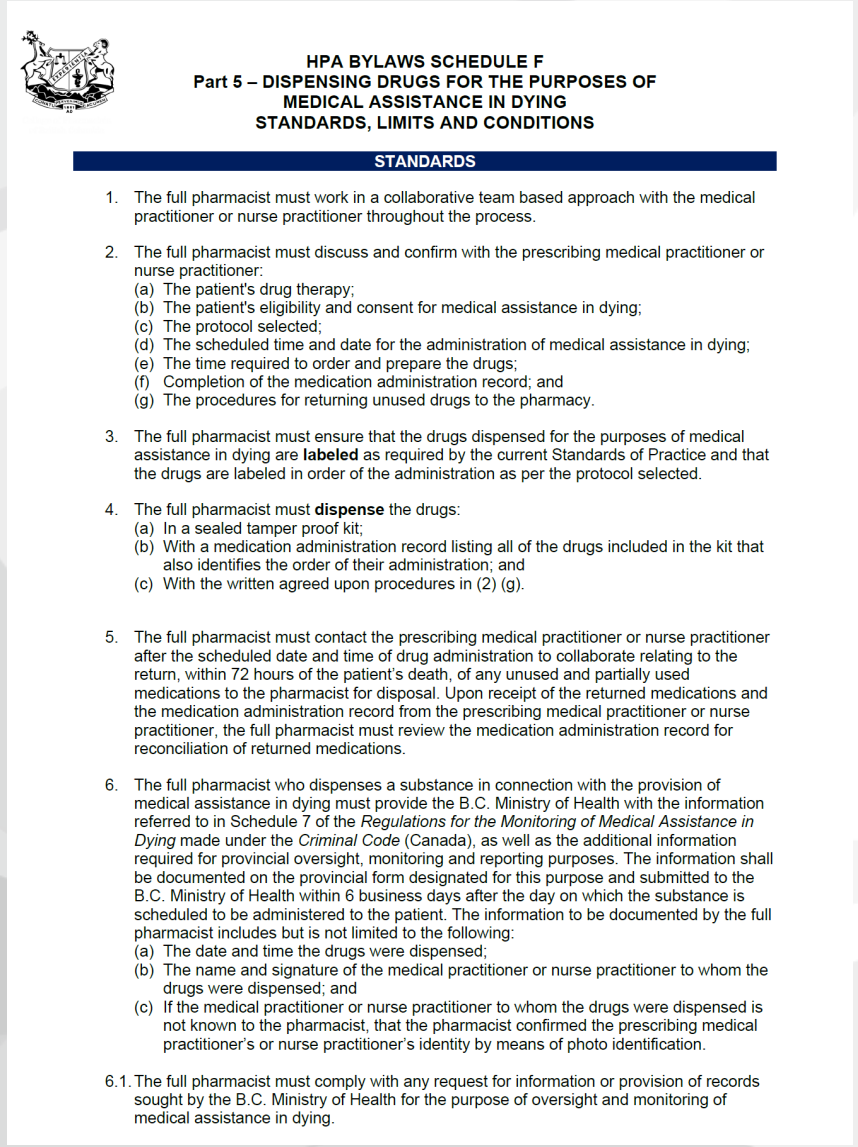
David Pavan

Deputy Registrar

College of Pharmacists of British Columbia

Background

- Under the HPA, the College has authority to establish, monitor and enforce standards of practice
- The College has established standards, limits and conditions for full pharmacists dispensing drugs for the purposes of medical assistance in dying (MAiD)
- Pharmacists who dispense drugs for MAiD must comply with the College's standards as well as the BC Pharmacy Protocols for MAiD



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

STANDARDS

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

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

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

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

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

6. The full pharmacist who dispenses a substance in connection with the provision of medical assistance in dying must provide the B.C. Ministry of Health with the information referred to in Schedule 7 of the *Regulations for the Monitoring of Medical Assistance in Dying* made under the *Criminal Code* (Canada), as well as the additional information required for provincial oversight, monitoring and reporting purposes. The information shall be documented on the provincial form designated for this purpose and submitted to the B.C. Ministry of Health within 6 business days after the day on which the substance is scheduled to be administered to the patient. The information to be documented by the full pharmacist includes but is not limited to the following:
   (a) The date and time the drugs were dispensed;
   (b) The name and signature of the medical practitioner or nurse practitioner to whom the drugs were dispensed; and
   (c) If the medical practitioner or nurse practitioner to whom the drugs were dispensed is not known to the pharmacist, that the pharmacist confirmed the prescribing medical practitioner's or nurse practitioner's identity by means of photo identification.

6.1. The full pharmacist must comply with any request for information or provision of records sought by the B.C. Ministry of Health for the purpose of oversight and monitoring of medical assistance in dying.

College of Pharmacists of British Columbia

Background, continued

- As per the BC Pharmacy Protocols for MAiD, a back-up intravenous (IV) kit is dispensed along with a primary kit
- The *Dispensing Drugs for the Purposes of Medical Assistance in Dying Standards, Limits and Conditions* stipulate the following:
  - "The full pharmacist must contact the prescribing medical practitioner or nurse practitioner after the scheduled date and time of drug administration to collaborate relating to the return, within 72 hours of the patient's death, of any unused and partially used medications to the pharmacist for disposal"
- In community settings, the unused back-up kit may not be accepted for return to inventory, in accordance with s.22 of the *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws

College of Pharmacists of British Columbia

Tier 3 Drug Shortages

- Tier 3 shortages are determined by Health Canada, and represent the drug shortages expected to have the greatest impact on Canada's drug supply and health care system
  - Impact is based on low availability of alternative supplies, ingredients or therapies
- Health Canada proactively listed several medications that are part of the MAiD IV drug protocol as Tier 3 shortages
- These drugs may also be used in the treatment of patients with COVID-19 who require critical care

College of Pharmacists of British Columbia

Proposed Amendments – Overview

- To allow unused MAiD IV backup kits to be returned to inventory, amendments to the *Dispensing Drugs for the Purposes of Medical Assistance in Dying Standards, Limits and Conditions*, and consequential amendments to the PODSA Bylaws are proposed.

College of Pharmacists of British Columbia

Proposed Amendments –Standards, Limits and Conditions

Proposed Amendment to the HPA *Dispensing Drugs for the Purposes of Medical Assistance in Dying Standards, Limits and Conditions:*

Notice: May 5, 2020 Effective immediately and for the duration of the COVID-19 public health emergency in British Columbia, the prohibition on return and re-use of previously dispensed medical assistance in dying medications is subject to the following exemption. If there is a shortage of medication for medical assistance in dying, a pharmacist may accept for return to inventory, injectable medication previously dispensed for the purpose of providing medical assistance in dying if they are satisfied that:

a) the medication has not left the possession of the prescribing medical practitioner or nurse practitioner, or a licensed health care professional assigned by the physician or nurse practitioner; and the integrity of the medication can be verified;

b) each dose is unused and in the original sealed tamper proof kit; and,

c) the medication has been maintained in accordance with the manufacturer's requirements and any other applicable requirements.

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Proposed Amendments – Rationale

- This amendment is proposed in response to the Tier 3 drug shortages of IV MAiD drugs to allow them to be returned to inventory where appropriate

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Consequential Amendment – PODSA Bylaws

- The current PODSA Bylaws state that no registrant may accept for return to stock or reuse any drug previously dispensed except in accordance with the *Residential Care Facilities and Homes Standards of Practice* or the *Hospital Pharmacy Standards of Practice*
- The proposed consequential amendment to the PODSA Bylaws includes an additional reference to the proposed exemption within the *Dispensing Drugs for the Purpose of Medical Assistance in Dying Standards, Limits and Conditions.*

College of Pharmacists of British Columbia

Next Steps

- If approved by the Board, submit proposed amendments to the *Dispensing Drugs for the Purposes of MAiD Standards, Limits and Conditions* to the Ministry of Health for filing (with a request to shorten the filing period);
- If approved by the Board, post the consequential PODSA Bylaws amendment on the College website for the period approved by the Ministry of Health (expecting a 24-hour public posting);
- Pending review of any feedback received, the consequential PODSA Bylaws amendment will be brought to the Board (for approval to file) as soon as possible; and,
- Communication of the amendments to the public and registrants.

College of Pharmacists of British Columbia

Questions

College of Pharmacists of British Columbia

8. Amendments to HPA Bylaws – *Dispensing Drugs for the Purposes of Medical Assistance in Dying Standards, Limits and Conditions*

MOTION 1 :

Approve the following resolution to amend the *Health Professions Act* Bylaws Schedule F Part 5 – *Dispensing Drugs for the Purposes of Medical Assistance in Dying Standards, Limits and Conditions* to temporarily allow return to inventory, injectable drugs previously dispensed for the purpose of providing MAiD:

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

College of Pharmacists of British Columbia

8. Consequential Amendments to PODSA Bylaws

MOTION 2:

Approve the following resolution to amend the *Pharmacy Operations and Drugs Scheduling Act* Bylaws consequentially:

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