College of Pharmacists
of British Columbia

THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

and

NIKHIL KANTILAL BUHECHA

CITATION

To: Nikhil Kantilal Buhecha
[redacted]

TAKE NOTICE THAT the Discipline Committee of the College of Pharmacists of British Columbia will inquire into your conduct pursuant to Part 3 of the *Health Professions Act* RSBC 1996 c.183 (the "*HPA*") and sections 5(3), 7, 9, 10, 29 and Part 3 of the *Pharmacy Operations and Drug Scheduling Act* ("*PODSA*") SBC 2003, c.77.

The proceedings will commence at 9:30am on December 3, 2015 at the Boardroom of the College of Pharmacists of British Columbia, Suite 200 – 1765 West 8th Avenue, Vancouver, British Columbia for the purpose of a case management conference to set dates for the taking of evidence and to consider such matters as counsel or the Discipline Committee may advise.

The Discipline Committee will consider your conduct as Director and Owner of New Era Pharmacy ("New Era"), Whalley Pharmacy ("Whalley") and Abbott (Renuka) Pharmacy

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

("Abbott"), (collectively known as "the Pharmacies"), as Registrant and Manager of Whalley and as Registrant, Owner and Director of ABC Online Pharmacy ("ABC"), an unlicensed pharmacy.

The Discipline Committee will consider whether you have committed offences pursuant to sections 25.92 and 39(1)(a) – (d) of the *HPA* and sections 20 and 29(2) and (3) of *PODSA* as follows:

Whalley

1. Between June 1, 2010 and January 31, 2011 as Director and Owner of Whalley, you permitted, encouraged or directed the operation and management of the pharmacy, and the practice of pharmacy by Registrants and Support Persons in contravention of the *HPA* and *PODSA*, the bylaws thereto and generally accepted standards of pharmacy practice thereby breaching your duties as Owner and Director;

2. In the alternative, between June 1, 2010 and January 31, 2011 you failed to supervise the operation and management of the Pharmacy and the practice of

pharmacy by Registrants and Support Persons thereby breaching your duty as Director of Whalley;

3. Between June 1, 2010 and January 31, 2011 as Manager, you failed to personally manage and be responsible for the operation of Whalley in accordance with section 11 of *PODSA* and sections 3 and 10 of the Bylaws pursuant to *PODSA*;

New Era

4. Between September 1, 2010 and December 31, 2010 as Director and Owner of New Era, you permitted, encouraged or directed the operation and management of the pharmacy and the practice of pharmacy by Registrants and Support Persons in contravention of the *HPA* and *PODSA*, the bylaws thereto and generally accepted standards of pharmacy practice thereby breaching your duties as Owner and Director;

5. In the alternative, between September 1, 2010 and December 31, 2010 you failed to supervise the operation and management of the Pharmacy and the practice of pharmacy by Registrants and Support Persons thereby breaching your duty as Director of New Era;

Abbott

6. Between June 1, 2010 and January 31, 2011 as Director and Owner of Abbott you permitted, encouraged or directed the operation and management of the pharmacy and the practice of pharmacy by Registrants and Support Persons in contravention of the *HPA* and *PODSA*, the bylaws thereto and generally accepted standards of pharmacy practice thereby breaching your duty as Owner and Director;

7. In the alternative, between June 1, 2010 and January 31, 2011 you failed to supervise the operation and management of the Pharmacy and the practice of pharmacy by Registrants and Support Persons thereby breaching your duty as Director of Abbott;

ABC Online Pharmacy, an Unlicensed Pharmacy

8. Between January 1, 2010 and April 30, 2012, as a Registrant, Owner and Director you operated an unlicensed pharmacy known as ABC Online Pharmacy from premises located at suite 200- 7382 Winston Street, Burnaby B.C. where

Scheduled Drugs were stored and from which Scheduled Drugs were prepared and dispensed to patients by persons who were not Registrants or Support Persons and who were not supervised by a Registrant or a Manager contrary to section 7, 9 and 10 of *PODSA* and section 4(1) of the Bylaws to *PODSA*, sections 2, 3 and 4 of the *Pharmacists Regulation* BC Reg 417/2008 and section 2 of the *Drug Schedules Regulation* BC Reg. 9/98.

You are entitled to be present and to be represented by counsel at your expense at the hearing. The College will present its case to the Discipline Committee. You will have an opportunity to cross-examine the College witnesses, call evidence on your behalf and make submissions. The Discipline Committee, its counsel, the College Counsel and a Court Reporter will be in attendance. The hearing will be open to the public.

Take notice that if you do not attend the hearing, the Discipline Committee may proceed in your absence and may make findings of fact against you and impose a penalty upon you.

Enclosed with this Citation are copies of Part 3 of the *HPA* and sections 57 – 63, Schedule A and Schedule F, Part 1 of the bylaws to the *HPA; PODSA*, sections 1 – 13 of the bylaws to *PODSA;*

section 2 of the *Drug Schedules Regulation* 9/98, sections 2 – 4 of the *Pharmacists Regulation* 417/2008, and Professional Practice Policy-72: Inquiry and Discipline Publication Policy.

Particulars of the offences, the documents, items, devices, drugs and any other evidence in support of the allegations are available by contacting counsel for the College, Ms. Catharine Herb-Kelly Q.C. at the firm of Twining, Short & Haakonson, Suite 500-1122 Mainland Street, Vancouver, B.C. V6B 5L1. Telephone: 604 638 9206. Email: cherb-kelly@tshlaw.ca.

Dated this 19th of October, 2015.

Suzanne Solven, Deputy Registrar

Exceptions

25.95 Nothing in this Part prevents

(a) a practitioner from directly dispensing a drug to the practitioner's patient or to the owner, or an agent of the owner, of an animal for which the drug has been prescribed,

(b) a person on the Faculty of Pharmaceutical Sciences at the University of British Columbia from providing instruction in the practice of pharmacy,

(c) a person holding a teaching appointment at an institution designated under the *College and Institute Act* from providing instruction to a person who will become a support person, or

(d) a person enrolled in a pharmacy program in the Faculty of Graduate Studies at the University of British Columbia from engaging in clinical training in a pharmacy under the supervision of a member of the Faculty of Pharmaceutical Sciences at the University of British Columbia.

Part 3 — Inspections, Inquiries and Discipline

Definitions for Part

26 In this Part:

"professional misconduct" includes sexual misconduct, unethical conduct, infamous conduct and conduct unbecoming a member of the health profession;

"registrant" includes a former registrant, and a certified non-registrant or former certified non-registrant to whom this Part applies;

"serious matter" means a matter which, if admitted or proven following an investigation under this Part, would ordinarily result in an order being made under section 39 (2) (b) to (e);

"unprofessional conduct" includes professional misconduct.

Quality assurance program

26.1 (1) [Not in force.]

(2) If the bylaws provide for assessment of the professional performance of a registrant, the quality assurance committee or an assessor appointed by that committee may

(a) assess the professional performance of a registrant, and

(4) Records, information or a self assessment obtained through a breach of subsection (1) may not be used against a registrant except for the purposes of subsection (2).

(5) Subject to subsection (2), records, information or a self assessment prepared for the purposes of a quality assurance program or continuing competence program may not be received as evidence

(a) in a proceeding under this Act, or

(b) in a civil proceeding.

(6) Subsection (1) applies despite the *Freedom of Information and Protection of Privacy Act*, other than section 44 (2) or (3) of that Act.

Inspectors

27 (1) The inquiry committee may appoint persons as inspectors for the college.

(2) The registrar is an inspector.

Powers and duties of inspectors

28 (1) During regular business hours, an inspector may, subject to any limits or conditions imposed on the inspector by the inquiry committee, investigate, inquire into, inspect, observe or examine one or more of the following without a court order:

(a) the premises, the equipment and the materials used by a registrant to practise the designated health profession;

(b) the records of the registrant relating to the registrant's practice of the designated health profession and may copy those records;

(c) the practice of the designated health profession performed by or under the supervision of the registrant.

(2) The inquiry committee may direct an inspector to act under subsection (1) or undertake any aspect of an investigation under section 33.

(3) If an inspector acts under this section as a consequence of a direction given under subsection (2), the inspector must report the results of those actions in writing to the inquiry committee.

Search and seizure under court order

29 (1) A person authorized by the inquiry committee may apply to the Supreme Court for an order that authorizes a person named in the order

paragraph (b) are met, and

(ii) unless, within 21 days of the seizure of the thing, a person who owned or controlled the thing at the time of the seizure requests by registered mail addressed to the inquiry committee that section 30 apply to the thing seized.

(5) A person who, while conducting or attempting to conduct an entry or search under this section, finds any thing not described in the order that the person believes on reasonable grounds will provide evidence in respect of a contravention of this Act, the regulations or the bylaws may seize and remove that thing.

Detention of things seized

30 (1) For the purposes of subsection (2), the person who makes a seizure under section 29 must report the seizure as soon as practicable to a judge of the Supreme Court, who must be the judge who issued the order under which the seizure was made unless this is not practicable.

(2) On receiving a report under subsection (1), the judge must

(a) order the thing that was seized returned to its owner or other person entitled to it unless satisfied that an order under paragraph (b) should be made, or

(b) order the thing detained if satisfied that the detention is required for the purposes of this Act.

(3) An inspector may make one or more copies of any record detained under subsection (2).

(4) A document purporting to be certified by a representative of the inquiry committee to be a true copy made under the authority of subsection (3) is evidence of the nature and content of the original document.

(5) Subject to an order under section 29 (4) (b), the person from whom any thing is seized under this section or the owner of the thing, if he or she is a different person, is entitled to inspect that thing at any reasonable time and, in the case of a record, to obtain one copy of the record at the expense of the board.

(6) A record must not be detained under this section for a period longer than 3 months from the time of its seizure unless, before the expiration of the period, either

(a) the person from whom it was seized agrees to its continued detention, or

(b) the Supreme Court, on application and after being satisfied that its continued detention is justified, orders its continued

(b) suffering from a physical or mental ailment, an emotional disturbance or an addiction to alcohol or drugs that impairs his or her ability to practise the designated health profession.

Duty to report registrant

32.2 (1) A registrant must report in writing to the registrar of an other person's college if the registrant, on reasonable and probable grounds, believes that the continued practice of a designated health profession by the other person might constitute a danger to the public.

(2) If a person

(a) terminates the employment of an other person,

(b) revokes, suspends or imposes restrictions on the privileges of an other person, or

(c) dissolves a partnership or association with an other person

based on a belief described in subsection (1), the person must report this in writing to the registrar of the other person's college.

(3) If a person intended to act as described in subsection (2) (a), (b) or (c) but the other person resigned, relinquished their privileges or dissolved the partnership or association before the person acted, the person must report this in writing to the registrar of that other person's college.

(4) On receiving a report under subsection (1), (2) or (3), the registrar must

(a) act under section 32 (2) as though the registrar had received a complaint under section 32 (1), or

(b) with the prior approval of the inquiry committee, enter into an agreement with the other person

(i) to impose limits or conditions on the practice of the designated health profession by the other person, or

(ii) to suspend the registration of the other person in order that continued practice by the other person does not constitute a danger to the public.

(5) Subject to the registrar's approval, the other person, if ordered under this section to cease or restrict practice as a registrant of the college, may employ another registrant of the college to carry on the practice.

Duty to report respecting hospitalized registrant

32.3 (1) If an other person is a registrant in a college prescribed by the minister for the purposes of this section and because of admission to a

(3) On receiving a report under subsection (1), the registrar must act under section 32 (2) as though the registrar had received a complaint under section 32 (1).

Immunity

32.5 No action for damages lies or may be brought against a person for making a report in good faith as required under section 32.2, 32.3 or 32.4.

Investigations by inquiry committee

33 (1) If a complaint is delivered to the inquiry committee by the registrar under section 32 (2), the inquiry committee must investigate the matter raised by the complainant as soon as possible.

(2) If

(a) a registrant fails to authorize a criminal record check or a criminal record check verification, as applicable, under the *Criminal Records Review Act*,

(b) the registrar under that Act has determined that the registrant does not have a portable criminal record check, or

(c) the deputy registrar under that Act has determined that the registrant presents a risk of physical or sexual abuse to children or a risk of physical, sexual or financial abuse to vulnerable adults and that determination has not been overturned by the registrar under that Act,

the inquiry committee must take the failure or the determination into account, investigate the matter and decide whether to impose limits or conditions on the practice of the designated health profession by the registrant or whether to suspend or cancel the registration of the registrant.

(3) A registrant against whom action has been taken under subsection (2) may appeal the decision to the Supreme Court and, for those purposes, the provisions of section 40 respecting an appeal from a decision of the discipline committee apply to an appeal under this section.

(4) The inquiry committee may, on its own motion, investigate a registrant regarding any of the following matters:

(a) a contravention of this Act, the regulations or the bylaws;

(a.1) a conviction for an indictable offence;

(b) a failure to comply with a standard, limit or condition imposed under this Act;

(c) professional misconduct or unprofessional conduct;

discipline committee, it may, by order,

(a) impose limits or conditions on the practice of the designated health profession by the registrant, or

(b) suspend the registration of the registrant.

(2) An order of the inquiry committee under subsection (1) must

(a) be in writing,

(b) include reasons for the order,

(c) be delivered to the complainant, if any, and to the registrant, and

(d) advise the registrant of the registrant's right to appeal the order to the Supreme Court.

(3) A decision under subsection (1) is not effective until the earlier of

(a) the time the registrant receives the notice under subsection (2), and

(b) 3 days after the notice is mailed to the registrant at the last address for the registrant recorded in the register of the college.

(4) If the inquiry committee determines that action taken under subsection (1) is no longer necessary to protect the public, it must cancel the limits, conditions or suspension and must notify the registrant in writing of the cancellation as soon as possible.

(5) A registrant against whom action has been taken under subsection (1) may appeal the decision to the Supreme Court and, for those purposes, the provisions of section 40 respecting an appeal from a decision of the discipline committee apply to an appeal under this section.

Reprimand or remedial action by consent

36 (1) In relation to a matter investigated under section 33, the inquiry committee may request in writing that the registrant do one or more of the following:

(a) undertake not to repeat the conduct to which the matter relates;

(b) undertake to take educational courses specified by the inquiry committee;

(c) consent to a reprimand;

(d) undertake or consent to any other action specified by the inquiry committee.

(1.1) If a consent or undertaking given under subsection (1) relates to a

(c) consenting to indemnify the college for the investigation under section 33 in an amount not to exceed the costs for the inquiry calculated under the tariff of costs established under section 19 (1) (v.1), and

(d) if the registrant gives the proposal to the inquiry committee less than 7 days before the hearing is scheduled to commence, consenting to indemnify the college for preparing for the hearing in an amount not to exceed the costs of preparing for the hearing calculated under the tariff of costs established under section 19 (1) (w.1).

(2) The inquiry committee may accept or reject a proposal received under subsection (1) based on the investigations described in section 33 respecting the complaint.

(3) If the inquiry committee accepts a proposal received under subsection (1),

(a) the inquiry committee must make an order consistent with the proposal, and the order is considered to be an order of the discipline committee made under section 39, and

(b) [Repealed 2008-29-38.]

(c) section 38 does not apply to the citation.

(4) If the inquiry committee rejects a proposal received under subsection (1),

(a) a hearing of the citation must proceed as though the proposal had not been made, and

(b) the discipline committee must not consider the admission described in subsection (1) (a) or the consent described in subsection (1) (b) in determining the matter or in making an order under section 39.

(5) If the hearing under section 38 has commenced

(a) the registrant may give to the inquiry committee a written proposal

(i) described in subsection (1) (a) to (c), and

(ii) consenting to indemnify the college for preparing for and conducting the hearing in an amount not to exceed the costs of preparing for and conducting the hearing calculated under the tariff of costs established under section 19 (1) (w.1), and

(b) the inquiry committee may accept or reject the proposal in its discretion.

(ii) a copy of any written report the expert has prepared respecting the matter, and

(iii) a written summary of the evidence the expert will present at the hearing if the expert did not prepare a written report in respect of the matter, and

(c) in the case of testimony of a witness who is not an expert, the name of that witness and an outline of their anticipated evidence.

(4.2) The discipline committee may

(a) grant an adjournment of a hearing,

(b) allow the introduction of evidence that is not admissible under subsection (4.1), or

(c) make any other direction it considers appropriate

if the discipline committee is satisfied that this is necessary to ensure that the legitimate interests of a party will not be unduly prejudiced.

(5) If the respondent does not attend, the discipline committee may

(a) proceed with the hearing in the respondent's absence on proof of receipt of the citation by the respondent, and

(b) without further notice to the respondent, take any action that it is authorized to take under this Act.

(6) The discipline committee may order a person to attend at a hearing to give evidence and to produce records in the possession of or under the control of the person.

(7) On application by the discipline committee to the Supreme Court, a person who fails to attend or to produce records as required by an order under subsection (6) is liable to be committed for contempt as if he or she were in breach of an order or judgment of the Supreme Court.

(8) If the discipline committee considers the action necessary to protect the public between the time a hearing is commenced and the time it makes an order under section 39 (2), the discipline committee may impose limits or conditions on the practice of the designated health profession by the registrant or may suspend the registration of the registrant and, for those purposes, section 35 applies.

Action by discipline committee

39 (1) On completion of a hearing, the discipline committee may, by order, dismiss the matter or determine that the respondent

(a) has not complied with this Act, a regulation or a bylaw,

(7) Costs awarded under subsection (5) must not exceed, in total, 50% of the actual costs to the college for legal representation for the purposes of the hearing.

(8) If the registration of the respondent is suspended or cancelled under subsection (2), the discipline committee may

(a) impose conditions on the lifting of the suspension or the eligibility to apply for reinstatement of registration,

(b) direct that the lifting of the suspension or the eligibility to apply for reinstatement of registration will occur on

(i) a date specified in the order, or

(ii) the date the discipline committee or the board determines that the respondent has complied with the conditions imposed under paragraph (a), and

(c) impose conditions on the respondent's practice of the designated health profession that apply after the lifting of the suspension or the reinstatement of registration.

(9) If an order under subsection (2) is appealed under section 40, the discipline committee, on application of the respondent under this section, may, by order,

(a) stay the order made under subsection (2) pending the hearing of the appeal, and

(b) impose limits or conditions on the practice of the designated health profession by the respondent during the stay.

(10) Before taking action under subsection (2), (5), (8) or (9), the discipline committee may consider whether, in the opinion of the discipline committee, the matter is an appropriate case for a refund to the complainant of all or part of any amount paid by the complainant to the registrant for or related to a service provided by the registrant or another person under the delegation or supervision of the registrant, and if so, whether a refund has been offered or made by the registrant.

Unprofessional conduct in another jurisdiction or while practising as a registrant of another college

39.1 (1) If the discipline committee learns that

(a) another college established under this Act or a body in another province or a foreign jurisdiction that regulates a health profession in that province or foreign jurisdiction has found, either before or after the registrant was registered under section 20, that the registrant committed an act that, in the opinion of the

(a) any action under Part 3 respecting the registrant that occurred or was recorded before the coming into force of this section, or

(b) any action, similar to an action that may be taken under Part 3, that was taken by the governing body for a health profession under a former enactment regulating the health profession.

Public notification

39.3 (1) Subject to subsections (3) and (4), the board, inquiry committee or discipline committee, as the case may be, must direct the registrar to notify the public of the information set out in subsection (2) with respect to any of the following actions:

(a) an action taken under section 32.2 (4) (b), 32.3 (3) (b), 33 (2) or 35 (1);

(b) a consent or undertaking given under section 36 (1) in relation to a serious matter;

(c) a consent order made under section 37.1;

(d) a determination made under section 39 (1);

(e) an order made under section 38 (8), 39 (2), (5), (8) or (9), 39.1 (1) or 44 (1) or (2).

(2) The following information must be included in the notification required under this section:

(a) the name of the registrant respecting whom or the health profession corporation respecting which the action was taken;

(b) a description of the action taken;

(c) the reasons for the action taken.

(3) In the following circumstances, the inquiry committee or discipline committee, as the case may be, must direct the registrar to withhold all or part of the information otherwise required to be included in the public notification under this section:

(a) the inquiry committee or discipline committee considers it necessary to protect the interests of the complainant, if any, in the matter, or another person, other than the registrant, affected by the matter;

(b) the complainant, if any, in the matter, or another person, other than the registrant, affected by the matter, has requested that the notification not contain information that could reasonably be expected to identify the complainant or the other person.

college, and

(c) the complainant, if the matter relates to a complaint.

(5) Only the persons required to be served under subsection (4) (a) and (b) may be parties to an appeal.

(6) [Repealed 2008-29-42.]

(7) On request by a party to an appeal under subsection (1) and on payment by the party of any disbursements and expenses in connection with the request, the registrar must provide that party with copies of part or all, as requested, of the record of the proceeding before the discipline committee.

(8) An appeal under subsection (1) must be a review on the record unless the court is satisfied that a new hearing or the admission of further evidence is necessary in the interests of justice.

(9) On the hearing of an appeal under this section, the court may

(a) confirm, vary or reverse the decision of the discipline committee,

(b) refer the matter back to the discipline committee, with or without directions, or

(c) make any other order it considers appropriate in the circumstances.

(10) A decision of the Supreme Court on an appeal under subsection (1) may be appealed to the Court of Appeal if leave to appeal is granted by a justice of the Court of Appeal.

Part 4 — Health Profession Corporations

Definition

40.1 In this Part, **"holding company"** means a corporation described in section 43 (1) (c) (ii) or (1) (d) (i) (B).

Application of this Part

41 This Part applies to a designated health profession only if a regulation under section 50 (2) (a) provides that it applies.

Health profession corporations

42 (1) Subject to this Act, the regulations and the bylaws, no corporation, other than a health profession corporation holding a valid permit under section 43 (1), may carry on the business of providing to the public health

(a) keep records in a form satisfactory to the quality assurance committee of the learning activities that the full pharmacist or pharmacy technician undertakes for the purpose of meeting the requirement established in subsection (1), and

(b) provide, on the request of and in accordance with the direction of the quality assurance committee, copies of the records referred to in paragraph (a).

(3) The quality assurance committee may conduct a review of the records provided under subsection 2(b).

Assessment of Professional Performance

56.1 (1) The quality assurance committee may require a full pharmacist or pharmacy technician to undergo an assessment of professional performance

(a) upon referral from the practice review committee under section 15.1(5), or

(b) if the quality assurance committee determines an assessment is appropriate in the circumstances upon a review of records conducted under section 56(3).

(2) For the purpose of an assessment under subsection (1) the quality assurance committee or an assessor appointed by the quality assurance committee may do one or more of the following:

(a) conduct an interview of the full pharmacist or pharmacy technician;

(b) assess the practice competency of the full pharmacist or pharmacy technician;

(c) require the full pharmacist or pharmacy technician to undergo any other type of assessment determined by the quality assurance committee to be appropriate in the circumstances.

PART VI – Inquiries and Discipline

Consent Orders

57. The record of an undertaking or consent given under section 36 of the *Act*, a consent order under section 37.1 of the *Act*, or an agreement under section 32.2(4)(b) or 32.3(3)(b) of the *Act*, must

(a) include any consent to a reprimand or to any other action made by the registrant under section 32.2(4)(b), 32.3(3)(b), 36 or 37.1 of the *Act*,

(b) include any undertaking made by the registrant under section 36 of the *Act*,

(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

Fines

63. The maximum amount of a fine that may be ordered by the discipline committee under section 39(2)(f) of the *Act* is $100,000.

PART VII –Registrant Records

Definitions

64. In this Part, **"patient's representative"** means

(a) a "committee of the patient" under the *Patient's Property Act*,

(b) the parent or guardian of a patient who is under 19 years of age,

(c) a representative authorized by a representation agreement under the *Representation Agreement Act* to make or help in making decisions on behalf of a patient,

(d) a decision maker or guardian appointed under section 10 of the *Adult Guardianship Act*, or

(e) a temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*.

Purpose for which Personal Information may be Collected

65. No registrant may collect personal information regarding a patient without the patient's consent unless

(a) the information relates directly to and is necessary for providing health care services to the patient or for related administrative purposes, or

(b) the collection of that information is expressly authorized by or under an enactment.

Source of Personal Information

66. (1) A registrant must collect personal information about a patient directly from the patient, unless the patient otherwise consents.

(2) Despite subsection (1), a registrant may collect personal information about a patient from another person if he or she has reasonable grounds to believe

(a) that the patient has been made aware of the matters set out in section 67(1) and has authorized collection of the personal information from another person,

(b) that the patient is unable to give his or her authority and the registrant, having made the patient's representative aware of the matters set out in section 67(1), collects the information from the representative or the representative authorizes collection from

Code of Ethics - Detailed
College of Pharmacists of British Columbia

Responsibility to Patients

Standard 1: Registrants Protect and Promote the Health and Well-Being of Patients

Guidelines for Application

a) Registrants are committed first and foremost to protecting and promoting the health and well-being of their patients.

b) Registrants practice only within the scope of their education, training and competence.

c) Registrants are aware of the limitations of their knowledge and expertise and refer as necessary and appropriate.

d) Registrants are knowledgeable of, and adhere to, national and provincial legislation, standards of practice and policies relevant to the practice of pharmacy.

e) Registrants maintain appropriate resources to facilitate their efforts to deliver services according to the standards of practice.

f) Registrants dispense, distribute, recommend and advertise drugs and health-related products that are approved by Health Canada.

g) Registrants must provide pharmacy services requested by patients and may only refuse to provide these services for any of the following reasons:

   i. the drug or product requested is not available

   ii. the registrant does not possess the knowledge, skills and abilities to provide the service or product

   iii. the registrant objects to the provision of the product or service on the basis of conscientious objection (a sincerely held belief that the provision of a particular product or service will cause the registrant to contravene their personal moral or religious value system). In the event of a conscientious objection to the provision of a product or service, registrant must ensure the following;
      - that they have informed and explained to their pharmacy manager and employer their conscientious objection before they accept employment.
      - that if the belief is formed after employment is accepted, they inform the pharmacy manager and employer at the earliest opportunity
      - that they do not, at any time, express their conscientious objection directly to the prescriber or the patient
      - that they, in goodwill, participate in the development and delivery of a system designed to respect the patient's right to receive products and

Standard 2: Registrants Protect the Best Interests of their Patients In Achieving their Chosen Health Outcome

Guidelines for Application

a) Registrants utilize their professional judgment to protect the best interests of their patients in achieving their chosen health outcome.

b) Pharmacists support patients in making informed choices about their medical care by providing them with the benefits and risks associated with medication therapy. Risks are defined as the most frequent and serious adverse effects.

c) Pharmacists provide information that is evidence based, relevant, up-to-date and consistent with the standard of care.

d) Registrants provide information in an understandable and sensitive manner and respond to patients' questions.

e) Registrants respect their patient's right to accept or refuse any drug or health product related recommendation.

f) Registrants ensure that they obtain the patient's informed, implied or expressed and voluntary consent prior to the provision of pharmacy services.

g) Registrants recognize and respect the autonomy of a competent minor to provide informed consent and make decisions about their healthcare.

h) Registrants recognize and respect persons authorized either through personal directives or proxy designations to act as surrogate decision-makers in the case of incompetent patients.

Standard 4: Registrants Protect the Right to Confidentiality of their Patients

Guidelines for Application

a) Registrants respect their patient's right to privacy and confidentiality.

b) Registrants do their utmost to protect patient confidentiality when they share patient information with colleagues or other healthcare professionals.

c) Registrants do not disclose confidential information without the consent of the patient, unless provided for by law or by the need to protect the welfare of the individual or the public interest.

d) Registrants maintain confidentiality in creating, storing, accessing, transferring and disposing of records they control.

Responsibility to Society

Standard 6: Registrants are Committed to Benefiting Society

Guidelines for Application

a) Registrants have an ethical duty to uphold public trust and confidence in the profession by acting with honesty and integrity.

b) Registrants have a responsibility to report incompetent or unethical behavior by colleagues or other healthcare professionals to the appropriate regulatory authority.

c) Registrants recognize the professions' responsibility to society to participate in*:
   i. advocacy
   ii. research
   iii. public education programs

d) Registrants endeavor to advance the quality of pharmacy services and care provided to the public

e) Registrants contribute to the future of the profession by participating in student, intern and resident education including multidisciplinary and collaborative experiences as appropriate.

f) Registrants ensure that they maintain appropriate professional boundaries in pharmacy student/instructor and supervisor/subordinate relationships.

g) Registrants recognize the responsibility of the profession to provide access to pharmacy services and resources.

h) Registrants have a responsibility for ensuring the provision of cost-effective pharmacy services in overall healthcare delivery.

i) Registrants provide safe disposal of drugs and health related products and support environmentally friendly practices.

*It is understood that this is not an obligation of all individual registrants but rather a responsibility of the profession as a whole.

Standard 8: Registrants are Sensitive to and Avoid Conflict of Interest

Guidelines for Application

a) Registrants must consider first the health and well-being of the patient and avoid situations that are, or may reasonably be perceived to be, a conflict of interest.

b) Registrants abide by and conscientiously follow the Code of Ethics companion document, Conflict of Interest Standards.

c) Registrants inform relevant parties, if they are involved in a real, perceived, or potential, conflict of interest scenario and resolve the situation as outlined in the Conflict of Interest Standards.

d) Registrants avoid dual or multiple relationships and other situations which may present a conflict of interest and potentially reduce their ability to be objective and unbiased in their professional judgment.

Standard 10: Registrants are Committed to Professional Development

Guidelines for Application

a) Registrants keep up to date with new pharmacy knowledge and practices by participating in continuous lifelong learning.

b) Registrants participate in continuous evaluations of their practice and are responsive to the outcomes of evaluations and reviews by undertaking constructive change or further training if necessary.

c) Registrants endeavour to advance the knowledge and skills of the profession and make relevant information available to patients, colleagues and the public.

d) Registrants participate in professional development opportunities that support learning in professional ethics and the development of sound professional judgment in ethical decision making.

e) Registrants develop, promote and participate in quality assurance and accountability processes.

Health Professions Act – BYLAWS

SCHEDULE F

PART 1 - Community Pharmacy Standards of Practice

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pharmacies,

(d) ensuring the accuracy of a prepared prescription,

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

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

(2) Despite subsection (1), a pharmacy technician in a community pharmacy may dispense a drug but must not

(a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use, or

(b) do anything described in

(i) sections 6(5), 6(10), 10(2), 11(3), 11(4), 12, 13(2) or 13(3) of this Part, or

(ii) Part 4 of this Schedule.

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

Pharmacy Assistants

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

Prescription

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

(2) Upon receipt from the practitioner, a prescription must include the following information:

(a) the date the prescription was written;

(b) the name of the patient;

(c) the name of the drug or ingredients and strength if applicable;

(d) the quantity of the drug;

(e) the dosage instructions including the frequency, interval or maximum daily dose;

(f) refill authorization if applicable, including number of refills and interval between refills;

(g) the name and signature of the practitioner for written prescriptions;

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

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

(9) For refill authorizations, a registrant

(a) may

(i) accept a refill authorization for Schedule I drugs from a practitioner's agent if confident the agent consulted the practitioner and accurately conveyed the practitioner's direction,

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

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

(A) a computerized transaction log is maintained, or

(B) a new prescription number is assigned, and

(b) must

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

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

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

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

(a) create a written record,

(b) assign a new prescription number, and

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

Transmission by Facsimile

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

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

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

prescription for a drug if

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

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

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

(a) enter on the patient record

(i) the date of the transfer,

(ii) the registrant's identification,

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

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

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

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

Prescription Label

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

(2) The label for all prescription drugs must include

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

(b) the prescription number and dispensing date,

(c) the full name of the patient,

(d) the name of the practitioner,

(e) the quantity and strength of the drug,

(f) the practitioner's directions for use, and

(g) any other information required by good pharmacy practice.

(3) For a single-entity product, the label must include

(a) the generic name, and

(b) at least one of

(i) the brand name,

consultation, and

(b) if

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

(ii) drug misuse is suspected, or

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

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

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

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

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

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

(d) child-resistant packaging is unavailable.

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

Patient Record

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

(2) The patient record must include

(a) the patient's full name,

(b) the patient's personal health number,

(c) the patient's address,

(d) the patient's 10 digit telephone number if available,

(e) the patient's date of birth,

(f) the patient's gender,

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

(g) degree of compliance, and

(h) any other potential drug related problems.

Pharmacist/Patient Consultation

12. (1) Full pharmacist/patient consultation for Schedule I, II and III drugs should occur in person if practical, or by telephone and must respect the patient's right to privacy.

(2) Full pharmacist/patient consultation is required for all prescriptions.

(3) Subject to subsection (6), a full, limited or student pharmacist must engage in direct consultation with a patient or the patient's representative regarding a Schedule I drug, and must

(a) confirm the identity of the patient,

(b) identify the name and strength of drug being dispensed,

(c) identify the purpose of the drug,

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

(e) discuss common adverse effects, drug and food interactions and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,

(f) discuss storage requirements,

(g) provide prescription refill information,

(h) provide information regarding

(i) how to monitor the response to therapy,

(ii) expected therapeutic outcomes,

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

(iv) when to seek medical attention, and

(i) provide other information unique to the specific drug or patient.

(4) If a drug-related problem is identified during full pharmacist/patient consultation, the full pharmacist must take appropriate action to resolve the problem.

(5) If an adverse drug reaction as defined by Health Canada is identified, a full pharmacist must notify the patient's practitioner, make an appropriate entry on the PharmaNet record and report the reaction to the Canada Vigilance Program Regional Office.

(6) A full, limited or student pharmacist must use reasonable means to comply with subsections (1), (2) and (3) for patients or the patient's representatives who have

unscheduled drug, unless the drug has been prescribed by a practitioner.

This Act is Current to October 7, 2015

This Act has "Not in Force" sections. *See* the Table of Legislative Changes.

PHARMACY OPERATIONS AND DRUG SCHEDULING ACT

[SBC 2003] CHAPTER 77

Assented to November 17, 2003

Contents

section 1 of the *Health Professions Act* for the college;

"dispense" includes the preparation and sale of a drug or device referred to in a prescription and taking steps to ensure the pharmaceutical and therapeutic suitability of a drug or device for its intended use and taking steps to ensure its proper use;

"drug" means a substance or combination of substances used, or for use, in or on the body of a person or animal

(a) to prevent, diagnose, treat or mitigate a disease, disorder or abnormal physical or mental state or a symptom of them, or

(b) to restore, correct or modify organic functions;

"drug schedules" means drug schedules made under section 22;

"facility" means

(a) a community care facility holding a licence under the *Community Care and Assisted Living Act* that provides residential care to adults,

(b) a registered assisted living residence under the *Community Care and Assisted Living Act*, or

(c) any other facility that is approved by the minister and meets the criteria set out in the bylaws

in which limited access drugs or devices are distributed;

"hospital" means a hospital designated by the minister under section 1 of the *Hospital Act* and does not include a hospital owned by the government of British Columbia or Canada;

"inquiry committee" means the inquiry committee as defined in section 1 of the *Health Professions Act* for the college;

"inspector" means an inspector as defined in section 1 of the *Health Professions Act* for the college;

"limited access drug" means a drug that must not be sold

(a) without a prescription, or

(b) without the supervision or intervention of a pharmacist in accordance with the drug schedules and bylaws;

"manager" means a pharmacist who is designated in a pharmacy licence as manager of a pharmacy;

"owner" means the owner of a pharmacy;

"personal health information" means recorded information about an

consideration;

"support person" means a non-pharmacist who, under the direct supervision of a pharmacist, performs technical functions related to the dispensing, distribution or sale of drugs or the operation of a pharmacy;

"therapeutic interchange program" means a program or protocol under which alternate drugs are dispensed in place of prescribed drugs where the alternate drugs have different chemical compositions but essentially the same therapeutic objectives as the prescribed drugs for which they are substituted;

"veterinary drug" means a drug used, or intended or represented to be used, as a drug for the treatment, prevention or diagnosis of a disease of an animal, and includes a drug listed or included by reference in the regulations made under section 71 of the *Veterinary Drugs Act*;

"wholesaler" means a pharmacist or other person who qualifies under the bylaws to be a wholesaler and sells or offers for sale drugs or devices

(a) to pharmacies, distributors or other wholesalers for resale, or

(b) to hospitals, facilities and care centres for patient use.

Part 1 — Pharmacy Licensing and Operation

Pharmacy licence

2 (1) Subject to subsection (2), the registrar must issue a pharmacy licence to a person who

(a) applies under the bylaws to the registrar for a pharmacy licence,

(b) satisfies the registrar that

(i) the ownership of the pharmacy meets the requirements of the Act and none of the owners or directors is subject to a limitation imposed by the discipline committee that precludes being an owner or director, as the case may be,

(ii) the pharmacy is to be under the actual management of a pharmacist,

(iii) the floor plan of the pharmacy is in accordance with the bylaws,

(iv) the premises where the pharmacy is to be located are suitable for its operation,

(e) pays the fee for renewal of a pharmacy licence specified by the bylaws on or before the date it is due.

(2) If the licence is renewed, the registrar must issue a new licence to the manager.

(3) If a manager fails to renew the licence in accordance with this section, the licence becomes invalid on its expiry date.

Reinstatement of pharmacy licence

4 If a pharmacy licence expires under section 3 (3), the registrar must reinstate the licence if

(a) a person complies with section 3 (1) and pays the reinstatement fee specified by the bylaws, and

(b) the pharmacy meets the requirements set out in section 2 (1) (b).

Pharmacy ownership

5 (1) A person authorized by an enactment to prescribe drugs must not, directly or indirectly, own a pharmacy.

(2) A pharmacy must be owned by

(a) a pharmacist or a partnership of pharmacists,

(b) a corporation incorporated under the *Company Act* or the *Business Corporations Act* in which the majority of the directors in the corporation are pharmacists,

(c) a partnership of corporations in which each corporation is incorporated under the *Company Act* or the *Business Corporations Act* and a majority of the directors in each corporation are pharmacists,

(d) a hospital as defined in the *Hospital Act*,

(e) an association incorporated under the *Cooperative Association Act*,

(f) a society incorporated under the *Society Act*,

(g) a university as defined in the *University Act*,

(g.1) the Thompson Rivers University,

(h) the City of Vancouver or a municipality, or

(i) the government.

(3) The owner of a pharmacy, and the directors of a corporation that owns a pharmacy, must comply with the bylaws respecting the duties of an owner.

Sale or disposal of drugs and devices

9 A person must not sell, store or dispose of a drug or device listed or included by reference in the drug schedules in any manner other than that specified in the bylaws and drug schedules.

Presence of drugs or devices on business premises

10 The presence on business premises of a drug or device listed or included by reference in the drug schedules is proof in the absence of evidence to the contrary that it is kept for dispensing or sale.

Manager

11 Subject to this Act and the bylaws, a pharmacist named in a pharmacy licence as manager must personally manage and be responsible for the operation of the pharmacy.

Confidentiality

12 (1) [Repealed 2012-22-102.]

(2) Despite the *Personal Information Protection Act*, a person who obtains information, files or records under this Act must not use them, or disclose them to any other person, except

(a) as permitted under this Act, or

(b) for the purposes of

(i) court proceedings, or

(ii) enabling the college, or a person or committee acting for the college, to carry out their powers, duties or functions under this Act or the bylaws.

(3) Subsection (2) does not apply to a person in respect of his or her own personal health information, or to the person's personal representative when acting in the course of his or her duties.

Repealed

13 [Repealed 2012-22-102.]

Repealed

13.1 [Repealed 2012-22-102.]

Repealed

14–16 [Repealed 2012-22-102.]

(i) drugs or devices the inspector considers unfit for sale, or

(ii) drugs or devices whose expiry date has passed.

(2) If a drug or device has been removed under subsection (1) (j), it may be disposed of as directed by the discipline committee or the inquiry committee unless a court has ordered otherwise.

Inspector's report

18 An inspector must make a written report to the registrar, inquiry committee or discipline committee of an action under section 17 performed at the request of the registrar, inquiry committee or discipline committee.

Obstruction of an inspector

19 A person must not mislead, obstruct, harass or physically or verbally abuse the registrar or an inspector who is lawfully performing duties or exercising powers under this Act.

Inquiry and disciplinary actions

20 (1) Sections 32 to 40 of the *Health Professions Act* apply to

(a) a director or an owner as if the director or owner were a registrant, and

(b) a pharmacy licence as if it were the registration of a registrant.

(2) Sections 29, 30 and 31 (2) of the *Health Professions Act* apply for the purpose of an investigation, extraordinary action or discipline committee hearing undertaken under subsection (1).

(3) For the purpose of subsection (1), if the operation of the pharmacy is not in compliance with the Act, the drug schedules, the bylaws, the conditions of the pharmacy licence or the requirements under section 2 that must be met for a pharmacy licence to be granted, the pharmacy licence may be suspended or cancelled or other appropriate action taken.

(4) For the purpose of subsection (1), the measures that the discipline committee may take under section 39 of the *Health Professions Act* include

(a) prohibiting a person from owning, or serving as a director of a corporation that owns, the pharmacy, or

(b) setting limits for a specified period on the activities a person can carry out as an owner or director.

of the *Health Professions Act*.

(2) A bylaw made by the board under subsection (1) (a) may include a requirement that a pharmacist, in relation to every prescription dispensed by that pharmacist, obtain and record in prescribed information management technology under the *Pharmaceutical Services Act* the personal health information specified in the bylaws.

(3) Provisions in a bylaw made under subsection (1) may be different for registrants in different categories or in different specialty practice areas.

(4) A bylaw under subsection (1) has no effect unless it is filed with the minister.

(5) A bylaw under subsection (1) comes into force on the date that falls on the day that is the number of days, prescribed by the minister, after the date of filing with the minister unless

(a) the minister disallows the bylaw under subsection (6) (a),

(b) the minister declares, under subsection (6) (b), that the bylaw comes into force on an earlier date, or

(c) the board withdraws the bylaw under subsection (7).

(6) If the minister considers it necessary or advisable to do so, the minister may, by order, within the period prescribed for the purposes of subsection (5)

(a) disallow the bylaw or a portion of the bylaw, or

(b) declare that the bylaw or a portion of the bylaw comes into force on a specified date that is earlier than the date it would otherwise come into force under that subsection.

(7) The board may, by written notice delivered to the minister, withdraw a bylaw or a portion of a bylaw filed under subsection (4) at any time before it would otherwise come into force or before it is disallowed.

(8) A bylaw under subsection (1) may not be made, amended or repealed unless

(a) notice of the proposed bylaw, amendment or repeal is given by the board to the minister

(i) at least 90 days before the proposed bylaw, amendment or repeal is filed with the minister, or

(ii) within a shorter period that the minister specifies as appropriate in the circumstances, and

(b) the proposed bylaw, amendment or repeal is, for the period referred to in paragraph (a) of this subsection,

(i) made available by the board for inspection by any

(5) The college must make available to any person for inspection at the college's offices during normal business hours, and electronically on a website, a current copy of regulations made under this section and codes, schedules, specifications, standards, rules or similar records adopted by reference under this section.

Minister's bylaws

23 (1) The minister may request the board to amend or repeal an existing bylaw or drug schedule or to make a new bylaw or drug schedule if the minister is satisfied that this is necessary or advisable.

(2) If the board does not comply with a request under subsection (1) within 60 days after the date of the request, the minister may amend or repeal the existing bylaw or drug schedule or make the new bylaw or drug schedule in accordance with that request.

(3) A bylaw or drug schedule may not be made, amended or repealed under this section unless notice of the proposed bylaw, drug schedule, amendment or repeal is published

(a) by the minister on a website maintained for purposes of this section, and

(b) for a period that is the lesser of

(i) 90 days, and

(ii) a period less than 90 days specified by the minister

before the bylaw or drug schedule is made, amended or repealed.

(4) Despite subsections (1) to (3), the minister may amend or repeal a drug schedule or make a new drug schedule without notice to the board or prior publication if the minister considers that this is necessary to protect the health or safety of the public.

Part General — 5

Misrepresentation of drug

24 Subject to section 25.93 (4) of the *Health Professions Act*, a person must not sell or represent something for sale as a drug or as a particular drug if it is not what it is represented to be.

Recovery of payment

25 A person who sells anything in contravention of this Act, the bylaws, the drug schedules or the regulations is not entitled to recover payment for the sale.

deemed to have contravened the same enactment.

(5) In any prosecution under this Act, it is sufficient to prove that the accused has done or committed a single act of unauthorized practice or has committed on one occasion any of the acts prohibited by this Act.

(6) [Repealed 2012-22-104(c)]

(7) In a prosecution for an offence under this section, it is a defence for the person charged to prove that the person exercised due diligence to avoid the commission of the offence.

Onus on pharmacist to prove registration

30 (1) If the matter is in issue in a prosecution under section 29, the onus is on a defendant to prove that the defendant is a pharmacist or is the pharmacist named in the pharmacy licence.

(2) The production of proof of registration or a pharmacy licence purporting to be issued under this Act is proof of its authenticity in the absence of evidence to the contrary.

Onus on defendant

31 If evidence is introduced in a prosecution under this Act that a sign, title, advertisement or word has been published or used contrary to this Act, the regulations or the bylaws, the onus is on a defendant to prove that it was not published or used by the defendant.

Certificate of analysis

32 (1) A certificate of an analysis from an analyst appointed under the *Food and Drugs Act* (Canada) stating that the analyst has analyzed or examined a substance and stating the result of this analysis or examination is admissible in evidence in a proceeding under this Act, and is evidence of the statements contained in the certificate.

(2) The person against whom a certificate is admitted may require, with leave of the court or chair of the proceeding, the attendance of the analyst for purposes of cross examination.

(3) Reasonable notice of an intention to introduce a certificate in evidence must be given to the person against whom it is to be used, along with a copy of the certificate.

Protection against lawsuits

33 (1) Subject to subsection (2), no legal proceeding for damages lies or may be commenced or maintained against an employee or officer of the college,

Section(s)	Affected Act
35	*Community Care and Assisted Living Act*
36	*Dentists Act*
37	*Evidence Act*
38	*Freedom of Information and Protection of Privacy Act*
39–41	*Liquor Control and Licensing Act*
42	*Liquor Distribution Act*
43–46	*Medical Practitioners Act*
47–65	*Pharmacists, Pharmacy Operations and Drug Scheduling Act*
66	*Veterinarians Act*

Commencement

67 This Act comes into force by regulation of the Lieutenant Governor in Council.

Pharmacy Operations and Drug Scheduling Act - BYLAWS

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July 25, 2014, currently under appeal

"medication" has the same meaning as "drug";

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

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

"pharmacy assistant" has the same meaning as "support person";

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

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

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

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

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

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

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

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

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

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

PART I - All Pharmacies

Application of Part

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

Responsibilities of Pharmacy Managers, Owners and Directors

(n) ensure that confidentiality is maintained with respect to all pharmacy and patient records in accordance with all applicable legislation;

(o) make reasonable security arrangements in respect of unauthorized access, collection, use, disclosure or disposal of personal information kept on the pharmacy premises;

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

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

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

(s) ensure that appropriate security is in place for the premises generally;

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

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

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

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

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

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

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

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

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

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

(x) require all registrants, owners, managers, directors, pharmaceutical representatives, pharmacy assistants and computer software programmers or technicians who will access the in-pharmacy computer system to sign an undertaking in a form approved by the registrar to

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

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

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

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

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

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

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

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

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

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

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

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

(a) a part-fill,

(b) a prescription authorizing repeats,

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

(d) an emergency supply for continuity of care.

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

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

(b) patients admitted to a hospital.

Drug Procurement/Inventory Management

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

(a) a community pharmacy;

(b) a hospital pharmacy;

(c) a pharmacy education site.

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

(a) a completed application in Form 1;

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

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

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

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

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

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

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

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

(a) obtain the approval of the registrar,

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

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

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

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

PART II – Community Pharmacies

Community Pharmacy Manager – Quality Management

10. A community pharmacy's manager must develop, document and implement

Operation Without a Full Pharmacist

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

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

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

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

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

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

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

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

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

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

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

Outsource Prescription Processing

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

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

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

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

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

B.C. Reg. 9/98
O.C. 35/98

Deposited January 9, 1998

Pharmacy Operations and Drug Scheduling Act

DRUG SCHEDULES REGULATION

Note: Check the Cumulative Regulation Bulletin 2014 and 2015
for any non-consolidated amendments to this regulation that may be in effect.

[includes amendments up to B.C. Reg. 192/2012, June 26, 2012]

Point in Time

Contents

Alphabetical order

1 (1) The drug schedules are printed in an alphabetical format to simplify the process of locating each individual drug entry and determining its status in British Columbia.

(2) Each entry is preceded by a code noted as 1, 1A, 2, 3 or 4, in which

1 = Schedule I
1A = Triplicate/Duplicate Prescription Program
2 = Schedule II
3 = Schedule III
4 = Schedule IV

Sale of drugs

2 (1) Drugs listed in Schedules I, IA, II, III and IV must be sold from licensed pharmacies.

(2) Unscheduled drugs may be sold from non-pharmacy outlets.

(3) The various schedules are differentiated as follows:

B.C. Reg. 417/2008
M310/2008

Deposited December 12, 2008
effective April 1, 2009

Health Professions Act

PHARMACISTS REGULATION

Note: Check the Cumulative Regulation Bulletin 2014 and 2015
for any non-consolidated amendments to this regulation that may be in effect.

[includes amendments up to B.C. Reg. 211/2010, January 1, 2011]

Point in Time

Contents

Definitions

1 In this regulation:

"Act" means the *Health Professions Act*;

"college" means the College of Pharmacists of British Columbia continued under section 15.1 of the Act;

"compound" means

(a) in respect of a drug, to mix with one or more other ingredients, and

(b) in respect of a therapeutic diet, to mix 2 or more appropriate ingredients;

"device" has the same meaning as in the *Pharmacy Operations and Drug Scheduling Act*;

"dispense" has the same meaning as in the *Pharmacy Operations and Drug Scheduling Act*;

practice of pharmacy may do any of the following:

(a) prescribe a drug specified in Schedule IV of the Drug Schedules Regulation to be used for emergency contraception;

(b) compound a drug specified in Schedule I, IA, II or IV of the Drug Schedules Regulation;

(c) dispense a drug specified in Schedule I, IA, II or IV of the Drug Schedules Regulation;

(c.1) in respect of a drug specified in Schedule I, IA or II of the Drug Schedules Regulation or a substance,

(i) administer the drug or substance by intradermal, intramuscular or subcutaneous injection, or

(ii) administer the drug or substance by any method for the purpose of treating anaphylaxis arising from administering a drug or substance by intradermal, intramuscular or subcutaneous injection, as described in subparagraph (i);

(d) if nutrition is administered enterally or parenterally,

(i) select appropriate ingredients for a therapeutic diet,

(ii) compound a therapeutic diet, or

(iii) dispense a therapeutic diet.

(2) Only a registrant may provide a service of the health profession of the practice of pharmacy as set out in this regulation if, on the day before this section comes into force, the provision of the same service by anyone other than a person authorized under the Pharmacists, Pharmacy Operations and Drug Scheduling Act was prohibited.

[am. B.C. Regs. 234/2009, s. 2; 256/2009.]

Limits or conditions on services and restricted activities

4.1 A registrant may perform an activity described in section 4 (1) (c.1) only if

(a) standards, limits and conditions have been established, under section 19 (1) (k) or (l) of the Act, respecting the administering of the drug or substance by registrants,

(b) the standards, limits and conditions described in paragraph (a) are established on the recommendation of a committee that

(i) is established under section 19 (1) (t) of the Act, and

(ii) has the duty and power to develop, review and recommend those standards, limits and conditions, and

(c) the registrant has successfully completed a certification

POLICY STATEMENT(S):

1. Inquiry and Discipline results will be published consistent with the Health Profession Regulators of BC (HPRBC) recommended public notification framework pursuant to s. 39.3 of the *Health Professions Act*.

2. Citations will be published consistent with the HPRBC recommended public notification framework pursuant to s. 53(1)(b) of the *Health Professions Act*.

BACKGROUND:

The College of Pharmacists of BC has an obligation to publish details of its inquiry and discipline proceedings under certain prescribed circumstances, pursuant to section 39.3 of the *Health Professions Act.*

SUPPORTING DOCUMENTS
Health Professions Act
Health Professions Regulators of BC Public Notification Framework

Health Profession Regulators of BC

PUBLIC NOTIFICATION FRAMEWORK – DISCIPLINE